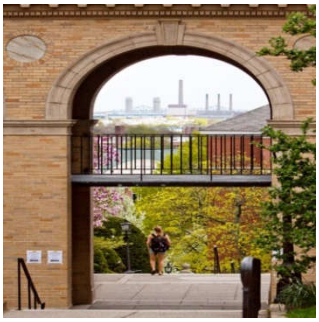
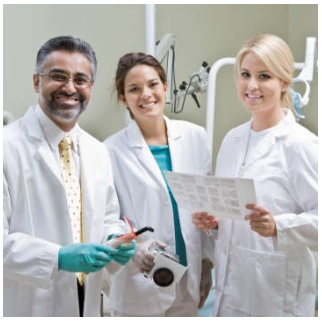

2019 Your Benefits Guide

New Hire Guide

Tufts UNIVERSITY

Dear Benefits Eligible Employee,

Welcome to Tufts University! We are pleased to offer benefit plans which provide comprehensive coverage with a full range of choices. This booklet provides you with a summary of the employee benefit plans.

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.

You have 31 days from your hire date to enroll in your New Hire benefits Plans. To enroll, please log into Employee Self Service (eServe) at https://hrss.uit.tufts.edu. If you do not enroll within 31 days of your hire date, your participation in the benefit plans 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 is included in the Summary Plan Description, which is available on AccessTufts. You may also 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 plans 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 2019

Inside This Issue:

Questions – Visit Access Tufts: https://access.tufts.edu/

Or contact Tufts Support Services at 617-627-7000 for more information

How To Enroll

Using Employee Self-Service for Benefits Enrollment

To use the online New Hire Benefits Enrollment process, follow these steps:

1. Open Internet Explorer or Mozilla Firefox (other browsers may not display information accurately)
2. Review the benefit plan options on AccessTufts.
3. Login to eServe: https://access.tufts.edu/software/eserve

NOTE: When you log into a service that uses 2 Factor Authentication (2FA) like eServe, you will need to enter your password and then confirm your login request using a mobile device or landline phone.

4. Go to "Benefits Information" and Click on "Enrollment / 403(b) Elections"

5. *Click on "Benefits Enrollment" on the right side.*

6. On New Hire Event Click on "Select"
7. Review each benefit by choosing "Edit" and then click "Store" and "OK" to hold your selection
8. To complete your enrollment, click on "Store" and then "I Agree" to authorize elections
9. Click on "OK" to Submit Confirmation
10. Print a Confirmation Statement for your records

Tufts University Wellness Center and Health Coaching Services

The Tufts University **Wellness Center** provides health and wellness services at no cost to you, your spouse, or domestic partner—often with little or no wait time for appointments. Tufts University offers these services in partnership with Marathon Health, a workplace health provider that operates health centers nationwide.

The clinicians at the Wellness Center on the Medford campus can treat common illnesses such as the flu, infections, rashes and stomach problems. They also provide screenings, exams, prescriptions, and blood draws. There is no office visit copay for these services, and they will coordinate your care with your primary care physician (PCP).

Coaching services are provided to support you as you address health risks such as chronic stress, inactivity, poor nutrition, and tobacco use. Because the first step towards good health is to assess your current health, Marathon Health clinicians can help you complete a Comprehensive Health Review. If you have a chronic condition like diabetes, asthma, high blood pressure, or heart disease, they can provide tips for managing it.

For more information about the services, or to make an appointment, please call 617-627-0467.

MyWire Personalized Updates

Tufts Health Plan members can opt in to receive personalized messages, including reminders of upcoming appointments, where to go for flu shots, and discounts available through Tufts Health Plan. This service is offered by MyWire. You can access messages from any smartphone, tablet or computer, with no download required.

How do I opt-in?
When you receive your new member ID card, you'll be asked to confirm receipt. Simply say "yes" to receive your health benefit communication through MyWire and we'll text you a personalized link to get started. Or you can text THP to 73529 to enroll today! Visit the website to learn more.

Telehealth Services Provided by Teladoc– Available 24/7/365

Tufts Health Plan has partnered with Teladoc, one of the leading telehealth providers in the country.

