

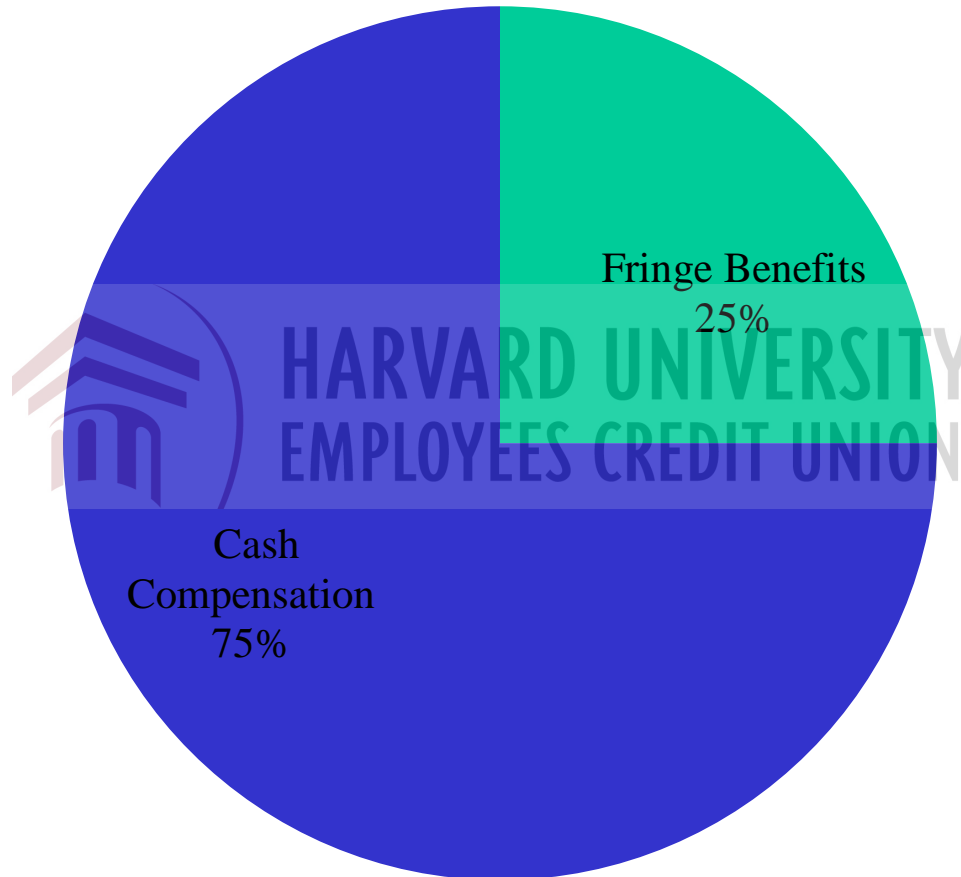
Welcome

to


***insert name of
dream employer
here***



Total Compensation



REORDER FROM DREW & ROGERS 1-800-610-6210 Ext. 12
* 58754

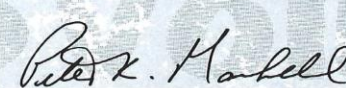
Mass Eye and Ear Infirmary
243 Charles St
Boston MA 02114
617/523-7900

Pay Group: MEH-MEI Weekly Hourly
Pay Begin Date: 07/01/2018
Pay End Date: 07/07/2018
Business Unit: 5110
Check #: 2379905
Check Date: 07/12/2018

MEI Employee 1 Any Street Quincy MA 02179	Employee ID: 100521708	TAX DATA: Federal MA State
	Department: MEI022-MEI Test Dept 1	Marital Status: Single Single
	Location: Mass Eye & Ear Infirmary	Allowances: 0 0
	Contact: Manigault, Shekinah	Addl. Pct.:
		Addl. Amt.:

