

# 2024 benefits guide



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The hard work and dedication you bring to our team every day is appreciated. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

To be your healthiest and help keep costs down, we ask that you take advantage of the provided wellness activities and preventive features.

This guide is designed to assist you and your family in making the best choices for your needs in 2024. It contains explanations of each benefit, contact information for benefits vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep it as a resource throughout the year.

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](mailto:benefits@baptist-health.org).

# 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 November 1 to November 18, 2023, and is location specific. All elections made during this period will be effective January 1, 2024 through December 31, 2024.

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 2024:

- Copay plan
- HSA-compatible High Deductible Health Plan

If you choose, you can contribute to a health savings account (HSA) if you enroll in the HDHP option. To learn more about HSAs, please see page 11. You may also enroll in a limited purpose flexible spending account.

Baptist Health has begun a partnership with Employers Health Network (EHN), which will be the preferred provider network for the employee health plan beginning January 1.

The foundation of EN's network in Arkansas will be Baptist Health and Baptist Health Physician Partners, and members of the employee health plan will still gain the largest benefit from utilizing providers, clinic services, and inpatient and outpatient services within the Baptist Health and BHPP preferred network.

Members of the health plan will also have access to an expanded national network of providers through the Aetna Signature Administrators network. The secondary benefit tier is intended to create additional options for at home and on the road and for employees who work and live remotely.

To summarize how the different parts of the health plan work together, think of Baptist Health as the insurance company since the employee health plan is self-insured. This means that Baptist Health pays the claims. WebTPA is the third-party administrator providing customer service employees and providers, claims reviews, and coordination with Communitas for utilization management. EHN will be the preferred provider network, and Aetna Signature Administrators will be the wrap network for care when a preferred provider cannot be used.

WebTPA is the health insurance third-party administrator. WebTPA will process claims, issue ID cards, and provide customer service for the medical plan.

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](https://webtpa.com/baptist-health).

# Medical and prescription drug plan summary: Copay plan

Service	Baptist Health (Facility)	Baptist/BHPP/EHN Providers	Aetna
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	
Specialist office visit		\$50 copay + 20% coinsurance per visit	\$50 copay + 20% 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		\$75 copay per visit
Emergency	\$300 all-inclusive copay first visit \$400 all-inclusive copay second visit \$500 all-inclusive copay third visit		\$400 after deductible
Outpatient diagnostic services (X-ray) when performed outside of PCP office	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient diagnostic services (Lab):		100%, deductible waived,	All network levels
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	\$950 all-inclusive copay		30% coinsurance after deductible
Outpatient surgery	\$500 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	\$25 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 after deductible	20% coinsurance after deductible
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		\$9,450/\$18,900	
Lifetime maximum coverage		Unlimited	

## Biweekly employee payroll contributions

Effective January 1, 2024

	Full-time rates	Part-time rates
Employee	\$103.32	\$127.30
Employee + spouse	\$282.32	\$342.27
Employee + child(ren)	\$158.15	\$194.48
Family	\$381.41	\$464.64

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

# Medical and prescription drug plan summary: HSA-compatible HDHP

Service	Baptist Health (Facility)	Baptist/BHPP Providers	Cigna PPO
Deductible	\$3,200 individual \$6,400 family	\$3,200 individual \$6,400 family	\$3,200 individual \$6,400 family
Primary care physician office visit		20% coinsurance after deductible	
Specialist office visit		20% 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	
Outpatient diagnostic services			
Lab	100% after deductible	100% after deductible	100% after deductible
X-ray	80% after deductible	80% after deductible	80% 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	20% coinsurance after deductible
Mental health/substance abuse inpatient/partial hospitalization	\$150 copay per admission after deductible	20% coinsurance after deductible	20% 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		\$8,050/\$16,100	
Lifetime maximum coverage		Unlimited	

## Biweekly employee payroll contributions

Effective January 1, 2024

	Full time rates	Part time rates
Employee	\$72.74	\$100.83
Employee + spouse	\$220.57	\$269.33
Employee + child(ren)	\$146.46	\$181.67
Family	\$311.18	\$381.60

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/EHN network who have achieved top results in quality and cost-efficiency measures. To find one of these doctors, please visit [webtpa.com/baptist-health](http://webtpa.com/baptist-health).