For non-emergency medical or behavioral health conditions, this is a convenient way to access quality care 24/7, any day of the year. You can talk with U.S. board-certified doctor or therapist by phone, web or video consult. If medically necessary, a health professional can send prescriptions to your local pharmacy.

You will need to register ahead of time to use this service. Visit the site **to learn more and register.**
Contact Teladoc at 1-800-Teladoc $15 Member Copayment

Learn more, download the App, and Register at: tuftshealthplan.com/telehealth

Health Plan Options - Administered by Tufts Health Plan

All three plans are Preferred Provider Organization (PPO) plans which do not require you to select a primary care physician (PCP) or obtain referrals and offer in-network and out-of-network coverage. Although a PCP designation is not required it is recommended to designate one.

	Quality Tiered Plan			Traditional Plan		Value Plan	
	In-Network Providers		Out-of-Network				
	Tier 1 "TU Preferred"	Tier 2 Providers	Tier 3 Providers	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	$1,000 individual / $2,000 two-person or family	$2,000 individual / $4,000 two-person or family	None	$500 individual / $1,000 two-person or family	$2,000 individual / $4,000 two-person or family	
Out-of-Pocket Maximum	$2,000 individual / $4,000 two-person or family		$4,000 individual / $8,000 two-person or family	$2,000 individual / $4,000 two-person or family	$4,000 individual / $8,000 two-person or family	$4,000 individual / $8,000 two-person or family	
Lifetime Maximum	Unlimited			Unlimited		Unlimited	
Preventive Care	$0 copay	$0 copay	Deductible then 20%	$0 copay	Deductible then 20%	$0 copay	Deductible then 20%
Office Visits (Primary Care and Specialist)	$15 copay	$25 copay	Deductible then 20%	$25 copay	Deductible then 20%	$35 copay	Deductible then 20%
Teladoc Consult	$15 copay			$15 copay		$15 copay	
Outpatient Therapy - OT, ST, PT & Chiro	$15 copay	$15 copay	Deductible then 20%	$25 copay	Deductible then 20%	$35 copay	Deductible then 20%
Prenatal and Postnatal Care	$0 copay	$0 copay	Deductible then 20% coinsurance	$0 copay	Deductible then 20% coinsurance	$0 copay	Deductible then 20% coinsurance
Lab and XRay	$0 copay	$0 copay	Deductible then 20%	$0 copay	Deductible then 20%	Deductible then covered at 100%	Deductible then 20%
High Cost Imaging (CT/PET scans, MRIs)	$0 copay	Deductible then covered 100%	Deductible then 20%	$50 copay	Deductible then 20%	Deductible then covered at 100%	Deductible then 20%
Urgent Care Centers & Minute Clinics	$15 copay	$15 copay	Deductible then 20%	$25 copay	Deductible then 20%	$35 copay	Deductible then 20%
Emergency Room	$100 copay, then covered 100%			$150 copay, then covered 100%		$200 copay then covered 100%	
Inpatient Services	$250 per admission copay	Deductible applies; then $500 per admission copay, then covered 100%	Deductible then 20%	$250 per admission copay	Deductible then 20%	Deductible then covered at 100%	Deductible then 20%
Outpatient Surgery	$150 per event copay	Deductible applies; then $500 per event copay, then covered 100%	Deductible then 20% coinsurance	$150 per event copay	Deductible then 20% coinsurance	Deductible then covered at 100%	Deductible then 20%
Prescription Drug (30 Day Supply at Retail)	$10/$25/$50 Value-Based Rx Program	$10/$25/$50 Value-Based Rx Program	Not Covered	$10/$25/$50	Not Covered	$10/$25/$50 Value-Based Rx Program	Not Covered
Mail Order (90 Day Supply by Mail Order or CVS Pharmacies ONLY)	$20/$50/$150 Value-Based Rx Program	$20/$50/$150 Value-Based Rx Program	Not Covered	$20/$50/$150	Not Covered	$20/$50/$150 Value-Based Rx Program	Not Covered

NOTES: Tufts University has set the individual rate for the Value Health Plan to meet the Federal Safe Harbor definition for affordability. All care must be medically necessary to be covered. All three plans cover "Preventive" Prescription Drug coverage at $0 copay as defined by the IRS. Certain services (Transplants and Bariatric Surgery) are ONLY Covered at named centers of excellence. This comparison is not a Summary Plan Description (SPD). In the event of a conflict between this document and the SPD, the SPD will prevail. This Summary is dated August 10, 2018 and may be changed at any time.

