



**Tufts**  
UNIVERSITY



# HUMAN RESOURCES 2012 NEW HIRE BENEFITS PROGRAMS

## *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. To be eligible for participation, 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 a 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 the Human Resources Benefits Office within 31 days of any Qualified Status Change.**

We will 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 2012

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## *Building a Well Workplace at Tufts University...*

Tufts University is committed to promoting the health and well-being of our plan participants. “Healthy @ Tufts” is a long-term initiative designed to assist you in the management of your health. We will address the concerns of all – those with everyday health issues, those at risk of developing health problems, those with existing health conditions, and the chronically ill.

### **Worksite Wellness**

Examples of worksite wellness include health risk assessments, wellness seminars, and in partnership with our health plans, disease and care management. All three health plan vendors offer enhanced resources for you and your family to optimize your health.

**The disease and care management programs** include support for the following: asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, depression, diabetes management, management of menopause, osteoporosis, smoking cessation and many other conditions.

If you have health concerns, please contact your health plan and inquire about their specific programs. You may also be contacted by your plan if your condition is addressed by one of their programs. **Program participation is voluntary.** We encourage you to carefully consider the recommended options provided. What you may not know is that program participants experience improved health outcomes and high rates of satisfaction when utilizing these programs.



Collective and individual health is critically important to us in our personal and professional lives. The university recognizes that insurance and health care reform alone will not make us healthier, or be enough to curb rising health care costs.

As a member of the Boston Consortium, the university will partner with other Boston area higher education institutions to promote increased recognition of healthy behavior and the role it plays in managing the cost of health care. We want to encourage all employees to embrace their role in getting and staying healthy. Over the next 12-24 months you will begin to see more wellness communications and tools offered through this effort.



## Health Benefits

Tufts University is pleased to offer four health plan options:

Plan Benefits Lifetime Benefits Maximum = None	Fallon Community Health Plan 	Harvard Pilgrim Health Care 	Tufts Health Plan (EPO) 	Tufts Health Plan (POS) 
Benefits provided through In-Network providers only	✓	✓	✓	
Benefits available through both In- and Out-of-Network Providers				✓
Out-of-Network benefits are subject to a \$500 per person/\$1,000 per family deductible and then are covered at 80%				✓
Out-of-Pocket costs for Out-of-Network benefits are capped at \$1,500 per individual/\$3,000 per family				✓
Primary Care Physician Office Visit: \$15 Co-payment	✓	✓	✓	✓
Specialist Office Visit: \$25 Co-payment	✓	✓	✓	✓
Annual Routine Eye Exam: \$15 Co-payment	✓	✓	✓	✓
Inpatient Hospital Care: \$250 per admission	✓	✓	✓	✓
Outpatient Surgery: \$150 per procedure	✓	✓	✓	✓
Out-of-Pocket costs for In-Network Inpatient Hospital Care & Outpatient Surgery are capped at \$800 per individual/ \$1,600 per two-person/\$1,600 per family*	✓	✓	✓	✓
Mental Health and Substance Abuse Treatment: \$15 Co-payment	✓	✓	✓	✓
Physical Therapy Visits (30/condition/calendar year): \$15 Office Visit Co-payment	✓	✓	✓	✓
Emergency Room Visit: \$75 Co-payment	✓	✓	✓	✓
Maternity Benefits covered in full after \$15 Office Visit Co-Payment, plus \$250 per admission	✓	✓	✓	✓
Fitness Reimbursement: \$150 per member over age 18 (\$300 calendar year maximum per family)	✓	✓	✓	✓
Weight Watchers: \$150 per member over age 13 (\$300 calendar year maximum per family)	✓	✓	✓	✓
Retail Prescription Drugs: \$10/\$20/\$35 for Generic, Brand Name Preferred and Brand Name Non-Preferred Medication (30-day supply)	✓	✓	✓	✓
Mail Order Prescription Drugs: \$20/\$40/\$105 for Generic, Brand Name Preferred and Brand Name Non-Preferred Medication (90-day supply)	✓	✓	✓	✓

Tufts University believes that the health plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (PPACA). As permitted by PPACA, a grandfathered plan can preserve certain basic health coverage that was already in place when the law was enacted.

