

2023

benefits guide



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Baptist Health appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact the Benefit Enrollment Center at 501.202.2176 or benefits@baptist-health.org. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) at webtpa.com/baptist-health.

ENROLLING IN BENEFITS

If you need to add or remove coverage for yourself or your dependents after the enrollment period, you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time from yours

Eligibility

Open enrollment is your opportunity to elect coverage in Baptist Health's benefit plans. Our open enrollment period will be held from October 17 to November 14 and is location specific. All elections made during this period will be effective January 1, 2023 through December 31, 2023.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible employees

You may enroll in the benefits program if you are a regular full-time or part-time employee who has authorized hours of a minimum of 20 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for benefits the on your 31st day of employment.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legal spouse.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.



MEDICAL

Baptist Health is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of two medical plan options for 2023:

- Copay plan
- HSA — High Deductible Health Plan

If you choose, you can open a health savings account (HSA) if you enroll in the HDHP option. To learn more about HSAs, please see page 12. You may also enroll in a limited purpose flexible spending account.

WebTPA is the health insurance third-party administrator replacing Health Advantage starting January 1, 2023. WebTPA will process claims, issue ID cards, and provide customer service for employees on the Baptist Health medical plan.

The plans utilize a limited network consisting of Baptist Health providers and facilities that is supplemented by the Cigna PPO network.

As in prior years, employees on the health plan will receive their best benefit when using Baptist Health providers and facilities.

The Arkansas Blue Cross Blue Shield network will no longer be used beginning January 1, 2023.

Medical and prescription drug plan summary: Copay plan

Service	Baptist Health (Facility)	Baptist/BHPP Providers	Cigna PPO
Deductible	\$800 individual \$1,600 family	\$800 individual \$1,600 family	\$800 individual \$1,600 family
Primary care physician office visit		\$25 copay per visit	\$45 copay per visit
Specialist office visit		\$50 copay + 20% coinsurance per visit	\$80 copay + 30% coinsurance per visit
Well baby care to 12 months (with immunizations)		\$0 copay	
Routine mammogram/annual routine gynecological visit		\$0 copay	
Urgent care		\$50 copay per visit	
Emergency	\$300 all-inclusive copay		\$300 copay per visit
Virtual care through myBaptistHEALTH Arkansas app		\$10 copay per visit	
Outpatient diagnostic services (Lab, X-ray) when performed outside of PCP office	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Advanced outpatient diagnostic services: CT scan, PET scan, MRI/MRA, and nuclear cardiology	\$200 all-inclusive copay	20% coinsurance after deductible	30% coinsurance after deductible
Inpatient hospital facility	\$750 all-inclusive copay		30% coinsurance after deductible
Outpatient surgery	\$300 all-inclusive copay	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient hospital services (chemotherapy/radiation)	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
All inpatient rehabilitative care: Limited to 90 days max	\$150 copay per admission after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Ambulance for emergency transport to hospital (ground/air)		20% coinsurance after deductible	20% coinsurance after deductible
Mental health/substance abuse outpatient evaluation and consultation		\$25 copay per visit	\$45 copay per visit
Mental health/substance abuse inpatient/partial hospitalization	\$150 per admission after deductible		30% coinsurance after deductible
Outpatient therapy (limited to 90 aggregate visits per person per year for PT/OT/ST, and outpatient cardiac rehab)	\$25 copay per visit	20% coinsurance after deductible	30% coinsurance after deductible
Chiropractic services		\$50 copay per visit	\$50 copay per visit
DME/prosthesis		20% coinsurance	30% coinsurance
Diabetic management services: supplies, shoes (per Medicare guidelines), and equipment		20% coinsurance	30% coinsurance
Diabetic self-management: training single visit or multiple visits (one program/lifetime)		\$0 copay	
Routine eye exam: one per calendar year		\$0 copay	
Retail pharmacy through Navitus	Generic drugs/Tier 1: \$15 copay Preferred brand drugs/Tier 2: 20% coinsurance to max of \$75 Non-preferred brand drugs/Tier 3: 30% coinsurance to max of \$200 Specialty drugs: 30% coinsurance to max of \$200 filled at Baptist Health Medical Towers Drug Store. Annual visit with Baptist Health Chronic Care Management Clinic required.		
Pre-existing condition limitation		Not applicable	
Medical/pharmacy out-of-pocket maximum		\$7,000/\$14,000	
Lifetime maximum coverage		Unlimited	

Bi-weekly employee payroll contributions

Effective January 1, 2023

	Full-time rates	Part-time rates
Employee	\$92.50	\$113.97
Employee + spouse	\$252.75	\$306.42
Employee + child(ren)	\$141.76	\$174.32
Family	\$331.27	\$403.57

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.



