



***University of Massachusetts  
Medical School***

***BENEFITS GUIDE FOR  
RESIDENTS AND FELLOWS***

Effective July 1, 2006

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***Residents and Fellows must be employed to work twenty (20) hours or more weekly to be eligible for benefits.***

***The following information is intended for use only as a summary of the benefit plans available to you as a resident and/or fellow. Details are contained in the legal plan documents and individual plan details can be found on the Group Insurance Commission website at: [www.mass.gov/gic](http://www.mass.gov/gic) or the HR website.***

***Details pertaining to Sick Leave Bank, Tuition, Holidays, Personal Time, Sick and Vacation can be found on the Human Resources Policy Intranet website or in the University of Massachusetts Medical School Policy and Procedure Manual.***

***In the event that there is any inconsistency between this summary and any legal printed documents, the legal documents govern. Copies of plan summaries are available in the Benefits Department or from the vendor(s).***

## **I. WHEN DOES COVERAGE BEGIN?**

For new employees coverage begins on the first day of the month following 60 calendar days from the date of employment, or two calendar months, whichever comes first.

### **Effective Coverage Dates for New Employees**

Date of hire: Coverage begins on:

June 3 to July 3 September 1

July 4 to August 2 October 1

Employees who do not enroll in a health insurance plan when first eligible, may enroll during Annual Open Enrollment. Coverage will begin July 1 following Annual Open Enrollment.

### **Interim Coverage:**

Incoming Residents/Fellows from other employment or US training programs should make provisions to continue their current coverage for the first two months at UMass in order to insure that there is no gap in coverage.

Incoming US medical School graduates should verify student coverage end date many student plans, including UMass, cover through August 31<sup>st</sup>.

In the event that a Resident has no means of continuing current health insurance the GIC has a mechanism in place titled the B-Waiver. If a new hire has a major illness/injury during the 2 month period we can request the B Waiver from the GIC to have the employee's health coverage begin from the date of hire. When they give approval, the employee has to pay 100% (note this is not the 25% employee share that is listed in the table below) of the health insurance premium for 2 months before normal coverage begins. This is beneficial for Major Illness/Injury as it can quickly become very expensive. The GIC has been very good at approving the 3-4 requests a year UMMS asks for.

## II. MEDICAL INSURANCE

The University is committed to providing our employees the very best in medical plan choices available. All plans provide comprehensive coverage and the flexibility to make the right choice for you and your family. Choices include Indemnity Plans, a Point of Service (POS) plan, a Preferred Provider Option (PPO) and HMO's. **Coverage is effective on the first of the month following 60 days of employment.**

The plans currently offered include:

INDEMNITY	PPO	HMO
<ul style="list-style-type: none"> <li>• Commonwealth Indemnity Plan with CIC</li> <li>• Commonwealth Indemnity Plan without CIC</li> <li>• Commonwealth Indemnity Plan Plus</li> <li>• Commonwealth Indemnity Community Choice</li> </ul>	<ul style="list-style-type: none"> <li>• Navigator by Tufts Health Plan</li> <li>• Harvard Pilgrim Independence Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Fallon Select</li> <li>• Fallon Direct</li> <li>• NHP Care</li> <li>• NHP Community Care</li> <li>• Health New England</li> </ul>

For complete plan details go to: [www.mass.gov/gic](http://www.mass.gov/gic). A GIC booklet can be obtained in the Benefits Department.

### ENROLLMENT INFORMATION

- **When to enroll** - You must enroll as a new hire during your first 30 days of employment, otherwise, you may enroll during the open enrollment period held annually every April/May. **NOTE:** *certain life change events (marriage, divorce, birth of child, adoption) may enable you to enroll other than as a new hire or during open enrollment. If you have a life change event please contact the Benefits department immediately.*
- Available to employees, spouses\* and dependent children under 19 years of age or full-time students to age 24. Students are required to complete student verification forms twice annually. **You must provide a copy of your marriage certificate if covering a spouse or birth certificates if covering any children.**

*\* As a result of the difference in state and federal tax laws regarding same sex marriages, coverage provided for a same sex partner will incur additional taxable income to you – you should contact the Benefits Department for information.*