## WebTPA resources

- Find all of your information when you need it at [webtpa.com/baptist-health](http://webtpa.com/baptist-health). Call 855.318.0376 anytime, day or night, 365 days a year, for assistance.
- NEW in 2024: WebTPA Clinical Services will be your new Utilization Management Partner!

## Utilization Management

- Your providers will continue to call the same number on the back of your ID card to start the authorization process.

### Be informed

Visit [webtpa.com/baptist-health](http://webtpa.com/baptist-health) for instructions and helpful tips to build and customize your medical benefits.



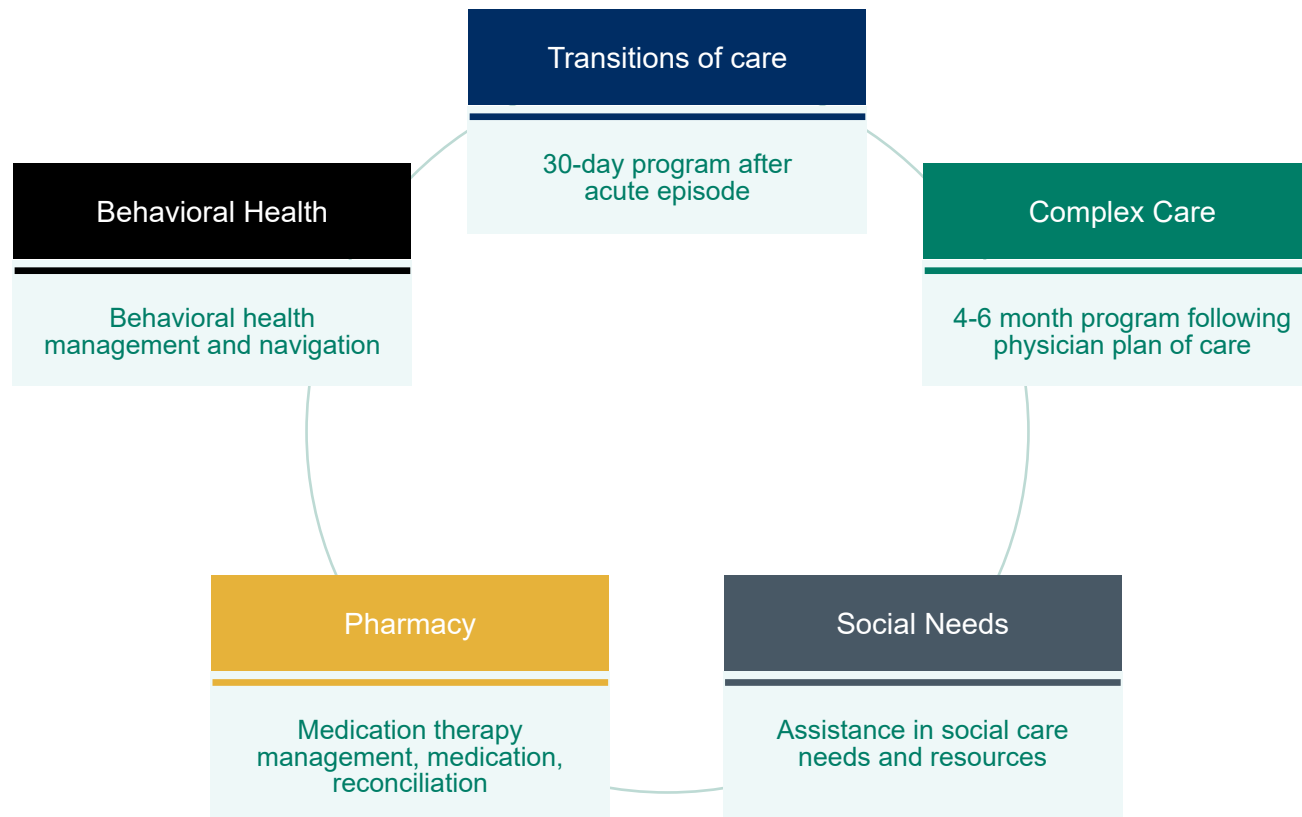


# Comprehensive Care Management Program

Baptist Health Population Health Services Organization (PHSO) is offering a Comprehensive Care Management (CCM) Program in partnership with your Primary Care Provider.

The PHSO CCM team consists of RNs, PharmDs, Pharm Techs, Outreach Specialists, Behavioral Health Specialists, and Social Navigators.

Talk to your Primary Care Provider today to see if the PHSO Comprehensive Care Management Program would benefit you!



# WELLNESS

Employees and spouses enrolled in the Baptist Health medical plan are eligible to earn up to a \$46.15 per pay period wellness incentive by completing the following activities:

- Download the Mobile Health Consumer App within 30 days of eligibility, register, and complete a Health Risk Assessment.
- Complete an annual preventive visit.
- Qualified patients on certain specialty medications are required to visit the Chronic Care Management Clinic in person or virtually.
- 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, 2024, to qualify for the maximum monthly wellness credit beginning January 1, 2025. If you AND your spouse participate, you will earn a \$92.30 biweekly wellness credit. If only you OR your spouse participates, you can still earn an individual wellness credit of \$46.15 per pay period. To get your spouse involved, log in to bswift, click on family, select spouse, scroll down to the bottom, and enter their personal email in the box. Leave other fields blank. They will get a notice from Mobile Health.

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 2024. 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 2024

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	\$4,150	\$5,150 (includes \$1,000 “catch-up” contribution)
Family	\$8,300	\$9,300 (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](https://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.

- Employee-only coverage: Baptist Health will contribute \$23.07 per pay period to your HSA.
- Family coverage: Baptist Health will contribute \$46.15 per pay period 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](https://www.optumfinancial.com).  
Contact Optum Financial at 833.229.4437

