



2022 Benefits Guide

FACULTY AND STAFF

Welcome to Tufts University

Tufts University strives to be an innovator and leader in providing comprehensive benefits to our faculty and staff. Our comprehensive benefits program is designed to meet the diverse needs of our faculty and staff and to help make Tufts University an exceptional place to work. We encourage you to learn about the many choices available to you to ensure that your benefits elections meet your needs.

Ongoing Commitment to Your Well-Being

The benefit plans we offer are carefully designed to support the physical, emotional, financial and social well-being of our employees.

Our focus and commitment to quality health care remains a key priority. At the heart of our benefit plans is a robust system of providers dedicated to helping you and your family be healthy – and stay healthy.

Benefit Eligibility

Staff: Regularly scheduled to work at least 17.5 hours a week for a minimum 90-day period

Faculty: Half-time or more with an appointment of at least two semesters (as determined by the academic department)

Making Changes

You have 30 days from your first date of employment to enroll in benefits. After that, you can only enroll in or change these benefits during annual Open Enrollment or within 31 days of a qualifying life event as described in this guide.

Learn about your benefits in this guide and use this resource as you make your elections.

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Our Guiding Principles

INNOVATIVE

Competitive & Differentiating Plans

ADAPTABLE

Flexible to Meet Diverse & Emerging Needs

AFFORDABLE

Quality Care at Reasonable Rates

ENGAGING

Increased Awareness & Partnership

Enrollment and Changes

New Hire Enrollment Within 30 Days of Hire Date

1. Review this guide. Assess your needs. Ask questions (benefit provider contact information is located on page 16).
2. Visit access.tufts.edu/benefits to review your benefit options as an additional resource. If you do not have access to a computer, please contact Tufts Support Services at **617-627-7000**.
3. Enroll online at access.tufts.edu/eserve.
4. Review and save a copy of your enrollment confirmation.

Your enrollments will be effective as of your hire date.

Annual Open Enrollment

Open Enrollment is the period each year when you can make changes to the benefits that you are eligible for through Tufts University. The annual Open Enrollment period is typically held during the first two weeks in November. Changes made during this time will be effective the following January 1.

Life Events

The benefit choices you make as a new hire will remain in effect for the entire calendar year. However, you may change your benefit elections during the year if you experience a life event. Examples of a life event include, but are not limited to the following:

- Marriage or Domestic Partnership
- Divorce, legal separation or end of a Domestic Partnership
- Birth, Adoption or guardianship of a child
- Death of your spouse or domestic partner, or dependent child
- Change in job status for you or a dependent
- Loss of employer sponsored coverage for you or a dependent
- Moving out of a health plan's service area for you or a dependent
- Beginning or returning from an unpaid leave for you or a dependent
- Coverage change for Medicare, Medicaid, MassHealth
- You or a dependent have reached age 26

If you experience one of these or similar events, contact Tufts Support Services at **617-627-7000** within 31 days to request changes to your benefits.



Benefit Enrollment

The benefits listed below have restrictions for enrollment/changes per IRS guidelines.

You have 30 days from your date of hire to enroll in these benefits:

- Health Plan
- Dental Plan
- Vision Plan
- Flexible Spending Accounts
- Life Insurance
- Long-Term Disability Insurance
- Legal Plan

Additional benefits

Other benefits that have no restrictions for enrollment/changes are listed on page 14.



Take Care of Your Health

Our benefits program is designed to enhance the quality of your life, decrease the risk of chronic disease, and help you make healthy lifestyle choices. Tufts University’s Jumbo Health Center, Wellness and Chronic Condition Coaching, and the preventive benefits offered under our health plans work together to help you achieve physical and emotional well-being.

The Jumbo Health Center

The Jumbo Health Center’s clinical team is available for telehealth (telephonic or video) medical visits. To make an appointment, call [617-627-0467](tel:617-627-0467) or visit my.marathon-health.com.

The Jumbo Health Center

Health and wellness services are available to you, your spouse, or your domestic partner with little or no wait time for appointments. In addition, Jumbo Health Center clinicians coordinate your care with your primary care physician (PCP).

Common Illness Treated	Additional Services Available
Flu	Screenings
Infection	Exams
Rash	Prescriptions
Stomach problems	Blood draws

Take the First Step to a Healthier Life

The Jumbo Health Center offers programs to help you identify current health risks. Start by completing a Comprehensive Health Review appointment. This confidential service can discover if you are at risk for or have chronic conditions such as diabetes, asthma, high blood pressure, or heart disease. Take this information with you when you meet with your physician for your annual physical.

Onsite, virtual, and telephonic Health Coaching is available to help you make lifestyle changes to:

- Reduce chronic stress
- Increase activity
- Eat healthier
- Quit tobacco use

Chronic Condition Coaching services help you deal with serious health issues. For more information or to make an appointment, call [617-627-0467](tel:617-627-0467) or visit my.marathon-health.com.

