

Benefits at a Glance


July 1, 2023 – June 30, 2024

Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Employee Cost Per Pay Period (26x)		Out of Pocket Expenses
Medical Insurance Mass General Brigham Complete HMO \$1,000 25/40 with Care Complement \$1,000/ \$2,000	Eligibility: Employees working 20 or more hours per week Waiting Period: None/Date of Hire There is a domestic partner rider included on this benefit allowing coverage for same- and opposite-sex couples.	<p>The HMO \$1,000 25/40 with Care Complement plan is a referral system designed to provide employees with access to health care routed from within the Mass General Brigham network of health-care providers. In the HMO plan, you will be required to select a primary care physician (PCP). Some of your benefits are subject to a \$1,000 plan year deductible (if electing Employee) or \$2,000 plan year deductible (if electing Employee +1 or Family) before benefit is covered in full.</p> <p>Please reference your benefit plan summary for a complete summary of your plan's benefits.</p> <p>The plan year and the deductible plan year for this benefit is 7/1 – 6/30 annually.</p> <p>There are significant savings when using the Prescription Mail-In order program.</p> <p>Website: https://massgeneralbrighamhealthplan.org </p>	Full Time Employees working 40 hours earning \$21.63 or less per hour: Employee/Employer cost (EE/ER): Employee only EE pays \$37.05 ER pays \$333.45 Employee +1* EE pays \$178.77 ER pays \$536.32 Family EE pays \$276.02 ER pays \$828.07 Part Time Employees working 20 - 39 hours earning \$21.63 or less per hour: Employee/Employer cost (EE/ER): Employee only EE pays \$37.05 ER pays \$333.45 Employee +1* & Family: Please see HR	Full Time Employees working 40 hours earning greater than \$21.63 per hour: Employee/Employer cost (EE/ER): Employee only EE pays \$74.10 ER pays \$296.40 Employee +1* EE pays \$250.28 ER pays \$464.81 Family EE pays \$386.43 ER pays \$717.66 Part Time Employees working 20 - 39 hours earning greater than \$21.63 per hour: Employee/Employer cost (EE/ER): Employee only EE pays \$74.10 ER pays \$296.40 Employee +1* & Family: Please see HR	<p>Plan Year Deductible: \$1,000 Member* / \$2,000 Family*</p> <p>Out of Pocket Maximums: \$5,000 Member / \$10,000 Family</p> <p>Office Visit: \$0 Routine/\$25 PCP/\$40 Specialist Emergency Room: \$250 (Copay waived if admitted) Urgent Care: \$25 Inpatient Hospitalization: Deductible, Outpatient Surgery: Deductible, Diagnostic Testing (X-Rays, Lab Work), Imaging (CT/PET Scans, MRIs): Covered in full after Deductible Routine Eye Exam: \$40 Retail Prescriptions (30-day supply): DL199: \$5/\$15/\$30/\$50/\$30/\$50 Mail Order Prescriptions (90-day supply): Tier 1: \$10/Tier 2: \$30/Tier 3: \$60/Tier 4: \$150</p> <p>*HRA: Charles River Community Health Plan will reimburse a portion of your deductible. Please reference the HRA box below.</p> <p>Employee + 1* - *Considered as "Family" when referring to Deductibles and Out of Pocket Maximum</p>


Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Employee Cost Per Pay Period (26x)		Out of Pocket Expenses
Medical Insurance Mass General Brigham Complete HMO \$2,500 30/45 with Care Complement \$2,500/ \$5,000	Eligibility: Employees working 20 or more hours per week Waiting Period: None/Date of Hire There is a domestic partner rider included on this benefit allowing coverage for same- and opposite-sex couples.	The Complete HMO \$2,500 30/45 with Care Complement plan is a referral system designed to provide employees with access to health care routed from within the Mass General Brigham network of health-care providers. In the HMO plan, you will be required to select a primary care physician (PCP). Some of your benefits are subject to a \$2,500 plan year deductible (if electing Employee) or \$5,000 plan year deductible (if electing Employee +1 or Family) before benefit is covered in full. Please reference your benefit plan summary for a complete summary of your plan's benefits. The plan year and the deductible plan year for this benefit is 7/1 – 6/30 annually. There are significant savings when using the Prescription Mail-In order program. Website: https://massgeneralbrighamhealthplan.org	Full Time Employees working 40 hours earning \$21.63 or less per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$32.22 ER pays \$289.97 Employee +1* EE pays \$155.46 ER pays \$466.39 Family EE pays \$240.04 ER pays \$720.11 Part Time Employees working 20 - 39 hours earning \$21.63 or less per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$32.22 ER pays \$289.97 Employee +1* & Family: Please see HR	Full Time Employees working 40 hours earning greater than \$21.63 per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$64.44 ER pays \$257.75 Employee +1* EE pays \$217.65 ER pays \$404.21 Family EE pays \$336.05 ER pays \$624.10 Part Time Employees working 20 - 39 hours earning greater than \$21.63 per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$64.44 ER pays \$257.75 Employee +1* & Family: Please see HR	Plan Year Deductible: \$2,500 Member* / \$5,000 Family* Out of Pocket Maximums: \$7,000 Member / \$14,000 Family Office Visit: \$0 Routine/\$30 PCP/\$45 Specialist Emergency Room: \$300 after deductible (Copay waived if admitted) Inpatient Hospitalization: \$1,000 copay after deductible Outpatient Surgery: \$500 copay after deductible Diagnostic Testing (X-Rays, Lab Work) \$45 after deductible, Imaging (CT/PET Scans, MRIs): \$150 after deductible Routine Eye Exam: \$45 Retail Prescriptions (30-day supply): DL200: \$5/\$15/\$30/\$50/\$30/\$50 Mail Order Prescriptions (90-day supply): Tier 1: \$10/Tier 2: \$30/Tier 3: \$60/Tier 4: \$150 *HRA: Charles River Community Health Plan will reimburse a portion of your deductible. Please reference the HRA box below.

Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Employee Cost Per Pay Period (26x)		Out of Pocket Expenses
Medical Insurance Mass General Brigham Complete PPO Plus \$1,000 25/40 with Care Complement \$1,000/\$2,000 (Out of State Employees Only)	Eligibility: Employees working 20 or more hours per week Waiting Period: None/Date of Hire There is a domestic partner rider included on this benefit allowing coverage for same- and opposite-sex couples.	The Complete PPO Plus 1,000 25/40 with Care Complement (for out of state employees only) Some of your benefits are subject to a \$1,000 plan year deductible (if electing Employee) or \$2,000 plan year deductible (if electing Employee +1 or Family) before benefit is covered in full. Please reference your benefit plan summary for a complete summary of your plan's benefits. The plan year and the deductible plan year for this benefit is 7/1 – 6/30 annually. There are significant savings when using the Prescription Mail-In order program. Website: https://massgeneralbrighamhealthplan.org	Full Time Employees working 40 hours earning \$21.63 or less per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$37.05 ER pays \$333.45 Employee +1* EE pays \$178.77 ER pays \$536.32 Family EE pays \$276.02 ER pays \$828.07 Part Time Employees working 20 - 39 hours earning \$21.63 or less per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$37.05 ER pays \$333.45 Employee +1* & Family: <i>Please see HR</i>	Full Time Employees working 40 hours earning greater than \$21.63 per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$74.10 ER pays \$296.40 Employee +1* EE pays \$250.28 ER pays \$464.81 Family EE pays \$386.43 ER pays \$717.66 Part Time Employees working 20 - 39 hours earning greater than \$21.63 per hour: Employee/Employee cost (EE/ER): Employee only EE pays \$74.10 ER pays \$296.40 Employee +1* & Family: <i>Please see HR</i>	Plan Year Deductible: In-Network (IN): \$1,000 Member* / \$2,000 Family* Out of Network (OON): \$2,000 Member/\$4,000 Family Out of Pocket Maximums: IN: \$5,000 Member / \$10,000 Family OON: \$10,000 Member / \$20,000 Family Office Visit: \$0 Routine/\$25 PCP/\$40 Specialist OON: 20% coinsurance after deductible Emergency Room: IN: \$250 Inpatient Hospitalization: IN: Deductible OON: Deductible then 20% coinsurance Outpatient Surgery: IN: Deductible OON: Deductible then 20% coinsurance Diagnostic Testing (X-Rays, Lab Work), Imaging (CT/PET Scans, MRIs): IN: Deductible OON: Deductible then 20% coinsurance Retail Prescriptions (30-day supply): DL199: \$5/\$15/\$30/\$50/\$30/\$50 Mail Order Prescriptions (90-day supply): Tier 1: \$10 / Tier 2: \$30 / Tier 3: \$60 / Tier 4: \$150 *HRA: Charles River Community Health Plan will reimburse a portion of your deductible. Please reference the HRA box below. Employee + 1* *Considered as "Family" when referring to Deductibles and Out of Pocket Maximum

