

2017

Your Benefits Guide



New Hire Guide



Dear Benefits Eligible Employee,

Welcome to Tufts University! We are pleased to offer benefit programs which provide comprehensive coverage with a full range of plan choices. As a new hire, this booklet provides you with a brief summary of the employee benefit plans and programs.

To be eligible for participation in these plans, employees must be:

- An exempt or non-exempt employee regularly scheduled to work 17.5 hours or more a week, with a minimum employment period of 90 days, OR a faculty member with at least half-time (as determined by the academic department), two-semester appointment.

Please carefully review all benefit plan options and costs before making enrollment decisions for yourself and your family members.

You will have 31 days from your hire date to enroll in your New Hire Benefits Programs. To enroll, please log into Employee Self Service at <http://hr.tufts.edu>. At the self-service menu, refer to the “Online New Hire Benefits Enrollment Tip Sheet”, which will guide you through the enrollment process. If you do not enroll within 31 days of your hire date, your participation in the benefit programs will be limited to the next Annual Benefits Open enrollment or if you experience a Qualified Status Change (birth, marriage, divorce, loss of coverage, etc.). You must contact Tufts Support Services within 31 days of any Qualified Status Change.

Additional information about these plans and programs are included in the Summary Plan Description, which is available online at <http://hr.tufts.edu/benefits>. Alternatively, you may contact Tufts Support Services at (617) 627-7000 to request a paper copy of the Summary Plan Description at no charge. Finally, please refer to the “Important Notice regarding Medicare” and “Important Information You Should Know” at the end of this booklet for additional information about your rights under certain health plans described in this booklet.

We continue to work diligently to provide our employees and their families with the most comprehensive programs available. We strive to maintain the best possible options that represent the interests of all our employees and their multi-faceted needs.

Sincerely,

Your Human Resources Benefits Team

Benefit Plan Year 2017	
Inside This Issue:	
Wellness Center and Health Coaching Services	3
Health Advocate	3
Health Plans	3
Fitness and Weight Watchers Reimbursement Benefit	7
Maintenance Choice Pharmacy Program	7
Flexible Spending Accounts and Commuter Benefits (EBPA)	8
Dental Benefits	9
Vision Care Benefits	10
Life Insurance Benefits	11
Disability Benefits	12
Best Doctors	14
Pet Insurance	14
Retirement Plans	15
MetLaw (Pre-Paid Legal Plan)	16
Employee Self-Service	16
Vendor Contact Information	17
2017 Employee Benefits Costs	18
Questions & Answers	19
Important Notice from Medicare	20
Important Information You Should Know	22



Tufts University Wellness Center and Health Coaching Services

Tufts University is committed to supporting the health and well-being efforts of our faculty and staff. We view wellness as a core component of the employee benefits package. The Healthy Tufts Program supports our community with resources to live a healthy lifestyle.

Health Coaching Services are provided for all four campuses. These services address lifestyle health concerns such as stress, nutrition, smoking, and physical activity, as well as disease management for chronic conditions such as diabetes, high blood pressure, high cholesterol, and asthma. The **Wellness Center**, located on the Medford campus, is operated by **Marathon Health**, one of the nation's leading providers of worksite healthcare. Services available include care for common illnesses and injuries, routine physical exams, and onsite lab for services such as blood draws and testing for strep or flu.

The benefits of receiving care at the Wellness Center and using the Health Coaching Services include services **provided at no cost to you**, little or no wait time for appointments, and access to healthcare professionals who have ample time to spend with you. You have the option of receiving care at the Wellness Center, continuing to see your primary care physician, or combining both in the manner that is most convenient and effective for you.



Health Advocate

Health Advocate is a personalized service provided by Tufts University at **no cost to you**. Health Advocate is designed to help handle healthcare and insurance-related issues by cutting through the red tape and barriers.

With Health Advocate, you have access to a Personal Health Advocate, supported by medical directors and claims specialists. You will have the confidence in knowing that the entire Health Advocate team is working on your behalf to help you and represent your needs.

A sample of the many services available to you with Health Advocate includes:

- Help finding the right doctors and hospitals
- Help scheduling appointments and arranging for second opinions
- Help obtaining services for your elderly parents and parents-in-law
- Help when faced with serious illness or injury
- Help resolving insurance claims and billing issues



HealthAdvocate



Tufts University Health Plan Choices

We offer three health plan options which are exclusively administered by Tufts Health Plan. The Quality Tiered, Traditional, and Value Health Plans all use the same broad PPO network and all three plans cover the same array of medical and pharmacy services. Also, all three plans cover preventive care at 100% with no deductibles or copayments. We encourage you to learn more about the options available to see what is the best choice for you and your family. Details regarding the Quality Tiered, Traditional, and Value Health Plans are included on the following pages.



Tufts Health Plan - Quality Tiered Plan

This plan is designed for employees who are interested in using hospitals and doctors who provide the most efficient care in terms of cost and quality. There are three tiers in this plan. All providers in the Tufts Health Plan PPO network have met a demonstrated quality of care in order to be an “In-Network” provider. Employees who use “Tier 1” providers have an opportunity to save money due to lower copayments.