If you are enrolled in the health plans, you may also be eligible for a Fitness Reimbursement and/or a Weight Watchers Reimbursement: $150 per member / $300 per family per year for each.

You may find more information on the Health Plans, Fitness Reimbursement, and Weight Watchers Reimbursement by visiting AccessTufts: https://access.tufts.edu/

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 during the open enrollment period to participate for the next calendar year.**

2019 Internal Revenue Service (IRS) maximum limits are as follows:

- Health Care FSA: $2,700/calendar year per employee for health, dental and vision expenses for themselves and their tax dependents
- Dependent Care FSA: $5,000/calendar year per family for dependent child(ren) (less than age 13) or adult/elder daycare expenses

Once enrolled in a Health Care and/or Dependent Care FSA Account for the 2019 calendar year, you will receive a debit card from our vendor, **EBPA**, and information on how to create an online account. **Your EBPA benefits debit card can be used for eligible expenses for the Health Care FSA, Dependent Care FSA, and Commuter Benefit for Transit/Parking.**

Important Notes:

- Per IRS Rules, the FSA follows the "use it or lose it" rule, except for carrying over a maximum of $500 described below for health care expenses. Be cautious when electing 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 $2,700 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. There is a $100 minimum annual enrollment contribution required to enroll in the Health Care FSA. You may carry over $100 up to a $500 maximum of unused contributions in your Health Care FSA.
- 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

- Employees 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 elections. The enrollment deadline is the 4th of the month for the following month. Your debit card will be loaded on the 20th day of the month to be used for expenses for the following month. You will use this debit card to directly purchase the transit pass you need or pay for eligible transit parking expenses.
- For employees who work on the Medford and Grafton campuses, the transit subsidy is 35%, up to a maximum of $40 per employee per month. For employees who work on the Boston and Fenway campuses, the transit subsidy is 35%, up to a maximum of $50 per employee per month. The subsidy will reduce your payroll deduction and be applied to the pre-tax amount of your commuter transit election. Enroll online at the EBPA website.
- 2019 IRS maximum pre-tax limits are as follows: Transit: $265/month; Parking: $265/month

Dental Benefits

Tufts University offers a comprehensive dental plan for you and your family. In addition to benefits provided through the Delta Dental Plan, Tufts University employees are eligible for a 20% discount for services rendered at the Tufts University School of Dental Medicine Clinics as outlined below.

Your Delta Dental Plan Coverage

The chart below provides an overview of your dental benefits and comparison of services you can receive at either a private dentist or the School of Dental Medicine Clinic. Claim payment is subject to the provisions of the Subscriber Certificate. Please see detailed plan summary on the AccessTufts website.

	Tufts University School of Dental Medicine Clinic*	**Private practice Delta Dental Premier PPO Network Dentist**
Type I Services: Preventive Care	**100%** Up to 3 cleanings per calendar year	**100%** 1 cleaning every 6 months (Total of 2 every 12 months)
Type II Services: Basic Restorative	**90%**	**80%**
Type III Services: Major Restorative	**80%**	**60%**
Annual Deductible	Applies to Type III Services Only: $50 Individual $100 Two-Person $150 Family	Applies to Type II and Type 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 per member	
Rollover Max. Program	You may accumulate part of your unused dental benefit dollars from a healthy year and use them for larger, more expensive procedures in the future. Learn more here	

*The School of Dental Medicine clinic is a teaching facility with dentists-in-training working with experienced dentists who are in the Delta Dental provider network. The clinic is located at One Kneeland Street in Boston. The discount may be applied at any clinic at the dental school, including the predoctoral, postgraduate, faculty practice and hygiene clinics. Enhanced benefits do not apply to the Dental School's Faculty Practice or Hygiene Clinic. Questions: call 617-636-6828.

