



Boston Children's Hospital
Human Resources

2026 Benefits Guide



**your total rewards.
our commitment.**

*Boston Children's Hospital
Clinical Fellows and Residents*

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Translation Assistance

If you need translation assistance with your enrollment materials, arrangements will be made as soon as possible to provide assistance. Contact the HRHub at **HRHub@childrens.harvard.edu** or **617-355-7780, x 57780**.

Notifique a su supervisor si necesita ayuda de interpretación para matricularse y elegir sus beneficios. Los arreglos necesarios para asistirle se harán tan pronto sea posible.

Diga ao seu supervisor se precisar de ajuda de um intérprete com os seus folhetos da inscrição. Serão feitos preparativos logo que possível para lhe prestar a assistência de que você necessita para fazer a sua escolha de benefícios.

Tanpri fè Manadjè w konnen si w bezwen yon entèprèt pou tradui dokiman enskripsyon yo pou w. Y ap ba w tout asistans ou bezwen pou kapab seleksyone bene-fis ou pou.

This guide provides an overview of the benefits available to you as a Boston Children's Clinical Fellow or Resident. For more details and the most up-to-date information, visit *Your Boston Children's Benefits* at www.yourbchbenefits.com—your one-stop resource for exploring and selecting the options that work best for you and your family.



Your Total Rewards. Our Commitment.

Boston Children's Hospital's new "Your Total Rewards. Our Commitment" approach empowers you, the employee, to shape your experience at every stage of your journey, providing the flexibility and resources needed to support you both personally and professionally.

There are five core pillars of the Total Rewards program that holistically recognize and support employees as complete individuals—reinforcing that each person's work, life, and growth are interconnected and unique.



It is our commitment to offer Total Rewards that support and evolve with you throughout the lifecycle of your employment journey at Boston Children’s, including:

your health **Because Health Is at the Heart of it All.** Your health is the foundation for everything you do—at work, at home, and everywhere in between. That’s why we offer flexible, comprehensive benefits designed to support your physical and mental health, while also prioritizing your safety at work. From preventive care and chronic condition management to mental health services and disability coverage, we’re here to help you stay well, feel protected, and thrive.

your finances **Because Financial Wellness Powers Peace of Mind.** When you feel financially secure, you’re free to focus on what matters most. Our competitive compensation package, robust retirement savings plans, student loan and educational support, and personalized financial education tools are designed to support your goals today and in the future. We want to empower you to make informed decisions and build lasting financial wellness at every life stage.

your wellbeing **Because Wellbeing Is Key to Thriving.** We understand that seamless integration of your professional and personal lives is essential to your total wellbeing. Our wellness initiatives and anytime benefits are designed to give you the support you need, any time throughout the year, allowing you to create the work-life integration that allows you to thrive.

your growth **Because Your Aspirations Matter.** Career development is personal. We offer tailored learning pathways, mentorship, and career support that align with your unique goals, helping you grow your skills, and expand your influence within the organization.

your experiences **Because Belonging Is More Than Just Being Included.** Find connection through what matters most to you. With diverse employee resource groups, volunteer opportunities, shared-interest communities, and meaningful employee recognition, we ensure that Boston Children’s feels like home to everyone.

...

We recognize that your life and career are shaped by countless moments, big and small, personal and professional. Boston Children’s Total Rewards are designed to adapt to you, providing the support, recognition, and empowerment you need as your journey evolves.



Our comprehensive, competitive, and flexible benefits programs are designed to support you—whatever your life stage or needs. This 2026 Benefits Guide provides an overview of the benefits programs that can enhance Your Health, Your Finances, and Your Wellbeing.





2026 Highlights

Boston Children's is dedicated to bringing you best-in-class benefits that support your health and wellbeing, in and out of the workplace.

Open Enrollment Benefits *(see pages 9-27 for more details)*

Introduction of High Deductible Health Plan Plus Health Savings Account	New for 2026 The Blue Essentials HDHP + HSA features lower premiums and a higher deductible. Boston Children's contributes annually to your HSA—\$500 for individual coverage and \$1,000 for all other coverage levels. - Your other Medical Plans will continue with new names. Your copays, deductibles, coinsurance, and salary tiers remain unchanged for 2026.
Robust dental coverage	You have two comprehensive dental plans to choose from. Orthodontia, including adult orthodontia, is covered under the Dental Plus Plan only. Both plans now cover mouth guards beginning January 1.
Prescription savings	Save when you fill your prescriptions at the Boston Children's Hospital Pharmacy. You'll pay lower copays and be eligible for free home delivery.
Weight loss solution tailored for you	New for 2026 Introducing a GLP-1 Weight Management Program through CVS, designed to help you achieve lasting results. Find one-on-one coaching support, personalized nutrition plans, and digital tools at no cost to you. Targeted communications coming in November!
Vision and hearing care	Access two robust Vision Plan options covering eye exams, glasses and contacts, as well as savings on hearing aids covered through the VSP TrueHearing benefit.
Increased Dependent Care FSA limit	New limit for 2026 The limit for the Dependent Care FSA, an account to pay for eligible dependent care services, is increasing from \$5,000 to \$7,500 for individuals and from \$2,500 to \$3,750 for married couples filing jointly. This higher limit allows more pre-tax dollars for caregiving expenses such as pre-K programs, summer camps, nannies, elder care, and more.

Anytime Benefits *(see pages 28-37 for more details)*

No-cost vaccines	Preventing illness is an important part of health and wellbeing for you and your family. Seasonal Influenza and COVID-19 vaccines are available at no cost to employees through the BCH Vaccine Clinic or Occupational Health Services (OHS). Additionally, the BCH Vaccine Clinic can provide vaccines for your family.
Extensive Employee Assistance Plan (EAP)	Focus on your mental wellbeing. We offer a confidential EAP through SupportLinc available 24/7/365 that includes 6 free counseling sessions, financial and legal support, work life coaching, digital resources, and more.

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2026 HIGHLIGHTS (CONT'D)

Anytime Benefits (continued)

Comprehensive diabetes management	Integrated diabetes support through Teladoc provides access to connected blood sugar monitoring, digital content, activity tracking, and certified expert coaches to help manage your condition where and when you need it.
Expanded fertility, family-building, and menopause resources	New for 2026 If you're enrolled in the Medical Plan, the Maven program offers a range of personalized support across fertility, family-building, menopause, and other life stages for you and your partner.
Customized pet insurance	New for 2026 Prioritize your furry family members! We are partnering with MetLife to bring you the power of choice to customize your pet insurance to meet both your pet's needs and your budget.
Annual Wellbeing Reimbursement	\$200 annual reimbursement for BCBSMA members for fitness expenses like wearable fitness devices, home exercise equipment, bicycles and helmets, gym memberships, fitness classes, and more.
Back-up care solutions	Care.com provides 20 days of emergency back-up child or elder care annually when your regular care solution is unavailable.
Grokker	Stay mentally and physically fit with Grokker. Explore on-demand video classes on nutrition, mindfulness, fitness, financial wellness, and more!

Financial Wellness & Retirement Benefits *(see pages 20-27 and 33-37 for more details)*

Retirement preparation	Learn more about your retirement benefits and save for a comfortable future. Take advantage of free one-on-one financial planning with a Boston Children's-dedicated Fidelity certified financial planner.
Education and student loan repayment program	A benefit of up to \$200 per month (\$100 if you are part-time) is available for all employees, as well as license and certification reimbursement.
Discounts and rewards	Save money with PerkSpot by taking advantage of exclusive discounts on travel, gyms, cell phones, restaurants, electronics, and home good purchases from your favorite brands and retailers with 30,000 national and local offers, designed for your device of choice.
Credit score support	Access one-on-one support to help you meet your specific financial goals with Working Credit.
Personal finance education program	Harvard Federal Credit Union offers a multi-channel personal finance education program including webinars, workshops, digital resources, videos, and one-on-one counseling with GreenPath Financial Wellness.





Eligibility and Enrollment

It's important to understand who is eligible for benefits and when you can enroll.

Employee Eligibility

You are eligible for Boston Children's benefits if you are a full-time or part-time employee regularly scheduled to work 20 or more hours per week, and you are not classified as a temporary or per diem employee. Your coverage begins on your date of hire or initial eligibility date.

Dependent Eligibility

For Boston Children's Medical, Dental, Vision, Life Insurance, and Voluntary Benefits plans, your eligible dependents include:

- **Your legally married spouse** (as defined by the Federal IRS tax code)
- **Your children up to age 26** as listed below for whom you are the legal guardian regardless of financial dependency, marital status, student status, or national residency
- **Your unmarried disabled children over age 26** with mental or physical disabilities who are dependent on you for primary financial support and maintenance. Their disability must have existed before age 19 and they must be incapable of self-support

Children of domestic partners and children of unenrolled dependents are not eligible.