Benefits at a Glance

Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services
<p>Health Reimbursement Arrangement (HRA)</p> <p>Benefit Strategies</p> 	<p>Eligibility: Employees working 20 or more hours per week</p> <p>Must be enrolled in a company sponsored medical plan to utilize this benefit.</p> <p>Waiting Period: None/Date of Hire</p>	<p>Charles River Community Health Center, Inc. has implemented a Health Reimbursement Arrangement (HRA) that will reimburse deductible expenses.</p> <p>If enrolled in the Mass General Brigham Complete HMO 1000 or Complete PPO Plus 1000 medical plans, Charles River Community Health Center will cover the first \$750 for employees enrolled in Employee Only tier; and the first \$1,500 for employees enrolled in Employee + One or Family tiers.</p> <p>If enrolled in the Mass General Brigham Complete HMO 2500 medical plan, Charles River Community Health Center will cover the first \$1,500 for employees enrolled in Employee Only tier; and the first \$3,000 for employees enrolled in Employee + One or Family tiers.</p> <p>Benefit Strategies will receive a secure data feed from Mass General Brigham each week. There is no manual claims submission for the HRA plan due to the automatic claims process. There is no HRA debit card.</p> <p>The plan year for the HRA is 7/1 – 6/30 annually</p> <p>Employee + 1*</p> <p>*Considered as "Family" when referring to Deductibles and Out of Pocket Maximum</p>

Benefits at a Glance

Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services
<p>Value Added Benefits</p> <p>Mass General Brigham</p> 	<p>Eligibility: Employees working 20 or more hours per week</p> <p>Must be enrolled in group-sponsored Mass General Brigham Medical Plan</p> <p>Waiting Period: None/Date of Hire</p>	<p>Member Savings & Discounts are available to employees who enroll in the Mass General Brigham medical coverage.</p> <p>Fitness Reimbursement: Get up to \$150 for individual or \$300 family coverage</p> <p>If you belong to a qualified fitness facility or engage in a qualified fitness program/subscription or activity, we will reimburse you up to \$150 (for an individual policy) or up to \$300 (for a family policy)—just to help you feel and be your best.</p> <p>Weight Loss Reimbursement: Get up to six months free with Jenny Craig, Weight Watchers, or Noom</p> <p>Our weight loss benefit gives you a little extra motivation and money when you join Jenny Craig, Weight Watchers, or Noom. We will reimburse you for up to six full months of membership fees for you or one of your enrolled dependents*</p> <p>Terms and conditions apply. If your plan includes a fitness and weight loss benefit, you must be a member of Mass General Brigham for 3 months or longer to qualify for reimbursement.</p> <p><small>*The weight loss benefit does cover food, nutritional supplements, or enrollment/registration fee</small></p> <p>Zero Dollar Co-Pays for Child Visits:</p> <ul style="list-style-type: none"> • 3 sick child PCP visits at no cost to members • 3 behavioral health visits at no cost to members <p>Care Complement Benefits:</p> <p>See lists of medications and therapies that are included for zero-dollar co-pay. Please refer to Employee Navigator for the list.</p> <p><i>See the Value-Add Benefit Summary for complete details on all the benefits available, available in Employee Navigator.</i></p>