\*The Out-of-Pocket Maximum consists of an accumulation of co-payments. Each member will only pay up to two Outpatient Surgery and Inpatient Hospital co-payments in a calendar year.

## ***Fitness Reimbursement Benefit***

If you are enrolled in a health plan through the university, the Fitness Reimbursement Benefit can save you and one other eligible family member up to **\$150 per calendar year** in health club membership fees. (A \$300 family maximum applies to members ages 18 and over.) You can claim your Fitness Reimbursement Benefit after you have belonged to your health club for at least 4 months in a calendar year. To apply for the reimbursement, please go to the Tufts University Human Resources website at <http://hr.tufts.edu> to find the fitness reimbursement form for your health plan. The form will specify where to send this information.

## ***Weight Watchers Reimbursement Benefit***

The University will reimburse you and one other eligible family member up to \$150 per calendar year for Weight Watchers program fees. (A \$300 family maximum applies to members ages 13 and over.) Qualifying weight management programs include traditional Weight Watchers meetings; Weight Watchers at Work programs; and hospital-based weight loss programs. ***Weight Watchers At Home and Weight Watchers Online programs are not eligible for reimbursement.***

### ■ ***Fallon Community Health Plan***

In order to receive your Weight Watchers benefit, please call Fallon's Customer Service line at (800) 868-5200 or visit <http://www.fchp.org> to order your Weight Watchers coupons for a free 12-week session. Fallon will send you 12 coupons which you will present at the weekly Weight Watchers meetings. The 12 weeks of coupons are worth \$100; therefore, you will have \$50 left to use towards additional Weight Watchers meetings. You will need to pay for the rest of the services up front. Complete the reimbursement form, provide copies of receipts, and send this documentation to Fallon in order to receive reimbursement for the remaining \$50. The reimbursement form can be found on the Tufts University Human Resources website at <http://hr.tufts.edu>.

### ■ ***Harvard Pilgrim Health Care***

To apply for the reimbursement, please go to the Tufts University Human Resources website at <http://hr.tufts.edu>. There, you will find the Harvard Pilgrim Health Care flyer that describes the Weight Watchers program and the reimbursement form. Please fill out the reimbursement form and provide required copies of receipts. The form will specify where to send this information.

### ■ ***Tufts Health Plan***

To apply for the reimbursement, please go to the Tufts University Human Resources website at <http://hr.tufts.edu>. There, you will find the Tufts Health Plan flyer that describes the Weight Watchers program and the reimbursement form. Please fill out the reimbursement form and provide required copies of receipts. The form will specify where to send this information.

## ***Federal Health Reform . . . what it means to you:***

- The highlights:
  - Dependent coverage will be provided to age 26;
  - There is no longer a lifetime maximum benefit amount;
  - Tufts University's plan is a grandfathered plan.
- Dependents (age 19-26) whose coverage ended, or who were previously not eligible for coverage are now eligible to enroll in Tufts University's health plans. However, an adult child will not be eligible under the Tufts University plans if he/she has coverage as an employee or dependent under his/her spouse's employer sponsored insurance plan. Coverage is available regardless of student, marital or IRS dependent status until the child's 26th birthday.



## *Massachusetts Health Care Reform and What It Means To You...*

The Massachusetts Health Care Reform law requires state residents who are 18 or older to have health insurance. **If you decide to waive health insurance coverage, you will be required to complete a Health Insurance Responsibility Disclosure Form (HIRD) as part of the New Hire Enrollment process.** This form requests information on your alternative health coverage, if any, and your acknowledgement of the requirements to have health coverage and the penalties for non-compliance.