Eligible Dependent Children Include:

- Your biological children
- Your adopted children
- Your stepchildren
- Your foster children
- Children of your spouse
- Children for whom you are the legal guardian
- Dependent children of a married or unmarried eligible dependent

If you have questions, please contact HRHub at HRHub@childrens.harvard.edu or 617-355-7780, x 57780.

Dependent Verification Documentation

To ensure that we are covering only those dependents who meet our plans' eligibility requirements, Boston Children's may ask you to provide documentation to support dependent eligibility. Documentation may include a birth/adoption certificate, a marriage certificate, evidence of disability, or other documents establishing dependent eligibility.

Falsifying, omitting, or misstating dependent information may be grounds for disciplinary action. If a dependent does not meet the legal or contractual definitions, then all benefits will be denied to those individuals, and the employee will be responsible for any health care costs paid by Boston Children's.

Enrolling in Benefits and Making Changes

If you're benefits-eligible, you can enroll in or make changes to your benefits during these times:

- Within 30 days of your hire date
- During Boston Children's annual Open Enrollment period
- Within 30 days of a Qualifying Life Event change in your family or job status

Because of IRS rules regarding pre-tax benefits, if you miss the 30-day window after becoming eligible, you must wait until the next Open Enrollment—unless you have a Qualifying Life Event.





ELIGIBILITY AND ENROLLMENT (CONT'D)

New Hire Enrollment

As a new hire, you have access to [Your Boston Children's Benefits Website](#) for plan details, costs, and instructions for enrolling online.

If you enroll in Medical, Dental, Vision, Life Insurance, Long Term Disability, Legal insurance, Voluntary Benefits, the Health Savings Account (HSA), or a Flexible Spending Account (FSA), your benefits begin on your hire date or eligibility date—as long as no evidence of insurability (EOI) is required. If EOI is needed, coverage starts once it's approved by the insurance carrier.

Benefits deductions are based on the effective coverage date and are not prorated—you'll be charged the full pay-period amount.

Qualifying Life Events

Outside your initial 30-day enrollment window, you can only make benefits changes during Open Enrollment or if you have a Qualifying Life Event.

Since Medical, Dental, Vision, HSA, and FSA contributions are pre-tax, the IRS limits when you can make changes:

Qualifying Life Event:	Your change(s) will be effective:
Marriage, divorce, or death of a spouse	As of the event date
Birth, adoption, or death of a dependent	
You or your dependents starting or ending a job which causes a gain of coverage or a loss of coverage	
Job schedule changes affecting your eligibility (e.g., full-time to part-time, unpaid leave)	
Permanent address change that impacts your coverage (e.g., moving out of an HMO area)	
Significant changes to your or your spouse's non-Boston Children's plan	

Your benefits change must match the event. For example, if you get married, you can add your spouse to your plan—but you can't make unrelated changes.

Make Benefits Changes within 30 days of the Qualifying Life Event

Otherwise, you'll need to wait until the next Open Enrollment. To make the change:

- 1 Gather your information:
 - Type of Qualifying Life Event
 - Documentation (e.g., marriage certificate or letter showing end of coverage for you or dependents)
 - Date of the change
 - Coverage you want to update
- 2 Log in to PeopleSoft with your Employee ID and password
 - Go to: Employee Self-Service Home > My Benefits Home > Benefits Details > Life Events
 - Follow the steps to make changes





Open Enrollment Benefits

You may elect coverage for these benefits annually during Open Enrollment or if you have a qualifying life event.

Medical Benefits



Taking care of your health is one of the most important things you can do—for yourself and your family. Our medical benefits are designed to provide flexible, reliable coverage that fits your needs at every stage of life.

Boston Children's offers four Medical Plan options through Blue Cross Blue Shield of Massachusetts (BCBSMA):

**Blue Basic
HMO**

**Blue Plus
HMO**

**Blue Premium
PPO**

**Blue Essentials
HDHP + HSA**

 **New plan
for 2026**

If your primary job location is outside of New England, then you are only eligible to enroll in the Blue Premium PPO or Blue Essentials HDHP + HSA plan. You will only see those plans available to you when access PeopleSoft to enroll.

What Is a Health Maintenance Organization (HMO)?

When you join an HMO, you must choose a Primary Care Physician (PCP) to oversee and coordinate all your care. The HMO network only has providers in New England, and only in-network care is covered. There is no coverage for services provided outside of the network, except for emergencies. Referrals are required in order to seek care beyond your PCP. Because coverage is restricted to in-network only, rates for HMOs are lower compared to the PPO.

Call BCBSMA via the phone number on your subscriber ID card to communicate your PCP choice or set up a secure account on the "MyBlue" App or online at [BCBSMA Microsite](#). Until you designate a PCP with BCBSMA, only emergency services will be covered. You have the right to change your PCP at any time, for any reason.

What Is a PPO (Preferred Provider Organization)?

The PPO allows you to see any health care provider nationwide in- or out-of-network. However, you'll pay less when you use a provider in the BCBSMA network. You are not required to have a PCP to oversee your care and make referrals to specialists, but you may do so if you wish. The PPO covers services you receive outside of the network, but you'll pay a greater share of the cost for these services. The PPO costs more per paycheck compared to the HMO plans due to the flexibility and span of coverage.



To find providers in the BCBSMA network, please see <https://myfindadoctor.bluecrossma.com>.

MEDICAL BENEFITS (CONT'D)

What Is an HDHP (High Deductible Health Plan) + HSA (Health Savings Account)?

The HDHP costs the least per paycheck but has a higher deductible. You must pay the amount of your deductible for both medical and pharmacy expenses before the plan begins to pay benefits.

To help you pay your deductible, you may enroll in a Health Savings Account (HSA) administered by Fidelity. The HSA is an account you own and can contribute to on a pre-tax basis to pay for health care expenses now, as well as in the future. Your account is yours to keep even if you leave Boston Children's or retire.

If you elect the HSA, Boston Children's will provide an annual contribution to your account—\$500 for employee only coverage, and \$1,000 for all other coverage categories. You can also contribute money to your HSA on a pre-tax basis through payroll deductions.

You are not required to contribute any funds to receive the Boston Children's contribution.

If you elect the HSA during Open Enrollment, Boston Children's contribution will be deposited into your Fidelity HSA account at the beginning of the year and the funds are available immediately. Money you elect to have taken out of your paycheck each pay period will start with the first paycheck in the new year.

If you enroll after Open Enrollment, your contributions may start as early as you enroll and take one to two paychecks to begin. Boston Children's contribution is provided the month following enrollment, and prorated.

The chart below shows how contributions can add up relative to IRS limits.

Contribution Amounts	Employee Only	Employee + Spouse, Employee + Child(ren), or Family
Boston Children's 2026 Contributions	\$500	\$1,000
Maximum IRS Limit for 2026 (includes Boston Children's contributions)	\$4,400	\$8,750
Catch-up Contributions if Age 55 or older	Additional \$1,000	Additional \$1,000

HSA Advantages

- **You and Boston Children's contribute to your HSA**, which can be used to pay for eligible health care expenses including copays, deductibles, prescription drugs, dental, vision, and more
- **There is a triple tax advantage**—money is contributed on a pre-tax basis, grows tax-free, and distributions used for eligible expenses are tax-free
- **You can invest your account** in a number of different funds at Fidelity
- **Unused money rolls over from year-to-year and is yours to keep, even if you leave or retire from Boston Children's**
- **You can elect, change, or stop your HSA elections at any time**

Please note: If you enroll in the HDHP with HSA, IRS regulations don't allow you or your covered spouse to contribute to a Health Care Flexible Spending Account (FSA) at the same time, in the same plan year; in addition, neither of you are permitted to be enrolled a non-HDHP medical plan or in Medicare.

MEDICAL BENEFITS (CONT'D)

BCBSMA Wellbeing Programs

If you're enrolled in a Boston Children's Medical plan, you can access:

- **Annual Wellbeing Reimbursement:** Up to \$200 per family for membership in a full-service health club or a fitness studio, as well as virtual fitness classes, wearable fitness devices, home exercise equipment, or for participating in a qualified weight loss program.
- **Teladoc Diabetes Management Program:** Can help you take greater control of your condition and treatment by providing a connected blood glucose meter, personalized analytics, and access to coaching by a Certified Diabetes Educator.
- **Wellness Coaching:** Free consultations with a virtual coach—including registered nurses, dietitians, and exercise physiologists—to develop and check in on a personalized wellness plan. Call **1-800-392-0098** and select option 1 - Case Management, then request a Wellness Coach.
- **Living Healthy Naturally:** Discounts on alternative care like acupuncture, massage, yoga, and more.
- **Blue365:** Other wellness discounts.