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Employee Cost Per Pay Period [26x]	Out of Pocket Expenses
Dental Insurance Blue Cross Blue Shield of Massachusetts Dental Blue Program 2	Eligibility: Employees working 20 or more hours per week Waiting Period: None/Date of Hire There is a domestic partner rider included on this benefit allowing coverage for same- and opposite-sex couples.	The Dental Blue plan is designed to provide employees open access to any dental provider of choice. Calendar Year Maximum Benefit: \$1,500 per member Dental Blue's Accumulated Maximum Rollover benefit allows qualifying members to rollover a portion of their unused annual maximum into a personal Maximum Rollover Account (MRA). Should the need for more extensive dental treatment arise during future years, each member's MRA will be used to provide extra dental coverage, once their entire maximum is used. Provider Search: www.bluecrossma.com/findadoctor	For all benefit- eligible employees working 20+ hours: Employee/Employer cost (EE/ER): Employee only EE pays \$4.77 ER pays \$19.08 Employee +1* EE pays \$9.21 ER pays \$36.84 Family EE pays \$14.22 ER pays \$56.87	Calendar Year Deductible: \$50 Member/\$150 Family on Types II and III (waived for Type I/Preventive) In-Network & Out-of-Network Coverage*: Type I Preventive & Diagnostic: Covered at 100% Type II Basic Restorative Services: Covered at 80% after dental Deductible Type III Major Restorative Services: Covered at 60% after dental Deductible *Subject to reasonable and customary charges when seeking care outside of network.
Vision Insurance Blue Cross Blue Shield 20/20 – Standard Plan (Access Network)		Website: http://www.bluecrossma.com	For all benefit- eligible employees working 20+ hours: Your cost: Employee \$3.61 Employee + Spouse \$6.14 Employee + Child(ren) \$6.32 Family \$9.93	This plan is 100% voluntary and paid in full by the employee. You must elect benefits in order for these benefits to apply.


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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services / Additional Information							
ET (Earned Time) Time Off Policy	Eligibility: Employees working 20 or more hours per week	Earned Time (ET) is a benefits program that combines traditional sick, vacation, personal time off types. The Health Center recognizes the time off needs of employees vary depending on individual circumstances, allowing Charles River Community Health (CRCH) employees flexibility in determining when and how their time off may be used. Earned Time may be used for holidays, sick days, personal days, and vacations. Earned Time is accrued biweekly. Earned Time accrual rates differ based on position type and years of service at CRCH.							
		Job categories	0-4 years of service		5-9 years of service		10-14 years of service		15+ years of service
			Hourly accrual	Days/year (full-time)	Hourly accrual	Days/year (full-time)	Hourly accrual	Days/year (full-time)	Hourly accrual Days/year (full-time)
		Senior Leadership; department directors; dental, medical, and behavioral health providers	0.1423	37	0.1615	42	0.1615	42	0.1615 42
		All other exempt staff	0.1231	32	0.1423	37	0.1615	42	0.1615 42
		All non-exempt staff	0.1038	27	0.1231	32	0.1423	37	0.1615 42