### *Flexible Spending Accounts (FSA)*

**CROSBY**  
*Benefits People*

Flexible Spending Accounts allow you to set aside a portion of your pay on a pre-tax basis to pay for eligible medical, dental, vision, child care and elder care expenses. The money you contribute to these plans reduces your taxable income, thereby reducing your taxes. You may set aside up to:

- \$5,000 per calendar year for health care expenses, and
- \$5,000 per calendar year for dependent care expenses
- Employees who are enrolled in a Health Care FSA will need a doctor's prescription to be reimbursed for Over-the-Counter (OTC) drugs and medicines, such as Claritin, Advil and Robitussin, from your account. A prescription is a written or electronic order for a medicine or drug, that meets the legal definition of an Rx in the state where the expense is incurred and is issued by a legally authorized person in that state.
- Crosby provides a Health Care Debit Card for the Health Care FSA; online access to your account balance and other services at <http://www.crosbybenefits.com>; and 24/7 Customer Service by calling (800) 462-2235.

### *IMPORTANT NOTES:*

- FSA eligible expenses can only be submitted for reimbursement if incurred **on or after** your day of hire.
- Please be cautious when selecting an annual amount. The IRS requires that any amounts from the prior calendar year remaining in your Flexible Spending Account on **April 30th** be forfeited.
- If you elect to set aside a portion of your pay for **Dependent Care** services for children, you will be required to verify that your child(ren) is/are **under age 13**.

## Dental Benefits



### Oral Health and You...

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 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 will receive greater benefits when you obtain your dental care from a participating dentist from the Tufts University School of Dental Medicine or in the Delta Dental Premier Network (with National Coverage, which includes 125,000 dentists). To determine if your dentist is in the network, please visit Delta Dental's website at <http://www.deltadentalma.com> or call (800) 872-0500.

- Calendar Year Maximum Benefit: \$1,500 per person.
- Preventive and Diagnostic Services covered at 100%, no deductible applies.
- Basic Restorative (restorative, oral surgery, periodontics, endodontics, prosthetic maintenance and emergency dental care) is covered at 80%, after a deductible of \$50 per Individual/\$100 per Two-Person/\$150 per Family, when services are rendered by a Delta Dental Dentist. **If services are performed at Tufts University School of Dental Medicine, they will be covered at 80%, and deductibles do not apply.**
- Major Restorative (prosthodontics and major restorative) is covered at 60%, after a deductible of \$50 per Individual/\$100 Two-Person/\$150 Family, when services are rendered by a Delta Dental Dentist. **If services are performed at Tufts University School of Dental Medicine, they will be covered at 70%, and the same deductibles apply.**
- Orthodontics are covered at 50%, regardless of 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 healthy year and use them for larger, more expensive procedures in the future. Please refer to the "Rollover Max" information on Delta Dental's website (<http://www.deltadentalma.com>) or contact Delta Dental Member Services at (800) 872-0500.



## Vision Care Benefits



All benefits eligible employees are offered the opportunity to purchase a discount 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, LASIK and PRK Vision Correction Procedures and lens accessories.

The EyeMed provider network allows you to choose the best provider that meets your vision needs from a national network of Optometrists, Ophthalmologists, Opticians and many leading optical retailers such as LensCrafters, Target Optical and most Pearle and Sears Vision locations.

The following is a list of plan benefits:

VISION CARE SERVICES	MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
<b>Exam with Dilatation as Necessary:</b>	\$0 Co-payment	Up to \$46
<b>Exam Options:</b>		
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
<b>Frames:</b>	\$0 Co-payment; \$130 Allowance; 20% of balance over \$130	Up to \$74
<b>Standard Plastic Lenses:</b>		
Single Vision	\$0 Co-payment	Up to \$42
Bifocal	\$0 Co-payment	Up to \$78
Trifocal	\$0 Co-payment	Up to \$130
Standard Progressive Lens	\$65	Up to \$78
Premium Progressive Lens	\$65, 80% of Charge less \$120 allowance	Up to \$78
<b>Lens Options:</b> <i>(paid by the member and added to the base price of the lens):</i>		
Tint (Solid and Gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$0	Up to \$26
Standard Anti-Reflective	\$45	N/A
Other Add-Ons and Services	20% off Retail Price	
<b>Contact Lenses:</b> <i>(allowance covers materials only; in lieu of Standard Plastic Lenses):</i>		
Conventional	\$0 Co-payment; \$130 Allowance; 15% off balance over \$130	Up to \$104
Disposable	\$0 Co-payment; \$130 Allowance: member pays balances over \$130	Up to \$104
Medically Necessary	\$0 Co-payment; Paid in Full	Up to \$200
<b>LASIK and PRK Vision Correction Procedures:</b>	15% off Retail Price OR 5% off promotional pricing	N/A
<b>Frequency:</b>		
Exams	Once every 12 months	
Frames	Once every 24 months	
Standard Plastic Lenses or Contact Lenses	Once every 12 months	

