Faculty Resources

For personal growth...

A. Professional Staff Benefits Office at MGH/MGPO

The MGH/MGPO provides a comprehensive benefits program for monthly paid professional staff (MDs and PhDs) that offers each eligible member the opportunity to design a personalized benefits program to meet their needs and those of their family.

The Professional Staff Benefits Office is the dedicated, hands-on resource for all professional staff benefits-related matters. The goal is to deliver a cost effective program of the highest quality that provides needed services, assures peace of mind, financial protection and will help members balance work/life challenges as they pursue their professional endeavors in health care.

Detailed information about staff benefits and services are available online. Benefits Consultants are available to help ensure that our professional staff members maximize all of their benefits opportunities.

Contact Information
MGH, Bulfinch Building, 1st floor, Suite 126 • Phone: (617) 726-9267 • Fax: (617) 726-2252
Monday through Friday from 8 am to 4:30 pm or by appointment
Website: www.AskMyHRportal.com

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<th>If your last name starts with letters</th>
<th>Consultant</th>
<th>Email</th>
<th>Phone number</th>
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<tr>
<td>A-L</td>
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Others You May Wish to Contact:
» Providencia (Provy) Diaz, MGH-based malpractice inquiries, pdiaz1@partners.org
» Faina Spivak, Compensation/Benefits Specialist for Financial Planning Program and Retiree Medical Program, fspivak@partners.org
» Akmaral Kusherbayeva, Sr. HR Assistant, akusherbayeva@partners.org
» Dee Dee Chen, Director, Professional Staff Benefits Office, ddchen@partners.org

Benefits Basics FAQs

When do my benefits start?
Benefits are effective (start) on the day that you become eligible to participate in the benefits program. Some examples are: your date of hire, the date your base pay reaches the minimum level for benefits eligibility, or the date your employment status changes from Per Diem to Regular.

How long do I have to elect my benefits?
You have 30 days after the date on which you become benefit-eligible to select your benefits. If you fail to do so within the 30-day period, you will “defaulted” to the Partners Select medical insurance coverage for yourself only. The next time to adjust your benefits will be during the next annual Benefits Open Enrollment period unless you have what is recognized as a ‘qualified life event’.
What if I don’t need benefits?
If you are already insured in a medical insurance plan from another source and don’t need coverage, you should “Opt Out” of the medical insurance benefit within 30 days of your benefit-eligibility.

Once my initial 30 days have passed, when is the next time that I can change my benefits?
Benefits can be changed for any reason during the Annual Benefits Open Enrollment period. This year’s Open Enrollment period will be from October 29 to November 20, 2018. Benefit changes made during Open Enrollment will go into effect as of January 1, 2019. Calendar Year 2019 Health Plan Information is available on HR’s www.AskMyHRportal.com site – click on the red banner.

You can also change your benefits within 30 days of a Qualified Life Event. Some examples of Qualified Life Events are:
» Gain or loss of coverage from another source
» Birth/Adoption/Change of Custody of a child
» Marriage or divorce
» Death
» Dependent changing from ineligible to eligible status or vice versa
» Move out of your HMO’s service area

I don’t need medical insurance. Can I still sign up for dental insurance coverage?
Yes. Each benefit plan is independent of the other.

How do I enroll in benefits?
The benefit enrollment process is online. Go to www.AskMyHRportal.com, click on myBenefits. You will be directed to PeopleSoft Self Service.

I need confirmation of malpractice coverage (Malpractice Facetsheet).
Log on to the “My CRICO” (formerly CRICOConnect) website (http://www.rmf.harvard.edu/My-CRICO) which is a physician only web portal which allows physicians to obtain a copy of their Confirmation of Coverage, access to case studies, patient safety guidelines, algorithms, and complete continuing medical education (CME). Any login questions should be directed to Underwriting (617) 679-1360. Alternately, contact Provy Diaz by email (at pdiaz1@partners.org) or by phone (617) 724-9925.

How do I request that a Claim History to be sent to BORM?
Email your request to underwritingapps@rmf.harvard.edu.

I have not received my insurance card yet; what should I do?
Enrollment information is sent to the insurance companies every week and it takes them about 3 weeks to produce and mail the cards to you at home. If you have not received your cards by that time, please contact your benefits consultant for assistance.

I went to the pharmacy to fill a prescription and the pharmacist said I’m not covered.
First, make sure you notify the pharmacist that your prescription benefit is through CVS caremark, not through your medical insurance. You can contact CVS caremark (1-866-881.5603) for your ID number. If you paid for your prescription out of pocket, and return to the pharmacy within 10 days, the pharmacist will be able to reimburse you, less the copayment. If it was more than 10 days, then you can file for reimbursement directly from CVS caremark. Reimbursement claim forms are available in the Professional Staff Benefits Office.

My doctor is at a non-Partners hospital. Can I still see her if I have Partners Plus insurance?
Yes. Partners Plus and Partners Select do not limit you to Partners’ doctors and hospitals.

My parents are coming to stay with me for an extended period. Can they be covered under my benefits?
No. Coverage is limited to your spouse and/or eligible dependent children.
1. Financial Planning Benefit

The MGPO and MGH created a Financial Planning Program benefit to help professional staff members prepare financially for all life stages.

The Program is available to all benefits-eligible professional staff once every five years and offers these benefits:

» Reimbursement of up to $1,500 for eligible financial planning services
» Assistance selecting a financial planner. A list of reviewed financial service providers is available on the program web page (see below).
» Planning services including retirement, life insurance needs, wills and trusts.

Services must be provided during the calendar year in which you seek reimbursement. You have until December 31 to engage a provider, complete the planning process, pay the bill and seek reimbursement.

To help you get started, visit http://mgpo.partners.org/MGPOCentral/HR/FinancialPlanningProgram.html for more details.

Please direct any questions or comments to mghmgpofinancialplanning@partners.org. You may also contact Faina Spivak, Program Coordinator, at fsrivak@partners.org or (617) 726-2296.

2. Parental Leave Policy

Appointed members of the MGH/MGPO Professional Staff will be eligible for 8 weeks of centrally funded paid leave as a result of becoming a new parent. The reimbursement process is as follows:

» Professional Staff Member notifies the chief of service, department administrator and MGPO benefits consultant of upcoming birth or adoption.
» To facilitate the necessary administration of this program, and to comply with all state and federal regulations that pertain to protected absences from work, the employee must apply for a leave of absence under the Family and Medical Leave Act (FMLA). The leave request form is available online at www.AskMyHRportal.com, then click on ‘Benefits, Perks and Leaves’ or by contacting the MGH MGPO Leave of Absence (LOA) Coordinator by email (mghleavesofabsence@partners.org) or by calling the HR Support Center Main Line at 1-833-275-6947
» The Leave of Absence Coordinator will place the employee on a paid leave of absence for 8 weeks. Base compensation and benefits will continue, as if the Professional Staff Member was active at work and will be charged to the sponsoring department. FMLA will permit an absence of up to 12 weeks.
» The sponsoring department may, at its discretion, arrange for the continuation of pay for the remaining 4 (four) weeks. In the absence of these instructions, the MGH Leave Coordinator may, with the concurrence of the PSBO, place the employee in an unpaid status.
» Sponsoring departments recover salary continuance and the costs of employee benefits from the MGPO and from the Hospital by submitting a reimbursement request form to the Professional Staff Benefits Office.