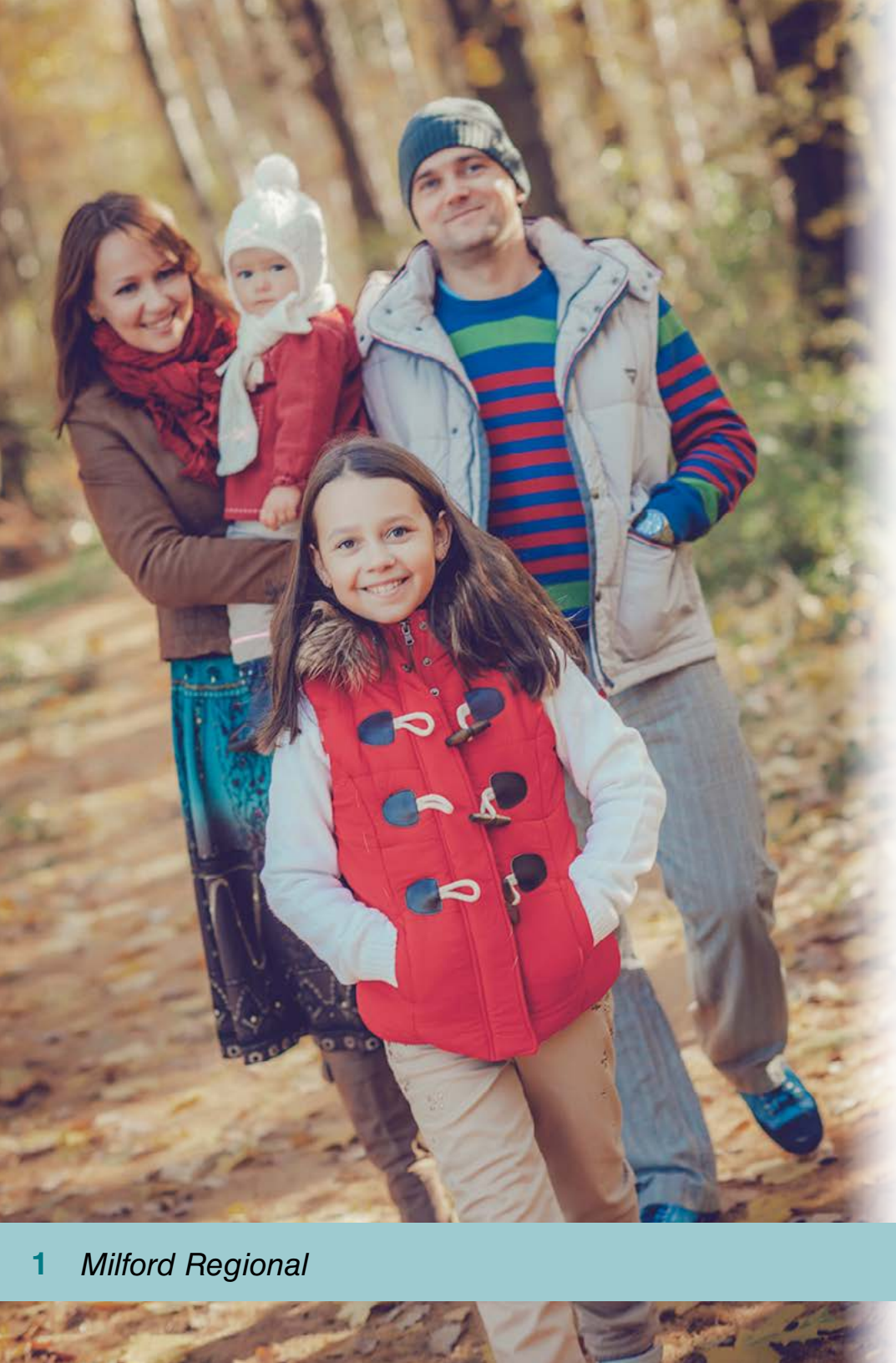

2017 Benefits Enrollment Guide

Milford Regional

Milford Regional Medical Center

Tri-County Medical
The Benchmark for Quality Care

- Online Enrollment Instructions
- Benefits Eligibility
- Health Insurance
- Health Plan Scenarios
- Dental Insurance
- Voluntary Vision Insurance
- Life and AD&D Insurance
- Disability Insurance
- Flexible Spending Accounts
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- Critical Illness Insurance
- Contact Information

Begin

Welcome

Our goal at Milford Regional Medical Center and Tri-County Medical Associates (hereafter referred to as Milford Regional) is to provide you with an array of benefits that will meet your personal needs. Your benefit options are an important part of your total compensation … and just one of the many ways we strive to take care of you and your family.

We encourage you to take the time to study the information in this Benefits Enrollment Guide to learn about the features of the various plans offered by Milford Regional. In this guide, you'll find information you need to select the right plans and coverage levels for both you and your qualified dependents.

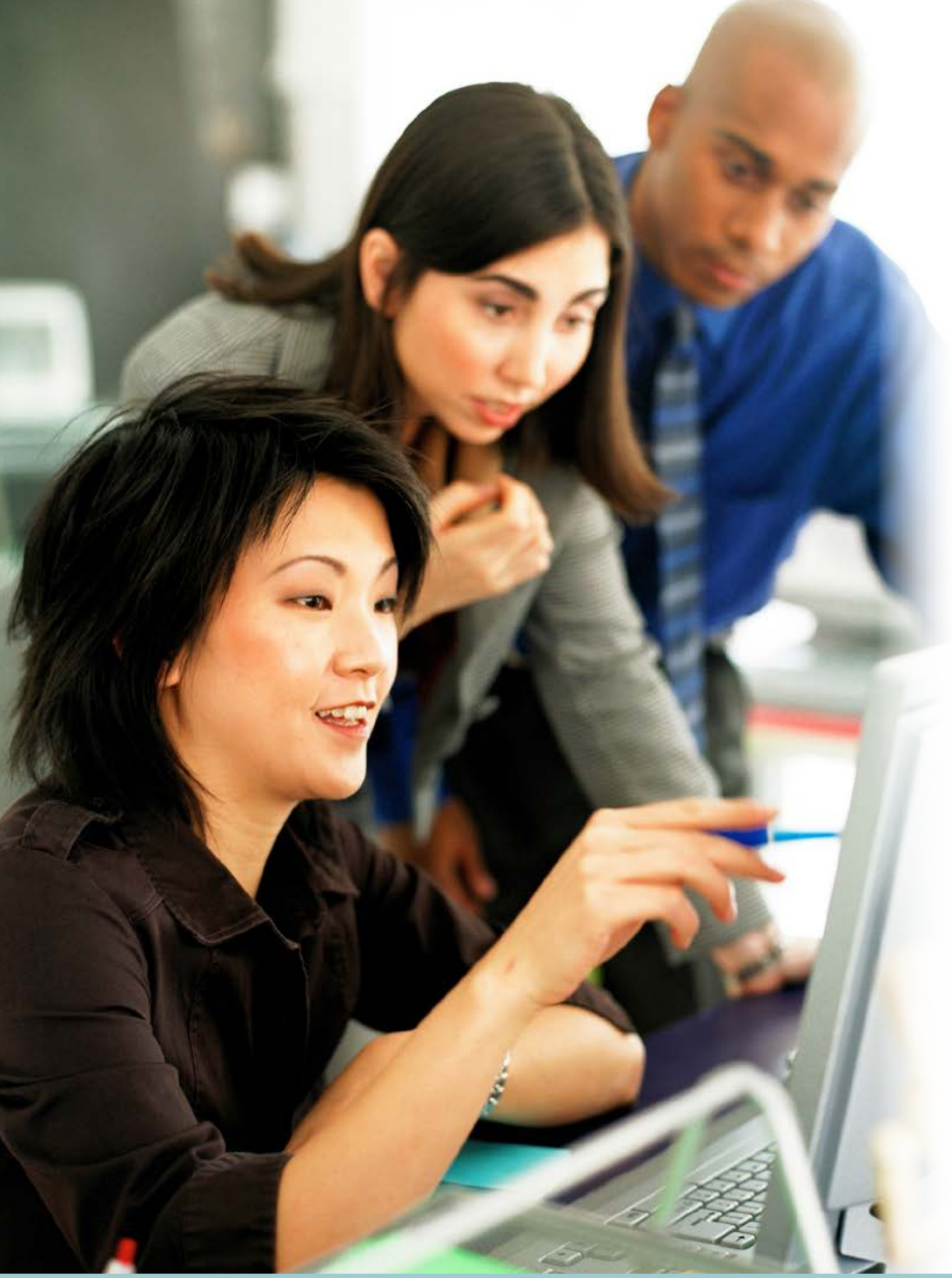
Milford Regional's online enrollment allows employees to enroll or make changes to their benefits using any internet-connected computer.

