2025
Team Member
Benefits Guide

ebaptisthealthcare.org

BAPTIST HEALTH CARE

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Please visit CONNECT, the BHC intranet, for any updates to this guide after printed.

Welcome to the Baptist Health Care Team Member Benefits Program

At Baptist Health Care, we believe that you, our team members, are our most, important asset. Helping you and your families achieve and maintain good physical and emotional health, and financial stability is the reason Baptist Health Care offers you a comprehensive benefits program.

This guide provides overview and a summary of the benefits that are available and how to best utilize them. A list of plan contacts is provided at the end of this summary.

Every effort has been made to ensure that the content is comprehensive. For more detailed information, please refer to the summary plan descriptions (SPD) located on CONNECT under Human Resources, Benefits.

Who's Eligible?

Benefits are provided to full-time and part-time team members as defined below:

Full-time (FT) team members working 64 plus hours per pay period.
Part-time (PT) team members working 48-63 hours per pay period.

COVERAGE	FULL-TIME	PART-TIME
Medical insurance	X	X
Dental	X	X
Vision	X	X
Basic Life	X	$10,000
Supplemental Life Team member, spouse and child(ren)	X	X
Spending Accounts	X	X
Flexible Spending Account	X	X
Health Savings Account (must be enrolled in the HDHP)	X	X
Dependent Care Account	X	No
Long Term Disability	X	No
Retirement Accounts	X	X
Voluntary Plans	X	X

Coverage

Coverage begins on the first day of the month following 30 days of employment as long as enrollment is completed within 30 days of date of hire.

Dependent Eligibility

- Spouse (Marriage license and current verification document are required.)
- Children up to the age of 26: natural child, adopted child, foster child and step-child — birth certificate required.

Important to Remember

Enrollment in plans, and all documentation submission must be completed in Oracle within 30 days from:

- Initial employment date
- Status change date
- Life event status change (marriage, divorce, birth, death) – Contact benefits department for additional information.

What are the Benefits Choices?

MEDICAL – Preferred Provider Option (PPO) Plan and High Deductible Health Plan (HDHP)

DENTAL – Basic Plan and High Option Plan

VISION – Basic Plan and High Option Plan

VISION MATERIAL PLAN

LIFE INSURANCE FOR EMPLOYEE, SPOUSE AND DEPENDENTS

VOLUNTARY SHORT-TERM DISABILITY

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RETIREMENT SAVINGS PLANS

ROTH RETIREMENT SAVINGS PLANS

PET INSURANCE

The following coverages and premiums are provided by Baptist Health Care.

BASIC LIFE AND AD&D

LONG TERM DISABILITY

MINUTECLINIC at CVS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Medical Plans

At Baptist Health Care, the group medical plans are offered through Florida Blue. You may select from two plan options, HDHP or PPO. Florida Blue offers a robust list of participating providers for all your health care needs. You may access a list of providers for covered services by visiting **flbluegroupbenefits.com**.

Florida Blue
Your local Blue Cross Blue Shield

OPTION 1 – HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

BLUEOPTION - 05168/05169 STANDARD - HDHP			
PLAN FEATURES	**BAPTIST NETWORK**	**BLUE CROSS NETWORK**	**OUT-OF-NETWORK**
DEDUCTIBLE Individual/Family aggregate	$1,650 Individual / $3,300 Family Aggregate	$2,500 Individual / $5,000 Family Aggregate	$5,000 Individual / $10,000 Family Aggregate
OUT-OF-POCKET MAXIMUM Individual/Family aggregate (Includes deductible, copays and coinsurance)	$2,500 Individual / $5,000 Family Aggregate	$5,000 Individual / $10,000 Family Aggregate	$10,000 Individual / $20,000 Family Aggregate
COINSURANCE	10%	20%	40%
PRIMARY CARE PHYSICIAN	Deductible + 10%	Deductible + 20%	Deductible + 40%
SPECIALIST	Deductible + 10%	Deductible + 20%	Deductible + 40%
CHIROPRACTIC	N/A	Deductible + 20%	Deductible + 40%
URGENT CARE	Deductible + 10%	Deductible + 20%	Deductible + 40%
PREVENTIVE SERVICES SCREENINGS/IMMUNIZATIONS	$0 copayment covered in full	$0 copayment covered in full	Deductible + 40%
EMERGENCY ROOM FACILITY SERVICES	Deductible + 10%	Deductible + 10%	Deductible + 10%
INPATIENT HOSPITAL	Deductible + 10%	Deductible + 20%	Deductible + 40%
DIAGNOSTIC / X-RAYS	Deductible + 10% (3D Mammogram only covered at Baptist)	Deductible + 20%	Independent Facility Out-of-Network Deductible + 40%
MENTAL HEALTH PHYSICIAN OFFICE VISIT	Deductible + 10%	Deductible + 10%	Deductible + 40%

OPTION 2 – PREFERRED PROVIDER OPTION (PPO) PLAN

BLUEOPTION - 03769 VALUE - PPO PLAN			
PLAN FEATURES	**BAPTIST NETWORK**	**BLUE CROSS NETWORK**	**OUT-OF-NETWORK**
DEDUCTIBLE Individual/Family aggregate	$500 Individual / $1,500 Family Aggregate	$2,000 Individual / $6,000 Family Aggregate	$3,000 Individual / $9,000 Family Aggregate
OUT-OF-POCKET MAXIMUM (Includes deductible, copays and coinsurance)	$5,000 Individual / $10,000 Family Aggregate	$7,500 Individual / $15,000 Family Aggregate	$10,000 Individual / $20,000 Family Aggregate
COINSURANCE	20%	30%	40%
PRIMARY CARE PHYSICIAN	$25 Copay	Deductible + 30%	Deductible + 40%
SPECIALIST	$50 Copay	$90 Copay	Deductible + 40%
CHIROPRACTIC	$60	$60	DEDUCTIBLE +40%
URGENT CARE	$50 Copay	$100 Copay	Deductible + 40%
PREVENTIVE SERVICES SCREENINGS/IMMUNIZATIONS	$0 copayment covered in full	$0 copayment covered in full	Deductible + 40%
EMERGENCY ROOM FACILITY SERVICES	$500 Copay	$500 Copay	$500 Copay
INPATIENT HOSPITAL	$600 Copay	$3,000 Copay	Deductible + 20%
DIAGNOSTIC / X-RAYS	Basic $75 Copay Advanced $150 Copay with pre-cert (3D Mammogram only covered at Baptist)	Independent Facility Basic $400 Copay Advanced $500 Copay with pre-cert	Independent Facility Out-of-Network Deductible + 40%
MENTAL HEALTH AND SUBSTANCE ABUSE INPATIENT HOSPITALIZATION	$500 Copay	$500 Copay	Deductible + 40%
MENTAL HEALTH AND SUBSTANCE ABUSE PHYSICIAN OFFICE VISIT	$45 Copay for Specialist	$45 Copay for Specialist	Deductible + 40%

