



myTotal
HEALTH

2022 EMPLOYEE BENEFITS SUMMARY



OUR GOAL THE HEALTHIEST EMPLOYEES IN AMERICA



2022 PINEAPPLE PERKS OVERVIEW

Table of Contents

Eligibility	3
Benefits Overview	
Medical Benefits	4
Medical Plan Comparisons and Rates	7
Telehealth Benefits	10
Prescription Benefits	11
Baptist Health Pharmacies	12
Dental Benefits	13
Vision Benefits	15
Health Incentive/Flexible Spending Accounts	16
Disability Insurance	17
Life and AD&D Insurance	18
Retirement	
Retirement Benefits	20
Other Benefits	
Legal Services	21
Pet Assure	22
Activ4Pets	22
Student Loan Refinancing	23
Transportation Benefit Program	23
Other Great Perks	23
Contacts	24
Disclosure Notices	25



2022 PINEAPPLE PERKS OVERVIEW

This summary includes descriptions of key benefit plans and other perks available to you in 2022.

For more detailed information and a complete list of all our benefits, see the 2022 Pineapple Perks guide, posted on PineappleConnect.net and enter Benefits and Perks in the search bar.

Who's eligible for benefits?

You and your dependents are eligible for Baptist Health employee benefits on the first day of the month coinciding with or following your hire date or status-change date if you are:

- A regular part-time employee (20 to 35 hours a week); or
- A regular full-time employee (36 to 40 hours a week).

Your eligible dependents are:

- Your spouse (opposite or same gender) to whom you are legally married.
- Your dependents up to age 26 who are your biological, step- or adopted children, or dependents for whom you have legal or court-ordered guardianship, or for whom you are legally responsible, including health coverage because of a qualified medical child support order. For the legal plan, your unmarried child (biological, step- or adopted) up to age 26, residing with you and who is a full-time student of an accredited learning institution or college. Dependents are covered until the end of the calendar month in which they reach age 26.

After enrolling your dependent(s), you must provide documentation such as a marriage license for your spouse and/or a copy of the birth certificate or adoption papers for your children.

How to enroll in your benefits:

Enroll online through PeopleSoft, which you can access via PineappleConnect.net. You will need to enter your network user ID and password. These are the same credentials you use to log on to your Baptist Health computer. If you have a network account or password-related question, contact IT's Rapid Response team for assistance.



We help you care for those you care about most.



MEDICAL BENEFITS

Our goal is to have the healthiest employees in America.

To give you even better ways to manage your health, our benefits offerings include two national medical plans (Aetna and UnitedHealthcare). Both plans give you access to a broad national network of providers that also include Baptist Health facilities, Baptist Health Medical Group, Baptist Health Quality Network, and the Baptist Health Medical Group North.

Each time you need medical services, you choose which network of providers to access:

- In the Pineapple Premier Plan, you have options of the Baptist Health Network, the Aetna POS II Network or out-of-network providers.
- In the Pineapple Basic Plan, you have options of the UnitedHealthcare Choice Plus Network or out-of-network providers.

PINEAPPLE PREMIER PLAN

Our employee-driven Pineapple Premier Plan is managed by Aetna. You will pay a deductible of \$1,000 for individual coverage (or \$2,000 for family) but have the opportunity to bring your deductible down to \$0 in 2023 if you complete certain wellness activities by October 31, 2022. Under this plan, you have access to the broad Aetna national network, but can receive benefits and services at a lower cost when you use a Baptist Health Network. This plan also includes a lower employee premium and fewer out-of-pocket costs than the Pineapple Basic Plan and features in- and out-of-network benefits.