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Employee Cost
Short-Term Disability Mutual of Omaha	Eligibility: Employees working 20 or more hours per week	60% of salary up to \$1,500 / month 12 weeks duration Waiting period for sick and accident is seven days.	No cost to employee, 100% paid by the Employer.
Short-Term Disability Colonial Life Insurance	Eligibility: Employees working 20 or more hours per week Waiting Period: 3 months after date of hire	Benefits vary depending on the coverage you select. Available benefits are benefit increments of up to 60% of your weekly salary up to \$2,000 per week.	This plan is 100% voluntary and paid in full by the employee. You must elect benefits in order for these benefits to apply.
Long-Term Disability Mutual of Omaha	Eligibility: Employees working 20 or more hours per week Waiting Period: 1 month after date of hire	Pays 50% of Base Monthly Earnings (BME) up to a maximum benefit of \$6,000 per month, potentially payable to age 65 or SSNRA. There is a 90-day elimination period. This policy has a 2-year "own occupation" clause and a 3-month/12-month pre-existing clause. Website: https://www.mutualofomaha.com/	No cost to the employee, 100% paid by the Employer.


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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Employee Cost
Life & Accidental Death & Dismemberment (AD&D) Mutual of Omaha 	Eligibility: Employees working 20 or more hours per week Waiting Period: 1 month after date of hire	Pays 1 x Base Annual Earnings (BAE) up to a maximum benefit of \$150,000. Benefit reduces to 50% at age 70 and terminates at retirement. Website: https://www.mutualofomaha.com/	No cost to the employee, 100% paid by the Employer.

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services
Employee Assistance Program (EAP), Worldwide Travel Assistance, & Will Preparation Mutual of Omaha	Eligibility: Employees working 20 or more hours per week Waiting Period: 1 month after date of hire	<p>Charles River Community Health provides all employees' access to an Employee Assistance Plan and Global Emergency Services.</p> <p>Employee Assistance Plan (EAP): The EAP is through Mutual of Omaha and is free and confidential to you. This service is a confidential toll-free number for you to research any issue such as emotional, relationship, legal, financial, and other assistance, as well as 3 face-to-face visits with an affiliate network provider. You call the dedicated call center any time, 24/7, 365 days a year.</p> <p>Contact: (800) 316-2796 Website: mutualofomaha.com/eap</p> <p>Worldwide Travel Assistance – AXA Assistance USA can assist you; your spouse and dependent children avoid unexpected bumps in the road anywhere in the world when traveling more than 100 miles from home. Services include and certain limitations may apply:</p> <ul style="list-style-type: none"> • Pre-Trip Assistance • Immediate Assistance with Emergencies while traveling • Medical Assistance • Emergency Travel Support • Identify Theft & Recovery Support <p>Contact: Inside US (800) 856-9947; Outside US (312) 935-3658</p> <p>Will Preparation – Bequest, Inc. (Willing) will assist you in creating an affordable discounted online will preparation service.</p> <ul style="list-style-type: none"> > Answer simple multiple-choice questions on your computer or smartphone > Download and print any document instantly > Update your information with any major life changes (i.e., marriage, divorce, birth of child) > Plan includes Last Will & Testament, Living Will, Power of Attorney, and Revocable Trust or Transfer of Death Deed at an affordable cost
MetLaw	Eligibility: Employees working 20 or more hours per week Waiting Period: None/Date of Hire	<p>MetLaw is a voluntary employee legal product through MetLife. Cost is \$10.38 per pay period. Please see plan outline for details, available in Employee Navigator.</p>



Benefits at a Glance

Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services
<p>Retirement/403(b)</p> <p>Empower</p> 	<p>Eligibility: Employees working 20 or more hours per week</p> <p>Waiting Period: None/Date of Hire</p>	<p>Enrollment / Investment Election: There is an outstanding line-up of investments to choose from, and a streamlined electronic enrollment process. Website: www.empowermyretirement.com</p> <p>Account Access Instructions:</p> <p>Existing Participant Go to www.empowermyretirement.com Enter your username and password (click Login Help if you need to reset your username or password) and click Log In</p> <p>First-time users Go to www.empowermyretirement.com Click on the Register button Enter your first name, last name, date of birth, SSN number, ZIP code and numeric portion of street address. Continue/Follow prompts to create a username and password to access your plan participant account</p> <p>Participant Service Line: 800-338-4015</p> <p>Employee Deferrals: You may contribute up to the 2022 IRS annual limit of \$20,500 (via \$ or % of payroll) with pre-tax or Roth (after-tax) contributions. If aged 50 or older, you are allowed an additional \$6,500 catch-up provision.</p>