Medical and prescription drug plan summary: HSA-HDHP plan

Service	Baptist Health (Facility)	Baptist/BHPP Providers	Cigna PPO
Deductible	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family
Primary care physician office visit		20% coinsurance after deductible	30% coinsurance after deductible
Specialist office visit		20% coinsurance after deductible	30% coinsurance after deductible
Well baby care to 12 months (with immunizations)		\$0 copay	
Routine mammogram/annual routine gynecological visit		\$0 copay	
Urgent care	\$50 copay per visit after deductible		
Emergency	First visit: \$250 copay after deductible Second visit: \$300 copay after deductible After second visit: \$350 copay after deductible		
Virtual care through myBaptistHEALTH Arkansas app	\$40 copay until deductible is met then \$10 copay		
Outpatient diagnostic services (Lab, X-ray) when performed outside of PCP office	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Advanced outpatient diagnostic services: CT scan, PET scan, MRI/MRA, and nuclear cardiology	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Inpatient hospital facility	\$150 copay after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery	\$100 copay after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient hospital services (chemotherapy/radiation)	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
All inpatient rehabilitative care: Limited to 90 days max	\$150 copay per admission after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Ambulance for emergency transport to hospital (ground/air)		20% coinsurance after deductible	20% coinsurance after deductible
Mental health/substance abuse outpatient evaluation and consultation		20% coinsurance after deductible	30% coinsurance after deductible
Mental health/substance abuse inpatient/partial hospitalization	\$150 copay per admission after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient therapy (limited to 90 aggregate visits per person per year for PT/OT/ST, and outpatient cardiac rehab)	\$25 copay per visit after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Chiropractic services		\$50 copay per visit after deductible	\$50 copay per visit after deductible
DME/prosthesis		20% coinsurance after deductible	30% coinsurance after deductible
Diabetic management services: supplies, shoes (per Medicare guidelines), and equipment		20% coinsurance after deductible	30% coinsurance after deductible
Diabetic self-management: training single visit or multiple visits (one program/lifetime)	\$0 copay		
Routine eye exam: one per calendar year	\$0 copay		
Retail pharmacy through Navitus	Generic drugs/Tier 1: \$15 copay after deductible Preferred brand drugs/Tier 2: 20% coinsurance to max of \$75 after deductible Non-preferred brand drugs/Tier 3: 30% coinsurance to max of \$200 after deductible Specialty drugs: 30% coinsurance to max of \$200 after deductible filled at Baptist Health Medical Towers Drug Store. Annual visit with Baptist Health Chronic Care Management Clinic required.		
Pre-existing condition limitation	Not applicable		
Medical/pharmacy out-of-pocket maximum	\$6,750/\$13,500		
Lifetime maximum coverage	Unlimited		

Bi-weekly employee payroll contributions

Effective January 1, 2023

	Full time rates	Part time rates
Employee	\$72.74	\$90.22
Employee + spouse	\$197.33	\$240.96
Employee + child(ren)	\$131.22	\$162.75
Family	\$270.20	\$331.34

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.

WEBTPA TOOLS

WebTPA website

- Coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card or order a new ID card.
- See frequently asked questions (FAQs).
- Registered nurses are available to provide immediate assistance and advice on medical treatment.

How to find a preferred provider

The preferred designation identifies doctors in the Baptist/Cigna network who have achieved top results in quality and cost-efficiency measures. To find one of these doctors, please visit webtpa.com/baptist-health.

WebTPA resources

- Find all of your information when you need it at webtpa.com/baptist-health. Call 855.318.0376 anytime, day or night, 365 days a year, for assistance.

Be informed

Visit webtpa.com/baptist-health for instructions and helpful tips to build and customize your medical benefits.

VIRTUAL CARE

What is virtual care?

Live video calls (on a phone, tablet or computer) with a doctor who is available at any time, day or night. No appointment is required. When you are unable to visit your primary care provider, consider logging in to myBaptistHealth Arkansas through your computer, tablet or smartphone to access board-certified doctors. Baptist Health providers are ready to help with conditions that don't require lab work.

It's free to enroll in and available through the myBaptistHealth Arkansas mobile app or at baptist-health.com/mybaptisthealth-app/.



Sign up today!



Download and register on the myBaptistHealth Arkansas mobile app early so you don't have to worry about it when you are feeling ill or need an appointment.

WELLNESS

Baptist Health offers all benefits-enrolled employees and spouses support on your wellness journey. Employees and spouses enrolled in the Baptist Health medical plan are eligible to earn up to a \$36 per pay period wellness incentive by completing the following activities:

- Complete an annual preventive visit.
- Visit with the Baptist Health Chronic Condition Management Clinic (by invitation only).
- Individually earn 3,000 points in the Mobile Health app.

When scheduling and attending your annual preventive visit, please ask your provider to use one of the following CPT codes when billing for services: 99382-99387 for new patients or 99392-99397 for existing patients. Ensuring one of these codes is billed will help guarantee you receive your proper credit award.