Medical Coverage Overview

Coverage Level	Blue Basic HMO	Blue Plus HMO	Blue Premium PPO		Blue Essentials HDHP + HSA*
			In-Network	Out-of-Network	
Annual Deductible	\$1,000 individual/ \$2,000 family	\$500 individual/ \$1,000 family	\$500 individual/ \$1,000 family	\$1,000 individual/ \$2,000 family	\$2,000 individual/ \$4,000 family**
Annual Out-of-Pocket Maximum	\$3,000 individual/ \$6,000 family	\$2,000 individual/ \$4,000 family	\$3,000 individual/\$6,000 family		\$4,000 individual/ \$8,000 family
Boston Children's Contribution to HSA	N/A	N/A	N/A	N/A	Up to \$500 employee only, Up to \$1,000 all other coverage categories
Routine Physical & Preventive Exams	\$0	\$0	\$0	30% after ded.	\$0
Non-routine Primary Care Office Telehealth Visits	\$25/visit	\$25/visit	\$25/visit	30% after ded.	20% after ded.
Mental Health Office Visits	\$0 first 6 visits; then \$25/visit	\$0 first 6 visits; then \$25/visit	\$0 first 6 visits; then \$25/visit	30% after ded.	\$0 for first 6 visits after ded.; then 20% coinsurance
Physical, Occupational, Speech, Respiratory Therapy	\$40/visit	\$40/visit	\$40/visit	30% after ded.	20% after ded.
Chiropractic Services	\$40/visit	\$40/visit	\$40/visit	30% coinsurance	20% after ded.
Inpatient Medical & Surgical Care (per admission)	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
Ambulance Services	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
Maternity Services	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.

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MEDICAL BENEFITS (CONT'D)

Medical Coverage Overview (continued)

Coverage Level	Blue Basic HMO	Blue Plus HMO	Blue Premium PPO		Blue Essentials HDHP + HSA*
			In-Network	Out-of-Network	
Prenatal Care	\$0	\$0	\$0	30% after ded.	\$0
Well Newborn Care during maternity admission	\$0	\$0	\$0	30% after ded.	\$0
Diagnostic Imaging	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
Diagnostic Lab Work	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
High-end Radiology	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
Durable Medical Equipment	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
Outpatient Day Surgery	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
Home Health Care	20% after ded.	10% after ded.	10% after ded.	30% after ded.	20% after ded.
Urgent Care	\$40/visit	\$40/visit	\$40/visit	30% after ded.	20% after ded.
Annual Routine Eye Exam	\$0	\$0	\$0	30% after ded.	\$0
Emergency Room	20% after ded.	\$150/visit—waived if admitted	\$150/visit—waived if admitted		20% after ded.

*If you see an out-of-network provider, a different (out-of-network) deductible, out-of-pocket maximum, and coinsurance apply.

**Prescription drugs count toward the deductible for this plan.

This is a summary only; limitations apply to the services described above. Refer to the plan documents for more detailed information.

Medical Plan Costs

You and Boston Children's share in the cost of your medical coverage. The pre-tax amount you contribute per pay period is based on your working at least 20 hours per week, coverage level (employee-only, employee plus spouse, employee plus child(ren) or full family), and choice of plan. In addition, to make coverage affordable for as many employees as possible, Boston Children's offers levels of pricing based on pay. Your contribution rate will vary as follows:

Salary Level	If your base hourly rate or 40-hour annualized salary equivalent is:	Boston Children's Subsidy
Green Salary Level	Hourly Employee: Less than \$24.04 per hour; Salaried Employee: Less than \$50,000 per year	\$ \$ \$ \$
Orange Salary Level	Hourly Employee: \$24.05 to \$48.07 per hour; Salaried Employee: \$50,000 to \$99,999 per year	\$ \$ \$
Blue Salary Level	Hourly Employee: \$48.08 to \$72.11 per hour; Salaried Employee: \$100,000 to \$149,999 per year	\$ \$
Purple Salary Level	Hourly Employee: More than \$72.11 per hour; Salaried Employee: More than \$150,000 per year	\$

Salary Tier Rates above are based on a 40-hour workweek. If you are regularly scheduled to work fewer than 40 hours per week, your salary tier rate is calculated by taking your hourly rate multiplied by 2080. From there you would then use that amount against the salary range in the color salary tier to determine your range. For example, if your pay rate is \$25 per hour working 30 hours per week, $\$25 \times 2080 = \$52,000$ annual base salary. This means your medical plan rate would be Orange tier.

MEDICAL BENEFITS (CONT'D)

Medical Plan Bi-weekly Rates

You pay for Medical coverage on a before-tax basis:

Tier/Hours per week	Coverage Level	Blue Basic HMO	Blue Plus HMO	Blue Premium PPO	Blue Essentials HDHP + HSA
Green Tier 20 – 40 hrs.	Employee Only	\$11.25	\$68.11	\$183.99	\$5.63
	Employee + Spouse	\$22.73	\$137.62	\$371.64	\$11.37
	Employee + Child(ren)	\$21.37	\$129.43	\$349.55	\$10.68
	Family	\$32.85	\$198.92	\$537.22	\$16.43

Tier/Hours per week	Coverage Level	Blue Basic HMO	Blue Plus HMO	Blue Premium PPO	Blue Essentials HDHP + HSA
Orange Tier 20 – 40 hrs.	Employee Only	\$47.56	\$104.43	\$220.30	\$23.78
	Employee + Spouse	\$96.08	\$210.96	\$444.99	\$48.04
	Employee + Child(ren)	\$90.36	\$198.43	\$418.55	\$45.18
	Family	\$138.88	\$304.96	\$643.26	\$69.44

Tier/Hours per week	Coverage Level	Blue Basic HMO	Blue Plus HMO	Blue Premium PPO	Blue Essentials HDHP + HSA
Blue Tier 20 – 40 hrs.	Employee Only	\$66.32	\$119.35	\$227.40	\$33.16
	Employee + Spouse	\$133.96	\$241.09	\$459.30	\$66.97
	Employee + Child(ren)	\$126.00	\$226.76	\$432.04	\$63.00
	Family	\$193.64	\$348.51	\$663.96	\$96.82

Tier/Hours per week	Coverage Level	Blue Basic HMO	Blue Plus HMO	Blue Premium PPO	Blue Essentials HDHP + HSA
Purple Tier 20 – 40 hrs.	Employee Only	\$78.29	\$133.32	\$245.42	\$39.15
	Employee + Spouse	\$158.16	\$269.33	\$495.74	\$79.08
	Employee + Child(ren)	\$148.77	\$253.32	\$466.30	\$74.39
	Family	\$228.64	\$389.30	\$716.62	\$114.32

For 2026, rates are based on 27 pay periods.

Pharmacy Coverage

Pharmacy coverage is provided through CVS Caremark. You are automatically enrolled when you enroll in any of the Boston Children’s Medical Plans.

Use the On-Site Boston Children’s Hospital Pharmacy

The Boston Children’s Hospital Pharmacy is available to fill your prescriptions—including adult prescriptions for maintenance and acute medications. The pharmacy is conveniently located at 283 Longwood Avenue, Boston, and open from 8 a.m. to 11 p.m. seven days a week. You can receive free home delivery if you live in New England or New York! The chart below illustrates how you can save when using the on-site pharmacy.

Mail Order Program

If you use long-term medication or are on a maintenance prescription that needs to be refilled regularly, you must refill for three months at a time. You can do this either at a CVS, through Caremark’s (retail) mail order pharmacy, or at the on-site pharmacy.

Pharmacy Coverage Overview

Category	Blue Basic HMO	Blue Plus HMO	Blue Premium PPO	Blue Essentials HDHP + HSA
On-Site Pharmacy (30-day supply)		\$5 Tier 1 \$25 Tier 2 \$45 Tier 3		10% coinsurance after deductible
On-Site Pharmacy Mail Order (90-day supply)		\$10 Tier 1 \$60 Tier 2 \$135 Tier 3		10% coinsurance after deductible
Retail (30-day supply)		\$10 Tier 1 \$30 Tier 2 \$50 Tier 3		20% coinsurance after deductible
Retail/Mail Order (90-day supply)		\$25 Tier 1 \$75 Tier 2 \$150 Tier 3		20% coinsurance after deductible

Specialty Medications

Certain specialty medications are provided through a Copay Assistance Program administered by PillarRx, which means they could be available at low or no cost to you.

If you or a covered dependent is using an eligible medication, you will receive a letter or phone call from PillarRx about how to enroll in the program.





Dental Benefits

You have two Dental Plan options: Dental Basic and Dental Plus. Both cover 100% of the cost of diagnostic and preventive care (like cleanings and exams) with no deductible. For basic and major restorative work, you'll need to meet an annual deductible before the plan starts paying, then you'll pay a percentage of the remaining cost.

Orthodontia coverage (for both children and adults) is included in the Dental Plus Plan only.

