

2024

A GUIDE TO YOUR Benefits

January 1, 2024 - December 31, 2024



**Boston Chinatown
Neighborhood Center**
波士頓華埠社區中心

WELCOME! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

ELIGIBILITY

You are eligible for most benefits if you work 20 or more hours per week; however, only full-time employees working 30 or more hours per week are eligible for Life/AD&D, STD and LTD. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

WHEN COVERAGE BEGINS

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2024 - December 31, 2024

[Enrollment or Opt-Out is done via Employee Navigator](#)

CHOOSE CAREFULLY!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

MAKING CHANGES

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available.

| Key Medical Benefits | Harvard Pilgrim Best Buy \$2000 HMO | Harvard Pilgrim Best Buy Focus \$2000 HMO |
|---|-------------------------------------|---|
| | In-Network Only | In-Network Only |
| Deductible (per plan year) | | |
| Individual / Family | \$2,000 / \$4,000 | \$2,000 / \$4,000 |
| Out-of-Pocket Maximum (per plan year) | | |
| Individual / Family | \$6,600 / \$13,200 | \$6,600 / \$13,200 |
| Covered Services | | |
| Office Visits (physician/specialist) | \$20 / \$20 copay* | \$20 / \$20 copay* |
| Routine Preventive Care | No charge | No charge |
| Outpatient Diagnostic (lab/X-ray) | No charge* | No charge* |
| Complex Imaging | No charge* | No charge* |
| Chiropractic | \$20 copay ² | \$20 copay ² |
| Ambulance | No charge* | No charge* |
| Emergency Room | \$100 copay* | \$100 copay* |
| Urgent Care Facility | \$20 copay | \$20 copay* |
| Inpatient Hospital Stay | No charge* | No charge* |
| Outpatient Surgery | No charge* | No charge* |
| Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4) | | |
| Retail Pharmacy (30-day supply) | \$15 / \$30 / \$50 / \$100 | \$15 / \$30 / \$50 / \$100 |
| Mail Order (90-day supply) | \$20 / \$60 / \$150 / \$300 | \$20 / \$60 / \$150 / \$300 |

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. 2. Maximum of 12 visits per plan year. 3. The Harvard Pilgrim FOCUS HMO plan offers the same benefits as the Best Buy HMO \$2,000 plan at a lower cost to you by utilizing a limited provider network that is smaller than Harvard Pilgrim's full provider network. In this plan, members have coverage only from providers in the Focus Provider Network, except for emergency services.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

A Health Reimbursement Arrangement (HRA) is a reimbursement program that runs in conjunction with our Medical Plans. Our HRA administrator, VOYA / Benefit Strategies will reimburse you directly for any deductible-related medical expenses until we have paid the first 50% of your annual medical deductible maximum. If you enroll in the Medical plan, you are automatically enrolled in this program. Employees with Single coverage will be reimbursed up to \$1,000 per plan year. Employees with 2-Person or Family coverage will be reimbursed up to \$2,000 per plan year. Employees are responsible for the remaining 50% of the medical deductible. The HRA reimburses up to \$1,000 per member maximum.

Dental

We are proud to offer you a dental plan. Following is a high-level overview of the coverage available.

| Key Dental Benefits | Guardian DPPO | |
|--|-------------------------------|-----------------------------|
| | In-Network | Out-of-Network ¹ |
| Deductible (per plan year) | | |
| Individual / Family | None | \$50 / \$150 |
| Benefit Maximum (per plan year; preventive, basic, and major Services combined) | | |
| Per Individual | \$1,500 | |
| Covered Services | | |
| Preventive Services | No charge | |
| Basic Services | No charge | 20%* |
| Major Services | 40% | 50%* |
| Orthodontia (Child Only) | 40%; \$1,000 Lifetime Maximum | |

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

2 1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan through Guardian.

| Key Vision Benefits | In-Network |
|--|----------------------------|
| Exam (once every 12 months) | \$10 copay |
| Lenses (once every 12 months) Single Vision Bifocal Trifocal | \$10 copay |
| Frames (once every 12 months) | Covered up to \$130 retail |
| Contact Lenses (once every 12 months; in lieu of glasses) | Up to \$130 |

Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Voya. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA RULES

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually.