	In-Network Providers		Tier 3 Out-of-Network Providers
	Tier 1 “TU Preferred” Providers	Tier 2 In-Network Providers	
Plan Type	Preferred Provider Organization		
Annual Deductible	None	\$1,000 Individual / \$2,000 2-person or family	\$2,000 Individual / \$4,000 2-person or family
Annual Out-of-Pocket Maximum	\$2,000 Individual / \$4,000 2-person or family		\$4,000 Individual / \$8,000 2-person or family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care	\$0 copayment	\$0 copayment	Deductible then 20% coinsurance
Office Visits (Primary Care & Specialist)	\$15 copayment	\$25 copayment	Deductible then 20% coinsurance
Outpatient Therapy - Occupational Therapy - Speech Therapy - Physical Therapy - Chiropractic	\$15 copayment	\$15 copayment	Deductible then 20% coinsurance
Prenatal and Postnatal Care	\$0 copayment	\$0 copayment	Deductible then 20% coinsurance
Laboratory and X-Ray	\$0 copayment	\$0 copayment	Deductible then 20% coinsurance
High Cost Imaging (CT/PET Scans/MRIs)	\$0 copayment	Deductible then covered 100%	Deductible then 20% coinsurance
Urgent Care Centers & Minute Clinics	\$15 copayment	\$15 copayment	
Emergency Room (Waived if Admitted)	\$100 copayment, then covered 100%		
Inpatient Services	\$250 per admission copayment	Deductible applies: then \$500 per event copayment, then covered 100%	Deductible then 20% coinsurance
Outpatient Surgery	\$150 per event copayment	Deductible applies: then \$500 per event copayment, then covered 100%	Deductible then 20% coinsurance
Mental Behavioral Health – Inpatient Services (Includes substance abuse disorder)	\$250 per admission copayment	\$250 per admission copayment	Deductible then 20% coinsurance
Mental Behavioral Health – Outpatient Services (Includes substance abuse disorder)	\$15 copayment	\$15 copayment	Deductible then 20% coinsurance
Prescription Drug (30 Day Supply at Retail)	\$10 / \$25 / \$50 Value-Based Rx Design	\$10 / \$25 / \$50 Value-Based Rx Design	\$10 / \$25 / \$50 Value-Based Rx Design
Mail Order “Maintenance Choice” (90 Day Supply by Mail or CVS Pharmacy)	\$20 / \$50 / \$150 Value-Based Rx Design	\$20 / \$50 / \$150 Value-Based Rx Design	Not Covered

NOTES: All care must be medically necessary to be covered. All three plans cover “Preventive” prescription drugs at \$0 copayment as defined by the IRS. This list is subject to change. Note that certain services (transplants and bariatric surgery) are ONLY covered at named centers of excellence. Maintenance Choice pharmacy program requires all maintenance medications be refilled (90 days) through Mail Order or through a CVS pharmacy.



Tufts Health Plan - Traditional Plan

This plan is designed for employees who want a health plan that is structured much like a traditional network plan. There is no in-network deductible and no different provider Tiers; you will pay the same copayment for all office visits with a provider in the Tufts Health Plan network. As in all PPO plans, you have the freedom to see any provider, both in-network or out-of-network, without referrals.

	In-Network Providers	Out-of-Network Providers
Plan Type	Preferred Provider Organization	
Annual Deductible	None	\$500 Individual / \$1,000 2-person or family
Annual Out-of-Pocket Maximum	\$2,000 Individual / \$4,000 2-person or family	\$4,000 Individual / \$8,000 2-person or family
Lifetime Maximum	Unlimited	
Preventive Care	\$0 copayment	Deductible then 20% coinsurance
Office Visits (Primary Care & Specialist)	\$25 copayment	Deductible then 20% coinsurance
Outpatient Therapy - Occupational Therapy - Speech Therapy - Physical Therapy - Chiropractic	\$25 copayment	Deductible then 20% coinsurance
Prenatal and Postnatal Care	\$0 copayment	Deductible then 20% coinsurance
Laboratory and X-Ray	\$0 copayment	Deductible then 20% coinsurance
High Cost Imaging (CT/PET Scans/MRIs)	\$50 copayment	Deductible then 20% coinsurance
Urgent Care Centers & Minute Clinics	\$25 copayment	Deductible then 20% coinsurance
Emergency Room (Waived if Admitted)	\$150 copayment, then covered 100%	
Inpatient Services	\$250 per admission copayment	Deductible then 20% coinsurance
Outpatient Surgery	\$150 per event copayment	Deductible then 20% coinsurance
Mental Behavioral Health – Inpatient Services (Includes substance abuse disorder)	\$250 per admission copayment	Deductible then 20% coinsurance
Mental Behavioral Health – Outpatient Services (Includes substance abuse disorder)	\$25 copayment	Deductible then 20% coinsurance
Prescription Drug (30 Day Supply at Retail)	\$10 / \$25 / \$50	\$10 / \$25 / \$50
Mail Order “Maintenance Choice” (90 Day Supply by Mail or CVS Pharmacy)	\$20 / \$50 / \$150	Not Covered

NOTES: All care must be medically necessary to be covered. All three plans cover “Preventive” prescription drugs at \$0 copayment as defined by the IRS. This list is subject to change. Note that certain services (transplants and bariatric surgery) are ONLY covered at named centers of excellence. Maintenance Choice pharmacy program requires all maintenance medications be refilled (90 days) through Mail Order or through a CVS pharmacy.