HOURS AND EARNINGS						TAXES							
Description	Rate	Current		YTD		Description	Current	YTD					
		Hours	Earnings	Hours	Earnings								
Regular	22.000000	40.00	880.00	40.00	880.00	Fed Withholding	82.30	82.30					
						Fed MED/EE	11.78	11.78					
						Fed OASDI/EE	50.38	50.38					
						MA Withholding	38.20	38.20					
Total:						40.00	880.00	40.00	880.00	Total:	182.66	182.66	
BEFORE-TAX DEDUCTIONS						AFTER-TAX DEDUCTIONS				OTHER			
Description		Current	YTD	Description		Current	YTD	Description		Current	YTD		
Partners Select		39.46	39.46	Employee Supplemental		0.73	0.73						
Delta Dental		7.00	7.00										
Vision		1.00	1.00										
Traditional TSA		25.00	25.00										
Dependent Care Account		20.00	20.00										
Total:						92.46	92.46	Total:	0.73	0.73	* Taxable		
TOTAL GROSS						FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current:		880.00		787.54		182.66		93.19			604.15		
YTD:		880.00		787.54		182.66		93.19			604.15		
NET PAY DISTRIBUTION													
Check #2379905										604.15			
Total:										604.15			

MESSAGE:

SECURE FEATURES INCLUDE WATERMARK • MICROPRINTING • VOID FEATURE PANTOGRAPH • ENDORSEMENT BACKER		
Mass Eye and Ear Infirmary 243 Charles St Boston MA 02114	52-153 112	BANK OF AMERICA Malden MA
	Date: 07/12/2018	Check No. 2379905
Pay	Pay Amount: \$604.15 *****	
****SIX HUNDRED FOUR AND 15/100 DOLLARS****		
To The Order Of	Void After 90 Days	
MEI EMPLOYEE 1 Any Street Quincy, MA 02179		
Location: Mass Eye & Ear Infirmary		

⑈0002379905⑈ ⑆011201539⑆ 00802 11157⑈



Summary of Benefits

See your 2020 Enrollment Guide for detailed information



Health Plans

- Medical Plans
- Dental Plan
- Vision Plan



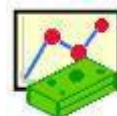
Flex Spending Account

- Health Care Account
- Dependent Care Account



Income Protection

- Life (Basic & Optional)
- Short Term Disability
- Long Term Disability
- Accidental Death & Dismemberment



Retirement

- Traditional 401(k)
- Roth 401(k)



HARVARD UNIVERSITY
EMPLOYEES CREDIT UNION



POLICY

- All eligible employees **MUST** maintain health insurance through their employer or another source.
- You may decline health insurance **ONLY** if you have medical coverage through another source (e.g. employer, spouse, home country, etc.,).
- If you **do not** select coverage, you will be automatically enrolled into Medical Insurance Value (employee only) coverage retroactive to start date.

•Benefits department conducts audits regularly.



When can I enroll?



As a New Hire or if you become eligible – Immediately

You have **30 days** to make your elections, failure to do so will automatically default you to Partners Value (individual). Coverage would be effective on that day.

When can I make changes?

Annual Open Enrollment Period**

- In November 2020 (benefit changes elected during this period will go into effect as of January 1, 2021)

Qualifying Events

- Marriage/Divorce
- Birth/Adoption
- Spouse gains/loses benefits



Other Important Questions



If I already have medical insurance, what should I do?

If you already have medical insurance through another source, you must log in to PeopleSoft and opt out of medical insurance within 30 days of your hire date.

What happens if I forget to enroll or to “opt out”?

If you do not enroll or opt out of medical insurance through PeopleSoft, you will be automatically enrolled in Medical Insurance Value (Individual).

