

BAPTIST HEALTH®

2024 EMPLOYEE BENEFITS GUIDE

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Welcome to Baptist Health

Baptist Health cares for its employees. In fact, many say that at Baptist, we are like family. “Benefits Centered On You” means that we are intentional with our actions and initiatives. The focus of our benefits offerings takes into account every employee’s life cycle. It requires listening to our employees through surveys, focus groups and employee comments so that as we make changes, we are addressing relevant needs.



Please take time to review the benefit information provided in this guide, as it offers an extensive overview of your health and welfare benefit options. This includes details about eligibility, enrollment and the plans available to you. It also explains how life changes and changes in your employment status can affect your benefits. We recommend you keep this guide for future reference.

Go to **BEN> HR Portal**, under the Benefits section, to find information on how to access Workday and more useful documents to help you enroll.

ENROLLING IN YOUR 2024 BENEFITS PLAN IS EASY!

Workday can be accessed through the Baptist Employee Network (BEN) at **https://baptisthealth.sharepoint.com/sites/BEN/Pages/default.aspx?wa=wsignin1.0** and when you are on the go by using the Workday app.

Disclaimer: Baptist Health has made every effort to accurately report the information in this guide. If any information contained in this guide conflicts with the applicable official plan documents and insurance agreements of Baptist Health, the official plan documents and insurance agreements will govern.



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A Century of Commitment to the Health of Our Communities

MISSION

Baptist Health demonstrates the love of Christ by providing and coordinating care and improving health in our communities.

SHARED VISION

Baptist Health will lead in clinical excellence, compassionate care and growth to meet the needs of our patients.

FAITH-BASED VALUES

Integrity, Respect, Compassion, Excellence, Collaboration and Joy.

COMMITMENT TO PATIENT SAFETY

Continuously improve patient outcomes through a culture of safety and clinical excellence.

Employer-Provided Benefits

The following benefits are included in your total compensation at no cost to you:

Time Away From Work

- Paid Time Off
- Allowed TIme off
- Family Medical Leave
- Personal Leave
- Maternity/Paternity Leave

Education

- Tuition Reimbursement
- Student Loan Refinancing Tools

Life Insurance

- Basic Employee Life and Accidental Death & Dismemberment (AD&D) Insurance

Disability Insurance

- Long-Term Disability (LTD) (for full-time employees scheduled to work at least 32 hours per week)

Retirement Benefits

- 401(k) Plan with company match
- Roth provision included with company match
- 457(b) Deferred Compensation Plan - Directors, Executives, Physicians

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Baptist Health Benefits Summary 2024

Medical

Administered by Anthem

Enhanced PPO, Core PPO and a High deductible plan with Health Savings Account. Prescription coverage provided by Capital Rx. Low copays at Baptist Health community pharmacies.

Medical Expense Reimbursement Program (MERP)

Administered by Catilize Health

Reimbursement for eligible medical care expenses and premium differences incurred under employee's spouse group medical plan. Must be enrolled in Baptist medical plan, new hires and rehires are not eligible for MERP.

Dental

Administered by Delta Dental

PPO Plus Premier and PPO plans that cover regular cleanings up to three times per year.

Vision

Administered by EyeMed

Essential or Enhanced plan options allow for cost effective vision care.

Life Insurance

Administered by Reliance Matrix

Employer-provided Basic Life with AD&D to full- and part-time employees. Dependent Life, Spouse Life or Supplemental Life Insurance available.

Additional Voluntary Benefits

Baptist Health offers additional supplemental, employee-paid benefits, to enhance your core benefits package, including:

- Critical Illness
- Accident
- Hospital Indemnity
- Whole Life
- Retirement Plans
- Health FSA
- Dependent Care Account
- Short Term Disability
- Long Term buy-up option
- Pet Insurance
- Identity Protection
- Payactiv

Benefit Summary by Work Status

	Full Time (32-40 weekly hours)	Part Time (24-31.99 weekly hours)	Part Time (4-23.99 weekly hours)	PRN (3.99 weekly hours)
Medical with prescription coverage	✓	✓	X	X
Dental	✓	✓	X	X
Vision	✓	✓	X	X
Preventative Plan	X	X	✓	✓
Life Insurance	✓	✓	✓	X
Short & Long-Term Disability	✓	X	X	X
Pet Insurance	✓	✓	X	X
Identity Theft Protection	✓	✓	X	X
Accident, Critical Illness, Hospital Indemnity, Whole Life	✓	✓	X	X
Retirement Plans	✓	✓	✓	✓
PLANselect	✓	✓	✓	✓
H.S.A. & F.S.A.	✓	✓	X	X

Visit our Virtual Benefits Fair by scanning this code with your smartphone

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Frequently Asked Questions

Are my dependents eligible for medical, dental, and vision coverage?

If you are an eligible employee, your legal spouse and children up to age 26 are considered eligible dependents. Mentally or physically disabled children older than 26 are eligible if the disability occurred before age 26. Children include biological, adopted, step, and foster children. Legal documentation is required. Passive event in Workday will automatically remove children turning 26 from your coverage at the end of the month following their 26th birthday. No action required by the employee.

What if I don't have a computer for enrolling?

Please visit Human Resources and someone will be happy to assist you.

What levels of coverage are available with Baptist Health benefit plans?

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Family

What is the new hire election period?

New hires have 30 days from their date of hire to elect current year benefits. Benefits will be active on the first day of the month following or the coincident event date. Look on HR Portal>Benefits for 'How To Enroll' instructions to complete your new hire benefit enrollment.

Note: *You must complete all inbox items that are pending before your benefit event will show up in your Workday inbox.*

May I make changes during the year?

Yes, you may make changes to your benefits during the year if you have a qualifying event or change in family status. Once you experience such an event, you must make any changes within 30 days. You may add or drop coverage or change coverage levels (i.e., Employee Only, Employee + Spouse, etc.). However, you may not change plans (i.e., HDHP to Enhanced PPO, etc.) until the next Open Enrollment period.

If you are terminating or have a status change and are no longer eligible for benefits, then coverage ends at the end of the month following the term or status change event date.

Qualifying event or family status changes may include:

- Marriage, divorce, legal separation, annulment, or death of spouse.
- Birth, adoption, or death of a dependent child.
- The beginning or end of a spouse's employment.
- Change in spouse's employment from full-time to part-time, or part-time to full-time.
- You, your spouse, or a dependent child becomes eligible or ineligible for coverage.
- A court order requiring you, your spouse, or a former spouse to provide coverage for a child.
- An employed spouse changes benefits under a plan sponsored with their employer during a mid-year enrollment.
- A change in your employment status that causes you to lose or gain eligibility for certain benefits.

Any change you make to your benefits must be consistent with the change in your family status. For example, if your spouse loses medical coverage through their employer, you may add your spouse to your Baptist Health coverage. You must submit a change in benefits through Workday within 30 days of a family status change. The coverage will be effective the first day of the month following the effective date of qualifying event or status change. Newborns are covered under the medical plans for the first 30 days. Newborns must be added to Workday within 30 days of date of birth.

FOR MORE INFORMATION

Additional Frequently Asked Questions, (FAQs), and other information on benefit coverage for 2024, are posted on the Baptist Employee Network, (BEN). **Go to https://baptisthealth.sharepoint.com/sites/ben/Pages/default.aspx > HR Portal link on BEN, then click on Workday or access via mobile device using the Workday app.**

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Important Contacts

QUESTIONS	COMPANY	TELEPHONE	URL/EMAIL
General Benefit Information	Baptist Health	Contact your local HR/Benefit office	BHBenefitsTeam@bhsi.com
Medical	Anthem BlueCross BlueShield	833.578.4443	www.anthem.com
Pharmacy	Capital Rx	855.592.2779	https://www.cap-rx.com
Dental	Delta Dental	800.955.2030	www.deltadentalky.com
Vision	EyeMed	866.804.0982	www.eyemed.com
Accident, Critical Illness, Hospital Indemnity & Whole Life	Unum	800.635.5597	www.unum.com
Life Insurance/ Disability	Reliance Matrix	800.351.7500	www.reliancematrix.com
Flexible Spending Accounts	Wage Works/Health Equity	877.924.3967	www.wageworks.com
Health Savings Accounts	HealthEquity	877.924.3967	www.healthequity.com/contact
Medical Expense Reimbursement Program (MERP)	Catilize Health	877.872.4232	info@catilizehealth.com
Employee Assistance Program	Magellan	800.327.7354	https://member.magellanhealthcare.com/
Pet Insurance	Nationwide	877.738.7874	benefits.petinsurance.com/baptist-health
Identity Theft Protection	Allstate Identity Protection	800.789.2720	www.myaip.com
Retirement	Fidelity Investments	800.343.0860	www.netbenefits.com/Baptist
Employee Purchasing Program	Purchasing Power	888.923.6236	https://www.purchasingpower.com/?domain=baptisthealthky
COBRA	McGriff COBRA Services	888.888.3442	https://cobralogin.mcgriffinsurance.com/
Long Term Care	AGIS/Unum	877.485.2318	BaptistHealthLTC.com
Leave of Absence	Matrix	877.202.0055	Matrixabsence.com
Earned Wage Access	Payactiv		https://www.payactiv.com

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New Decision Making Tool for 2024!

PLANselect

PLANselect will help you pick the best value plan option given your expected medical needs. The proprietary algorithm provides a personalized financial analysis and recommendation, considering both premium and expected out-of-pocket cost (copays, etc.), as well as other important plan features.

- This tool is designed to help you save money on your healthcare coverage
- Takes just minutes to get results
- No personal information or medical history is required
- Recommendations are unbiased and based on your needs and the needs of your covered family
- Videos and text are available throughout the tool in case you have questions or want to learn more
- There's a built in Spanish version

A link to PLANselect is located on the Virtual Benefit Fair and **HR Portal > Benefits**.

When is PLANselect available for me to use?

PLANselect is available to you not only during open enrollment but throughout the year to support your benefits selection decisions.

SUPPORT PROCESS

System Availability Access

When users experience system availability access problems, please email info@planselect.net. This support is available 24 hours per day, 7 days a week.

Scan QR code for more information about PlanSelect.



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Enrolling through WORKDAY

You will enroll in your benefits through Workday. For Unum products, Whole Life with Long-Term Care you will link to the Unum enrollment screens from Workday. The Unum Critical Illness and Accident elections will be apart of your open enrollment event. Detailed enrollment instructions are available on **HR Portal > Benefits**.

Accessing WORKDAY from Baptist Health

1. Open your web browser to access BEN. This is the homepage on all Baptist Health computers. The BEN address is **http://home.bhsi.com**
2. On the sidebar in the top left corner of BEN, click on *HR Portal*.
3. Once in the HR Portal, click on *Workday*.
4. Click on *Employees and Contractors*.
5. Your username and password will be the same that you use to log in to your computer at work.

If you are not on a Baptist Health Network

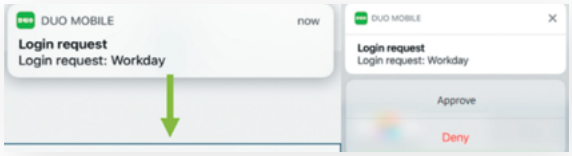
1. Open your web browser and navigate to **http://ben.bhsi.com**. This is the BEN@Home main page.
2. Under the Workday | Login section, click Login to Workday..
3. Click on Employees and Contractors.
4. Your username and password will be the same that you use to log in to your computer at work.
5. If you are enrolled in DUO or are required to use DUO, you will be prompted for DUO authentication. If you are not a DUO user, you will be successfully logged in to My Workday.

When you are on the go

1. Install the Workday App on your device. See page 9 for information on installing and configuring the Workday App.
2. From the Workday App, tap *Employees and Contractors*.
3. Your username and password will be the same that you use to log in to your computer at work.
4. If you are enrolled in DUO or are required to use DUO, you will be prompted for DUO authentication. If you are not a DUO user, you will be successfully logged in to Workday.

DUO Authentication

1. If you are enrolled in DUO, you will be prompted to *Send Me a Push, Call Me,* or *Enter a Passcode*.
2. If you choose *Send Me a Push* and have the DUO App installed on your device, you will receive a banner notification at the top of your screen.
3. Pull or Swipe Down this notification from the top of your screen and then tap *Approve*.



4. Choosing *Call Me* will call your registered device. You will be prompted to press a key to approve authentication.
5. Choosing *Enter a Passcode* will send a text message with a temporary, one-time use code to your registered device and prompt you to enter the received code.
6. After successfully authenticating with DUO, you will be logged in to Workday.

Note: For DUO Multifactor Authentication Self Service, visit **https://mfa.bhsi.com/bhsduo/**

All Managers must be enrolled in DUO for Workday mobile access. If you are required to use DUO and are not enrolled, you will receive an error when logging in.

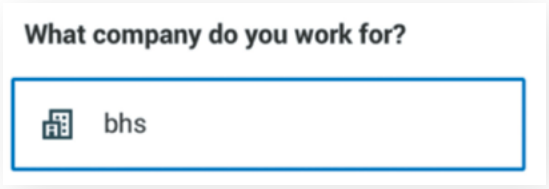
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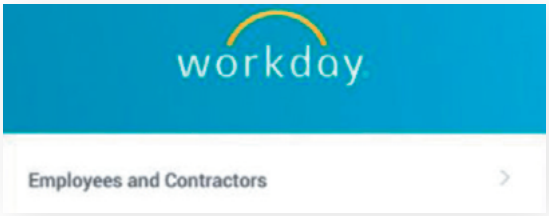
Installing the WORKDAY Mobile App

If you have a previous version, uninstall and reinstall the Workday app on your device to ensure the latest version and full functionality.

1. From your device, navigate to the App Store (for Apple iOS devices) or Google Play Store (for Android Devices)
   Note: *Older versions of Android OS and iOS may not be compatible with the latest Workday Mobile App.*
2. Tap *Search* and enter *Workday*.
3. Tap *Install*.
4. Tap *Open* to launch the Workday app.
5. Tap the *Let's get started* button.
6. When prompted, enter *bhs* under Company ID.



7. To log in, tap *Employees and Contractors*.



8. Your username and password will be the same that you use to log in to your computer at work.
9. If you are enrolled in DUO or are required to use DUO, you will be prompted for DUO authentication. If you are not a DUO user, you will be successfully logged in to Workday.
10. Tap *OK* to enable push notifications if desired.
11. You may set up a PIN and Touch ID. See Mobile Authentication for more information.

Mobile Authentication

Note: Mobile users can sign in to Workday mobile apps with a Personal Identification Number (PIN) for faster access. Please note that the PIN, like your password, will expire every 90 days and you will have to validate yourself through the initial credentials page to set your PIN to a new 4-digit PIN.

1. Sign in to Workday. A prompt appears, asking if you want to set up a PIN.
2. Enter a PIN number then tap the checkmark. You may use fingerprint authentication (see below).
3. Confirm the PIN and then tap the checkmark.
4. Tap allow to enable push notifications if desired.
5. Tap *Allow* to enable push notifications if desired.

Touch ID (Enabled IOS Devices Only)

When setting up the PIN, users with enabled devices may see a prompt asking to Fingerprint Authentication (or Touch ID).

1. Tap Use Touch ID. Touch ID will be enabled now and on future logins.
2. Place your finger on the Home button. Login is automatic.

Note: *Supported devices may also use Face ID for authentication.*

Note: *If you are having trouble logging in from an iOS device, Smart Punctuation may need to be disabled. This may be found under Settings > General > Keyboard.*

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Medical Plans

Administered by Anthem

Who is eligible?

You are eligible for medical coverage if you are regularly scheduled to work at least 24 hours per week, (0.6 - 1.0 FTE). You can choose personal coverage (for yourself only), or coverage for you and your spouse, you and your children, or your whole family.

Dependent children may be covered until the end of the month in which they turn 26.