Employee Discounts – Tufts University School of Dental Medicine Clinics

- 20% discount off the cost of services provided at a Tufts University School of Dental Medicine Clinic for benefits-eligible faculty and staff. This discount is taken off the patient balance after insurance benefits have been applied. You do not have to be enrolled in the Delta Dental Plan to qualify. This discount does not apply to spouses, domestic partners or dependents who are not Tufts University employees. The discount applies to any clinic at the dental school, including predoctoral, and postgraduate. This discount does not apply to Faculty Practice, and Hygiene Clinic.
- 20% discount off the cost of orthodontics services for dependent children (up to age 26) of benefits-eligible faculty and staff who use the School of Dental Medicine Orthodontics Clinic. The discount is taken off the patient balance after insurance benefits have been applied. You do not have to be enrolled in the Delta Dental Plan to qualify.

Vision Care Benefits

The EyeMed Vision Care 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. Protection from blue light is also available for lenses or as a lens coating, learn more about how blue light impacts your vision through EyeMed. Freedom Pass allows members to select any frame, any price for $0 out-of-pocket at participating Sears® Optical or Target® Optical locations (offer code required). EyeMed members receive $20 in additional savings and FREE shipping on your contact lens purchase at ContactsDirect.com (registration required).

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; $150 allowance; 20% off balance over $150	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

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.

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 or Newly Benefits Eligible employee, up to three (3) times your annual base salary (up to $750,000) is guarantee issue, which means you do not have to apply and complete an Evidence of Insurability form, you can just enroll.

If you want to enroll in four (4) or five (5) time your annual base salary, you can indicate your interest to apply via eServe. If necessary, Prudential will contact you directly to complete an Evidence of Insurability form. Once your application is complete, Prudential will notify you and Tufts University of the final decision to approve or deny your request on your application. If approved, payroll deductions will begin on the first of the month following approval.

Age*	Rate per $1,000 of Benefits
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) x $0.056 = $2.24/month or $26.88/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. Domestic Partner (DP)

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.

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 mos. = $9.60/year

Children:
$0.47 x 12 mos. = $5.64/year
(Regardless of the number of children covered)

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, Dependent Life coverage is guarantee issue, which means you do not have to complete an evidence of insurability form, you can just enroll.

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

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.

As a New Hire, you are automatically enrolled in the 60% LTD option. Within 31 days of your date of hire or newly benefits eligibility date, you can confirm that enrollment, change to the 40% LTD option, or waive coverage.

- 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 are pro-rated based on your age at the time of disability.
- Benefits also include a Conversion provision and a Critical Illness benefit.

Coverage Type and Cost

- The 40% coverage level rate is $0.210 per $100 of earnings.
- The 60% coverage level rate is $0.500 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 x .210/12 = $5.25 per month
   b) If selecting 60% coverage: $30,000/$100 x .500/12 = $12.50 per month
2. **An Employee earning $50,000 per year:**
   a) If selecting 40% coverage: $50,000/$100 x .210/12 = $8.75 per month
   b) If selecting 60% coverage: $50,000/$100 x .500/12 = $20.83 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 sponsored Tufts 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 and understanding a diagnosis
- Receive support during an emergency, intensive care, or extended hospital stay
- Learn how to find the best specialist for your condition
- Find a Best Doctor near you

Employee Assistance Program (EAP)

Tufts University has contracted with, KGA Inc., to provide free and confidential counseling and referrals to Tufts employees and their adult household members on personal and professional issues, work and family life, health and wellness and other work-life issues. You can reach an EAP counselor 24 hours a day, seven days a week.

Pet Insurance

Tufts University offers the opportunity for employees to enroll in voluntary pet health insurance through Nationwide. These plans are not available to the 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.

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

MetLaw (Legal Plan)

MetLaw provides you and your eligible 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, as well as identity theft services. 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 Access Code: 9900594.

MetLife (Auto/Home Insurance)

The MetLife Auto and Home insurance program is designed to make protecting your car, home, and other personal property more convenient and affordable. Advantages include special group rates, superior service, and easy payment options.

Retirement Plans

University-Funded Retirement Plan – 401(a)

The university's contributions to the 401(a) 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:

Age	% of Salary Under Social Security Wage Base	% of Salary Over Social Security Wage Base
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 our record keepers, 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.

a. 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.

b. If you would like some or all of your contributions to be invested with TIAA, please contact TIAA at (800) 842-2776 or at www.tiaa.org to make your investment selections. Once you have make valid elections, you will be notified via email and directed to log into eServe at https://access.tufts.edu/software/eserve, to change your 401(a) 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.