The process is easy and available 24 hours a day via **www.benedetails.com**, and only takes about 15 to 20 minutes to do. The following step-by-step instructions will assist you through the automated enrollment process. Please direct questions to **humanresources@milreg.org** or **1-508-422-2509** for Milford Regional employees or **rvaillancourt@milreg.org** or **1-508-473-1480, ext.104,** for Tri-County employees.

We will respond to your questions as soon as possible. Please note that the Human Resources Department is staffed during regular business hours Monday through Friday, 7 am to 5 pm for Milford Regional Medical Center and 8 am to 5 pm for Tri-County Medical Associates.

Meanwhile, if you have questions or require additional information about the Benefits Program, you can contact the individual insurance carriers directly. A list of their telephone numbers and websites is provided at the end of this enrollment guide.

This enrollment guide provides a summary of benefits. If any information conflicts with a provision in a Milford Regional benefit plan document, the language in the plan document will prevail.



Online Enrollment Instructions

Navigation tips:

- Click the “Continue” button during the enrollment process; DO NOT use the browser keys (backward and forward arrows).
- Please note that you will have an opportunity to review your elections and make edits, if necessary, at the preconfirmation step of the enrollment process.
- Avoid interruptions while making selections. **After 15 minutes of inactivity, the system “times out,” and you will have to start again from the beginning!**

Enrollment tips:

- Please have the following information available:
  1. Your Social Security number.
  2. Your Primary Care Physician’s (PCP’s) ID number* (if you are enrolling in the HMO plan).
  3. Dependents’ dates of birth.
  4. Dependents’ Social Security numbers (required).
  5. Dependents’ PCP ID numbers* (if enrolling in the HMO plan).

  *There is a link on the website to obtain PCP numbers.
- After you have logged on, you will be able to review your current elections.
- **If you do not enroll within the Open Enrollment period, you will need to wait until the next open enrollment period or until you meet the conditions for a qualifying event.**

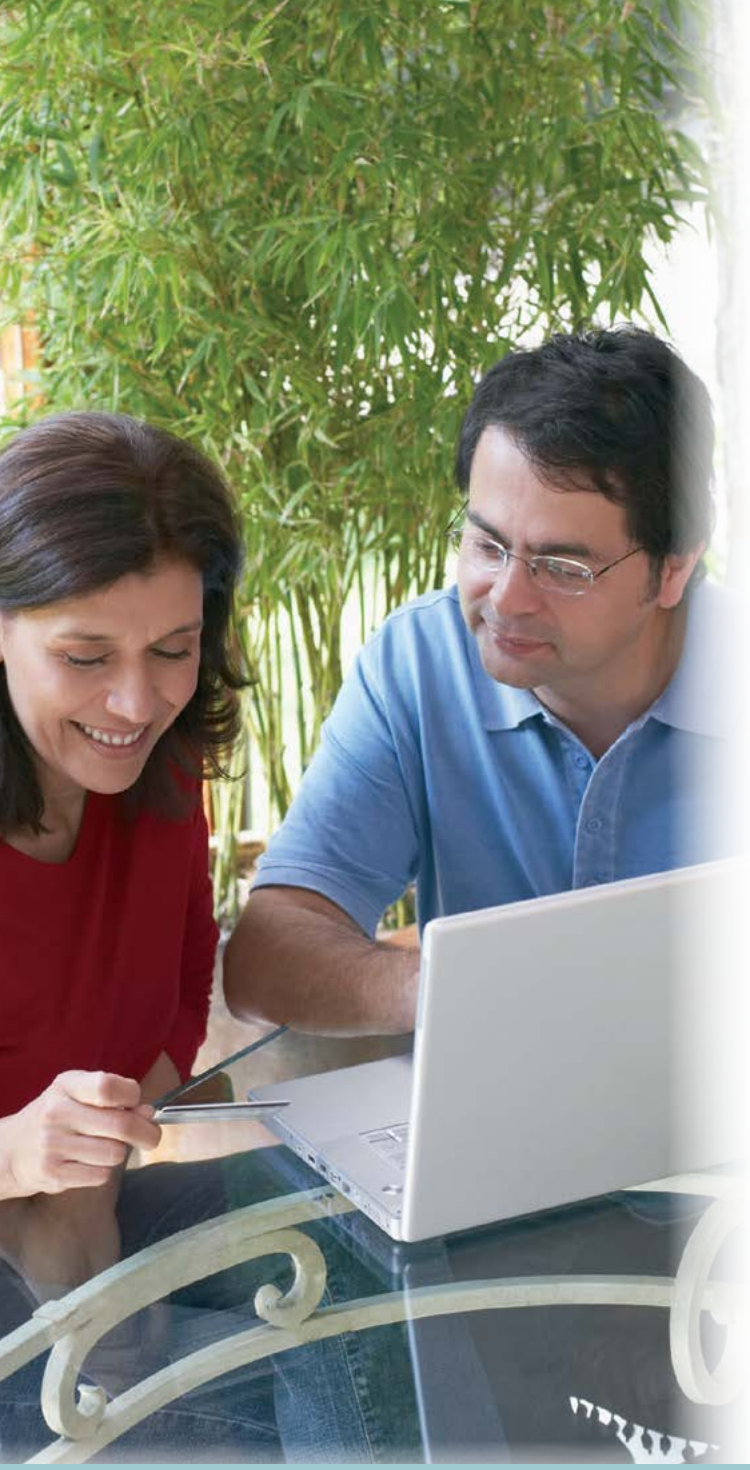
Continued ...