Baptist Health medical plan options:

1. Enhanced PPO
2. Core PPO
3. HDHP
4. Work From Anywhere PPO
5. Work From Anywhere HDHP

Enhanced and Core PPO

You must receive care from doctors, hospitals, and other healthcare providers in the plan's network, except in an emergency. Advantages of the Enhanced PPO and Core PPO plans include a high level of coverage, lower copays and out-of-pocket costs at Baptist Health facilities and coverage of routine and preventive care. There is also opportunity to participate in a Flexible Spending Account (FSA) with participation in either PPO plan.

High Deductible Health Plan

You must receive care from doctors, hospitals, and other healthcare providers in the plan's Baptist Health network, except in an emergency. Advantages of the HDHP plan include low coinsurance after deductible for most services in Baptist Health facilities, lower out-of-pocket costs at Baptist Health facilities, and coverage of routine and preventive care. There is also opportunity to participate in a Health Savings Account (HSA) and a Limited Flexible Spending Account with participation in the HDHP.

All plans will be administered by Anthem Health Plans utilizing the Anthem BlueCross BlueShield network.

Scan QR code for more information about Medical coverage on the Virtual Benefits Fair.

Work from Anywhere

You are eligible if you work 24 or more hours a week AND live greater than 50 miles from a Baptist Health hospital facility. There are two additional plans to choose from, Work from Anywhere PPO and Work from Anywhere HDHP. These plans will show in your benefit event if your address in Workday is greater than the 50 miles from a Baptist Health hospital facility.

Work from Anywhere PPO

You must receive care from doctors, hospitals, and other healthcare providers in the plan's network, except in an emergency. Advantages of the PPO plans include a high level of coverage, lower copays and out-of-pocket costs and coverage of routine and preventive care. There is also opportunity to participate in a Flexible Spending Account (FSA) with participation in the PPO plan.

Work from Anywhere High Deductible Health Plan

You must receive care from doctors, hospitals, and other healthcare providers in the plan's network, except in an emergency. Advantages of the HDHP plan include low coinsurance after deductible, lower out-of-pocket costs and coverage of routine and preventive care. There is also opportunity to participate in a Health Savings Account (HSA) and a Limited Flexible Spending Account with participation in the HDHP.

Be sure your doctor is a member of the Baptist Health network; if they are not, the care you receive may not be covered, or may be covered at a lower benefit level, and your out-of-pocket costs may be more than you expect. Please call Anthem at 833-578-4443 to verify your provider is in network OR if you have any issues finding a provider.

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Medical Plan Helpful Definitions

COINSURANCE

The percent of eligible charges that the employee pays.

COPAYMENT (COPAY)

The fixed amount paid by you, your spouse, or a covered dependent at the time services are received from a network provider. Copays do not apply to deductibles – copays apply to your maximum out-of-pocket amount.

DEDUCTIBLE

The fixed amount you must pay out of pocket each calendar year before the plan begins to pay for covered healthcare expenses.

EMBEDDED DEDUCTIBLE

An embedded deductible combines individual and family deductibles. Provides "individual protection" by allowing each covered member the opportunity to meet the individual deductible and receive coinsurance benefits prior to the family deductible being met.

NETWORK BENEFITS

The benefits applicable for the covered services of a healthcare provider "in-network" (i.e., a preferred provider in the health plan's network).

OUT-OF-POCKET MAXIMUM

The most a covered person is required to pay in deductibles, copays and coinsurance in a calendar year for covered healthcare expenses.

OUT-OF-NETWORK BENEFITS

The benefits available by a non-network provider.

PREAUTHORIZATION

Approval required before you or another covered person receives certain services. Please refer to the summary plan description for additional information on what services require preauthorization. Summary plan descriptions are available on the HR Portal under the benefits section.

To obtain precertification, please call 833-896-0403. This number is also listed on the back of your medical ID card. This card is available online.

AFFILIATES

Tier 1

a. All Baptist Tax ID #s for Facilities and Professional Providers
b. Plus all Anthem Hospitals/Facilities/ Professional Providers for pediatric claims ONLY up to age 18 (this is based on patient's date of birth at time of claim)
c. And specific Affiliated list of non-Baptist providers to apply the tier 1 benefit.
d. And all MOHS surgical procedures, all Cataract and Glaucoma procedures, apply tier 1.

Tier 2
Anthem's Hospital/Facility and Professional Provider Network

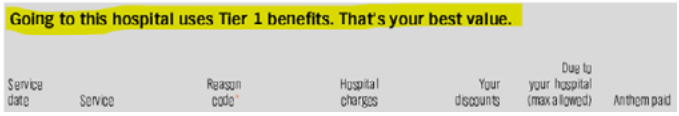
OFFICE VISIT

Visits to health service providers' offices for diagnosis, treatment, and follow-up.

VIRTUAL CARE/VISIT

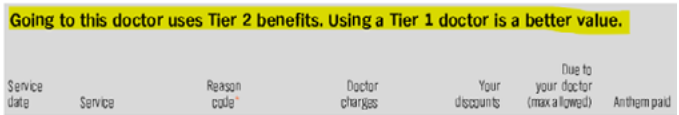
A secure, virtual primary care or specialist visit whenever your specific provider's office has availability. Best accessed by calling your provider's office directly to be scheduled.

Verbiage from an EOB when using Tier 1 providers; they are both in-network and listed as Tier 1 specifically to receive the increased Tier 1 benefit:


Going to this hospital uses Tier 1 benefits. That's your best value.

Service date	Service	Reason code*	Hospital charges	Your discounts	Due to your hospital (max allowed)	Anthem paid

Verbiage from an EOB when using Tier 2 providers that are in the Blue Cross PPO Netwok:


Going to this doctor uses Tier 2 benefits. Using a Tier 1 doctor is a better value.

Service date	Service	Reason code*	Doctor charges	Your discounts	Due to your doctor (max allowed)	Anthem paid

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Medical Plan Rates

2024 Plan Rates

Employee Cost $XX.XX | Employer Cost ($XX.XX)

STANDARD				WORK FROM ANYWHERE	
Coverage (Bi-Weekly)	Enhanced PPO	Core PPO	HDHP	PPO	HDHP
Employee Only	$66.05 ($345.21)	$41.80 ($347.06)	$10.40 ($351.71)	$72.64 ($338.62)	$11.44 ($350.67)
Employee + Spouse	$192.18 ($671.46)	$140.94 ($675.68)	$69.38 ($689.11)	$211.40 ($652.24)	$76.32 ($682.17)
Employee + Child(ren)	$157.53 ($582.75)	$113.62 ($586.35)	$56.00 ($599.63)	$173.29 ($566.99)	$61.60 ($594.03)
Family	$283.66 ($909.00)	$212.76 ($914.97)	$105.06 ($927.73)	$312.03 ($880.63)	$115.57 ($917.22)

WORKING SPOUSE SURCHARGE ONLY (+$100 / MONTH)				WORK FROM ANYWHERE	
Coverage (Bi-Weekly)	Enhanced PPO	Core PPO	HDHP	PPO	HDHP
Employee Only					
Employee + Spouse	$238.33 ($625.31)	$187.09 ($629.53)	$115.53 ($642.96)	$257.55 ($606.09)	$122.47 ($636.02)
Employee + Child(ren)					
Family	$329.97 ($862.85)	$258.91 ($868.82)	$151.21 ($881.58)	$358.18 ($834.48)	$161.72 ($871.07)

TOBACCO SURCHARGE ONLY (+$100 / MONTH)				WORK FROM ANYWHERE	
Coverage (Bi-Weekly)	Enhanced PPO	Core PPO	HDHP	PPO	HDHP
Employee Only	$112.20 ($229.06)	$87.95 ($300.91)	$56.55 ($305.56)	**$118.79**	**$57.89 ($304.52)**
Employee + Spouse	$238.33 ($625.31)	$187.09 ($629.53)	$115.53 ($642.96)	$257.55 ($606.09)	$122.47 ($636.02)
Employee + Child(ren)	$203.68 ($536.60)	$159.77 ($540.20)	$102.15 ($553.48)	$219.44 ($520.84)	$107.75 ($547.88)
Family	$329.81 ($862.85)	$258.91 ($868.82)	$151.21 ($881.58)	$358.18 ($834.48)	$161.72 ($871.07)

TOBACCO + WORKING SPOUSE SURCHARGE (+$200 / MONTH)				WORK FROM ANYWHERE	
Coverage (Bi-Weekly)	Enhanced PPO	Core PPO	HDHP	PPO	HDHP
Employee Only					
Employee + Spouse	$284.49 ($579.15)	$233.25 ($583.37)	$161.69 ($596.80)	$303.71 ($559.93)	$168.63 ($589.86)
Employee + Child(ren)					
Family	$375.97 ($816.69)	$305.07 ($822.66)	$197.37 ($835.42)	$404.34 ($788.32)	$207.88 ($824.91)

Tobacco-use/Alternative Healthcare Rates: When you enroll, you will see questions about tobacco use, and if your spouse has medical plan coverage available through their employer.

- Baptist Health implemented these rates to encourage tobacco users to quit and to offset the additional cost associated with providing healthcare to tobacco users. Tobacco use remains the single largest preventive cause of disease and premature death in the nation. It also contributes to chronic and serious diseases, leading to higher healthcare costs.
- It is good stewardship to promote choices where preventable illness can be reduced. It is especially valuable for the individual. Encouraging employees and their families to be tobacco-free is a proactive way to help manage healthcare costs.

Tobacco-use rates apply to the Medical insurance plans only. The Affordable Care Act (ACA) defines "tobacco use" as the regular use of any tobacco product, including cigarettes, cigars, chewing tobacco, snuff and pipe tobacco, four or more times per week in the past six months. This is the definition adopted by Baptist Health for you and/or your spouse. In addition, consistent with our current policy regarding tobacco use on our campus, the use of e-cigarettes four or more times per week will also be included in the definition of tobacco use.

Supplemental Spousal Premium applies to the Medical insurance plan only. A Supplemental Spousal Premium is added to the applicable employee medical plan rate (e.g., non-tobacco or tobacco rates) when covering an employee's spouse who has access to medical insurance through their own employer. The Supplemental Spousal Premium for medical plan coverage is $46.15 per pay period.

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Medical Plan Summaries

Administered by Anthem

MEDICAL SERVICES	2024 ENHANCED PPO		2024 CORE PPO		2024 HDHP	
	Baptist Health	Anthem Network	Baptist Health	Anthem Network	Baptist Health	Anthem Network
HSA Account Contribution						
Single	N/A		N/A		$26.92 per pay contribution if salary is under $50,000 $19.23 per pay contribution if salary is over $50,000	
Dependent Coverage	N/A		N/A		$46.15 per pay contribution if salary is under $50,000 $38.46 per pay contribution if salary is over $50,000	
Deductible						
Single	$750	$2,000	$1,200	$3,500	$3,200	$4,000
Family	$1,500	$4,000	$2,400	$7,000	$6,400	$8,000
Out-of-Pocket Limit						
Single	$4,000	$6,000	$4,500	$6,500	$4,000	$6,650
Family	$8,000	$12,000	$9,000	$13,000	$8,000	$13,300
Preventive Care	CIF					
Physician Services						
Office Visit PCP/Spec	$30 / $60	$50 / $80	$40 / $80	$60 / $100	10%*	25%*
Office Procedures	0%	0%	15%*	30%*	10%*	25%*
OP/IP	10%*	25%*	15%*	30%*	10%*	25%*
Telehealth Office Visit	$30 / $60	$50 / $80	$40 / $80	$60 / $100	10%*	25%*
Retail Clinics	$30 / $60	$50 / $80	$40 / $80	$60 / $100	10%*	25%*
Diagnostic Services						
Office Lab/X-ray	10% no deductible applies	25%*	15% no deductible applies	30%*	10%*	25%*
Outpatient Lab/X-ray	CIF	25%*	CIF	30%*	10%*	25%*
OP Advanced Imaging	$75 copay	25%*	$250 copay	$250 copay; 30%*	10%*	25%*
Urgent/Emergency Care						
Urgent Virtual Care	$0	N/A	$0	N/A	0%*	25%*
Urgent Care Facility	$40	$60	$50	$100	10%*	25%*
Emergency Room	$150		$250		10%*	
Facility Services						
Inpatient	10%*	$1,000/adm, 25%*	15%*	$3,000/adm, 30%*	10%*	25%*
Outpatient Stay	10%*	$400, 25%*	15%*	$1,000, 30%*	10%*	25%*
Outpatient Surgery	10%*	$400, 25%*	15%*	$1,000, 30%*	10%*	25%*
Diabetic Services						
Diabetic Education	10%*	25%*	15%*	30%*	10%*	25%*
Insulin and Supplies	Under Pharmacy Benefit		Under Pharmacy Benefit		Under Pharmacy Benefit	
Behavioral Health						
Office Visit	$30	$30	$40	$40	10%*	25%*
Outpatient	$30	$30	$40	$40	10%*	25%*
Inpatient	10%*	$1,000/adm, 25%*	15%*	$3,000/adm, 30%*	10%*	25%*

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Administered by Anthem

MEDICAL SERVICES	2024 ENHANCED PPO		2024 CORE PPO		2024 HDHP	
	Baptist Health	Anthem Network	Baptist Health	Anthem Network	Baptist Health	Anthem Network
Allergy Services						
Testing	CIF	CIF	CIF	CIF	10%*	25%*
Serum	CIF	CIF	15%*	30%*	10%*	25%*
Injections	$5	$10	$10	$15	10%*	25%*
Therapy Services						
Physical Therapy, Occupational Therapy, Speech Therapy, Cardiac Rehabilitation Services and Pulmonary Rehabilitation Services	$30 copay per visit	$50 copay per visit	$40 copay per visit	$60 copay per visit	10%*	25%*
Chiropractic Services (up to 60 visits per year)	$30 copay per visit		$40 copay per visit		10%*	
Other Services						
Vision (1 exam every 12 months)	$30 copay per visit		$40 copay per visit		10%*	
Fertility Assistance	Copays and deductibles will apply based on place of service. Lifetime Max is $10,000 for medical and $10,000 for pharmacy		Copays and deductibles will apply based on place of service. Lifetime Max is $10,000 for medical and $10,000 for pharmacy		Copays and deductibles will apply based on place of service. Lifetime Max is $10,000 for medical and $10,000 for pharmacy	
Therapeutic Services (including but not limited to Chemotherapy, Radiation Therapy, IV Therapy and Dialysis)	$0	25%*	$0	30%*	10%*	25%*
Skilled Nursing Facility/Rehabilitation Facility (60 days per plan year)	$0	25%*	$0	30%*	10%*	25%*
Home Health (up to 100 visits per plan year)	$0	25%*	$0	30%*	10%*	25%*
Hospice	$0 (Not subject to deductible)		$0 (Not subject to deductible)		0%*	
Durable Medical Equipment, Prosthetic Appliances, Orthotic Devices and Medical Supplies	No Baptist Provider Available	$500 annual copay	No Baptist Provider Available	$500 annual copay	No Baptist Provider Available	25%*

*after annual deductible met

[1]CIF = Covered in Full

[2]If not an emergency medical condition under ACA, otherwise same as BH

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Work from Anywhere Medical

Administered by Anthem

You are eligible if you work 24 or more hours a week AND live greater than 50 miles from a Baptist Health hospital facility. You are eligible for the Enhanced PPO, Core PPO and HDHP along with two additional plans, Work from Anywhere PPO and Work From Anywhere HDHP.