Tufts Health Plan - Value Plan

This plan is designed for individuals who want the comfort of having comprehensive coverage in the event of illness or injury, but want to lower their payroll deductions. This plan has a higher annual deductible than the other plans. Participants in this plan may wish to use contributions to a Health Care Flexible Spending Account (FSA) to help pay for their deductible costs on a pre-tax basis.

	In-Network Providers	Out-of-Network Providers
Plan Type	Preferred Provider Organization	
Annual Deductible	\$2,000 Individual / \$4,000 2-person or family	
Annual Out-of-Pocket Maximum	\$4,000 Individual / \$8,000 2-person or family	
Lifetime Maximum	Unlimited	
Preventive Care	\$0 copayment	Deductible then 20% coinsurance
Office Visits (Primary Care & Specialist)	\$35 copayment	Deductible then 20% coinsurance
Outpatient Therapy - Occupational Therapy - Speech Therapy - Physical Therapy - Chiropractic	\$35 copayment	Deductible then 20% coinsurance
Prenatal and Postnatal Care	\$0 copayment	Deductible then 20% coinsurance
Laboratory and X-Ray	Deductible then covered at 100%	Deductible then 20% coinsurance
High Cost Imaging (CT/PET Scans/MRIs)	Deductible then covered at 100%	Deductible then 20% coinsurance
Urgent Care Centers & Minute Clinics	\$35 copayment	Deductible then 20% coinsurance
Emergency Room (Waived if Admitted)	\$200 copayment, then covered 100%	
Inpatient Services	Deductible then covered at 100%	Deductible then 20% coinsurance
Outpatient Surgery	Deductible then covered at 100%	Deductible then 20% coinsurance
Mental Behavioral Health – Inpatient Services (Includes substance abuse disorder)	Deductible then covered at 100%	Deductible then 20% coinsurance
Mental Behavioral Health – Outpatient Services (Includes substance abuse disorder)	\$35 copayment	Deductible then 20% coinsurance
Prescription Drug (30 Day Supply at Retail)	\$10 / \$25 / \$50 Value-Based Rx Design	\$10 / \$25 / \$50 Value-Based Rx Design
Mail Order “Maintenance Choice” (90 Day Supply by Mail or CVS Pharmacy)	\$20 / \$50 / \$150 Value-Based Rx Design	Not Covered

NOTES: All care must be medically necessary to be covered. All three plans cover “Preventive” prescription drugs at \$0 copayment as defined by the IRS. This list is subject to change. Note that certain services (transplants and bariatric surgery) are ONLY covered at named centers of excellence. Maintenance Choice pharmacy program requires all maintenance medications be refilled (90 days) through Mail Order or through a CVS pharmacy.



Reimbursement Benefits

Fitness Reimbursement Benefit

If you are enrolled in a health plan through the university for at least three months during calendar year 2017, the Fitness Reimbursement Benefit offers you and one other covered dependent (age 18 and older) a 3-month reimbursement for health club membership fees or up to 24 group fitness classes within a 12-week period. For a complete list of guidelines and to apply for reimbursement from Tufts Health Plan, please follow the instructions online on the [2017 Fitness Reimbursement form](#).

Weight Watchers Reimbursement Benefit

Similar to the fitness benefit, if you are enrolled in a health plan through the university for at least three months during calendar year 2017, the Weight Watchers® Reimbursement Benefit offers you and one other covered dependent (ages 13 and older), reimbursement for qualifying weight management programs for up to twelve weeks of expenses. For a complete list of guidelines and to apply for reimbursement from Tufts Health Plan, please follow the instructions online on the [2017 Weight Watchers® Reimbursement form](#).

Maintenance Choice Pharmacy Program

Prescription drug costs are the fastest growing part of our health plan costs. In an effort to keep our costs low, maintenance medications must be purchased either through Mail Order or through a CVS pharmacy. This new feature is called "Maintenance Choice". This program is administered by our pharmacy benefit vendor, CVS Caremark, and will make it more convenient when obtaining 90-day prescription refills. For a 90-day supply, the same copayment will apply if you use the mail order option or pick up at a CVS pharmacy.

- If you fill a maintenance medication at a pharmacy other than CVS (i.e. Walgreens or Rite-Aid), then you will need to switch to either a CVS pharmacy (for a 90 day refill) or use mail order through "Maintenance Choice".
- Our pharmacy benefit vendor, CVS Caremark, will allow 2 prescription refills at your current "non-CVS" pharmacy before requiring you to enroll in Maintenance Choice mail order or switch to a CVS pharmacy.
- If you are unsure if this change applies to you, contact our dedicated Tufts Health Plan customer service representatives as listed on page 17.