Online Enrollment Instructions

Online Benefits Enrollment Instructions:

1. Log on to **www.benedetails.com**; on the **Welcome** screen, enter the **Portal ID#: 91787**.
2. On the **Home** screen, enter the **EID** (MRMC employees can find their four-digit number on their badge; TCMA employees can find their five-digit number by logging in to Kronos) and **Password** (the last four digits of your Social Security number). Then, click "Sign in."
3. The **View Benefits** screen allows you to view your current benefits, or you may proceed to **Enroll Now** for the new plan year.
4. When you choose **Enroll Now**, you will be brought to another screen; you can proceed by clicking "Continue," or you can access the Harvard Pilgrim website to obtain PCP information.
5. On the **Life Events** screen, please select the appropriate option, and then click "Continue." (This screen is not available at Open Enrollment.)
6. Please review the **Personal Information** screen and notify your HR department if there are any changes. Please answer the smoker question. This must be answered before you can proceed with the enrollment. Click "Continue."
7. The **Dependent Information** screen allows you to add, delete, or update dependent information for medical, dental, and/or vision coverage. Please review this section before you continue. As of January 1, 2016, dependents of dependents are no longer covered under your plan. As of October 1, 2013, ex-spouses are no longer covered under your plan. If you currently have an ex-spouse or a dependent of a dependent listed under the dependent section, please remove that dependent. You must notify the Human Resources department so a COBRA packet can be sent. Please supply in writing to the HR department the name, date of birth, and mailing address of the ex-spouse or dependent of a dependent. When finished, click "Continue." Click on the pencil to edit or "X" to delete information. All dependents' addresses must be verified.
8. Benefits enrollment begins on the **Health Insurance** screen. Select from the available options, or click "Waive Medical Coverage." If you elect health insurance, select the level of coverage. When finished, click "Continue."
9. If you are enrolling in the HMO plan for the first time, enter a PCP ID# for yourself and each dependent on the next screen. Click "Cover" next to the name of each dependent you wish to enroll in the plan. When finished, click "Continue." If you are already an HMO member and you wish to change the PCP for yourself or a dependent, please call Harvard Pilgrim's dedicated member line at **1-888-333-4742**.
10. **Dental Insurance** screen, click "Delta Dental PPO Plus Premier Plan," or "Waive Dental Coverage." Select the level of coverage. When finished, click "Continue." The next screen lists your dependents, if any. Click "Cover" next to the name of each dependent you wish to enroll in the plan. When finished, click "Continue."

Continued ...



Online Enrollment Instructions

11. On the **Voluntary Vision** screen, click “VSP Coverage” to enroll, or “Waive Vision Coverage.” Select the level of coverage. When finished, click “Continue.” The next screen lists your dependents, if any. Click “Cover” next to the name of each dependent you wish to enroll in the plan. When finished, click “Continue.”
12. The **Life and Accidental Death & Dismemberment Insurance** screen provides you with general information; your coverage amount will be displayed on the confirmation screen.
13. On the **Long-Term Disability Insurance** screen, click either “180-Day Waiting Period Plan” or “90-Day Waiting Period Plan,” then click “Continue.”
14. On the **Voluntary Short-Term Disability Insurance** screen, click 13-Week Plan,” “26-Week Plan,” or “Waive STD Coverage.” Please note that if you enrolled in the 90-Day LTD Plan on the previous screen, you may not enroll in the 26-week STD plan. Click “Continue.”
15. On the **Voluntary HIV Insurance** screen, click an amount of coverage from $25,000 to $250,000, or “Waive Voluntary HIV Insurance.” Approval must be obtained from the insurance company before coverage becomes effective; no payroll deductions are made until then. Click “Continue.”
16. To enroll in a **Health Care Flexible Spending Account**, enter a weekly deduction amount up to $48.07; to waive coverage, enter “0.” Click “Continue.” You cannot enroll in the FSA if you are electing the HD PPO w/HSA plan.
17. To enroll in a **Dependent Care Flexible Spending Account,*** enter a weekly deduction amount up to $96.15; to waive coverage, enter “0.” Click “Continue.”
18. For **Voluntary Critical Illness**, select from high or low plan and premium tier or click “decline coverage,” then click “Continue.”
19. For **Voluntary Accident Insurance**, select premium tier or click “decline coverage,” then click “Continue.”
20. Enter your **Beneficiary Information for Life and AD&D Insurance**. You may indicate both primary and contingent beneficiaries. The percentage amount in each case must equal 100%. When finished, click “Continue.”
21. Please read the **Preconfirmation** screen carefully; it contains important authorization information and lists all of your benefit elections. You may click “Edit” to make any changes. When finished, click “Continue.”
22. The **Confirmation** screen restates all of your benefit selections; please print this screen located to the top right of the screen (picture of a printer) and keep a copy of it with your important papers. The online enrollment process is complete; please click “Log Out” located on the top left of the page.

**Nondiscrimination rules restrict eligibility.*

Benefits Eligibility

Eligibility

Regular, full-time employees who are scheduled to work 40 hours per week and part-time employees who are scheduled to work 24–39 hours per week are eligible for the benefit plans described in this enrollment handbook. New hires are eligible on the first of the month following the date of hire. Transfers to a benefits-eligible position are effective on the first of the month following the date of transfer.

Note: Employees will have a 30-day enrollment window to access the website and choose their benefits.

Medical, Dental, and Vision Dependent Eligibility

- Your legal spouse (ex-spouses are not allowed on the plan).
- Dependents who turn age 26 will be covered until the end of the month in which they turn 26.
- Any dependent child older than 26 who is mentally and/or physically incapable of earning a living.
- Dependents of dependents are not allowed on the plan.

When Coverage Ends

Coverage under the Medical, Dental, Vision, Life and Accidental Death & Dismemberment, and Short- and Long-Term Disability Insurance ends on the last day of work for terminating employees. Coverage for employees transferring to nonbenefit status ends on the last day of benefit eligibility unless, if under the ACA (Affordable Care Act) you were considered a full-time employee (30 hours or more per week) prior to the start of our 2017 Benefit Plan Year, your Medical insurance will continue through the 2017 plan year. All other benefits will end on the last day of benefit eligibility. Coverage for dependents turning age 26 ends on the last day of the month in which they turn age 26.

Continued ...

Qualifying Midyear Events

Employees can make changes to their benefit plan elections only during open enrollment unless they experience a qualifying midyear event such as:

An Employment Change That Affects Eligibility

- Spouse or covered dependent gains or loses benefit eligibility through another employer.
- Employee or spouse begins or returns from leave without pay or family medical leave.

A Legal Marital Status Change

- Marriage, divorce, annulment, legal separation, or death of a spouse.

Judgments, Decrees, or Orders

- A court requires that another party cover your children.
- A judgment, decree, or order requires coverage of a child.
- A Social Services order requires coverage of a child.

A Medicare or Medicaid Change

- You or a dependent gains or loses eligibility for Medicare or Medicaid.