MEDICAL SERVICES	2024 WORK FROM ANYWHERE PPO		2024 WORK FROM ANYWHERE HDHP	
	Anthem Network	Out of Network	Anthem Network	Out of Network
HSA Account Contribution				
Single	N/A		$26.92 per pay contribution if salary is under $50,000 $19.23 per pay contribution if salary is over $50,000	
Dependent Coverage	N/A		$46.15 per pay contribution if salary is under $50,000 $38.46 per pay contribution if salary is over $50,000	
Deductible				
Single	$750	$1,500	$3,200	$6,000
Family	$1,500	$3,000	$6,400	$12,000
Out-of-Pocket Limit				
Single	$3,000	$6,000	$4,000	$8,000
Family	$6,000	$12,000	$8,000	$16,000
Physician Services				
Office Visit PCP/Spec	$30 / $60	40%*	15%*	30%*
Office Procedures	0%	40%*	15%*	30%*
OP/IP	20%*	40%*	15%*	30%*
Retail Clinics	$30 / $60	40%*	15%*	30%*
Diagnostic Services				
Office Lab/X-ray	20%*	40%*	15%*	30%*
Outpatient Lab/X-ray	20%*	40%*	15%*	30%*
OP Advanced Imaging	20%*	40%*	15%*	30%*
Urgent/Emergency Care				
Urgent Vitual Care	$0	N/A	15%*	30%*
Urgent Care Facility	$60	40%*	15%*	30%*
Emergency Room	$150		15%*	
Facility Services				
Inpatient	20%*	40%*	15%*	30%*
Outpatient Stay	20%*	40%*	15%*	30%*
Outpatient Surgery	20%*	40%*	15%*	30%*
Diabetic Services				
Diabetic Education	20%*	40%*	15%*	30%*
Insulin and Supplies	Under Pharmacy Benefits		Under Pharmacy Benefits	
Behavioral Health				
Office Visit	$30	40%*	15%*	30%*
Outpatient	$30	40%*	15%*	30%*

*after annual deductible met

[1]CIF = Covered in Full

[2]If not an emergency medical condition under ACA, otherwise same as BH

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Work from Anywhere Medical Continued

MEDICAL SERVICES	2024 WORK FROM ANYWHERE PPO		2024 WORK FROM ANYWHERE HDHP	
	Anthem Network	Out of Network	Anthem Network	Out of Network
Allergy Services				
Testing	20%*	40%*	15%*	30%*
Serum	20%*	40%*	15%*	30%*
Injections	20%*	40%*	15%*	30%*
Therapy Services				
Office Visit	$40	40%*	15%*	30%*
Physical Therapy, Occupational Therapy, Speech Therapy, Cardiac Rehabilitation Services and Pulmonary Rehabilitation Services	$40.00 copay per visit	40%*	15%*	30%*
Chiropractic Services (Limit 60 visits)	$30 copay per visit	40%*	15%*	30%*
Other Services				
Vision (1 exam every 12 months)	20%*	40%*	15%*	30%*
Fertility Assistance	Copays and deductibles will apply based on place of service. Lifetime Max is $10,000 for medical and $10,000 for pharmacy		Copays and deductibles will apply based on place of service. Lifetime Max is $10,000 for medical and $10,000 for pharmacy	Copays and deductibles will apply based on place of service. Lifetime Max is $10,000 for medical and $10,000 for pharmacy
Therapeutic Services (including but not limited to Chemotherapy, Radiation Therapy, IV Therapy and Dialysis)	20%*	40%*	15%*	30%*
Skilled Nursing Facility/ Rehabilitation Facility (60 days per plan year)	20%*	40%*	$0 no deductible	$0 no deductible
Home Health (up to 100 visits per plan year)	20%*	40%*	15%*	30%*
Hospice	$0 no deductible		15%*	30%*
Durable Medical Equipment, Prosthetic Appliances, Orthotic Devices and Medical Supplies	20%* includes Baptist providers and Anthem Network	40%* out of network	15%*	30%*



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Rx

Administered by Capital Rx

Prescription Drug Coverage

All medical plans use the Capital Rx prescription program, which has three copay levels based on the cost of the medication. This program requires the use of generic drugs when available. If you or a covered dependent buy a brand name drug when the generic equivalent is available, the medication may not be covered or may have a higher copay. Remember to ask your physician about the availability of generics.

For maintenance medications, ninety day supplies are encouraged. Ninety day supplies offer convenience, make it easier to stay on time with refills, and may be more cost effective.

To check which tier your medication falls under, visit the Capital Rx pharmacy drug list under Provider Links on the **HR Portal>Benefits** section. You will continue to have two cards (one for medical and one for pharmacy). You must present your new insurance cards to your physicians and pharmacy for the new benefits to apply.

If you have a Schedule 2 prescription, you will need a new prescription from your physician. A new prescription will be required every time the drug is filled.

	2024 ENHANCED PPO		2024 CORE PPO		2024 HDHP**	
	BH Pharmacy	Retail Pharmacy	BH Pharmacy	Retail Pharmacy	BH Pharmacy	Retail Pharmacy
Rx Deductible						
Single	$0		$0		Combined with Medical	
Family	$0		$0		Combined with Medical	
Rx Out-of-Pocket Limit						
Single	$1,400		$1,400		Combined with Medical	
Family	$2,800		$2,800		Combined with Medical	
Retail						
Preventive	$0	$20	0	20%; $25-$75	$0	25%*
Tier 1	$5	$20	10%; $15-$60	20%; $25-$75	0%*	25%*
Tier 2	15%; $25-$60	25%; $40-$75	25%: $35-$130	35%; $50-$155	5%*	25%*
Tier 3	25%; $45-$100	35%; $65-$120	35%; $45-$240	45%; $65-$270	10%*	25%*
Mail						
Preventive	$0	Not covered	$0	Not covered	$0	Not covered
Tier 1	$10		10%; $40-$150		0%*	
Tier 2	15%; $70-$150		25%; $100-$340		5%*	
Tier 3	25%; $120-$250		35%; $120-$610		10%*	

* Maintenance medications must be filled at a Baptist Health Community Pharmacies. Prescriptions for current maintenance medications may be filled at a retail pharmacy two times, then must be converted to a Baptist Health Community Pharmacy for ongoing prescriptions.

** HDHP Deductible and OOP's Cross apply

** HDHP Plan will co-mingle/combine medical and pharmacy and apply the Anthem Facility Tier 2 Deductible for Other Pharmacies

CONTACT: https://www.cap-rx.com

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Work from Anywhere RX

	WORK FROM ANYWHERE PPO	WORK FROM ANYWHERE HDHP**
	Network Pharmacy	Network Pharmacy
Rx Deductible		
Single	$0	Combined with Medical
Family	$0	Combined with Medical
Rx Out-of-Pocket Limit		
Single	Combined with Medical	Combined with Medical
Family	Combined with Medical	Combined with Medical
	Retail	**Retail**
Preventive	$0	$0
Tier 1	$10	0%*
Tier 2	$40	5%*
Tier 3	$80	10%*
	Mail	**Mail**
Preventive	$0	$0
Tier 1	$25	0%*
Tier 2	$100	5%*
Tier 3	$200	10%*

** HDHP Deductible and OOP's Cross apply



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Baptist Health Pharmacy

Services

Baptist Health Community Pharmacies offer full prescription services, vaccines and over-the-counter medications. Most specialty medications are also available, avoiding the need to use a separate pharmacy for medications such as Humira®, Enbrel® and many others.

MyChart

Create an Epic MyChart account to manage your prescriptions. MyChart allows you to view and refill your prescription. A notification will be sent when your prescription is ready for pick up or due for a refill. A MyChart app is also available for convenience when requesting refills and viewing your medication profile and history.

Automatic Refill

Automated refills save you time; no need to call in or drop off prescriptions. Your prescriptions are ready when you need them and we will let you know when they are filled. Our staff will contact your provider ahead of time when you're out of refills.

Medication Sychronization

Pharmacy staff can coordinate your refills so you can pick them up on a single day each month. Many people miss doses of their regular medications and Med Synch can make you more likely to take them. Med Synch does the following:

- Pharmacy staff can coordinate your refills to allow you to pick them up or have them mailed on the same day.
- Allows you the convenience of fewer trips to the pharmacy
- Provides an opportunity to meet with your pharmacist on a monthly basis to discuss your medications

Discounts

Employees on the medical plan receive discounted copays when filling their prescriptions at the Baptist Health Community Pharmacies (see Medical Plan Summaries for details).

Scan QR code for more information about Baptist Health Community Pharmacy.

Maintenance Medications

Baptist Health Community Pharmacies are open in all hospital locations. Maintenance medications must be filled at a Baptist Health Community Pharmacy. The Prescription Transfer Form can be found on **HR Portal > Benefits**.

Baptist Health Community Pharmacy Locations

Bardstown 502.331.4740	**Hardin** 270.706.1256	**Madisonville** 270.825.5954
Corbin 606.526.8334	**La Grange** 502.225.5500	**Paducah** 270.575.5870
Elizabethtown 270.706.1256	**Lexington** 859.639.3900	**Richmond** 859.626.0076
New Albany 812.941.4446	**Louisville** 502.928.6930	**Breckenridge** 502.928.0030

FAQ

Q. What if I do not work at the hospital and do not have access to a Baptist Health Community Pharmacy?

A. Various delivery options are available based on location. Contact your local Baptist Health Community Pharmacy to assist with determining the best delivery option to meet your needs. In most cases mail order will be limited to off-campus employees except during leave of absence.

Q. What if I live out of state or have a dependent attending college in another state?

A. Baptist Health Community Pharmacy is currently license to mail prescriptions to Kentucky, Indiana, Illinois, Ohio and Florida. Capital Rx Direct 855.592.2779 **(https://www.cap-rx.com)** will provide mail order services for states not serviced by a Baptist Health Community Pharmacy.

Q. Can controlled substances be mailed?

A. Yes, controlled substances that are used as maintenance medications can be mailed.

Your Benefit Prescription Program

Capital RX Mobile App

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Hospital Indemnity

Administered by Unum

Who is eligible?

You are eligible for the Hospital Indemnity plan through Unum if you are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 24 hours per week each week and you are performing the material and substantial duties of your regular occupation. Employee must purchase coverage for themselves in order to purchase spouse or child coverage.

What is covered?

With the high costs of healthcare, one trip to the hospital could mean a substantial setback from the out-of-pocket costs that aren't covered by a standard medical plan. Hospital Indemnity helps covered employees and their families cope with financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- Money is paid directly to you. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.
- The benefit is compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire.
- The benefit provides enhanced hospital benefits at 100% when you use hospitals owned, operated or controlled by Baptist Health. This enhanced benefit applies to Hospital Admission, Hospital Daily Stay and Short Stay.
- 100% portable if you leave your job.

Hospital		
Option 1 Benefits		
Hospital Admission	Payable for a maximum of 1 day per year	$500
Hospital Daily Stay	Payable per day up to 365 days	$100
Short Stay	Payable for a maximum of 1 day per year	$100
Other Benefits		
Option 1 Benefits		
Well Child Benefit	Payable for a maximum of 4 days per child before child reaches age 1	$100

Full Hospital Benefit Information

Annual BeWell Benefit:

$50 each year per covered family member for getting a covered BeWell screening test.

- Screenings for cancer, including Pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

For Children:

Annual exams include sports physicals, well child visits, dental and vision exams.

How to File a Wellness Claim

Your Bi-Weekly Premium	
You	$12.03
You and your spouse	$21.43
You and your children	$17.41
Family	$26.81



Scan QR code for more information about Unum coverage on the Virtual Benefits Fair.

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Flexible Spending Accounts (FSA)

Administered by Health Equity

There are three types of FSAs:

Health Care FSA allows reimbursement of qualifying out-of pocket medical, dental and vision expenses. This option is for employees who are covered on the Enhanced PPO and Core PPO plans.

Limited FSA allows reimbursement of qualifying out-of-pocket dental and vision expenses. This option is for employees who are covered on the High Deductible Health Plan (HDHP). If you are enrolled in an HSA account, your spouse may hold an HSA-compatible FSA, for dental and vision expenses only. If both spouses hold an HSA with their employer, the combined contributions may not exceed the family contribution per year ($8,300).

Dependent Day Care FSA allows reimbursement for workrelated dependent day care expenses for dependents under the age of 13 or dependent adults incapable of self-care.

Who is eligible?

You are eligible if you are a regular employee scheduled to work at least 24 hours per week.

How does an FSA work?

An FSA lets you set aside money on a pre-tax basis to use for certain types of eligible expenses. You pay no taxes on the money you contribute to your FSA.

You can use the Health Care FSA to cover tax-deductible medical expenses not paid by your medical plan or other coverage, like deductibles and copays.

You can use the Dependent Day Care FSA to cover dependent day care expenses that allow you – or you and your spouse – to work. You may not use the Dependent Day Care FSA if your spouse is not working, or is incapacitated or a full-time student.

How much may I contribute?

You may contribute up to $3,050 per year ($117.31 per paycheck) to the Health Care FSA and Limited FSA, and $5,000 a year ($192.31 per paycheck) to the Dependent Day Care FSA. If you are not married or if you and your spouse file separate tax returns, the limit for the Dependent Day Care FSA is $2,500 per year ($96.15 per paycheck).

FSA Frequently Asked Questions

Health Equity Mobile App

Scan QR code for more information about HealthEquity coverage on the Virtual Benefits Fair.

How do I use the spending accounts to cover my expenses?

There are several ways to use your flexible spending account for covered expenses:

- Use your HealthEquity Healthcare Visa® debit card
- Use your smartphone or mobile device
- Pay online
- Pay the charges and file a claim online

You automatically receive a Visa debit card with the new enrollment. Your previous card will be loaded with the new year contribution. When you use the card, the amount of covered expenses is automatically deducted from your spending account. However, you may be requested to send supporting documentation to HealthEquity afterward. You will receive instructions with your debit card.

For 2023 FSA accounts, you have until 3/31/24 to submit reimbursements.

For 2024 FSA accounts, you will have until 3/31/25 to submit reimbursements.

What if I Do Not Use All of the Money in My Spending Account(s) in 2024?

- IRS tax rules specify that you may carry over up to $610 into 2025 to be used for eligible Health Care FSA expenses. The rollover amount will show up in your account in April 2025.
- You can elect to contribute to the Health Care FSA for 2024 and you can also carry over up to $610.00 into your 2025 FSA balance. In this example, if you have $800 remaining in your FSA ($800 balance less $610 carryover) you will forfeit $190. Funds that are forfeited will be sent to Baptist Health and will not be able to be accessed.
- You are no longer eligible for your FSA coverage when you terminate or have a status change to PRN. Your coverage ends at the end of the month following your termination date or status change event date.
- After your term date your card will be turned off.
- You may submit claims for services you received before your employment ended online or via a paper claim.
- You have 90 days after your employment ends or status change to PRN to submit claims. Claims must be incurred prior to term date when submitting.
- Any unused Dependent Care FSA dollars are forfeited to your employer.

Contributions to Flexible Spending Account
Healthcare and Limited Flexible Spending Accounts: Maximum per year of $3,050, or $117.31 per paycheck
Carryover Provision: You may carry over up to $610 of your Health Care FSA balance remaining at the end of 2024 into 2025.
Dependent Day Care Flexible Spending Account: Maximum of $5,000 per year, or $192.31 per paycheck
If you are not married or if you and your spouse file separate tax returns, the limit for the Dependent Day Care FSA is $2,500 per year ($96.15 per paycheck).

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Health Spending Account

Administered by HealthEquity

What is an HSA?

An HSA is a tax-advantaged account that can be used to pay for current and future medical expenses. An HSA works with an HDHP, and allows you to use pre-tax dollars to pay your provider or reimburse yourself for your eligible out-of-pocket medical expenses for you, your spouse, and your dependents, which in turn saves you tax dollars and increases your spendable income.

You may only open or contribute to an HSA when you elect an HDHP that meets the following guidelines:

- Annual deductible of at least $1,600 (single) or $3,200 (family)
- Annual out-of-pocket expenses (deductibles, copays, and other amounts, not premiums) not exceeding $8,050 (single) or $16,100 (family)

Your maximum annual contribution to an HSA in a calendar year is determined by several factors, including: the maximum annual contribution limit set by the IRS (subject to cost of living adjustments), the type of coverage you elect (single or family), and your age.

