


the NATIONAL BUREAU of ECONOMIC RESEARCH

Benefits at A Glance

Effective 01/01/2012

Benefits Plan	Who is Eligible When Coverage Begins	Benefit Summary Member Services	Employee Cost Per Pay Period (24x)	Out of Pocket Expenses
<p>Medical Insurance Blue Cross Blue Shield of Massachusetts</p> <p><i>HMO Blue New England \$10 Plan</i></p>  <p>Group # 6208528</p>	<p>Full-time Employees working 24 or more hours per week</p> <p>Employees in NE only</p> <p>1st of the Month Following Date of Hire</p>	<p>The HMO Blue New England plan is a referral system designed to provide employees with access to health care routed from within the BCBS NE network of health-care providers. In the HMO plan, you will be required to select a primary care physician (PCP). Please reference your benefit plan summary for a complete summary of your plan's benefits. The plan year and deductible plan year for this benefit is 01/01 – 12/31 annually.</p> <p>This Plan offers a \$150 per calendar year Fitness Benefit program.</p> <p>There are significant savings when using the Prescription Mail-In order program. <i>For details:</i> http://www.bluecrossma.com/pharmacy/en_US/pharmacyIndex. jsp</p> <p>Website: http://www.bluecrossma.com</p> <p>Contact: Blue Cross Blue Shield Member Services (800) 424-0794</p>	<p><i>Your cost:</i></p> <p><i>Single:</i> \$80.72</p> <p><i>2-Person:</i> \$155.58</p> <p><i>Family:</i> \$240.88</p>	<p>Office Visit- \$0 Routine/\$10 Co-Pay/ \$25 Co-Pay Specialist ER- \$100 Co-Pay (waived if admitted) Inpatient Hospitalization, Outpatient Surgery - Covered in Full High Cost Diagnostic CTs, MRIs, PET Scans - \$25 per type, per date of service Chiropractor Services- \$25 Co-Pay (up to 12 visits per calendar year) Prescriptions- \$10/Generic \$25/Brand Formulary \$45/Brand Non-Formulary Mail Order Prescriptions- (90-day supply) \$20/Generic \$50/Brand Formulary \$90/Brand Non-Formulary</p>


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<p>Medical Insurance Blue Cross Blue Shield of Massachusetts</p> <p><i>HMO Blue New England \$1,000 Deductible Plan</i></p>  <p>Group # 4054029</p>	<p>Full-time Employees working 24 or more hours per week</p> <p>Employees in NE only</p> <p>1st of the Month Following Date of Hire</p>	<p>The HMO Blue NE \$1,000 Deductible plan is a referral system designed to provide employees with access to health care routed from within the BCBS New England network of health-care providers. In the HMO plan, you will be required to select a primary care physician (PCP).</p> <p><i>Plan Year Deductible:</i> A Deductible is a specific annual dollar amount that is payable by the Member before medical benefits subject to the Deductible are available under the Plan. Not all services under this Plan are subject to the Deductible. For services subject to the Deductible, you must satisfy your Deductible before BCBS provides coverage for these benefits. Deductible amounts are incurred as of the date of service.</p> <p><i>Your Plan has a \$1,000 per Member Deductible and a \$2,000 per family Deductible per plan year. The plan year and the deductible plan year for this benefit is 1/01 – 12/31 annually.</i></p> <p>Unless a family Deductible applies, each Member is responsible for the per-Member Deductible for covered services each calendar year. If a family Deductible applies, it is met when any combination of Members in a covered family incur expenses for services subject to the Deductible that total the annual family Deductible.</p> <p>Website: http://www.bcbsma.com</p> <p>Contact: BCBS Member Services (800) 424-0794</p>	<p><i>Your cost:</i></p> <p><i>Single:</i> \$33.61</p> <p><i>2-Person:</i> \$64.78</p> <p><i>Family:</i> \$100.29</p> <p><i>The Company will reimburse part of the deductible, through a Health Reimbursement Arrangement (HRA), please see the details in the HRA Benefit below</i></p>	<p>Office Visit- \$0 Routine/\$20 Co-Pay/ \$35 Co-Pay Specialist ER- \$150 Co-Pay (waived if admitted) Inpatient Hospitalization, Outpatient Surgery, Diagnostic Services (CTs, MRIs, PET Scans, X-Rays, Lab Work) –Subject to Deductible Deductible- \$1,000 Individual, \$2,000 Two-Person or Family Chiropractor Services- \$35 Co-Pay (up to 12 visits per calendar year) Prescriptions (30-day supply)- \$15/Generic \$30/Brand Formulary \$50/Brand Non-Formulary Mail Order Prescriptions- (90-day supply) \$30/Generic \$60/Brand Formulary \$150/Brand Non-Formulary</p>