**NOTE:** *If you have coverage provided to you by another source, it is recommended you enroll in the basic life insurance plan only. Enrollment in this plan will enable you to enroll at a later date should you lose your coverage. If you do not enroll in basic life and lose your medical coverage, you will not be eligible to enroll in a medical plan until the next open enrollment period.*

## EMPLOYEE SHARE OF GIC HEALTH INSURANCE PREMIUMS

<b>HEALTH INSURANCE RATES EFFECTIVE JULY 1, 2006</b> (Includes \$5,000 Basic Life Insurance)				
<b>PLANS</b>	<b>INDIVIDUAL</b>		<b>FAMILY</b>	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
Commonwealth Indemnity Plan without CIC	\$64.36	\$128.72	\$149.39	\$298.77
Commonwealth Indemnity Plan with CIC	\$79.59	\$159.18	\$184.72	\$369.43
Commonwealth Indemnity Plan Plus	\$45.87	\$91.74	\$108.47	\$216.94
Commonwealth Indemnity Community Choice Plan	\$31.98	\$63.95	\$75.73	\$151.45
Fallon Community Health Plan – <b>Direct Care</b>	\$35.16	\$70.32	\$83.39	\$166.77
Fallon Community Health Plan – <b>Select Care</b>	\$41.38	\$82.75	\$97.23	\$194.45
Harvard Pilgrim Independence Plan	\$45.74	\$91.47	\$109.59	\$219.17
Health New England	\$36.90	\$73.79	\$90.41	\$180.82
Navigator by Tufts Health Plan	\$45.69	\$91.37	\$109.90	\$219.79
NHP Care (Neighborhood Health)	\$37.12	\$74.23	\$97.16	\$194.32
NHP Community Care (Neighborhood Health)	\$33.91	\$67.81	\$88.66	\$177.31

- **Deductions begin one month in advance**

### III. OPTIONAL LIFE INSURANCE

Supplemental Life Insurance is offered to you as a voluntary plan through The Hartford. The cost is based on your age, salary and the amount of insurance coverage you elect. You must complete an enrollment form. **Coverage is effective on the first of the month following 60 days of employment if you enroll as a new hire.**

In addition you are also provided with \$5,000 of life insurance with your health insurance plan through the Group Insurance Commission.

#### **PROVISIONS**

- Up to 8x annual salary without evidence of insurability (new hire)
- Accidental death and dismemberment.
- No evidence of medical insurability required at time of hire (subject to limitations).
- Effective date of coverage - first day of the month following 60 days of employment.
- Portable upon termination.
- Option available to convert to permanent whole or universal life policy/plan.

## ENROLLMENT INFORMATION

- **When to enroll** - You must enroll as a new hire during your first 30 days of employment. If you elect to enroll at a later date, you must prove evidence of good health – contact the Benefits Department for information.

OPTIONAL LIFE INSURANCE RATES		
ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of coverage	NON-SMOKER RATE Per \$1,000 of coverage
Under 35	0.09	0.05
35-44	0.13	0.06
45-49	0.24	0.09
50-54	0.38	0.15
55-59	0.58	0.23
60-64	0.88	0.34
65-69	1.57	0.83
70 and over	2.81	1.30

*Rates include accidental death and dismemberment coverage.*

## IV. LONG-TERM DISABILITY INSURANCE

### COVERAGE DURING YOUR HOUSE STAFF OFFICER PROGRAM

Insurance Carrier	The Guardian
Covered Disabilities	This plan covers you 24 hours a day, in or out of your residency program.
Enrollment Requirements	You are automatically enrolled as long as are actively at work in your house staff program.
Benefit Level	Benefit level is 60% of monthly income up to \$3,000/month.
Duration of Benefits	To Social Security Retirement Age except for nervous and emotional or alcohol and drug abuse diagnoses - for details see below.
Duration of Benefits for Mental and Emotional or Alcohol and Substance Abuse Diagnoses	The duration of benefits is two years unless the disabled person is hospitalized, in which case it is the same as above.

