



Employee Benefits and Services Guide

Benefit Programs and Services to Support You and Your Family



Children's Hospital Boston

To Children's Hospital Boston Employees

Children's Hospital Boston is pleased to provide this Employee Benefits and Services Guide to our benefits-eligible employees.

Children's Employee Benefits and Services are designed to provide you with broad-based, flexible, fair and affordable choices to support your diverse and changing needs. Your core benefits — medical, dental and vision insurance, reimbursement accounts, life and disability insurance, your retirement programs and more — are described first in the Guide. The Hospital also provides you with a wide range of work/life programs and services described later in this Guide. Please take the time to read about your employee benefits and services and share this important information with your family.

If you have questions about any of the benefits and services described in this Guide, refer to the Resource Guide on page 24 (Employee Benefits) or page 36 (Employee Services). You may also contact the **HR Employee Service Center**:

- *By phone:* (617) 355-7780
- *By email:* hresc@childrens.harvard.edu
- *By fax:* (617) 730-0189
- *Through the mail:* 1 Autumn Street, Boston, MA 02215

This Guide summarizes certain plans that help make up the Employee Benefits Program for Children's Hospital Boston. In many cases, detailed plan documents and summary plan descriptions (SPDs) are available in our Benefits Office and take precedence over the summary versions provided in this booklet. The provision of benefits does not indicate continued employment. Children's reserves the right to change, amend, and discontinue benefits at any time.

Note to Employees

Interpreter and translation services are available. Contact the HR Employee Service Center for details at (617) 355-7780.

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Employee Benefits

Summary of Your Children's Benefits Program

Here is a summary of the eligibility and enrollment provisions, and many of the plans that make up your Children's benefits program.

Eligibility for You

You are eligible for Children's benefits if you are a:

- Regular employee in a position scheduled for at least 20 hours per week. (A regular employee is a full- or part-time employee of Children's Hospital Boston assigned to the Administrative/Professional/Support, Clinical/Research, or Management compensation plans and who is not classified as a temporary or per diem employee.)
- Member of the House Staff or Medical Staff who is a full- or part-time employee of Children's Hospital Boston and is in a position scheduled for at least 20 hours per week.

For Your Dependents

Your eligible dependents include:

- Your spouse, as recognized by the Commonwealth of Massachusetts.*
- Your unmarried dependent children up to age 26 or two years after losing federal tax dependent status under Internal Revenue Code (IRC) rules, whichever occurs first. (Refer to IRS Publication 501 for details or contact a tax professional.)

Note: Coverage may go beyond age 26 for unmarried dependent children with mental and physical disabilities.

Special Tax Rules

The cost of coverage for a same-sex spouse, or for a child who does not meet the definition of a tax dependent under the Internal Revenue Code, is considered income and will be taxed.

Note: It is your responsibility to notify Children's if you elect to continue coverage for a dependent who no longer qualifies as your tax dependent.

If you have questions on dependent eligibility rules, contact the HR Employee Service Center at **(617) 355-7780**.

**Please note that because federal law does not recognize same-sex marriage, tax treatment and dependent eligibility for same-sex spouses may vary for certain benefit plans. Newly married employees must bring a copy of their marriage certificate to the HR Employee Service Center to enroll their spouse for benefits.*

Enrollment

There are certain times during the year when you may enroll or change your benefit plan:

- Within 30 days of your hire date or a change in employment status that makes you eligible for benefits;
- During the annual open enrollment period;
- Within 30 days of a change in the cost, coverage status, or benefit provisions of another plan in which you are enrolled; and
- Within 30 days of a "qualified change in status" (see below for details).

Making Changes During the Year

Under IRS rules, your benefit elections will remain in effect until the next plan year unless you have a qualifying change in status during the year. Qualifying status change events generally include changes in:

- Your marital status, including marriage, divorce, legal separation, annulment or death
- The number of your dependents, including birth, adoption, placement for adoption or death of a dependent
- Employment status for you, your spouse or same-sex domestic partner, such as starting a new job or stopping employment
- Work schedule that impacts your eligibility for benefits, such as a reduction or increase in hours, a switch between part-time and full-time employment or the start of, or return from, unpaid leave
- Dependent status, for example, your dependent child marries — at any age
- Residence or work location for you, your spouse or dependent, for example you move out of your HMO service area

- Certain cost, coverage and/or changes in benefits provisions of a non-Children's plan that you are covered under
- Qualified Medical Child Support Orders (QMCSOs)

If you have a qualifying change in status during the year, you must notify the HR Employee Service Center and complete and submit any necessary forms within 30 days of the status change. (If possible, contact the HR Employee Service Center as soon as you can to be sure you have the coverage you need on the date of the status change.) Otherwise, you will have to wait until the next plan year.

Also, any change in benefits must be consistent with the change in status. For example, if you get married, you may add your spouse (and any eligible dependent children) to your medical plan or cancel your medical coverage to join your spouse's medical plan, but you may not change the type of medical plan you have — for example move from an HMO to a PPO.

Coverage Levels

When you enroll for medical, dental or vision coverage, you have the following choices of coverage levels:

- Individual (you only)
- Dual (you and your spouse or child)
- Family (you and your spouse and your children)



Benefit Plan Highlights

This section of the Guide provides an overview of the different plans that make up a major part of your Benefits Program at Children's Hospital Boston. For more detailed information, please refer to the brochures available on the Children's intranet and located in the HR Employee Service Center, or you may contact the benefit plans directly at the numbers and web site addresses shown on page 24 of this Guide.

Health Plans

Medical Plans

Children's Hospital Boston offers three medical plan choices through Blue Cross Blue Shield of Massachusetts (BCBSMA):

- Network Blue New England Value HMO
- Network Blue New England Premium HMO
- Blue Care Elect Preferred PPO

HMO Coverage

When you join an HMO, you choose a primary care physician (PCP) to oversee and coordinate your care. You also agree to receive all medical care services within the HMO network (except emergency services). After you pay certain copays, the Value and Premium HMOs cover most medical services in full. There are no deductibles to meet before the plan pays benefits and you do not pay coinsurance.

Network Blue New England Value HMO: As a member of Value HMO, you pay office visit copays and copays when you visit the hospital for inpatient or outpatient care. For employees who use health care services infrequently, the Value HMO plan is an attractive, low-cost option.

Network Blue New England Premium HMO: Premium HMO plan members have a lower copay for office visits than Value HMO plan members. Also, there is no copay requirement for inpatient or outpatient hospital care. This plan might be considered the middle-of-the-road option from a coverage and cost standpoint.

Blue Care Elect Preferred PPO Plan: The Blue Care Elect Preferred PPO Plan combines the freedom of a traditional indemnity plan with the benefits of a more cost-effective HMO. What's different in a PPO plan? You do not have to name a primary care physician to oversee your care and make referrals to specialists (but you may do so if you wish).

You are eligible for comprehensive benefits within a broad BCBSMA plan network when you join the BlueCare Elect Preferred PPO. The PPO will also cover services received outside of the plan network, but you will pay a greater share of the cost. The Blue Care Elect Preferred PPO option gives you the greatest flexibility in choosing where you receive care and, based on your choices, how much you pay out-of-pocket for care.

With the flexibility to choose your provider, this plan provides the richest benefits of the three medical plan options; however, it also requires the highest premium contribution each pay period.

Prescription Drugs: As part of the medical plan, prescription drug coverage is provided through **Caremark**.

Cost

The Hospital subsidizes a portion of the medical benefit premium cost for full-time employees and provides a subsidy equal to 75% of the full-time subsidy for part-time employees. The subsidy is also greater for lower-paid employees, as shown below. You contribute to the remainder of the total cost of the plan you elect with pre-tax dollars from your paycheck. Your work status (full- or part-time), base pay, coverage level and choice of plan determine the amount of your premium contribution.

The amount of the Children's subsidy depends on your base hourly pay,* as follows:

- **Green Tier:** Base hourly rate up to \$15.56 per hour.
- **Orange Tier:** Base hourly rate of between \$15.57 to \$28.97 per hour.
- **Blue Tier:** Base hourly rate of \$28.98 or more per hour.

** Or the hourly equivalent for salaried employees.*

Base hourly rate does not include shift differential, bonuses, overtime, extra compensation or premium pay. The hourly equivalent for full-time salaried employees is your annual salary divided by 2080. Annual base salary does not include shift differential, bonuses, overtime, extra compensation or premium pay.