Delta Dental offers two networks:

- Premier Network
- PPO Network

Delta Dental's Premier Network is a broad network of dentists. A smaller subset of providers participate in Delta Dental's PPO Network. PPO dentists have agreed to accept a deeper discounted fee for their services than Premier dentists, and Delta Dental passes the savings on to you to lower your out-of-pocket cost.

Delta Dental

If you're enrolling for the first time, you'll get a Delta Dental ID card in the mail. To find in-network providers:

- Call **800-872-0500**
- Visit deltadentalma.com

Example of PPO Savings

Using a PPO dentist can significantly reduce your costs compared to using a Premier dentist, thanks to deeper discounts negotiated by Delta Dental:

Major Restorative Services Example	Delta Dental PPO Dentist	Delta Dental Premier Plus Dentist	Non-Participating Dentist
Fee charged by dentist	\$1,288	\$1,288	\$1,288
Delta Dental discounted fee	\$928	\$1,094	\$1,160
Cost to you	\$464	\$547	\$708

Rollover Max Feature

If you don't use all of your dental benefits in a year, Delta's Rollover Max feature lets you carry over part of your unused annual maximum to the next year—giving you more to spend on future care.

To qualify, you must:

- Have at least one cleaning or oral exam during the year
- Be enrolled before October 1 of that year

Note: Rollover Max does not apply to orthodontia.



DENTAL BENEFITS (CONT'D)

Dental Plan At-a-Glance

Feature	Frequency	Basic Plan	Plus Plan
Deductible	Calendar year	\$25/person \$75/family	\$25/person \$75/family
Maximum Benefit	Calendar year (lifetime for orthodontia)	\$1,000/person (no orthodontia)	\$2,500/person, \$2,000 orthodontia/ person/lifetime
Diagnostic and Preventive Care			
Oral Exams	2x per calendar year	100%, no deductible	
Cleanings	2x per calendar year	100%, no deductible	
X-rays (bitewing, full-mouth, single)	Bitewing: 2x per calendar year Full-mouth: Once every 60 months Single: as clinically necessary	100%, no deductible	
Fluoride Treatments	2x per year (children only)	100%, no deductible	
Space Maintainers/Sealants	As clinically necessary (children only)	100%, no deductible	
Basic Restorative Care			
Fillings	Once every 24 months per surface per tooth	50% after deductible	80% after deductible
Extractions / Oral Surgery	Once per tooth	50% after deductible	80% after deductible
Periodontal Services	One surgical procedure in 36 months per quadrant. Only 2 quadrants are allowed per date of service	50% after deductible	80% after deductible
Root Canal Therapy	One per tooth	50% after deductible	80% after deductible
Anesthesia	Covered with surgical impacted teeth only. Only up to 1 hour	50% after deductible	80% after deductible
Bridge or Denture Repair	Once every 60 months (ages 16 or older)	50% after deductible	80% after deductible
Occlusal Guards (Night Guards)	One appliance per 60 months	50% after deductible	80% after deductible
Occlusal Guard (Night Guard) Repair, Reline, or Adjustment	One per 12 months	50% after deductible	80% after deductible
Major Restorative Care			
Crowns / Fixed Bridges	Once per 60 months per tooth	50% after deductible	
Dentures / Implants	Once per 60 months	50% after deductible	
Orthodontia			
Comprehensive Orthodontia* (Children & Adults)	No age limit	Not Covered	100%, no deductible (up to \$2,000 lifetime)

* The lifetime maximum for orthodontic coverage is a lifetime maximum with Delta Dental. If you have had coverage in the past at Delta Dental with a previous employer and you or a covered dependent have already hit the maximum orthodontic benefit under another plan, then your lifetime maximum will have already been used.

This is a summary only; limitations apply to the services described above. Refer to the plan documents for more detailed information.

Pre-treatment estimates are always recommended before having dental work done.

DENTAL BENEFITS (CONT'D)

Dental Plan Bi-weekly Rates

You pay for Dental coverage on a before-tax basis:

Hours per Week	Coverage Level	Basic Plan	Plus Plan
30+ hrs.	Employee Only	\$6.73	\$18.97
	Employee + Spouse	\$13.47	\$37.93
	Employee + Child(ren)	\$14.80	\$41.72
	Family	\$21.54	\$60.68
20-29.9 hrs.	Employee Only	\$9.18	\$21.42
	Employee + Spouse	\$18.36	\$42.82
	Employee + Child(ren)	\$20.19	\$47.11
	Family	\$29.36	\$68.52

For 2026, rates are based on 27 pay periods.

Vision Benefits

Vision Service Plan (VSP) offers two options: the VSP Basic Plan and the VSP Plus Plan. Both plans cover:

- 100% of your annual eye exam when you use an in-network provider
- Coverage for eyeglass lenses or contact lenses every 12 months
- Discounts on additional eyewear once your plan allowance is used

VSP has a large network of providers, from local optometrists to major national retailers. To find a provider, visit vsp.com or call 800-877-7195.

Vision Plan At-a-Glance

Service	VSP Basic Plan	VSP Plus Plan
Eye Exam (in-network)	100% Once every calendar year	
Lenses (eyeglass or contact)	Single vision, lined bifocal, and lined trifocal lenses every calendar year	Anti-reflective coating covered at 100%, progressive lenses covered at 100%, or additional \$70 frame allowance
Frames	\$150 allowance every other calendar year	\$200 every calendar year (higher allowance available)
KidsCare Benefit	Not included	Included

This is a summary only; limitations apply to the services described above. Refer to the plan documents for more detailed information.

Vision Plan Bi-weekly Rates

You pay for Vision coverage on a before-tax basis:

Coverage Level	VSP Basic Plan	VSP Plus Plan
Employee	\$2.21	\$4.64
Employee + Spouse	\$4.42	\$9.26
Employee + Child(ren)	\$4.88	\$10.26
Family	\$7.80	\$16.39

For 2026, rates are based on 27 pay periods.

USE IN-NETWORK PROVIDERS

Get the most out of your benefits and savings with a VSP network provider. Your coverage with out-of-network providers will be less.

VSP does not mail ID cards

Your VSP ID (and covered family member's ID number) is three zeros followed by your six-digit Boston Children's Employee ID Number. If you like, you can print an ID card when you login to your VSP account at vsp.com.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to save on eligible health care and dependent care expenses by using pre-tax dollars. Because your contributions are deducted from your paycheck before taxes are applied, FSAs reduce your taxable income, helping you keep more of what you earn.

You may choose to participate in a Health Care FSA, a Dependent Care FSA, or both. Our FSA plans are administered by WageWorks (your card will say "HealthEquity"). Health Care FSA and Dependent Care FSAs are separate—funds can't be transferred between accounts.

Health Care FSA

The Health Care FSA helps you pay for eligible out-of-pocket health care expenses for you and your eligible dependents. Examples include:

- Copays, deductibles, and coinsurance
- Dental or orthodontia expenses
- Prescriptions
- Eyeglasses, contacts
- Prescribed weight loss and smoking cessation programs
- Other out-of-pocket health care expenses

You can find a full list of eligible expenses in [IRS Publication 502](#) or [WageWorks Healthcare eligibility list](#). For 2026, you may contribute from \$260 to the IRS maximum of \$3,300. The full amount you elect is available on January 1 (or your benefits eligibility date) even though contributions are deducted from each paycheck throughout the year.

When you enroll, you'll receive a Health Care Debit Card, which can be used at pharmacies, clinics, and dental offices. Most eligible expenses can be paid directly with the card. In some cases, WageWorks may request documentation, such as itemized receipts, to verify expenses. Alternatively, you can choose to pay out-of-pocket and submit a reimbursement request.

You Must Elect to Contribute

If you want to participate in an FSA, you must elect to do so each year. If you do not make an active election during Open Enrollment, you will not participate for that year.



Please note: If you enroll in the HDHP with HSA, IRS regulations don't allow you or your covered spouse to contribute to a Health Care FSA at the same time, in the same plan year; nor can either of you be enrolled in Medicare.

You can participate in the Dependent Care FSA.

Your Health Care FSA can be used for over-the-counter expenses like sunscreen, first aid, menstrual products, and more.



FLEXIBLE SPENDING ACCOUNTS (CONT'D)

Dependent Care FSA

If you have eligible child or adult day care expenses that enable you and your spouse (if applicable) to work, the Dependent Care FSA may be right for you. This account can be used to pay for day care, preschool, summer day camps, and in-home care for dependents unable to care for themselves. Eligible dependents are children under age 13, or disabled adult dependents living with you at least 8 hours a day. You can find a full list of covered services in [IRS Publication 503](#) or [WageWorks Dependent Care eligibility list](#).

For 2026, you may contribute up to \$7,500 per household if you're married and file jointly, or if you are single and head of household. If you are married and file separately, the maximum is \$3,750. The Dependent Care FSA is subject to annual non-discrimination testing each year, which means your contributions could be lowered based on testing results.