HSA contribution limits for 2024
The "combined" annual maximum contribution amount between employee and employer cannot exceed the 2024 IRS limit for Single/Family.

	Single	Family
Under 55 years old	$4,150	$8,300
55 - 64 years old	$5,150	$9,300

HSA Enrollment

Baptist Health employees have to open an account through the HR portal or through the HealthEquity website. After providing all information requested in the required fields, the account will open automatically, if the employee meets requirements.

Once the account is initiated for activation, the Customer Identification Program (CIP) process will begin:

- The facilitating custodian, HealthEquity, will verify certain identifying information per USA PATRIOT ACT regulation for each person who opens an account.
- If additional information is required, the participant will receive a letter in the mail requesting the information needed. If response is not provided by the participant within 90 days, or the identity of the participant cannot be verified, the account will be redeemed and closed.

How does an HSA work?

When you enroll in the HDHP and elect an HSA, an account will be created for you through HealthEquity. You will be given access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts, and submit requests for reimbursements.

Benefits to You:

- An HSA is your account. Funds in your HSA stay with you, even if you change jobs.
- HSA balances roll forward each year.
- You contribute to the HSA tax-free. An HSA reduces your taxable income. The money is tax-free both when you deposit it and when you take it out to cover qualified medical expenses.
- The money you spend for eligible expenses is tax-free.
- Your funds grow tax-free. An HSA grows with you. If you maintain a minimum balance of $1,000, your additional funds may be invested in mutual funds yielding tax-free earnings.
- Until you turn 65, withdrawals you use for non-eligible expenses will be taxed at your regular income tax rate, plus an additional 20% penalty will apply. Once you are age 65, withdrawals for non-eligible expenses are taxed at your regular income tax rate, but no additional penalty will apply.

Check page 53 for Health Equity helpful videos.



HSA Frequently Asked Questions ▶

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HSA Eligibility Guidelines

To be eligible to make contributions to an HSA, you must satisfy the following conditions established by law.

	If "Yes"	If "No"
1. Can you be claimed as a dependent on another person's tax return?	You are not eligible for an HSA.	Proceed to question #2.
2. Are you enrolled in Medicare?	You are not eligible for an HSA.	Proceed to question #3.
3. Are you enrolled in a qualified high-deductible health plan (HDHP) with a minimum annual deductible of at least $1,600 for single coverage and $3,200 for family coverage?	Proceed to question #4.	You are not eligible for an HSA.
4. Do you or family members covered under the HDHP have additional health coverage under another plan?	Proceed to question #5.	Proceed to question #6.
5. If you answered yes to question #4, is this other health coverage an HDHP?	Proceed to question #6.	You are not eligible for an HSA.
6. Do you or family members covered under the HDHP currently participate in a tax-deferred health care Flexible Spending Account (FSA)?	You are not eligible for an HSA.	You are eligible for an HSA. Proceed to calculate your annual contributions.

Are you eligible for an HSA?

You must be covered under an HDHP to qualify for an HSA. The provider of your health plan should be able to tell you if the plan satisfies HDHP requirements. See the Frequently Asked Questions section for more details on eligibility.

How much money could you save?

Because they are not included in your take-home pay, all HSA contributions are free from federal, state, local, and FICA taxes. Here's an example of how your HSA can save you a significant amount of money each year. This example is based on a single tax filing for the annual income listed. How much money could you save? Because they are not included in your take-home pay, all HSA contributions are free from federal, state, local, and FICA taxes. Here's an example of how your HSA can save you a significant amount of money each year.

This example is based on a single tax filing for the annual income listed.

	With HSA	Without HSA
Annual income	$50,000	$50,000
Pre-tax contribution to HSA	$3,000	$0
Taxable income	$47,000	$50,000
Estimated taxes (22%)	$10,340	$11,000
After-tax expenses	$0	$3,000
Take-home income	$36,660	$36,000
Tax savings	$660	$0

Baptist Health will contribute $19.23 per pay for single coverage or $38.46 per pay for dependent coverage in the HDHP for 2024 if you have a base annual pay more than $50,000.

For those with a base annual pay less than $50,000, Baptist Health will contribute $26.92 per pay for single coverage or $46.15 per pay for dependent coverage in the HDHP for 2024.

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Preventive Health Services

Administered by Anthem

SERVICES	FREQUENCY	REDUCTION	AGE REQUIREMENT
Alcohol & Drug Misuse Screening, Assessment & Counseling	1 Per Year		
Aortic Aneurysm Screening, Abdominal Ultrasound	Once	Male	65 to 75 years
Aspirin to Prevent Cardiovascular Disease			Men age 45 to 79, women age 55 to 79
Autism Spectrum Disorder Screening		Young Children	18 and 24 months
Behavioral Assessments		Children	Younger than 18 years
Blood Pressure Screening			
Breast & Ovarian Cancer Susceptibility, Genetic Risk Assessment & BRCA Counseling & Evaluation	1 Per Lifetime	Female with family history of increased risk of the BRCA 1 or 2 gene mutation; Prior Authorization Required	
Breast Cancer Chemoprevention Counseling		Female at increased risk	
Breast Cancer Screening, Mammography	1 Per Year		35 years & older
Breastfeeding Support, Certain Supplies & Counseling including a $225 allowance for breastfeeding equipment rentals or purchases, upon receipt. Certain supplies for breastfeeding equipment will be reimbursed at cost when receipt is submitted.	With Each Birth		18 years & older
Cholesterol/Lipid Screening	1 Per Year		
Colorectal Cancer Screening: Colonoscopy, Flexible Sigmoidoscopy, Digital Rectal Exam, Air Contrast Barium Enema, CT Colonography (requires prior authorization), Guaiac Fecal Occult Blood Test (gFOBT), or Fecal Immunochemical Test (FIT)	1 Per Year		
Contraceptive Methods (FDA Approved) and Counseling including: Diaphragm with Spermicide; Generic Oral Contraceptives; Hormonal Patch, Vaginal Ring, and Injection; Implanted Devices; and Sterilization Procedures		Female	18 years & older
Dental Carries Chemical Prevention: Oral Fluoride Supplementation			6 months up to 5 years
Depression Screening	1 Per Year		10 years & older
Developmental Screening	1 Per Year		Younger than 3 years
Diabetes Screening (Type II)		Asymptomatic adults with sustained blood pressure greater than 135/80	
Falls Prevention in Older Adults: Counseling and Preventive Medication		Exercise or physical therapy and vitamin D medication to prevent falls in a community dwelling	
Folic Acid Supplementation (0.4 - 0.8mg Per Day)		Females planning or capable of pregnancy	
Gynecological Exam, Including Cervical Cytology (PAP test)	1 Per Year	Female	Per current American Cancer Society recommendations
Healthy Diet and Physical Activity Counseling	1 Per Year	Adult patients with hyperlipidemia or other known risk factors for cardiovascular & diet-related chronic disease	

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Hematocrit or Hemoglobin Screening		Children	1 to 4 years
Hepatitis B Virus Infection Screening		Persons at high risk of infection	
Hepatitis C Virus Infection Screening		Persons at high risk of infection	One time screening for persons born between 1945 and 1965
Human Immunodeficiency Virus (HIV) Infection Screening & Counseling			15 - 65 years and other ages at increased risk of infection
Human Papillomavirus (HPV) DNA Testing	Every 3 Years	Female	30 years & older
Intimate Partner Violence Screening & Counseling	1 Per Year		
Iron Supplementation		Infants	6 to 12 months at increased risk of anemia
Lead Screening	1 Per Year	Children at risk of exposure	Younger than 18 years
Lung Cancer Screening with low-dose computed tomography	1 Per Year	Prior Authorization Required	55 to 80 years who have a 30-pack-year smoking history and currently smoke or have quit within the past 15 years
Newborn & Infant Office Visits including Height, Weight and Body Mass Index (BMI) measurements	Per MD		0 to 24 months
Newborns: Screening for Hearing Loss, Hemoglobinopathies, Hypothyroidism, PKU, Sickle Cell Disease, Prophylactic Ocular Gonococcal Medication			Newborns
Obesity Screening & Counseling	1 Per Year		6 years & older
Osteoporosis Screening (Bone Density Study)	1 Per Year	Female	60 years & older
Pregnancy: Screening for Bacteriuria, Chlamydia, Folic Acid Supplementation, Gestational Diabetes, Hepatitis B, HIV, Iron Deficiency Anemia, Rh Incompatibility, Syphilis & Tobacco Use Counseling		Female	
Prostate Exam	1 Per Year	Male	50 years & older
Prostate Specific Antigen Test (PSA)	1 Per Year	Male	50 years & older
Routine Office Visits	1 Per Year		
Sexually Transmitted Disease (STD) Counseling & Screening Including Chlamydia, Gonorrhea, Syphilis	1 Per Year	Increased risk of STD	
Sun Exposure & Risk for Skin Cancer Counseling			10 to 24 years
Syphilis		Persons at high risk of infection	
Tobacco Use Screening, Counseling & Interventions	1 Per Year		5 years & older
Tuberculin Testing		Children at increased risk	Younger than 18 years
Visual Acuity Screening	1 Per Year		Younger than 18 years
Well Child Office Visits including Height, Weight and Body Mass Index (BMI) Measurements	1 Per Year	Children	24 months to 18 years
Well Woman Office Visits	1 Per Year	Female	

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Preventive Health Services Continued

Administered by Anthem

SERVICES	AGE REQUIREMENT
Immunizations/Vaccines	
Covid-19	Age 5+
Diphtheria, Tetanus, Pertussis (DTaP)	Minimum age 6 weeks
Haemophilus Influenza Type B (HIB)	Minimum age 6 weeks
Hepatitis A	Minimum age 12 months
Hepatitis B	
Human Papillomavirus (HPV)	9 to 26 years
Influenza	Minimum age 6 months for trivalent inactivated influenza vaccine (TIV); 2
Meningococcal	6 weeks Hib-MenCY; 9 months Menactra; 2 years & older Menveo
Measles, Mumps, Rubella (MMR)	Minimum age 12 months
Pneumococcal	Minimum age 6 weeks for pneumococcal conjugate vaccine (PCV); 2 years
Polio Vaccine, Inactivated (IPV)	Minimum age 6 weeks
Rotavirus	First dose to be given between 6 weeks & 14 weeks 6 days of age
Tetanus	19 years & older
Varicella	Minimum age 12 months
Zoster	60 years & older

Preventive Plan

You are eligible for the Preventive Plan if you are scheduled to work 23.99 or less. PRN employees are eligible.

This plan DOES NOT cover medical services. This plan provides coverage for preventive services such as immunizations and routine health screenings. It does not cover conditions caused by accidents or illnesses. This plan satisfies the federal healthcare reform Individual Mandate.

Employee Cost $XX.XX | Employer Cost ($XX.XX)

Coverage	Biweekly Premiums
Employee	$9.74 ($1.52)
Employee + Spouse	$20.45 ($3.18)
Employee + Children	$17.52 ($2.74)
Family	$28.23 ($4.41)
Preventive Health Services	
Well Child Exams	Covered in Full (not subject to deductible)
Well Adult Exams	
Prescription Drugs	
Pharmacy Benefits provided through Capital Rx **855.592.2779**	
Lifetime Maximum Benefit	
The Lifetime Maximum Benefit available under this plan is Unlimited.	

The list of Covered Preventive Services includes A and B Recommendations from the U.S. Preventive Services Task Force (USPSTF) provided at https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations and other Preventive Services found on www.healthcare.gov as required by the Affordable Care Act. Baptist Health may add or remove services based on recommendations of the most current medical literature, the USPSTF and www.healthcare.gov.

Adolescent & childhood immunizations are covered per 2014 recommended age-appropriate immunization schedules approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Practice, www.healthcare.gov and the U.S. Department of Health & Human Services Centers for Disease Control & Prevention.

Lifetime Maximum Benefit: The Lifetime Maximum Benefit available under this plan is Unlimited.

Dependent Eligibility- An individual must be either: the lawful spouse of the participant or a dependent child of the participant who is under the age of twenty-six (26) years. Eligibility for coverage for a participant's dependent child is not based on financial dependency, residency, student status, marital status, or employment. A "child" for purposes of dependent eligibility means a participant's newborn, minor or young adult child under the age of twenty-six (26), and includes a natural-born child, a stepchild, a child legally placed for adoption, a legally adopted child, a child for whom legal guardianship has been awarded, or a child for whom the participant has a legal obligation under a divorce decree or other court order, including a qualified medical child support order, to provide health care coverage. A participant required by a court or administrative order to provide health coverage for a child must submit proof of such order at the time application for the child is made in accordance with the requirements for Qualified Medical Child Support Orders (QMCSO) provided in the General Provisions section of this SPD. A participant's temporary custody of a child is not sufficient to establish dependent eligibility under this Plan. Any foster child who is eligible for benefits provided by any governmental program or law will not be eligible for coverage under the Plan unless required by the laws of this state.

Certificate Year- Plan benefits are based on each successive 12-month period starting on the Effective Date of the Administrative Services Agreement.

Retail Clinics are health care clinics located in retail stores, supermarkets and pharmacies that treat uncomplicated minor illnesses and provide preventive health care services. They are sometimes referred to as "convenient care clinics" or"retail-based clinics."These clinics are usually staffed by nurse practitioners (NPs) or physician assistants (PAs) but some are staffed by physicians. Retail clinics are covered at the primary care physician (PCP) benefit level.

Please review all limits carefully, as we will not pay benefits for any of the services, treatments, items or supplies that exceed these benefit limits.

The Summary of Benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Summary Plan Description and Summary of Benefits. In the event of a conflict between the Summary Plan Description and this description, the terms of the Summary Plan Description will prevail.

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Preventive Prescription Drugs

Administered by Capital Rx

The list of ACA preventive medications that the Plan covers at 100% is subject to change. You can find out if a medication is an ACA preventive prescription drug by calling Member Help at 855.592.2779.

Or you can log onto **www.cap-rx.com**, click on Member Tools button at the top right, scroll down and click on Formulary & Coverage Information, scroll down and click on Download Liberty Affordable Care Act List and this will pull the current list of ACA preventative Drugs.

Specified preventive prescription drugs are covered by the plan at 100% for all of the plan's options with a prescription from the member's physician.

These ACA preventive medications currently include the following:

- Generic prescription drug contraceptives, diaphragms, cervical caps, and Nonoxynol 9 for female covered persons.
- Generic breast cancer risk-reducing prescription drugs for female covered persons with no prior diagnosis of breast cancer.
- All Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription drug and over-the-counter medications) for a 90-day treatment regimen when prescribed by a healthcare provider without Prior Authorization. This benefit is provided for up to two tobacco cessation attempts per Plan Year. Quantity limits apply.
- Folic acid – for female members.
- Aspirin – for members age 45 years or older.
- Fluoride dental products – for members between 6 months of age and 6 years of age.
- Iron – for members between 6 and 12 months of age.



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Medical Expense Reimbursement Program (MERP)

Scan QR code for more information about MERP coverage on the Virtual Benefits Fair.

Employees who are currently enrolled in a Baptist Health Medical Plan may consider MERP.

If your spouse has group medical coverage available from their employer, the MERP could be a good option for you! Under the MERP, you would elect to cover you and your family under your spouse's plan and the MERP would reimburse you for eligible medical care expenses and premium differences incurred under your employed spouse's group medical plan.