The Number of Eligible Family Members Changes

- Adoption, birth, permanent custody, or death of a dependent.
- Covered child ceases to be eligible.

Changes Due to Special Circumstances

- Employee or dependent moves in or out of a plan's service area.

Cost and/or Coverage Changes

- Day care provider or cost of day care change (for Dependent Care Reimbursement Account only).
- Open enrollment or significant change under another employer's plan (medical & dental plans only).

If you have questions about any of the enclosed information, please call Human Resources.

Payment of Premiums

Premiums for Medical, Dental, Vision, HIV, and LTD Insurance and amounts you contribute to the Flexible Spending Accounts are deducted from your weekly paycheck on a pre-tax basis.

STD, Accident, and Critical Illness are deducted from your weekly paycheck on a post-tax basis.

Health Insurance

Having the financial protection of a comprehensive health insurance plan is important for your peace of mind. Health insurance not only assures providers that you can pay for their services, but it also allows you to focus on what's truly important — a speedy recovery.

You have a choice of three comprehensive health plans:

- Harvard Pilgrim Healthcare HMO.
- Harvard Pilgrim Healthcare Best Buy PPO.
- Harvard Pilgrim Healthcare HD PPO with HSA.

You may enroll in one of four tier options based on your circumstances (employee only, employee plus spouse, employee plus children, or employee plus family).

The charts on the following pages provide cost comparisons for all four options. Be sure to choose the best plan for you, your family … and your wallet. Choosing wisely could mean significant savings for you.

What Is an HMO?

A Health Maintenance Organization (HMO) provides health care in-network with a managed care plan. With an HMO, you pay a copay at the time of your office visit and have a lower out-of-pocket cost. The HMO requires you to select a Primary Care Physician (PCP). Your PCP is the first person you call when you need medical care.

You will need your PCP's referral to see a specialist, with the exception of your gynecologist. With the HMO, you must meet a $500 (individual) or a $1,000 (family) deductible. Once the deductible has been met, most in-network expenses are covered at 100%.

Continued …

Health Insurance

What Is a PPO?

A Preferred Provider Organization (PPO) covers the same services and offers the same provider network as the HMO, but with lower payroll contributions. You can choose to receive in- or out-of-network care. With in-network care you receive the highest level of benefits, continuity of care, and lower out-of-pocket expenses. Out-of-network care lets you choose any provider; however, your out-of-pocket expenses will be higher.

With the PPO, you must meet a deductible (individual $1,700 in-network, $2,000 out-of-network for the HRA plan;$1,500 for HSA plan in-network, $3,000 out-of-network) or (family: $3,400 in-network, $4,000 out-of-network for HRA plan; $3,000 for HSA plan in-network, $6,000 out-of-network). Once the deductible is met, most in-network expenses are covered at 100% for the HRA plan, and at 80% for the HSA plan.

Health Reimbursement Account

A key feature of the Best Buy PPO is a Health Reimbursement Account (HRA) funded by Milford Regional. The HRA automatically reimburses deductible expenses incurred up to $500 (individual) or $1,000 (family).

Mail-Order Prescription Drug Program

If you are taking a medication on a daily, ongoing basis, you can save time and money by filling these maintenance prescriptions through the mail-order service. With a double copay for the HMO and PPO plans, you can get triple the medications. Your prescriptions are delivered right to your home, and cost less! With the HD PPO w/HSA plan you are subject to the deductible, then copays.

To start the mail-order service, ask your doctor to write two prescriptions — one to take to the pharmacy right away, and one to submit to the mail-order program for up to a 90-day supply. Have your doctor include refills if you take the medication on a long-term basis.

For more information on your prescription drug copays, please refer to the Medical Plan Comparison chart on the next page.

What Is an HSA?

An HSA is a tax-relief option created through the Medicare Modernization Act enacted by Congress in 2003. It's a personal account in which you can place tax-deferred money. These funds are owned and controlled by you. You can use your HSA funds to help pay for qualified expenses not covered by your health insurance plan, including deductibles and coinsurance — tax-free.

For the 2017 plan year, Milford Regional will contribute $500 for single coverage or $1,000 for more than single coverage into an HSA account for you. Your HSA is your account. You own it. You can add to it. Even if you change jobs, it's yours to keep. Plus, an HSA lets you spend the funds now or save them for the future. So, you can use an HSA to save for retirement expenses such as Medicare premiums.

An HSA is made up of two parts: a high-deductible health insurance plan (HDHP) and a Health Savings Account (HSA). Anyone covered by a qualified HDHP is eligible to select an HSA as long as the HDHP satisfies the federal requirements set each year related to deductibles and out-of-pocket expenses. In addition, to be eligible for an HSA combined with a HDHP, you cannot be covered under other health insurance, enrolled in Medicare, and another person's dependent. You cannot be enrolled in your own or your spouse's traditional Health FSA.

Health Insurance

MRMC/TCMA Benefit Comparison 2017

	Tiered Copay HMO 500	Best Buy PPO In-network *benefits unless otherwise noted*	HD PPO with HSA In-network *benefits unless otherwise noted*
Reimbursement Account	None	HRA through Sentinel Benefits; pay for deductible expenses; Milford Regional funds up to $500 for Single and $1,000 for Family	HSA through Health Equity; pay for qualified first-dollar expenses not covered by your health plan; Milford Regional contributes $500 for Single and $1,000 for Family
Deductible – In-Network	$500 per family member, maximum $1,000 per family	$1,700 per family member, maximum $3,400 per family	$1,500 per self-only contract, $3,000 per family contract (no individual member deductible maximum on family contract)
Deductible – Out-of-Network	NA	$2,000 per family member, maximum $4,000 per family	$3,000 per self-only contract, $6,000 per family contract (no individual member maximum on family contract)
Coinsurance After Deductible	None	None in-network, 20% out-of-network	20% in-network, 40% out-of-network
Out-of-Pocket Maximum – In-Network	$2,000 per family member, maximum $4,000 per family	$2,500 per family member, maximum $5,000k per family in-network	$3,000 per self-only contract, $6,000 per family contract (no individual member maximum on family contract
Out-of-Pocket Maximum – Out-of-Network	NA	$4,000 per family member, maximum $8,000 per family out-of-network	$6,000 per self-only contract, $12,000 per family contract (no individual member maximum on family contract)
Select Preventive Services	Covered in full	Covered in full	Covered in full
PCP Diagnostic Visit	$25 copay	$20 copay	Deductible, then coinsurance
Specialist Diagnostic Visit	$35 copay	$20 copay	Deductible, then coinsurance
Diagnostic Lab	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance
Imaging (X-ray, MRI, CT)	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance
Emergency Services	$150 copay	Deductible, then $100 copay	Deductible, then coinsurance
Day Surgery	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance
Inpatient Services	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance

MRMC/TCMA Benefit Comparison 2017

	Tiered Copay HMO 500	Best Buy PPO In-network *benefits unless otherwise noted*	HD PPO with HSA In-network *benefits unless otherwise noted*
Outpatient Physical Therapy – Up to 60 visits per plan year	Deductible, then no charge up to 60 visits	Deductible, then no charge	Deductible, then coinsurance
Outpatient Occupational Therapy – Up to 60 visits per plan year	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance
Speech Therapy	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance
Durable Medical Equipment	Deductible, then no charge	Deductible, then no charge	Deductible, then coinsurance
Chiropractic	$25 copay up to $500 insurer payment to provider	$20 copay up to $500 insurer payment to provider	Deductible, then coinsurance up to $500 insurer payment to provider
Behavioral Health	$25 copay individual visit, $10 copay group visit	$20 copay individual visit, $10 copay group visit	Deductible, then coinsurance
Rx – 30-day retail	$15/$30/$50	$15/$30/$50	Deductible, then $15/$30/$50
Rx – 90-day mail order	$30/$60/$100	$30/$60/$100	Deductible, then $30/$60/$100

Your Weekly Cost						
	HMO		Best Buy PPO		HD PPO w/HSA	
	Smoker	Nonsmoker	Smoker	Nonsmoker	Smoker	Nonsmoker
Full-time (40 hours)						
Employee	$45.62	$43.70	$21.91	$19.99	$12.68	$10.76
Employee + Spouse	$128.01	$126.09	$59.42	$57.50	$34.51	$32.59
Employee + Child(ren)	$118.51	$116.59	$55.01	$53.09	$31.94	$30.02
Employee + Family	$151.74	$149.82	$70.45	$68.53	$40.93	$39.01
Part-time (24–39 hours)						
Employee	$61.62	$59.70	$37.91	$35.99	$24.06	$22.14
Employee + Spouse	$171.22	$169.30	$102.63	$100.71	$77.72	$75.80
Employee + Child(ren)	$158.52	$156.60	$95.02	$93.10	$71.95	$70.03
Employee + Family	$202.96	$201.04	$121.66	$119.74	$92.14	$90.22

Important Information for Medicare-Eligible Beneficiaries About Your Prescription Drug Coverage and Medicare Part D: Because the prescription drug coverage offered under the Milford Regional HPHC plans pays on average as much as the standard Medicare Part D plan will pay, you can keep this coverage and not pay extra if you decide to later enroll in Medicare Part D coverage.

HRA/HSA Comparison

We understand how important it is to have the freedom to make your own decisions regarding your health care dollars. Therefore, we are offering you three health plan options: the current HMO, the Best Buy PPO with Health Reimbursement Account (HRA), and the High Deductible PPO Health Plan with a Health Savings Account (HSA). Both the HRA and the HSA can help put your health care spending choices back into your hands.

Feature	Health Reimbursement Account (HRA)	Health Savings Account (HSA)
Funding	Funded by MRMC/TCMA; you may not contribute to this account.	A portion is funded by MRMC/TCMA; you may also contribute up to IRS limit of $3,400 for an individual or $6,750 for two or more covered.*
When You Can Use the Funds	Full balance available beginning January 1.	As they are deposited each pay period.
Covered Expenses	Deductible expenses only.	Eligible health care expenses or noneligible expenses with a 20% penalty plus taxability of the funds.
Portability	You cannot take your HRA with you if you leave MRMC/TCMA, or if you change plans.	You can take your HSA with you if you leave MRMC/TCMA, or if you change plans.
Rollover	Unused funds are not rolled over from year to year.	Unused funds are rolled over from year to year, providing you an opportunity to save for future health care costs.

Under the HSA plan, there can be no money remaining in your FSA. If you enroll in the HRA plan, you can enroll in a standard FSA, but your HRA dollars must be used to pay for services before any FSA dollars are used. FSA information is available on page 18.

* You may contribute an additional $1,000 if you are age 55 or older in 2017.

Continued ...

Health Plan Scenarios

Employee Example:

Laura

Laura is 32 years old and single.

For 2017 Laura is expecting her medical needs to be similar to last year:

- Annual physical.
- One office visit for sinus infection.
- One generic antibiotic.
- Regular maintenance medication all year.

Laura

Service	Full Cost	HSA PPO	Best Buy PPO	HMO
Preventive Care (covered 100% in-network under all MRMC/TCMA plans)				
One Wellness Visit	$122	$0	$0	$0
Lab Work	$49	$0	$0	$0
Diagnostic / Catastrophic Care				
One PCP Visit	$130	$130	$20	$25
Generic Antibiotic	$7	$7	$7	$7
Emergency Room Visit	$490	$490	$490	$150
Two Specialist Visits	$260	$260	$40	$70
One Preventive Monthly Medication (generic by mail-order for 12 months)	$168	$168	$120	$120
Annual Cost Breakdown				
Total Cost for Services	$1,226	$1,055	$677	$372
MRMC/TCMA Health Account Contribution		$500	$500	$0
Portion of cost covered by Health Account		$500	$490	$0
Total Cost for Services Laura Owes		$555	$187	$372
Annual Premium Contribution (EE Only Non-Smoker)		$560	$1,039	$2,272
Laura's Annual Out-of-Pocket Spend		$1,115	$1,226	$2,644
Health Account Rollover		$0	N/A	N/A

Employee Example:

The Walkers

Tim is married and covers his wife, Sue, and their sons, Steven and Brad. Because he has a family, Tim knows his health care needs can be somewhat unpredictable.

He knows these for sure:

- Every family member will have a wellness visit in 2017.
- Sue will have a mammogram.
- Three maintenance medications will be taken.
- Tim will also have:
  - One trip to the ER.
  - One chest X-ray.
  - Three specialist visits.
  - One generic antibiotic.

The Walkers

Service	Full Cost	HSA PPO	Best Buy PPO	HMO
Preventive Care (covered 100% in-network under all MRMC/TCMA plans)				
Four Wellness Visits	$388	$0	$0	$0
Lab Work	$196	$0	$0	$0
Mammogram	$1,000	$0	$0	$0
Diagnostic / Catastrophic Care				
Emergency Room Visit	$490	$490	$490	$150
Three Specialist Visits	$390	$390	$60	$105
One Brand Allergy Medication, One Brand Asthma Medication (Tier 2 for 12 months)	$1,560	$1,560	$720	$720
One Generic Antibiotic	$7	$7	$7	$7
One Chest X-Ray	$350	$350	$350	$350
Annual Cost Breakdown				
Total Cost for Services	$4,381	$2,797	$1,627	$1,332
MRMC/TCMA Health Savings Account Contribution		$1,000	$1,000	$0
Portion of Cost Covered by Health Savings Account		$1,000	$840	$0
Total Cost for Services the Walkers Owe		$1,797	$787	$1,332
Annual Premium Contribution (Family nonsmoker)		$2,029	$3,564	$7,791
The Walkers' Annual Out-of-Pocket Spending		$3,826	$4,351	$9,123
Health Savings Account Rollover		$0	N/A	N/A

Health Plan Scenario 3

Employee Example:

The Jones Family's Year:

- The subscriber is a full time employee who doesn't smoke
- The Jones family was wise and only sought in-network care.