If you and your spouse are enrolled in the Baptist Health medical plan, you are both required to complete an annual preventive visit and earn 3,000 points for wellness-related activities by October 31, 2022, to qualify for the maximum monthly wellness credit beginning January 1, 2023. If you AND your spouse participate, you will earn a \$72 biweekly wellness credit. If only you OR your spouse participates, you can still earn an individual wellness credit of \$36 per pay period.

For additional details on Mobile Health points opportunities, please log in to the Mobile Health app, available in the Google Play or Apple App store. Register and complete your health risk assessment.



HEALTH SAVINGS ACCOUNT (HSA)

Tax-favored
account

An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pre-tax dollars. If you enroll in a high-deductible health plan, you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pre-tax dollars to the HSA. Baptist Health will also contribute to your HSA for 2023. Interest accumulates tax-free and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. The HSA funds you use can help you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year — you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

IMPORTANT! How much you can deposit into an HSA in 2023

Baptist Health employer contributions count toward the annual HSA contribution limits, so you need to carefully plan how much you'll contribute annually to avoid excess contributions. These limits apply even for participants entering the plan midyear.* Prior-year contributions may be made through April 15 of the following year.

IRS limits subject to change	Under age 55	Age 55 and older (and not enrolled in Medicare)
Individual	\$3,850	\$4,850 (includes \$1,000 "catch-up" contribution)
Family	\$7,750	\$8,750 (includes \$1,000 "catch-up" contribution)

*If you make the full-year contribution based upon your status as of December 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through December 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.



You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.*
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement arrangement (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.

*You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental or vision care, and long-term care, not subject to the deductible. Limited-purpose flexible spending accounts are allowed for vision and dental expenses.

How to access/make contributions to your HSA

Once your account is open, you can access it via optum.com/financial-services.html. You'll set up your payroll contributions during open enrollment, but you can make contribution changes at any time during the year through bswift. Note that it may take between one and two payroll periods for an HSA change to be processed.

More details about health savings accounts

The HSA is administered by NBT Bank. Baptist Health pays the monthly administrative fee for your HSA. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

You'll notice two separate line items on your paycheck when you participate in the HDHP with HSA option — one for your employee contributions for the HDHP and one for your pre-tax contributions to the HSA.

Baptist Health HSA employer contribution

Once you open your HSA with NBT Bank (through Optum Financial), Baptist Health will contribute the following (cash) amounts to your HSA. These amounts are in addition to the credits you earn when you complete the wellness program wellness activities (see Page 9). HSA employer contributions are normally deposited each pay period.

2023 Baptist Health employer contributions

- Employee-only coverage: Baptist Health will contribute \$23.07 per pay period to your HSA.
- Family coverage: Baptist Health will contribute \$46.15 to your HSA.

Distributions

HSA distributions are tax-free if they are used to pay for qualified medical expenses.

- Qualified medical, dental and vision expenses not covered by insurance
- Qualified long-term care services and long-term care insurance
- Continuation of coverage required by federal law (i.e., COBRA)
- Health insurance for the unemployed
- Medicare expenses (but not Medigap)
- Retiree health expenses for individuals age 65 or older

Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals age 65 or older.

For more information

Access the Optum Financial customer website at optumfinancial.com.
Contact Optum Financial at 833.229.4437

Note this important information on HSAs

- If you are a participant in the company-sponsored medical plan, Baptist Health will automatically take steps to establish your health savings account with Optum Financial. The Optum Financial account is available to you only if you participate in the Baptist Health medical plan.
- Due to the U.S. banking system's customer identification process (CIP) requirements, your account cannot be opened until the CIP is completed. If Optum Financial is unable to complete the CIP, they will make two attempts to contact you by mail before closing the account.
- You will receive a welcome kit from Optum Financial along with a debit card by mail when the CIP is completed.
- No employer or employee contributions can be deposited until your account is fully opened through the Optum Financial CIP, which may take up to 90 days.
- If your account is closed, you must contact Optum Financial to process a new banking application and to open another account. Once an account is closed, it cannot be reopened. Optum Financial can be contacted at 833.229.4437.
- If you do not complete the required steps to open an account, any employer contributions that cannot be deposited due to failure to open an account will be forfeited.
- Upon death, HSA ownership may transfer to the spouse on a tax-free basis or to another named beneficiary as estate income.

FLEXIBLE SPENDING ACCOUNT (FSA)

A great way to plan ahead and save money over the course of a year is to participate in a FSA. A FSA lets you redirect a portion of your salary on a pre-tax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute.

Eligibility

If you are contributing to an HSA through Baptist Health or through your spouse's plan, you are not eligible to participate in the healthcare FSA.

Annual contribution limits

Healthcare flexible spending account	\$3,050 per household*
Dependent care flexible spending account	\$5,000 filed jointly \$2,500 filed individually*
Limited-purpose flexible spending account	\$3,050 per household*

*IRS limits subject to change.