To find a provider for the Pineapple Premier Plan, please visit www.aetna.com/dsepublic/#/bhsf

PINEAPPLE BASIC PLAN

The Pineapple Basic Plan is managed by UnitedHealthcare and also offers in- and out-of-network benefits. Under this plan, you will have a low annual deductible of \$300 for individual coverage (\$600 for family). You will have the opportunity to bring your deductible down to \$200 for the 2023 calendar year by completing the health assessment online through Virgin Pulse by October 31, 2022. The Pineapple Basic Plan has a higher premium and more out-of-pocket costs than the Pineapple Premier Plan.



To find a provider for the Pineapple Basic Plan, please visit <https://welcometouhc.com/bhsf>





MEDICAL BENEFITS

Get healthier and save money! **myWellness ADVANTAGE**

The **Virgin Pulse platform managed by My Wellness Advantage** is a web application and mobile app that provides fun, personalized tools to support all aspects of your wellness journey. Set up like a game, you earn points by visiting the site regularly and participating in the wellness activities of your choice. You and your enrolled spouse will be able to track your health goals, participate in voluntary challenges, and connect to your mobile or wearable device. You and your spouse can each also earn \$600 toward your deductible by taking the Health Assessment, having an annual preventive visit, and participating in biometric screenings either at a health fair or as part of your annual exam.

Sign up today. Visit: join.virginpulse.com/wellnessadvantage



Eliminating your Pineapple Premier deductible:

Earn \$600 of the deductible by:

1. Taking the Health Assessment (\$100)
2. Participating in biometric screenings (\$200)
3. Having an annual preventive visit (\$300)

Earn the remaining \$400 by:

4. Engaging in Virgin Pulse activities

Need to complete all of the above by October 31.

Earn \$100 toward your Pineapple Basic deductible by:

Taking the Health Assessment by October 31.

Your spouse can activate their account also by registering at join.virginpulse.com/wellnessadvantage. Once there, just click the “Spouse Sign Up” link. When prompted to enter an employee ID, your spouse should enter your Baptist Health employee ID number with a capital “S” (it’s case sensitive) at the end to indicate they are your spouse. They can download the mobile app to get access to the platform on the go with their mobile device. The dollars you earn from the My Wellness Advantage program are deposited into a Health Incentive Account (HIA) to help pay for your medical deductible, copays and coinsurance.

Virta Health – Diabetes Reversal Program For Type 2 Diagnosis

Baptist Health has partnered with Virta Health to provide treatment to reverse type 2 diabetes for medical plan participants, including covered spouses and dependents. If you meet program criteria, you may be contacted by Virta or be sent enrollment information to participate in the program. There is no copay or out-of-pocket cost for the treatment—Baptist Health is fully covering the cost of Virta for those who qualify. Participation in the program is voluntary.



MEDICAL BENEFITS

HIGH-END DIAGNOSTICS

You can use any provider you choose. If you use a Baptist Health Network provider, you'll pay a lower cost for non-emergency high-end diagnostics such as a CT scan, MRI or MRA. You will not be subject to the plan's annual deductible for these services when using a Baptist Health provider.

OUTPATIENT SURGERIES AND COLONOSCOPIES

You can use any provider you choose. If you use a Baptist Health Network provider, you'll pay a lower cost for these services. Currently, Baptist Health does not provide these services in Broward County; therefore, employees who reside in Broward County have the option of obtaining non-emergency outpatient surgeries and colonoscopies from a Baptist Health Network provider or an in-network (non-Baptist Health) provider and pay the same copay as the Baptist Health Network.* You will not be subject to the plan's annual deductible for these services when using a Baptist Health provider.

PREVENTIVE CARE

The Pineapple Premier and Pineapple Basic provide free preventive care, including annual physical exams, immunizations and screenings, when you stay within the plan network. Note: Out-of-network preventive care is not covered.



Get your free preventive care physical every year to stay on top of any health issues.

NUCLEAR MEDICINE AND PET

You can choose any provider. You'll pay a lower cost when using a Baptist Health Network provider. Currently Baptist Health does not provide these services in Broward County; therefore, employees who reside in Broward County have the option of obtaining Nuclear Medicine and PET services at a Baptist Health facility or from an in-network provider (non-Baptist Health facility) and pay the same copay as the Baptist Health Network.* You will not be subject to the plan's annual deductible for these services when using a Baptist Health provider.