Medical Premiums Full-Time Per Pay Period

HDHP			
SALARY BAND	**PLAN OPTION**	**PREMIUM PER PAY PERIOD**	**% BAPTIST PAYS**
<$50,000	Team Member Only	$37.55	88%
	TM + Spouse	$225.06	70%
	TM + Child	$112.66	81%
	TM + Children	$144.84	78%
	Family	$237.30	78%
$50,001 - $99,999	Team Member Only	$37.55	87%
	TM + Spouse	$225.06	70%
	TM + Child	$112.66	81%
	TM + Children	$144.84	78%
	Family	$237.30	78%
$100,000+	Team Member Only	$37.55	89%
	TM + Spouse	$225.06	70%
	TM + Child	$112.66	81%
	TM + Children	$144.84	78%
	Family	$237.30	78%

PPO			
SALARY BAND	**PLAN OPTION**	**PREMIUM PER PAY PERIOD**	**% BAPTIST PAYS**
<$50,000	Team Member Only	$69.69	84%
	TM + Spouse	$307.79	70%
	TM + Child	$169.41	78%
	TM + Children	$242.15	75%
	Family	$335.56	78%
$50,001 - $99,999	Team Member Only	$71.35	82%
	TM + Spouse	$327.19	64%
	TM + Child	$174.62	75%
	TM + Children	$262.69	67%
	Family	$356.69	72%
$100,000+	Team Member Only	$76.05	75%
	TM + Spouse	$333.66	62%
	TM + Child	$176.35	74%
	TM + Children	$265.56	66%
	Family	$370.79	68%

Medical Premiums Part-time Per Pay

HDHP		
COVERAGE	**TEAM MEMBER COST**	**BAPTIST PAYS**
Team Member Only	$80.47	$275.84
Team Member + Spouse	$251.72	$557.95
Team Member + Child	$135.01	$488.76
Team Member + Children	$167.73	$544.61
Family	$269.98	$869.71

PPO Plan		
COVERAGE	**TEAM MEMBER COST**	**BAPTIST PAYS**
Team Member Only	$134.12	$288.54
Team Member + Spouse	$372.75	$557.85
Team Member + Child	$215.31	$488.76
Team Member + Children	$304.90	$544.61
Family	$433.72	$869.71

Prescription Drug Coverage

Prescription coverage is offered through Express Scripts.

HDHP PRESCRIPTION DRUG COVERAGE		
	BHC Towers or BMP Nine Mile Pharmacy	**Non BHC Pharmacy**
GENERIC (mandatory if available)	Deductible + 10%	Deductible + 30%
PREFERRED	Deductible + 10%	Deductible + 30%
NON-PREFERRED	Deductible + 10%	Deductible + 30%
SPECIALTY DRUGS	Deductible + 10%	Not Covered

PPO PRESCRIPTION DRUG COVERAGE					
	BHC Towers or BMP Nine Mile Pharmacy		**Non BHC Pharmacy**		
NON-MAINTENANCE RX Refers to one course	1-Month Supply	3-Month Supply	1st Fill	2nd Fill	3-Month Supply
GENERIC (Mandatory if available)	$0	$0	$25	$35	Not Available
PREFERRED BRAND-NAME	$15	$25	$50	$65	Not Available
NON-PREFERRED BRAND-NAME	$25	$50	$75	$100	Not available
MAINTENANCE RX Refers to continuous daily or monthly	1-Month Supply	3-Month Supply	1st Fill	2nd Fill	3-Month Supply
GENERIC (Mandatory if available)	$0	$0	$25	Not Available	Not Available
PREFERRED BRAND-NAME	$15	$25	$50	Not Available	Not Available
NON-PREFERRED BRAND-NAME	$25	$50	$75	Not Available	Not Available
SPECIALTY DRUGS *BHC Pharmacotherapy Clinic participation is required	$400	Not Available	All Specialty drugs must come to BHC Specialty Pharmacy first. If the BHC Pharmacy cannot fill the prescription they will coordinate with another specialty partner.		
Anti-Obesity	Not Available	Not Available	Not Available		
DEDUCTIBLE	$75 per person/ per year ($0 for generics)				

Baptist Health Care Pharmacotherapy Clinic

*For all specialty drugs, the following steps should be followed –

Prescribing physician sends specialty drug prescription to the Towers Specialty Pharmacy.

Prior Authorization process is initiated and completed.

Baptist Pharmacotherapy Clinic schedules appointment.

After Pharmacotherapy Clinic visit, Specialty Drugs will be filled at Towers Specialty Pharmacy.

For additional information on the Pharmacotherapy Clinic, visit ebaptisthealthcare.org/Pharmacy/Pharmacotherapy.

MinuteClinic at CVS

(This benefit is provided by BHC at no cost to the team member)

Baptist Health Care partners with CVS to provide Team members and dependents covered under Baptist medical plan complimentary care at any of the MinuteClinics. This service provides convenient care for colds, flu, sinus infections and minor aches and pains. All visits are complimentary whether the team member is on the PPO or High Deductible plan. Team members are encouraged to utilize MinuteClinic for minor acute illnesses and injuries and recommended to utilize their primary care physician for ongoing care, preventive health needs, annual checkups and more complex health concerns. When visiting MinuteClinic, you will be asked to present your insurance card for documentation purposes. In addition to the convenient locations in our area, eligible team members and dependents may utilize any MinuteClinic in the nation at no additional charge. Not all CVS locations have a MinuteClinic service. Look for the MinuteClinic designation that is prominently displayed at participating CVS stores.

Spending Accounts

Saltmarsh
Saltmarsh, Cleaveland & Gund
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Whatever your lifestyle status – single, married, married with children or single parent, a spending account can save you money. It allows you to set aside money that is deducted before taxes to pay for certain health and dependent care expenses, therefore lowering your taxable income and increasing your take home pay.

Dependent Care Spending Account

The dependent care account may be used to pay for dependent care expenses that enable you or your spouse to work. You can be eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis. The annual maximum yearly contribution is $5,000.

Your dependent care account may also be used for disabled dependent and/or spouse care and elder care.

Flexible Spending Account (FSA)

The flexible spending account allows you to set money aside to pay for eligible expenses incurred by you, your spouse, or eligible dependents. Thousands of products and services are FSA eligible. (Eligible expenses are determined by the IRS).

Funds are available on the 1st day of eligibility or plan year and then deducted evenly across all your paychecks for the year. The maximum yearly contribution is $3,300 per year. Once you make your election you cannot change it until the next open enrollment period or unless you experience a life change status event. You may not enroll in the FSA account if you or your spouse are contributing to a Health Savings Account (HSA).

Funds are “use it or lose it,” and do not rollover each year. Any funds contributed to an FSA account in 2024 must be used by March 15, 2026, and you will have until April 15, 2026, to file a claim for eligible expenses.