Health Plans

We offer you and your family three Blue Cross Blue Shield (BCBS) Preferred Provider Organization (PPO) health plans to choose from:

- PPO Plus Plan
- PPO Plan
- PPO HDHP Plan

How Our Health Plans Work

All of the health plans offer the same:

- Broad national PPO network of doctors, hospitals, and other providers
- Coverage including pharmacy benefits and 100% coverage for in-network preventive care
- Fitness and Weight Loss reimbursement benefit

The **PPO Plus Plan** offers the lowest annual deductible (\$250 individual / \$500 family) and the lowest office visit copays (\$15 per visit) for members using in-network providers. This plan has the highest payroll contributions.

The **PPO Plan** offers members using in-network providers a higher annual deductible (\$1,000 / \$2,000 family). The office visit copays are \$35 per visit. Because the deductibles and copays are higher, the payroll contributions are lower than the PPO Plus plan.

The **PPO HDHP Plan** is an IRS-Qualified High Deductible Health Plan. All services (except preventive care) are subject to the annual deductible (\$2,500 individual / \$5,000 family). After the deductible is satisfied, in-network services are covered at 80%. Since this plan is IRS-Qualified, employees who elect this option also receive a Health Savings Account (HSA) for which the University will make a contribution of \$500 individual / \$1,000 family in 2022 towards your HSA account. You can also choose to contribute additional funds on a pre-tax basis to cover eligible expenses. This plan works differently than the PPO Plus Plan and PPO Plan, be sure to read the details on page 7 to learn more.

NOTE: Union Dining staff hired January 1, 2020 or after may only choose health coverage through the two UNITE HERE HEALTH Plan options offered per the dining union agreement. For UNITE HERE HEALTH plan information, contact UNITE HERE HEALTH: 833-637-3519; www.uhh.org.



Well Connection - Telemedicine Service

If you are enrolled in a BCBS Plan, Well Connection is available to access non-emergency medical or behavioral healthcare for you or your family. You can talk with a board-certified doctor or therapist by phone, web, or video 24/7, any day of the year. Visit: www.bluecrossma.org/myblue/find-care/care-options/video-call-a-doctor for more information.

Health plan information questions?

Call Blue Cross Blue Shield 1-888-261-0133 or visit planinfo.bluecrossma.com/customblue/2022/tuftsuniversity

Centers of Excellence

All of our BCBS health plans offer Blue Distinction Centers of Excellence. This is a benefit whereby if you need surgery for select procedures, your cost sharing can be reduced if you use higher quality providers. For a listing of providers in this program visit – <https://www.bcbs.com/blue-distinction-center/facility>.

Conception and Fertility Benefits through Progyny

Enrollment in any of the three BCBS health plan options offer support for individuals who need assistance with their family planning. This program will connect you with a dedicated Patient Care Advocate who can assist with your needs, connect you with a Progyny provider, and review how to maximize the benefits provided. To learn more about this benefit, please visit the [BCBS website](#) and view the [Progyny video](#) and other plan information or call and speak directly to a Progyny Patient Care Advocate at **844-930-3310**.

Prescription Medications

PPO Plus Plan and PPO Plan

For the **PPO Plus Plan** and **PPO Plan**, prescription medications are not subject to the health plan annual deductibles. Members needing prescription medication for “short term” needs can use the Express Scripts national pharmacy network to obtain their medication for a copayment. The levels of copayments are \$10 Tier 1 / \$25 Tier 2 / \$50 Tier 3.

For members needing ongoing “maintenance” medications, the BCBS plans have the “Smart 90” plan that allows you the choice of Mail Order or a CVS pharmacy. Members using “Smart 90” receive a 90-day supply of their medication at a reduced copay.

Both the **PPO Plus Plan** and **PPO Plan** have the BCBS Value Rx Rider which provides you the opportunity to obtain select medications at no copayment when you use the Mail Order program and retail CVS pharmacies.

Also available in the PPO Plus and PPO Plan is “PillarRx,” a SpecialtyRx program for select high-cost medication. Members who enroll in the PillarRx program will have dramatically reduced copays on their medications. Note that if you are in the **PPO Plus Plan** or **PPO Plan** and use an eligible medication and choose not to participate in PillarRx, your cost share will be 30% for these drugs.

PPO HDHP Plan

As an IRS Qualified High Deductible Health Plan, all medications are subject to the Annual Deductible. Once the deductible has been satisfied, then the Plan covers Tier 1 drugs at 100% and covers all other covered medications at 80%.

For 2022, there is a new enhancement to the HDHP Plan whereby the University has added the ACA Preventive Care rider. This ACA rider allows certain preventive medications to be covered at 100% and the deductible does not apply to these drugs. Note that the new PillarRx program for SpecialtyRx does not apply to the **PPO HDHP Plan**.

To learn more about the prescription medications and BCBS programs visit the [BCBS website](#) or call the BCBS dedicated phone line at **888-261-0133**.