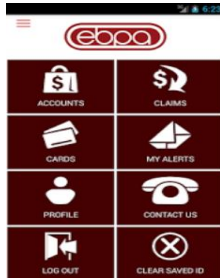
Health Care and Dependent Care Flexible Spending Accounts (FSA) and Commuter Benefits for Transit / Parking

Health Care and Dependent Care Flexible Spending Accounts (FSAs) allow you to set aside a portion of your pay on a pre-tax basis to pay for eligible health, dental, vision, child care and adult/elder care expenses. The money you contribute to these plans reduces your taxable income, thereby reducing your overall income tax. **Each year, employees must actively enroll in the Health Care and Dependent Care FSAs via [eServe](#) during the open enrollment period to participate for the next calendar year.**

2017 IRS maximum limits are as follows:

- Health Care FSA: \$2,600/calendar year per employee for health, dental and vision expenses
- Dependent Care FSA: \$5,000/calendar year per family for dependent child(ren) (age 13 or younger) or adult/elder daycare expenses

Once enrolled in a Health Care and/or Dependent Care FSA Account for the 2017 calendar year, you will receive a debit card from our new vendor, **EBPA**, and information on how to create an online account. **This benefits debit card can be used for eligible expenses for the Health Care FSA, Dependent Care FSA, and Commuter Benefit for Transit/Parking.**



EBPA's mobile app features allow you to:

- Take photos of receipts for FSA claim submission
- Get real-time account balances
- Communicate with EBPA customer service

Note: The Mobile App is available for iPhone and Android smartphones, but is not required for FSA enrollment.

Important Notes:

- Per IRS Rules, the FSA follows the “use it or lose it” rule, with the exception of the \$500 rollover amount described below for health care expenses. Be cautious when selecting annual contribution amounts for health care and/or dependent care expenses.
- IRS guidelines permit employees to carry over up to \$500 of unused contributions from your Health Care FSA to the following plan year. The amount carried over will not count against the \$2,600 limit for the following year. The unused amounts that are carried over into the next plan year must be used to pay for or reimburse eligible health care expenses. Unused amounts over \$500 are forfeited under the “use it or lose it” rule described above.
- The IRS allows employees additional time after the calendar year ends (up to April 30th) to submit claim reimbursement requests for eligible expenses incurred during the prior calendar year.

Commuter Benefits for Transit and Parking

- The Commuter Benefits Program for Transit and Parking allows employees to pay for their transit / parking elections using the same debit card that is provided for Flexible Spending Accounts. Employees can access the [EBPA](#) commuter benefit enrollment website to make their monthly transit/parking pre-tax and post-tax elections. The enrollment deadline is the 4th of the month for the following month. Your debit card will be loaded on the 20th of the month with the funds you elect and you will use this debit card to directly purchase the transit pass you need or pay for eligible transit parking expenses.
- 2017 IRS maximum pre-tax limits are as follows: Transit: \$255/month; Parking: \$255/month



Dental Benefits



Oral Health and Your Overall Well-being...

A dental visit, for most of us, is about having our teeth cleaned or getting a filling. Did you know that visits to the dentist are not just about your teeth, but about your overall health? A visit to your dentist could detect more than just a cavity. The mouth is frequently used to diagnose, make a prognosis and treat diseases. The American Dental Association research indicates a link between oral health and heart disease, diabetes, pre-term births, stroke, osteoporosis and respiratory diseases.

Regular dental care is extremely important. Visit your dentist for routine care at least twice a year and resolve to practice good oral hygiene every day. Tell your dentist about changes in your oral health, including any recent illnesses or chronic conditions. Provide your dentist with an updated health history including medication use (including both prescription and over-the-counter products). By taking these steps you are making an important investment in your overall health now and in the future.

Delta Dental Premier USA Plan

Tufts University offers a comprehensive dental plan for you and your family members through the Delta Dental Premier USA Plan. You can choose to receive care from any Delta Dental Premier Dentist, including dental care from a Delta Dental participating dentist from the Tufts University School of Dental Medicine. Note that you will receive greater benefits by utilizing the Tufts University School of Dental Medicine (see comparison chart below).

- Type I services are covered at 100%, no deductible applies.
- Orthodontics are covered at 50% up to any age, with a separate lifetime maximum of \$1,000 per person.
- **Rollover Max Program:** Members can save and accumulate part of their unused benefit dollars from a healthier year and use them for dental care in the future. Please refer to the “Rollover Max” information on the [Tufts University Benefits website](#).

	Tufts University School of Dental Medicine Clinic*	Delta Dental Premier PPO Network Dentist
Type I Services: Preventive Care Diagnostic/Preventive (Exams/Evaluations/Cleanings)	100% Up to 3 cleanings per calendar year	100% One cleaning every 6 months (Total of 2 every 12 months)
Type II Services: Basic Restorative Restorative Fillings/Oral Surgery Periodontics/Endodontics/ Prosthetic Maintenance/Emergency Dental Care	90%	80%
Type III Services : Major Restorative Prosthodontics/Dentures/Bridges/ Implants/Crowns	80%	60%
Annual Deductible	Applies to Type III Services Only: \$50 Individual \$100 Two-Person \$150 Family	Applies to Type II & III Services Only: \$50 Individual \$100 Two-Person \$150 Family
Calendar Year Maximum	\$1,500 per person	
Orthodontics	Covered at 50% Separate lifetime maximum of \$1,000	

*The School of Dental Medicine clinic is a teaching facility with dentists-in-training working with experienced dentists; they are part of the Delta Dental Network. The clinic is located at One Kneeland Street in Boston. Call (617) 636-6828 to learn more or make an appointment.