Health Savings Account (HSA)

To participate in the HSA, you must be enrolled in the High Deductible Health Plan (HDHP) as well as meet the other requirements. Additionally, you, or your spouse cannot contribute to an FSA plan. For more information regarding eligibility, contact Saltmarsh.

HSA funds may be used for eligible health related needs. A HSA account is not a “use it or lose it” account. Unspent spent funds roll over every year, and the account remains yours even if you switch employers. Unlike an FSA, you may adjust your payroll deductions or contributions at any time of the year in an HSA.

The annual contribution limit for the HSA account for 2025 is $4,300 Individual and $8,550 per family. Team Members over the age 55+ can contribute a catch-up contribution of an additional $1,000.

Accessing your spending accounts on-line or on a mobile app:

Log in and create your online account.
Online access: **ramp.saltmarshcpa.com**

The same login and password are used for both the online account on your mobile app.

Mobile Access: iOS: **apps.apple.com/us/app/saltmarsh-cleaveland-gund/id1538171621**

Google Play: **play.google.com/store/apps/details?id=com.lighthouse1.mobilebenefits**

Dental Coverage

Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

The dental plan at Baptist Health Care is provided by Florida Combined Life insurance company. The Preferred Provider Organization (PPO) plans allow you to select any dentist to provide oral care; however, if you select a preferred provider, claims may be paid directly to your dentist and the out-of-pocket expenses are reduced. Please visit **floridabluedental.com** to find a complete listing of network dentists in your area. Select Blue Dental Choice Plus from the drop down menu.

DENTAL BENEFITS OVERVIEW		
PLAN FEATURES	BASIC PLAN	HIGH OPTION PLAN
Calendar Year Deductible	$50 Individual/$150 Family	$50 Individual/$150 Family
Diagnostic & Preventative Services	100%/2X Per Year	100%/2X Per Year
Basic Services	80% after deductible	80% after deductible
Endodontics	50% after deductible	80% after deductible/50% Out-of-Network (OON)
Periodontics	50% after deductible	80% after deductible/50% OON
Oral Surgery	50% after deductible	80% after deductible/50% OON
Major Services	50% after deductible	50% after deductible
Prosthodontics	50% after deductible	50% after deductible
Orthodontic Benefits (18 and Under)	50% after deductible	50% after deductible
Orthodontic Maximum	$1,500 Lifetime	$1,500 Lifetime
Calendar Year Maximum	$1,500 Per person	$3,000 Per Person

Dental Rates for Full-Time Team Members

COVERAGE TIER	BASIC PLAN RATE	HIGH OPTION PLAN RATE
Team Member	$5.25	$6.13
Team Member & Spouse	$24.15	$28.24
Team Member & Children	$27.77	$32.48
Family	$29.40	$34.37

Dental Rates for Part-Time Team Members

COVERAGE TIER	BASIC PLAN RATE	HIGH OPTION PLAN RATE
Team Member	$13.65	$15.97
Team Member plus One	$25.20	$29.48
Family	$44.10	$51.60

Vision Coverage

Baptist Health Care offers voluntary vision insurance through Avesis. The vision plan is a Preferred Provider Organization (PPO) meaning you may use any vision care provider; however, staying in the network reduces the out-of-pocket expenses. For a complete listing of network providers, please visit avesis.com or download the mobile app from your smart device.

VISION BENEFITS OVERVIEW			
PLAN FEATURES	**BASIC PLAN**	**HIGH OPTION PLAN**	**OUT-OF-NETWORK REIMBURSEMENT**
Vision Exams	$10 Copay (Once every 12 months)	$10 Copay (Once every 12 months)	Up to $35
Materials	$15 Copay (Once every 12 months)	$15 Copay (Once every 12 months)	N/A
Frame Allowance	$15 Copay $50 wholesale allowance up to $150 retail value Once every 24 months	$15 Copay $50 wholesale allowance up to $150 retail value Once every 24 months	Up to $45
Standard Lenses			
Single Vision	$15 Copay	$15 Copay	Up to $25
Bifocal	$15 Copay	$15 Copay	Up to $40
Trifocal	$15 Copay	$15 Copay	Up to $50
Lenticular	$15 Copay	$15 Copay	up to $80
Preferred Pricing Options			Basic Plan/Level 3
Polycarbonate (Single/Multi-Focal)	$40/$44 Covered in full up to age 19)	Covered in full	Up to $10 (up to age 19) Up to $10
Standard Scratch Resistant Coating	$17	Covered in full	N/A / Up to $5
Ultra-Violet Screening	$15	Covered in full	N/A / Up to $6
Solid or Gradient Tint	$17	Covered in full	N/A / Up to $4
Standard Anti-Reflective Coating	$45	Covered in full	N/A / Up to $24
Level 1 Progressives	$75	$75	Up to $40
Level 2 Progressives	$110	$110	Up to $40
All Other Progressives	$50 allowance + 20% discount	$50 allowance + 20% discount	Up to $40
Transitions (Single/Multi-Focal)	$70/$80	$70/$80	N/A
Polarized	$75	$75	N/A
PGX/PBX	$40	$40	N/A
Contact Lenses (in lieu of frame and spectacle lenses)			
Elective	$150 allowance	$150 allowance	Up to $150
Medically Necessary	Covered in full	Covered in full	Up to $250
Refractive Laser Surgery	Onetime/Lifetime $150 allowance	Onetime/Lifetime $150 allowance	Onetime/Lifetime $150 allowance
	Provider Discount up to 25%	Provider Discount up to 25%	

Vision Rates for Full-Time and Part-Time Team Members

COVERAGE TIER	BASIC PLAN RATE	HIGH OPTION PLAN RATE
Team Member	$2.47	$3.49
Team Member & Spouse	$4.38	$6.34
Team Member & Children	$4.74	$7.44
Family	$6.43	$9.32

Voluntary Vision Material Plan

Baptist Health Care offers voluntary vision insurance through United Vision Plan. This vision plan is a **materials-only** option that is accessible through your member portal: **unitedvisionplan.com**

United Vision Plan Advantages:

- Buy a pair of glasses every year for you or your family at an incredible affordable price
- Buy glasses and contacts online at unitedvisionplan.com
- Choose from over 6,000 private and designer frames
- HUGE SAVINGS ON FRAMES, LENSES AND CONTACTS

ONLINE VISION PLAN BENEFITS	
FRAMES	
Huge Selection of over 3,000 Frames	Up to $200 Frame allowance
Designer Brands	Up to $150 Frame allowance
LENSES	
Single Vision (1.5 Index)	Covered
Bi-Focal Lenses (1.5 Index)	Covered
UV Protection Coating	Covered
Anti-Glare Coating	Covered
Anti-Scratch Coating	Covered
Polycarbonate Lenses	Covered
Oversized Lenses	Covered
Sunglasses Tint	Covered
Digital Progressive Lenses (1.5 Index)	$50
Blue Light/Computer Lenses (Digital Block)	50% off
Premium Thin Lenses (High-Index)	50% off
Polarized Lenses	50% off
Photochromic Lenses	50% off
ADDITIONAL BENEFITS	
Contact Lenses	Up to $200 balance 25% off
2nd Pair Benefit (Eyeglasses and/or Sunglasses)	25% – 50% off
PLAN FREQUENCY	Once Every 12 Months
MATERIAL COPAY	$10

COVERAGE TIER	PLAN RATE PER PAY PERIOD
Team Member	$1.35
Team Member & Spouse	$2.60
Team Member & Children	$2.64
Family	$4.49

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

Baptist Health Care provides basic life and accidental death and dismemberment (AD&D) benefits through USAble (BCBS) at no cost to you. Should death occur because of an accident, the plan pays double the coverage amount.