Health Plan Comparison Chart

	PPO Plus Plan		PPO Plan		PPO HDHP Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles & Maximum Out-of-Pocket Expenses						
Annual Deductible	\$250 individual/ \$500 two-person or family	\$500 individual/ \$1,000 two-person or family	\$1,000 individual/ \$2,000 two-person or family	\$2,000 individual/ \$4,000 two-person or family	\$2,500 individual/ \$5,000 two-person or family	
University Contribution to Health Savings Account (HSA)	Not allowed, but Employee can use FSA		Not allowed, but Employee can use FSA		\$500 individual/ \$1,000 two-person or family	
Out-of-Pocket Maximum (includes deductible)	\$2,500 individual/\$5,000 two-person or family		\$3,500 individual/\$7,500 two-person or family		\$3,500 individual/ \$7,500 two-person or family	
Lifetime Maximum Benefits	Unlimited		Unlimited		Unlimited	
For the following covered services, YOU PAY						
Preventive Care	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%	\$0 visit charge	Deductible then 40%
Office Visits and Outpatient Therapy (Occupational, Speech, Physical and Chiropractic)	\$15 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Well Connection Telemedicine	\$15 copay		\$15 copay		Deductible then 20%	
Jumbo Wellness Center & Health Coaching	\$0 copay		\$0 copay		Preventive & Wellness: \$0 visit charge Urgent & Acute Care: \$15 visit charge	
Inpatient Hospital Using Blue Distinction Centers of Excellence	\$0 Copay/\$0 Deductible	N/A	\$0 Copay/\$0 Deductible	N/A	Deductible Only, no coinsurance	N/A
Conception and Fertility Services	Call Progyny for Personalized Care	Not Covered	Call Progyny for Personalized Care	Not Covered	Call Progyny for Personalized Care	Not Covered
Maternity Prenatal and Postnatal Visits	\$15 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Lab & X-ray	\$0 copay	Deductible then 20%	Deductible then covered at 100%	Deductible then 20%	Deductible then 20%	Deductible then 40%
High-Cost Imaging (CT/PET scans, MRI)	Deductible then \$50 copay	Deductible then 20%	Deductible then \$50 copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Urgent Care Centers and Minute Clinics	\$15 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Emergency Room	\$150 copay		\$200 copay		Deductible then 20%	
Inpatient Hospital	Deductible then \$250 copay per admission	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Outpatient Surgery	Deductible then \$150 copay per event	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Mental/Behavioral Health Inpatient Hospital	Deductible then \$250 copay per admission	Deductible then 20%	Deductible then no copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Mental/Behavioral Health Outpatient Services	\$15 copay	Deductible then 20%	\$35 copay	Deductible then 20%	Deductible then 20%	Deductible then 40%
Prescription Medication Tier Cost for 30-day Rx Scripts	Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$50 copay	Not covered	Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$50 copay	Not covered	Deductible then Tier 1: 0% Tier 2: 20% Tier 3: 20%	Not covered
For Ongoing Rx Scripts, all plans use Smart 90 (CVS or Mail Order) for ongoing Rx	Certain Specialty Drugs Require Enrollment in PillarRX		Certain Specialty Drugs Require Enrollment in PillarRX		PillarRX Not Available	
RX Enhancements	Value Rx Rider				ACA Preventive Care Rider	

If you enroll in a Tufts University health plan, you may also be eligible for a Fitness Reimbursement and/or Weight Loss Reimbursement: \$150 per member/\$300 per family per year. Visit access.tufts.edu/benefits for more information.

If you would like to compare plan costs, please visit our Coverage Advisor tool at planinfo.bluecrossma.com/customblue/2022/tuftsuniversity.



The PPO High Deductible Health Plan with Health Savings Account (HSA)

The PPO High Deductible Health Plan is a high deductible health plan (HDHP) paired with a Health Savings Account (HSA) administered by HealthEquity. For 2022, the HDHP deductible for individual coverage is \$2,500 and for two-person/family coverage it is \$5,000.

What Is an HSA?

A Health Savings Account is a tax-advantaged savings account that you can use to pay for qualified medical expenses with pre-tax dollars. You must be enrolled in the PPO HDHP Plan to contribute to an HSA.

- You pay no tax on your contributions to the account
- Your account and investment earnings grow tax-free
- You pay no tax on your withdrawals for qualified medical expenses
- Enrollment in our qualified HDHP is paired with a Health Savings Account (HSA) which is administered by our third party administrator, Health Equity. This is an account that you own and contributions are not subject to any “use it or lose it” rules.

How Is an HSA Funded?

Tufts contributes: Tufts University deposits money into your account if enrolled. For 2022, the university will contribute these funds in the first pay period of the month following your enrollment:

- \$500—Individual Coverage
- \$1,000—Two-Person/Family Coverage

Any university contribution will be reviewed and communicated each plan year.