Elimination Period	The Elimination Period is the first 180 days of disability.
Interruption of Elimination Period	Up to half the number of days in the Elimination Period.
Definition of Disability	The disabled person must be unable to perform the duties of his or her own specialty for the first two years of disability. Thereafter, qualification for disability is the inability to perform the duties of a doctor of medicine.
Total and Partial Disability	Both are covered. The resident does not have to be totally disabled throughout the Elimination Period to qualify for benefits. A combination of total and/or partial disability will qualify the resident for disability benefits. The partially disabled resident's benefits payments are then reduced by 50% of his or her current monthly earnings.
Income with which this Plan Integrates	Disability payments are directly reduced by any Social Security disability benefits paid to the disabled person and his or her family. The Plan also integrates disability benefits with other forms of income, such as Workers' Compensation.
Work Incentive for Partial Disability	The partially disabled resident may receive up to 100% of his or her prior income from all sources for the first 12 months of partial employment. The Plan will not reduce the benefit by the resident's part-time earnings. If the total exceeds 100% of the resident's prior full time earnings, the Plan will deduct only the excess over 100% from the benefit.
Rehabilitation Incentive	110% of the benefit otherwise payable.
Recurrent Disability	A disability related to a prior disability is covered if it recurs within six months after the resident was last entitled to a benefit payment.
Taxation of Benefits	Benefits will be taxable upon receipt.

*This is only a general overview. For specific contract language please refer to your Guardian benefit booklet. Additional information is available through the plan administrators, the InsMed Insurance Agency, Inc. at 800-214-7039.*

## **V. OPTIONAL LONG-TERM DISABILITY INSURANCE**

Employees may choose to participate in a long-term disability program offered by The Hartford. The employee pays the entire cost of the plan. **Coverage is effective on the first of the month following 60 days of employment. Most Residents and fellows waive this benefit because the Free plan that is provided is portable, and geared toward physicians**

### **BASIC FEATURES**

- Pays 50% of total compensation to age 65, after 90 days of continuous disability;
- Prorated benefits are paid in cases of residual, or partial, disability;
- Benefits for mental health disability;
- No evidence of insurability required if enrolled as a new hire

## ENROLLMENT INFORMATION

- **When to enroll** - You must enroll as a new hire during your first 30 days of employment, otherwise you may enroll after you have been employed for one year.\*  
\* must prove evidence of good health – contact the Benefits Department for information.

LONG TERM DISABILITY RATES	
ACTIVE EMPLOYEE AGE	EMPLOYEE MONTHLY RATES Per \$100 of Monthly Earnings
Under 20	0.10
20-24	0.10
25-29	0.12
30-34	0.17
35-39	0.22
40-44	0.41

## VI. DENTAL INSURANCE

Dental coverage is offered to you through Delta Dental. To enroll, you must complete an enrollment form. **Coverage is effective on the first of the month following 60 days of employment.**

<u>Premier Plan</u>	<u>Premier Plus Plan</u>
<ul style="list-style-type: none"> <li>• 100% preventive care</li> <li>• 50% basic restorative</li> <li>• 40% major restorative</li> <li>• \$750/person/year</li> </ul>	<ul style="list-style-type: none"> <li>• 100% preventive care</li> <li>• 80% basic restorative</li> <li>• 60% major restorative</li> <li>• \$1,500/person/year</li> <li>• \$1,500 ortho – lifetime*</li> <li>*Only for children</li> </ul>
UMMS pays the entire cost of the plan.	Employees share the premium costs for the plan. \$ 4.71 bi-weekly - single \$ 18.50 bi-weekly – family

For complete plan details go to: [www.deltamass.com](http://www.deltamass.com)

## ENROLLMENT INFORMATION

- **When to enroll** - You must enroll as a new hire during your first 30 days of employment, otherwise, you may enroll during the open enrollment period held annually every November/December. **NOTE:** certain family status changes may enable you to enroll other than as a new hire or during open enrollment – contact the Benefits Department for information.

- Available to employees, spouses and dependent children under 19 or full-time students to age 23. You must notify the Benefits Department when your dependent turns age 19 or 23.
- During the open enrollment period, you may change your plan.

**VII. VISION PLAN**

Vision coverage is offered to you through Davis Vision. **Coverage is effective on the first of the month following 60 days of employment.**

- The plan contains the following provisions:
- \$10 COPAY FOR EYE EXAMINATIONS IN NETWORK
  - \$15 COPAY FOR EYE GLASSES IN NETWORK
  - \$15 COPAY FOR CONTACT LENSES IN NETWORK

<b>BI-WEEKLY RATES</b>	INDIVIDUAL PLAN	FAMILY PLAN
	\$2.98	\$7.73

**For complete plan details go to:** [www.davisvision.com](http://www.davisvision.com) (Click on Open Enrollment, Open Enrollment Login, Control Code 7171).