Vesting Period: Employees are 100% vested in the 401(a) Plan once they have completed three (3) years of eligible service.

Self-Funded Retirement Plan – 403(b)

To supplement the University-Funded Plan savings, the Self-Funded Retirement Plan is a key financial tool that allows you to save for retirement with pre-tax contributions.

1. To enroll in the 403(b) Plan, increase or decrease your contributions, or to change your investment vendor selections, please log into Employee Self Service at https://access.tufts.edu/software/eserve. For detailed instructions on how to make a change, please review the "Updating your 403(b)" Tip Sheet online.
2. The investment options are offered through our record keepers, Fidelity and TIAA. However, if you do not make a fund selection, then your contribution will be directed to the same qualified default as described above with respect to the 401(a) Plan.
3. A loan provision is available under this Plan.
4. Rollover options may be available from other qualified plans.
5. The annual IRS maximum amount you may contribute to the 403(b) Plan in calendar year 2019 is $19,000.
6. If you will be age 50 or older by December 31, 2019, you are eligible for the Age 50 Catch-Up Limit and may contribute an additional $6,000 for calendar year 2019; therefore, the IRS maximum amount for any employee who will be at least 50 years old by the end of 2019 is $25,000.

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

Vendor Contact Information

Vendor Name	Phone Number	Website
Benefits Directory	N/A	www.mymobilewalletcard.com/tufts
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
KGA (EAP)	800-648-9557	https://kgreer.com/members/login/
Marathon Health (Wellness Center)	617-627-0467	https://my.marathon-health.com/#!/Home/Login
MetLaw (Hyatt Legal Plan)	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
Teladoc Telehealth Service	800-835-2362	https://member.teladoc.com/tuftshealthplan
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/

2019 Employee Benefits Costs

Benefit	Coverage Level	Semi-Monthly Costs*	Weekly Costs*
Tufts Health Plan Quality Tiered Plan	Single Two-Person Family	$103.67 $319.34 $400.56	$47.85 $147.39 $184.87
Tufts Health Plan Traditional Plan	Single Two-Person Family	$113.53 $349.72 $438.67	$52.40 $161.41 $202.46
Tufts Health Plan Value Plan	Single Two-Person Family	$49.88 $263.86 $330.97	$23.02 $121.78 $152.75
Delta Dental	Single Two-Person Family	$6.58 $23.58 $28.21	$3.04 $10.88 $13.02
EyeMed Vision Plan	Single Two-Person Family	$2.72 $5.12 $7.50	$1.25 $2.36 $3.46
***Rates do not reflect additional Federal and State taxation for Domestic Partners and Ex-Spouses**			
MetLaw	Option to purchase personal legal services.	$9.05	$4.18
Nationwide Pet Insurance	Option to purchase group pet insurance.	Rates will vary by animal, breed, and home state	
Supplemental Life Insurance **Prudential Insurance Co. of America**	Option to elect up to five times annual base earnings of additional Life Insurance.	See Page 8 for rate schedules and pricing examples	
Dependent Life Insurance **Prudential Life Insurance Co. of America**	Option to elect: Spouse/DP Insurance:: $25,000 or $50,000 and/or Child(ren): $10,000	See Page 9 for rate schedules and pricing examples	
Accidental Death and Dismemberment **Prudential Insurance Co. of America**	Option to elect coverage up to five times basic annual earnings of AD&D insurance.	See Page 9 for rate schedules and pricing examples	
Long Term Disability **Prudential Insurance Co. of America**	Option to elect disability benefits at 40% or 60% of basic monthly earnings.	See Page 10 for rate schedules and pricing examples	

Questions - Visit Access Tufts: https://access.tufts.edu
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 or newly benefits eligible date to enroll in your benefits. To enroll, please log into Employee Self Service (eServe) at https://access.tufts.edu/software/eserve. Please see page 2 of this booklet for eServe enrollment steps.

- **Whom do I contact if I do not know my User ID and password information on eServe?**

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

- **Who do I contact if I have additional benefit plan questions?**

  Your first resource is the benefit plan vendor. Please see the vendor contact information in this booklet. If you still need assistance, contact TSS at 617-627-7000 or via email at TSS@tufts.edu.