You contribute: You may elect to contribute to your account through monthly pre-tax payroll contributions. The IRS sets the maximum contribution to an HSA each year. The maximum contributions for 2022 are **\$3,650 for individual coverage and \$7,300 for two-person/family coverage, which includes both employee and employer contributions.** If you are age 55 or over, you can make an additional **\$1,000 “catch-up”** contribution to your account.

Note: You are not required to contribute to your HSA. If you contribute to a Health Savings Account (HSA), you cannot contribute to a Health Care Flexible Spending Account (FSA).

Flexible Spending Accounts (FSAs) & Commuter Benefits

Tufts offers you these tax savings accounts to set aside a portion of your pay on a pre-tax basis up to IRS contribution limits to pay for eligible [healthcare, dependent care](#) and [transportation and/or parking](#) expenses. The money you contribute to these plans is deducted from your paycheck before taxes are withdrawn—you pay no tax on the pre-tax money you deposit in these accounts. You can also choose to make post-tax deductions for your Commuter Transit and/or Parking account. With a post-tax deduction, if monthly expenses exceed the pre-tax allowable limit, an additional post-tax deduction occurs to cover the cost.

NOTE: The IRS allows this pre-tax or post-tax benefit only for workers who use parking or mass transit related to commuting to their workplace. If you are currently working exclusively from home and not commuting to work, you are not eligible for the commuter benefit at this time. However, you may enroll in this benefit if you start working on one of our four campuses in the future.

How Flexible Spending Accounts & Commuter Benefits Work

Type of Account	Who Can Participate*	How Can I Use It?	Annual IRS Contribution Limits	Use-It-or-Lose-It Rule	Debit Card
Health Care FSA (Enrollment required annually)	Any eligible employees whether or not enrolled in a health plan with the exception of the PPO HDHP Plan.	Pay for eligible healthcare expenses not covered under your health, dental, or vision plan (such as deductibles, copays, coinsurance, and more).	\$2,850	You can carry over an unused balance of \$100 - \$570 from year to year and it does not count against the IRS maximum limit. Unused amounts under \$100 and over \$570 are forfeited.	Yes. Provided by EBPA. Cards are mailed to the home address you entered into eServe. If previously enrolled, continue to use your existing EBPA debit card.
Dependent Care FSA (Enrollment required annually)	Eligible employees.	Pay for dependent care expenses for child(ren) less than age 13 or for care of a dependent adult so that you can work.	\$5,000 per family	See below for more details.	
Commuter Benefits for Transit and Parking	Eligible employees can enroll on the EBPA website.	Pay for eligible transit passes, parking, or van pooling for work-related commuting.	\$280/month—Parking \$280/month—Transit	Does not apply. Changes for enrollment can be made by the fourth of the month for the following month.	

*You cannot participate in a Health Care FSA if you enroll in the PPO HDHP Plan with Health Savings Account (HSA).

Paying for Commuter Benefits

Make your monthly transit/parking elections online on the EBPA commuter benefit enrollment website at ebpabenefits.com. Enroll on the EBPA website by the 4th of the month for commuter benefits for the following month. Your debit card will be loaded on the 20th of the month to be used for the following month. Use this debit card to directly purchase your transit pass or pay for eligible parking expenses.

The University Transit Subsidy

The university transit subsidy for the Medford/Somerville and Grafton campuses is 35%, up to a maximum of \$40 per month. For Boston and Fenway, the university transit subsidy is 40%, up to a maximum of \$55 per month. The subsidy reduces your payroll deduction and is applied to the pre-tax amount of your commuter transit election.

Dental Plan

Tufts offers a comprehensive dental plan to protect your smile and overall oral health. The Delta Dental Premier Plan allows you to receive services interchangeably at the Tufts University School of Dental Medicine Clinic or a private practice dentist when you need care.

Provision	Tufts University School of Dental Medicine Clinic*	Delta Dental Premier PPO Network
Type I Services: Preventive Care	100% Up to 3 cleanings per calendar year	100% 1 cleaning 2 times per calendar year
Type II Services: Basic Restorative	90%	80%
Type III Services: Major Restorative	80%	60%
Annual Deductible	Applies to Type III Services Only \$50 Individual coverage \$100 Two-person coverage \$150 Family coverage	Applies to Type II and Type III Services Only \$50 Individual coverage \$100 Two-person coverage \$150 Family coverage
Calendar Year Maximum	\$1,500 per person	
Orthodontics	Covered at 50%; separate lifetime maximum of \$1,000 per member	
Rollover Maximum	You may roll over a portion of your unused dental benefit dollars from a healthy year to be used for more expensive procedures in the future. Visit the AccessTufts website to learn more.	

*The Tufts University School of Dental Medicine (TUSDM) patient care clinics are teaching facilities with dentists-in-training who work with experienced dentists in the Delta Dental provider network. The clinic is located at One Kneeland Street in Boston.