**ENROLLMENT INFORMATION**

You must enroll as a new hire during your first 30 days of employment, otherwise you may enroll during the open enrollment period held annually every October-November.

**VIII. SICK LEAVE BANK**

The *Sick Leave Bank* is designed to assist Residents and Fellows to continue their pay when they are out of work due to an injury or illness.

The Sick Leave Bank open enrollment period is held twice annually during April/May and October/November.

Residents and Fellows may enroll in the Sick Leave Bank by completing an enrollment application. In order to become a member, an employee contribute 16 hours of sick time to the Bank.

An employee must be a member of the SLB a minimum of six months before s/he can request time from the Bank. Once on an approved Family Medical Leave all accrued vacation, personal, sick and compensatory time must be used and the employee must be absent without pay for five days before being eligible to draw from the Bank. If approved, your pay will be continued in 20 day increments to a maximum of 480 hours.

## **IX. RETIREMENT SAVINGS PLANS**

All regular full-time and regular part-time employees participate in the State Employee Retirement System (SERS). The State Board of Retirement manages the State Retirement Plan for all state employees.

Employees contribute 9% of their income plus an additional 2% for wages over \$30,000 per year. Contributions are withheld from employee's base salaries. These contributions are tax deferred and *in lieu of the Federal Social Security Program*.

Employees must have a minimum of ten years of full-time creditable service to be vested in the State Retirement Plan. State employees who leave with less than 10 years of service may withdraw their contribution or roll over to a qualified retirement plan to avoid tax and penalties.

Contact the Department or the State Board of Retirement for details.  
Telephone: 617-367-7770; 800-392-6014 (In MA only)  
State Board of Retirement website: [www.state.ma.us/treasury/srb/htm](http://www.state.ma.us/treasury/srb/htm)

**If you are contemplating retirement or deferring your retirement, you should contact the Benefits Department to complete forms to continue retiree medical coverage.**

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### ***VOLUNTARY RETIREMENT SAVINGS PLANS (optional)***

#### ***403(b) Plans***

You may also defer some of your own income to a 403(b) plan, up to IRS limit of \$15,000 if you are under 50 years old or \$20,000 if you are 50 years old or over for calendar year 2006. The 403(b) companies are:

*Fidelity, TIAA-CREF, VALIC, Vanguard and MetLife. .*

#### ***457(b) Plan***

If you meet eligibility requirements, you may also defer some of your own income to a 457(b) up to the IRS limit of \$15,000 if you are under 50 years old or \$20,000 if you are 50 years old or over for calendar year 2006. The 457(b) provider is:

*ING*

Retirement Savings Plan information is available in the Benefits Department or by contacting the UMMS Retirement Plan Specialist at 508-856-1897.

## **X. PRE-TAX REIMBURSEMENT ACCOUNTS**

You may open a reimbursement account that allows you to pay eligible health care or dependent care expenses with pre-tax dollars. Your taxable income is reduced by the amount you contribute. Both plans are administered by Sentinel Benefits.

As you incur health care or dependent care expenses, you submit for reimbursement from your account and funds are deposited directly back into your bank account.

<b>HEALTH CARE SPENDING ACCOUNT (HCSA)</b>	<b>DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)</b>
<ul style="list-style-type: none"> <li>• Effective first of the month following 60 days of employment</li> <li>• Defer up to \$2,500 per year pre-tax</li> <li>• Use for co-pays, deductibles, non-covered expenses</li> <li>• Examples of expenses include:               <ul style="list-style-type: none"> <li>• Physician office visits</li> <li>• Prescription drug co-pays</li> <li>• Eyeglasses</li> <li>• Orthodontia and dental benefits not covered by your plan</li> <li>• Most over the counter drugs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Effective upon hire when you enroll</li> <li>• Defer up to \$5,000 per year pre-tax</li> <li>• Use for child and elder care costs; after school; daycare</li> <li>• Examples of expenses include:               <ul style="list-style-type: none"> <li>• Child care centers</li> <li>• Babysitters</li> <li>• Nursery schools</li> <li>• Day camp</li> </ul> </li> </ul>

For further details go to [www.sentinelbenefits.com](http://www.sentinelbenefits.com) or contact the plan administrator, Sentinel Benefits at 1-888-762-6088.