- **What if I cannot access my "New Hire Benefit Event" on eServe?**

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

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

  No, you may only make changes within 31 days of your hire, during 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 contact Tufts Support Services (TSS) to make any changes within 31 days of the date of the qualifying event.

- **Are annual eye exams available through the Health Plans?**

  Yes, one routine annual eye exam is covered subject to the health plan copay. In addition, you may elect EyeMed Vision Care, which provides an annual exam with no copay, as well as discounts on frames, lenses, contact lenses with low out-of-pocket expenses.

- **What do I do if I do not have computer access?**

  If you do not have access to a computer for benefits election, contact Tufts Support Services (TSS) at 617-627-7000 or visit the TSS location on your campus.

- **May I enroll using my personal computer at home?**

  Yes, you can enroll from any computer with Internet access at any time within the first 31 days of your eligibility. Internet Explorer or Firefox are the recommended browsers.

- **How do I find out if my doctors or hospitals participate in the Health Plan?**

  You can access the Tufts Health Plan provider directory using the website or telephone number listed on page 13 of this brochure.

- **How will I receive reimbursement for the Fitness Reimbursement and Weight Watchers Reimbursement Benefit?**

  If you meet the requirements, once a year you may complete a Fitness Reimbursement Form and/or Weight Watchers Reimbursement Form, which can be accessed on the Tufts Health Plan website at https://tuftshealthplan.com/tufts-university. Follow the directions on the form(s) for submission to Tufts Health Plan.

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 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 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:	**October 2018**
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 TSS at 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

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 844-516-5790. 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 844-516-5790.

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.

Notice of Privacy Practices

Notice of Tufts University
Health Information Privacy Practices
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of health Information Privacy Practices (the "Notice") was updated as of July 31, 2018

Tufts University Health Plan (the "Plan") provides health benefits to eligible employees of **Tufts University** (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits.

For ease of reference, in the remainder of this Notice, the words "you," "your," and "yours" refers to any individual with respect to whom the Plan receives, creates or maintains Protected Health Information, including employees, retirees, and COBRA qualified beneficiaries, if any, and their respective dependents.

The Plan is required by law to take reasonable steps to protect your Protected Health Information from inappropriate use or disclosure.
Your "Protected Health Information" (PHI) is information about your past, present, or future physical or mental health condition, the provision of health care to you, or the past, present, or future payment for health care provided to you, but only if the information identifies you or there is a reasonable basis to believe that the information could be used to identify you. Protected health information includes information of a person living or deceased (for a period of fifty years after the death.)

The Plan is required by law to provide notice to you of the Plan's duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which the Plan uses and discloses PHI. It is not feasible in this Notice to describe in detail all of the specific uses and disclosures the Plan may make of PHI, so this Notice describes all of the categories of uses and disclosures of PHI that the Plan may make and, for most of those categories, gives examples of those uses and disclosures.

The Plan is required to abide by the terms of this Notice until it is replaced. The Plan may change its privacy practices at any time and, if any such change requires a change to the terms of this Notice, the Plan will revise and re-distribute this Notice according to the Plan's distribution process. Accordingly, the Plan can change the terms of this Notice at any time. The Plan has the right to make any such change effective for all of your PHI that the Plan creates, receives or maintains, even if the Plan received or created that PHI before the effective date of the change.

The Plan also may disclose your PHI for purposes of assisting other health plans (including other health plans sponsored by the Company), health care providers, and health care clearinghouses with their payment activities, including activities like those listed above with respect to the Plan.
Health Care Operations: The Plan may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

Example: If claims you submit to the Plan indicate that you have diabetes or another chronic condition, the Plan may use and disclose your PHI to refer you to a disease management program.
Example: If claims you submit to the Plan indicate that the stop-loss coverage that the Company has purchased in connection with the Plan may be triggered, the Plan may use or disclose your PHI to inform the stop-loss carrier of the potential claim and to make any claim that ultimately applies.
The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes.