Amount of Coverage for Full-Time and Part-Time Team Members

SALARY RANGE BASE RATE	COVERAGE AMOUNT
$10,000 - $20,000	$20,000
$20,001 - $50,000	$50,000
$50,001 +	$100,000
ALL PART-TIME EMPLOYEES	$10,000

Supplemental Life Insurance

In addition to your employer paid life insurance, you are eligible to purchase additional term life and accidental death and dismemberment insurance on yourself, spouse and dependent children. As a newly eligible team member, you may purchase supplemental life in increments $10,000, up 5 times your annual salary up to $800,000. You also have the opportunity to purchase Life and AD&D for your spouse. You can also purchase additional coverage on your spouse in increments of $5000, up to 50% of approved coverage on yourself, not to exceed $150,000. You may also purchase life insurance for your children.

Team member & Spouse Life and AD&D Age Rate Table per $1,000/month			
Under 25	$0.054	50-54	$0.178
25 - 29	$0.061	55 - 59	$0.315
30 - 34	$0.075	60 - 64	$0.472
35 - 39	$0.082	65 - 69	$0.890
40 - 44	$0.089	70 and older	$1.143
45 - 49	$0.123		

Team member dependent child(ren) rates per pay period		
Option 1: $2,500 for $0.14 per pay period	Option 2: $5,000 for $0.27 per pay period	Option 3: $10,000 for $0.53 per pay period

Long-Term Disability Coverage

Baptist Health Care provides Long Term Disability (LTD) insurance at no cost to you, in the event that you become fully disabled. LTD pays you in the event of a loss of income due to disability either by sickness or injury, after a 90-day elimination period, up to your social security normal retirement age (SSNRA). The LTD program provides a maximum benefit of 50% of your income, up to $5,000 per month.

Full-time Team Members Benefit Overview	
Benefit Amount	50% of Monthly Base Pay
Elimination Period	90 days
Maximum Benefit Period	Social Security Normal Retirement Age
Maximum Monthly Amount	$5,000

ADDITIONAL BENEFITS PROVIDED BY BAPTIST

Employee Assistance Program (EAP)

EAP is an employer provided benefit offering resources and solutions for any concerns or problems you and your family may encounter. Many complex issues are best resolved with counseling assistance from a behavioral health professional. Consider calling for assistance if you encounter the following:

- Relationship and family issues
- Depression, stress, or anxiety
- Grief or loss of a loved one
- Eating disorders or substance abuse
- Workplace difficulties

This benefit is available 24/7 by calling 800.252.4555 to speak with a counselor or visit HealthcareEAP.com for many self-help resources. If you are referred to a counselor by our EAP, Baptist Health Care will pay for up to five visits for you and immediate family members, and you will coordinate this care with the EAP counselor. In addition to counseling services EAP provides access to problem-solving solutions and life enhancement benefits such as:

Work/Life Benefits — This includes financial, legal and personal issues, peak performance coaching, lifestyle savings benefits, personal development and training, and wellness benefits.

Retirement Savings Plans

403(B) PLAN

Who Is Eligible? – Any team member working for the not-for-profit entities, including but not limited to: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital, Baptist Medical Group, Baptist Heart & Vascular Institute, Urgent Care locations and Baptist Medical Park locations.

Contributions – The IRS limit for personal contributions for 2025 is $23,500. Team members age 50 and over may contribute up to an additional $7,500. Team members age 60-63 may contribute up to an additional $11,250. Contributions are withheld as a percentage of pay only, not a flat dollar amount Team members are eligible to participate in the plan at hire.

Employer Match – Baptist Health Care match is based on the following:

Team member has worked 1 year and worked a minimum of 1000 hours annually.

Baptist Health Care will match 50% up to first 4% of team member deferral, then 25% up to the next 2% of team member deferral.

Team members are vested in the employer match after 3 years of service.

401(K) PLAN

Who Is Eligible? – Any team member working for Baptist Pharmacy locations (Baptist Towers, Nine Mile and Baptist Surgery Center) .

Contributions – The IRS limit for personal contributions for 2025 is $23,500. This amount may be increased by the IRS. Team members aged 50 and over may contribute up to an additional $7500. Contributions are withheld as a percentage of pay only, not a flat dollar amount. Team members age 60-63 may contribute up to an additional $11,250. Team members are eligible to participate in the plan from the date of hire.

Employer Match – Baptist Health Care will match based on the following:

Team member has worked for one year and worked a minimum of 1000 hours annually.

Baptist Pharmacy – Baptist Health Care will match, 50% up to first 4% of team member deferral, then 25% up to the next 2% of team member deferral.

Baptist Surgery Center – Baptist will match 50% up to first 2% and an Employer Basic (whether the team member contributed or not) of 3% of gross.

Team members are vested in the employer match after three years of service.

ROTH After Tax Option for Both 403(B) and 401(K) Plans

Who Is Eligible? – All team members that are eligible to participate in the 403(B) or 401(K) plans.

Contributions – You may contribute 1-80% of your eligible earnings as Roth after-tax contributions, or a mix of pre-tax and Roth contributions. The annual IRS limit and the investment elections with the Plan(s) are the same whether you contribute on a pre-tax basis, Roth basis or combination of the two.

For questions regarding Voya retirement plans, please contact Kathryn Oswald at 833.869.2242 or kathryn.oswald@voya.com.

YOUR VOLUNTARY BENEFITS

Voluntary Benefits for You and Your Family

Baptist Health Care is pleased to offer several voluntary benefits options:

- Group Accident Insurance through VOYA
- Group Critical Illness through VOYA
- Group Short Term Disability Insurance through USAble (BCBS)
- Group Hospital Insurance through VOYA
- Whole Life Insurance through VOYA
- Medical transportation coverage with MASA
- Legal and ID protection coverage with MetLife
- Pet insurance through Nationwide

How Do You Enroll?

Enrollment for Voluntary Benefits is included in Oracle enrollment and must be completed within 30 days of your date of hire or status change date.