Vision Care Benefits

All benefits eligible employees are offered the opportunity to purchase a voluntary vision care benefit, which is administered by EyeMed Vision Care. The plan provides benefits for an annual eye examination and significant discounts on frames, lenses, contact lenses, both LASIK and PRK Vision Correction Procedures, and lens accessories.

Online purchases of frames and lenses at www.glasses.com are covered as an “in-network” benefit.

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 Dilation as Necessary	\$0 copayment	Up to \$46
Standard Contact Lens Fit and Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	N/A
Frames	\$0 copayment; \$130 allowance; 20% off balance over \$130	Up to \$74
Standard Plastic Lenses		
■ Single Vision	\$0 copayment	Up to \$42
■ Bifocal	\$0 copayment	Up to \$78
■ Trifocal	\$0 copayment	Up to \$130
■ Standard Progressive Lens	\$65 copayment	Up to \$78
■ Premium Progressive Lens	\$65 copayment; \$120 allowance; 20% off balance over \$120	Up to \$78
Lens Options (paid by the member and added to the base price of the lens)		
■ Tint (Solid and Gradient)	\$15 copayment	N/A
■ UV Coating	\$15 copayment	N/A
■ Standard Scratch-Resistant	\$15 copayment	N/A
■ Standard Polycarbonate	\$0 copayment	Up to \$26
■ Standard Anti-Reflective	\$45 copayment	N/A
■ Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses (allowance covers materials only; in lieu of Standard Plastic Lenses)		
■ Conventional	\$0 copayment; \$130 Allowance; 15% off balance over \$130	Up to \$104
■ Disposable	\$0 copayment; \$130 Allowance: member pays balances over \$130	Up to \$104
■ Medically Necessary	\$0 copayment; Paid in Full	Up to \$200
LASIK and PRK Vision Correction Procedures	15% off Retail Price OR 5% off promotional pricing	N/A

Additional Purchases and Out-of-Pocket Discount: Member will receive a 20% discount on remaining balances at participating providers beyond plan coverage, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed providers’ professional services or disposable contact lenses.

If you enroll in the Vision Care Plan, you will receive two Identification Cards. If additional cards are required for you or your family members, please contact EyeMed Vision Care’s member services department by calling (866) 299-1358.



Life Insurance Benefits

The Prudential Insurance Company of America is the university’s vendor for Life Insurance, Long Term Disability, and Accidental Death and Dismemberment insurance. Prudential Insurance Company of America is an A+ Rated Insurance company that has over 100 years of experience in Group Life Insurance.

Basic Life Insurance

Tufts University provides Basic Life Insurance for all benefits eligible employees through Prudential. This benefit is paid by the university. 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

The Supplemental Life Insurance program through Prudential offers you the opportunity to purchase additional life insurance coverage up to five (5) times your annual base salary up to a maximum benefit of \$2,000,000.

As a new hire, you can elect up to three times your basic annual salary (maximum of \$750,000 of coverage) without completing an evidence of insurability form.

You may choose to elect four or five times your basic annual salary by applying for coverage by completing a [Short Form Health Statement](#) available online. Upon completion, the form must be submitted directly to Prudential by you, via confidential fax to Prudential at (617) 587-5998 or mailed to The Prudential Insurance Company of America, Attention: Melissa O’Brien, 800 Boylston Street, 14th Floor, Boston, MA 02199. Prudential will notify you and the Human Resources Benefits Office of the final decision on your application. If approved, payroll deductions will begin on the first of the month following the date approved by Prudential.

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 as of the end of each pay period. As a result, your deduction amount may change after your next birthday.



Dependent Life Insurance

The Dependent Life Insurance program through Prudential offers you the opportunity to purchase life insurance coverage for eligible family members.

Eligible family members include:

1. Your legal Spouse
2. Qualified Domestic Partner (QDP)
3. A “child” is defined as your child(ren) who is at least 15 days old, but less than age 26
4. Your unmarried dependent child(ren) who is mentally or physically disabled and who cannot hold a self-supporting job due to a disability.

As a New Hire or Newly Benefits Eligible employee, Dependent Life coverage is guarantee issue, which means you do not have to complete an evidence of insurability form, you can just enroll.

Accidental Death and Dismemberment Insurance (AD&D)

The AD&D program through Prudential offers you the opportunity to 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.

As a New Hire or Newly Benefits Eligible employee, AD&D coverage is guarantee issue.