Unlike the Health Care FSA, funds in the Dependent Care FSA are only available as contributions are made from your paycheck. Reimbursements are made based on your account balance at the time of the claim. To be reimbursed, you'll need to provide documentation, including receipts showing the date of service, the provider's tax ID number, and the name of the dependent who received care.

Planning Carefully: Key FSA Guidelines

FSAs are subject to IRS rules, including the "use-it-or-lose-it" provision: if you haven't used all your funds by December 31, you have a grace period until March 15 of the following year to incur eligible expenses, and until March 31 to submit claims for reimbursement. Any funds left in the account after that time are forfeited. Funds don't roll over—you must re-enroll each year during Open Enrollment.

DECIDING HOW MUCH TO CONTRIBUTE

Estimate your contributions with the online FSA calculator at [HealthEquity/WageWorks > Employees > Calculators](#).





Life Insurance

Boston Children's provides Basic Life and Accidental Death/Dismemberment (AD&D) Insurance at no cost to you, along with optional Supplemental Life Insurance coverage for you and your eligible dependents. The Life Insurance carrier is Lincoln Financial Group.

Basic Life and AD&D Insurance

Eligibility	All benefits-eligible employees are automatically enrolled
Cost	Paid 100% by Boston Children's
Coverage Amounts	1x your annual base salary, rounded up to the next \$1,000
Maximum Coverage	\$750,000

Supplemental Life Insurance

Eligibility	All benefits-eligible employees may enroll. Evidence of Insurability (EOI, or proof of good health) is required if you enroll after your initial eligibility period, increase your coverage by more than one level, and/or exceed the guaranteed amount of 3 x salary or \$750,000
Cost	Paid with after-tax dollars. Rates are based on your age as of January 1 and annual base salary
Coverage Amounts	You may elect 1x to 5x your annual base salary
Maximum Coverage	\$1.5 million

Changes in Base Pay

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 adjust based on your new pay.

Spouse Life Insurance

Eligibility	Available if your spouse is not a benefits-eligible Boston Children's employee; election can be up to 100% of your Basic Life & Supplemental life combined
Cost	Paid in full by you with after-tax dollars
Coverage Amounts	\$10,000, \$25,000, \$50,000, \$75,000, or \$100,000
Maximum Coverage	\$100,000

Note: If you and your spouse both work at Boston Children's and are benefits-eligible, you cannot elect Spouse Life Insurance. You may each elect Supplemental Life Insurance for your own coverage as desired.

EOI for Spouse Life Insurance

If you elect Spouse Life Insurance coverage in excess of \$50,000 as a new hire or newly benefits-eligible employee, the amount is subject to EOI.

Child Life Insurance

Eligibility	Children up to age 26. No EOI required
Cost	Flat rate per pay period (covers one or more children), paid with after-tax dollars
Coverage Amounts	\$5,000 or \$10,000
Maximum Coverage	\$10,000 per child

Note: If you and your spouse or non-married parent both work at Boston Children's and are benefits-eligible, only one parent can elect to cover your child(ren) under Child Life Insurance.

Keep Your Beneficiary Information Up-to-Date

Update beneficiaries during the year using the **Beneficiary Designation Form** in [Plan Documents and Forms](#). During Open Enrollment, updates may also be made in [The Hub: Online](#) > PeopleSoft. If you have questions, contact HRHub@childrens.harvard.edu.





LIFE INSURANCE (CONT'D)

Cost of Coverage

You pay 100% of the cost (after-tax).

Supplemental Life Insurance—Bi-weekly Rates

Age	Rate Per \$1,000 of Coverage
Under 25	\$0.01511
25–29	\$0.01822
30–34	\$0.01822
35–39	\$0.02667
40–44	\$0.02978
45–49	\$0.04533
50–54	\$0.06933
55–59	\$0.12978
60–64	\$0.19911
65–69	\$0.38444
70+	\$0.62222

Spouse Life Insurance—Bi-weekly Rates

Coverage Amount	Rates
\$10,000	\$1.16
\$25,000	\$2.89
\$50,000	\$5.78
\$75,000	\$8.67
\$100,000	\$11.56

Dependent Child(ren) Life Insurance—Bi-weekly Rates

Cost covers one or more children; after-tax

Coverage Amount	Rates
\$5,000	\$0.32
\$10,000	\$0.64

EXAMPLE: Age 40, Salary \$45,333

Coverage Amount	Rates
Coverage Amount	Annual salary rounded up to the next \$1,000 = \$46,000
Divide by 1,000	$\$46,000 / 1,000 = \$46.00$
Multiply by age-banded premium	$\$46.00 \times 0.02978$ (see table above) = \$1.37 per paycheck

For 2026, rates are based on 27 pay periods.



Disability

Short Term Disability (STD)

If you become disabled and are unable to work due to 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 \$2,000 per week, for up to 26 weeks.

Boston Children's pays the full cost of your STD insurance. The administrator is Lincoln Financial Group.

STD Coverage:

You're automatically enrolled in STD after completing 90 days of continuous service.

- If you become disabled, you must file a claim with both the Massachusetts Department of Family and Medical Leave (DFML) and Lincoln Financial.
- STD coverage begins after a 7-day elimination period (no payments during this time).
- STD coverage is provided at no cost to you by Boston Children's.
- Payments are taxable income; FICA is automatically withheld. You may request federal and state tax withholding during the application process.
- For full details, refer to the Leave of Absence page and HR Policy Manual on the [HR Absence Management page](#).

For further information on this plan, please refer to the [Plan Documents and Forms](#).

Long Term Disability (LTD)

LTD provides monthly income if you're unable to work due to a covered illness or injury. Benefits may continue up to age 65—or longer if your disability begins after age 60.

LTD Coverage:

- Enrollment is required
- You can choose from:
 - **60% of monthly base pay** (up to \$20,000/month)
 - **40% of monthly base pay** (up to \$20,000/month)
- Benefits are tax-free because you pay premiums with after-tax dollars
- Benefits are offset by other income (e.g., Social Security, Workers' Compensation)

For further information on this plan, please refer to the [Plan Documents and Forms](#).

How STD and Massachusetts Paid Family and Medical Leave (MAPFML) Work Together

If you go out on STD, if eligible, you'll also receive a payment through the MAPFML program. Your STD payment from Lincoln Financial will be reduced by the amount you receive from MAPFML. Your STD coverage doesn't change, but benefits will be paid separately by the state and Lincoln Financial. In some cases, your MAPFML payment may equal or exceed your STD benefit—in those situations, you won't receive an additional payment from Lincoln Financial. And if your MAPFML claim is denied you may still be eligible for an STD benefit.



LTD Plan Bi-weekly Rates

You pay 100% of the cost of LTD on an after-tax basis:

LTD Plan option	Rate per \$100 of Monthly Salary*
40% Plan	\$0.12666
60% Plan	\$0.25644

*Rounding will occur

Example

For example, if your annual salary is \$75,000, divide by 12 to get your monthly salary = \$6,250:

- Divide monthly salary by 100 = \$62.50
- For 40% LTD, multiply by 0.12666 = \$7.92 per paycheck
- For 60% LTD, multiply by 0.25644 = \$16.03 per paycheck

Comparing Your LTD Options

The example below shows costs and benefit amounts for an employee with an annual salary of \$65,000, comparing choosing the 40% LTD Plan option, the 60% LTD Plan option, or no LTD.

LTD Plan option	No LTD	40% Option	60% Option
Bi-Weekly/ Annual Cost of Coverage	\$0	\$7.13 bi-weekly; \$185.25 annually	\$14.43 bi-weekly; \$375.05 annually
STD Benefit for 26 weeks	\$19,500	\$19,500	\$19,500
LTD Benefit for 26 weeks	\$0	\$13,000	\$19,500
Total Annual Disability Income (Less cost of coverage)	\$19,500	\$26,000	\$38,000

Evidence of Insurability (EOI)

EOI will be required as part of enrolling in LTD. You will receive a notice of how to process your EOI after the enrollment is finalized. If approved by the carrier, coverage will be effective the first of the month after approved.

Business Travel Accident Insurance

Business Travel Accident (BTA) Insurance provides a benefit if you are traveling more than 100 miles and experience a medical emergency while traveling on Boston Children's business. The insurance applies worldwide. Boston Children's pays the entire cost of this benefit. See complete details on the Business Travel Accident tab on [Your Boston Children's Benefits Website](#) (Life and Disability Insurance).