For enrollment in Nationwide, Pet Insurance, please contact Nationwide directly at 877.738.7874 or visit their website at **petinsurance.com**.

Voya Accident Plan

In the event of a covered accident, this plan pays cash benefits directly to you. The money you receive can be used to help with the costs associated with out-of-pocket expenses and bills. These include expenses your primary medical insurance may not cover, such as ambulance rides, wheelchairs, crutches, emergency room visits, surgery and anesthesia, bandages, stitches, and casts.

Sample Payment Amounts

If one of these events happens to you, and your claim is approved, you will receive a benefit payment in the amount listed below. Use it however you like.

Accident-Related Treatment	Amount Paid to You
Emergency Room Treatment	$300.00
X-Ray	$75.00
Physical or Occupation Therapy (up to 6 per accident)	$75.00
Stitches (for lacerations, up to 2")	$75.00
Follow-up doctor treatment	$120.00
Hospital admission	$1,750.00
Hospital confinement (per day, up to 365 days)	$450.00
This is only a small preview of the benefits available.	

Bi-Weekly

Team Member	Team Member & Spouse	Team Member & Children	Family
$5.53	$9.60	$10.53	$14.60

If you have coverage on yourself, your elected spouse will be covered for the same accident benefits as you.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered at the same benefit amounts as you. One premium amount covers all of your eligible children.

The accident insurance available through your employer also features the following:

$50 To Use However You Would Like

Wellness Benefit:

Complete an eligible health screening
(such as an annual physical) and receive a benefit payment.

- Complete an eligible health screening test (such as an annual physical) and receive a wellness benefit payment.
- Your annual wellness benefit is $50. Your spouse's wellness benefit amount is $50.
- The benefit for child coverage is 50% of your wellness benefit per child, with an annual maximum of $100 for all children.

VOYA Critical Illness Plan

The Critical Illness plan can help with the treatment costs of covered illnesses, such as cancer, heart attacks, strokes and kidney failure. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over out-of- pocket costs. With the Critical Illness plan, you receive a lump sum cash benefit after a diagnosis to help pay bills related to treatment or to help with everyday living expenses.

Sample Benefit Amounts

Covered Condition	% of Benefit
Heart Attack*	100%
Cancer	100%
Stroke	100%
Kidney Failure**	100%
Coronary artery bypass	25%

This is only a small preview of the benefits available.

You have the option to enroll in coverage in the amount(s) below:

	Coverage Amount
Team Member	Choice of $5,000 - $30,000 in $5,000 increments
Your Spouse	Choice of $5,000 - $30,000 in $5,000 increments
Your Children*	50% of your elected benefit

**Child(ren) up to age 26.*

Voya Critical Illness Plan Rates

The table below illustrates the cost for Critical Illness Coverage.

Rates are determined by your age and the amount of coverage selected.

Team Member Rates

Team Member Coverage Bi-Weekly Rates (26 pay periods) Includes Wellness Benefit Rider						
Non-Tobacco User						
Attained Age	**$5,000.00**	**$10,000.00**	**$15,000.00**	**$20,000.00**	**$25,000.00**	**$30,000.00**
Under 25	0.69	1.38	2.08	2.77	3.46	4.15
25-29	0.92	1.85	2.77	3.69	4.62	5.54
30-34	1.06	2.12	3.18	4.25	5.31	6.37
35-39	1.41	2.82	4.22	5.63	7.04	8.45
40-44	1.80	3.60	5.40	7.20	9.00	10.80
45-49	2.15	4.29	6.44	8.58	10.73	12.88
50-54	3.12	6.23	9.35	12.46	15.58	18.69
55-59	3.12	6.23	9.35	12.46	15.58	18.69
60-64	6.35	12.69	19.04	25.38	31.73	38.08
65-69	11.22	22.43	33.65	44.86	56.08	67.29
70+	11.22	22.43	33.65	44.86	56.08	67.29

Tobacco User						
Attained Age	**$5,000.00**	**$10,000.00**	**$15,000.00**	**$20,000.00**	**$25,000.00**	**$30,000.00**
Under 25	1.02	2.03	3.05	4.06	5.08	6.09
25-29	1.32	2.63	3.95	5.26	6.58	7.89
30-34	1.64	3.28	4.92	6.55	8.19	9.83
35-39	2.38	4.75	7.13	9.51	11.88	14.26
40-44	3.00	6.00	9.00	12.00	15.00	18.00
45-49	3.53	7.06	10.59	14.12	17.65	21.18
50-54	5.38	10.75	16.13	21.51	26.88	32.26
55-59	5.38	10.75	16.13	21.51	26.88	32.26
60-64	10.80	21.60	32.40	43.20	54.00	64.80
65-69	17.45	34.89	52.34	69.78	87.23	104.68
70+	17.45	34.89	52.34	69.78	87.23	104.68

Spouse Coverage Bi-Weekly Rates (26 pay periods) Includes Wellness Beenfit Rider						
Non-Tobacco User						
Attained Age	**$5,000.00**	**$10,000.00**	**$15,000.00**	**$20,000.00**	**$25,000.00**	**$30,000.00**
Under 25	0.69	1.38	2.08	2.77	3.46	4.15
25-29	0.92	1.85	2.77	3.69	4.62	5.54
30-34	1.06	2.12	3.18	4.25	5.31	6.37
35-39	1.41	2.82	4.22	5.63	7.04	8.45
40-44	1.80	3.60	5.40	7.20	9.00	10.80
45-49	2.15	4.29	6.44	8.58	10.73	12.88
50-54	3.12	6.23	9.35	12.46	15.58	18.69
55-59	3.12	6.23	9.35	12.46	15.58	18.69
60-64	6.35	12.69	19.04	25.38	31.73	38.08
65-69	11.22	22.43	33.65	44.86	56.08	67.29
70+	11.22	22.43	33.65	44.86	56.08	67.29

Tobacco User						
Attained Age	**$5,000.00**	**$10,000.00**	**$15,000.00**	**$20,000.00**	**$25,000.00**	**$30,000.00**
Under 25	1.02	2.03	3.05	4.06	5.08	6.09
25-29	1.32	2.63	3.95	5.26	6.58	7.89
30-34	1.64	3.28	4.92	6.55	8.19	9.83
35-39	2.38	4.75	7.13	9.51	11.88	14.26
40-44	3.00	6.00	9.00	12.00	15.00	18.00
45-49	3.53	7.06	10.59	14.12	17.65	21.18
50-54	5.38	10.75	16.13	21.51	26.88	32.26
55-59	5.38	10.75	16.13	21.51	26.88	32.26
60-64	10.80	21.60	32.40	43.20	54.00	64.80
65-69	17.45	34.89	52.34	69.78	87.23	104.68
70+	17.45	34.89	52.34	69.78	87.23	104.68

Voya Hospital Indemnity Plan

The Hospital Indemnity plan is designed to help with hospital bills in the event you or one of your family members are hospitalized. This plan pays an admission benefit of $1,000 and a $100 confinement benefit up to 30 days thereafter. The money received from the Hospital Indemnity plan can be used to help meet your deductible or for other expenses that may incur. An additional 25% benefit is available to team members who utilize Baptist facilities.