Coverage Type	Cost Per Month
Spouse/QDP- \$25,000	\$0.80
Spouse/QDP- \$50,000	\$1.60
Child(ren) - \$10,000	\$0.47

Cost Example:

Spouse/QDP:
 $\$25,000 = \$0.80 \times 12 \text{ mos.} = \$9.60/\text{year}$

Children:
 $\$0.47 \times 12 \text{ mos.} = \$5.64/\text{year}$
 (Regardless of the number of children covered)



Coverage Type	Rate Per \$1,000 of Benefit Per Month
Employee Coverage	\$0.022

Cost Example:

Base Annual Salary: \$40,000

$\$40,000/\$1,000 \times \$0.022 =$
 $\$0.88/\text{month OR } \$10.56/\text{year}$



Long Term Disability (LTD) Insurance

Long Term Disability, administered by The Prudential Insurance Company of America, 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.

- Benefits begin after 180 days of disability.
- Benefit Duration: For disabilities beginning prior to age 60, benefits are payable to your Normal Social Security Retirement Age. For disabilities beginning after age 60, benefits duration is pro-rated based on your age at the time of disability.
- Benefits also include a Conversion provision and a Critical Illness benefit.

As a New Hire or Newly Benefits Eligible employee, LTD coverage is guarantee issue, which means you do not have to complete a Evidence of Insurability form.

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 to opt out of participation in the Plan, you may do so within your 31-day new hire enrollment period. You may also opt out at any time during the Plan year by submitting written notification to Tufts Support Services.

Coverage Type and Cost

- The 40% coverage level rate is \$0.247 per \$100 of earnings.
- The 60% coverage level rate is \$0.579 per \$100 of earnings.

Examples of monthly LTD cost calculations:

- 1. An Employee earning \$30,000 per year:**
 - a) If selecting 40% coverage: $\$30,000/\$100 \times .247/12 = \$6.18$ per month
 - b) If selecting 60% coverage: $\$30,000/\$100 \times .579/12 = \$14.48$ per month
- 2. An Employee earning \$50,000 per year:**
 - a) If selecting 40% coverage: $\$50,000/\$100 \times .247/12 = \$10.29$ per month
 - b) If selecting 60% coverage: $\$50,000/\$100 \times .579/12 = \$24.13$ per month



Pre-existing Condition Limitation

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, Prudential 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, a pre-existing condition(s) would be covered per the standard Prudential policy.



Best Doctors



The Best Doctors program offers access to medical advice from leading physicians. With Best Doctors, you can have an expert physician review your diagnosis and treatment plan to make sure it's right for you. This program is confidential and voluntary. There is no cost to you. All employees and dependents enrolled in the Tufts University Health Plans are eligible to use this service.

With Best Doctors you can:

- Have an expert specialist conduct an in-depth review of your medical case
- Get expert advice about medical treatment
- Find a Best Doctor near you

See page 17 for vendor contact information.



Pet Insurance

Tufts University is offering the opportunity for employees to enroll in voluntary pet health insurance through Nationwide. This plan is not available to the general public. Preferred pricing and multiple-pet discounts (5%-10%) are available for dogs and cats. Rates will vary by pet species and by residential state. An Avian and Exotic Pet Plan is also available by calling Nationwide. See page 17 for vendor contact information.

■ My Pet Protection (90% reimbursement on veterinary bills)

- Accidents/illnesses, hereditary and congenital conditions, cancer, dental diseases, behavioral treatments, and Prescription drugs
- \$250 Deductible
- \$7,500 Annual Benefits
- No Age Restriction
- Freedom to use any Veterinarian, anywhere
- Includes 24/7 access to the Vet Helpline

■ My Pet Protection with Wellness (90% reimbursement on veterinary bills)

- Accidents/illnesses, hereditary and congenital conditions, cancer, dental diseases, behavioral treatments, Prescription drugs, wellness exams, vaccinations, flea prevention, spay or neuter, teeth cleaning, and more!
- \$250 Deductible
- \$7,500 Annual Benefits
- No Age Restriction
- Freedom to use any Veterinarian, anywhere
- Includes 24/7 access to the Vet Helpline



Retirement Plans 401(a) Basic Retirement Plan



The university’s contributions to the 401(a) Basic Retirement Plan help eligible employees build substantial savings for their retirement years. Tufts University contributes a percentage of your salary beginning on your date of hire if you are a benefits eligible employee and at least 21 years of age. The plan is fully funded with university contributions as follows:

<u>Age</u>	<u>% of Salary Under Social Security Wage Base</u>	<u>% of Salary Over Social Security Wage Base</u>
21 – 39	5%	10%
40 and Over	10%	15%

We encourage you to make an investment election to ensure that amounts in the Plan are invested in accordance with your long-term investment and retirement plans. The investment options are offered through Fidelity and TIAA. However, if you do not make a fund selection, then your contribution will be directed to the qualified default investment alternative, a Vanguard Target Date Fund at Fidelity, which is a lifecycle fund with the target retirement date closest to the year of your 65th birthday. You will receive a separate, detailed notice providing the investment objectives, risk and return characteristics, as well as fees and expenses of the lifecycle funds.