Tufts University School of Dental Medicine Clinics

20% Employee Discount on Dental Services*

- Offered to benefits-eligible faculty and staff (you do not have to be enrolled in the Tufts Dental Plan to qualify)
- Does not apply to spouses, domestic partners, or dependents who are not Tufts University employees
- Discount is taken off the patient balance after insurance benefits have been applied

20% Dependent Children Discount on Orthodontics Services

- Offered to dependent children (up to age 26) of benefits-eligible faculty and staff
- Discount is taken off the patient balance after insurance benefits have been applied
- You do not have to be enrolled in the Tufts Dental Plan to qualify

Vision Plan

You have the option to choose vision coverage for you and your eligible family members. In- and out-of-network benefits are available. You will pay less using in-network EyeMed providers.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exams Frequency	Once every 12 months	
Frames Frequency	Once every 24 months	
Lenses Frequency	Once every 12 months	
Exam with Dilatation as Necessary	\$0 copay	Up to \$46
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up	10% off retail price	N/A
Frames	\$0 copay; \$150 allowance; 20% off balance over \$150	Up to \$90
Standard Plastic Lenses <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Standard Progressive Lens • Premium Progressive Lens 	\$0 copay \$0 copay \$0 copay \$65 copay \$65 copay; \$120 allowance; 20% off balance over \$120	Up to \$42 Up to \$78 Up to \$130 Up to \$78 Up to \$78
Lens Options (paid by the member and added to the base price of the lens) <ul style="list-style-type: none"> • Tint (Solid and Gradient) • UV Coating • Standard Scratch-Resistant • Standard Polycarbonate • Standard Anti-Reflective • Other add-ons & services 	\$15 copay \$15 copay \$15 copay \$0 copay \$45 copay 20% off retail price	N/A N/A N/A Up to \$26 N/A N/A
Contact Lenses (allowance covers materials only; in lieu of Standard Plastic Lenses) <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	\$0 copay; \$130 allowance; 15% off balance over \$130 \$0 copay; \$130 allowance; member pays balance over \$130 \$0 copay; paid in full	Up to \$104 Up to \$104 Up to \$200
Lasik and PRK Vision Correction	15% off retail price OR 5% off promotional pricing	N/A

Note: Please visit EyeMed.com for information on special offers at participating retail outlets.



Vision ID Cards

- You receive two cards when you enroll
- Call EyeMed Member Services if you need additional cards at **866-939-3633**



Life Insurance Benefits

Tufts University offers insurance benefits for your financial protection. UNUM continues to administer our Life Insurance, Long-Term Disability Insurance, and Accidental Death and Dismemberment Insurance plans.

Basic Life Insurance

The university provides Basic Life Insurance to all benefits-eligible employees. The amount of coverage is equal to one times your annual base salary, rounded to the next highest \$1,000, with a maximum benefit of \$1,000,000.

Supplemental Life Insurance

You can enroll in additional life insurance coverage up to five times your annual base salary, up to a maximum of \$2,000,000. Coverage up to three times your annual base salary to a maximum benefit of \$750,000 is “guarantee issue” for new hires, which means that you can enroll in this benefit without providing health information to Unum. For four or five times coverage (or coverage that exceeds \$750,000), once you apply Unum will contact you to complete an Evidence of Insurability (EOI) form. If approved, coverage is effective the first of the month following approval by Unum.

Monthly Supplemental Life Costs*

Age	Rate per \$1,000 of Benefits per Month
Under 25	\$0.031
25-29	\$0.038
30-34	\$0.050
35-39	\$0.056
40-44	\$0.063
45-49	\$0.094
50-54	\$0.144
55-59	\$0.269
60-64	\$0.413
65-69	\$0.795
70 & Over	\$1.289

Cost Example

Employee Age = 36 Annual Salary = \$40,000
 $(\$40,000/\$1,000) \times \$0.056 = \$2.24/\text{month}$ or $\$26.88/\text{year}$

*The premium for this plan is based upon your age at the end of each pay period. As a result, your premium may increase after your next birthday.

Dependent Life Insurance

Tufts offers you the opportunity to enroll in life insurance coverage for your eligible family members. Eligible family members include:

- Your legal spouse
- Your domestic partner (DP)
- Your child(ren) who are at least 15 days old and less than age 26
- Your unmarried dependent child(ren) who is mentally or physically disabled and cannot hold a self-supporting job due to their disability

Evidence of Insurability (EOI) is required by Unum for newly enrolling or increasing Spouse/Domestic Partner insurance. EOI is not required at all for Dependent Child Life Insurance.

Monthly Dependent Life Insurance Costs

Coverage Type	Cost per Month
Spouse/DP—\$25,000	\$0.80
Spouse/DP—\$50,000	\$1.60
Child(ren)—\$10,000	\$0.47

Cost Example

Spouse/DP
\$25,000 = \$0.80 x 12 months = \$9.60/year

Children
\$0.47 x 12 months = \$5.64/year (regardless of the number of children covered)

Accidental Death and Dismemberment (AD&D) Insurance

You can elect AD&D coverage offered by Tufts and administered by Unum to protect you and your family in the event of an accident. You can elect coverage levels from one (1) to five (5) times your annual base salary, rounded to the next \$1,000. Benefits are payable in the event of accidental loss of life, sight, speech, limb, hearing, etc. The maximum allowed benefit is \$1,000,000. Evidence of Insurability (EOI) is not required by Unum to enroll in this benefit.