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<p>VALUE ADDED BENEFITS: Blue Cross Blue Shield</p> 	<p>Healthy Blue, a group of programs, discounts & savings, resources and tools help you get the most you can from your health care plan.</p> <ul style="list-style-type: none"> • <i>LIVING HEALTHY Babies</i> • \$150 per year Fitness Benefit Reimbursement • Reimbursement for a BCBS-designated weight-loss program • Living Healthy Vision – discounts on eyewear (frames, lenses, supplies, laser correction surgery) • 24/7 BLUECARE Line to answer your health care questions • <i>LIVING HEALTHY Naturally</i> – discounts on different types of complementary & alternative medicine services, such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi and yoga 		<p>Call: BCBS Healthy Blue (800) 262-BLUE (2583) to receive the <i>Healthy Blue</i> booklet which outlines these special programs</p> <p>Website: www.ahearthyme.com for an around the clock healthy approach to fitness, family and fun</p>	
<p>Dental Insurance Delta Dental <i>Delta Premier</i></p>  <p>Group #: 006949-6601</p>	<p>Full-time Employees working 24 or more hours per week</p> <p>1st of the Month Following Date of Hire</p>	<p>The Delta Dental Premier USA plan provides access to Delta Dental's national network, giving you access to dentists. The dental plan covers services provided by non-participating dentists as well. The plan year and deductible plan year for this benefit is 01/01 – 12/31 annually.</p> <p>\$1,500 calendar year maximum benefit per subscriber</p> <p>Website: www.deltadentalma.com</p> <p>Contact: Delta Dental Customer Service (800) 852-0500</p> <p><i>*subject to reasonable and customary charges when seeking care outside of network</i></p>	<p><i>This is a 100% company-paid benefit.</i></p> <p>Your cost: \$0</p>	<p><i>In- or Out-of-Network</i> <i>Preventive</i>-100% (I) <i>Basic Restorative</i>- 80% (II) <i>Major Restorative</i>- 50% (III)</p> <p><i>Deductible:</i> \$50 Ind./\$150 Family on Type II and III services</p> <p><i>Orthodontia:</i> 50% to \$1,000 separate lifetime max, up to age 19</p>



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<p>Short-Term Disability UNUM</p>  <p>Policy # TBD</p>	<p>Full-time Employees working 24 or more hours per week</p> <p>1st of the Month Following Date of Hire</p>	<p>Pays up to 70% of Basic Weekly Earnings (BWE), after the 1st day of hospitalization (or 8th day of injury or illness), up to \$2,500 per week. The maximum duration of this benefit is 12 weeks.</p> <p><i>The plan has an optional gross-up so that the benefit to the employee is tax-free. If you wish to elect this, please complete the elective tax choice designation form.</i></p> <p>Website: www.unum.com</p> <p>Contact: UNUM Customer Service (800) 421-0344</p>	<p><i>This is a 100% company-paid benefit</i></p>	<p>No cost to employee</p>
<p>Long-Term Disability UNUM</p>  <p>Policy # TBD</p>	<p>Full-time Employees working 24 or more hours per week</p> <p>1st of the Month Following Date of Hire</p>	<p>Pays up to 60% of Basic Monthly Earnings (BME), after 90 days of disability, up to \$12,500 per month. This policy has a 2-year "own occupation" definition at which time a medical evaluation will be performed to determine additional disability payments potentially up to age 65. There is a 3/12 pre-existing condition clause.</p> <p><i>The plan has an optional gross-up so that the benefit to the employee is tax-free. If you wish to elect this, please complete the elective tax choice designation form.</i></p> <p>Website: www.unum.com</p> <p>Contact: UNUM Customer Service (800) 421-0344</p>	<p><i>This is a 100% company-paid benefit</i></p>	<p>No cost to employee</p>



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<p>Group Term Life and Accidental Death & Dismemberment (AD&D) UNUM</p>  <p>Policy # TBD</p>	<p>Full-time Employees working 24 or more hours per week</p> <p>1st of the Month Following Date of Hire</p>	<p>This benefit pays 2 x Basic Annual Earnings (BAE) to a maximum of \$300,000.</p> <p>Website: www.unum.com</p> <p>Contact: UNUM Customer Service (800) 421-0344</p>	<p><i>This is a 100% company-paid benefit</i></p>	<p>No cost to employee</p>
<p>Voluntary Life/AD&D Insurance UNUM</p> 	<p>Full-time Employees working 24 or more hours per week</p> <p>1st of the Month Following Date of Hire</p>	<p>This benefit is forthcoming.</p>	<p><i>This is a 100% voluntary, employee-paid benefit.</i></p>	