The Jones'

	HD PPO	Best Buy PPO	HMO
Annual Paycheck Contributions	$2,029.15	$3,564.53	$7,791.80
Deductible Payments	$3,000.00	$3,400.00	$1,000.00
Additional Money Spent to hit In-Network Out-of-Pocket Limit	$3,000.00	$1,600.00	$3,000.00
Minus TCMA's Contribution	-$,1000.00	-$1,000.00	$0
Maximum Expense (in-network)	$7,029.15	$7,564.53	$11,791.80

- What would happen if the Jones family went out-of-network?
  - HD PPO totals could increase by an additional $12,000
  - Best Buy PPO could increase by an additional $8,000
  - HMO totals could increase indefinitely as the plan offers no OON coverage

	HD PPO	Best Buy PPO	HMO
Maximum Expense (in-network)	$7,029.15	$7,564.53	$11,791.80
Out-of-Network Deductible Payments	$6,000.00	$4,000.00	(no coverage)
Additional Money Spent to hit Out-of-Network Out-of-Pocket Limit	$6,000.00	$4,000.00	(no coverage)
Maximum Expense (in- and out-of-network)	$19,029.15	$15,564.53	Exponential (due to no coverage for OON Services)

How can you help keep your health insurance costs low?

- Engage in preventative healthcare
  - Preventative services are free under all health insurance plans
- Get your flu shot
- Seek in-network care whenever possible
- Take advantage of HPHC's discount programs offered through their Member Savings Program
  - HPHC's Fitness Reimbursement
  - HPHC's Weight Watcher's Discount
  - Hearing & vision discounts
  - And many more! Check them out online on the "Your Member Savings" section of the HPHC website
- Participate in a Flexible Spending Account (if not enrolled in the HSA plan)

Dental Insurance

Keeping your teeth in good shape may keep you from paying a lot later on. As a subscriber of this plan you have access to two of Delta Dental's extensive national networks — Delta Dental PPO and Delta Dental Premier. Both networks offer discounted fees and no balance-billing policy.

Our dental plan is the Delta Dental PPO Plus Premier, which combines two of Delta Dental's national dental networks, Delta Dental PPO and Delta Dental Premier, giving you access to participate in both.

Summary of Dental Benefits

The following chart outlines the benefits offered by our dental plan and the percentage of coverage for each service. If you choose to receive services from a nonparticipating dentist, you will have higher out-of-pocket costs. Delta Dental's payment for services received from a nonparticipating dentist is based on either the dentist's fee or the maximum plan allowance for nonparticipating dentists, whichever is lower. You will be responsible for the difference between Delta Dental's payment and the dentist's total submitted charge, as the Delta Dental contract rates and no balance-billing policy do not apply.

PreTreatment Estimates

Ask your dentist to submit a pretreatment estimate to Delta Dental for any procedures that exceeds $300. This will help you estimate in advance any out-of-pocket expenses you may incur and will confirm that the services you're having are covered under your dental plan coverage.

Rollover Max

Delta Dental coverage now has a ***Rollover Max*** that allows covered members to bank a portion of unused maximum benefit dollars to spend in subsequent years. Members need to see their dentist at least once per benefit year for a cleaning or oral exam.

For our plan, if your total yearly claims don't exceed $700 a year, your rollover amount is $500. Your accumulated rollover total is capped at $1,250 per person for a lifetime. ***Rollover Max*** does not apply to orthodontia. Members must be enrolled by January 1 to be eligible for a rollover for the subsequent year.

Delta Dental PPO Plus Premier

Coverage	Deductible	Eligible Benefits Covered at...	Calendar Year Maximum
Diagnostic and Preventive ■ Periodic Oral Exam, Bitewing X-Rays, Regular Teeth Cleaning & Fluoride Treatments – Every 6 months ■ Comprehensive Evaluation, Full Mouth X-Rays – Once every 60 months ■ Periodontal Cleanings – Once every 3 months following periodontal treatment ■ Sealants – Covered through age 15* ■ Space Maintainers – For members up to age 14	No deductible	100%	$1,500 per person
Basic Restorative ■ Fillings ■ Denture Reline and Repairs ■ Root Canal Therapy ■ Periodontal (gum) Treatment ■ Space Maintainers ■ Oral Surgery (extractions) ■ Emergency Dental Care	$50 individual $150 family	80% after deductible	
Major Restorative ■ Bridges ■ Full and Partial Dentures ■ Crown and Cast Restoration ■ Endoseal (single tooth) Implant (in lieu of a three unit bridge)	$50 individual $150 family	50% of maximum plan allowance after deductible	
Orthodontia ■ To Age 19	No deductible	50% of maximum plan allowance charges	$1,500 separate lifetime maximum

* Up to age 19 for someone who has had a recent cavity and is at risk for decay.

Your Weekly Cost	
Employee	$5.21
Employee + Spouse	$10.41
Employee + Child(ren)	$11.46
Employee + Family	$16.65

Voluntary Vision Insurance

Eye care is important, but many people put it off due to inconvenience or lack of insurance. This is why we are proud to offer our employees a valuable vision insurance plan underwritten by Vision Service Plan (VSP).

You can elect the VSP coverage or you can decline coverage. In addition to deciding if you want vision coverage, you need to decide who will be covered. On the right is a summary outlining the services offered through VSP.

Please be sure to confirm that your doctor is a VSP provider prior to scheduling an appointment.

You may also be entitled to a vision exam through your medical plan. Please note that no identification cards are issued by VSP.

Summary of Vision Benefits

Coverage	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10 copay	Up to $50
Spectacle Lenses (every 12 months) ■ Single Vision ■ Lined Bifocal ■ Lined Trifocal	Covered in full after copay	Up to $50 Up to $75 Up to $100
Anti-reflective Coatings	Covered	No benefits
Frames (every 24 months)	$25 copay $150 allowance	Up to $70
Elective Contact Lenses (every 12 months)*	$150 allowance	$105

You will have:
- A selection of current-style frames and discounts on lens options.
- A choice of more than 32,000 participating doctor locations or out-of-network providers.

* Contact lenses are in lieu of spectacle lenses and frames.

NOTE: Diabetic Eyecare Plus Program ($20 copay) services related to Type 1 & Type 2 diabetes. Visit **vsp.com** for details.

Your Weekly Cost	
Employee	$1.98
Employee + Spouse	$4.07
Employee + Child(ren)	$4.35
Employee + Family	$6.96

Life and Accidental Death & Dismemberment (AD&D)

Insurance is a very important part of your financial well-being, especially if others depend on you for support. That's why Milford Regional is proud to offer Basic Life and Accidental Death and Dismemberment (AD&D) Insurance.

Basic Life and AD&D Insurance

- To ensure that all benefits-eligible employees have a basic level of protection, we provide Life and AD&D Insurance coverage equal to your base annual earnings up to $250,000 at no cost to you. Your base annual earnings do not include overtime pay, bonuses, shift differentials, or any other extra compensation other than your base rate.
  - **Tri-County Medical Associates Physicians:** Please note that physicians on a productivity contract are eligible for Life Insurance equal to their earnings based on last year's W-2. Physicians not on productivity will be eligible for Life Insurance based on their current salary.