**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, and the 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) 939-3633.*



## Life Insurance Benefits



Prudential Insurance Company of America is the University's Life Insurance, Long Term Disability and Accidental Death and Dismemberment vendor. Prudential Insurance Company of America is an A-Rated Insurance company that has over 95 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 for by the University.

The amount of coverage is equal to one times your basic annual earnings, 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 or a \$2,000,000 maximum benefit. Amounts **in excess of the lesser of 3 times your annual base salary or \$750,000** require a Statement of Health.

- As a new employee, you can elect **the lesser of 3X basic annual earnings or \$750,000** of coverage without a Statement of Health. You may also elect 4X or 5X basic annual earnings with the submission of a Statement of Health form directly to Prudential.

**The Statement of Health Form must be postmarked within 31 days of your date of hire and mailed to: The Prudential Insurance Company of America, 800 Boylston Street, 14th Floor, Boston, MA 02199, Attn: Scott Crosswell or faxed to the confidential fax line at (617) 587-5998.**

Once the Human Resources Benefits Office has received approval from Prudential, payroll deductions will begin retroactive to your date of hire.

<u>AGE*</u>	<u>RATE PER \$1,000 OF BENEFITS PER MONTH</u>
Under 25	\$0.038
25-29	\$0.038
30-34	\$0.057
35-39	\$0.066
40-44	\$0.085
45-49	\$0.120
50-54	\$0.190
55-59	\$0.360
60-64	\$0.430
65-69	\$0.670
70-74	\$1.320
75-79	\$2.100
80 & Over	\$2.920

**Cost Example:**  
Employee Age = 36    Annual Salary = \$40,000  
 $\$40,000/\$1,000 \times \$0.066 = \$2.64/\text{month or } \$31.68/\text{year.}$

\*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.

**Note:** *In order to enroll in supplemental life insurance for your spouse, same-sex domestic partner, and/or child(ren), you must enroll in supplemental life insurance for yourself. Your dependent's coverage cannot exceed your individual supplemental life coverage amount.*

Eligible family members include:

1. Your legal spouse
2. Qualified same-sex domestic partner
3. A "child" is defined as your child(ren) who is at least 15 days old, but less than age 19, and is supported by you. A child is also defined as such if the child is over age 19, but less than age 26, is a full-time student and is wholly dependent on you for support and maintenance.
4. Your unmarried dependent child(ren) who is/are mentally or physically disabled and who cannot hold a self-supporting job due to a handicap.

**As a New Hire, Dependent Life coverage is available *without a Statement of Health.***

COVERAGE TYPE		COST PER MONTH	
SPOUSE - \$25,000		\$0.80	
SPOUSE - \$50,000		\$1.60	
CHILD(REN) - \$10,000		\$0.47	
<b>COST EXAMPLE:</b>			
Spouse: \$25,000 = \$0.80 x 12 months = \$9.60/year			
Children: \$0.47 x 12 months = 5.64/year <i>(Regardless of the number of children covered)</i>			

## Accidental Death and Dismemberment Insurance (AD&D)

The AD&D program offered through Prudential offers you the opportunity to elect coverage levels from one (1) to five (5) times your basic annual earnings, rounded to the next \$1,000. Benefits are payable in the event of accidental loss of sight, life, speech, limb, hearing, etc. The maximum allowed benefit is \$1,000,000.