- Quality assessment and improvement activities
- Disease management, case management and care coordination
- Activities designed to improve health or reduce health care costs
- Contacting health care providers and patients with information about treatment alternatives
- Accreditation, certification, licensing or credentialing activities
- Fraud and abuse detection and compliance plans

Notice of Privacy Practices

The Plan also may use or disclose your PHI for purposes of assisting other health plans (including other plans sponsored by the Company), health care providers and health care clearinghouses with their health care operations activities that are like those listed above, but only to the extent that both the Plan and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

- The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following additional purposes, among others.
- Underwriting (with the exception of PHI that is genetic information) premium rating and performing related functions to create, renew or replace insurance related to the Plan
- Planning and development, such as cost-management analyses
- Conducting or arranging for medical review, legal services, and auditing functions
- Business management and general administrative activities, including implementation of, and compliance with, applicable laws, and creating de-identified health information or a limited data set

The Plan also may use or disclose your PHI for purposes of assisting other health plans for which the Company is the plan sponsor, and any insurers and/or HMOs with respect to those plans, with their health care operations activities similar to both categories listed above.

Limited Data Set: The Plan may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

Legally Required: The Plan will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records.

Health or Safety: When consistent with applicable law and standards of ethical conduct, the Plan may disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others. The Plan can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

Law Enforcement: The Plan may disclose your PHI to a law enforcement official if the Plan believes in good faith that your PHI constitutes evidence of criminal conduct that occurred on the premises of the Plan. The Plan also may disclose your PHI for limited law enforcement purposes.

Lawsuits and Disputes: In addition to disclosures required by law in response to court orders, the Plan may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

Workers' Compensation: The Plan may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar plans.

Emergency Situation: The Plan may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you cannot give your agreement to the Plan to do this.

Personal Representatives: The Plan will disclose your PHI to your personal representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult, for example) to the same extent that the Plan would disclose that information to you. The Plan may choose not to disclose information to a personal representative if it has reasonable belief that: 1) you have been or may be a victim of domestic abuse by your personal representative; or 2) recognizing such person as your personal representative may result in harm to you; or 3) it is not in your best interest to treat such person as your personal representative.

Public Health: To the extent that other applicable law does not prohibit such disclosures, the Plan may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an FDA-regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

Health Oversight Activities: The Plan may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

Notice of Privacy Practices

Coroner, Medical Examiner, or Funeral Director: The Plan may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, the Plan may disclose your PHI to a funeral director, consistent with applicable law, as necessary to carry out the funeral director's duties.

Organ Donation. The Plan may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

Specified Government Functions: In specified circumstances, federal regulations may require the Plan to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

Research: The Plan may disclose your PHI to researchers when your individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established a process to ensure the privacy of the requested information and approves the research.

Disclosures to You: When you make a request for your PHI, the Plan is required to disclose to you your medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan must also, when requested by you, provide you with an accounting of disclosures of your PHI if such disclosures were for any reason other than Treatment, Payment, or Health Care Operations (and if you did not authorize the disclosure).

Authorization to Use or Disclose Your PHI

Except as stated above, the Plan will not use or disclose your PHI unless it first receives written authorization from you. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that the Plan has taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third party, for example) you cannot revoke your authorization.

Furthermore, we will not: (1) supply confidential information to another company for its marketing purposes (unless it is for certain limited Health Care Operations); (2) sell your confidential information (unless under strict legal restrictions) (to sell means to receive direct or indirect remuneration); (3) provide your confidential information to a potential employer with whom you are seeking employment without your signed authorization; or (4) use or disclose psychotherapy notes unless required by law.

Additionally, if a state or other law requires disclosure of immunization records to a school, written authorization is no longer required. However, a covered entity still must obtain and document an agreement which may be oral and over the phone.

The Plan May Contact You

The Plan may contact you for various reasons, usually in connection with claims and payments and usually by mail.

You should note that the Plan may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Your Rights with Respect to Your PHI

Confidential Communication by Alternative Means: If you feel that disclosure of your PHI could endanger you, the Plan will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request the Plan to communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the contact person named at the end of this Notice. You do not need to state the specific reason that you feel disclosure of your PHI might endanger you in making the request, but you do need to state whether that is the case. Your request also must specify how or where you wish to be contacted. The Plan will notify you if it agrees to your request for confidential communication. You should not assume that the Plan has accepted your request until the Plan confirms its agreement to that request in writing.