Medical Plan Highlights

BCBSMA — Health Maintenance Organizations (HMOs)		
Plan Services	Network Blue New England Value Plan	Network Blue New England Premium Plan
Deductible	N/A	N/A
Out-of-Pocket Yearly Expense Maximum	\$2,000/Individual* \$4,000/Dual & Family*	N/A
Preventive Health Care		
Routine Physical Exams	\$20 per visit	\$10 per visit
Well Child Care	\$20 per visit	\$10 per visit
Outpatient Medical Care		
Office Visit; Visits to Specialists	\$20 per visit	\$10 per visit
Chiropractic Care	\$20 per visit	\$10 per visit
Lab, X-rays, Mammograms	Covered in full	Covered in full
Allergy Shots; Immunizations	Covered in full	Covered in full
Radiation Therapy	Covered in full	Covered in full
Outpatient Day Surgery	\$150 per admission	Covered in full
Short-term Physical, Occupational, Speech Therapy (up to 60 visits per calendar year)	\$20 per visit	\$10 per visit
Inpatient Hospital Care		
For Illness or Injury	\$150 per admission	Covered in full
Maternity Care		
Prenatal Care	Covered in full after initial \$20 copay	Covered in full after initial \$10 copay
Hospital and Delivery	\$150 per admission	Covered in full
Emergency Care		
Urgent Office	\$20 per visit	\$10 per visit
Emergency Room	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care		
Home Health Care Services and Intermittent Skilled Nursing Care	Covered in full	Covered in full
Outpatient Mental Health including Substance Abuse & Alcoholism Treatment **		
Outpatient Care up to a total of 24 visits per calendar year	\$20 per visit	\$10 per visit

*Applies to emergency room, outpatient day surgery and inpatient copays.

BCBSMA — Health Maintenance Organizations (HMOs)

Plan Services	Network Blue New England Value Plan	Network Blue New England Premium Plan
Inpatient Mental Health including Substance Abuse & Alcoholism Treatment**		
Psychiatric Hospital and Substance Abuse Treatment facility: Up to a total of 60 days per calendar year	\$150 per admission	Covered in full
Licensed General Hospital	\$150 per admission	Covered in full
Outpatient Alcoholism Treatment (in addition to benefits for Outpatient Mental Health including Substance Abuse & Alcoholism Treatment)		
Rehabilitation and Detoxification up to 8 visits calendar year. The value of these visits is at least \$500 in each calendar year	\$20 per visit up to \$500 per calendar year	\$10 per visit up to \$500 per calendar year
Detoxification	\$20 per visit	\$10 per visit
Inpatient Alcoholism Treatment (in addition to benefits for Inpatient Mental Health including Substance Abuse & Alcoholism Treatment)		
Rehabilitation: Up to a total of 30 days per calendar year	\$150 per admission	Covered in full
Detoxification in a General Hospital	\$150 per admission	Covered in full
Inpatient Skilled Nursing Care and Rehabilitation		
Care in a Skilled Nursing facility up to 100 days per calendar year	Covered in full	Covered in full
Care in a Rehabilitation facility up to 60 days per calendar year	Covered in full	Covered in full
Other Services		
Durable Medical Equipment (DME)	20% coinsurance, not to exceed \$5,000 per member per calendar year (plan pays 80%)	20% coinsurance, not to exceed \$5,000 per member per calendar year (plan pays 80%)
Ambulance	Covered in full	Covered in full
Prescription Drugs (Administered by Caremark)		
Retail — 30-day supply: Tier 1, \$10; Tier 2, \$25; Tier 3, \$40		There is no coverage for non-participating pharmacies
Mail Order — 90-day supply: Tier 1, \$20; Tier 2, \$50; Tier 3, \$80		

***There is no limit when authorized for the treatment of a biologically based mental disorder, rape-related mental or emotional disorder, or non-biologically based mental, behavioral, or emotional disorders for children through the age of 18, as described in the BCBSMA Benefit Handbook.*

Note: This chart provides an overview of major services and coverage. All benefits are paid based on medical necessity and under the provisions of the BCBSMA Benefit Handbook.

Medical Plan Highlights

BCBSMA — Blue Care Elect Preferred PPO		
Plan Services	In-Network	Out-of-Network
Deductible	N/A	\$250/Individual, \$500/Dual & Family
Out-of-Pocket Yearly Expense Maximum (including the deductible and most coinsurance)	N/A	\$1,000/Individual \$2,000/Dual & Family
Preventive Health Care		
Routine Physical Exams	\$10 per visit	20% after deductible
Well Child Care	\$10 per visit	20% after deductible
Outpatient Medical Care		
Office Visit; Visits to Specialists	\$10 per visit	20% after deductible
Chiropractic Care	\$10 per visit	20% after deductible
Lab, X-rays, Mammograms	Covered in full	20% after deductible
Allergy Shots; Immunizations	Covered in full	20% after deductible
Radiation Therapy	Covered in full	20% after deductible
Outpatient Day Surgery	Covered in full	20% after deductible
Short-term Physical, Occupational, Speech Therapy (up to 60 visits per calendar year)	\$10 per visit	20% after deductible
Inpatient Hospital Care		
For Illness or Injury	Covered in full	20% after deductible
Maternity Care		
Prenatal Care	Covered in full after initial \$10 copay	20% after deductible
Hospital and Delivery	Covered in full	20% after deductible
Emergency Care		
Urgent Office	\$10 per visit	20% after deductible
Emergency Room	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Home Health Care		
Home Health Care Services and Intermittent Skilled Nursing Care	Covered in full	20% after deductible
Outpatient Mental Health including Substance Abuse & Alcoholism Treatment*		
Outpatient Care up to a total of 24 visits per calendar year	\$10 per visit	20% after deductible

BCBSMA — Blue Care Elect Preferred PPO

Plan Services	In-Network	Out-of-Network
Inpatient Mental Health including Substance Abuse & Alcoholism Treatment*		
Psychiatric Hospital and Substance Abuse Treatment facility: Up to a total of 60 days per calendar year	Covered in full	20% after deductible
Licensed General Hospital	Covered in full	20% after deductible
Outpatient Alcoholism Treatment (in addition to benefits for Outpatient Mental Health including Substance Abuse & Alcoholism Treatment)		
Rehabilitation and Detoxification up to 8 visits per calendar year. The value of these visits is at least \$500 in each calendar year	\$10 per visit up to \$500 per calendar year	20% after deductible
Detoxification	\$10 per visit	20% after deductible
Inpatient Alcoholism Treatment (in addition to benefits for Inpatient Mental Health including Substance Abuse & Alcoholism Treatment)		
Rehabilitation: Up to a total of 30 days per calendar year	Covered in full	20% after deductible
Detoxification in a General Hospital	Covered in full	20% after deductible
Inpatient Skilled Nursing Care and Rehabilitation		
Care in a Skilled Nursing facility up to 100 days per calendar year	Covered in full	20% after deductible
Care in a Rehabilitation facility up to 60 days per calendar year	Covered in full	20% after deductible
Other Services		
Durable Medical Equipment (DME)	20% coinsurance, not to exceed \$5,000 per member per calendar year (plan pays 80%)	After deductible, 20% coinsurance, not to exceed \$5,000 per member per calendar year
Ambulance	Covered in full	Covered in full

Prescription Drugs (Administered by Caremark)

Retail — 30-day supply: Tier 1, \$10; Tier 2, \$25; Tier 3, \$40	There is no coverage for non-participating pharmacies
Mail Order — 90-day supply: Tier 1, \$20; Tier 2, \$50; Tier 3, \$80	

**There is no limit when authorized for the treatment of a biologically based mental disorder, rape-related mental or emotional disorder, or non-biologically based mental, behavioral, or emotional disorders for children through the age of 18, as described in the BCBSMA Benefit Handbook.*

Note: This chart provides an overview of major services and coverage. All benefits are paid based on medical necessity and under the provisions of the BCBSMA Benefit Handbook.

Dental Insurance

You have two choices for dental coverage, the Dental Basic Plan and the Dental Plus Plan. Both plans provide 100% coverage for diagnostic and preventive care services with no deductible. For basic and major restorative services, you must meet the annual deductible before the plans pay benefits; you then pay a percentage of covered costs as shown in the *Summary of Dental Basic and Dental Plus Benefits*. Orthodontia coverage for both kids and adults is available in the Dental Plus Plan only.

Both plans include a special feature – Rollover Max – that can give you an additional opportunity to use your dental plan benefits (see page 11).

Cost

The Hospital pays a portion of the cost of dental insurance for full-time employees and provides 75% of the full-time subsidy for part-time employees. You contribute to the remainder of the premium cost with pre-tax dollars from your paycheck.

Summary of Dental Basic and Dental Plus Benefits		
Type of Service	Dental Basic Plan	Dental Plus Plan
Annual Deductible	\$25 individual; \$75 family	\$25 individual; \$75 family
Type 1: Preventive and Diagnostic Services (oral exams, cleanings, full-mouth, bitewing and single x-rays, fluoride treatment,* space maintainers* and sealants*)	100%, no deductible	100%, no deductible
Type 2: Basic Restorative Services (fillings, extractions, oral surgery, periodontal surgery, root canal therapy, anesthesia, bridge or denture repair)	50% after deductible	80% after deductible
Type 3: Major Restorative Services (fixed bridges and crowns, dentures, onlays)	50% after deductible	50% after deductible
Type 4: Orthodontia (complete exam and active orthodontic treatment and appliances; kids and adults)	N/A	100% up to the lifetime maximum benefit, no deductible, no age limit
Maximum Benefits	\$1,000 per person per year for Type 1, 2 and 3 services	\$2,000 per person per year for Type 1, 2 and 3 services \$2,000 per person lifetime for Type 4 orthodontia

* Age limitations apply

This is a summary only. Limitations apply to the services described above. See the Delta Dental Certificate of Coverage (available on the Children's intranet and from the HR Employee Service Center) for detailed information about plan limitations and exclusions.