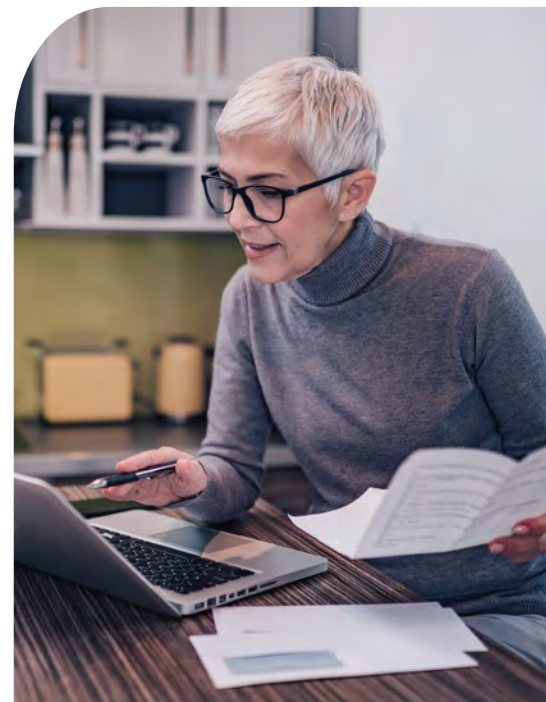


Legal Plan

The MetLife Legal Plan provides a wide range of personal legal services. When you enroll, you, your spouse, and dependents have access to legal assistance for some of the most frequently needed personal legal matters—with no waiting periods, no deductibles, and no claim forms when using a network attorney for a covered matter, including:

- Money matters like debt collection and negotiation with creditors
- Home and real estate issues
- Estate planning and wills
- Family issues like adoptions and immigration assistance
- Civil lawsuits
- Traffic violations
- And more!

Network attorneys are available in person, by phone, or online, and you always have a choice of attorneys. For more information, contact MetLife Legal Plans at 1-800-821-6400 or <http://www.metlife.com/mybenefits>.



Voluntary Benefits

Boston Children's offers optional Voluntary Benefits—so you have additional coverage if you need it. You can buy coverage designed to complement medical benefits and receive extra financial protection if you are facing an accident, critical illness, or hospitalization. The carrier is Lincoln Financial Group. See complete details on the Voluntary Insurances tab on [Your Boston Children's Benefit Website](#).

Accident Insurance

Accident Insurance pays benefits for specific injuries and events resulting from you or a covered dependent experiencing a covered accident on or after your coverage effective date, for example, a broken leg or ambulance ride. The benefit amount depends on the type of injury and care received.

Critical Illness Insurance

Critical Illness Insurance pays a lump-sum benefit if you or a covered dependent are diagnosed with a covered illness or condition on or after your coverage effective date. You can elect the option that best meets your needs.

Hospital Confinement Indemnity Insurance

Hospital Confinement Indemnity Insurance pays a daily benefit if you or a covered dependent have a covered stay in a hospital, critical care unit, or rehabilitation facility that begins on or after your coverage effective date. The benefit amount is determined by the type of facility and the number of days confined. You can elect the option that best meets your needs.





VOLUNTARY BENEFITS (CONT'D)

Cost of Coverage

You pay 100% of the cost (after-tax)

Accident Insurance—Bi-weekly Rates

Coverage Level	Rates	
	Basic	Plus
Employee	\$2.62	\$3.83
Employee + Spouse	\$4.34	\$6.35
Employee + Child(ren)	\$5.26	\$7.69
Family	\$6.98	\$10.21



Critical Illness Insurance: Bi-weekly Rates

NOTE: Spouse and Child Critical Illness coverage require electing Employee coverage, and Spouse coverage cannot exceed your Employee coverage amount.

Age	Employee Rates			Spouse Rates (Based on Employee's Age)		
	Coverage Amount			Coverage Amount		
	\$10,000	\$20,000	\$30,000	\$5,000	\$10,000	\$15,000
Under 25	\$2.36	\$4.72	\$7.08	\$1.18	\$2.36	\$3.54
25-29	\$2.48	\$4.96	\$7.44	\$1.24	\$2.48	\$3.72
30-34	\$2.60	\$5.20	\$7.80	\$1.30	\$2.60	\$3.90
35-39	\$2.96	\$5.92	\$8.88	\$1.48	\$2.96	\$4.44
40-44	\$3.92	\$7.84	\$11.76	\$1.96	\$3.92	\$5.88
45-49	\$5.28	\$10.56	\$15.84	\$2.64	\$5.28	\$7.92
50-54	\$7.12	\$14.24	\$21.36	\$3.56	\$7.12	\$10.68
55-59	\$9.52	\$19.04	\$28.56	\$4.76	\$9.52	\$14.28
60-64	\$11.64	\$23.28	\$34.92	\$5.82	\$11.64	\$17.46
65-69	\$14.40	\$28.80	\$43.20	\$7.20	\$14.40	\$21.60
70+	\$19.08	\$38.16	\$57.24	\$9.54	\$19.08	\$28.62

Critical Illness: Child(ren)—Bi-weekly Rates

Coverage Amount	Rates
\$5,000	\$1.13
\$10,000	\$2.27

Hospital Confinement Indemnity Insurance—Bi-weekly Rates

Coverage Level	Rates	
	Basic	Plus
Employee	\$5.98	\$11.96
Employee + Spouse	\$11.60	\$23.20
Employee + Child(ren)	\$8.80	\$17.60
Family	\$14.40	\$28.80

For 2026, rates are based on 27 pay periods.





Anytime Benefits

You can choose to take advantage of these benefits anytime during the year—you do not have to wait for Open Enrollment or a Qualifying Life Event.



Employee Assistance Program (EAP)

Boston Children's Hospital offers a confidential Employee Assistance Program (EAP) through SupportLinc for you, your spouse, dependents under age 26, and your family household members. This program is designed to support your emotional wellbeing and help navigate both personal and work-related challenges, and includes:

- Up to six free sessions per issue, per year with licensed counselors
- 24/7 access to phone or virtual consultations
- Consistent care with the same counselor for continuity and support
- Access to Cognitive Behavioral Therapy (CBT)

Whether you're facing stress, anxiety, substance use concerns, or everyday life challenges, SupportLinc is here to help. Additional resources include support for:

- Child and elder care referrals
- Financial and legal guidance
- Career consultation
- And much more

To get started, visit www.supportlinc.com and use the code bch, or call 1-888-507-7089. You also have access to a dedicated SupportLinc counselor for easy and direct virtual appointments.



Wellbeing Programs

Whether or not you're enrolled in a Boston Children's Medical Plan option, you have access to these wellbeing programs:

- **Grokker:** You and up to two family members have access to Grokker, a no cost wellbeing service. Whether you're looking for a three-minute meditation, a 30-minute workout, healthy recipes, or budgeting help, Grokker has videos, content and resources that support both health and financial wellness.
- **Gym and fitness center discounts:** Discounted rates are offered at various gyms and fitness centers.





Lifestyle and Discount Benefits

Boston Children's offers several optional programs to help you save money on everyday expenses and protect what matters most—from your home and car to your pets and favorite brands.

Pet Insurance

MetLife Pet Insurance gives you the opportunity to purchase medical insurance for your furry friends! Choose a plan based on your pet's needs and the types of medical events you want to cover—from accidents to routine care. You have the freedom to see any veterinarian, with no breed exclusions. Savings start at 10% and you may be eligible for additional discounts up to 30% with health care worker discounts! To learn more or enroll, visit <http://www.metlife.com/mybenefits>.

Farmer's Auto and Home Insurance

Save on auto and homeowners insurance through Farmer's GroupSelect, available at group rates for Boston Children's employees. This plan provides the convenience of a monthly automatic payment via payroll deduction. Call 1-800-438-6381 and mention discount code BE3 for more information or to get a quote. For more information, visit <http://www.metlife.com/mybenefits>.

PerkSpot

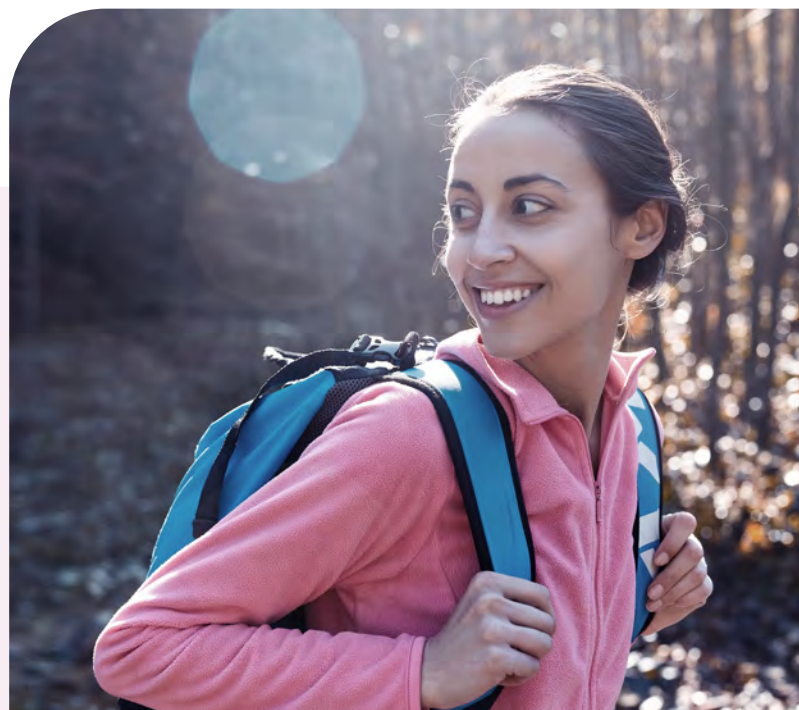
Enjoy access to exclusive employee discounts through PerkSpot, Boston Children's personalized savings platform. Get up to 40 new deals daily on everything from vacations and tech to home goods and event tickets. Start saving at [PerkSpot](#).