Hepatitis/HIV

- A benefit is paid monthly when the insured employee sustains an injury (while performing his/her occupation) that results in exposure to Hepatitis B or C/HIV within one year of the injury.
- The Hepatitis/HIV Benefit equals 20% of the AD&D benefit (paid in 24 monthly installments). If the insured claims injury under the Hepatitis Benefits and the HIV Benefits and contracts both in one accident, Cigna will pay only one 20% benefit.

Reduction in Life and AD&D Insurance Due to Age

Your Life and AD&D benefit will be reduced to 67% when you reach age 70 and to 50% when you reach age 75.

Beneficiaries

Please be sure to provide your beneficiary designation during your benefits enrollment:

- **Primary Beneficiary:** The person designated as the first to receive the proceeds of a life Insurance policy upon the death of the insured.
- **Contingent Beneficiary:** The person entitled to Life Insurance if the primary beneficiary dies before the insured.
- **All benefit eligible employees are also entitled to participate in Cigna's Life Coverage Benefits, including:**
  - **Cigna Secure Travel Program** provides special assistance for emergency medical, financial, legal, and communication assistance when you travel. Learn more about Secure Travel by calling 1-888-226-4567 (group #57).
  - **Cigna's Work Wellness Program** provides a resource of information for disability, family medical leave, returning to work, and staying healthy at work. Visit **https://secure.cigna.com/sites/work-wellness/index.html** for more information.
  - **Cigna's Will Preparation Program** helps you and your family plan and protect your financial future by using a simple, online tool. Visit www.CignaWillCenter.com to learn more.
  - **Cigna's Healthy Rewards Program** provides discounts of up to 60% on health programs and services as part of Cigna's ongoing effort to promote wellness, including: weight management and nutrition, tobacco cessation, and other health and wellness products. Learn more about Healthy Rewards by visiting **www.cigna.com/rewards** (password: savings) or calling 1-800-258-3312.
  - **Cigna Identity Theft Program** provides access to personal case managers who give step-by-step assistance and guidance to individuals who have had their identity stolen. For more information, or if you suspect you might be a victim of identity theft, call 1-888-226-4567.

Voluntary Life Insurance

If you are interested in purchasing additional life insurance beyond the basic life insurance provided by Milford Regional, please contact your benefits representative for more information

Voluntary HIV Insurance

You can choose Voluntary HIV Insurance coverage in five increments from $25,000 to $250,000, or you can decline coverage. A blood test is required in order to qualify. UNUM insurance company will contact you to arrange for a blood test at your earliest convenience. Your coverage will take effect once it is approved by the insurance company.

Disability Insurance

What would happen if you missed a few paychecks because of an accident or illness? How would you pay the bills? Fortunately, there's insurance available that helps protect your income and fills the gaps if you become temporarily disabled and unable to work — a few days, months, or even years. Milford Regional is pleased to offer our employees the following options for disability insurance.

Long-Term Disability (LTD)

Basic LTD coverage is provided at no cost to you. We provide 60% of base monthly earnings to a maximum benefit of $2,500 with a 180-day waiting period.

You also have the option to "buy up," which provides 60% of your base monthly earnings to a maximum benefit of $10,000. A 90-day waiting period applies. The cost for this option is shared by you and Milford Regional and is determined by your base annual earnings* and age on January 1 of the plan year.

**Annual earnings for TCMA physicians on a productivity contract are based upon last year's W-2 earnings. Annual earnings for physicians not on a productivity contract are based upon the salary in effect prior to the date of disability.*

Voluntary Short-Term Disability (STD)

You may elect voluntary STD coverage; employees who sign up for coverage pay the entire cost. There are two plans from which to choose — both plans afford 60% of weekly salary to a maximum of $1,500 and the benefits begin on the eighth day of an accident or illness. However, one plan offers a 13-week benefit maximum; the other offers a 26-week benefit maximum.

Your coverage amount is based upon your weekly earnings. Your weekly earnings amount is your base hourly rate times your scheduled weekly hours, excluding overtime, shift differentials, or bonuses.

When choosing your disability plan, please remember that your disability benefits may be reduced by other group disability benefits, Social Security benefits, workers' compensation benefits, or other deductible sources of income.

Pre-existing Conditions

For LTD – If you file a claim for LTD benefits within the first 24 months of coverage, you will have a pre-existing condition if you received medical treatment, consulted with a physician, or took prescribed drugs in the six-month period prior to the effective date of coverage, unless you have been treatment free for 12 consecutive months after the effective date of your coverage.

For STD – A pre-existing condition includes pregnancy and any other condition for which an employee, in the three months prior to coverage under the plan, receives medical treatment; consults with a physician; takes prescribed drugs; and becomes disabled within the following year. The STD plan limits payments for disabilities due to a pre-existing condition to two weeks.

This plan highlight is a summary provided to help you understand your insurance coverage from Cigna. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary differ from your certificate booklet, the certificate booklet will govern.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) offer you a special tax savings opportunity — the ability to pay for certain out-of-pocket health and dependent care expenses with tax-free dollars. And because the dollars in your accounts are not taxed when they are contributed nor when they are paid to you, these dollars are essentially tax-free. There are two options available:

- The Health Care FSA.
- The Dependent Care FSA.*†

These accounts are separate, which means you may not transfer money between them or use funds from one to pay claims against the other.

How These Accounts Work

It's easy to use these accounts:

- You contribute to the account(s) with pre-tax dollars deducted from your paycheck. That means no taxes (federal, state, or Social Security) will be withheld from any of those dollars.
- Up to $500 of unused Health Care FSA money at the end of the plan year will be rolled over to the next plan year.
- New participants will receive two free prepaid debit cards to use for FSA eligible expenses, eliminating out-of-pocket and paper claim filing.
- You also have the option to submit a claim form along with the appropriate documentation to be reimbursed for those eligible expenses from the dollars in your account.
- Payments may be deposited into your checking or savings account. Go to Sentinel's website to obtain a direct deposit form and claim forms.

** Nondiscrimination testing rules restrict eligibility.*
† Federal tax laws preclude FSA contributions for non-IRS dependents.

Continued ...

Flexible Spending Accounts

Health Care FSA

You can contribute up to $2,500 each plan year to your Health Care FSA. The maximum weekly amount is $48.07. This account allows you to use pre-tax dollars to pay for certain health care expenses for you and your dependents: You may roll over up to $500 of unused funds in your FSA from one year to the next, but the maximum accumulated amount in the FSA may not exceed $3,000 in any year.

Eligible expenses include:

- Prescription drug copays.
- Deductibles and copays.
- Eligible health care expenses not covered by any insurance.
- Eyeglasses and contact lenses.
- Dental services, including orthodontia.

Over-the-Counter Medical Expenses

Changes made in January 2011 due to federal regulation prohibits over-the-counter medical expenses to be paid with pre-tax dollars through the Health Care FSA. The item must be a medicine, drug, or medical supply that is used "primarily for the prevention or alleviation of a physical or mental defect or illness" and that would not be used except for a particular medical condition.

- The item must not be used for general health or cosmetic purposes.
- The item must be used by the medical FSA participant or the participant's spouse or dependent.
- The expense must be for medical care during the plan year.