Monthly AD&D Insurance Costs

Coverage Type	Rate per \$1,000 of Benefit per Month
Employee Coverage	\$0.018

Cost Example

Base Annual Salary: \$40,000
\$40,000/\$1,000 x \$0.018 = \$0.72/month or \$8.64/year



LTD Pre-existing Condition Exclusion

A pre-existing condition limitation will apply during your first year on the plan or when you increase your coverage. If you received treatment, consultation, care, or services; took prescription medication or had medications prescribed; or had symptoms or conditions that would cause a reasonably prudent person to seek diagnosis, care, or treatment in the three months before your insurance or any increase in the amount of insurance takes effect, Unum will not cover you if you become disabled from a disability that results from such pre-existing condition for a period of twelve consecutive months from the date your insurance or your increased amount takes effect. After the twelve-month waiting period, all pre-existing conditions would be covered per the standard Unum policy.

Long-Term Disability (LTD) Insurance

Long-Term Disability Insurance provides financial protection in an amount equal to 40% or 60% of your basic monthly salary up to a maximum monthly benefit of \$12,000, should you become disabled because of a non-work-related illness or accident. Because you pay for your LTD benefits with after-tax dollars, any benefits paid are tax free.

LTD Provisions

When do benefits begin?	After 140 days of disability
How long are LTD benefits payable?	<ul style="list-style-type: none"> • If disabled prior to age 60 • If disabled after age 60
What other benefits are included?	<ul style="list-style-type: none"> • Normal Social Security retirement age • Prorated based on your age at time of disability
	Conversion provision and a critical illness benefit

As a new hire, you are automatically enrolled in the 60% option for Long-Term Disability. If you wish to change to the 40% option or opt out of participation in the plan, you may do so within your 30-day new hire enrollment period. Employees pay 100% of the cost for LTD insurance. This benefit is a “guarantee issue” for new hires and is not subject to Evidence of Insurability (EOI).

Monthly LTD Insurance Costs

Coverage Type	Cost
40% of basic monthly salary	\$0.235 per \$100 of earnings
60% of basic monthly salary	\$0.561 per \$100 of earnings

Note: The maximum monthly LTD benefit is \$12,000.

Cost Example Employee Earning \$50,000 per year	
If selecting 40% coverage: $\$50,000/\$100 \times 0.235/12 = \$9.79/\text{month}$	
If selecting 60% coverage: $\$50,000/\$100 \times 0.561/12 = \$23.38/\text{month}$	

Legal Plan

MetLaw provides you and your eligible dependents with legal services from experienced attorneys for personal legal matters including: court appearances, documentation review and preparation, debt collection defense, wills, family and real estate matters, and identity theft issues. Once you enroll, you must remain in the plan for the entire calendar year. For more information, contact MetLaw at **800-821-6400**.

Your Additional Tufts Benefits

Retirement Plans

Tufts University offers two retirement plans. As a benefits-eligible employee, **Tufts University-Funded Retirement Plan – 401(a)** helps you build substantial savings for your retirement. To supplement that savings, we offer the **Tufts University Self-Funded Retirement Plan – 403(b)**. The 403(b) Plan allows you to save for retirement with pre-tax contributions.

Automatic Enrollment into the 403(b) Plan

New employees and rehires will be automatically enrolled with a 6% contribution in the 403(b) Plan after 35 days of employment. If you wish to choose another deferral percentage or opt out of this benefit (0%), you must change your election accordingly during your initial 35-day enrollment period. All changes will be effective with the next available payroll.

Use [NetBenefits \(nb.fidelity.com/public/nb/tuftsuniversity/home\)](https://nb.fidelity.com/public/nb/tuftsuniversity/home) to enroll, increase or decrease your contributions, or to change your investment choices. If you have any questions about NetBenefits, contact Fidelity at **800-343-0860**.

Employee Assistance Program (EAP)

We lead busy lives and it can be challenging to find a healthy balance. For big or little problems, finding the resources to make it all work is sometimes hard to handle. Tufts wants to make it easy for you to get help when you need it.

The EAP offers free, confidential support and referrals to help you and the adult members of your household manage personal and professional issues such as:

- Stress
- Depression and anxiety
- Drug and alcohol concerns
- Grief and loss
- Workplace issues
- Relationship and family issues
- And more

Our EAP is provided by KGA, Inc. You can reach them 24/7 at **800-648-9557** or at my.kgalifeservices.com/o/tuftsu.

Pet Insurance

Tufts University partners with Nationwide to offer you the opportunity to enroll in voluntary pet insurance.

You may choose to enroll in the My Pet Protection plan at a 50% or 70% reimbursement level for qualifying veterinary bills, offering you flexible premium costs.