## Note this important information on HSAs

- If you are a participant in the company-sponsored HSA-Compatible HDHP, 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 HSA-Compatible HDHP.
- 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.

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.

## 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	\$3,200 per household*
Dependent care flexible spending account	\$5,000 filed jointly \$2,500 filed individually*
Limited-purpose flexible spending account	\$3,200 per household*

\*IRS limits subject to change.

## Carryover benefit

The maximum contribution in 2024 for the healthcare flexible spending account is \$3,200 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, 2024, through December 31, 2024. Claims must be submitted by April 15, 2025. 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.

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

In order to receive the carryover benefit, you must enroll for a 2024 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 2024. 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](https://www.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 \$3,200.

### 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](https://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](https://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](https://deltadental.com).

Covered services	Delta Basic	Delta Plus
Preventive: 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, priondotics/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, 2024

	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/members](https://navitus.com/members).

## 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](https://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: RX Wellness Program

Employees and dependents over 18 years old with specific specialty medications will be required to be seen by our Baptist Health Chronic Care Management Clinic in person or virtually at least annually to fill these medications through our pharmacy benefit. To set up your appointment or for any questions regarding this benefit requirement, please call 501.202.4725.

Specialty medications filled using pharmacy benefits will be processed through Baptist Health Medical Towers Pharmacy on the Little Rock campus. They can be picked up or mailed directly to you if you live in Arkansas. Just call the pharmacy at 501.202.2460 to get started.

- Members with secondary insurance or Medicare are excluded from the clinic visit requirement.
- Please refer to the Navitus drug formulary on the member portal and see notation for “CCMSP” for medications that are required for participation in the RX Wellness program.

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](https://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 and follow-up coverage, leaving the entire allowance for materials.