Rollover Max Feature

With Rollover Max, a portion of the annual dental insurance money that you or your family members individually don't use during a plan year may be rolled over to the next year and added to that year's annual maximum benefit, making increased benefits available to help pay for services you may need that cost more than the plan's benefit maximums. Here are the highlights.

- This feature goes into effect on January 1, 2009; the first rollover balance would be available as of January 1, 2010.
- To qualify, you must have at least one cleaning or oral exam in a calendar year, and you must be enrolled for dental coverage before the 4th quarter of the year.
- If you are a member of Dental Plus and your yearly claims are \$800 or less, you could rollover up to \$600 to use in the next year or beyond, up to an overall capped rollover amount of \$1,500.
- If you are a member of Dental Basic and your yearly claims are \$500 or less, you could rollover up to \$350 to use in the next year or beyond, up to an overall capped rollover amount of \$1,000.
- If you leave the Hospital, you will lose your rollover amount.
- Rollover Max does not apply for Type 4 orthodontia coverage available only in Dental Plus.

This can be a great way to accumulate funds to help pay for more expensive dental procedures, such as crowns, bridges and root canals.



Vision Plan

The Vision Plan, United HealthCare Vision, provides each covered family member with coverage for eye exams and necessary corrective lenses, including eyeglass lenses or contact lenses. It also provides an allowance to be applied toward the cost of eyeglass frames. United HealthCare Vision offers:

- A diversified national network of private practice and retail chain providers
- Coverage for complete eye exams as well as frames and lenses, or contact lenses
- Discounts on laser eye surgery
- The opportunity to refill orders for contact lenses online, at a discount
- The ability to find a provider 24-hours a day, 7-days a week online (www.myuhcvision.com) or by phone **(800) 839-3242**
- Out-of-network coverage as well

You pay the full cost of this benefit.

Vision Plan Highlights		
Service	Network Provider	Out-of-Network
Annual Eye Exam	Covered in full	You pay the full cost and then are <i>reimbursed</i> up to \$40.
Eyeglass Lenses: Every 12 months <ul style="list-style-type: none"> ■ Single vision ■ Bifocal ■ Trifocal ■ Lenticular 	Covered in full after a \$25 copay; includes standard scratch-resistant coating on all lenses.	You pay the full cost and then are <i>reimbursed</i> : <ul style="list-style-type: none"> ■ Up to \$40 ■ Up to \$60 ■ Up to \$80 ■ Up to \$80
Eyeglass Frames: Every 24 months	Covered in full after a \$25 copay for frames with a wholesale cost of \$50 or less purchased from private practice providers; for more expensive frames, you pay the additional wholesale costs. There is a \$130 allowance for frames purchased at retail providers.	You pay the full cost and then are <i>reimbursed</i> up to \$45.
Contact Lenses: Every 12 months (May not be in addition to eyeglass lenses in the same year.)	Covered in full after a \$25 copay for most contacts; for toric, gas permeable and bifocal contacts, there is a \$105 allowance.	You pay the full cost and then are <i>reimbursed</i> up to \$105 for elective contact lenses, including disposables; up to \$210 for necessary contact lenses, as determined by the provider.

Notes:

- Certain vision care options, such as ultraviolet protection and progressive lenses, are offered at 20% to 40% discounts.
- If you receive coverage out-of-network, you will have to file a claim to be reimbursed for the applicable portion of your vision care expenses.

Reimbursement Accounts

Reimbursement Accounts let you set aside a portion of your salary *before taxes* to pay for eligible health and/or dependent day care expenses. These accounts help you reduce your costs for health expenses not covered by your benefit plans, and the cost of child or elder care services for your eligible dependents.

Health Care Account

You may elect to contribute from \$260 up to \$4,000 per calendar year, on a pre-tax basis, to help pay for eligible health care (medical, dental and vision care) expenses for you and your family.

Eligible expenses include (but are not limited to) deductibles, copays, coinsurance, expenses in excess of your benefit plan coverage, private duty nursing, chiropractic services, doctor-prescribed weight loss and smoking cessation programs, medical equipment, eyeglasses, contact lenses and other out-of-pocket health care expenses that are deductible for federal income tax purposes.

You may also submit for reimbursement the cost of certain over-the-counter medications, such as antacids, allergy medications, pain relievers and cold medicines purchased without a prescription. The costs of dietary supplements and vitamins are not eligible for reimbursement. A complete list of eligible expenses is listed in *IRS Publication 502*, which is available by accessing www.irs.gov or by calling the IRS at **(800) 829-3676**.

Reimbursement from Your Account

When you enroll in a Health Care Account, you will receive a **Flex Debit Card**. You can use this card at participating providers (hospitals, physician offices, pharmacies). Just show the card when you have an out-of-pocket expense and if the charges meet the eligibility requirements, your provider will be paid directly. In most cases, that's all you have to do. (In certain instances, you will be asked to provide receipts and/or documentation to Crosby Benefit Systems, Inc., the Hospital's administrator for this benefit, so that the expenses can be verified as qualifying under IRS rules.)

If you prefer, you can still submit a claim form and supporting documents to Crosby Benefit Systems. Crosby will review the claim and reimburse you for the eligible expense, up to the amount you have elected to contribute for the year. You are reimbursed with tax-free money from your account.

Under IRS regulations, you must incur expenses by March 15 and you must file reimbursement requests by March 31st of the next plan year. You forfeit all funds remaining in the account after March 31 of the next year.

Reimbursement Calendar

Plan Year	January 1 to December 31
Extra time to incur health care expenses	January 1 to March 15 of the next year
Deadline to submit expenses for reimbursement	March 31 of the next year

Note: *Because federal law governs reimbursement accounts, at this time you may claim expenses incurred by opposite-sex spouses and dependent children but not by same-sex spouses.*

Dependent Care Account

You may elect to contribute to this account, on a pre-tax basis, to help pay for eligible **child and elder care services** that are incurred so you (or you and your spouse, if you are married) can work. You may contribute:

- From \$260 up to \$5,000 per calendar year if you are married and file a joint income tax return, or if you are single and file as head of household; or
- From \$260 up to \$2,500 per calendar year if you are married and file a separate income tax return.

The IRS sets the guidelines for expenses eligible for reimbursement through dependent care accounts. Eligible dependent care expenses include fees for babysitting services occurring during working hours, nursery school, licensed day care centers, summer day camps, and in-home care for a dependent who is not capable of self-care. To qualify for reimbursement under the dependent care account, the expense must be either for the care of a dependent:

- Who is under the age of 13 and can be claimed as a dependent on your federal tax return, or
- Who lives in your house one-half of the year, is fully dependent upon you, and is claimed as a dependent on your federal tax return. If expenses for this dependent are incurred outside your home, then the expenses are qualified only if this dependent regularly spends at least 8 hours a day in your home.

Dependent care expenses typically not reimbursable through the reimbursement account include housekeeping, food, clothing, transportation, overnight camps, educational programs and education for children in kindergarten or higher. For a complete list of eligible expenses, you may contact the IRS at www.irs.gov or **(800) 829-3676** and request *Publication 503*.

If you request an amount from your dependent care account that is greater than your year-to-date contributions, any unpaid amount will be carried forward and paid as future contributions are added to your account. Under IRS regulations, you must file reimbursement requests by March 31st of the next plan year. You must have incurred the expenses during the calendar year and coverage period in which the account was in effect. You forfeit all funds remaining in the account after March 31 of the next year.

Dependent Care: Tax Considerations

Under current tax law, you can receive a tax credit on your federal income tax returns for dependent care expenses up to \$3,000 for one eligible dependent, or up to \$6,000 for two or more eligible dependents. This credit covers the same expenses that qualify for reimbursement through the dependent care account. You may use both the dependent care reimbursement account and federal child care tax credit to pay for your dependent care expenses. However, the IRS will deduct any amount you deposit to the dependent care account from the maximum you are allowed to take as a tax credit. You are encouraged to consult a tax specialist for more information regarding the tax implications of using a dependent care reimbursement account.

Note on Dependent Care Accounts: Dependent Care Reimbursement Accounts are subject to discrimination testing under IRS rules and the maximum amount that you can contribute in a plan year may be reduced subject to the results of these tests. You will be notified if any changes in your contributions need to be made.

Account Planning

*For help in planning your contributions, refer to the Reimbursement Account section on the Crosby Benefit Systems, Inc. website at www.crosbybenefits.com or call **(800) 462-2235**.*

Financial Security

Disability Insurance

Short-Term Disability (STD)

If you become disabled and are unable to work due a non-work related illness or injury for *seven* or more calendar days, you will receive 60% of your weekly base pay, up to a maximum of \$1,500 per week, for up to 26 weeks.