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services
<p>Transamerica Supplemental Benefits</p> <p>Accident Insurance & Cancer Insurance</p> <p><i>(Other policies also available)</i></p>	<p>Eligibility: Employees working 20 or more hours per week</p> <p>Waiting Period: 1st of month following 3 months after date of hire</p>	<ul style="list-style-type: none"> • Personal insurance products available: <ul style="list-style-type: none"> ○ Accidental Insurance ○ Life Insurance ○ Cancer Insurance ○ Critical Illness • Pays specific amounts towards costs incurred in the event of an accident or occurrence of cancer or any other policy offered by Transamerica. This is in addition to the insurance policies offered by Charles River Community Health Plan, Inc. <p>Website: https://customers.transamericaemployeebenefits.com/Portal/Home/Default Contact: (888) 763-7474</p>

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Additional Information
<p>Flexible Spending Account (FSA), Healthcare</p> <p>Comprehensive Benefit Services, Inc.</p> 	<p>Eligibility: Employees working 20 or more hours per week</p> <p>Waiting Period: None/Date of Hire</p>	<p>Premium Portion: Employee contribution amounts may be deducted on a pre-tax basis.</p> <p>The Health Care FSA allows you to contribute pre-tax money to be used for eligible medical, dental and vision expenses. Note: Medical premiums cannot be paid with FSA dollars.</p> <p>The amount of out-of-pocket expenses should be estimated to determine your contribution amount for the plan year. The employee's taxable gross income is reduced by the amount elected. Your annual election will be divided equally over your pay periods for the plan year.</p> <ul style="list-style-type: none"> • The plan year for the FSA is 7/1 – 6/30 annually • The IRS maximum election for 2023 is \$3,050 • Health Care FSA balances of up to \$610.00 will be rolled over to the next plan year for active employees after the 90-day run-out period for the previous year. • You can use your FSA debit card to pay for expenses or submit receipts for reimbursement • You have access to your full election at the beginning of the plan year <p>Website: www.askcip.com</p>	
<p>Flexible Spending Account (FSA), Dependent Care</p> <p>Comprehensive Benefit Services, Inc.</p> 	<p>Eligibility: Employees working 20 or more hours per week</p> <p>Waiting Period: None/Date of Hire</p>	<p>The Dependent Care FSA allows you to contribute pre-tax money to be used for eligible dependent care expenses.</p> <p>The amount of dependent care expenses should be estimated to determine your contribution amount for the plan year. The employee's taxable gross income is reduced by the amount elected. Your annual election will be divided equally over your pay periods for the plan year.</p> <ul style="list-style-type: none"> • The plan year for the DCA is 7/1 – 6/30 annually • The IRS maximum election for 2023 is \$5,000 • Benefits are available as they are deducted from your pay bi-weekly • Receipts / Statements must be submitted for reimbursement <p>Website: www.askcip.com</p>	

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Additional Information
Transit Program Comprehensive Benefit Services, Inc.	Eligibility: Employees working 20 or more hours per week Waiting Period: None/Date of Hire	Transit Reimbursement Account. The maximum for this account is up to \$280 per month which may be deducted pre-tax from your paycheck.	<p>A Transit Reimbursement Account allows you to have certain commuter expenses taken out of your paycheck on a pre-tax basis. These expenses would be taken out before the Federal tax, FICA tax, and the State tax.</p> <p>How does it work? An employee elects to have an amount transferred from his gross paycheck, before taxes are taken out, and put into a Transit Reimbursement Account. The employee would use their debit card to pay for qualified transportation expenses or obtain a receipt and submit the receipt along with a claim form for reimbursement.</p> <p>Eligible expenses include:</p> <ul style="list-style-type: none"> • Charlie Cards • Subways • Buses • Ferries • Commuter Rails • Vanpools