**AD&D coverage is available *without a Statement of Health.***

COVERAGE TYPE	RATE PER \$1,000 OF BENEFIT PER MONTH
Employee Coverage	\$0.022
<b>COST EXAMPLE:</b>	
Annual Salary: \$40,000	
\$40,000/\$1,000 x \$0.022 = \$0.88/month OR \$10.56/year	

## Disability Benefits

### Long Term Disability Insurance

This program, administered by **Prudential Insurance Company of America**, provides financial protection equal to **40%** or **60%** of your basic monthly earnings to a maximum monthly benefit of **\$10,000**, should you become disabled because of a non-work-related illness or accident. **Because you pay for your LTD benefits with post-tax dollars, benefits 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 are pro-rated to age 70 with a minimum duration of 12 months.**
- Benefits also include a Conversion provision and a Critical Illness benefit.

#### Cost by Coverage Type

- The 40% coverage level rate is \$0.26 per month per \$100 of earnings
- The 60% coverage level rate is \$0.61 per month per \$100 of earnings

#### Examples of monthly LTD cost calculations:

**1. An Employee earning \$30,000 per year:**

- a. If selecting 40% coverage:  $\$30,000/\$100 \times .26/12 = \$6.50$  per month
- b. If selecting 60% coverage:  $\$30,000/\$100 \times .61/12 = \$15.25$  per month

**2. An Employee earning \$50,000 per year:**

- a. If selecting 40% coverage:  $\$50,000/\$100 \times .26/12 = \$10.83$  per month
- b. If selecting 60% coverage:  $\$50,000/\$100 \times .61/12 = \$25.42$  per month

**As a New Hire, Long Term Disability coverage is available *without a Statement of Health.***

### 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 (3) 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 (12) consecutive months** from the date your insurance or your increased amount takes effect. After the twelve (12) month waiting period, a pre-existing condition(s) would be covered per the standard Prudential policy.



## 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 - 40	5%	10%
40 and Over	10%	15%

- ***Your contributions are invested in the Fidelity lifecycle funds and your contributions will continue to be invested there until you indicate otherwise.***
- 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](http://www.fidelity.com/atwork).
- If you would like some or all of your contributions to be invested with TIAA-CREF, please log into Employee Self Service 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](http://www.tiaa-cref.org/tufts) to make your investment selections.

#### **Vesting Period**

Employees are 100% vested in the 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. Here are some important details about the Plan:

- 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 included in this packet.
- 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 2012 is **\$17,000**.
- If you will be age 50 or older by December 31, 2012, you are eligible for the **Age 50 Catch-Up Limit** and may contribute an additional **\$5,500** for calendar year 2012; therefore, the IRS maximum amount for any employee who will be at least 50 years old by the end of 2012 is \$22,500.



## MetLaw (Administered by Hyatt Legal Plan)

MetLaw provides you, your spouse, and your dependents with fully covered 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. **Once enrolled in the Plan, you must remain in the Plan for the entire calendar year.** For more information regarding this plan, visit the Hyatt Legal Plans website at <http://www.legalplans.com>. Click on "Thinking About Enrolling?" and enter password: **1500587**.

## Using Employee Self-Service

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 W-2 tax form
- 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

**NOTE: If you need help accessing your Employee Self-Service account, please contact the University IT Support Center at (617) 627-3376 Monday through Friday 9:00 AM to 5:00 PM or via email at [uitsc@tufts.edu](mailto:uitsc@tufts.edu).**

The Human Resources department is pleased to offer these online services to Tufts University employees. We are working to add more services to the online application and will keep you informed as new and enhanced services become available.

## Vendor Contact Information

VENDOR	TOLL-FREE PHONE NUMBER	WEBSITE
Crosby Benefit Systems	(800) 462-2235	<a href="http://www.crosbybenefits.com">www.crosbybenefits.com</a>
Dental Premier USA	(800) 872-0500	<a href="http://www.deltadentalma.com">www.deltadentalma.com</a>
EyeMed Vision Care	(866) 299-1358	<a href="http://www.enrollwitheyemed.com/select">www.enrollwitheyemed.com/select</a>
Fallon Community Health Plan	(800) 868-5200	<a href="http://www.fchp.org">www.fchp.org</a>
Fidelity Investments	(800) 343-0860	<a href="http://www.fidelity.com">www.fidelity.com</a>
Harvard Pilgrim Health Care	(888) 333-4742	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
MetLaw (Hyatt Legal Plans)	(800) 821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Prudential Insurance Company of America	Life Claims: (800) 524-0542 Disability Claims: (800) 842-1718	<a href="http://www.prudential.com">www.prudential.com</a>
TIAA-CREF	(800) 842-2776	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>
Tufts Health Plan	(800) 843-1008	<a href="http://www.tufts-healthplan.com">www.tufts-healthplan.com</a>
Tufts University Human Resources Benefits Office	(617) 627-3270	<a href="http://www.tufts.edu/hr/bene">www.tufts.edu/hr/bene</a>