Unused funds over \$640 will NOT be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Guardian.

| | |
|-----------------------|---|
| Benefit Amount | 2 times your base salary, up to a \$200,000 maximum |
|-----------------------|---|

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at **NO COST** to you through Guardian.

| | |
|---------------------------------|------------------------------|
| Benefit Percentage | 60% of weekly earnings |
| Weekly Benefit Maximum | \$1,100 |
| When Benefits Begin | After 14th day of disability |
| Maximum Benefit Duration | 13 weeks |

Long-Term Disability

Provided at **NO COST** to you through Guardian.

| | |
|---------------------------------|--------------------------------|
| Benefit Percentage | 60% |
| Monthly Benefit Maximum | \$5,000 |
| When Benefits Begin | After 90th day of disability |
| Maximum Benefit Duration | Social Security Retirement Age |



Discounted Personal Insurance

BCNC has teamed up with HUB New England to offer our employees personal insurance reviews, coverage recommendations and competitive quotes on Auto and Home Insurance .

HOME, CONDO or RENTERS INSURANCE, AUTO, BOATS, RVs AND MORE:

Keep it personal with HUB and let us save you time and money!

HUB's team of specialists can provide a detailed analysis of your current policies to identify the most comprehensive coverage at the most competitive rates, through our extensive network of carriers.

This benefit has **NO ENROLLMENT RESTRICTION PERIOD!**

Our team can provide quotes and consultation at any time.

For more information on this insurance benefit contact HUB directly:

Phone: 855-573-9950

Email: neegpi@hubinternational.com

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

| Coverage | Carrier | Phone # | Website/Email |
|-----------------------------------|-----------------------------|----------------|--|
| Medical | Harvard Pilgrim Health Care | (888) 333-4742 | www.harvardpilgrim.org |
| Dental | Guardian Helpline | (888) 600-1600 | www.guardiananytime.com |
| Vision | Guardian Helpline | (888) 600-1600 | www.guardiananytime.com |
| Flexible Spending Accounts (FSAs) | Voya | (888) 401-3539 | www.voya.com |
| Life/AD&D | Guardian Helpline | (888) 600-1600 | www.guardiananytime.com |
| Disability | Guardian Helpline | (888) 600-1600 | www.guardiananytime.com |

Please fill out and return enrollment forms to Human Resources

Questions?

If you have additional questions, you may also contact:

Lina Tang | Human Resources Manager

617-249-2995 x1008

lina.tang@bcnc.net



Retirement Plan

We have partnered with Nationwide Financial and HUB International for our 403(b) Plan. Retirement decisions are among the most important you'll ever make. A well thought-out plan is key to your success and BCNC strives to provide resources to help you achieve financial well-being in retirement.

Eligible employees can participate in the plan immediately. If you do not elect to participate or elect to not participate in the plan, you will be automatically enrolled in the plan at a rate of 3% of your salary. Employees who are automatically enrolled will be invested in the age appropriate Qualified Default Investment Alternative (QDIA) that has been selected for the plan. If you wish to defer a greater or lesser amount (including no deferral/opt-out of the plan), you must specifically elect to defer a different amount. You can change your deferral amount at any time.

Employees can contribute to the plan up the annual IRS annual limits. You can contribute to the plan on a pre-tax or Roth basis. Loans are available in the plan.

Visit www.nationwide.com/myretirementfor more plan details

Hub International representatives are available to assist all employees with any questions. Please contact Doug Johnson (djohnson@summitfinancialcorp.com) or Brian Day (bday@summitfinancialcorp.com) or 781-229-9500.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