Copays, deductibles and coinsurance are reimbursed to you up to $9,450 for "employee only" coverage or $18,900 per year for employee + spouse, employee + children or family coverage. Allowed charges for services received at a Baptist Health facility are reimbursed at 100% while allowed charges for services received at a non-Baptist Health facility are reimbursed at 75%. If you are currently enrolled in a Baptist Health medical plan and choose to move to your spouse's employer-sponsored medical plan, you will be eligible to enroll in the MERP. Please note that special rules apply for those who may elect to participate in their spouse's plan if it is a high-deductible plan supported with either a health savings account (HSA) or a health reimbursement account (HRA). For more information on the MERP and eligibility qualifications, please refer to **HR Portal > Benefits** section.

Who is eligible?

You are eligible if you are regularly scheduled to work at least 24 hours per week (.06 - 1.0 FTE), currently enrolled in a MERP or a Medical plan offered by Baptist Health and have group Medical and Prescription Drug Coverage available elsewhere (i.e., spouse's plan, or retiree benefits). The MERP does not apply to coverage elected through Medicare, TriCare Retiree, Individual Plans or a High Deductible Plan with an HSA. Since you must be covered under a Baptist Health offered medical plan, new hires and rehires are not eligible for the MERP.

What does the plan cover?

The Medical Expense Reimbursement Program will be administered by Catilize Health and will cover the following:

- Reimbursement of copays, coinsurance, and deductibles up to a maximum of $9,450 Single and $18,900 Family.
- For Baptist facilities, you will be reimbursed 100% of copays, deductibles, and coinsurance, up to the maximum.
- At non-Baptist facilities, you will be reimbursed 75% of copays, deductibles, and coinsurance, up to the maximum.
- The MERP will reimburse you the difference between the monthly premium amount you would have paid under the Baptist Health Medical Enhanced PPO Plan in 2024 and the monthly premium amount your spouse will pay for coverage under their employer's plan.
- If you qualify for a reimbursement, you will receive it on your second paycheck each month.

QUESTIONS? Contact Catilize Health at 877.872.4232 from 8:30AM-8PM EST.

How does the plan work?

- Enroll in Spouse's employer-sponsored or retiree group medical plan.
- Waive coverage in the Baptist Health System Medical Plan.
- Enroll in MERP in Workday.

You will receive a MERP identification card that you will present in conjunction with your alternate health plan identification card at your doctor and hospital visits.

- NOTE: Certain pharmacies such as Walgreens, CVS and mail order do not take the MERP card so you will have to request reimbursement by filing a paper claim.
- NOTE: If you have a health flexible spending account (FSA), you may use it for eligible dental and vision expenses. You may only use your health FSA for medical expenses that are not reimbursed to you under the MERP. For example, if you receive care at a non-Baptist facility, you could use your FSA for 25% of expenses the MERP does not reimburse.

Employee Protection

You may elect coverage into the Baptist Health employee health plan if your spouse experiences a qualified event, such as a family status change, loss of employment or their entitlement to group health plan coverage. You may also elect a health plan offered through Baptist Health during the next open enrollment period.

MERP FlowChart

MERP Frequently Asked Questions

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Baptist Health Employee Assistance

Administered by Magellan

Scan QR code for more information about EAP coverage on the Virtual Benefits Fair.

Online Resources

Baptist Health EAP offers an interactive Web service that provides 24-hour access to an extensive library of nationwide Work Life resources and interactive tools.

- Contact us 24 hours a day at **800.327.7354**.
- TDD# for the hearing impaired 800.456.4006.
- Access online resources/services by registering at **member.magellanhealthcare.com**

Confidential Counseling

Our short-term counseling services can help you find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse. Our professional master's level clinicians define the problem, provide support, and offer guidance and referrals. Baptist Health EAP offers up to five confidential counseling sessions for you or anyone living in your home. Contact Magellan EAP for more information or to schedule a session.

Confidential Counseling

Web-Based Confidential Care

Digital emotional wellness tools - Take advantage of proven programs to help manage anxiety, stress, depression, pain, sleep, substance misuse or recovery and more. Personalized and interactive with self-directed activities, uplifting stories, videos and daily inspiration help you live your best life.

Web-Based Confidential Care

Legal Services

Receive one free 60-minute consultation per issue, per year on the phone or in-person with an attorney* or mediation expert who will listen to you and help you determine whether mediation is a suitable method to resolve the legal issue. Members receive a preferential discount for services beyond 60 minutes. Attorneys are available for estate planning, family law matter, civil and consumer rights, taxes and audits, and discounted document preparations for wills, trusts and estate protections.

Legal Services

Financial Wellness

Meet with a Money Coach

- Three 30-minute telephone consultations per topic, per year
- Money Coaches have an average of 22 years of relevant professional experience and several certifications. They provide confidential, unbiased guidance to help you get into good financial shape; they don't sell products
- Get support for concerns such as debt and credit, spending and saving, maternity leave, large purchases, caring for parents and more

Build a plan, then Take Action

- Take a financial assessment
- Learn how money is affecting your health, wealth and financial status
- Get a personalized action plan

Financial Wellness

Work Life Referral Services

Our Work Life consultants will assess your needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. We will also follow up to ensure your satisfaction with our service. Our consultants can locate resources in a variety of areas, including: child care, elder care, educational information, health and wellness, pet services, and daily living services.

Discount Flyer

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Dental Benefits

Administered by Delta Dental

All plans are administered by Delta Dental. We offer two dental plans:

- Delta Dental PPO Plus Premier
- Delta Dental PPO

Who is eligible?

You are eligible for dental coverage if you are regularly scheduled to work at least 24 hours per week. You can choose personal coverage (for yourself only), or coverage for you and your spouse, you and your children, or your whole family. Dependents may be covered until the end of the month in which they turn 26.

Preventive Care

As part of the Baptist Health commitment to preventive care and wellness, the dental plans cover up to three regular cleanings per year. In addition, your preventive services will not track toward your annual maximum out- of-pocket.

What does each plan cover?

Delta Dental PPO Plus Premier

This plan provides access to the Delta Dental Premier network, plus additional savings if you choose a PPO-participating dentist. This plan includes adult orthodontia (12-month waiting period).

Delta Dental PPO

This plan covers preventive and basic services only, and reduced benefits and potential balance billing (and increased out-of-pocket costs) will apply if you use a provider outside the network.

Special Rules for Orthodontic Coverage and Major Services

There is a 12-month waiting period for major services and orthodontic coverage, unless you have 12 months of continuous dental coverage prior to your effective date with Delta Dental. A Certificate of Credible Coverage from the prior carrier is required.

Enhanced Coverage for High-risk Conditions

Delta Dental provides enhanced coverage for plan members with certain high-risk medical conditions, including:

- Diabetes with gum disease
- Pregnancy and gum disease
- Persons at risk for infective endocarditis, a serious heart infection
- Kidney failure
- Weakened immune system (for example, due to chemotherapy, radiation therapy, or HIV)

Ask your dentist and/or doctor if you are in one of these high-risk categories.

Scan QR code for more information about Dental coverage on the Virtual Benefits Fair.

Delta Dental Hearing Health

Dental Mobile App

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	DELTA DENTAL PPO PLUS PREMIER	DELTA DENTAL PPO	
	PPO or Premier Dentist	PPO Dentist	Premier Dentist
Deductible	$50 Individual $150 Family	$50 Individual $150 Family	$50 Individual $150 Family
Diagnostic & Preventive			
Exams, cleanings, fluoride, and space maintainers	100%	100%	75%
Routine Cleanings (3 per calendar year)	100%	100%	75%
Emergency Palliative Treatment	100%	100%	75%
Sealants (up to age 16)	100%	100%	75%
Radiographs - X-rays	100%	100%	75%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	60%
Endodontic Services - root canals	80%	80%	60%
Periodontic Services - to treat gum disease	80%	80%	60%
Oral Surgery Services - extractions and dental surgery	80%	80%	60%
Major Services			
Major Restorative Services - crowns	50%	0%	0%
Prosthodontic Services - bridges and dentures	50%	0%	0%
Relines and Rebase - to dentures	50%	0%	0%
Fixed Prosthodontic Repair - to bridges	50%	0%	0%
Implants	50%	0%	0%
Orthodontia Services			
Orthodontic Services (Braces) No Age Limit	50% up to $2,500 Lifetime Max	0%	0%
Annual Maximum (not including Preventive Care)	$2,500	$2,500	
Waiting Period	12 months on major and ortho services	none	
Cost Per Pay Period			
Employee Only	$14.52	$7.82	
Employee + Spouse	$31.21	$19.09	
Employee + Children	$28.30	$19.35	
Family	$49.56	$30.27	

The dental plan covers regular cleanings up to three times per year - and even more often for people with high-risk health conditions.

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Vision Benefits

Administered by EyeMed

EyeMed Mobile App

Membership Perks

Hearing Discounts

Online Options

Who is eligible?

You are eligible for vision coverage if you are regularly scheduled to work at least 24 hours per week. Dependents are covered until the end of the month in which they turn 26.

What does each plan cover?

Enhanced

The Enhanced plan includes all of the benefits of the Essential plan (e.g., a comprehensive eye exam and one pair of glasses), plus it gives you a greater allowance for frames and lenses or contacts.

Essential

The Essential plan covers the basics of healthy vision, including a comprehensive eye exam and benefits for a basic pair of prescription glasses or contact lenses.

How does the plan work?

When you enroll in the EyeMed plan, you will receive an ID card to use whenever you receive covered services.

What to Do When You Need Covered Vision Care

1. You can find a network eye doctor in your area from the provider list located under Provider Links in the HR Portal on BEN
2. Select Insight Network, then the EyeMed directory
3. Call for an appointment and identify yourself as an EyeMed member
4. Show your ID card when you visit; you'll pay any required copays at that time



Scan QR code for more information about Vision coverage on the Virtual Benefits Fair.

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	ENHANCED	ESSENTIAL
Service	**Member Cost**	**Member Cost**
Exam with Dilation as Necessary	$0 Copay	$10 Copay
Exam Options:		
Standard Contact Lens Fit and Follow-Up	$0 Copay, Paid-in-full fit and two follow-up visits	Up to $55
Premium Contact Lens Fit and Follow-Up	$0 Copay, 10% off retail prices, then apply $55 allowance	10% off Retail Price
Frames:		
Any available frame at provider location	$0 Copay; $160 Allowance, 20% off balance over $160	$0 Copay; $130 Allowance, 20% off balance over $130
Standard Plastic Lenses (Every 12 months)		
Single Vision	$10 Copay	$10 Copay
Bifocal	$10 Copay	$10 Copay
Trifocal	$10 Copay	$10 Copay
Lenticular	$10 Copay	$10 Copay
Standard Progressive Lens	$10 Copay	$75
Lens Options:		
UV Treatment	$0 Copay	$15
Tint (Solid and Gradient)	$0 Copay	$15
Standard Plastic Scratch Coating	$0 Copay	$0 Copay
Standard Polycarbonate - Adults	$0 Copay	$40
Standard Polycarbonate - Kids under 19	$0 Copay	$0 Copay
Standard Anti-Reflective Coating	$0 Copay	$40
Polarized	20% off retail price	20% off retail price
Photocromatic/Transitions Plastic	$75	$75
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	$0 Copay; $160 allowance, 15% off balance over $160	$0 Copay; $130 allowance, 15% off balance over $130
Disposable	$0 Copay; $160 allowance, plus balance over $160	$0 Copay; $130 allowance, plus balance over $130
Medically Necessary	$0 Copay, Paid-in-Full	$0 Copay, Paid-in-Full
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network owned and operated by LCA Vision	15% off Retail Price or 5% off promotional price	15% off Retail Price or 5% off promotional price
Additional Pairs Benefit:		
Eyeglasses	Members also receive a 40% discount off complete pair eyeglass purchases	Members also receive a 40% discount off complete pair eyeglass purchases
Frequency		
Examination Frame Lenses or Contacts	12 Months 12 Months 12 Months	12 Months 24 Months 12 Months
Cost Per Pay Period (26)		
Employee Only Employee + Spouse Employee + Children Family	$6.54 $10.85 $12.63 $16.93	$2.19 $3.63 $4.22 $5.66

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Staff Life Insurance

Administered by Reliance Matrix

Scan QR code for more information about Reliance Matrix Life Insurance coverage on the Virtual Benefits Fair.

Who is eligible?

You are eligible for life insurance coverage if you are an active, regular employee scheduled to work at least four hours a week. Temporary and PRN (pro re nata or "as needed") employees are not eligible.

Basic Employee Life & AD&D Insurance

Baptist Health provides every eligible employee with basic life and accidental death & dismemberment (AD&D) insurance coverage. Employees may purchase supplemental life coverage.

Along with protection for your family if you die, the AD&D portion of this coverage provides additional benefits if you die as a result of a covered accident. This accidental death benefit will be in the same amount as the life insurance benefit. Benefits are also paid if you suffer loss of sight or a limb as a result of a covered accident.

Supplemental Employee Life Insurance

During Open Enrollment only, you may increase your supplemental coverage by $100,000/year. For example, if you did not choose extra coverage when you were first hired, you may choose additional life insurance in $10,000 increments – up to a maximum of $100,000 per year – during Open Enrollment. Your total life insurance for yourself (basic and supplemental combined) may not be more than $850,000.

Spouse Life Insurance

You may purchase life insurance for your spouse in increments of $20,000 (e.g., $20,000, $40,000, $60,000) up to a maximum of $100,000. Spousal coverage may be added up to one $20,000 increment during open enrollment for eligible employees.

Basic Life Highlights ▶

Bereavement ▶

Travel Assistance ▶

Benefit Reductions Starting at Age 70

Basic Life, Supplemental Employee and Spouse Life Insurance amounts are reduced if you are still actively at work when you reach age 70 or older. The reductions are as follows:

- Age 70 - 65% of original amount (coverage is reduced by 35%)
- Age 75 - 50% of original amount (coverage is reduced by half)

For example, if you turn 71 and your spouse is 58, both your benefits will be reduced since premium is based on the employee's age. If your spouse

Options

Basic Life and AD&D Insurance

- Full-Time Employees: 1x your annual earnings
- Part-Time Employees: $10,000

Supplemental Employee Life / AD&D Insurance

- Full-Time Employees: Increments of $10,000 ($10,000, $20,000...) up to $100,000 per year to maximum of $500,000
  Cost: See chart on next page – based on employee's age at the time of pay period
- Part-Time Employees: $10,000
  Cost: See chart on next page – based on employee's age at the time of pay period

Spouse Life Insurance

- Full-Time Employees: Increments of $20,000 up to $100,000
  Cost: See chart on next page – based on employee's age at the time of pay period
- Part-Time Employees: $10,000

Rounded UP to nearest $500 Maximum combined employee coverage (basic and supplemental) may not exceed $850,000

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Staff Life Insurance Continued

Dependent Child Life Insurance

You may purchase $10,000 of life insurance coverage for your dependent children up to age 26. (Coverage is $500 for children from live birth to six months. There is no coverage for stillbirths). The cost for this coverage is $1.02 per pay period, no matter how many eligible children you have.

Supplemental Life Insurance

The chart below shows the post-tax cost per pay period of supplemental life insurance for both full-time and part-time employees.

Full-Time Employees Supplemental Life & Spouse Life		Part-Time Employees Supplemental Life	
Rate per $1,000 of coverage per 26 pay periods		Flat cost for $10,000 per 26 pay period	
Age	Cost	Age	Cost
< 35	$0.037	< 35	$0.369
35 - 39	$0.046	35 - 39	$0.425
40 - 44	$0.055	40 - 44	$0.554
45 - 49	$0.102	45 - 49	$0.978
50 - 54	$0.148	50 - 54	$1.477
55 - 59	$0.240	55 - 59	$2.400
60 - 64	$0.258	60 - 64	$2.585
65 - 69	$0.415	65 - 69	$4.154
70+	$0.812	70+	$8.086

Supplemental Employee Life Insurance Example:

Beth is a 49-year-old full-time employee who elects $50,000 of supplemental coverage. Her cost per $1,000 is $0.102, so her cost per pay period is $5.10 (50 x $0.102 = $5.10). Beth turns 50 in May, which moves her into a new age-band and changes her rate per $1,000 to $0.148. Her new cost per pay is $7.40 (50 x $0.148 = $7.40).