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Additional Information
HRSA National Health Service Corps Federal Loan Repayment US Department of Education Federal Loan Forgiveness	Eligibility: Licensed primary care clinicians in the following disciplines: <ul style="list-style-type: none"> - Primary Care Medical - Dental Care - Behavioral and Mental Health Military Reservists are also eligible Eligibility: All employees	Charles River Community Health is a HRSA National Health Service Corps site. This means that our providers are eligible to apply for federal loan repayment. It is not a guarantee that you'll be awarded repayment from HRSA, but you should have the requirements that make you eligible to apply when you work at CRCH. You can find out more information about the program here: https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program.html Whether or not you are accepted for repayment, your work at CRCH would automatically works toward federal loan forgiveness, which is managed through the US Department of Education, assuming you have eligible loan types. You can find more information about that here: https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service	

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Additional Information
BlueBikes	Eligibility: All employees Waiting Period: None/ Date of hire	A regular \$129 membership costs you \$49	
Bike Helmet Reimbursement	Eligibility: All enrolled in MGB Medical Plan	MGB members are eligible for reimbursement of the purchase of one new helmet up to \$15 per member, per calendar year	
CommonWealth Cell Discounts	Eligibility: All employees Waiting Period: None/ Date of hire	Employees are eligible for these discounts with AT&T and Verizon.	

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Benefits Plan	Who is Eligible/ When Coverage Begins	Benefit Summary Member Services	Additional Information
Pet Insurance	Eligibility: All employees Waiting Period: None/ Date of hire	Save up to 10% on pet health insurance (Fetch)	
BJ's Wholesale Club	Eligibility: All employees Waiting Period: None/ Date of hire	A regular \$129 membership costs you \$49 Exclusive savings: Promotional rate available for new members, \$25 for 2 cards (savings of \$30.00).	
Tickets at Work	Eligibility: All employees Waiting Period: None/ Date of hire	Tickets at Work offers all employees of Charles River Community Health Center, Inc. 20 – 60% off movies, hotels, shows, concerts, sporting events, and more.	
T-Mobile	Eligibility: All employees Waiting Period: None/ Date of hire	Get the hook-up with T-Mobile Amplified™—exclusive savings of up to 33% off on 4 lines (with AutoPay) for you and your family and not available in stores. Make the switch and score unlimited talk, text, data, and premium features—all on America's Fastest 4G LTE Network.	

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Amenities	Who is Eligible/When Coverage Begins	Benefit Summary Member Services	Additional Information
Café 43	Eligibility: Open to the public	Café 43 offers full breakfast and lunch selections as well as a full Starbucks Barista Bar, a smoothie bar, and quick, Grab-n-Go options at the self-checkout kiosk.	
Fitness Center	Eligibility: Staff who work at the Waltham location and staff who work between both Brighton and Waltham sites <i>Pending waiver</i>	An exercise room including free weights, cardio machines, weight training machines, and lockers to store your personal effects.	
Bicycle Storage Room	Eligibility: Staff who work at the Waltham location and staff who work between both Brighton and Waltham sites <i>Pending waiver</i>	Available to employees who bike to work, this room is a secure, indoor space to store your bicycles while working.	
Entertainment Space	Eligibility: Staff who work at the Waltham location and staff who work between both Brighton and Waltham sites WITH access to the Fitness Center or Bicycle Storage Room	Entertainment room that can be used on your lunch break – has a pool table, TV, golf simulator.	