## Vision biweekly employee payroll contributions

Effective January 1, 2024

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)

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Full-time employees are provided with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Principal, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x annual salary up to \$500,000. If you are a full-time employee, you automatically receive coverage even if you waive other coverage. Part-time employees can purchase coverage.

## Naming a beneficiary

Your beneficiary is the person you designate to receive your life insurance benefits in the event of your death.

In bsuift, name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. We recommend that you seek legal counsel before designating a minor.

Rates are based on age and amount selected.

## 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%

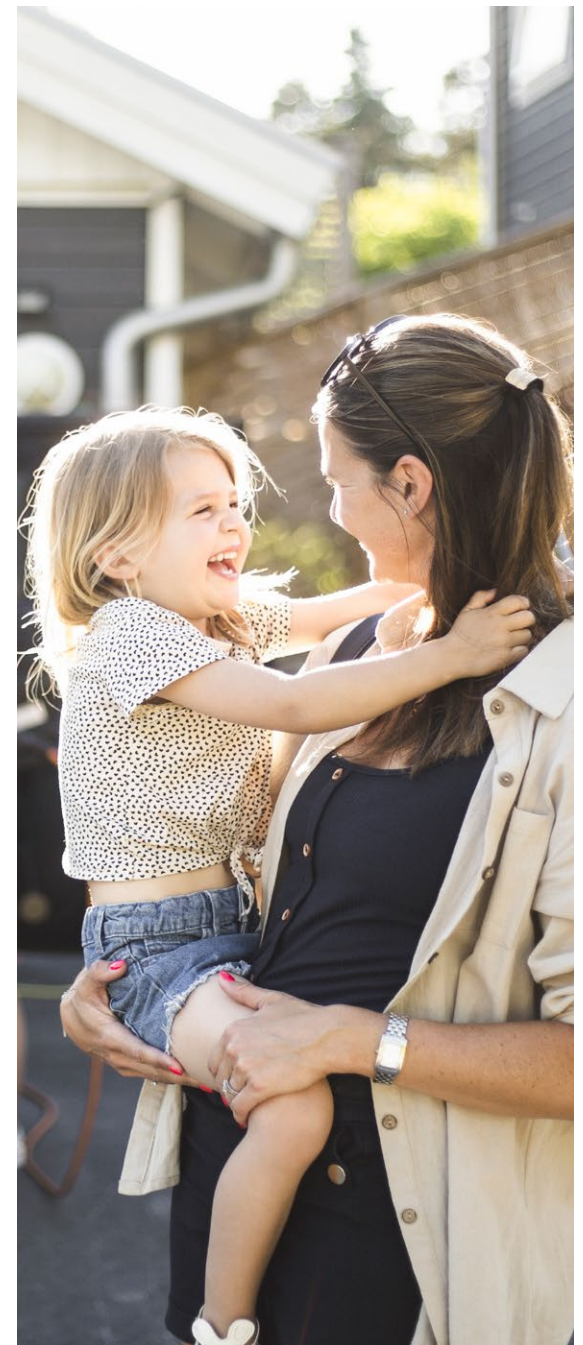
Member — refers to hand, foot or eyesight

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



# INCOME PROTECTION

You and your loved ones depend on your regular income. That's why disability coverage is offered to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age. 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 after a 14-day waiting period.

Effective January 1, 2024, salary continuation payments will be added as an "other income source." That means that PTO/EIB payments will offset your STD benefit, which will begin after these payments are exhausted.

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](https://www.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 [bhmcreirement.fullslate.com](https://bhmcreirement.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. Payments go directly to you. Use them however you'd like!

## 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 of \$100. 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.

Rates are based on age and amount selected.

# ADDITIONAL BENEFITS AND PERKS

## Legal services **NEW VENDOR**

A legal insurance plan can ease the biggest stresses — finding and paying for legal expertise when you need it most.

What you get with a LegalEASE insurance plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

The value of a LegalEASE insurance plan.