John is a 45-year-old full-time employee who elects $50,000 of supplemental coverage. His cost per $1,000 is $0.102, so his cost per pay period is $5.10 (50 x $0.102 = $5.10). John turns 46 in October, which does not move him into a new age-band. His cost per pay continues to be $5.10.

Spouse Life Insurance Example:

Dave is a 36-year-old full-time employee. He chooses $40,000 of spouse life coverage for his wife, Leslie. The cost of Leslie's coverage is based on Dave's age, so the cost per $1,000 of coverage for Leslie is $0.046, and the total cost per pay period for her coverage is $1.84 (40 x $0.046 = $1.84). Dave turns 37 in September, which does not move him into a new rate band. His cost per pay for Leslie continues to be $1.84.

Please note: Cost per pay will be calculated based on your age at the time of the pay period deduction. Your cost per pay could change if your birthday (during the plan year) moves you into a new age-band. Please see above for examples.

Supplemental Plan Highlights

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Advanced Provider, Physician and Director Life Insurance

Administered by Reliance Matrix

Who is eligible?

You are eligible for life insurance coverage if you are an active Advanced Provider or Director (scheduled at least 32 hours a week) or Physician (scheduled at least 18 hours a week). Temporary and PRN (pro re nata or "as needed") employees are not eligible.

Basic Employee Life & AD&D Insurance

Baptist Health provides every eligible employee with basic life and accidental death & dismemberment (AD&D) insurance coverage. Employees may purchase supplemental life coverage.

Along with protection for your family if you die, the AD&D portion of this coverage provides additional benefits if you die as a result of a covered accident. This accidental death benefit will be in the same amount as the life insurance benefit. Benefits are also paid if you suffer loss of sight or a limb as a result of a covered accident.

Supplemental Employee Life Insurance

During Open Enrollment only, you may increase your supplemental coverage by $100,000/ year. For example, if you did not choose extra coverage when you were first hired, you may choose additional life insurance in $10,000 increments – up to a maximum of $100,000 per year – during Open Enrollment. Your total life insurance for yourself (basic and supplemental combined) may not be more than $850,000.

Spouse Life Insurance

You may purchase life insurance for your spouse in increments of $20,000 (e.g., $20,000, $40,000, $60,000) up to a maximum of $100,000. Spousal coverage may be added up to one $20,000 increment during open enrollment for eligible employees.

Life Insurance Plan Highlights ▶

Bereavement ▶

Travel Assistance ▶

Benefit Reductions Starting at Age 70

Basic Life, Supplemental Employee and Spouse Life Insurance amounts are reduced if you are still actively at work when you reach age 70 or older. The reductions are as follows:

- Age 70 - 65% of original amount (coverage is reduced by 35%)
- Age 75 - 50% of original amount (coverage is reduced by half)

For example, if you turn 71 and your spouse is 58, both your benefits will be reduced since premium is based on the employee's age. If your spouse should die, you would receive a benefit equal to 65 percent of the original spouse life benefit.

Options

Basic Life and AD&D Insurance

- Full-Time Employees: 2x your annual earnings not to exceed $750,000.
- Part-Time Employees: $10,000 (Physicians excluded)

Supplemental Employee Life / AD&D Insurance

- Full-Time Employees: Increments of $10,000 ($10,000, $20,000...) up to $100,000 per year to maximum of $500,000
  Cost: See chart on next page – based on employee's age at the time of pay period
- Part-Time Employees: $10,000
  Cost: See chart on next page – based on employee's age at the time of pay period

Spouse Life Insurance

- Full-Time Employees: Increments of $20,000 up to $100,000
  Cost: See chart on next page – based on employee's age at the time of pay period
- Part-Time Employees: $10,000

Rounded UP to nearest $500 Maximum combined employee coverage (basic and supplemental) may not exceed $850,000

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Dependent Child Life Insurance

You may purchase $10,000 of life insurance coverage for your dependent children up to age 26. (Coverage is $500 for children from live birth to six months. There is no coverage for stillbirths). The cost for this coverage is $1.02 per pay period, no matter how many eligible children you have.

Supplemental Life Insurance

The chart below shows the post-tax cost per pay period of supplemental life insurance for both full-time and part-time employees.

Full-Time Employees Supplemental Life & Spouse Life		Part-Time Employees Supplemental Life	
Rate per $1,000 of coverage per 26 pay periods		Flat cost for $10,000 per 26 pay period	
Age	Cost	Age	Cost
< 35	$0.037	< 35	$0.369
35 - 39	$0.046	35 - 39	$0.425
40 - 44	$0.055	40 - 44	$0.554
45 - 49	$0.102	45 - 49	$0.978
50 - 54	$0.148	50 - 54	$1.477
55 - 59	$0.240	55 - 59	$2.400
60 - 64	$0.258	60 - 64	$2.585
65 - 69	$0.415	65 - 69	$4.154
70+	$0.812	70+	$8.086

Supplemental Employee Life Insurance Example:

Beth is a 49-year-old full-time employee who elects $50,000 of supplemental coverage. Her cost per $1,000 is $0.102, so her cost per pay period is $5.10 (50 x $0.102 = $5.10). Beth turns 50 in May, which moves her into a new age-band and changes her rate per $1,000 to $0.148. Her new cost per pay is $7.40 (50 x $0.148 = $7.40).

John is a 45-year-old full-time employee who elects $50,000 of supplemental coverage. His cost per $1,000 is $0.102, so his cost per pay period is $5.10 (50 x $0.102 = $5.10). John turns 46 in October, which does not move him into a new age-band. His cost per pay continues to be $5.10.

Spouse Life Insurance Example:

Dave is a 36-year-old full-time employee. He chooses $40,000 of spouse life coverage for his wife, Leslie. The cost of Leslie's coverage is based on Dave's age, so the cost per $1,000 of coverage for Leslie is $0.046, and the total cost per pay period for her coverage is $1.84 (40 x $0.046 = $1.84). Dave turns 37 in September, which does not move him into a new rate band. His cost per pay for Leslie continues to be $1.84.

Please note: Cost per pay will be calculated based on your age at the time of the pay period deduction. Your cost per pay could change if your birthday (during the plan year) moves you into a new age-band. Please see above for examples.

Supplemental Plan Highlights ▷

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Staff Long-Term Disability (LTD)

Administered by Reliance Matrix

Who is eligible?

You are eligible to participate in the LTD plan if you are an active employee scheduled to work at least 32 hours per week. There is no medical underwriting requirement.

How does the plan work?

Benefits begin after you've been totally disabled for 90 days.

Benefit: 50 percent of covered monthly earnings – up to a maximum benefit of $4,000 per month – for regularly scheduled to work, full-time employees. If your benefits from other sources equal 50 percent or more of your regular monthly earnings, you will receive a minimum benefit from the plan of 10 percent or $100 per month.

You have the option to purchase additional Long-Term Disability coverage. The buy-up option is 60 percent of covered monthly earnings – up to a maximum benefit of $6,000 per month.

LTD Example:

Baptist Health-Provided Benefit
Your annual earnings: $30,000

Divide by 12 for monthly earnings: $2,500

Multiply monthly earnings x 50%:
$1,250 (monthly benefit)

LTD Buy-Up Example:

Your annual earnings: $30,000

Divide by 12 for monthly earnings: $2,500

Multiply monthly earnings x 60%:
$1,500 (monthly benefit)

LTD Insurance

» Employee, except an employee covered in any other class



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Advanced Provider, Physician and Director Long-Term Disability (LTD)

Administered by Reliance Matrix

Who is eligible?

You are eligible to participate in the LTD plan if you are an active employee scheduled to work at least 32 hours per week. There is no medical underwriting requirement.

How does the plan work?

Benefits begin after you've been totally disabled for 90 days.

Benefit: 60 percent of covered monthly earnings – up to a maximum benefit of $10,000 per month – for regular full-time employees. If your benefits from other sources equal 70 percent or more of your regular monthly earnings, you will receive a minimum benefit from the plan of 10 percent or $100 per month.

You have the option to purchase additional Long-Term Disability coverage. The buy-up option is 70 percent of covered monthly earnings – up to a maximum benefit of $15,000 per month.

LTD Example:

Baptist Health-Provided Benefit
Your annual earnings:
$90,000

Divide by 12 for monthly earnings:
$7,500

Multiply monthly earnings x 60%:
$4,500 (monthly benefit)

LTD Buy-Up Example:

Your annual earnings:
$90,000

Divide by 12 for monthly earnings:
$7,500

Multiply monthly earnings x 70%:
$5,250 (monthly benefit)

LTD Plan Highlights

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Short-Term Disability (STD)

Administered by Reliance Matrix

Who is eligible?

You are eligible to participate in the STD plan if you are a regular employee scheduled to work at least 32 hours per week.

How does the STD plan work?

STD benefits begin on the eighth day of an absence due to injury or illness that occurs while you are off duty. If you are eligible and choose to participate, the STD program provides a 50% of earnings benefit, not to exceed $1,500 per week.

You will be considered to have a Pre-existing Condition and will be subject to the Pre-existing Conditions Limitation if:

1. The disability begins in the first twelve (12) months after your effective date; AND
2. You have received medical treatment or consultation (including pregnancy), during the three (3) months immediately prior to your effective date of insurance. The time you had coverage under the prior carrier's program counts toward satisfying this requirement.

STD benefits may be paid up to 12 weeks, at which time you become eligible for Long-Term Disability (LTD) benefits. The actual length of time for which benefits are paid must be approved by the plan. For example, absences for maternity are covered up to six weeks for a normal delivery or eight weeks for a cesarean section.

If you take FMLA leave for maternity, STD benefits will cover only the medically necessary portion of the leave, not the entire 12-week FMLA period.

The cost of STD coverage is based on employee's age and weekly benefit. To determine cost:

1. Calculate weekly benefit: annual salary ÷ 52 weeks × 50% = weekly benefit
2. Determine rate: See STD Rate Chart on the left
3. Calculate per pay cost: weekly benefit ÷ 10 × rate = cost per pay period

Short-Term Disability Rate Chart	
Age	**Cost (26 pay)**
< 30	$0.426
30 - 34	$0.450
35 - 39	$0.350
40 - 44	$0.223
45 - 49	$0.208
50 - 54	$0.300
55 - 59	$0.325
60 - 64	$0.508
65 +	$0.684

To apply for STD benefits, an employee must fulfill the minimum waiting period of seven (7) calendar days before becoming eligible. Exhaustion of accrued time off (e.g., PTO and/or EIB) is not required in order to receive STD benefit coverage.

PLEASE NOTE: Cost per pay will be calculated based on your age at the time of the pay period deduction. Your post-tax cost per pay could change if your birthday (during the plan year) moves you into a new age band. Please see above for examples.

Short-Term Disability ▶



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Short-Term Disability (STD) Continued

Administered by Reliance Matrix

STD Example:

Jordan is a 34-year-old full-time employee with an annual salary of $30,000. The cost of Jordan's STD coverage is based on a person's age and weekly benefit at the time of the pay period.

- First, determine the weekly benefit: $30,000 ÷ 52 weeks = $576.92 per week × 50% = $288.46 weekly benefit. Jordan's rate based on age is $0.450. So the cost per pay period will be $12.98 ($288.46 ÷ 10 × $0.450 = $12.98)
- Jordan turns 35 in August, which means the age band changes. The new rate is $0.350. The new cost per pay is 10.09 ($288.46/10 x $0.350 = $10.09).

Charlie is a 40-year-old full-time employee with an annual salary of $45,000. The cost of Charlie's STD coverage is based on the age and weekly benefit at the time of the pay period.

- First, determine the weekly benefit: $45,000 ÷ 52 weeks = $865.38 per week × 50% = $432.69 weekly benefit. Charlie's rate based on age is $0.223. So the cost per pay period will be $9.64 ($432.69 ÷ 10 × $0.223 = $9.64).
- Charlie turns 41 in April, and the age will not move into a new rate band. The cost per pay continues to be $9.64.

STD Example - Pregnancy:

Example 1: Taylor went to the doctor on 10/15/2023 for a pregnancy and found out the baby is due 2024. Taylor did not elect Voluntary Short- Term Disability plan in 2023, but is considering enrolling in the plan for 2024. Will the pregnancy be covered?

- Taylor's pregnancy in 2024 would not be covered because a visit to the doctor for the pregnancy took place in 2023, prior to enrolling in the STD plan for 2024.

Example 2: Cameron enrolled in the Voluntary Short-Term Disability plan effective 1/1/2023. In January of 2024, Cameron has a doctor appointment and will be having a baby later in 2024. Will the pregnancy be covered?

- Cameron's pregnancy would be covered under the STD plan because the enrollment was before the doctor visit for the pregnancy.

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Critical Illness Plan

Administered by Unum

Scan QR code for more information about Unum coverage on the Virtual Benefits Fair.

Who is eligible?

You are eligible for Critical Illness plan through Unum if you are legally authorized to work in the United States and actively working a minimum of 24 hours per week at a U.S. location. Spouses ages 17 and up must reside in the United States to receive coverage. Dependent children, newborns to age 26, are automatically covered at no extra cost and their coverage is 50% of your amount.

What is covered

The Critical Illness insurance policy can pay a lump-sum benefit at the diagnosis of a covered illness. It is not a substitute for a health benefit plan.

This plan pays a specified dollar amount if you are diagnosed with a covered condition. Benefit is paid as a lump sum that can be used for costly out-of-pocket expenses like copays, deductibles, child care and travel – or however you choose. No physical is required for eligibility; guaranteed issue is available for you and your spouse. Premiums are based on your age at policy issue and do not increase due to age.

Annual Wellness Benefit:

$100 per calendar year per insured individual (Mammogram, Pap Smear, Blood Test for Triglycerides, Colonoscopy, EK, Stress Test on a bicycle or treadmill, Fasting Blood Glucose Test, Serum Cholesterol Test to determine HDL and LDL levels.)

For Children:

Annual exams include sports physicals, well child visits, dental and vision exams.

How to File a Wellness Claim

Recurrence Benefit:

You can receive an additional payment if you have a second occurrence of benign brain tumor, heart attack, coma or stroke - as long as 12 months have passed between the two diagnoses. Recurrent Benefit pays 100% of your coverage amount.

This coverage is 100% portable if you leave your job.

Critical Illness Full Benefit Info

Voluntary Critical Illness			
CRITICAL ILLNESS BENEFITS*	Option 1	Option 2	Option 3
Heart Attack	$10,000	$20,000	$30,000
Stroke	$10,000	$20,000	$30,000
Coronary Artery Bypass Surgery	$2,500	$5,000	$7,000
Major Organ Transplant	$10,000	$20,000	$30,000
End Stage Renal Failure	$10,000	$20,000	$30,000
Invasive Cancer	100%	100%	100%
Non-Invasive Cancer	25%	25%	25%
Skin Cancer	$500	$500	$500
Benign Brain Tumor	$10,000	$20,000	$30,000
Coma as the result of Severe Traumatic Brain Injury	$10,000	$20,000	$30,000
Blindness	$10,000	$20,000	$30,000
Occupational HIV	$10,000	$20,000	$30,000
Permanent Paralysis as the result of a Covered Accident	$10,000	$20,000	$30,000

Additional Progessive Diseases added are:
Amyotrophic Lateral Sclerosis (ALS), Dementia (including Alzheimer's Disease), Multiple Sclerosis, Parkinson's Disease.

Additional Critical Illness for your Children are:
Cerebral Palsy, Cleft Lip or Palate, Cystic Fibrosis, Down Syndrome, Spina Bifida

Insured employees are eligible for 100% of the benefit amounts listed; covered dependents are eligible for 50% of the employee benefit amount. Please refer to the policy for complete details about these covered conditions.* ***Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.*

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Critical Illness Plan Continued

Administered by Unum

Critical Illness Rates

Post-tax premiums for the Critical Illness coverage are determined by your age. You may choose the coverage level that best covers you and your dependents. See the appropriate age rates in the tables featured below.