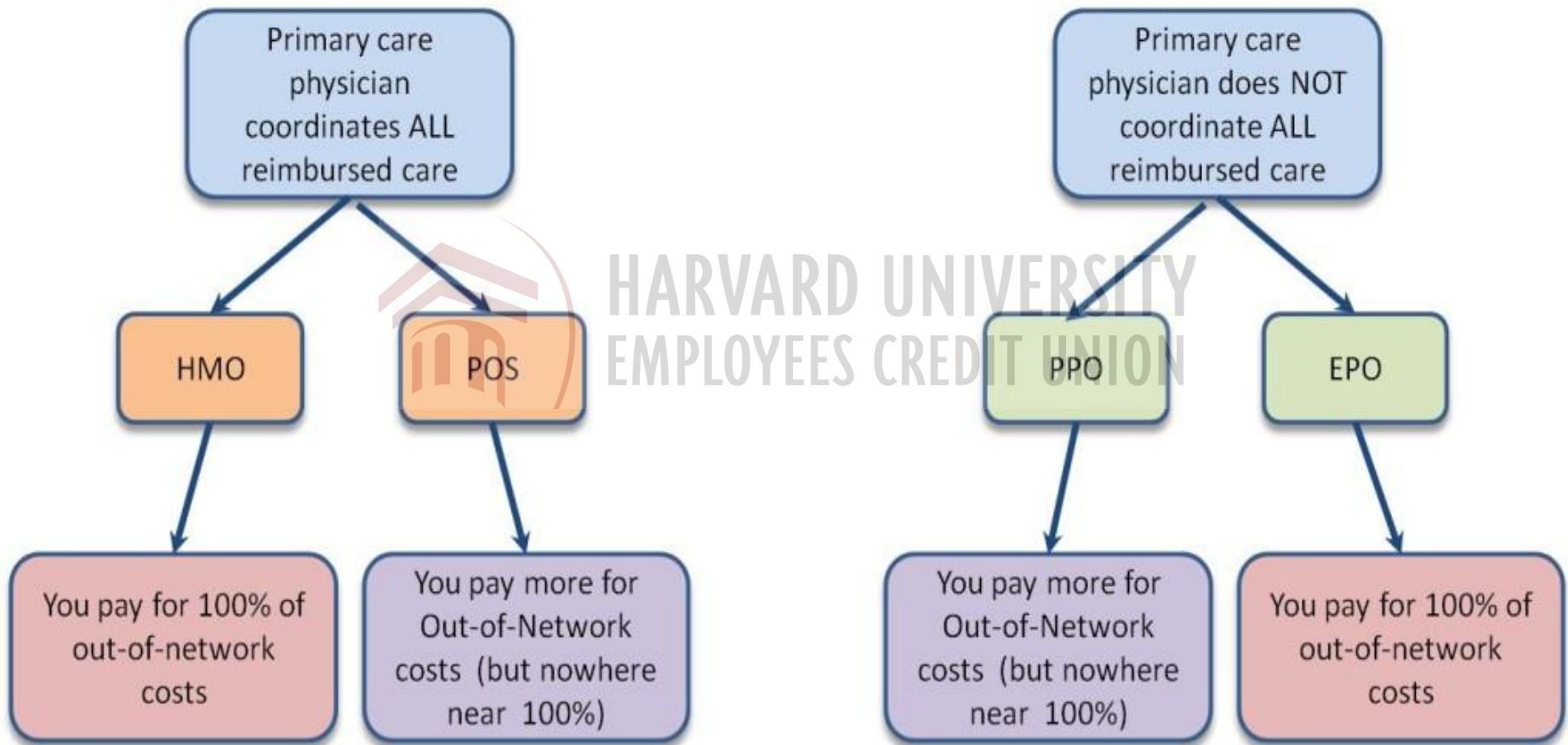
Who can I cover under my plans?

You can cover the following eligible dependents:

- Spouse
- Eligible Children (until age 26)

How much will this cost?

Types of Insurance Plans



***Don't forget about high deductible health plans**



Medical:

Medical Insurance Plus & Value

- Flexible
- Receive care
 - Preferred network -lowest out of pocket cost
 - Plan Network (BCBS PPO) - low cost sharing
 - Out-of-Network care - highest out of pocket costs
- Medical Insurance Plus and Value are PPO Plans

You Should Know

- No waiting periods
- No exclusions for pre-existing conditions

PCP not required

- *Do not need insurance referrals to get specialty care*
- *Recommend you use PCP to guide your care*

Prescription Drug Program

You will receive a separate ID card.

Retail Purchase

(Short-Term Medications)

Short Term

30 day supply

\$10 Generic

\$35 Preferred brand

\$60 Non Preferred brand

Long Term

60 day supply

\$20 Generic

\$70 Preferred brand

\$120 Non Preferred brand

Mail Order

(Long-Term Medications)

Maintenance Choice

90 day supply

\$ 20 Generic

\$ 70 Preferred brand

\$120 Non Preferred brand

*** Non Preferred brands must be approved.**

Prescription Drug Side by Side

Short-Term Medications

**Retail at a network pharmacy
(CVS, Rite Aid, Walgreens, etc.)**

30-day supply	60-day supply
\$10 – Generic	\$20 -- Generic
\$35 – Preferred brand	\$70 – Preferred brand
\$60 – Other approved brands	\$120 – Other approved brands

Long-Term Medications

**Maintenance Choice
(Mail Service pharmacy)**

90-day supply
\$20 – Generic
\$70 – Preferred brand
\$120 – Other approved brands



Dental Plans

You will receive a separate ID card.