As a member, you have access to a national network of over 20,300 attorneys who are matched to your specific legal needs. Being a LegalEASE insurance member also saves you time and costly legal fees. But most importantly, it gives you confidence and provides coverage for:

- Home and consumer (Buying, selling, foreclosure and tenant disputes)
- Financial (Debt collection, collections, contracts)
- Auto and traffic (Traffic matters and license suspensions)
- Family (Adoption, name change)
- Estate planning and wills (Will, living will, health care power of attorney)

**The LegalEASE Plan is \$7.45 biweekly, via payroll deduction.**

Get the peace of mind you want and the protection you need with LegalEASE. Visit [legaleaseplan.com/baptist-health](https://legaleaseplan.com/baptist-health) for more information.

## 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](https://choosemylo.com/baptisthealth) or call 844.538.3832.



## LifeLock NEW VENDOR

LifeLock™ with Norton™ Benefit Plans help protect your digital life by combining leading identity theft protection, device security, and more, in an always-connected world. These plans are enhanced and exclusive, with features and pricing only available through your employer. Trust an employee benefit from brands who've been leaders in identity theft protection and cyber security. It's the kind of forward-thinking that combines leading identity theft protection and device security against online threats, at home and on-the-go.

- Parental Control
- Million Dollar Protection Package
- Cybercrime Coverage
- Norton Device Security

By submitting your enrollment in the NortonLifeLock Benefit Plan, you represent that you have the authority to enroll those dependents indicated in the NortonLifeLock Benefit Plan and you have read and agreed to the Terms and Conditions and Privacy Policy, which can be found at [nortonlifelock.com/content/dam/nortonlifelock/pdfs/eulas/licensing-agreement/customer-agreement-en.pdf](https://nortonlifelock.com/content/dam/nortonlifelock/pdfs/eulas/licensing-agreement/customer-agreement-en.pdf) and [nortonlifelock.com/privacy](https://nortonlifelock.com/privacy), on behalf of yourself and on behalf of any member of your family you are enrolling.

Required disclaimers:

- No one can prevent all identity theft or cybercrime.
- Norton LifeLock is \$5.76 per pay period for employee coverage.
- Family coverage is \$10.14 per pay period.





# 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.



## Mom Life

A prenatal benefit with Baptist health's employee health plan program highlights

- Individualized education and coaching
- Free access to the Mom Life 4 part digital prenatal course
- One-on-one prenatal lactation consultation
- Assistance with choosing your insurance covered breast pump
- \$50 store credit at Expressly For You
- Guidance on returning to work after maternity leave
- Guidance on community and web based resources specific to your needs.

Call to register 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 prescription<sup>29</sup> 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, 2023  
**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](http://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](http://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](http://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](mailto: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](mailto: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)

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  
HIPPI WEBSITE <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPPI 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](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://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-pa>  
PHONE 1-800-862-4840

## MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/2-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 HIPPI 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/](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 401-462-0311  
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 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-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 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](http://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](http://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.

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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

**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](mailto:benefits@baptist-health.org) with questions regarding the information provided in this overview.



## Choose the right care at the right time and right place

You're feeling sick but your primary care physician is booked through the end of the month, you have a question about side effects of a new prescription but the pharmacy is closed, or you're on vacation and under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options. Questions? Call the phone number on the back of your ID card or visit your member website at [www.webtpa.com](http://www.webtpa.com).