With Cancer Employee Bi-Weekly Premium With Wellness based on Benefit Amounts	
$10,000 Benefit Amount	
Issue Ages	Bi-Weekly Premium
<25	$0.69
25-29	$1.06
30-34	$1.48
35-39	$2.22
40-44	$3.05
45-49	$4.20
50-54	$5.45
55-59	$7.57
60-64	$10.71
65-69	$15.74
70-74	$24.78
75-79	$31.57
80-84	$31.48
85+	$31.66
$20,000 Benefit Amount	
Issue Ages	Bi-Weekly Premium
<25	$1.38
25-29	$2.12
30-34	$2.95
35-39	$4.43
40-44	$6.09
45-49	$8.40
50-54	$10.89
55-59	$15.14
60-64	$21.42
65-69	$31.48
70-74	$49.57
75-79	$63.14
80-84	$62.95
85+	$63.32
$30,000 Benefit Amount	
Issue Ages	Bi-Weekly Premium
<25	$2.08
25-29	$3.18
30-34	$4.43
35-39	$6.65
40-44	$9.14
45-49	$12.60
50-54	$16.34
55-59	$22.71
60-64	$32.12
65-69	$47.22
70-74	$74.35
75-79	$94.71
80-84	$94.43
85+	$94.98

With Cancer Spouse Bi-Weekly Premium With Wellness based on Benefit Amounts	
$10,000 Benefit Amount	
Issue Ages	Bi-Weekly Premium
<25	$0.69
25-29	$1.06
30-34	$1.48
35-39	$2.22
40-44	$3.05
45-49	$4.20
50-54	$5.45
55-59	$7.57
60-64	$10.71
65-69	$15.74
70-74	$24.78
75-79	$31.57
80-84	$31.48
85+	$31.66
$20,000 Benefit Amount	
Issue Ages	Bi-Weekly Premium
<25	$1.38
25-29	$2.12
30-34	$2.95
35-39	$4.43
40-44	$6.09
45-49	$8.40
50-54	$10.89
55-59	$15.14
60-64	$21.42
65-69	$31.48
70-74	$49.57
75-79	$63.14
80-84	$62.95
85+	$63.32
$30,000 Benefit Amount	
Issue Ages	Bi-Weekly Premium
<25	$2.08
25-29	$3.18
30-34	$4.43
35-39	$6.65
40-44	$9.14
45-49	$12.60
50-54	$16.34
55-59	$22.71
60-64	$32.12
65-69	$47.22
70-74	$74.35
75-79	$94.71
80-84	$94.43
85+	$94.98

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Accident Plan

Administered by Unum

Scan QR code for more information about Unum coverage on the Virtual Benefits Fair.

Who is eligible?

You are eligible for the Accident plan if you are regularly scheduled to work at least 24 hours per week. You must be legally authorized to work in the United States and actively working at U.S. location to receive coverage. Spouses and dependent children from birth until their 26th birthday, regardless of marital or student status, must reside in the United States to receive coverage.

What does the plan cover?

There are things that you or your family do daily that may lead to an accidental injury and unexpected expenses.

This coverage can help you with out-of-pocket costs that your medical plan doesn't cover, like copay and deductibles.

Accident Benefit Example

Child dislocates knee in athletic event (plan pays per incident)

How does the plan work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes ranges of incidents, from common injuries to more serious events.

This coverage is 100% portable if you leave your job.

Annual Wellness Benefit:

$100 per calendar year per insured individual (Mammogram, Pap Smear, Blood Test for Triglycerides, Colonoscopy, EK, Stress Test on a bicycle or treadmill, Fasting Blood Glucose Test, Serum Cholesterol Test to determine HDL and LDL levels.)

For Children:

Annual exams include sports physicals, well child visits, dental and vision exams.

How to File a Wellness Claim

Payout	Services
$150	Physician Treatment
$250	Emergency Room Treatment
$300	Medical Imaging Test (MRI,MR,CT,CAT,EEG)
$600	Physical Therapy (6 visits @ $100.00)
$300	Follow-up physician visits (2 visits @ $150.00)
$1,600	Total Paid to Employee

The UNUM Accident Policy is guarantee issue during initial enrollment period, or at annual open enrollment.

Learn more about UNUM's Accident Plan:

http://unum.mkt2189.com/vimeo/Accident_CTA_EN-1789.html

Accident Benefit Information

Bi-Weekly Premium (includes Wellness)	
Employee Only	$3.73
Employee + Spouse	$6.46
Employee + Child	$7.43
Employee, Spouse + Child	$10.16

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Whole Life Insurance with Long-Term Rider Care

Administered by Unum

Whole Life Brochure ▶

How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also earns interest, or "cash value," at a guaranteed rate of 4.5%. You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

What's included?

A "Living" Benefit

You can request an early payout of your policy's death benefit (up to $150,000 maximum) if you're expected to live 12 months or less. It would reduce the benefit that's paid when you die.

Long-Term Care Rider

Long-Term Care Insurance will help protect your savings from being drained by this expensive care. Most important, this coverage allows you to use the benefit whether you receive care at home, or in a long-term care facility, an adult day care, or a nursing home.

Advantages of the Long-Term Care Rider

- For long-term care facility, nursing home care or assisted living facility, provides a benefit that is the lesser of:
  - 6% of the death benefit, less any policy debt at the end of the waiting period; your actual monthly expenses; or
  - $3,000
- For home health care or adult day care, this benefit provides a maximum monthly benefit that is the lesser of:
  - 4% of the death benefit, less any policy debt at the end of the waiting period;
  - Your actual monthly expenses; or
  - $1,500
- Benefits are payable once you have been receiving long-term care for 90 days.

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have. Term Life is like renting a house; employees use the protection for a set period of time.
- Whole Life is like owning a house; employees keep the benefit for a lifetime.
- This product complements your existing employer-paid group term life; valuable protection for your working years and benefits that carry into retirement.
- Term Life and Whole Life provide comprehensive life insurance.

Who is eligible?

You are eligible for the Whole Life Policy if you are under the age of 80 years old. The Long-Term Care Rider is available up to age 70. You must be actively at work at the time of application and regularly scheduled to work at least 24 hours per week.

Coverage options available

- Employee: $10,000, $25,000, $50,000 or $100,000
- Spouse: $10,000 or $25,000
- Children: $10,000 or $25,000
- Guarantee Issue coverage for Employee & Children
- Contingent Guarantee Issue Coverage for Spouse
  Within the past 12 months, has the spouse been admitted to a hospital or missed five or more consecutive days of work for any reason other than vacation, cold, flu, pregnancy, accidents, allergies, back or knee disorder?
- Premiums do not increase with age.
- Premium for the Whole Life policy is waived whenever the insured is receiving benefits under the base LTC Rider.

Scan QR code for more information about Unum coverage on the Virtual Benefits Fair.

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Long-Term Care Insurance

Administered by Unum

Open Enrollment Starts May 2024!

Learn more about Long Term Care planning by visiting **www.BaptistHealthLTC.com**

What is LTC?

Who is eligible?

You are eligible for the Long-Term Care Insurance plan through Unum. Spouses and extended family (parents (& in-laws), grandparents (& in-laws)) are also eligible to apply. All applicants require a medical underwriting questionnaire. Employees and spouses are payroll deducted, extended family are directly billed at their home.

What is covered?

Long-Term Care Insurance pays for care in a nursing home, assisted living facility or at home from a professional. It provides you the opportunity to choose how you want to receive your care in the future. Long-term care costs are not covered by long-term disability, medical insurance, or Medicare. You can access your long-term care coverage at any age if you require assistance with two activities of daily living (bathing, dressing, toileting, transferring, eating, continence) or supervision due to a cognitive impairment. Unlike other policies that are reimbursement our long-term care insurance policy pays out on an indemnity basis.

Annual Costs of Care for the US

Home Care:	$61,776 per year
Assisted Living:	$54,000 per year
Nursing Home:	$108,405 per year

Genworth Cost of Care Survey, conducted by CareScout June 2021

Benefit

You have an option to select a monthly benefit amount, duration, and other features to fit your financial situation. Spouses and extended family can participate regardless of your participation in the program.

Voluntary Long Term Care Insurance	
All Plans Include	
Home Care	Professional Home Care
Assisted Living	60% of Monthly Benefit
Nursing Home	100% of Monthly Benefit
Inflation Growth	5% Simple Growth (2x Capped)

Your Plan Options	
Plan Feature	**Options Available**
Lifetime Maximum	$72,000 to $240,000
Monthly Benefit	$2,000, $3,000 or $4,000
Home Care Option	Professional or Total Home Care

Caregiving Resources Now Available

More than 44 million people are caregivers. We have tools and resources to help. Visit our new caregiving exchange at **www.BaptistHealthLTC.com.**

Scan QR code for more information about AGIS coverage on the Virtual Benefits Fair.

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Pet Insurance

Administered by Nationwide

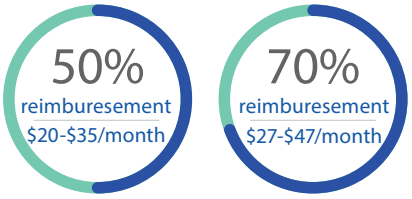
Pet Insurance FAQ

With two budget-friendly options, there's never been a better time to protect your pet.

Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility

- **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%[1]
- **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level of coverage with My Pet Protection®



How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction.

My Pet Protection Coverage Highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 maximum annual benefit. Coverage includes*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

CONTACT: http://www.petinsurance.com/baptist-health | 877-738-7874

Nationwide®

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Identity Theft Protection

Administered by Allstate Identity Protection

Who is eligible?

You are eligible to purchase Identity Theft protection if you are regularly scheduled to work at least 24 hours every week.

What do these plans cover?

The Identity Theft plan is administered by Allstate Identity Protection. The Allstate Identity Protection Pro covers:

- Identity and credit monitoring
- Tri-bureau credit alerts
- Unlimited credit reports from TransUnion
- Dark web monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Accounts secured with two-factor authentication
- 24/7 Privacy Advocate remediation
- $1 million identity theft insurance policy
- 401(k) and HSA stolen fund reimbursement
- Tax fraud refund advances

Did you know?

- Every 2 seconds an identity is stolen
- 1.3 million people were identity theft victims in 2015
- $15 billion dollars was stolen from fraud victims in 2015
- It takes an average of 165 hours to restore an identity

QUESTIONS?

Contact 1.800.789.2720 or visit **www.myaip.com**.

Identity Theft

InfoArmor has joined The Allstate Corporation and is now called Allstate Identity Protection. The name has changed, but the service has not. You are in good hands with Allstate Identity Protection.

How do these plans work?

- **Enroll**
  Access to your full Allstate Identity Protection coverage capabilities begins on your effective date.
- **We monitor**
  Our advanced technology looks for suspicious activity associated with your personal profile.
- **We alert**
  We alert you to any activity associated with your account.
- **We restore**
  In the event of identity theft, we fully manage the process of recovering your identity, credit, and sense of security so the impact to your life is minimal.
- **We reimburse**
  Our $1 million identity theft insurance policy covers the costs associated with reinstating your identity.†

Allstate Identity Protection Pro Costs (bi-weekly)	
Employee Only	$3.67
Family	$6.44

Allstate Identity Protection Pro Plus Costs (bi-weekly)	
Employee Only	$4.59
Family	$8.28

Scan QR code for more information about ID Theft coverage on the Virtual Benefits Fair.

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

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Allstate Identity Protection Pro Employee Benefit Checklist

	Allstate Identity Protection Pro	Allstate Identity Protection Pro Plus
Identity Monitoring		
NEW Allstate Digital Footprint		✓
Auto-on monitoring	✓	✓
Rapid alerts	✓	✓
High-risk transaction monitoring	✓	✓
Social media reputation monitoring	✓	✓
Sex offender registry	✓	✓
Credit and debit card monitoring	✓	✓
Bank account transaction monitoring	✓	✓
401(k) and HSA account monitoring	✓	✓
Student loan activity alerts	✓	✓
Financial transaction monitoring	✓	✓
Lost wallet protection	✓	✓
Digital exposure reports	✓	✓
Dark web monitoring	✓	✓
Human-sourced intelligence	✓	✓
Compromised credentials	✓	✓
Data breach notifications	✓	✓
Deceased family member coverage	✓	✓
Mobile app with full functionality	✓	✓
Social media account takeover		✓
NEW IP address monitoring		✓

	Allstate Identity Protection Pro	Allstate Identity Protection Pro Plus
Credit		
TransUnion credit monitoring	✓	✓
Credit score tracking	✓	✓
Unlimited TransUnion credit reports and scores		✓
Credit freeze assistance		✓
Tri-bureau credit monitoring		✓
Credit lock (adult and child)		✓
Annual tri-bureau report & score		✓
Credit report disputes		✓
Remediation		
Full-service, 24/7 remediation support	✓	✓
$1 million insurance policy†	✓	✓
Stolen fund reimbursement†		✓
Credit report disputes		✓
Tax fraud refund advance†		✓
401(k) and HSA reimbursement†		✓
Tap-to-call from mobile app		✓

Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate Identity Protect Pro and Allstate Identity Protect Pro Plus are offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

Allstate Identity Protection Pro vs. Allstate Identity Protection Pro Plus: What's the difference?

Allstate Identity Protection Pro Plus comes with our new proprietary tool, the Allstate Digital Footprint, which allows users to see who has their data. Allstate Identity Protection Pro Plus also provides 401(k) and HSA stolen fund reimbursement and tax fraud refund advances.†

IP address monitoring — exclusive to Allstate Identity Protection Pro Plus — makes it easier to detect and inform employees if they're compromised. Our data shows satisfaction and engagement are highest when participants are enrolled in Allstate Identity Protection Pro Plus.

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Student Loan Resources

Fidelity Student Loan Planning Assistance Tool

Tools/services with Fidelity are available to assist employees with making smart choices to manage student debt and outstanding loans. These tools will guide employees on repayment options, including public student loan forgiveness, options for refinancing and consolidation of student debt. Access tool by going to **www.netbenefits.com/Baptist**.

Fiducius

Your financial wellness matters to us! We now offer the voluntary Loan Relief™ benefit from Fiducius, so you can take control of your student loans, put more money in your pocket and focus on what really matters to you. Integrated student loan benefits work to provide Baptist Health employees with financial well-being.

Could Fiducius Loan Relief™ benefit be a good option for you?

Do you, your spouse or other family members have student loans? Trying to understand all the possible ways to better manage them can be a daunting task. With their financial planning approach, the student loan Advisors at Fiducius help you navigate and determine your best option, including forgiveness, refinancing and consolidation.

It's Easy to Get Started with the Loan Relief™ Benefit

Let the student loan financial planning experts at Fiducius get to work for you:

- Assess: Learn about your personal financial situation and goals
- Advise: Identify the best option to solve your student loan issue
- Relieve: Provide a customized Student Loan Financial Wellness Plan

The custom plan is yours at no cost. Then, decide to hire Fiducius (fees apply), or pursue the plan on your own. It's up to you.

Visit

https://baptisthealth.myfiducius.com/register. Register with code BAPH1 & learn how much you could save.

Questions or trouble with login?

Call 513.645.5400, email or visit the Fiducius website for more information and success stories.

So-Fi

We've partnered with Baptist Health to help you:

- Save MORE money on your student loans with an exclusive $300 bonus
- Find your pre-qualified rates in 2 minutes with no impact on your credit score
- For federal borrowers, lock in your rate TODAY without giving up the benefits of the payment moratorium or potential forgiveness.