Baptist Health offers three types of FSAs that can help you save on a pre-tax basis for out-of-pocket expenses.

Tax-favored
account

Healthcare flexible spending account

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses.

Optum Financial allows you to skip the pen and paper. Optum Financial automatically passes medical, pharmacy, dental and vision claims to your FSA, thereby eliminating the need for you to submit a manual claim form. You pay your copay or out-of-pocket expense directly to your healthcare provider, who in turn will initiate the claim. Optum Financial initiates a direct deposit or sends you a check from your FSA to

reimburse you for your eligible out-of-pocket expense. You do not have to complete any paperwork.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by our healthcare plan.

Carryover benefit

The maximum contribution in 2023 for the healthcare flexible spending account is \$3,050 per household. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. All services must be incurred from January 1, 2023, through December 31, 2023. Claims must be submitted by April 15, 2024. Our plan has a carryover feature that allows up to \$500 of your unused funds to be carried forward to the following plan year. These carryover dollars can be used for expenses incurred at any point within the new plan year, but they will not be available until after April 15. Any unused amount over \$500 will be lost.

In order to receive the carryover benefit, you must enroll for a 2023 flexible spending account.

Dependent care flexible spending account

Tax-favored
account

Dependent care FSAs allow you to set aside money pre-tax to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full-time. You must contribute money through payroll deduction to your dependent care FSA before you can spend it.

During open enrollment, you must decide how much to set aside for this account in 2023. You may contribute up to \$5,000, or up to \$2,500 if you are married and file separate tax returns.

Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

Tax-favored
account

Limited-purpose flexible spending account

If you are enrolled in the HSA plan, you are eligible to enroll in the limited-purpose flexible spending account. IRS rules state that you cannot have both an HSA and healthcare FSA since both apply funds toward your medical expenses. A limited-purpose FSA allows you to continue to contribute to an HSA. A limited-purpose FSA is much like a general healthcare FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. Visit optumfinancial.com for a current list of eligible expenses, claims filing deadlines and other information about your account. The annual contribution limit for limited-purpose flexible spending accounts is \$3,050.

Remember

Changes to your FSA elections can be made only during open enrollment or if you experience a qualifying life event.



DENTAL

Delta Dental

View covered services, claim status or your account balance; find a dentist; print ID cards; and much more at deltadental.com.

Delta Dental offers you access to two dental networks: Delta Dental Premier and Delta Dental PPO. While both networks offer discounts and protection from balance billing, Delta Dental PPO offers deeper discounts, keeping your out-of-pocket costs even lower.

You may access the network provider listings by visiting deltadental.com.

Dental exams can tell your doctor a lot about your overall health. It’s important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit deltadental.com.

Covered services	Delta Basic	Delta Plus
Preventive and diagnostic: oral exams, full-mouth X-rays, lab and other tests, prophylaxis/cleaning — 2 per calendar year, fluoride treatments, and sealants	Plan pays 100%, no deductible	
Restorative: fillings, repairs, periapicals, pulp capping/ pulp therapy, space maintainers, palliative care, periodontal maintenance, periodontics, endodontics, simple extractions, oral surgery, re-line/re-base, consultations	Plan pays 75% after \$50 calendar year deductible	
Prosthodontics: Inlays/onlays, crowns, dentures, bridges, implants, priodontics/surgery	Plan pays 50% after \$50 calendar year deductible	Plan pays 75% after \$50 calendar year deductible
Annual Maximum	\$1,000 annual maximum	\$2,000 annual maximum
Orthodontics: for dependent children under age 19 only. There is no coverage for employees or spouses. Six-month waiting period from your effective date of coverage before orthodontic services are payable.	\$1,000 lifetime maximum	\$2,000 lifetime maximum

Dental biweekly employee payroll contributions

Effective January 1, 2023

	Delta Dental Basic	Delta Dental Plus
Employee	\$8.56	\$15.36
Employee + spouse	\$20.30	\$33.54
Employee + child(ren)	\$27.00	\$44.14
Family	\$31.49	\$51.23

- You can elect the Delta Dental dental plan regardless of whether you are enrolled in the medical or vision plan.

PHARMACY

Navitus Health Solutions is your pharmacy benefit manager. When you visit a retail network pharmacy, show your WebTPA/Navitus member ID card to the pharmacist. This helps to ensure that your claims are processed quickly and accurately. You can find a list of network pharmacies on the member portal at navitus.com/member.

Try Mail Order

Please send mail order prescriptions to Costco Pharmacy. You do not need to be a member. Using Costco Pharmacy is easy. You can register online at pharmacy.costco.com. Please allow 10 to 14 calendar days from the day you place your order to get your drug(s).

Get Specialty Drugs

To get specialty drugs through your pharmacy benefit, you will first need to make an appointment at the Baptist Health Chronic Care Management Clinic in person or virtually. Your specialty prescriptions will be filled at Baptist Health Medical Towers Pharmacy on the Little Rock campus or they can be mailed to you. Just call 501.202.1472 to get started.