Request Restriction on Certain Uses and Disclosures: You may request the Plan to restrict the uses and disclosures it makes of your PHI. This request will restrict or limit the PHI that is disclosed for Treatment, Payment, or Health Care Operations, and this restriction may limit the information that the Plan discloses to someone who is involved in your care or the payment for your care. The Plan is not required to agree to a requested restriction, but if it does agree to your requested restriction, the Plan is bound by that agreement, unless the information is needed in an emergency situation. There are some restrictions, however, that are not permitted even with the Plan's agreement. To request a restriction, please submit your written request to the contact person identified at the end of this Notice. In the request please specify: (1) what information you want to restrict; (2) whether you want to limit the Plan's use of that information, its disclosure of that information, or both; and (3) to whom you want the limits to apply (a particular physician, for example). The Plan will notify you if it agrees to a requested restriction on how your PHI is used or disclosed. You should not assume that the Plan has accepted a requested restriction until the Plan confirms its agreement to that restriction in writing. You may request restrictions on our use and disclosure of your confidential information for the treatment, payment and health care operations purposes explained in this Notice. Notwithstanding this policy, the plan will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and it is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

Right to Be Notified of a Breach: You have the right to be notified in the event that the plan (or a Business Associate) discovers a breach of unsecured protected health information.

Notice of Privacy Practices

Electronic Health Records: You may also request and receive an accounting of disclosures of electronic health records made for treatment, payment, or health care operations during the prior three years for disclosures made on or after (1) January 1, 2014 for electronic health records acquired before January 1, 2009; or (2) January 1, 2011 for electronic health records acquired on or after January 1, 2009.
The first list you request within a 12-month period will be free. You may be charged for providing any additional lists within a 12-month period.

Paper Copy of This Notice: You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the contact person named at the end of this Notice.

Right to Access Your PHI: You have a right to access your PHI in the Plan's enrollment, payment, claims adjudication and case management records, or in other records used by the Plan to make decisions about you, in order to inspect it and obtain a copy of it. Your request for access to this PHI should be made in writing to the contact person named at the end of this Notice. The Plan may deny your request for access, for example, if you request information compiled in anticipation of a legal proceeding. If access is denied, you will be provided with a written notice of the denial, a description of how you may exercise any review rights you might have, and a description of how you may complain to Plan or the Secretary of Health and Human Services. If you request a copy of your PHI, the Plan may charge a reasonable fee for copying and, if applicable, postage associated with your request.

Right to Amend: You have the right to request amendments to your PHI in the Plan's records if you believe that it is incomplete or inaccurate. A request for amendment of PHI in the Plan's records should be made in writing to the contact person named at the end of this Notice. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if, for example, your PHI in the Plan's records was not created by the Plan, if the PHI you are requesting to amend is not part of the Plan's records, or if the Plan determines the records containing your health information are accurate and complete. If the Plan denies your request for an amendment to your PHI, it will notify you of its decision in writing, providing the basis for the denial, information about how you can include information on your requested amendment in the Plan's records, and a description of how you may complain to Plan or the Secretary of Health and Human Services.

Accounting: You have the right to receive an accounting of certain disclosures made of your health information. Most of the disclosures that the Plan makes of your PHI are not subject to this accounting requirement because routine disclosures (those related to payment of your claims, for example) generally are excluded from this requirement. Also, disclosures that you authorize, or that occurred more than six years before the date of your request, are not subject to this requirement. To request an accounting of disclosures of your PHI, you must submit your request in writing to the contact person named at the end of this Notice. Your request must state a time period which may not include dates more than six years before the date of your request. Your request should indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 12-month period will be free. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Personal Representatives: You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plan retains discretion to deny a personal representative access to your PHI to the extent permissible under applicable law. Indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 12-month period will be free. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Complaints
If you believe that your privacy rights have been violated, you have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing to the contact person named at the end of this Notice. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Information
The Plan has designated Robbyn Dewar, Benefits Program and Compliance Director, as its contact person for all issues regarding the Plan's privacy practices and your privacy rights. You can reach her at 200 Boston Ave, Suite 1600, Medford, MA 02155 or via phone at 617-627-6272.

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 plans 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.

Tufts
UNIVERSITY