Federal student loan refinancing: SoFi has launched a new student loan refinancing program to help you leverage the historical low interest rate environment. You can lock in a low refi rate today so you can start saving when the federal payment moratorium expires. No accumulating interest or payments due until your loan is disbursed in September. Enjoy your summer knowing that SoFi won't touch your federal loan until September. You'll also be eligible for the Baptist Health exclusive rate discount of 0.125% when you apply through **SoFi.com/BaptistHealth** Click on the "New Student Loan Refinancing Program" tile to begin your application!

Private student loan refinancing: If you have private student loans, you can refinance your loans now! View your rate at **SoFi.com/BaptistHealth** and receive an exclusive 0.125% rate discount when you apply.

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Retirement Plans

Administered by Fidelity

Scan QR code for more information about Fidelity coverage on the Virtual Benefits Fair.

Online Tool Calculator

Appointment Scheduler

Baptist Health 401(k) Plan

Who is eligible?

All employees are eligible to contribute to the Baptist Health 401(k) Plan. You are eligible for matching contributions after one year and 1,000 hours of service.

What do I need to do?

The Baptist Health 401(k) Plan is voluntary; however, you are automatically enrolled with a 3% contribution beginning with your first paycheck after 60 days of employment. Your automatic contribution will be three percent of your paycheck. Newly hired employees not wishing to participate must contact Fidelity to opt out. If you previously worked for Baptist Health, enrollment is not automatic and you will need to contact Fidelity to start your Baptist Health 401(k) Plan enrollment.

Why should I participate in the plan?

You decide how much to save. Do what you can afford and start right away. You can always change your contribution amount later. Plus your contributions are conveniently deducted each pay period.

You can make pretax and/or Roth contributions. Pretax contributions are deducted from your pay before income taxes are taken out, which can lower the amount of current income taxes you pay each pay period. Roth contributions allow you to make after-tax contributions and take any associated earnings completely tax free at retirement, provided certain requirements are met. You may also make additional catch-up contributions if you are 50 years of age or older during the calendar year.

You determine the investments that are right for you. You may choose from a wide range of investment options and if you do not make a choice, your contributions will be invested in the applicable Vanguard Target Retirement Trust Plus option based on your age.

Baptist Health 401(k) Safe Harbor Matching Contributions

Once you've completed a year of service and worked 1,000 hours, Baptist Health will begin matching 100% on the first 3% you contribute and 50% on the next 2% you contribute. Overall this is a 4% match from Baptist Health.

Prior to 2022, Baptist Health matching contributions will continue to be vested based on your years of service.

How much can I contribute?

The annual elective deferral limit for the Baptist Health 401(k) Plan employee contributions is $22,500 in 2024. Employees age 50 or older may contribute up to an additional $7,500, for a total of $30,000.

When am I vested in the plan?

You are always 100% vested in your contributions, the Baptist Health 401(k) Plan matching contributions and any earnings on them.

When can I get the money I save?

You are entitled to your vested Thrift Plan account when you retire. You are also entitled to your own savings, plus the vested portion of the Baptist Health contributions, if you leave Baptist Health before retirement. Generally, withdrawals from the 401(k) Plan are permitted when you terminate your employment, retire, reach age 59½, or have a financial hardship, as defined by the plan.

How do I review my account information?

To access your account, you may call Fidelity at 800.343.0860, or log on to your account at **www.netbenefits.com/Baptist.**

You do not have to re-enroll in your retirement benefits; however, Open Enrollment is an ideal time to review your contribution amount and investment choices. You may change your Baptist Health 401(k) Plan deductions anytime during the year.

For more plan highlights, investment options and tools and resources visit **www.netbenefits.com/Baptist** or log on to Fidelity NetBenefits® at **www.netbenefits.com/Baptist** and go to Plan Information and Documents.

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Physician and Director 457(b) Deferred Compensation Plan

Administered by Fidelity

Who is eligible?

You are eligible to participate in the 457(b) Deferred Compensation Plan (457(b) Plan) if you are a physician, director or executive level employee.

Please consider: The 457(b) Plan does not have an employer match, so be sure to maximize your contributions to the Baptist Health 401(k) Plan before deferring to this plan.

By participating in the 457(b) Plan, you can greatly increase the amount you can save for retirement on a tax deferred basis. It's a great way to lower your current income taxes and invest more for the future.

What is the 457(b) Plan?

The 457(b) Plan is a Deferred Compensation Plan that allows you to save an additional pre-tax contribution. The IRS contribution limit for 2024 is $22,500.

There's a fundamental difference between your plans, however. Your Baptist Health 401(k) Plan is a qualified plan, meaning the money you and your employer contribute to your account is held in a trust until you withdraw it. However, your 457(b) Plan is a nonqualified plan. For more information regarding the plan, contact your human resources department.

How much can I put into the plan? Can I change the amount?

The amount of pre-tax income you put into your 457(b) Plan depends on Internal Revenue Service limits, which can change each year. You can increase, decrease, or stop contributions by calling Fidelity at 800.343.0860. Changes go into effect in the month following the date you submit your request.

When am I vested in the plan?

You are always 100% vested in your contributions and any earnings on those contributions.

Can I borrow or withdraw from my 457(b) account?

Loans are not permitted. Withdrawals may be available and are immediately available if you leave or retire from your employer. Any money you take out is taxable as income.

When do distributions begin?

You can start taking distributions when you leave your employer or when you turn age 70-1/2. If you have a plan balance when you die, distributions are available to your designated beneficiary.

Scan QR code for more information about Fidelity coverage on the Virtual Benefits Fair.

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Payactiv - Your Payday Reimagined

Baptist Health has partnered with Payactiv to bring you a digital wallet built for everyday life.

Decide when and how you get paid

Earned Wage Access (EWA) gets you paid before payday. Work your shift, and Payactiv will make a portion of that money available, giving you more control over when and how you want to use it. The funds you access simply get deducted from your next paycheck.

- Transfer to Payactiv Visa Card
- Transfer to your bank or debit card
- Pick up cash at Walmart

Build better financial habits

Get access to free financial planning tools and exclusive discounts. With Payactiv, you can know what is safe to spend and save, bringing you one step closer to reaching your goals.

- Financial Counseling
- Financial Learning
- Saving Tools
- Exclusive discounts

Visit www.payactiv.com for more information.

Follow these steps to access Payactiv

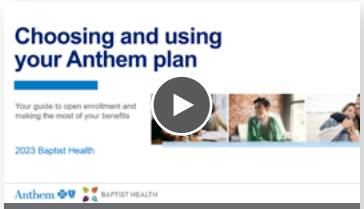
1. Go to Workday online
2. Select “Benefits and Pay”
3. Choose “Change Benefits”
4. Select “Earned Wage Access”
5. Choose effective date of change on the calendar icon and click “Submit”
6. Click open and “Enroll” under the Earned Wage Access icon
7. Choose “Select” to enroll in Earned Wage Access
8. When finished, click “Confirm and continue” then “Save”
9. Select “Review and Sign”
10. Select “I agree” and click “Submit”
11. Click “Done” to complete the Workday process
12. Visit Payactiv 24-36 hours after Workday enrollment to finalize the process

Scan QR code to download the app

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Video Links



Anthem Medical



Capital RX Pharmacy



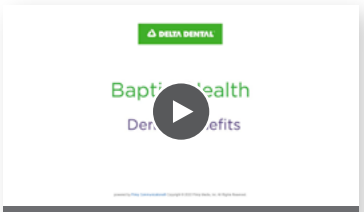
Health Equity: HSA, FSA, Dependent Care & Limited FSA



MERP (Medical Expense Reimbursement Plan)



Magellan: Employee Assistance Program



Delta Dental



EYEMED Vision



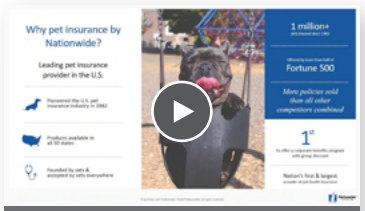
Unum Accident, Critical Illness, Hospital and Whole Life



Reliance Matrix Life & Disability



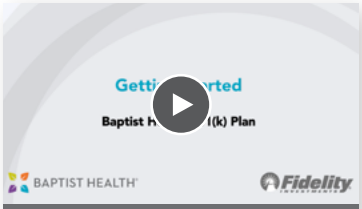
AGIS Long Term Care



Nationwide Pet Insurance



Allstate Identity Theft



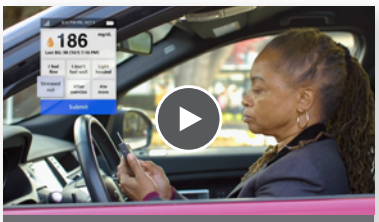
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Additional Resources

The following additional resources and programs are not tied to open enrollment. You may participate in any of these programs throughout the year. Please note: Some programs require you to meet certain qualifications to be eligible for them. To find out if you are eligible, please click on the resource to find out more information.



Livongo Chronic Condition Management Plus

Livongo Living Healthier

Modern Diabetes Management

High Blood Pressure

Weight Management



Anthem Pregnancy Resources

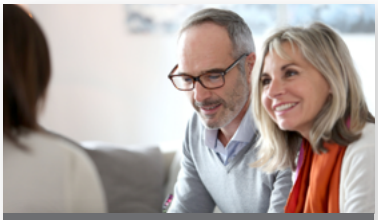
Building Healthy Families Flyer



Optum

Focused on improving outcomes of infants admitted to the NICU or other specialty care unit.

Neonatal Resource Services



Case Management

"Case management is a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes". – Case Management Society of America

Case Management FAQs



BrightMD eVisits

Baptist Health partnered with BrightMD to bring patients, including their own employees, convenient care from home. Employees and dependents enrolled in a Baptist Health plan use code BHPPO24 to utilize eVisits free of charge

Please note: This is a Baptist Health provided service and promo code not administered by Anthem and is not applied to medical plan deductible.

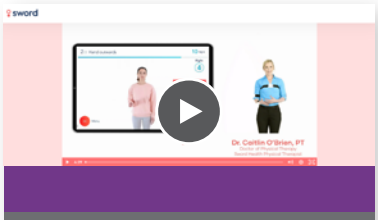
BrightMD eVisits Flyer



TytoCare Medical Device

TytoCare is a hand-held, medical device kit that allows for remote medical exams from providers at any time. TytoCare device can be used for urgent care video visits through MyChart with a Baptist Health provider, giving you access to quality medical care from home.

TytoCare Medical Device



Sword

Meet Sword, the new digital physical therapy program designed to help you overcome your back, joint or muscle pain at home.

Sword Flyer

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Disclaimer: This document contains many of the required Health and Welfare Plan model notices templates provided by the Department of Labor and other Federal agencies. Most employers prefer to include model notices in their open enrollment materials for ease of distribution. Some of these notices may require distribution outside of the open enrollment period or to both employees as well as dependent participants (for example, the General COBRA Notice must be provided to not only participating employees but also to participating spouses). In addition, some of these notices may require further customization, based on the specific terms of your plan. Employers may also be subject to additional State laws and Federal disclosures not outlined in these materials (for example, if you offer a self-funded health plan or a fully-insured health plan with access to Protected Health Information, you may also be required to distribute a Notice of Privacy Practices).

You may always ask your McGriff Account team for additional clarity on the notices provided herein. You are encouraged to retain ERISA counsel to determine which additional disclosures you are required to provide to your employees and plan participants.

MEDICARE PART D NON-CREDITABLE COVERAGE NOTICE
IMPORTANT NOTICE FROM BAPTIST HEALTH.
ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the Preventative Only through Baptist Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Baptist Health has determined that the prescription drug coverage offered by the Preventative Only is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Preventative Only. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Preventative Only. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

If your current coverage is employer/union sponsored group coverage and if you decide to drop this coverage with Baptist Health, you may be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Preventative Only.

If you are losing creditable prescription drug coverage under the Preventative Only, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
Since the coverage under the Preventative Only is not creditable, depending on how long you go without creditable prescription drug coverage, you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Baptist Health coverage will not be affected. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Baptist Health coverage, be aware that you and your dependents will be able to get this coverage back.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the Plan Administrator listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Baptist Health changes. You may request a copy of this notice at any time.

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For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about

this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778). For purposes of this notice, the Plan Administrator is:

Baptist Health | 502-896-5000

MEDICARE PART D CREDITABLE COVERAGE NOTICE
IMPORTANT NOTICE FROM BAPTIST HEALTH.
ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the Core EPO, Enhanced HDHP, Enhanced EPO through Baptist Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Baptist Health has determined that the prescription drug coverage offered by the Core EPO, Enhanced HDHP, Enhanced EPO is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage through Baptist Health will not be affected. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage.

If you decide to join a Medicare drug plan and drop your current group health coverage through Baptist Health, be aware that you and your dependents will be able to get this coverage back. If you are able to get this coverage back, reentry into the plan is subject to the underlying terms of the Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current group health coverage through Baptist Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the Plan Administrator listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Baptist Health changes. You may request a copy of this notice at any time.

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For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

Baptist Health | 502-896-5000

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 502-896-5000 and we will work with you, and if you wish, your doctor, to find a wellness program with the same reward that is right for you in light of your health status.

WHCRA ENROLLMENT/ANNUAL NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

For purposes of this notice, the plan administrator is:

Baptist Health | 502-896-5000

NEWBORNS' ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS (FOR USE BY SINGLE-EMPLOYER GROUP HEALTH PLANS)
CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction:
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review

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the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

If the Plan provides retiree health coverage, sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in a bankruptcy is filed with respect to Baptist Health and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of coverage under the Plan.

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- If the Plan provides retiree health coverage, commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days. You must provide this notice to Baptist Health.
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

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Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you timely notify the Plan Administrator in writing, you and your covered dependents may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

In order for this disability extension to apply, you must timely notify the Plan Administrator in writing of the SSA disability determination before the end of the 18-month period of continuation coverage and within 60 days after the later of (i) the date of the initial qualifying event; (ii) the date on which coverage would be lost because of the initial qualifying event; or (iii) the date of the SSA disability determination. This notice must be mailed to Baptist Health at 1901 Campus Place, Louisville, KY 40299. Oral notice, including notice by telephone, is not acceptable. The written notice must include the name and address of the employee covered under the plan; the name of the disabled qualified beneficiary; the date that the qualified beneficiary became disabled; and the date that the SSA made its determination of disability. Your notice must also include a copy of the SSA disability determination. If these procedures are not followed or if written notice is not provided to the Plan Administrator within the required time period, there will be no disability extension of COBRA continuation coverage. You must also notify the Plan Administrator within 30 days of any revocation of Social Security disability benefits.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

(see https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods). If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website). For more information about the Marketplace, visit www.HealthCare.gov

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information
Core EPO, Enhanced HDHP, Preventative EPO, Enhanced EPO
Baptist Health | 1901 Campus Place, Louisville, KY 40299 | 502-896-5000

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ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: http://dhcs.ca.gov/hipp
Health Insurance Premium Payment (HIPP) Program
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website:
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since 01/01/2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator listed below:

Baptist Health | 502-896-5000

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» Workday
» Medical Plans
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Disclosure Notices

******* THIS NOTICE SHOULD BE PRINTED AND DISTRIBUTED SEPARATELY *******

CHIPRA PREMIUM ASSISTANCE NOTICE

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDSNOW, or www.insuredkidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such a collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210, or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

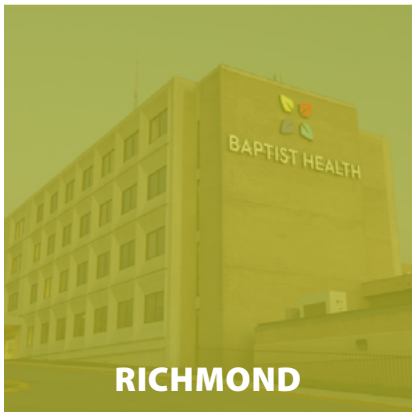


















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