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<p>Employee Assistance Program (EAP) & Travel Assistance UNUM</p> 	<p>Full-time Employees working 24 or more hours per week 1st of the Month Following Date of Hire</p>	<p>NBER.org offers employees an EAP (Employee Assistance Program). This service is a confidential hotline for you to call to discuss any issue such as: Family, Marriage, Career, and Personal (to name a few). Call any time, 24/7.</p> <p>EAP Assistance at: 1-800-854-1446 Online access www.lifebalance.net <i>user ID and password: lifebalance</i></p> <p>Travel Assistance at: 1-800-872-1414 Outside US: (US Access Code) 609-986-1234 Reference #: 01-AA-UN-762490</p>	<p>No cost to employee, paid 100% by Employer</p>
<p>Retirement/403B</p> <p>TIAA CREF</p>  <p>Vanguard</p> 	<p>Full-time Employees working 24 or more hours per week Date of Hire</p>	<p>Employees electing this Retirement Plan are eligible to contribute a Dollar amount or a Percentage of earnings to be deducted pre-tax for this Retirement Plan.</p> <p>No Company Match</p> <p>Websites: http://www.tiaa-cref.org OR http://www.vanguard.com</p> <p>Contact: TIAA-CREF Participant Customer Service (800) 842-2273 OR</p> <p>Vanguard Participant Customer Service (800) 523-1188</p>	<p>Optional Contributions</p>

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<p>Flexible Spending Account (FSA)</p> <p>Sponsored in-house by NBER.org</p>	<p>Full-time Employees working 24 or more hours per week.</p> <p>You must be a salaried employee to be eligible for this benefit.</p> <p>Date of Hire</p>	<p>Flexible Spending Account (FSA): Premium Only- Any medical or dental premiums being payroll deducted from the employee's paycheck may be processed pre-tax, in the event an employee elects to do so.</p> <p>Unreimbursed Medical-Relates to medical / dental and other out-of pocket expenses that employees may incur that are not covered by insurance. The amount of out of out-of-pocket expenses should be estimated, with a maximum of \$5,000 per calendar year. The sum is then divided into the remaining pay-periods in the year. The employee's taxable gross income is reduced by this amount and then reimbursed as receipts are submitted.</p> <p>Dependent Care-Works similarly to the aforementioned, however, it is for dependent care and has a calendar year maximum of \$5,000. Daycare costs are estimated and deducted from the paycheck until such time as a receipt is submitted for reimbursement.</p> <p>Contact: Diane Birnbaum at 617-868-3900 x 484 or via email at birnbaum@nber.org</p>	<p>n/a</p>
<p>401a Pension Plan</p> <p>Sponsored in-house by NBER.org</p>	<p>Salaried employees after two years of continuous service</p>	<p>The 401(a) pension plan has a 20% employer contribution. There are two service providers, TIAA-CREF and Vanguard.</p> <p>Contact: Mui Cheung at 617-868-3900 x412 mcheung@nber.org</p>	


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<p>Health Reimbursement Account (HRA)</p> <p><i>HR Concepts</i></p> 	<p>Full-time Employees</p> <p>1st of month following Date of Hire</p> <p>For those employees who elect the HMO NE \$1,000 Deductible plan</p>	<p>HRA- The company will reimburse you after each member pays \$250.</p> <p>For those electing single coverage, you are responsible for deductible dollars \$1 – \$250. The company will reimburse for dollars \$251 - \$1,000.</p> <p>For those electing dual or family coverage, you are responsible for deductible dollars \$1 – \$250 per person, but no more than \$500 of the annual family deductible.</p> <p>HR Concepts will receive a secure data feed from BCBS each week. Once you have reached the Individual or Dual/Family Deductible threshold (above), you will receive a check for the reimbursable amount. You will be responsible for paying the provider the full deductible amount due.</p> <p>Participant Website login: http://www.hrconcepts.biz/Login/participants.html Frequently Asked Questions: http://www.hrconcepts.biz/FAQ/</p> <p>Contact: HR Concepts Customer Care (603) 647-1147 OR Email: customercare@hrconcepts.biz</p>	<p><i>HRA: No additional cost to employee.</i></p>

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