## 2012 Benefit Costs

Benefit	Coverage Level	Semi-Monthly Cost*	Weekly Cost*
Fallon Community Health Plan	Single	\$61.86	\$28.55
	Two-Person	\$222.69	\$102.78
	Family	\$282.93	\$130.58
Harvard Pilgrim Health Care	Single	\$71.02	\$32.78
	Two-Person	\$255.67	\$118.00
	Family	\$324.99	\$149.99
Tufts Health Plan (EPO)	Single	\$65.64	\$30.29
	Two-Person	\$236.29	\$109.06
	Family	\$300.35	\$138.62
Tufts Health Plan (POS)	Single	\$76.02	\$35.08
	Two-Person	\$273.67	\$126.31
	Family	\$347.86	\$160.55
Delta Dental	Single	\$6.11	\$2.82
	Two-Person	\$21.90	\$10.11
	Family	\$26.21	\$12.10
EyeMed Vision Care	Single	\$2.92	\$1.35
	Two-Person	\$5.51	\$2.54
	Family	\$8.07	\$3.72
MetLaw	Offers employees the option to purchase personal legal services.	\$9.05	\$4.18
Supplemental Life Insurance (Prudential Insurance Company of America)	Offers employees the opportunity to purchase up to five times annual base earnings of additional Life Insurance.	See Page 8 for rate schedules and pricing examples.	See Page 8 for rate schedules and pricing examples.
Dependent Life Insurance (Prudential Insurance Company of America)	Option 1 Spouse: \$25,000/\$50,000 Option 2 Child(ren): \$10,000	See Page 9 for rate schedules and pricing examples.	See Page 9 for rate schedules and pricing examples.
Voluntary Accidental Death and Dismemberment (Prudential Insurance Company of America)	Offers employees the opportunity to elect coverage up to five times annual base earnings of AD&D insurance.	See Page 9 for rate schedules and pricing examples.	See Page 9 for rate schedules and pricing examples.
Long Term Disability (Prudential Insurance Company of America)	Offers employees the opportunity to purchase disability benefits at 40% or 60% of basic monthly earnings.	See Page 10 for rate schedules and pricing examples.	See Page 10 for rate schedules and pricing examples.

\* = Please note that the listed rates do not reflect additional Federal and State taxation for Same-Sex Domestic Partner Coverage. Please contact the Human Resources Benefits Office at (617) 627-3270 for more information.

## Tufts University – Benefits Questions & Answers

### ■ **What 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 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 forget my User ID and Password information?**

To obtain your User ID or to reset your Password, please contact the University IT Support Center at (617) 627-3376 or via e-mail at [uitsc@tufts.edu](mailto:uitsc@tufts.edu).

### ■ **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 Benefit?**

You will need to be a member of a university health plan and your health club for at least 4 months (in a calendar year). You will then need to complete a Fitness Reimbursement Form, which can be accessed on the Tufts University Human Resources Forms website. Please see page 4 of this brochure for more details.

### ■ **How will I receive reimbursement for the Weight Watchers Benefit?**

You will need to be a member of a university health plan. You will then need to complete a Weight Watchers Reimbursement Form, which can be accessed on the Tufts University Human Resources Forms website. Please see page 4 of this brochure for more details.

### ■ **Can I change my Health and Welfare Benefit 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, divorce, loss of coverage, etc.). **Please note, you must notify the Human Resources Benefits Office of any Qualified Status Changes within 31 days of the event.**

### ■ **How do I find out if my doctors or hospital participates in the plan?**

You can access the benefit plans’ Provider Directories via the web or the toll-free numbers on Page 12 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 the Human Resources Benefits Office. All contact information is listed on Page 12 of this brochure.