Nationwide also offers preferred pricing and multiple pet discounts of 5%-10% for dogs and cats. Rates vary by species and by state. Contact Nationwide at **877-738-7874** to receive a quote, enroll, or make changes to an existing policy.

Auto and Home Insurance

You can take advantage of the special group rates, superior service, and easy payment options offered by Farmers for auto, home, and personal property insurance. Contact Farmers at **800-438-6381** to receive a quote, enroll, or make changes to an existing policy.

Backup Care and Child Care Center Discounts

Find a caregiver for any member of your family—from infants to adults to pets. Care.com has two primary ways to find caregivers and provides tuition discounts.

- The Care@Work Backup Care service, which includes your personal network for children. Use in-home and in-center backup care for children and adults for gaps in care while you need to work.
- The Care.com Membership service, where families find their own caregivers, tutors, and household help.
- The Tuition Benefit Program, for discounts at participating childcare centers plus before- and after-school programs.
- Access articles on a wide array of topics, such as caregiving, safety, and assisted living.

For more information, visit access.tufts.edu/carecom-children-adults-and-pets or call **855-781-1303**.

2022 Employee Benefits Costs

Benefit	Coverage Level	Semi-Monthly Costs*	Weekly Costs*
BCBS PPO Plus Plan	Individual	\$108.75	\$50.19
	Individual + Spouse/Domestic Partner	\$339.46	\$156.67
	Individual + Child(ren)	\$332.08	\$153.27
	Individual + Family	\$413.26	\$190.74
BCBS PPO Plan	Individual	\$52.26	\$24.12
	Individual + Spouse/Domestic Partner	\$269.85	\$124.55
	Individual + Child(ren)	\$263.98	\$121.84
	Individual + Family	\$328.51	\$151.62
BCBS PPO HDHP Plan	Individual	\$52.26	\$24.12
	Individual + Spouse/Domestic Partner	\$269.85	\$124.55
	Individual + Child(ren)	\$263.98	\$121.84
	Individual + Family	\$328.51	\$151.62
Delta Dental Plan	Individual	\$6.58	\$3.04
	Two-Person	\$23.58	\$10.88
	Family	\$28.21	\$13.02
EyeMed Vision Plan	Individual	\$2.72	\$1.25
	Two-Person	\$5.12	\$2.36
	Family	\$7.50	\$3.46
MetLaw	Option to purchase legal services	\$9.05	\$4.18
Supplemental Life Insurance—Unum	Option to elect up to five times annual base earnings of additional life insurance	See page 11 for rate schedules and pricing examples	
Dependent Life Insurance—Unum	Option to elect: Spouse/DP Insurance: \$25,000 or \$50,000 and/or Child(ren) Insurance: \$10,000	See page 12 for rate schedules and pricing examples	
Accidental Death and Dismemberment - Unum	Option to elect coverage up to five times base annual earnings of AD&D Insurance	See page 12 for rate schedules and pricing examples	
Long-Term Disability Insurance - Unum	Option to elect disability benefits at 40% or 60% of basic monthly earnings	See page 13 for rate schedules and pricing examples	
Farmers (formerly Metlife) Auto/Home Insurance	Option to purchase auto and/or home insurance	Rates vary. Call Farmers to receive a quote, enroll, or make changes to an existing policy	
Nationwide Pet Insurance	Option to purchase pet insurance	Rates vary by animal, breed and home state—contact Nationwide to receive a quote, enroll, or make changes to an existing policy	

For questions visit AccessTufts at access.tufts.edu/benefits or contact Tufts Support Services at 617-627-7000.

Contact Information

Benefit	Vendor	Phone Number	Website
Backup Care	Care.com	855-781-1303	tuftsuniversity.care.com
Benefits Directory		N/A	mymobilewalletcard.com/tufts
Dental	Delta Dental	800-872-0500	deltadentalma.com
Dental School Clinics	Tufts University	617-636-6828	dental.tufts.edu/patient-care
Employee Assistance Program	KGA	800-648-9557	my.kgalifeservices.com/o/tufts
Flexible Spending Accounts and Commuter Benefits	EBPA	800-258-7298	ebpabenefits.com
Health Plans	Blue Cross Blue Shield	888-261-0133	planinfo.bluecrossma.com/customblue/2022/tuftsuniversity
Health Plans - Conception and Fertility Services	Progyny	844-930-3310	progyny.com
Health Plans - Prescription Coverage	Express Scripts Pharmacy	888-261-0133	planinfo.bluecrossma.com/customblue/2022/tuftsuniversity
Health Plans - Pharmacy (for certain specialty drugs)	PillarRX	636-614-3128	N/A
Health Plans – Telehealth Services	Well Connection	855-292-6355	bluecrossma.org/myblue/find-care/care-options/video-call-a-doctor
Health Savings Account	HealthEquity	866-346-5800	learn.healthequity.com/tuftsuniversity/hsa
Home & Auto Insurance	Farmers	800-438-6381	myautohome.farmers.com
Jumbo Health Center (formerly the Wellness Center)	Marathon Health	617-627-0467	my.marathon-health.com/#!/home/login
Legal Plan (Hyatt)	MetLaw	800-821-6400	legalplans.com
Life Insurance	Unum	800-445-0402	Unum.com
Long Term Disability (LTD)	Unum	866-779-1054	Unum.com
Pet Insurance	Nationwide	877-738-7874	petinsurance.com/tufts
Retirement Investments	Fidelity Investments	800-343-0860	netbenefits.com/tuftsuniversity
	TIAA	800-842-2776	tiaa.org/tuftsuniversity
Tufts Support Services	Tufts University	617-627-7000	tuftstss.force.com
Vision	EyeMed	866-939-3633	eyemed.com