Details about STD coverage:

- You are automatically enrolled for STD coverage.
- If you become disabled and are unable to work, you must file a claim for STD benefits. If your claim is approved, benefit payments begin after you are unable to work for the required 7-day elimination period.
- You must use your available Earned Time and Extended Sick Leave for the 7-day elimination period, except if your disability is due to childbirth, in which case the use of Earned Time and Extended Sick Leave is optional.
- Unless you request otherwise, your STD payments will automatically be supplemented with available Earned Time or Extended Sick Leave, as applicable, to a total of 100% of your base pay. If you do not wish your ET to be used in this way, you must notify your supervisor.
- Because Children's Hospital Boston provides STD coverage at no cost to you, your STD payments are taxable as income to you; therefore, taxes will be deducted from your weekly STD benefit. You are responsible for paying the difference, if any, from the taxes withheld from your benefit and the total taxes you owe for that year.

Cost

Children's Hospital Boston pays the full cost of short-term disability insurance.

Long-Term Disability (LTD)

In the event of your continuing disability, you may be eligible to receive monthly LTD payments up to age 65, or longer if you become disabled after age 60.

You have two LTD options to choose from:

- 60% of your monthly base pay, up to \$10,000 maximum benefit per month
- 40% of your monthly base pay, up to \$10,000 maximum benefit per month

Details about LTD coverage:

- You must enroll to be covered for LTD insurance. When you enroll, you may choose the 60% option or the 40% option, or you may decline LTD coverage. If you decline coverage or elect the 40% option, evidence of insurability will be required to enroll for, or to increase, LTD coverage at a later date.*
- Your LTD benefits will be reduced by other group disability benefits that you receive, including any income from Social Security, Workers' Compensation and other group disability plans.
- Since you pay the full cost of LTD coverage on an after-tax basis, any LTD payments you receive will not be considered taxable income to you.
- For the first 36 months of LTD payments, you are considered totally disabled if you are unable to perform your own job. After 36 months, you must be unable to perform any occupation for which you are reasonably qualified by education, training or experience.
- Under the LTD plan, mental illness or substance abuse benefits are limited to no more than 24 months per occurrence.

Cost

You pay the full cost of LTD coverage on an after-tax basis.

Evidence of Insurability?

*If you do not enroll for LTD coverage when you are first eligible, or if you enroll in the 40% option, you will be asked to complete a statement of health before you will be allowed to enroll for, or increase, coverage (i.e., from the 40% to the 60% option).** Based on your completed statement of health, your request will be approved, or you may be asked to provide additional information, including a physical exam. Coverage will take effect once you are approved by the insurance company, or your request may be denied.

* Waived during 2009 open enrollment only.

Earned Time and Extended Sick Leave

The Hospital provides regular full-time and regular part-time employees with paid time to cover absences from work.

Earned Time (ET) is a bank of hours available to you for scheduled and unscheduled hours you do not work. Your ET bank pays for your time off. You use your ET to cover:

- Holidays,
- Vacations,
- Illnesses,
- Leaves of absence,
- Personal reasons, and
- Unscheduled absences.

Extended Sick Leave (ESL) is a bank of hours used for absences due to illness, injury, disability and most Family and Medical Leave Act covered absences.

Adding to Your Earned Time Bank

The Hospital deposits ET in your ET bank at the close of your pay cycle, biweekly or monthly, as applicable. ET is not considered earned until the close of the pay cycle. Please note that if you have less than 90 days of service, ET is not considered earned and vested until the completion of 90 days of service.

ET accrues during a Hospital paid absence, such as an approved Hospital paid leave or an absence from work deducted from your ET bank or ESL bank. You do not receive ET if you are on an unpaid leave of absence, or receiving Workers' Compensation or disability benefits.

Maximum Earned Time Balance

The maximum amount of earned time you may store in your ET bank is equal to 1.5 times your annual accrual. To calculate your maximum, multiply your anticipated annual ET credit (shown in the chart on the next page) by 1.5. When you reach the maximum, the Hospital automatically credits new ET accruals in excess of the maximum to your ESL bank.

Note: Your annual ET credit is based on your Date of Hire (DOH) or Adjusted Service Date (ASD). If you work full-time, see the chart on the next page. ET is prorated for part-time employees.

Use of Earned Time

For any absence covered by ET, the Hospital pays you for the number of hours you are regularly scheduled to work and deducts the equivalent time from your ET bank. You will be paid your base pay in effect on the date of your absence. ET is used and paid in 15-minute increments.

Payment of Unused Earned Time

Upon termination, if you have more than 90 days of service, you will be paid for all accrued, but unused, ET.

Cash-Out of Earned Time

Each year the Hospital determines if benefits-eligible employees will be offered the choice to cash out a portion of their ET.

Transfer of Earned Time

You may donate your ET to help another employee in need. The Hospital will not approve ET transfers for vacation requests.

Accrual and Payment of Extended Sick Leave

When you reach your maximum ET balance, you cannot accrue additional ET hours beyond the maximum. However, the hours in excess of the maximum are deposited into your ESL bank. In this way, you are able to build up a bank of paid time off to be used in case you are out of work for an extended period of time due to illness, injury, disability, and/or most Family and Medical Leave Act covered absences. In addition, employees hired before 10/01/95 that have 20 or more years of service receive an additional 32 ESL hours per year.

To be eligible to use ESL, you must be absent from work for at least 4 consecutive scheduled work days due to:

- Illness (your own or an immediate family member's);
- Short-term disability (including maternity leave); and/or
- Most Family and Medical Leave Act covered absences.

ESL may be used to supplement disability insurance payments up to the amount of your regular base pay.

ESL must be used during the elimination period for short-term disability benefits, except if your absence is due to maternity leave, in which case your use of ESL is optional.

For each day of absence covered by ESL, the Hospital pays you your base pay in effect on the date your absence began. For example, the Hospital deducts 8 hours from the ESL bank of full-time employees for each day of covered absence. For part-time employees, the ESL deduction is equivalent to the number of hours the employee would be regularly scheduled to work on the day of absence. ESL payments continue throughout your absence, or until the hours in your ESL bank run out, whichever comes first.

ESL cannot be cashed out, and the Hospital will not pay employees for unused ESL upon termination of employment.

Earned Time Annual Accrual

Full-Time Employees Annual Earned Time Credit			
Years of Service*	Annual ET Credit Date of Hire/Adjusted Service Date Before 10/01/95	Annual ET Credit Date of Hire/Adjusted Service Date 10/01/95 through 03/31/00	Annual ET Credit Date of Hire/Adjusted Service Date On or After 04/01/00
0–4 years	Not applicable	Not applicable	30 days
5–9 years	Not applicable	36 days	33 days
10–14 years	40 days	40 days	36 days
15–19 years	40 days	40 days	40 days
20+ years	41 days + 4 days ESL	40 days	40 days

Maximum Earned Time Balance			
Years of Service*	ET Maximum Date of Hire/Adjusted Service Date Before 10/01/95	ET Maximum Date of Hire/Adjusted Service Date 10/01/95 to 03/31/00	ET Maximum Date of Hire/Adjusted Service Date On or After 04/01/00
0–4 years	Not applicable	Not applicable	45 days / 360 hours
5–9 years	Not applicable	54 days / 432 hours	49.5 days / 396 hours
10–14 years	60 days / 480 hours	60 days / 480 hours	54 days / 432 hours
15–19 years	60 days / 480 hours	60 days / 480 hours	60 days / 480 hours
20+ years	61.5 days / 492 hours	60 days / 480 hours	60 days / 480 hours
20+ years	61.5 days / 492 hours		

* The increase in your ET years of service entitlement occurs on the 1st day of the month following your anniversary date.

Part-Time Employees	
Calculating Earned Time if you work 20–39.9 hours per week	
Annual ET credit	Hours earned per pay period x 26 pay periods
Maximum ET balance	1.5 x annual ET credit
Example 1: Date of Hire before 04/01/00	Employee works 40 hours biweekly, hired after 10/1/95 and before 04/01/00 with 5–9 years of service.
Annual Credit	5.54 x 26 = 144.04 hours / 36.01 days
Maximum Balance	1.5 x 144.04 = 216.06 hours / 54.02 days
Example 2: Date of Hire after 04/01/00	Employee works 40 hours biweekly, hired after 04/01/00 with 0–4 years of service.
Annual Credit	4.62 x 26 = 120.12 hours / 30.03 days
Maximum Balance	1.5 x 120.12 = 180.18 hours / 45.05 days

Life Insurance

Basic Life Insurance

Children's Hospital Boston provides basic group term life insurance equal to 1.5 times your annual base pay, rounded to the next \$1,000, up to a maximum of \$750,000. *This benefit is fully paid by the Hospital.*

Supplemental Life Insurance

You may purchase additional life insurance with after-tax dollars. The Hospital offers supplemental life insurance coverage up to 5 times your annual base pay rounded to the next \$1,000, up to a maximum of \$1.5 million. The cost of coverage is based on your age at the end of the plan year (December 31), and your annual base pay.

Note: If your base pay increases or decreases during the plan year, your basic and supplemental life insurance coverage will also increase or decrease as of that date. (Your cost for supplemental life insurance will also change.)