Coverage Level	Daily Benefit	Per Pay Rate
Team Member	$100	$5.51
Team Member + Spouse	$100	$11.00
Team Member + Child(ren)	$100	$9.33
Team Member + Family	$100	$14.82

Type of Facility	Daily Benefit
Hospital (30-day max per confinement)	$100
Intensive Care Unit (15-day max per confinement)	$200
Rehabilitation Facility (30-day max per confinement)	$50

Voya Whole Life Insurance

You are committed to caring for your loved ones for a lifetime. If the future doesn't go the way you planned, Premier Whole Life Insurance can help.

Whole Life Insurance is an individual life insurance policy that pays a benefit to your beneficiary if you pass away. Your premium payments will remain the same for the life of the policy, as long as you meet the required premium payments. Plus, the policy builds cash value, which you can borrow against. Note: Any unpaid loan would be subtracted from the benefit that is paid to your beneficiary. You may choose up to the following amount(s):

COVERAGE AMOUNTS –

- Team members are eligible for $100,000 in $10,000 increments. (Full-time and Part-time)
- Your spouse is eligible for $25,000 in $5,000 increments through 70 years. (You must elect coverage to enroll your spouse.)
- Your child(ren) are eligible for $5,000 or $10,000, 15 days through 24 years of age. Guaranteed issue with no premium rate for all eligible, unmarried, dependent children.

Do I Need to Answer any Health Questions?

Coverage is available on a guaranteed issue basis, meaning there are no health questions you need to answer. You also do not need to answer health questions about your spouse and/or children.

- For you — You may elect up to $100,000 without answering health questions.
- For your spouse — You may elect up to $25,000 of life insurance on your spouse without answering health questions.
- For your children — You may elect $5,000 or $10,000 of life insurance on your children without answering health questions.

What is the Cost?

For details regarding the specific premium with the various benefits go to **enrollvb.com/ebaptisthealthcare**. If you wish to speak with an insurance representative, then you must call 877.236.7564.

THIS ENROLLMENT PROCESS IS SEPARATE FROM YOUR BENEFIT ENROLLMENT, YOU MUST GO TO enrollvb.com/ebaptisthealthcare to enroll.

If you have additional questions before you enroll, please contact Voya Employee Benefits Customer Service at 877.236.7564.

USAble Short Term Disability Plan

The Short-Term Disability plan helps to protect your income if you become unable to work. This plan is determined to help you maintain your standard of living. Covered causes for a disability include accidental injuries, conditions such as arthritis, heart disease, diabetes and even pregnancy. Team members must work at least 24 hours per week to be eligible, and an injury must occur off the job to be covered by the disability plan.

Coverage Options	
Low Option	40% of your weekly earnings $15 minimum weekly benefit/$1,500 maximum weekly benefit
High Option	60% of your weekly earnings $15 minimum weekly benefit/$1,500 maximum weekly benefit

Waiting Period	
Option 1	The benefit waiting period for a disability caused by an accidental injury is 0 days. The benefit-waiting period for a disability cause by a sickness is 7 days.
Option 2	The benefit waiting period for a disability caused by an accidental injury is 14 days. The benefit waiting period for a disability caused by a sickness is 14 days.

How Long Benefit Payments Last
The benefit waiting period for a disability caused by an accidental injury is 0 days. The benefit-waiting period for a disability caused by a sickness is 7 days.
The benefit waiting period for a disability caused by an accidental injury is 14 days. The benefit-waiting period for a disability caused by a sickness is 14 days.

Benefits are not payable if your disability is due to a pre-existing condition and you became disabled during the first 12 months your insurance is in effect. A pre-existing condition is a sickness or accidental injury for which during the 12 months immediately before the effective date of your insurance or increased amount of insurance, and you did one or more of the following: received medical treatment, care, services or advice, or took prescribed drugs, or had medications prescribed.

USAble Short Term Disability Plan Monthly Rates

Age	Waiting Period Option 1 Monthly rate per $10 of weekly benefit	Waiting Period Option 2 Monthly rate per $10 of weekly benefit
Under 25	$1.127	$0.878
25-29	$1.311	$0.878
30-34	$1.322	$0.878
35-39	$1.029	$0.878
40-44	$0.91	$0.798
45-49	$0.93	$0.798
50-54	$1.072	$0.892
55-59	$1.300	$0.948
60-64	$1.549	$0.948
65-69	$1.798	$1.141
70+	$1.885	$1.141

To Calculate Your Cost:

1. Enter your basic annual earnings.
2. Divide your basic annual earnings by 52. This is your basic weekly earnings.
3. Enter the maximum benefit percentage (40% or 60%).
4. Multiply the figure from Step 2 by the percentage in Step 3. This is your weekly benefit amount ($1,500 maximum).
5. Divide the weekly benefit amount in Step 4 by 10.
6. Enter your Short-Term Disability rate from the table above.
7. Multiply the result in Step 5 by the rate in Step 6. This is your monthly premium.
8. Multiply your total monthly premium by 12 for your annual premium amount then divide by 26 to determine your bi-weekly payroll deduction amount.

Metlife Legal Plans

Why Does a Legal Plan Matter?

Lawyer fees are expensive—and rightly so. To have an expert available to you who will advocate for your best interests feels like a luxury. But it does not have to be. MetLife Legal Plans make access to qualified and experienced attorneys a reality.

Plan benefits include:

- A cost-effective plan providing access to more than 18,000+ experienced network attorneys
- Zero copays or deductibles
- Unlimited uses of network attorneys for covered issues
- Assistance for a wide range of legal needs, including money matters, home and real estate, family and personal matters, civil lawsuits, elder care issues, and vehicles and driving
- Online digital estate planning tool – create wills and trusts, health care proxy, and power of attorney documents from the comfort of home

What is the cost?

Team members pay $9.58 per pay period. (includes dependents)

METLIFE + AURA
Identity and Fraud Protection

Identity Theft Protection

Keep your identity secure with proactive monitoring and alert any threats to your personal information like your bank accounts, credit, Social Security Number, IDs and more – if they are detected.

Financial Fraud Protection

Get alerted to new inquiries to your credit, suspicious transactions on your bank accounts, and changes to your home or car title.

Privacy & Device Protection

Shop, bank, and work online more safely and privately with safety tools including VPN/Wi-Fi security, antivirus, and password manager. Aura also requests removal of your personal info from data broker lists to help reduce spam like robocalls, robotexts and more.