This summary of the benefits plans has been designed to acquaint you with features of the plans. Every attempt has been made to summarize these programs and policies accurately. There is a Summary Plan Description (SPD) for all benefits plans that contains more complete information. In the event of a conflict between this document, the SPD, statements made by any person or the insurance contracts, the insurance contracts will be the prevailing authority on coverage questions.

2022 Legal Notices

Important Notice from Tufts University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Tufts University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. 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.
2. Tufts University has determined that the prescription drug coverage offered by the university's medical plans 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Tufts University coverage will be affected.

You may join a Medicare drug plan and keep your Tufts University coverage. Your Tufts University coverage will be coordinated with your coverage under the Medicare drug plan. You should compare your current coverage, including which drugs are covered and the amount you pay, with the coverage and cost of a Medicare prescription drug plan to determine if it makes sense for you to have both types of coverage. The University will NOT contribute to the cost of coverage under a Medicare drug plan, although the government may subsidize a portion of your premium. If you do decide to join a Medicare drug plan and drop your current Tufts University coverage, be aware that you and your dependents will not be able to enroll in a Tufts University Retiree Health Plan to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Tufts University and do not join a Medicare drug plan within 63 consecutive days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 consecutive days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October, during the annual benefits open enrollment process, to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Tufts University Human Resources Benefits Office listed below for further information.

NOTE: You will receive this notice each year. You will also receive this notice before the next period you can join a Medicare drug plan, and/or if this coverage changes through Tufts University. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at: [socialsecurity.gov](https://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 2021

Name of Entity / Sender: Tufts University

Contact - Position / Office: Human Resources Benefits Office

Address: 200 Boston Ave., Suite 1600, Medford, MA 02155

Phone Number: 617-627-7000

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Important Information

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same plan provisions applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact TSS at [617-627-7000](tel:617-627-7000).

Security of Health Information

HIPAA also includes security rules for electronic health information. The University has implemented safeguards to protect the confidentiality, integrity and availability of electronic protected health information, implement security measures to ensure adequate separation between the University and the benefit plans, and ensure that any agent to whom it provides electronic protected health information also agrees to implement security measures. The University will report to the benefit plans any security incident of which it becomes aware involving electronic protected health information.

Patient Protection Disclosure

Blue Cross Blue Shield generally allows the designation of a primary care provider. 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, Blue Cross Blue Shield at [888-261-0133](tel:888-261-0133). For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Tufts Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross Blue Shield at [888-261-0133](tel:888-261-0133).

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60 day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30 day period applies to most special enrollments. To request special enrollment or obtain more information, contact TSS at [617-627-7000](tel:617-627-7000).

Privacy of Health Information

Privacy of Health Information A federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to protect the confidentiality of your private health information. Information that is protected by HIPAA ("protected health information") includes information that may identify you and relates to health care services that you receive, payment for services, or your physical or mental health or condition. The privacy provisions of HIPAA will apply to the medical, dental and health care flexible spending account benefit plans, and the employee assistance program. The benefit plans and the University, as the plan sponsor of such benefit plans, will not use or further disclose protected health information except as necessary for treatment, payment, health plan operations, and plan administration, or as otherwise permitted or required by applicable law. By law, the benefit plans will require all of its business associates (and their subcontractors) to also observe HIPAA's privacy rules. In particular, the benefit plans will not, without your authorization, use or disclose protected health information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the University. You will be notified if there is ever a breach of your protected health information. In general, a "breach" occurs if there is an unauthorized acquisition, access, use, or disclosure that compromises the security of your protected health information. Under HIPAA, you have certain rights with respect to your protected health information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the applicable benefit plan or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated. The benefit plans maintain a privacy notice, which provides a complete description of your rights under HIPAA's privacy rules. The notice was updated September 30, 2021 and is posted on the Human Resources Benefits website. For a copy of the notice (paper or electronic), please contact the Tufts University Support Services. If you have questions about the privacy of your health information, please contact the Human Resources Benefits office or the University's designated Privacy Officer, Robbyn Dewar, Benefits Programs and Compliance Director at [\(617\) 627-6272](tel:617-627-6272).