To schedule an in person or virtual visit with the Baptist Health Chronic Health Management Clinic, call 501.202.4725.

Use the Member Portal

This gives you easy access to helpful information including:

- Network pharmacies near you
- Drug cost compare tools
- Your formulary

Register at memberportal.navitus.com or download the Navitus App.

If you have questions, contact Navitus Customer Care at 855.673.6504.



VISION

EyeMed's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Insight network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Benefit	In-network (Insight)	Out-of-network reimbursement*
Vision examination Once per plan year	\$0 copay	Up to \$30
Frame (with plan allowance) Once per plan year	\$0 copay; \$150 allowance, 20% off balance over \$150	Up to \$75
Standard plastic lenses (once per plan year)		
Single vision	\$0 copay	Up to \$25
bifocal		Up to \$40
lenticular trifocal		Up to \$55
Standard progressive lenses	\$65 copay	Up to \$40
Contact lens (contact lens allowance includes materials only)		
Conventional	\$0 copay; \$150 allowance, 15% off balance over \$150	\$120
Disposable	\$0 copay; \$150 allowance, plus balance over \$150	\$120
Medically necessary	\$0 copay, paid in full	\$210
Laser vision correction		
LASIK or PRK from US Laser Network	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit	Members also receive a 40% discount off complete-pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Hearing healthcare from Amplifon Hearing Healthcare Network	Members receive a 40% discount off hearing exams and a low-price guarantee on discounted hearing aids.	N/A

Eye360 enhancements:

- Visit an in-network PLUS Provider and have an additional \$50 added to your frame allowance.
- Use the frame and contact lens allowances in the same benefit year-worth up to an extra \$150
- Separate contact lens fit & follow-up coverage, leaving the entire allowance for materials.

Vision biweekly employee payroll contributions

Effective January 1, 2023

Employee	\$4.73
Employee + spouse	\$8.53
Employee + child(ren)	\$8.35
Family	\$13.91

- You can elect the EyeMed vision plan regardless of whether you are enrolled in the medical or dental plan.
- You will not receive a vision ID card. However, you can print an ID card on EyeMed.

GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Baptist Health's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and AD&D coverage are provided automatically at no cost to full-time employees upon employment. Part-time employees can purchase coverage. In order to elect this coverage, you must have employee life coverage.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount. Basic dependent life policy is available for purchase.

Group term life and AD&D		100% paid by the employer
Dependent life		100% paid by the employee
	\$6,000	\$1.55
	\$8,000	\$2.07
	\$10,000	\$2.58
	\$12,000	\$3.10

Age reduction schedule

- Ages 70+: Benefit decrease to 50%.

Here are some helpful insurance terms

IMPUTED INCOME: Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. These values are known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

PORTABILITY AND CONVERSION: Portability and conversion are available if your employment with Baptist Health ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.

VOLUNTARY LIFE AND AD&D

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Core term life/accidental death and dismemberment

Loss of life	100%
Two or more members	100%
Quadriplegia	100%
Loss of speech and hearing of both ears	100%
Paraplegia	100%
Hemiplegia	100%
Loss of one member or speech or hearing of both ears	50%
Loss of hearing of one ear or thumb and index finger of the same hand	25%

Member — refers to hand, foot or eyesight

Hemiplegia — is total paralysis of both upper and lower limbs on one side of the body

Paraplegia — is total paralysis of both lower limbs

Quadriplegia — is total paralysis of both upper and lower limbs

	\$250,000	\$200,000	\$150,000	\$100,000	\$50,000
Employee only	\$3.12	\$2.49	\$1.87	\$1.25	\$0.62
Employee + family	\$4.62	\$3.69	\$2.77	\$1.85	\$0.92

SHORT- AND LONG-TERM DISABILITY

Baptist Health offers two disability plans by Principal to provide financial assistance in case you become disabled or unable to work. Short-term disability is employee paid. Long-term disability is employer paid for full-time employees. Part-time employees can purchase coverage.

Short-term disability (STD) plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to \$2,500 weekly, during the first 25 weeks of injury or illness.

Short-term disability eligibility — full-time employees	100% paid by the employee
Weekly benefit amount	60%
Weekly benefit maximum	\$2,500
Benefits begin	Day 15
Benefits duration	25 weeks
Pre-existing condition limitation	
Waiting period	14 days

If you enroll in short-term disability when you are first benefits eligible, there are no limitations on pre-existing conditions. However, if you enroll for this benefit at some other time, pre-existing conditions, limitations or exclusions may apply during the first year of coverage.