Customer Service

Get $5 million identity theft insurance per adult member and 24/7 customer support to answer account, technical, or billing questions. Plus, specialists provide white glove case management services to victims of fraud.

What is the cost?

Team members only - $4.60 per pay period

Family coverage - $7.64 per pay period

MEDICAL EMERGENCY TRANSPORTATION

MASA Emergency Transport Coverage

Did you know there are 28 million emergency transports dispatched by 911 each year? That means every one second, an ambulance is dispatched in the U.S. With an average cost of more than $2,000 and a 79% chance of having an out-of-network bill, a ground ambulance ride can be unexpected and costly. That's why there's MASA, the industry-leading medical transportation coverage provider. MASA works as a payer, not a provider — so no matter where you are in the U.S., what happens or why you need help, MASA takes the bill and leaves you with a $0 balance. No one should have to worry about unexpected bills during or after an emergency. By signing up for MASA, you protect yourself and your family from emergencies and get coverage built to shield against sudden financial shock.

Emergent Plus Includes:

Emergency Air and Ground Ambulance:

- MASA covers out-of-pocket expenses associated with emergency air or ground transportation to a medical facility.

Repatriation to hospital near home transport/facility transfer:

- If you require continued care and have approval to recuperate at a hospital near to home, MASA coordinates and covers the expense for non-emergency ambulance transportation to the approved medical facility.

Hospital to Hospital Ambulance:

- When specialized care is required but not available at the initial emergency facility, MASA will cover the out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility.

Benefits are available in the United States and Canada.

No Health Questions Required

Coverage is available on a guaranteed issue basis, meaning there are no health questions you need to answer. There are no limits and no deductibles.

What does it cost?

Team members pay $5.77 per pay period. The cost includes team members and eligible dependents.

Disclaimer: The benefits listed, and the descriptions thereof, do not represent the full terms and conditions. For additional information and disclosures about MASA MTS plans visit: info.masamts.com/masa-mts-disclaimers.

Pet Insurance

You work hard to provide your family with everything they need. So, whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like.

My Pet Protection® from Nationwide® helps you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for accidents, illnesses, hereditary conditions and more!

- Custom made plans for team members only
- Visit any vet, anywhere
- Choose from 70% and 50% reimbursement of vet's invoice
- Low $250 annual deductible
- Pet Rx Express for prescription medications
- Easy online claim submission
- 24/7 VetHelpline access for policyholders

Easy Enrollment

There are three easy ways to enroll, and you have the option to pay the monthly premium from home or through payroll deduction. PRN status team members are not eligible for payroll deduction.

Log on to one of the following websites based on how you want to pay the monthly premium:

1. Direct Bill to Your Home - petinsurance.com/bhcpns

   Payroll Deduction - petinsurance.com/bhcpns
2. Visit Petinsurance.com, enter "Baptist Health Care" as your organization's name. Then be directed to the link provided above.
3. Contact 1.877.738.7874. Be sure to mention that you are a Team Member of Baptist Health Care so you will receive the 5 percent discount on your policy.

ADDITIONAL NON-INSURANCE SERVICES(S)

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel assistance services are provided by Europ Assistance USA, Bethesda, M.D.

For more information, visit presents.voya.com/EBRC/BaptistHealthCare

Cherie Meguess 850.433.9996 cherie@tcbenefitsgroup.com

Reid Torgersen 850.433.9996 reid@tcbenefitsgroup.com Voya Benefits Customer Service 877.236.7564

Paid Time Off Program

(Includes Vacation, Holidays and Sick Pay)

Hourly Team Member Leave Plan

Team members accrue paid time off (PTO) based on hours worked (including PTO's used) per pay period. Accrual rates vary between years of service and full-time/part-time status. New team members may not use PTO in the first 30 days of employment but will be paid for any recognized holiday that falls during this period (for which the Team Member does not work) resulting in some Team Members having a negative leave bank balance during their first 30 days of employment.

Full-time Team Member Accruals

Based on 80 hours per pay period; actual amount of accrual is pro-rated on hours paid each pay period.

YEARS OF SERVICE	(UP TO A MAX OF 80 HOURS)	ACCRUAL RATE PER PAY PERIOD
0-1	0.075	6.0 hours
2-3	0.0813	6.5 hours
4-7	0.0938	7.5 hours
8-14	0.1063	8.5 hours
15+	0.1219	9.75 hours

Part-Time Team Member Accruals

Based on 63 hours per pay period; actual amount of accrual is pro-rated on hours paid each pay period.

ACCRUAL RATE PER HOUR		
YEARS OF SERVICE	(48- 63 HOURS)	ACCRUAL RATE PER PAY PERIOD
0-1	0.0278	1.75 hours
2-4	0.0327	2.07 hours
5-14	0.0425	2.68 hours
15+	0.0571	3.60 hours

You may "roll-over" unused PTO from year to year up to a maximum bank of 300 hours. PTO is not paid out upon separation of employment, and team members are not able to utilize PTO once resignation notice is given.

When PTO is Available to Use

It is Baptist Health Care's policy to use your accrued PTO during any approved vacation days, unforeseen sick time, approved FMLA (Family Medical Leave Act) or LOA (leave of absence). While on leave, you are responsible for payment of your benefits to the Benefits Department.

Recognized Holidays: News Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas.

Note: PTO will be used for holidays not worked by team members or to make up time not worked in a regular schedule (upon approval of time off by a manager).

Exempt Team Member Leave Plan

Eligibility – The Exempt Leave Plan applies to all Full-time exempt (salaried) team members, except for executives and physicians. "Full-time" means that the team member is scheduled to work a minimum of 64 hours per pay period.

No leave time is paid out at termination, and team members cannot use their leave plan once resignation is given.

Schedule for Exempt Leave Plan

Vacation – The amount of vacation allotted January 1st of each year is prorated based on the number of hours the Team Member is scheduled to work per pay period. Current vacation allotments as follows:

Years of Service	80 Hrs./PP	64 Hrs./PP
0 thru 5 years	120 hrs	96 hrs
After 5 years	160 hrs	128 hrs

(New hires are prorated based upon hire date.)

Exempt Team Member Holiday Plan

In addition to vacation time above, all Team Members on the Exempt Leave Plan will receive the following paid time off as holidays: New Year's Day, Labor Day, Memorial Day, Independence Day, Thanksgiving Day, Christmas Day, plus two float days. Team members receive holiday coverage on day one of employment.

Exempt Team Member Sick Leave Plan

Team members newly joining or converting to the exempt leave plan will be credited with 240 hours of sick leave time. This bank will be used for any full day of absence from work due to your personal illness, your personal medical leave, or any partial days missed due to your personal intermittent FMLA leave. Team Member Sick Leave may not be used to care for a loved one. Once a team member starts using his/her sick bank hours, the team member will begin accruing back hours at a rate of 3.33 hours per pay period, up to a maximum cap of 240 hours.