Emergency Financial Support Program

Boston Children's Hospital Extraordinary Needs Fund provides confidential emergency financial assistance for an employee who has suffered a severe hardship due to an isolated and tragic event that is beyond the control of the employee. For additional information see the [Human Resources Manual](#).

Paid Time Off

At Boston Children's we believe that taking time off is important for maintaining your work/life balance and well-being. We offer Paid Time Off for jury duty, bereavement leave and organ donation. Other Paid Time Off is taken as needed and approved by your department.



Child Care and Family Support

Boston Children's programs can help you with family and childcare resources.

Maven Fertility, Family Building, Menopause, and Midlife Support

If you're enrolled in the Medical Plan, the [Maven](#) program offers a range of personalized support across fertility, family building, menopause, and other life stages:

- **Fertility:** Exploring fertility options (IUI, IVF, egg freezing), managing your mental health, referrals to in-person clinics.
- **Family building:** Navigating the adoption or surrogacy process, including financial counseling.
- **Menopause:** Managing symptoms, understanding treatment options, and pelvic floor strengthening exercises.
- **Midlife:** Includes male support and Low T.

Connect 24/7 with a personalized, dedicated care advocate to help you understand your benefits and navigate your family health or family building journey. In addition, there is unlimited coaching and education through video appointments or messaging, with access to a network of more than 850 reproductive and family health providers. Partners also have access.

Care.com: Back-up Care and More

When your regular childcare or eldercare is unavailable, or your child is mildly ill, Care.com can provide in-home care 24/7. Care.com can also help you find a caregiver, as well as someone to help with errands, pet sitting/walking, housekeeping, or tutoring. Contact [Care.com](#) at 1-855-781-1303.

Childcare Assistance Subsidy

The Childcare Assistance Subsidy benefit can help cover childcare costs. To qualify, you must be an employee regularly scheduled to work 20 or more hours per week with an annual salary up to \$100,000. This program covers one eligible child, up to the child's 7th birthday, per eligible employee.

- Eligible employees regularly scheduled to work 30 or more hours per week can receive a subsidy of up to \$200 per month
- Eligible employees regularly scheduled to work 20 or more hours per week can receive a subsidy of up to \$100 per month

More information, FAQs, and the application form are available on [The Hub: Online, Childcare Assistance Subsidy](#) page.

Boston Children's Childcare Center

The Center accepts a limited number of enrollments for children of employees ages three months to five years. Please see the Boston Children's Childcare Center page under the Depts and Programs tab on [The Hub: Online](#) for more information.

CHILD CARE AND FAMILY SUPPORT (CONT'D)

Adoption Assistance

Boston Children's provides 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, you must be an employee regularly scheduled to work 20 or more hours per week. If you and your spouse both work at Boston Children's, the maximum benefit is \$8,000 per adopted child, per family.

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, such as visas, passports, meals, or luggage
- Expenses claimed under the federal adoption expense tax credit
- Legal fees for contested adoptions
- Miscellaneous administrative costs, such as fax, phone, or postage fees

Please contact HRHub at HRHub@childrens.harvard.edu or 1-617-355-7780, x 57780 for specific details.

Lactation Support

Lactation support benefits are available for breastfeeding employees. Call 1-617-355-0005.

Commuter Benefits

Boston Children's offers commuter benefits to help reduce the cost of getting to and from work. You can set aside pre-tax dollars to pay for eligible public transportation, parking, and vanpool expenses—saving money while making your commute more affordable.

Parking and Transportation Benefits

These benefits include:

- Day, evening, overnight, and weekend subsidized parking (based on availability)
- T-pass program and transit subsidy
- Free shuttle service to and from parking lots and off-campus sites
- Bicycle cage
- Hubway discounts
- Zipcar discounts
- See the [Boston Children's Parking and Commuter Services](#) page for details. You can also contact the Parking and Commuter Services Office at 1-617-355-6251. The office is located at the Patient and Family Garage, 283 Longwood Avenue; office hours are 7 a.m.–4:30 p.m., Monday–Friday.

You can also reach out to CommuteWorks, a service of MASCO and Boston Children's that provides free information about alternatives for commuting 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 1-617-355-6251 or email parking@childrens.harvard.edu.



Education and Student Loan Support

Student Loan Assistance

A student loan subsidy benefit is available:

- \$200/month for eligible employees regularly scheduled to work 30 or more hours per week
- \$100/month for eligible employees regularly scheduled to work 20 or more hours per week

You must have completed 90 days of service. This benefit is administered by EdAssist/Bright Horizons. See complete details on the [Your Boston Children's Benefits Website, Education & Student Loan Support](#) page.

License and Certification Reimbursement

Boston Children's will reimburse employees regularly scheduled to work 20 or more hours per week for fees associated with obtaining and renewing licenses and certifications that are designated as being "required" within their job description. See the [License and Certification Reimbursement](#) page for more information.

Associated Personnel, Joint Appointees, Non-Joint Appointees, per diem, and temporary employees are not eligible for reimbursement under this policy.



Financial Wellness and Retirement Benefits

Boston Children's offers retirement programs that can contribute toward long-term financial security. This includes a 403(b) Savings Plan that allows you to save for retirement through payroll contributions. Please visit the [Retirement Programs Page](#) for information and details on this plan.

Retirement Benefits

403(b) Savings Plan

Boston Children's offers a 403(b) Savings Plan through Fidelity, allowing you to contribute on a pre-tax and/or post-tax (Roth) basis up to IRS limits. Your contributions are always 100% yours, though federal rules govern withdrawals.

- **Automatic Enrollment:** New employees are automatically enrolled after 30 days at a 5% pre-tax contribution rate. You will receive an enrollment email from Fidelity about a week after your hire date. This email includes directions for setting up your account on [NetBenefits](#), including how to change your contribution rate, opt out of the plan, and choose your investment options. If you do not choose your investment options, you will be defaulted into one of the target date funds based on your age.
- **Employee Contributions:** Contributions are processed through bi-weekly payroll. You may contribute up to 100% of your eligible pay up to IRS limits on a pre-tax or post-tax (Roth) basis. Pre-tax contributions are taken from your paycheck before it is taxed, which means you pay less in income taxes today. The Roth option lets you contribute to the plan on an after-tax basis, potentially withdrawing tax free later.
- **4% Employer Contribution:** After 2 ½ years of service, Boston Children's will make year-end contributions equal to 4% of your eligible salary each year.
- **Automatic Annual Increase:** If you're contributing less than 10%, your contribution rate will increase by 1% each January (up to 10%), unless you opt out or change the percentage on [NetBenefits](#).

For more detailed information on the 403(b) plan, please visit the [Retirement Programs Page](#) and click on the 403(b) Plan tab. This page also includes a link to the [NetBenefits](#) site where you can make changes to your contribution amount and investment choices and schedule a one-on-one consultation with a Fidelity financial counselor.

Retiree Medical Savings Account Plan

After three years of continuous service, you'll be eligible to set aside up to \$4,500 per year in a special account that can be used to help pay for out-of-pocket medical expenses in retirement.

For more information, please visit the [Retiree Medical Savings Account Page](#).

Harvard Federal Credit Union

Boston Children's employees can open an account and take advantage of financial education programs, free financial counseling, and credit and homebuying support at [Harvard Federal Credit Union](#).

Working Credit

[Workingcredit.com](#) is a credit-building expert platform with free, confidential advisory services to help you set and reach your financial goals with a customized action plan.



Benefits and Program Contacts

For more information, contact the HRHub at HRHub@childrens.harvard.edu or at 1-617-355-7780, x57780.