Spouse Life Insurance

You may purchase life insurance for your spouse in the following amounts: \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000. *You pay the full cost of this benefit, after-tax.*

Note: You may not elect spouse life insurance if your spouse is a benefits-eligible Hospital employee. If your spouse is a benefits-eligible Hospital employee, he or she may elect supplemental life insurance coverage.

Dependent Child Life Insurance

You may also purchase life insurance coverage for your dependent child(ren) in the amount of \$5,000 or \$10,000. *You pay the full cost for this benefit, after-tax, based on the benefit amount that you elect.*

Note: If the Hospital employs both you and your spouse, only one parent can cover the child or children.

Beneficiary Designation

In the event of your death, the beneficiary (or beneficiaries) you designate will receive the value of your basic and supplemental life insurance benefit. (Be sure to keep your beneficiary designations up-to-date.) In the event of your spouse's or child's death, you are the beneficiary of any spouse or dependent life insurance.

Evidence of Insurability Form (EOI)

Evidence of good health is required if you request supplemental life insurance coverage in excess of three times your annual base pay, or \$750,000, or for any amount of supplemental life insurance you elect after your initial eligibility date.

If you elect spouse life insurance, coverage in excess of \$25,000, or any amount of coverage you elect after the initial eligibility date, is subject to evidence of good health. There are no evidence of good health requirements for dependent child life insurance.

Accelerated Death Benefit Provision

The basic, supplemental and spouse life insurance plans include an accelerated death benefit provision. Under this provision, if you or your spouse meet certain requirements, you may withdraw a portion of the amount of your (or your spouse's) life insurance benefit as a lump sum with no tax deductions. You may choose to receive an amount up to 75% of your life insurance benefit, subject to a maximum of \$500,000. You may choose to receive this advanced payment only once in a lifetime. This payment reduces the face value of your combined basic and supplemental life insurance or your spouse's life insurance benefit.

Age Reduction Schedule

At age 70, the value of your combined basic and supplemental group life insurance reduces to 65% of your total amount of group term life insurance. At age 75, your coverage is reduced to 50% of the original amount of group term life insurance.

Business Travel Accident Insurance

Business Travel Accident (BTA) Insurance provides a benefit of up to \$350,000 if you die or sustain certain injuries while traveling on Hospital business. Immediate family members are also covered for lower benefit amounts. *The Hospital pays the entire cost of this benefit.*

HIV Supplemental Benefit Plan

This plan provides financial assistance and supplemental services for employees who become HIV positive as a result of work-related exposure incurred at Children's. *The Hospital pays the entire cost of this benefit.*

The HIV Supplemental Benefit Plan provides a net lump sum payment of \$200,000 to an employee who meets the following conditions. The employee must:

- Have a work-related incident that resulted in exposure to HIV;
- Document the incident in accordance with Children's established policies and procedures;
- Have a negative HIV blood test within 5 days of the documented work-related exposure;
- Test positive for HIV within 6 months of the incident; and
- File a claim for payment while still employed at a Harvard-affiliated medical institution, or within 6 months of terminating employment at the institution.

Occupational Health Services (OHS) will assist you in obtaining the necessary documentation and filing a benefits claim with our Risk Management Foundation. In accordance with any applicable federal and state laws, OHS will take precautions to respect the confidentiality of your test results and any claims you make.

Risk Management Foundation will review and accept or deny your claim based on documentation provided by Children's Hospital Boston (incident reports of possible exposure to HIV) and confidential blood test results. For more information regarding this plan, please contact Occupational Health Services at **(617) 355-7580**.

Retirement Program

Cash Balance Pension Plan

The Cash Balance Pension Plan, along with Social Security, your voluntary tax-deferred annuity contributions, and other personal financial resources, can help you enjoy a financially secure retirement.

Children's pays the full cost of this plan. The Cash Balance Pension Plan benefit is based on your age, your years of service with the Hospital, your earnings, and applicable interest rates. Please note, if you are eligible to participate in this plan, you will automatically be enrolled.

Participation Eligibility

Regular full- and part-time employees who complete at least 1,000 hours of service during the first year of employment become plan participants. You enter into the plan on either January 1st or July 1st coincident with or next following the completion of your first year of employment. If you did not complete at least 1,000 hours during your initial one-year period, you must then work at least 1,000 hours during a calendar year before becoming a participant on the next entry date.

As soon as you become a plan participant, your pension account begins to accrue compensation credits and interest. However, you will not be able to receive your pension payment unless you are fully vested and terminate employment.

Vesting

To be vested in the plan, you must:

- Have completed at least three years of employment with Children's Hospital Boston, or
- Be age 65 or older while employed with the Hospital.

You are also 100% vested if you die while employed with Children's regardless of your years of employment.

Annual Compensation Credits

Your account will receive the annual compensation credit as of December 31st of each year. For the year in which you leave the Hospital, retire or die, the compensation credit is added to the account as of your last day of work.

Your compensation credit percentage is determined using the sum of your completed age and service as of December 31 each year.

Compensation Credit Table	
Age + Years of Service	Percentage
Less than 30	5%
30-39	6%
40-44	7%
45-49	8%
50-54	9%
55-64	10%
65-74	11%
75 or more	12%

Interest

The Hospital credits interest to your account based on your prior December 31st plan balance. You are entitled to an interest credit whether or not you worked 1,000 hours in a year. The interest rate is equal to the average yield on 30-year U.S. Treasury Bonds for the November of the previous year. You will receive an annual interest credit every December 31st, reflected on the statement issued in the next calendar quarter. If you terminate employment, the Hospital will credit interest to your account until you withdraw your balance from the plan.

The Hospital reserves the right to change the method of determining the future rate of interest credited to your account. Any change made by the Hospital to the interest rate will only affect future interest, not the interest already added to your account.

Payment of Cash Balance Pension Plan Benefits

Upon termination of your employment, if vested, you would be entitled to your Cash Balance Pension Plan account benefit.

Forms of Payment

Upon termination of employment, you may choose among several forms of payment, including a lump sum payment and several types of annuity payments. If you are married to an opposite-sex spouse when your pension begins, your spouse must give consent to the form of payment (other than a 100% joint and survivor annuity).

Beneficiary Information and Pre-retirement Death Benefit

If you die before starting to receive your pension benefit and you are vested, a death benefit will be paid. If you are married to an opposite-sex spouse at the time of your death, your spouse will receive a death benefit. If you are not married, your designated beneficiary will receive a death benefit.

To designate your pension beneficiary you must complete the Designation of Beneficiary form.

- If you are married to an opposite-sex spouse:
 - You and your spouse may name someone other than your spouse as beneficiary.
 - If there is no beneficiary designation on file the death benefit will be paid to your spouse.
- If you are not married to an opposite-sex spouse and there is no beneficiary designation on file, the death benefit will be paid to your estate.

The Designation of Beneficiary form is available on the Children's intranet or from the HR Employee Service Center.



Tax-Deferred Annuity and Investment Plan

Children's Hospital is pleased to help you save for your retirement by providing a program that allows you to set aside pre-tax money into a 403(b) tax-deferred annuity account. *This benefit is fully funded by employee contributions.* Tax-deferred annuities (TDAs) help accomplish two goals:

1. In the current year, TDAs reduce your taxable income. You do not pay federal or state taxes on the money you contribute to the TDA or on the income, if any, it earns while the plan holds it.
2. In the long term, you save money to supplement your retirement plan and Social Security income at retirement.

The IRS has established a general annual contribution ceiling (\$16,000 for 2009). If you will be 50 or older by the end of 2008, you will be eligible to contribute additional catch-up contributions (up to \$5,000 in 2009).

Your contributions to a TDA are always yours. However, federal rules restrict how and when you may receive TDA accumulations.

Investment Options

Children's currently offers the following TDA investment companies. Please contact them directly with questions or to request plan information.

Fidelity Investments

(800) 343-0860

www.fidelity.com/atwork

TIAA-CREF

(800) 842-2776

www.tiaa-cref.org

Each TDA investment company offers many investment choices. Retirement counselors from each company are available by appointment to provide individualized investment planning. Additionally, company brochures are available from the HR Employee Service Center. To schedule a counseling session, see the list of available times on the Human Resources website and telephone the contact listed.

You may allocate your contributions through the Hospital to only one TDA company at a time. You may withdraw money or take a distribution from your TDA accounts if the funds are attributable to contributions or investment earnings prior to January 1, 1989; or in the event of financial hardship as defined by the IRS. However, particularly if you are less than 59½ years old, you should consider a distribution only as a last resort because:

- Money in a TDA account is retirement money.
- Taking a distribution can be expensive; you must pay federal income tax on the distribution in the withdrawal year as well as a 10% federal tax penalty if you are under age 59½.
- You will lose future tax-deferred investment earnings those funds would have earned for you.
- In cases of extreme need, you may be able to access some or all of your retirement accumulation before reaching age 59½ through a loan or hardship withdrawal.

Death

Upon your death, your designated beneficiary will receive the full value of the accumulation in your TDA account(s).