Long-term disability (LTD) plan

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

Long-term disability eligibility — full-time employees	100% paid by the employer
Monthly benefit amount	60%
Monthly benefit maximum	\$10,000
Benefits begin	180 day elimination period
Pre-existing condition limitation	
Waiting period	180 days

If you become totally disabled, you will receive 60% of your base salary, up to \$10,000 monthly, after you have satisfied the 180-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers' compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes. For those who qualify, additional long-term disability coverage can be purchased to cover up to \$15,000 per month.

WORK/LIFE EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, sponsored by SWEAP Connections, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Here's what the program offers:

- **EAP:** Four face-to-face visits with experienced clinicians (per occurrence), without any per-session cost to you.
- **WORK/LIFE RESOURCES:** Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters.

The EAP provides counseling on all aspects of life, including:

- Difficulties in relationships.
- Emotional/psychological issues.
- Stress and anxiety issues with work or family.
- Alcohol and drug abuse.
- Personal and life improvement.
- Legal or financial issues.
- Depression.
- Child care and elder care issues.
- Grief issues.

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.

SWEAP Connections

For more information and resources:

Call: 800.777.1797

Go online: SWEAPConnections.com

Your company web ID: baptist

BAPTIST HEALTH RETIREMENT SAVINGS PLAN

Your contributions to the Baptist Health retirement savings plan continue from year to year without any change to your elections. However, while you're thinking about your benefits, it's a great time to check in on your savings plan account. Take a minute to ask yourself these questions.

Am I saving enough for retirement?

As a regular full-time or part-time employee of Baptist Health, you're automatically enrolled in the savings plan at a 4% pre-tax contribution rate starting on your date of hire. You may elect to increase, decrease or stop your contributions at any time. A small increase in the amount you're saving can make a big difference in your account balance at retirement. Check out your RISE™ Score at [MillimanBenefits.com](https://www.millimanbenefits.com) to help assess whether you're on track to meet your savings goals. Then consider the automatic savings increase feature on the contributions menu (view/change contributions) to help you reach them.

We encourage you to register your account at [MillimanBenefits.com](https://www.millimanbenefits.com). From the landing page, click on "REGISTER" and follow the prompts. Milliman will automatically apply the Withdrawal Lock feature to prevent unauthorized withdrawals. You will receive a letter telling you how to unlock your account. If you have already registered your account, activate Withdrawal Lock through the Personal Profile icon, Account Security.

The Baptist Health match

For every \$1 you save (combined pre-tax and Roth after-tax), Baptist Health contributes 50¢ on the first 8% of pay you save. You will own the employer contributions after your third anniversary at Baptist Health.

How are my investments performing?

When you are automatically enrolled, you are automatically invested in InvestMap™. This age-based asset allocation strategy is diversified across a glide path that becomes more conservative as you near retirement. Your account reallocates each year and automatically rebalances every quarter. You may also create a custom portfolio or get help from Morningstar. Review your investment strategy periodically to see how your account is doing. You can change your investment elections at any time.

Are my beneficiaries current?

Be prepared for the unexpected. Take the time to name the person(s) who should receive your funds if you pass away, and review this designation periodically. To name or change your beneficiary at [MillimanBenefits.com](https://www.millimanbenefits.com), click on the Personal Profile icon in the upper right corner of your screen and select Beneficiaries. You may name primary and secondary beneficiaries.

Need help? Meet with the Milliman@Baptist on-site representative

Through the Milliman@Baptist on-site retirement program, Paul Schaefer can help you plan for a financially secure retirement. He can answer your questions and introduce you to the educational tools at [MillimanBenefits.com](https://www.millimanbenefits.com). Schedule your one-on-one retirement consultation with the Milliman@Baptist on-site representative today. Visit the online scheduling tool at bhmcretirement.fullslate.com or call 501.202.2573 if you have questions.

OTHER INSURANCE BENEFITS

Insurance through Voya can help protect you from significant or unexpected out-of-pocket expenses. Consider your anticipated medical needs along with the cost of the insurance plans available to you. Keep in mind, these plans are intended to supplement, not replace, a medical plan.

Critical illness insurance

Critical Illness insurance can help supplement major medical coverage by helping you pay the out-of-pocket costs associated with a critical illness or event. Conditions covered under this program include cancer, heart attack, stroke, major organ failure, kidney failure, and paralysis.

The coverage also includes an annual health screening benefit. Benefits are paid tax-free in a lump sum. Coverage is available for you, your spouse, and/or your child(ren).

Accident insurance

Designated to supplement employer-sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from on- and off-the-job injuries or accidents. Hospitalization, physical therapy, intensive care, fractures, and dislocations are some of the out-of-pocket expenses that this accident insurance could cover. Coverage is available for you, your spouse, and/or your child(ren).

Employee post-tax biweekly premiums

Accident insurance	
Employee	\$5.38
Employee + child(ren)	\$10.49
Employee + spouse	\$9.74
Family	\$14.85

Hospital indemnity insurance

This coverage helps you pay for things like deductibles, transportation and rehabilitation costs that would usually come out of your own pocket. Employees have the option to select either a low or high plan option based on their personal needs.