- If you would like to keep your contributions invested with Fidelity, but re-direct them to investment options other than the lifecycle funds, please contact Fidelity at (800) 343-0860 or at www.fidelity.com/atwork.
- If you would like some or all of your contributions to be invested with TIAA, please log into Employee Self Service (eserve) at <http://hr.tufts.edu>, to change your 401(a) Basic Retirement Plan vendor selections. At the self-service menu, you should refer to the Tip Sheet “Updating your 401(a)” for instructions on how to make this change through eServe. Once complete, log into www.tiaa-cref.org/tufts to make your investment selections.

Vesting Period

Employees are 100% vested in the 401(a) Basic Retirement Plan once they have completed **three (3) years** of eligible service.

403(b) Voluntary Retirement Plan

To supplement the 401(a) Basic Retirement Plan savings, the 403(b) Voluntary Retirement Plan is a key financial tool that allows you to save for retirement with pre-tax contributions.

- To enroll in the 403(b) Voluntary Retirement Plan, increase or decrease your contributions, or to change your investment vendor selections, please log into Employee Self Service at <http://eserve.hr.tufts.edu>. For detailed instructions on how to make a change, please review the “Updating your 403(b)” Tip Sheet online.
- The investment options are offered through Fidelity and TIAA. However, if you do not make a fund selection, then your contribution will be directed to the qualified default as described above with respect to the 401(a) Basic Retirement Plan.
- A loan provision is available under this Plan.
- Roll-over options may be available from other qualified plans.
- The annual IRS maximum amount you may contribute to the 403(b) Voluntary Retirement Plan in calendar year 2017 is \$18,000.
- If you will be age 50 or older by December 31, 2017, you are eligible for the Age 50 Catch-Up Limit and may contribute an additional \$6,000 for calendar year 2017; therefore, the IRS maximum amount for any employee who will be at least 50 years old by the end of 2017 is \$24,000.

Please refer to the Summary Plan Description for more information about the rights, benefits, and conditions that apply under the 401(a) Basic and 403(b) Voluntary Retirement Plans.



MetLaw (Administered by Hyatt Legal Plans)

MetLaw provides you, your Spouse/Qualified Domestic Partner, and your dependents with legal services from experienced attorneys. With MetLaw you can receive legal services for a wide range of personal legal matters including: court appearances, documentation review and preparation, debt collection defense, wills, family and real estate matters. **Please note that once enrolled in the Plan, you must remain in the Plan for the entire calendar year.** For more information regarding this plan, visit the [MetLaw Legal Plan website](#). Click on “Thinking About Enrolling?” and enter password: 1500587.



Using Employee Self-Service for Benefits Enrollment

Employees of Tufts University use Employee Self-Service (<http://eserve.hr.tufts.edu>) to access payroll, benefits and personal information online. Shortly after you begin working, you will receive a letter at your home address which will include your User Name and Password for the system.

You will use Employee Self-Service to:

- View your vacation, sick, and personal time
- Retrieve and print your payroll information, which is generally available online two days before the pay date
- View and print your payroll tax forms (such as W-2 and 1095-C)
- Change your address, federal or state tax withholdings
- Update your life insurance beneficiaries or emergency contact information
- View your benefits information
- Enroll in or make investment vendor changes to your 403(b) Voluntary Retirement Plan
- Choose your investment vendor for your 401(a) Basic Retirement Plan

If you need help accessing your Employee Self-Service account, please contact Tufts Technology Services (TTS) at (617) 627-3376 Monday through Friday 9:00 a.m. to 5:00 p.m. or via email at it@tufts.edu.

IF YOU DO NOT HAVE COMPUTER ACCESS: Paper enrollment forms are available by calling Tufts Support Services (TSS) at (617) 627-7000.



Vendor Contact Information

Vendor Name	Phone Number	Website
All One Health (EAP)	(800) 451-1834	www.allonehealth.com
Best Doctors	(866) 904-0910	www.bestdoctors.com/members
Care.com / Backup Care	(855) 781-1303	https://tuftsuniversity.care.com/
Delta Dental	(800) 872-0500	www.deltadentalma.com
EBPA (Flexible Spending Accounts and Commuter Benefits)	(888) 678-3457	www.ebpabenefits.com
EyeMed Vision Care	(866) 299-1358	www.enrollwitheyemed.com/select
Fidelity Investments	(800) 343-0860	www.fidelity.com/atwork
Health Advocate	(866) 695-8622	https://members.healthadvocate.com/
MetLaw (Hyatt Legal Plans)	(800) 821-6400	http://www.legalplans.com
MetLife (Auto/Home)	(800) 438-6388	www.metlife.com
Nationwide Pet Insurance	(877) 738-7874	http://www.petinsurance.com/tufts
Prudential Insurance Co. of America	Life Claims: (800) 524-0542 Disability Claims: (800) 842-1718	https://www.prudential.com
TIAA	(800) 842-2776	www.tiaa.org
Tufts Health Plan	(844) 516-5790	www.tuftshealthplan.com/tuftsuniversity
Tufts Dental School Clinics	(617) 636-6828	http://dental.tufts.edu/patient-care/
Tufts Support Services	(617) 627-7000	https://tuftstss.force.com/