Note: *Best Buy PPO members cannot use Health Care FSA funds for expenses that will be reimbursed by the Health Reimbursement Account (HRA).*

If you are enrolled in a Health Savings Account (HSA) at Milford Regional or through another plan, IRS rules prevent you from participating in a Health Care FSA.

Dependent Care FSA*

You may contribute up to $5,000 ($2,500 if married and filing separate tax returns) to your Dependent Care FSA. The maximum weekly amount is $96.15. This account allows reimbursement for day care of dependent children younger than age 13 and disabled or elderly dependents that rely on your income.

Eligible expenses include:

- Fees paid to a licensed day care provider, center, or nursery school.
- Costs for family care, adult day care, or nonspecialty summer day camp programs.
- Expenses for the licensed care of elderly or disabled dependents.
- Home care specialists for disabled dependents.
- Any other dependent care expenses that qualify as deductions for federal income tax purposes.

** Nondiscrimination testing rules restrict eligibility.*

Debit Card

You have the option of selecting to use a debit card to facilitate your FSA claims filing. New participants will receive two free prepaid debit cards to use for FSA-eligible expenses, eliminating out-of-pocket payments and paper claims filing. Existing participants will have their current debit card reloaded.

For a comprehensive list of FSA eligible Health Care and Dependent Care expenses, go to **www.sentinelgroup.com/flexchoice** or call **1-888-762-6088**.

Example of how you can save by using the FSAs:

	Health Care FSA		Dependent Care FSA	
	Without Account	With Account	Without Account	With Account
Weekly Earnings	$400.00	$400.00	$400.00	$400.00
Account Deposit (before taxes)	$0.00	$20.00	$0.00	$75.00
Taxable Wages	$400.00	$380.00	$400.00	$325.00
Total Taxes – 28%	$112.00	$106.40	$112.00	$91.00
Expense (after taxes)	$20.00	–	$75.00	–
Take Home	$268.00	$273.60	$213.00	$234.00
Weekly Savings	$0.00	$5.60	$0.00	$21.00
Annual Savings	$0.00	$291.20	$0.00	$1,092.00

Voluntary Benefits

We're pleased to announce benefits designed to help you create a personal financial safety net that can help protect you against the unexpected. It's important you learn about these benefits and how they can help you better prepare for the coming year, and beyond.

We are offering these valuable benefits insured through MetLife:

- Accident Insurance.
- Critical Illness Insurance.

Accident Insurance

No one plans on getting injured in an accident. But if you do, Voluntary Accident Insurance helps cover the medical and out-of-pocket expenses that can add up quickly following an accidental injury. These include emergency treatment, hospital stays, medical exams, and even transportation and lodging needs.

What's more, your regular bills don't stop when you're laid up after an accident. Voluntary Accident Insurance can provide cash when you need it to help with mortgage or rent, car payments, utility bills, and other household expenses following an accident.

Accident: The MetLife accident plan covers you and your family for the following benefits (please refer to the plan document for complete details):

- Injuries.
- Accidental Death.
- Medical Services and Treatment.
- Dismemberment, Loss of Limb and Paralysis.
- Hospital – Accident.
- Hospital – Sickness.
- Health Screening and Lodging.

Key plan features:

- Guaranteed issue coverage if actively at work.
- Benefits paid regardless of what your medical plan covers.
- Payments are made directly to you to spend as you choose.
- No limitations on number of accidents covered.
- No age limitations on coverage.
- Same level of coverage for your entire family.
- Portable coverage; you can take the coverage with you at the same rates if you change jobs.

Critical Illness

Coping with a critical illness can be a financial hardship for both survivors and their families. What's more, survivors often need to overcome challenges beyond maintaining financial stability — such as finding the best medical care, meeting day-to-day needs, or managing fear and anxiety.

The Voluntary Critical Illness program supplements your major Medical Insurance coverage to help with the high cost of critical illness treatments and provide a range of valuable assistance services (see the SPD for details). Pre-existing condition applies. If you have a sickness or injury in the three months before you become insured and if the covered condition occurs during the first six months of being insured, no benefit will be paid with the exception of heart attack or stroke.

Critical Illness: Covered illnesses (please refer to the plan document for complete details):

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- Alzheimer's Disease
- Coronary Artery Bypass Graft
- Kidney Failure
- Plus 22 Listed Conditions

Key plan features:

- Choose from a $10,000 or $20,000 benefit.
- Lump sum payment upon diagnosis verification.
- Recurrence benefit.
- Guaranteed issue coverage if actively at work.
- No waiting periods or age restrictions.
- No limitations between filing claims for covered conditions.
- No pre-existing condition for heart attack or stroke.
- Same level of coverage for the entire family.
- Portable, you can take the coverage with you at the same rates if you change jobs.
- Each member is entitled to up to three payouts in a lifetime.

Voluntary Pet Insurance

Nationwide can help you with the cost of your pets' medical bills, and cover hundreds of medical problems and issues related to accidental injuries, poisonings, and illness (including cancer). Coverage helps pay for office visits, tests, medications and treatments, lab fees, hospitalization, and surgery. If you want to participate, just contact Nationwide at 1-877-738-7874, or at the web address listed in the contacts page, and advise them that you're an employee with Milford Regional or TCMA.

Contact Information

If you have specific questions about any of your benefit plans or programs, please contact the applicable benefit insurance carrier or program provider listed here.

Important Contacts and Resources

For Questions About	Call	Visit
Harvard Pilgrim Health Care Member Services	1-888-333-4742	www.harvardpilgrim.org
Health Equity HSA Accounts	1-866-346-5800	memberservices@healthequity.com
Delta Dental Plan of MA	1-800-872-0500	www.deltamass.com
Vision Service Plan, Inc. (VSP)	1-800-877-7195	www.vsp.com
Sentinel Benefits FlexChoice/ Flexible Spending Accounts	1-888-762-6088	www.sentinelgroup.com/flexchoice
Cigna ■ Voluntary Short-Term Disability Insurance ■ Long-Term Disability Insurance ■ Life Insurance	For general inquiries: 1-800-238-2125 For claims: 1-800-362-4462	www.cigna.com – Click button at top "Go to myCigna." – Click blue box that reads "REGISTER NOW." – Follow screen instructions to log on.
Milford Regional Medical Center Human Resources	1-508-422-2509	www.milfordregionalhr.org
Tri-County Medical Associates Human Resources	1-508-473-1480 x104	N/A
HIV (check status of application)	1-800-421-0344	N/A
MetLife	1-800-438-6388	www.mybenefits.metlife.com
Nationwide Pet Insurance	1-877-738-7874	Milford Regional employees – www.petinsurance.com/milfordregional TCMA employees – www.petinsurance.com/tricountymedical

Disclaimer

The information in this benefits enrollment guide describes the benefit plans and policies available to you as an employee of Milford Regional. The details of these plans and policies, including insurance contracts, are contained in the official plan and policy documents. This enrollment guide is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in your "Summary Plan Descriptions" (as required by ERISA).

If there is ever a question about one of these plans and policies, or if there is a conflict between the information provided here and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this enrollment guide may be changed at any time and do not represent a contractual obligation — either implied or expressed — on the part of Milford Regional.

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