### ■ **What is the different between EPO/HMO and POS Plans?**

An EPO and an HMO are plans that offer In-Network only coverage through a Primary Care Physician. Both are functionally identical. A POS Plan functions as an EPO or HMO for In-Network benefits, plus has Out-of-Network coverage that is subject to a deductible and co-insurance.

# ***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 health 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.

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 retiree health coverage again.

## ***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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (*see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number*) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call (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](http://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: November 2011  
Name of Entity/Sender: Tufts University  
Contact – Position/Office: Human Resources Benefits Office  
Address: 200 Boston Avenue, Suite 1600, Medford, MA 02155  
Phone Number: (617) 627-3270



# *Important Information You Should Know...*

## ***Children's Health Insurance Reauthorization Act of 2009***

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act added two special enrollment opportunities for participants and their dependents under the Tufts University Health Benefits Plans.

First, if you, your spouse, or dependent lose eligibility for assistance under a state Children's Health Insurance Program ("CHIP") or Medicaid coverage, then you may be able to enroll yourself if you lose assistance, or your spouse or dependent if he or she loses assistance, under one of the Tufts University Health Plans, provided your completed benefit election form is received by the Tufts University Human Resources Benefits Office **within 60 days** after the loss of CHIP or Medicaid coverage.

Second, if you become eligible for premium assistance under a state CHIP program or Medicaid, then you may enroll yourself if you become eligible for assistance, or your spouse or dependent if he or she becomes eligible for assistance, under one of the Tufts University Health Plans, provided your completed benefit election form is received by the Tufts University Human Resources Benefits Office **within 60 days** of the determination of eligibility for assistance.

If you have questions about how to enroll in one of the Tufts University Health Plans, then you should contact the Tufts University Human Resources Benefits Office at (617) 627-3270. If you have questions regarding your eligibility for premium assistance or coverage under Medicaid or CHIP, then you should contact the Massachusetts State Medicaid or CHIP agencies (or the state agencies for the state in which you reside if you do not reside in Massachusetts).

## ***Continued Health Care Under COBRA***

If your health and/or dental coverage is terminated due to a qualifying event such as your termination of employment, reduction in hours, divorce, loss of dependency, or Medicare entitlement, then you may be eligible to elect continued health care coverage under COBRA for you and/or your dependents, provided you pay the cost of coverage. You will receive a separate, detailed notice describing your rights under COBRA. In addition, you may refer to the Summary Plan Description for more information.

## ***Military Service***

If you leave your job to perform military service, then you may have the right to continue coverage under the Health Plan for you and your dependents for up to 24 months. In addition, you may have the right to be reinstated in the Health Plan when you return to employment with Tufts University, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for military service-connected illnesses or injuries. Please contact the Human Resources Benefits Office if you anticipate going on military leave.

## ***Newborns' and Mothers' Rights***

Special rights apply to newborns and mothers regarding coverage for hospital stays in connection with childbirth under the Health Plan. These rights are described in detail in the Summary Plan Description.

# *Important Information You Should Know (continued) . . .*

## ***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 the Tufts University Human Resources Benefits Office at (617) 627-3270 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. The privacy provisions of HIPAA will apply to the medical, dental and health care flexible spending account benefit plans.

The benefit plans and the university, as the plan sponsor of such benefit plans, will not use or further disclose information that is protected by HIPAA ("*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 to also observe HIPAA's privacy rules. In particular, the benefit plans will not, without 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.

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 will maintain a privacy notice, which provides a complete description of your rights under HIPAA's privacy rules. For a copy of the notice, please contact the Human Resources Benefits Office. 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, Ann Mac Kenzie, Director of Benefits & HRSC at (617) 627-3270.

## ***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.



*This summary of these benefit plans have 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 benefit 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. Please contact the Human Resources Benefits Office if you wish to obtain a copy of the SPD. The SPD is also available online on the Human Resources Benefits website at <http://hr.tufts.edu>.*



Human Resources Benefits Office  
200 Boston Avenue, Suite 1600  
Medford, MA 02155  
(617) 627-3270