### **ENROLLMENT INFORMATION**

- **When to enroll** - You must enroll as a new hire during your first 30 days of employment, otherwise, you may enroll during the open enrollment period held annually every November/December. **NOTE: certain family status changes may enable you to enroll other than as a new hire or during open enrollment – contact the Benefits Department for information.**

**NOTE: the IRS requires that any unused funds at plan year end be forfeited. You should estimate your contributions carefully.**

## **XI. TUITION BENEFITS**

<b>TYPE</b>	<b>ELIGIBILITY</b>	<b>BENEFIT</b>
<p style="text-align: center;"><b><u>TUITION WAIVER</u></b></p> <p style="text-align: center;">University of Massachusetts Amherst, Boston, Dartmouth, Lowell, and Worcester</p>	<p>Regular full-time employees, their spouses or domestic partners and dependent children up to age 25 of both employees and their domestic partners; regular part-time employees; and employees on sabbatical, medical leave or approved leave of absence.</p> <p><b>Waiting Period</b> Available upon hire</p>	<p>Up to full tuition may be waived for undergraduate or graduate courses at any University of Massachusetts campus. (Excluded from this policy are continuing education courses and the medical doctoral program at the University of Massachusetts Medical School) for regular full-time employee and/or eligible family members. A regular part-time employee or family member may be granted up to seven tuition-free credits for courses.</p>
<p style="text-align: center;"><b><u>Tuition Remission</u></b></p> <p style="text-align: center;">Massachusetts State or</p>	<p>Regular full-time employees and their spouses, domestic partners and dependent children up to age 25 of both employees and their domestic partners; regular part-time employees; and employees on work related illness or</p>	<p>A regular full-time employee or family member is eligible for full tuition remission when enrolled in a full-time day program; a regular full-time employee and family member is eligible for 50% tuition remission</p>

<p>Community College</p>	<p>injury leave of paid leave of absence and employees on an approved unpaid leave of absence enrolled at any Massachusetts State Community College, State College or University pursuing an undergraduate or graduate degree, excluding the medical doctoral program at the University of Massachusetts Medical School.</p> <p><b>Waiting Period</b> Available after six months of full-time employment or twelve month of part-time service as of the enrollment date.</p>	<p>when enrolled in an evening education program; a regular part-time employee and family member is eligible for 50% tuition remission when enrolled in a full –time day program and; a regular part-time employee and family member is eligible for 25% tuition remission when enrolled in an evening education program.</p>
<p><b><u>Tuition Assistance</u></b></p> <p>Private School or College</p>	<p>Regular full-time employees enrolled at UMass campuses in Amherst, Boston, Dartmouth, Lowell and Worcester (excluding MD and continuing education programs). Employee must maintain full-time status for the duration of course. GED or CLEP exams are eligible.</p> <p><b>Waiting Period</b> Available after six months of full-time employment prior to start of course.</p>	<p>A regular full-time employee may receive up to \$200 per semester up to a maximum of \$400 each academic year.</p>

**NOTE: Remission/Waiver forms must be completed and signed by Human Resources prior to enrolling in a class and submitted to the college/university upon registration.**

## **XII. PAID TIME OFF**

### **Sick Time**

Sick time is provided for personal and/or family illness. Full time residents and fellows are awarded 15 days of sick time per year. Unused time may be carry over to the next academic year.

### **Vacation Time**

Full Time residents and fellows are awarded 15 days of vacation per year. Unused vacation time does not accrue from one academic year to the next.

### **Personal Time**

Three Personal days are awarded for full time residents and fellows. Personal time is for personal business during the calendar year. If an employee is scheduled to work during one of his/her religious festivals or observances, preference will be given for personal time. Personal time may be taken in increments of one-half hour or more and if not used by the end of the payroll year, will be forfeited.