Basic Dental

\$1,000 per person annual maximum

100% Diagnostic & Preventive
(No Deductible)

50% Minor Restorative
(\$50/\$100 Deductible)

50% Major Restorative
(\$50/\$100 Deductible)

No Orthodontia

Major Dental

\$2,000 per person annual maximum

100% Diagnostic & Preventive
(No Deductible)

80% Minor Restorative
(\$25/\$50 Deductible)

50% Major Restorative
(\$25/\$50 Deductible)

Orthodontia (50% covered up to \$2K lifetime maximum)



Vision Plan

You **will not** receive a card. Davis Vision Providers will access your coverage using your name and employee ID number.

- Once every 12 months (see brochure)
 - Eye exam w/ participating optometrist (\$10 co-pay)
 - 1 pair of Davis Vision eye glasses or contact lenses (**Need to go to in-network Providers; Co-payment may apply to contact lenses**)
- Out-of-network care available at a higher cost

Note: Medical Insurance covers one routine eye exam every 24 months at no cost

Life Insurance

Your new employer provides coverage of 1x
annual salary
(at no cost to employee)

Need more Life Insurance?

Optional Supplemental Life Insurance

Employee

- Up to 3x annual salary without health questions
- Coverage of 4x and 5x salary is available with Insurer's approval

Spouse and Child



- Coverage amounts: various levels available

Accidental Death & Dismemberment (AD&D) Insurance also available



Short Term Disability (STD)

You have the option to purchase short-term disability coverage.

If you become disabled for any reason, this benefit will provide you 60% of your base pay for up to 26 weeks.

- Continues 60% of base pay for up to 26 weeks
- Once approved by the carrier, you will start receiving your disability benefits after being disabled for 14 days (you must use two weeks of your paid time off before disability benefits will be paid)
- Your disability benefit is non-taxable income

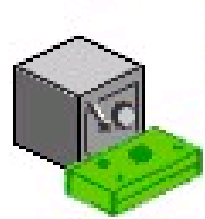


Long Term Disability (LTD)

You have the option to purchase short-term disability coverage.

If you become disabled for any reason, this benefit will provide you a portion of income until you are able to return to work or reach age 65.

- Continues 60% of base pay after 180 days of disability
- Benefits continue for as long as you remain disabled or until you reach age-65
- Your disability benefit is non-taxable income.



Flexible Spending Accounts (FSA)

“TAX FREE” Reimbursement

For eligible expenses incurred from Hire Date to March 15, 2021

CALENDAR YEAR BENEFIT – RE-ELECT EVERY YEAR!



Health Care

\$2,750 pre-tax (max)

- Out-of-pocket medical, dental, vision and hearing expenses (eg. Deductibles, co-pays, coinsurance)
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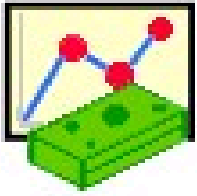


Dependent Care

\$5,000 pre-tax (max)

- Child care expenses for dependent child while both parents are working (eg for children through age 12)
- Disabled dependents, adult dependents
- Compare to Dependent Care Tax Credit

Use it or lose it benefit



Retirement Savings Programs

Traditional 401(k) Program

Contributions are deducted from paycheck before taxes are calculated

Will reduce your taxable income every paycheck

Contributions and investment earnings will be taxed when distributed.

Roth 401(k) Program

Contributions are deducted after taxes are calculated

Will not reduce your taxable income every paycheck

Contributions and investment earnings will be tax free when distributed.

You can start/stop/adjust your contributions at any time of the year.

Combined maximum contribution \$19,000 (CY2019)

Investment Options: Default (target date fund) along with many other options

*50% matching for the first 6% of salary



Remember...



- Submit your benefit elections online as soon as possible !
- Elections received after 30 days will **NOT** be processed and you will be automatically enrolled in BCBS Medical Insurance Value (individual coverage)
- Benefits as well as DEDUCTIONS & CREDITS are effective on your date of hire or eligibility date