Employee post-tax biweekly premiums

Hospital indemnity	Low plan (\$500)	High plan (\$1,000)
Employee	\$6.96	\$11.02
Employee + child(ren)	\$10.29	\$16.39
Employee + spouse	\$13.56	\$21.47
Family	\$16.89	\$26.83

Term to 121 life insurance

The 5 Star life insurance policy is a term life insurance policy that will stay with you through retirement- all the way to 121! It can be purchased for you, your spouse, your child(ren) and your dependent grandchildren. Issue ages on dependent children is 14 days-19 years, 26 if a full-time student. The policy also has an available Quality of Life rider which accelerates a portion of the death benefit on a monthly basis, up to 75% of the benefit, and is payable directly to you.

ADDITIONAL BENEFITS AND PERKS

Legal and identity theft services

LegalShield provides employees the ability to talk to an attorney on any personal legal matter. For a flat fee, employees can access legal advice. Coverage includes but is not limited to the following; financial, home and real estate, estate planning, family and personal, and vehicle and driving.

The IDShield identity theft plan covers employees, spouse, and up to eight dependents up to the age of 26. Benefits include:

- Credit report and personal credit score
- Continuous privacy and security monitoring with safety alerts.
- Identity consultation and restoration services

Employee post-tax biweekly premiums

	LegalShield	IDShield	Bundled
Employee	\$6.90	\$3.90	\$10.80
Family	\$7.36	\$7.36	\$13.34

Mylo

Mylo® is a convenient resource for finding auto and home insurance year-round (not just during open enrollment). This online service is offered to you and your family at no cost. Visit choosemylo.com/baptisthealth or call 844.538.3832.



Pet Insurance

While it's hard to anticipate accidents or illnesses, pet insurance makes it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Mylo can help you find the right protection when your pets need it most.

Visit choosemylo.com/baptisthealth or call 844.538.3832.

OTHER VALUABLE BENEFITS

Education reimbursement

Financial assistance is offered to employees who wish to pursue education from an accredited institution that will lead to a college degree or technical equivalent. Class instruction may be web-based or in a classroom. The courses taken must help you upgrade your skills and knowledge and be in a field in which Baptist Health has career opportunities.

Tuition and administration fees are eligible expenses per year. A grade of A, B or C must be attained for reimbursement. Your annual tuition will not exceed \$2,000 for full-time employees (60-80 authorized hours). Part-time employees (40-59 authorized hours) will receive 50 percent of this amount, up to \$1,000 per year. Please refer to the education reimbursement policy on *EmployeeNet*.

Expressly For You

Did you know, if you are enrolled in any of the Baptist Health medical plans you have a breast pump benefit and lactation consulting coverage? This benefit is available for employees, and their insured dependents, with each pregnancy. Baptist Health's employee lactation programs will provide you with all of the tools, information, and confidence to help you make breastfeeding successful!

Breast Pump Coverage

- Medela Pump In Style with MaxFlow Breast Pump Technology
- Breast pump can be received at any point during your pregnancy
- Special arrangements for shipping can be made for employees living beyond the Central Arkansas area

Lactation Consulting

- One-on-one appointments (in-person or virtually) with Board Certified Lactation Consultants, at 3 Baptist Health locations (Little Rock, Fort Smith, and Conway)
- Special discounts on breastfeeding accessories and products

"Make Breastfeeding Work" — employee lactation program

- Assistance with your transition back to work from maternity leave, while continuing to breastfeed your baby
- Individualized plans while at work, including where you will pump while back at work
- Private lactation rooms are available at most hospital locations and clinic sites

Final notes

This summary of benefits is not intended to be a complete description of Baptist Health's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Baptist Health maintains its benefit plans on an ongoing basis, Baptist Health reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact the Benefit Enrollment Center at 501.202.2176 or benefits@baptist-health.org with questions regarding the information provided in this overview.

Contact Expressly For You

Baptist Health's outpatient lactation center, with questions regarding your available benefits and to schedule your appointment at 501.202.7378!

BASIC INSURANCE TERMS

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal healthcare reform mandates most U.S. citizens have health insurance for themselves and their dependents. Baptist Health helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.



Required notices

Important notice from baptist health about your prescription drug coverage and Medicare under the Baptist Health employee welfare benefit plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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 Baptist Health Employee Welfare Benefit plan(s) 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll 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 Baptist Health coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

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 not be able to get this coverage back.

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 coverage with 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 prescription²⁸ 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 person listed at the end of these notices 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 also may request a copy of this notice at any time.

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 [medicare.gov](https://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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Medicare Part D 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).

Date: January 1, 2022
Name of Entity/Sender: Baptist Health
Contact — Position/Office: Human Resources
Address: 9601 Baptist Health Drive
 Little Rock, AR 72205
Phone Number: 501-202-2176

Women's health and Cancer Rights Act

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. For deductibles and coinsurance information applicable

to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 501.202.2176.