Retiree Medical Savings Account Plan

The Retiree Medical Savings Account Plan gives eligible employees—employees working 20 or more hours per week with three or more years of continuous service—the opportunity to set aside up to \$4,500 in a special account that can be used to help pay for out-of-pocket medical expenses in retirement. Contributions to the account will be after-tax and will be invested in a tax-free investment vehicle.

Other Employee Benefits

Group Legal Assistance

During any annual open enrollment period, you may enroll in our group legal assistance program, the Hyatt Group Legal Plan, that provides participants with a wide range of personal legal services. To enroll, complete the Group Legal Assistance Enrollment form available from the HR Employee Service Center or from the Human Resources intranet. You pay the full cost of the plan.

Hyatt Legal Plans, a MetLife company, provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action for these types of legal needs:

- Estate Planning Documents
- Real Estate Matters – primary residence
- Family Law
- Consumer Protection
- Juvenile Matters
- Financial Matters
- Defense of Civil Lawsuits
- Traffic Offenses
- Document Preparation and Review

If you use a network attorney for the above-listed legal matters, the attorney fees will be fully covered by the legal plan. Or you can choose to use an out-of-network attorney and be reimbursed according to a set fee schedule for covered services. For more information or a complete plan description, contact Hyatt Legal Plans at **(800) 821-6400** Monday through Thursday 8 a.m. to 7 p.m. or Friday 8 a.m. to 6 p.m. Eastern Standard Time.

There are no restrictions on the number of times per year you may use this service. However, the consultation benefit is not intended to provide you with continuing access to a network attorney so you can undertake your own representation. The plan does not cover any matters (including a consultation) regarding business-related matters or your employment at Children's, including but not limited to, immigration, discipline and discharge, civil and criminal actions, disability or Workers' Compensation issues. For other exclusions and coverage information, refer to your complete plan description from Hyatt.

Group Automobile Insurance

You may purchase your automobile insurance at group rates. This program is offered through MetLife and you will pay any premiums through regular payroll deductions. For details, contact MetLife at **(800) 438-6388**. You may enroll in this plan anytime.



Employee Benefits Resource Guide

If you have questions, please contact the **HR Employee Service Center at (617) 355-7780** or any of our plan providers at the numbers shown below.

Employee Benefit Plans and Programs at Children's Hospital Boston		
Program	Contact Information	
Medical Blue Cross Blue Shield MA	(800) 241-1263	www.bluecrossma.com
Prescription Drug Caremark	(888) 771-7270	www.caremark.com
Dental Delta Dental	(800) 872-0500	www.deltadental.com
Vision United HealthCare Vision Plan	(800) 839-3242	www.myuhcvision.com
Reimbursement Accounts Crosby Benefit Systems	(800) 462-2235	www.crosbybenefits.com
Disability Insurance Aetna	(866) 326-1379	www.aetna.com
Life Insurance Aetna	(800) 523-5065	www.aetna.com
HIV Occupational Insurance Children's Hospital Boston Occupational Health Services	(617) 355-7580	
Tax-Deferred Annuity/403(b) Plan		
▪ Fidelity	(800) 343-0860	www.fidelity.com/atwork
▪ TIAA-CREF	(800) 842-2776	www.tiaa-cref.org
Other		
▪ Group Legal Assistance (Hyatt Legal Plans)	(800) 821-6400	www.metlife.com/mybenefits/childrenshospitalboston
▪ Auto Insurance (MetLife)	(800) 438-6388	
▪ Retiree Medical Savings Account Plan	(617) 355-7780	

Employee Services

Introduction

Providing personal and family support for our employees is an important value at Children’s Hospital Boston. It’s a way we can help employees meet and manage the demands of everyday life.

Personal and family needs can be as diverse as our workforce. For some employees, health and wellness issues may be the challenge; for others, it may mean finding help when faced with personal problems, child care needs, commuting issues or high tuition bills. Maybe it’s just a need for a night out at the movies.

This section of your Guide focuses on the programs and resources that are designed to support Children’s employees and their families in having a balanced life. Please use this Guide as a reference when you need a place to turn to for:

- Health & Wellness
- Family Support Services
- Personal Support Services
- Educational Support
- Financial Support
- Paid Time Off
- Parking and Transportation Services
- Pet Insurance
- Getting Involved in the Community
- Fun for You and Your Family

The HR Employee Service Center staff will be happy to assist you with any questions. Just email hresc@childrens.harvard.edu or call **(617) 355-7780**.

Note: *The programs and services described in this Guide are available to all benefits-eligible Hospital employees, House Staff and Joint Appointees. For certain programs, immediate family members and children through age 25 are eligible. There are also programs available to those of you who are not benefits eligible, as noted.*

Health & Wellness

When asked what matters most in life, most people put good health near or at the top of the list. Here are highlights of some of the programs available to you at Children's Hospital, to help you maintain and/or improve your good health, and better manage your health when you are ill or injured.

Global Fit

Global Fit is an internet-based program designed to make it easy for you to find and join a health center. Global Fit offers:

- Discounts for you and your family members at a growing network of fitness centers
- Flexible month-to-month membership that you can freeze at any time
- The flexibility to transfer to other centers within the network
- An interactive web site with fitness news and tips (www.globalfit.com)

Fitcorp

Fitcorp centers feature state-of-the-art cardiovascular and weight training equipment and fitness classes. The Fitcorp Longwood Medical Area center is located at 77 Avenue Louis Pasteur. There are ten additional sites in the Boston area. Refer to the Fitcorp web site (www.fitcorp.com) or call **(617) 738-9229** for more information.

Boston Sports Club

Boston Sports Club (BSC), part of Town Sports International, offers a Children's Hospital Passport membership. With this Passport membership, you have access to more than 22 fitness clubs in the greater Boston area as well as clubs in New York, Washington DC and Philadelphia. The BSC location closest to Children's is at 201 Brookline Avenue. Refer to the BSC web site (www.companiesgetfit.com) or call **(917) 351-6680, ext. 1582**, or the family hotline at **(800) 611-9833** for more information.

Family Support Services

These programs can help when you need assistance finding day care for your children, including emergency back-up day care, or help with the cost of adopting a child. There is also a lactation program to support you when you return to work after the birth of your child.

Children's Hospital Boston Child Care Center

Children's Child Care Center offers high quality, safe, nurturing care to children of Hospital employees. The Center accepts a limited number of enrollment slots for children ages three months to five years. Both full-week commitments and limited two- to three-day slots are available. The Center is located at 21 Autumn Street; hours of operation are 6:30 a.m. to 6 p.m., Monday through Friday. For child care rates and application forms, go to Employee Services on the HR web site or call the Center at **(617) 355-6006**.

Bright Horizons Family Center at Landmark

The Bright Horizons Family Center, located in the Landmark building on the corner of Brookline Avenue and the Fenway, serves families from several area hospitals and Harvard Medical School. Hours of operation are 6:30 a.m. to 6:30 p.m., Monday through Friday. For further information, an application form and a fee schedule, go to www.brighthorizons.com or call Bright Horizons at **(617) 450-0790**.

Parents in a Pinch (Back-up Child Care)

When your regular child care is unavailable or your child is mildly ill, Parents in a Pinch can provide in-home care on a 24-hour a day, 7-day a week basis. Parents in a Pinch can also help you find a nanny, or help you with the background check for a nanny that you have identified. Call **(617) 739-KIDS** for detailed information about hours and services.

The Office of Work and Family

The Harvard Medical Office of Work and Family provides services and resources to Children's employees who are trying to balance work and family responsibilities. These resources include information and referrals regarding child care in the Longwood area or in your community, elder care, and managing personal, family and other work/life issues.

The office is located at 164 Longwood Avenue, Room 106. To contact the office for a schedule of events or for child care information, call **(617) 432-1615** or send an e-mail to barbara_wolf@hms.harvard.edu.

Adoption Assistance

You may be eligible to receive up to \$8,000 in adoption assistance for qualified expenses associated with the legal adoption of a child under the age of 18. To qualify for adoption assistance, you must have at least six months of continuous service at Children's. If you and your spouse both work at Children's, the maximum benefit is \$8,000 per adopted child, per family unit. Eligible and ineligible adoption expenses include:

Eligible Expenses

- Fees for private or public agencies, child placement and home study
- Reasonable travel expenses associated with the adoption process
- Physical exams for adoptive parents, siblings and the adopted child
- Cost of a child's medical expenses required to finalize the adoption
- Legal fees associated with processing the adoption
- Post-adoption counseling for the child or family

Ineligible Expenses

- Medical care and counseling for the birth mother
- Personal travel expenses, i.e. visas, passports, meals or luggage
- Expenses claimed under the federal adoption expense tax credit
- Legal fees for contested adoptions
- Miscellaneous administrative costs, i.e., fax, phone, or postage fees

Application and Documentation

To apply, you must complete and submit an Adoption Assistance Plan Reimbursement Form within 365 days of the completion of the adoption. The form is available on the intranet. A copy of the legal Certificate of Adoption and itemized receipts must accompany the application. Human Resources will review the application and supporting documents and then notify you of the application status.

Please contact the HR Employee Service Center at **(617) 355-7780** for specific details of this benefit, including information on federal and state tax rules that may apply.