### **XIII. IMPORTANT ENROLLMENT DATES**

As a new hire you may enroll in any plan during the first 30 days of employment. If you do not enroll as a new hire you must wait until the “*open enrollment*” periods noted below. **NOTE:** *certain family status changes may enable you to enroll other than as a new hire or during open enrollment – contact the Benefits Department for information.*

**April/May** (*effective July 1*)

Medical Insurance  
Optional Life Insurance  
Long Term Disability  
MetLaw  
Sick Leave Bank

**November/December** (*effective January 1*)

Dental Insurance  
Health Care Spending Account  
Dependent Care Assistance Program  
Sick Leave Bank  
Davis Vision Plan

### **XIV. BENEFITS UPON TERMINATION**

***IF YOU LEAVE THE UNIVERSITY, PLEASE BE SURE YOU NOTIFY THE BENEFITS OFFICE AS SOON AS POSSIBLE, AS WELL AS HUMAN RESOURCES.***

*Upon termination of employment or during an unpaid leave of absence, or upon retirement, all benefits cease. However, you may continue these benefits as follows:*

#### ***Life Insurance***

You may continue your basic life insurance and/or supplemental life insurance. The Group Insurance Commission will provide you with a Continuation of Insurance Coverage form eligibility information directly.

#### ***Medical/Dental Coverage***

You may continue your coverage usually up to 18 months by paying the full premium under the terms of COBRA (Consolidated Omnibus Budget Reconciliation Act). You will be formally notified of your right to continue this coverage when the Benefits Office is notified of your termination of employment by your Department Administrator. You must elect to continue this coverage within 60 days of termination or of notification of your rights, whichever is later, by completing the appropriate forms which will be mailed to you at your home address. Rates to continue this coverage will be provided in the notice or you can request the current rates from the Benefits Department.

- Medical coverage ends on the last day of the month following the month in which you terminate.
- Dental coverage will terminate on the Saturday following your date of termination.

### ***Retirement***

You may keep your contributions in the State Retirement Program or you may request a refund of your contributions. To request a refund, you must complete a withdrawal form available in the Benefits Department. Your funds will be taxable unless you rollover the funds into another tax qualified plan. Withdrawal processing takes 6-10 weeks.

## XV. HELPFUL CONTACT INFORMATION

### Contacts

Benefits.umms@umassmed.edu  
<http://inside.umassmed.edu/hr/benefits/>

#### General

Kathy Bonneville (508) 856-2036

#### Tuition

Kathy Bonneville (508) 856-2036

#### Workers Compensation

Debora George (508) 856-3580

Beth Whiting (508) 856-3984

#### Retirement/Savings

Katie Temple (508) 856-1897

#### Benefits Manager

Maria Barrios (508) 856-2281

### Other Information

GIC-Health/Life Insurance	1-617-727-2310	<a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
Long-Term Disability	1-866-847-6343	<a href="http://www.maemployeesltd.com">www.maemployeesltd.com</a>
State Retirement Board	1-617-367-7770	<a href="http://www.state.ma.us/treasury/srb.htm">www.state.ma.us/treasury/srb.htm</a>
UMMS Policies		<a href="http://www.http//inside.umassmed.ed">www.http//inside.umassmed.ed</a>
Delta Dental	1-800-872-0500	<a href="http://www.deltamass.com">www.deltamass.com</a>
Davis Vision	1-800-999-5431	<a href="http://www.davisvision.com">www.davisvision.com</a>
Credit Union UMMS	1-800-852-5886	
Metropolitan Life	1-508-856-1209	
MetLaw	1-800-GET MET 8	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Sentinel Benefits	1-888-762-6088	<a href="http://www.sentinelbenefits.com/flexchoice">www.sentinelbenefits.com/flexchoice</a>
529 College Savings Plans	1-888-799-2438	<a href="http://www.aboutchet.com">www.aboutchet.com</a>
	1-877-728-4338	<a href="http://www.scholarshare.com">www.scholarshare.com</a>
Mass Buying Power	1-781-829-4900	<a href="http://www.massbuy.com">www.massbuy.com</a>
Employee Discount Plans		<a href="http://inside.umassmed.edu/purch/">http://inside.umassmed.edu/purch/</a>
Social Security	1-800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>

**For questions regarding this summary, contact the Benefits Department at (508) 856-2282 or (508) 856-2036.**