HIPAA privacy and security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 501.202.2176.

HIPAA special enrollment rights

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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);

- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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.

To request special enrollment or obtain more information, contact Human Resources at 501.202.2176.

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-KIDS NOW** or www.insurekidsnow.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 –

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

Health Insurance Premium Payment (HIPP) Program
WEBSITE <http://dhcs.ca.gov/hipp>
PHONE 916-445-8322
EMAIL hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
PHONE Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+ WEBSITE <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711
WEBSITE Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
PHONE HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.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)

<https://dhs.iowa.gov/ime/members>
MEDICAID WEBSITE
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

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

MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/info-details/masshealth-premium-assistance-program>
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 FOR 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
DIRECT RITE SHARE LINE 401-462-0311

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 AND 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-MyWVHIP (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 July 31, 2021, 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

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 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.

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

WHERE SHOULD I GO?

PRIMARY CARE

URGENT CARE

EMERGENCY CARE

Before you find yourself sitting for hours in an emergency room or end up with medical fees that are not covered by your health plan, here are some things you should know before you or a family member need medical care.

Primary Care

Most often your primary care provider (PCP) should be your first choice for care both because he/she is familiar with your medical history and because a scheduled office visit is the most cost-effective method of care. Your PCP can assist you in making the right choice when it comes to your need for care, ensuring that you receive the right care in the right place at the right cost. When selecting a PCP, check to see if his or her hours fit your schedule. Many network doctors have extended their hours to accommodate patients during evenings and weekends.

What if my doctor is not available right away?

If your doctor is not available or if you can't meet with your doctor, you may choose to visit an urgent care center or use virtual care. Normally urgent care facilities are open for extended hours and are available on a first-come, first-serve basis.

Urgent Care Clinic Copay

Copay \$50

While both urgent and emergency care situations are serious, there are important distinctions between the two. There are a few basic guidelines for determining whether your medical condition is an emergency or simply a condition that needs immediate attention.

If the answer to any of these questions is yes, then you need emergency care:

- Are my symptoms severe and/or life threatening?
- Did the symptoms occur suddenly and unexpectedly?
- Is there excessive bleeding, extreme pain or broken bones?

What types of conditions may be included under urgent care?

Urgent care conditions include, but are not limited to asthma, bites, stings and allergic reactions, diarrhea, nausea and vomiting, ear and eye infections, flu, colds and viral illnesses, injuries, skin conditions, sprains, strains, broken bones, and urinary tract infections.

Basically, urgent care is for medical symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or emergency room.

Always contact PCP first, if available.

Where do I find Urgent Care Clinics?

Baptist Health Urgent Care: North Little Rock, Bryant, Jacksonville
Sherwood Urgent Care: Searcy, Batesville, Quitman, Russellville, Maumelle, Conway

Emergency Room

Copays are required at time of service.

Emergency care is necessary when a person has an unexpected onset of symptoms, a severe medical condition, accident, or illness that could place a person's health in jeopardy if not treated with immediate medical attention.

Severe symptoms or conditions such as chest pain, shortness of breath, or other unexpected, life threatening illness or injury require emergency care. When immediate medical attention is needed, call 911 or go to an emergency room.

CONTACTS

Benefit Enrollment Center

Phone: 501.202.2176

Email: benefits@baptist-health.org

Medical plan

WebTPA

Member services: 855.318.0376

General website:

baptist-health.webtpa.com

Prescription services

Navitus

Customer care: 844.268.9789

Website: memberportal.navitus.com

HSA

Optum Financial

Customer service: 833.229.4437

Website: optumfinancial.com

Healthcare and dependent care FSA

Optum Financial

Customer service: 833.229.4437

Website: optumfinancial.com

Dental

Delta Dental of Arkansas

Customer service: 800.462.5410

Website: deltadentalar.com

Vision

EyeMed

Customer service: 844.409.3402

Website: eyemed.com

Life and AD&D

Principal

Customer service: 800.245.1522

Short- and long-term disability

Principal

Customer service: 877.734.3652

Website: principal.absencemgmt.com

Employee assistance program

SWEAP Connections

For precertified authorization for all inpatient mental health, substance dependency and counseling services: 501.663.1979 800.777.1797

Website: sweapconnections.com

Retirement

Milliman

Customer service: 501.202.2573

866.767.1212

Website: retire@baptist-health.org

MillimanBenefits.com

Personal insurance

Mylo

Customer service: 844.538.3832

Website:

choosemylo.com/baptisthealth

5 Star life insurance

Customer service: 866.863.9753

Website: 5starlifeinsurance.com

Hospital indemnity, accident, critical illness

Voya

(GRP #70732-5)

Customer service: 877.236.7564

Website: voya.com

Dependent verification for any new dependents added are due November 14, 2022 for 2023 benefits.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.