Lactation Support Program

The Employee Lactation Support Program is designed to help new mothers ease the transition back to employment while continuing to breastfeed their young infants after the end of maternity leave. The program is coordinated by Hospital Lactation Specialists, who offer informative classes and individual consultation for breastfeeding difficulties, as well as telephone and e-mail support. For more information call **(617) 355-0005** or link to web2.tch.harvard.edu/hr/lactationSupport.cfm.



Personal Support Services

At some point in your life, it may not be easy to balance the demands of your work and/or personal life. Children's offers two programs to help. The **Employee Assistance Program** is available to both you and your family members. It provides confidential services and resources to help ease some of the challenges of everyday life. Through the **Office of Clinician Support**, anyone who does clinical work with patients has a place to go for help with personal or work-related problems.

Employee Assistance Program (EAP)

The EAP provides confidential help with personal problems and the challenges of every day life. You may receive face-to-face or telephone consultations 24 hours a day, seven days a week, and counselors are available both close to work and near your home. Additional counseling, resources or specialized treatment may add cost depending upon your health plan benefits. These confidential, professional counseling services can help with:

- Stress-related support
- Mental and behavioral health issues
- Interpersonal skills with family and co-workers
- Alcohol and substance abuse
- Loss and grief
- Family violence
- Separation or divorce
- Eating disorders
- Gambling addiction
- Time management
- Legal (non-work related) and financial concerns (for more extensive legal services, see *Group Legal Assistance*)

Work/Life Benefits

The EAP also offers consultations with work/life specialists, information and referrals to community resources, checks to ensure compatibility of child care and elder care providers, and customized educational materials to meet a broad range of needs:

- **Parenting and Child Care**
Adoption, child care options, resources for children with special needs, school-age programs and summer care
- **Aging Issues and Elder Care**
Services and care for older adults, housing options, care giving issues, transportation and caring from a distance
- **Education and Tuition Planning**
Resources to help find and apply to all levels of schools, colleges and universities; GED and vocational education; educational financing; tutors and test preparation
- **Health, Wellness and Nutrition**
Help finding resources for stress reduction, exercise, preventive health, nutrition and mind/body balance; discounts are offered on weight, fitness and smoking cessation programs
- **Everyday Issues**
Resources for consumer education, pet care, home repairs and services, moving and relocation, and recreational activities

Information Resources

For self-help information and resources to assist you in resolving everyday issues and concerns:

- Log on to kgreer.com
 - **username:** chb
 - **password:** 9557
- Call **(800) 648-9557**
 - **24 hours a day, 365 days a year**

Office of Clinician Support

The Office of Clinician Support (OCS) provides a safe and confidential channel of communications for anyone who does clinical work with patients. The program is designed to assist clinicians with both work-related and personal problems, such as:

- Patient and family concerns (patient safety, coping with death, dealing with chronically ill children, working with families)
- Work concerns (communication problems, personality conflicts, disruptive behaviors, Hospital systems problems)
- Personal and own family concerns (Hospital stress, depression and anxiety, burnout, substance abuse problems)

Clinicians can be seen for one to three sessions with no charge. Referrals to outside professionals are available as needed. You may reach the OCS coordinator at **(617) 355-6705**.



Educational Support

Going back to school to further your career can be expensive. That's where the Tuition Assistance Program can help. And it's just one of several programs and resources available at Children's to help you keep your financial life on a more even keel.

Tuition Assistance Program

To qualify for tuition assistance, you must be a regular active employee working at least 16 hours per week on the day the approved course begins and ends.

Tuition Benefit

The Hospital reimburses tuition costs, directly related course fees (e.g., lab fees and registration fees) and required textbooks as follows:

For eligible regular employees in a position scheduled for 30 or more hours per week:

You are eligible for up to \$5,000 in tuition assistance per calendar year.

For eligible regular employees in a position scheduled for 16 to 29.9 hours per week:

You are eligible for up to \$2,000 in tuition assistance per calendar year.

Course Eligibility

To qualify for tuition assistance, your course must meet all of the following criteria. It must:

- Be offered at an accredited college or university, or at a city or town adult education program;
- Be scheduled during off-duty hours;
- Begin (have the official first day of class) on or after your date of hire or eligibility;
- Be a graded course whose successful completion with a grade of C or better can be documented (pass/fail courses are not eligible); and
- Meet for at least 20 hours over the scheduled course duration (as opposed to a one- or two-day course).

Also, you must be an active employee on the last day of the class.

Note: *You are not eligible for tuition assistance while you are on a leave of absence.*

In addition, the course must meet one of the following criteria by being:

- Job-related;
- Related to another reasonably attainable position within the Hospital;
- Required by a degree program that is job-related; or
- Required by a degree program that is related to another reasonably attainable position within the Hospital.

The Tuition Assistance Program excludes:

- Professional meetings, conferences, seminars, certificate programs or short courses not meeting the minimum duration requirement;
- Preparatory courses (e.g., CPA, LSAT, GMAT); and
- Administrative fees not directly related to the course, such as parking fees or activities fees.

Tuition Assistance Program Guidelines

1. Choose your course and print out the Tuition Assistance Checklist and Tuition Assistance Application form from the Hospital intranet. You may also call Crosby Benefit Systems, the plan administrator, directly at **(800) 462-2235** to request these forms or go to their web site www.crosbybenefits.com.
2. Complete the Tuition Assistance Checklist – Course Eligibility to help determine if your tuition expenses would be approved for reimbursement, or simply call Crosby and ask.
3. Enroll in and attend your class.
4. Complete the Tuition Assistance Application, including Part 1. Employee Information, Part 2. College/School Information and Part 3. Signatures—both you and your supervisor need to sign the form in Part 3.
5. Submit your completed application, along with a transcript or completion certificate and proof of tuition payment **within 90 days of the date of the official end of the class semester**, to Crosby Benefit Systems for processing. Here's the address:
Crosby Benefit Systems
P.O. Box 929125
Needham, MA 02492-9125
If any information is missing, you will be contacted directly by Crosby.
6. Wait for payment of your tuition costs (up to the annual program maximums) by direct deposit or a paper check, whichever you elect. (If you elect direct deposit, you will have to complete the *Direct Deposit Authorization Form*, which is also available on the Hospital intranet site or directly from Crosby.) Applications received at Crosby Benefit Systems by a Tuesday will be reviewed by the following Monday. You should receive payment within two weeks.

If you have questions, please contact Crosby Benefit Systems at **(800) 462-2235**.

Sibylla Orth Young Scholarship Fund

Each year, Children's invites employees with at least six months of service, and their immediate family members (spouse, children, siblings and parents), to apply for a scholarship of up to \$2,000 from the Hospital's Sibylla Orth Young Scholarship Fund. The scholarships pay for college courses leading to healthcare-related certificates or degrees. Priority is given to those pursuing careers in healthcare fields experiencing labor shortages.

Applications, which are available on the Human Resources web site, are due by August 1st. Awards are issued by September 1st each year. For more information, go to Sibylla Orth Young Scholarship Fund or contact the HR Employee Service Center at **(617) 355-7780**.

Learning and Development

The Hospital offers a wide array of high quality, professional learning programs, in both classroom and online formats, to help managers and staff with their professional development and career growth. Among the offerings are programs in entry-level fundamentals, English for speakers of other languages, writing, computer applications, supervisory/managerial skills and leadership development. There are also mini-courses available for in-tact work teams, on subjects such as customer service, team building and effective communication.

For more information or to request a catalog, contact the HR Employee Service Center or go to the Human Resources website and select Professional Development and Training > Training Catalog.



Financial Support

Employee Extraordinary Needs Fund

Children's understands that you, an immediate family member or fellow employee may suffer a disastrous event and need financial assistance at some point in your life. That's where the Employee Extraordinary Needs Fund (EENF) may be able to help.

Definition of an Extraordinary Need

To qualify under the program, the event must be disastrous and extraordinary, and must create a financial hardship such that you lack sufficient financial resources to manage independently. Examples of eligible events include destruction of your home by fire or natural disaster, funeral expenses for an immediate family member or economic hardship resulting from domestic violence.

Amount of Assistance

The EENF is funded by a grant. Assistance amounts range from \$500 to \$1,500, and are considered taxable income. If the EENF is depleted, no further requests will be considered until it is replenished with new funds.

How to Apply

You may request financial assistance for yourself or on behalf of another employee. To make a request, call the HR Employee Service Center at **(617) 355-7780**. Documentation of both the extraordinary need and the financial circumstances of the intended recipient will be required. Each request is considered individually. If the request is denied, the decision may not be appealed.

Paid Time Off

There are times in life when we all need to get away from work. It might be for a family vacation or holiday celebration; perhaps for a family emergency or to recover from an illness or injury.

Through its Earned Time program, Children's provides you with paid time off for many absences from work. Earned Time (ET) is a bank of hours available to you for scheduled and unscheduled hours you do not work. You accrue ET based on your work schedule (full- or part-time), years of service and date of hire (or adjusted service date). You use your ET bank to pay for holiday time, vacations, time away from work due to illness, unpaid leaves of absence, personal reasons and unscheduled absences (see pages 16-17).