CONTACTS

YOUR BAPTIST HEALTH CARE BENEFITS TEAM			
Name	**Title**	**Phone Number**	**Email Address**
Baptist Benefits			bhcbenefits@bhcpns.org
Victoria Mitchell	Benefit Analyst	448.227.4965	victoria.mitchell@bhcpns.org
Robin Jones	Benefit Analyst	448.227.4970	robin.jones@bhcpns.org

YOUR PROVIDER CONTACTS			
Provider	**Coverage**	**Phone Number**	**Website**
Florida Blue	Medical	855.204.7081	flbluegroupbenefits.com
Express Scripts	Pharmacy	877.520.1044	express-scripts.com
Florida Combined Life	Dental	888.223.4892	floridabluedental.com
Avesis	Vision	800.522.0258	avesis.com
Saltmarsh Cleaveland & Gund	Flexible Spending Account Health Savings Account	850.435.8300	ramp.saltmarsh.com
VOYA	Retirement Plans	833.869.2242 Local Rep - Kathy Oswald 850.712.1063	BHCRetire.com
Healthcare EAP	Team Member Assistance Program	800.252.4555	HealthCareEAP.com
Care Centrix	Durable Medical Equipment	877.561.9936	carecentrix.com
VOYA	Voluntary Accident, Critical Illness and Whole Life	877.236.7564	presents.voya.com/EBRC/ BaptistHealthCare
MetLife	Legal Protection & Identify Theft Protection	800.Get.Met8	legalplans.com
MetLife + Aura	Identity	833.552.2123	metlife.com/insurance/identify-and-fraud-protection
USAble	Group Life and Disability	800.370.5856	usablelife.com
MASA	Emergency Ground & Air Transportation	877.503.0585	info.masamts.com/masa-mts-disclaimers
Nationwide	Pet Insurance	877.738.7874	petinsurance.com
Lifelong Learning	Tuition Reimbursement/Lifelong Learning Certifications Program	850.469.7391	lifelonglearning@bhcpns.org
Torgersen Causey Insurance & Benefits Cherie Meguess	Medicare Consultations & COBRA Alternatives	850.433.9996	cherie@tcbenefitsgroup.com
United Vision Plan (UVP)	Vision Material Only Plan	844.244.1184	benefits.unitedvisionplan.com

IMPORTANT NOTICES

COBRA (Continuation of Coverage)

A federal law (Public Law 99-272, Title X) requires that most employers sponsoring group health, dental and vision plans offer team members and their families the opportunity for a temporary extension of health, dental and vision coverage (called continuation coverage) at group rates in certain instances where coverage under the plans would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. Please take the time to read this notice carefully.

If you are a team member of Baptist Health Care and are covered by the health, dental plan, or vision plan, you have the right to choose this continuation coverage if you lose your group coverage because of a reduction of your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part). Elections for continuation of coverage need to be made within 60 days of the last day of employment, status change or life event.

A covered spouse of a team member has the right to choose continuation coverage for themselves if you lose group health or dental coverage for any of the following four reasons:

1. The death of your spouse
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment
3. Divorce or legal separation from your spouse
4. Your spouse becomes entitled to Medicare

In the case of a covered dependent child of a team member, he or she has the right to continuation coverage if group health or dental coverage is lost for any of the following five reasons:

1. Death of a parent
2. The termination of a parent's employment (for reasons other than gross misconduct) or reduction in parent's hours of employment with Baptist Health Care
3. Parents' divorce or legal separation
4. A parent becomes entitled to Medicare
5. The dependent ceases to be a "dependent child" as defined in each plan.

Under the law, the team member or a family member has the responsibility to inform Baptist Health Care of a divorce, legal separation, or a child losing dependent status under each plan. This notification must be made WITHIN 30 DAYS OF THE DATE OF THE QUALIFYING EVENT THAT WOULD CAUSE A LOSS OF COVERAGE.

The notice must be in writing and should be sent to the Benefits Department.

Baptist Health Care, P. O. Box 17500, Pensacola, FL 32522-7500, phone 850.469.2402.

When Baptist Health Care is notified that one of these events has happened, WAGEWORKS will in turn notify you that you have the right to choose continuation coverage. Under the law, you have 60 days from the date you would lose coverage because of one of the events described above to inform WAGEWORKS that you want continuation coverage. If and when you make this election, coverage will become effective on the day after coverage is terminated. If you do not choose continuation coverage, your group health and/or dental and vision insurance plan will end in accordance with the provisions of the plans.

If you choose continuation coverage, your coverage will be identical to the coverage provided under the plan to similarly situated team members or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months. If you are disabled at the time

of your termination of employment or reduction in hours, under certain circumstances the continuation coverage period may be extended to 29 months, as long as your disability continues throughout this period.

The law also provides that your continuation coverage may be terminated for any of the following reasons:

1. Baptist Health Care no longer provides group health, dental or vision coverage to any of its team members.
2. The premium for your continuation coverage is not paid in a timely manner.
3. You first become covered under any other group health, dental or vision plan (as a team member or otherwise).
4. You first become entitled to Medicare.

Under COBRA law, you must pay all of the premiums plus a 2% administrative fee for your continuation coverage. (The law also says that, at the end of the continuation coverage period, you must be allowed to enroll in an individual conversion health, dental or vision plan, if the plan provides a conversion privilege.) However, there are other alternatives.

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

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employment Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit dol.gov/ebsa. (See addresses and phone numbers of regional and district EBSA's website.) For more information about the Marketplace, visit **healthcare.gov**.

Medicare

If you are nearing retirement age, or are over 65 and still working, you may have questions about Medicare.

Medicare is health insurance for people who are age 65 or older, under 65 with certain disabilities, or any age with end-stage renal disease (permanent kidney failure).

There are four types of Medicare:

Medicare Part A helps cover inpatient care in hospitals, skilled nursing facilities and hospice and home health care. Generally, there is no monthly premium if you qualify and paid Medicare taxes while working.

Medicare Part B helps cover medical services like doctors' services, outpatient care and other medically necessary services that Part A doesn't cover. You need to enroll in Medicare Part B and pay a monthly premium determined by your income, along with a deductible.

Many people also purchase a supplemental insurance policy, such as a Medigap plan, to handle any Part A and B coverage gaps.

Medicare Advantage Plans, also known as Medicare Part C, are combination plans managed by private insurance companies approved by Medicare. They typically are a combination of Part A, Part B and sometimes Part D coverage, but must cover medically necessary services. These plans have the discretion to assign their own copays, deductibles and coinsurance.

Medicare Part D is prescription drug coverage and is available to everyone with Medicare. It is a separate plan provided by private Medicare-approved companies, and you must pay a monthly premium.

For your local, one-on-one, free consultation, contact **Cherie Meguess** at **850.433.9996, ext. 109**.

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2025 Team Member Benefits

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HEALTH CARE

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