HRHub	The Hub: Online HRHub@childrens.harvard.edu 617-355-7780, x 57780	Life Insurance	Lincoln Financial Group 1-800-213-4465 lincolnfinancial.com
Medical	Blue Cross Blue Shield of MA 1-888-743-4505 BCBS Microsite BCBSMA Blue Care Line provides 24/7 assistance with medical questions. Call 1-888-247-BLUE (2583). To find providers in the BCBSMA network, please see https://myfindadoctor.bluecrossma.com/?ci=BOSTON-CHILDRENS-HOSPITAL Also see the MyBlue App	Disability	Lincoln Financial Group 1-800-213-4465 lincolnfinancial.com
Health Savings Account (HSA)	Fidelity 1-855-242-4032 netbenefits.com/BCH	Accident, Critical Illness, and Hospital Confinement Indemnity Insurance	Lincoln Financial Group 1-800-213-4465 lincolnfinancial.com
Pharmacy	CVS/Caremark Customer Care 1-888-771-7270 caremark.com	Employee Assistance Program	SupportLinc 1-888-507-7089 Code: bch
Dental	Delta Dental 1-800-872-0500 deltadentalma.com	Dedicated BCH SupportLinc Counselor	http://www.supportlinc.com
Vision	Vision Services Plan (VSP) 800-877-7195 Mon–Fri, 8 a.m.–5 p.m. vsp.com	BCBSMA Wellbeing Reimbursement	BCBS Microsite
Legal Plan	MetLife Legal Plan 800-821-6400 members.legalplans.com	Teladoc Diabetes Management	TeladocHealth.com/Register/BCH
Flexible Spending Accounts (Health Care & Dependent Care)	HealthEquity/WageWorks 877-924-3967 Mon–Fri, 8 a.m.–8 p.m. wageworks.com	Gym and Membership Discounts	Your Boston Children's Benefits Website, Fitness Resources
		Employee Discounts	http://web2.tch.harvard.edu/benefits/mainpageS3063P57.html
		Grokker	http://grokker.com/bch
		Fertility & Family Building	Maven mavenclinic.com/join/oe-25
		Menopause and Mid-Life Support	Maven mavenclinic.com/join/oe-25
		Boston Children's Hospital Child Care Center	1-617-355-6006
		Care.com	855-781-1303 bch.care.com

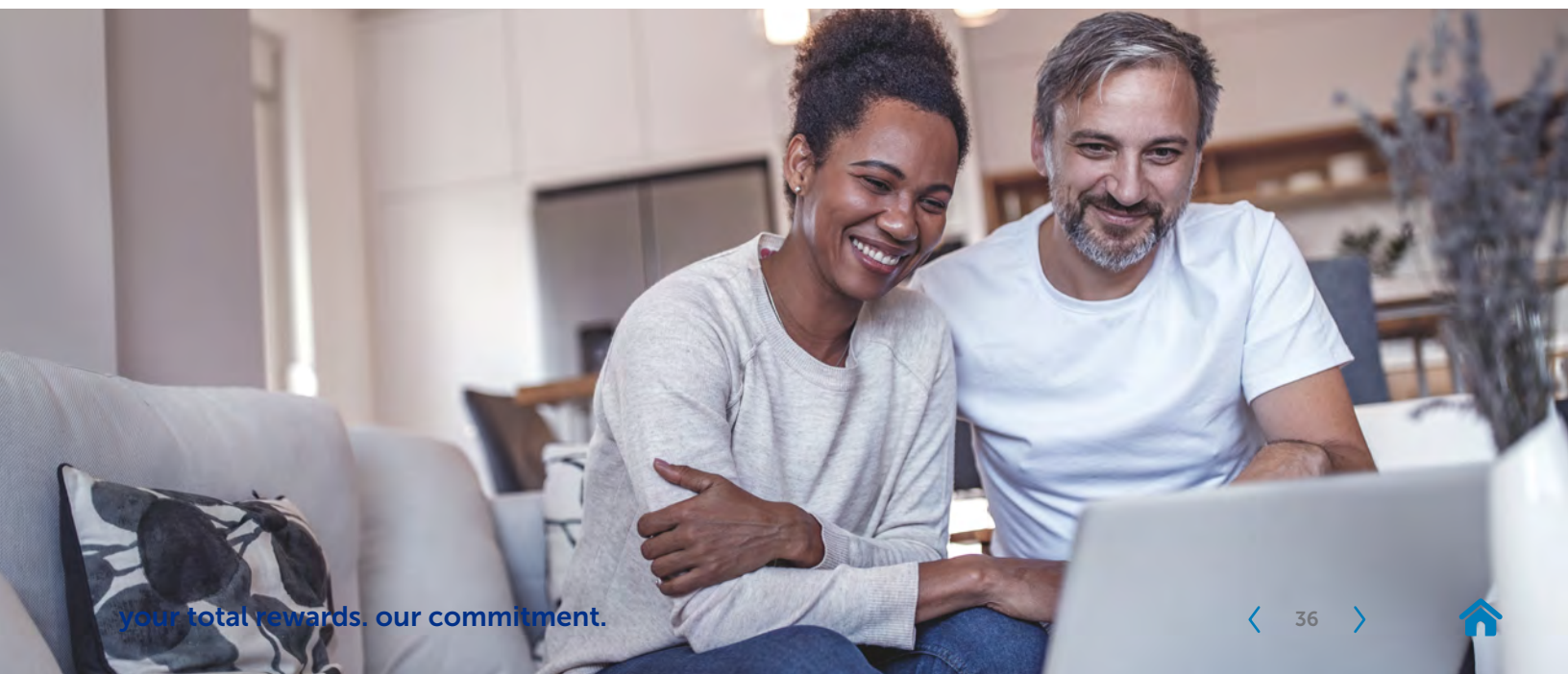




BENEFITS AND PROGRAM CONTACTS (CONT'D)

Child Care Assistance Subsidy	Email: childcareassistance@childrens.harvard.edu Application form and plan information link: Childcare Assistance Subsidy
Lactation Support Program	1-617-355-0005 HRHub@childrens.harvard.edu
Parking And Commuter Services Office	1-617-355-6251 http://web2.tch.harvard.edu/parking/index.html parking@childrens.harvard.edu
Education and Student Loan Support	EdAssist 1-833-693-4213 EdAssist Portal Your Boston Children's Benefits Website, Education & Student Loan Support
Pet Insurance	MetLife Pet Insurance 1-800-434-6388 http://www.metlife.com/mybenefits
Auto And Home Insurance	Farmer's GroupSelect 1-800-438-6381 Discount Code: BE3 http://www.metlife.com/mybenefits

Movie, Ski, And Amusement Tickets	Movie/Ski/Amusement Tickets
403(b) Savings Plan	Fidelity 1-855-242-4032 netbenefits.com/BCH
Retiree Medical Savings Account	Voya 1-800-584-6001 Voya.com
Harvard Federal Credit Union	https://harvardfcu.org
Working Credit	Workingcredit.com
Emergency Financial Support	Extraordinary Needs Fund Benefits Page under Other Benefits, scroll to the bottom HR Policy Manual
Payroll Office	1-857.218.3523 or x 8-3523 Payroll@childrens.harvard.edu
Workforce Development	Workplace Development x47169 or 1-617-919-7169
Occupational Health Services	1-857-218-3046 or x 8-3046 ohs@childrens.harvard.edu





Important Benefits Notices

Official plan documents, including Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs), and Benefit Summaries can be found on the [Plan Documents and Forms page](#). You may also contact the HRHub at HRHub@childrens.harvard.edu or 1-617-355-0005 x57780 to obtain copies of these important documents.

Medicare Part D Creditable Coverage Notice

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Boston Children's Hospital has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Children's Health Insurance Program Notice

The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states and funded jointly by states and the federal government to provide premium assistance. This notice provides information on these state programs.

HIPAA Notice of Privacy Practices

This notice describes how individual's health information is protected, rules for use, and disclosure as permitted under HIPAA.

HIPAA Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. Special enrollment is available in the following situations:

- Loss of Other Coverage
- Marriage, Birth or Adoption
- Medicaid or CHIP eligibility changes

Notice of Exchange

This notice provides basic information about the Health Insurance Marketplace and employment-based health coverage offered by Boston Children's Hospital.

Woman's Health and Cancer Rights Act (WHCRA)

The Boston Children's Hospital health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides coverage for reconstructive surgery following a mastectomy.





IMPORTANT BENEFITS NOTICES (CONT'D)

Patient Protection Disclosure

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

Hospital Indemnity Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

Newborns' and Mothers' Health Protection Act (NMHPA)

The health plan may not restrict benefits for a hospital stay to less than 48 to 96 hours based on type of delivery as required by the law.

Genetic Information Non-Discrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

Mental Health Parity and Addiction Equity Act (MHPAEA)

The Mental Health Parity and Addiction Act of 2008 requires group health plans to treat mental health and substance use disorder benefits the same as medical/surgical benefits in terms of financial requirements (like co-pays and deductibles) and treatment limits (like visit caps). For information on how medical necessity is determined, contact your plan administrator (see cover page for details).

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

Uniformed Services Employment & Reemployment Rights Act (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have.





Where the world comes for answers

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

This document serves as a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Children's Hospital Boston Health and Welfare Benefit Plan 501 and supplements the Health and Welfare Summary Plan Description (SPD). It describes changes effective January 1, 2026 and is intended to supplement the SPD. Please retain this guide for future reference and share it with your covered family members.

September 2025