In addition, Children's offers paid time off for bereavement, jury duty, organ donation and voting. Please see Personnel Policy Hospital Paid Time Off on the intranet for more information. For information about unpaid leave (family or medical, military, personal/educational and small necessities), see Personnel Policy Leave of Absence.

Bereavement Leave

The Hospital recognizes that you may need to take time off from work following the death of a member of your immediate or extended family (your grandparent, parent, spouse, spousal equivalent, sibling, child, grandchild, in-law or step-relative).

You may be excused for up to three days (or 60 percent of your normally scheduled, non-overtime weekly work hours) for any one instance of death. The time off need not be consecutive.

Approved bereavement leave is paid at your current base pay (plus any regular shift differential). Bereavement leave time is not considered hours worked for purposes of calculating overtime, but it does count for calculating Earned Time.

Jury Duty

If you are required to report for jury duty during a regularly scheduled shift (if you are a non-exempt employee) or during a regular workday (if you are an exempt employee), you will be paid as follows:

- Per Massachusetts law, during the first three days of juror service, all regular full-time and part-time employees, temporary employees and previously scheduled per diems will receive their base pay for each day of juror service.
- For juror service extending beyond three days, benefits-eligible, regular full- and part-time employees will be paid their base pay for each day of juror service, less any amount paid by the court as jury duty compensation. Employees who perform a partial day of juror service should notify their supervisor when released by the court and may be asked to report for work for the remainder of the workday; jury duty pay will be offset by any wages earned during the remainder of the workday.

Non-exempt employees will be compensated based on the number of hours they would have been regularly scheduled to work during the day of jury service.

If you receive notice of jury duty, you should notify your supervisor immediately to minimize schedule disruptions. If you receive jury duty compensation, you must submit the jury payment notification form to your supervisor as soon as possible. Forward the original form to the Payroll Office. To receive payment for jury duty you must:

- Provide your supervisor with a copy of your jury notice, and
- Submit proof that you performed your scheduled jury duty.

Organ Donation Leave

The Hospital recognizes that you may need to take time off from work following donation of bone marrow or a major organ (kidney, liver or lung). If you are eligible under this program, you may be excused for up to seven calendar days for bone marrow donation and/or up to 30 calendar days for the donation of a major organ.

Each day of approved leave is paid at your current base pay, plus any regular shift differential times the number of non-overtime hours per week that you normally work, divided by five. ET is not applied to a leave for the donation of a major organ.

Voting

The Hospital provides up to one hour of time off with pay if your work schedule conflicts with voting hours in federal, state and local elections. You are expected to make every reasonable effort to vote during non-working hours.



Parking and Transportation Services

Sometimes, getting to work, and even getting around the Children's campus, can be a challenge. Here are some programs and resources that can help make your commute (and work day) easier and less expensive.

Children's offers:

- Day, evening, overnight and weekend parking (based on availability)
- T-Pass program and transit subsidy
- Shuttle service to and from parking lots and off-campus sites
- Bicycle cage

More Parking & Commuter Information

For more information regarding Children's commuting programs, contact the Parking and Commuter Services Office at **(617) 355-6251**. The office is located at the Patient and Family Garage, 283 Longwood Avenue; office hours are 7 a.m. to 4:30 p.m., Monday through Friday. Visit our web site on the Hospital intranet for news and information about commuting.

You may also contact CommuteWorks, a service of MASCO and Children's Hospital Boston that provides free information about commuting alternatives to the Longwood Medical area. This service informs employees of mass transit, ride-sharing, biking and walking options and assists in starting car and van pools. For more information call **(617) 632-2796** or view www.masco.org/commuteworks.

Voluntary Program

At Children's, we want to offer a broad-based benefits program that can help meet the needs of a diverse workforce. That's why we offer access to a plan not typically seen in a benefits program—pet insurance.

Veterinary Pet Insurance

Veterinary Pet Insurance (VPI) gives you the opportunity to purchase medical insurance for your pets. All employees, House Staff and Joint Appointees, including those ineligible for other benefits, are eligible for this program.

To learn more about the benefits offered under the program and receive a specific quote for your pets, refer to the VPI website at www.petinsurance.com or call **(877) 738-7874**.



Getting Involved

Involvement in the community is another important value and mission at Children's. That's why we sponsor different community events that give our employees opportunities to help those in need, and to raise awareness of the broad range of services offered by Children's Hospital Boston.

Blood Donation Program

You are encouraged to donate blood and platelets at Children's Blood Donor Center, located on Pavilion 1. Your donation is a key contribution to the care of our patients and also to those treated at the Jimmy Fund. One donation can help as many as four children. To schedule an appointment or for more information, contact the Blood Donor Center at **(617) 355-6677**.

Other Community Events

In addition to the work you do each day, there are many opportunities to support the children and families we serve. For example, Children's is involved in a wide-range of events in the Boston community such as health fairs sponsored by community-based organizations and health centers, including our own Martha Eliot Health Center in Jamaica Plain. The Hospital participates in special programs, including:

- The Boston Asthma Games, which give children with asthma the opportunity to participate in physical activities while learning about their disease;
- NStar's Walk for Children's Hospital Boston (held each June);
- The Miles for Miracles running program; and
- The Mix 98.5 Cares for Kids Radiothon.

For more information and to find out how you can participate, contact the Office of Child Advocacy (OCA) at **(617) 919-3055** or go to childrenshospital.org/giving.

Fun for You and Your Family

Every family needs to have some fun now and again. Children's offers a variety of discounted services and programs to help make recreation a little less expensive. The Hospital also offers many services that we all need to make running our lives a little easier (such as banking services). All Hospital employees, including those ineligible for benefits, may take advantage of these discounts and services.

Many of our programs change throughout the year depending upon season and availability. For further details or a current listing of discounted services and programs refer to the Human Resources Discounts link on the Hospital's intranet or contact the HR Employee Service Center at **(617) 355-7780**. In addition, promotions and events are highlighted under the "News and Events" section of the Human Resources web page in *News and Events*.

Amusement Park and Family Recreation Tickets

Tickets for events can be purchased at the Cashiers Office located in the Farley Building. Discounted tickets are also available through Working Advantage. To access information on discounted tickets, go to www.workingadvantage.com. The Children's Hospital Membership ID# is: **99040753**.

During the winter season, you may purchase discounted ski passes for Loon Mountain, Cranmore, Waterville Valley, Sugarbush and Sunday River. During the summer months, you may purchase discounted tickets for Six Flags, Water Country and Canobie Lake.

Movie Tickets

You may purchase discount movie tickets to most major theatre chains, including AMC theaters and National Amusements.



Employee Services Resource Guide

You may obtain additional information about services and work/life resources by contacting the HR Employee Service Center or the specific service providers noted below.

Employee Services and Programs at Children's Hospital Boston

Service	Contact Information	
HR Employee Service Center	(617) 355-7780	web2.tch.harvard.edu/hr
Child Care Services <ul style="list-style-type: none"> ▪ Bright Horizons Family Center ▪ Children's Hospital Boston Child Care Center ▪ Parents in a Pinch 	(617) 450-0790 (617) 355-6006 (617) 739-KIDS	www.brighthorizons.com
Educational Support Tuition Assistance (Crosby Benefit Systems)	(800) 462-2235	www.crosbybenefits.com
Family Fun Discounted Tickets—Working Advantage	(800) 565-3712	www.workingadvantage.com user ID: 99040753
Family Support Services <ul style="list-style-type: none"> ▪ Lactation Support Program ▪ Office of Work and Family 	(617) 355-0005 (617) 432-1615	web2.tch.harvard.edu/hr/lactationsupport.cfm Barbara_wolf@hms.harvard.edu
Financial Support Extraordinary Needs Fund	617) 355-7780	
Getting Involved <ul style="list-style-type: none"> ▪ Blood Donation Center ▪ Office of Child Advocacy (OCA) 	(617) 355-6677 (617) 919-3055	childrenshospital.org/giving
Health and Wellness: <ul style="list-style-type: none"> ▪ Global Fit—Club Referral ▪ Boston Sports Club ▪ Fitcorp 	(800) 294-1500 (917) 351-6680 ext. 1582 (family hotline (800) 611-9833) (617) 738-9229	www.globalfit.com www.companiesgetfit.com www.fitcorp.com
Learning and Development Center	(857) 218-3019	
Occupational Health Services	(617) 355-7580	web2.tch.harvard.edu/hr/ohs
Parking and Transportation <ul style="list-style-type: none"> ▪ Parking and Commuter Services Office ▪ MASCO / Commute Works 	(617) 355-6251 (617) 632-2796	www.masco.org/commuteworks
Payroll Office	(857) 218-3523 (internal 8-3523)	
Personal Support Services <ul style="list-style-type: none"> ▪ Employee Assistance Program (KGA) ▪ Office of Clinician Support 	(800) 648-9557 (617) 355-6705	www.kgreer.com
Voluntary Program <ul style="list-style-type: none"> ▪ Veterinary Pet Insurance 	(877) 738-7874	www.petinsurance.com





Children's Hospital Boston