Telemedicine \$	Primary Care \$\$	Specialist \$\$\$	Urgent Care \$\$\$\$	ER \$\$\$\$\$
<p>Telehealth medical consults provide quality medical care through phone and video consults.</p> <ul style="list-style-type: none"> <li>No appointment needed</li> <li>Available 24/7, 365 days a year</li> <li>If your provider does Telehealth visits, download their telehealth vendor app now so it is ready when you need it</li> </ul>	<p><b>When to use:</b> You need routine care or treatment for a current health issue. Your primary doctor knows you best.</p> <p><b>Types of Care*:</b></p> <ul style="list-style-type: none"> <li>Routine checkup</li> <li>Immunizations</li> <li>Preventative services</li> <li>Managing your general health</li> </ul> <p><b>Cost &amp; Time Consideration**:</b></p> <ul style="list-style-type: none"> <li>Often requires a copay and/or coinsurance</li> <li>Normally requires an appointment</li> <li>Short wait time with scheduled appointment</li> </ul>	<p>A physician specialist focuses on a specific area of medicine to treat certain types of symptoms and conditions.</p> <ul style="list-style-type: none"> <li>Call for appointment</li> <li>Hours vary by location</li> <li>Find an in-network specialist by visiting your online member portal at <a href="http://www.webtpa.com">www.webtpa.com</a></li> </ul>	<p><b>When to use:</b> You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life threatening injuries or illnesses.</p> <p><b>Types of Care*:</b></p> <ul style="list-style-type: none"> <li>Strains, sprains</li> <li>Minor broken bones</li> <li>Minor infections</li> <li>Minor burns</li> </ul> <p><b>Cost &amp; Time Consideration**:</b></p> <ul style="list-style-type: none"> <li>Copay and/or coinsurance usually higher than an office visit</li> <li>Walk-in patients welcome, but urgency determines order seen and wait time</li> </ul>	<p><b>When to use:</b> You need immediate treatment for a serious, life-threatening condition. If a situation seems life-threatening, call 911 or your local emergency number right away.</p> <p><b>Types of Care*:</b></p> <ul style="list-style-type: none"> <li>Heavy bleeding</li> <li>Major burns</li> <li>Severe head injury</li> </ul> <p><b>Cost &amp; Time Consideration**:</b></p> <ul style="list-style-type: none"> <li>Often requires a much higher copay and/or coinsurance</li> <li>Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first</li> <li>Ambulance, if applicable, will be separate and may not be in-network</li> </ul>

\*This is a sample list of services and may not be all inclusive.

\*\*Costs and time information represent averages only and are not tied to a specific condition or treatment.

# CONTACTS

## Benefit Enrollment Center

Phone: 501.202.2176

Email: [benefits@baptist-health.org](mailto:benefits@baptist-health.org)

## Medical plan

### WebTPA

Member services: 855.318.0376

General website:

[baptist-health.webtpa.com](http://baptist-health.webtpa.com)

## Prescription services

### Navitus

Customer care: 844.268.9789

Website: [memberportal.navitus.com](http://memberportal.navitus.com)

## HSA

### Optum Financial

Customer service: 833.229.4437

Website: [optumfinancial.com](http://optumfinancial.com)

## Healthcare and dependent care FSA

### Optum Financial

Customer service: 833.229.4437

Website: [optumfinancial.com](http://optumfinancial.com)

## Dental

### Delta Dental of Arkansas

Customer service: 800.462.5410

Website: [deltadental.com](http://deltadental.com)

## Vision

### EyeMed

Customer service: 844.409.3402

Website: [eyemed.com](http://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](http://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](http://sweapconnections.com)

## Retirement

### Milliman

Customer service: 501.202.2573

866.767.1212

Website: [retire@baptist-health.org](mailto:retire@baptist-health.org)

[MillimanBenefits.com](http://MillimanBenefits.com)

## Personal insurance

### Mylo

Customer service: 844.538.3832

Website:

[choosemylo.com/baptisthealth](http://choosemylo.com/baptisthealth)

### 5 Star life insurance

Customer service: 866.863.9753

Website: [5starlifeinsurance.com](http://5starlifeinsurance.com)

## Hospital indemnity, accident, critical illness

### Voya

(GRP #70732-5)

Customer service: 877.236.7564

Website: [voyacom](http://voyacom)

## Additional Benefits

### Legal insurance — Legal Ease

800.248.9000

### ID Theft — LifeLock

**Need contact # or site.**

**Dependent verification for any new dependents added are due November 18, 2023, for 2024 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.