2017 Employee Benefits Costs

Benefit	Coverage Level	Semi-Monthly Costs*	Weekly Costs*
Tufts Health Plan Quality Tiered Plan	Single	\$94.70	\$43.71
	Two-Person	\$291.72	\$134.64
	Family	\$365.91	\$168.88
Tufts Health Plan Traditional Plan	Single	\$101.08	\$46.65
	Two-Person	\$311.36	\$143.70
	Family	\$390.55	\$180.25
Tufts Health Plan Value Plan	Single	\$47.50	\$21.92
	Two-Person	\$252.50	\$116.54
	Family	\$316.71	\$146.17
Delta Dental	Single	\$6.36	\$2.94
	Two-Person	\$22.78	\$10.51
	Family	\$27.26	\$12.58
EyeMed Vision Plan	Single	\$2.72	\$1.25
	Two-Person	\$5.12	\$2.36
	Family	\$7.50	\$3.46
MetLaw	Offers employees the option to purchase personal legal services.	\$9.05	\$4.18
Nationwide Pet Insurance	Offers employees the option to purchase group pet insurance.	Rates will vary by animal, breed, and home state	Rates will vary by animal, breed, and home state
Supplemental Life Insurance Prudential Insurance Co. of America	Offers the employees the opportunity to purchase up to five times annual base earnings of additional Life Insurance.	See Page 12 for rate schedules and pricing examples.	See Page 12 for rate schedules and pricing examples.
Dependent Life Insurance Prudential Life Insurance Co. of America	Option 1 Spouse/QDP: \$25,000 / \$50,000 Option 2 Child(ren): \$10,000	See Page 13 for rate schedules and pricing examples	See Page 13 for rate schedules and pricing examples
Accidental Death and Dismemberment Prudential Insurance Co. of America	Offers employees the opportunity to elect coverage up to five times basic annual earnings of AD&D insurance.	See Page 13 for rate schedules and pricing examples	See Page 13 for rate schedules and pricing examples
Long Term Disability Prudential Insurance Co. of America	Offers employees the opportunity to purchase disability benefits at 40% or 60% of basic monthly earnings.	See Page 14 for rate schedules and pricing examples.	See Page 14 for rate schedules and pricing examples.

***Please note that the listed rates do not reflect additional Federal and State taxation for Qualified Domestic Partners.**

More details are online at <http://hr.tufts.edu/benefits> or contact Tufts Support Services at (617) 627-7000 for more information.



Human Resources Benefits Questions & Answers

■ When is the deadline for completing my benefit elections?

You will have 31 days from your hire date to enroll in your New Hire Benefits Programs. To enroll, please log into Employee Self Service (eServe) at <http://eserve.hr.tufts.edu>. At the self-service menu, refer to the “Online New Hire Benefits Enrollment Tip Sheet”, which will guide you through the enrollment process. You will be able to print a confirmation statement after you have completed your New Hire Benefits Enrollment.

■ Whom do I contact if I forgot my User ID and password information for eServe?

To obtain your User ID or to reset your password, please contact the Tufts Technology Services (TTS) at (617) 627-3376 or via email at it@tufts.edu.

■ What if I cannot access my “New Hire Benefit Event” on eServe?

First, be sure you have completed your I-9 process. If you have and still cannot access your New Hire Benefit Event, contact Tufts Support Service at (617) 627-7000.

■ Can I change my health and welfare benefits elections at any time?

No, you may only make changes during annual Open Enrollment OR if you experience a Qualified Status Change (i.e. marriage, birth of a child, divorce, job status change effecting benefits eligibility, etc.). **Please note that you must notify Tufts Support Services of any changes within 31 days of the date of the event.**

■ Are annual eye exams available through the Health Plans?

Yes, one routine annual eye exam is covered. In addition, you may elect EyeMed Vision Care, which will also provide an annual exam, discounts on frames, lenses, contact lenses and laser correction with low out-of-pocket expenses.

■ How will I receive reimbursement for the Fitness or Weight Watchers Benefit?

If you meet the requirements on page 2, complete a Fitness or Weight Watchers Reimbursement Form, which can be accessed on the Tufts Health Plan website at www.tuftshealthplan.com/tuftsuniversity. Follow the directions on the form for submission to Tufts Health Plan.

■ How do I find out if my doctors or hospital participate in the Health Plan?

You can access the Tufts Health Plan provider directory using the website or telephone number listed on page 17 of this brochure.

■ Whom should I call if I have specific questions regarding the benefit plans coverage?

You should contact the benefit carriers directly for specific benefit questions, such as plan details and network information. You may also contact Tufts Support Services. All contact information is listed on page 17 of this brochure.





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 through 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.

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 will receive 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 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 Medicare at (800) 633-4227. TTY users should call (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 www.socialsecurity.gov, or call them at (800) 772-1213. TTY users should call (800) 325-0778.

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).

Date: December 2016

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



Important Information You Should Know...

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 Tufts Support Services at (617) 627-7000 or access the following website: <http://www.dol.gov/ebsa/newsroom/fswhcra.html>

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 23, 2013 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, Director of Benefits at (617) 627-6272.

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

Tufts Health Plan 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, contact Tufts Health Plan at (800) 462-0224. 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 Tufts Health Plan at (800) 462-0224.

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.