ZERO COPAY OPTION

If you or your eligible dependents are enrolled in a Baptist Health medical plan, your copay will be waived (after you meet your plan's deductible) when you visit an in-network primary care physician (PCP) in the Baptist Health Network.*

MEDICAL PLAN CREDIT

If you elect medical coverage outside Baptist Health and provide proof of that coverage, you may receive \$1,000 annually (\$38.46 per pay period). Employees covered by any government sponsored programs, (e.g., Medicare, Medicaid, TRICARE or the Marketplace Exchange) are not eligible for this credit. You are required to submit new proof and a completed Proof of Other Coverage form each year in order to qualify for the medical plan credit. Baptist Health does not provide retroactive credits.

**Baptist Health Network includes all Baptist Health facilities, Baptist Health Medical Group, Baptist Health Quality Network and the Baptist Health Medical Group North.*



MEDICAL PLAN COMPARISONS

Use the charts below to learn more about the services and coverages provided under the medical plans.

	Pineapple Premier Plan (Aetna)			Pineapple Basic Plan (UnitedHealthcare)	
	Baptist Health Network*	National Network (POS II Network)	Out-of-Network (Not contracted with Aetna)	National Network (Choice Plus Network)	Out-of-Network (Not contracted with UnitedHealthcare)
Deductible	\$1,000 individual / \$2,000 family		\$3,000 individual/ \$6,000 family	\$300 individual/ \$600 family	\$900 individual/ \$1,800 family
Out-of-Pocket Maximum **Includes deductible and copays (including pharmacy copays)	\$2,000 individual**/ \$4,000 family**		\$4,000 individual/ \$8,000 family	\$2,000 individual**/ \$4,000 family**	\$4,000 individual/ \$8,000 family
Primary Care Physician (PCP)	No PCP designation or referral required			No PCP designation or referral required	
Preventive Care Services such as annual physical exams, colorectal cancer screenings, mammograms and HIV screenings	No charge	No charge	Not covered	No charge	Not covered
Office Visit	No charge after deductible	\$20 copay after deductible	50% coinsurance after deductible	No charge after deductible for in-network primary care physician (PCP) in the Baptist Health Network* \$20 copay after deductible if not in Baptist Health Network	50% coinsurance after deductible
Office Visit – Specialist	\$15 copay after deductible	\$40 copay after deductible	50% coinsurance after deductible	\$40 copay after deductible	50% coinsurance after deductible
Lab Services	No charge	No charge at an in-network lab	50% coinsurance after deductible	No charge at a Baptist Health lab or an in-network lab	50% coinsurance after deductible
Low-End Diagnostics such as X-rays and ultrasounds	No charge after deductible	\$25 copay after deductible	50% coinsurance after deductible	\$25 copay after deductible	50% coinsurance after deductible
High-End Diagnostics such as CT scan, MRI and MRA	\$150 copay	\$750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible	\$150 copay at a Baptist Health provider \$750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible
Nuclear Medicine and PET	\$150 copay	Broward County residents: \$150 copay at an in-network provider \$750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible	\$150 copay at a Baptist Health provider Broward County residents: \$150 copay at an in-network provider \$750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible



MEDICAL PLAN COMPARISONS

	Pineapple Premier Plan (Aetna)			Pineapple Basic Plan (UnitedHealthcare)	
	Baptist Health Network*	National Network (POS II Network)	Out-of-Network (Not contracted with Aetna)	National Network (Choice Plus Network)	Out-of-Network (Not contracted with UnitedHealthcare)
Emergency Room Service Waived if admitted. Non-emergency is not covered.	\$200 copay after deductible	\$200 copay after deductible	\$200 copay after deductible	\$200 copay after deductible	\$200 copay after deductible
Ambulance Services	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Urgent Care Centers	\$75 copay after deductible	\$100 copay after deductible	50% coinsurance after deductible	\$75 copay after deductible at a Baptist Health facility \$100 copay after deductible at an in-network provider	50% coinsurance after deductible
Baptist Health Care On Demand – Virtual Urgent Care	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand
Hospital Admission	\$75 copay per day, up to 5 days after deductible	\$150 copay per day, up to 5 days after deductible	50% coinsurance after deductible	\$150 copay per day, up to 5 days after deductible	50% coinsurance after deductible
Outpatient Surgery including diagnostic endoscopy and colonoscopy procedures	\$250 copay Colonoscopies covered at no charge	Broward County residents: \$250 copay at an in-network provider \$750 copay after deductible at an in-network non-Baptist Health provider Colonoscopies covered at no charge	50% coinsurance after deductible	\$250 copay at a Baptist Health provider Broward County residents: \$250 copay at an in-network provider \$750 copay after deductible at an in-network non-Baptist Health provider Colonoscopies covered at no charge	50% coinsurance after deductible

What’s an “Emergency”? The standard used to determine a true “Emergency” is defined as whether the prudent layperson, acting reasonably, would have believed that an emergency medical condition existed. The requirement is limited to emergency services that are provided in an emergency department of a hospital and stabilization services.

Who is a Broward County resident? An employee who resides in a Broward County ZIP code.

For a more detailed list of services and coverage, refer to the 2022 Pineapple Perks online guide and/or summary plan descriptions.

*Baptist Health Network includes all Baptist Health facilities, Baptist Health Medical Group, Baptist Health Quality Network, and the Baptist Health Medical Group North.



MEDICAL PLAN RATES

Medical Premiums Per Pay Period

PINEAPPLE PREMIER PLAN MANAGED BY AETNA	FULL-TIME	PART-TIME	PINEAPPLE BASIC PLAN MANAGED BY UNITED	FULL-TIME	PART-TIME
Employee Only	\$ 49.37	\$ 75.80	Employee Only	\$ 76.85	\$129.97
Employee + Child(ren)	\$123.65	\$199.67	Employee + Child(ren)	\$180.93	\$281.33
Employee + Spouse	\$176.68	\$274.49	Employee + Spouse	\$252.40	\$350.98
Employee + Family	\$235.17	\$391.89	Employee + Family	\$303.38	\$557.42

Note: If you or your dependents are tobacco* users, you will pay a \$50 per-pay-period smoker surcharge.

*The definition of a tobacco user is someone who has used at least one tobacco product (cigarettes, cigar, e-cigarettes, chewing tobacco, pipe or other tobacco products) within the last six months.

Nonsmokers Save Money!

If you participate in a Baptist Health medical plan, you must confirm your nonsmoker status to avoid a \$50 per-pay-period smoker surcharge. If you are enrolling an adult dependent (spouse or dependent age 18 or older), you will need to confirm their tobacco use status in PeopleSoft. Once you make this attestation, your smoker status will roll over each year unless you change your smoker status in PeopleSoft. If you or your dependents are tobacco users, you will be assessed the smoker surcharge. Failure to attest that you or your dependents are tobacco users could result in loss of coverage under the medical plan and/or termination of employment.

If it is unreasonably difficult or medically inadvisable for you to meet the nonsmoker status, Baptist Health offers you a reasonable alternative to qualify as a nonsmoker. You can avoid the \$50 per-pay-period smoker surcharge if you or your dependents who are tobacco users successfully complete one of Baptist Health's approved smoking cessation programs. This must be completed within 45 days after you tested positive, if newly eligible, or from the day you reported your tobacco use status (and that of your covered adult dependents).

Tobacco Free Florida offers several ways to help smokers quit.

Talk to a Quit Coach®

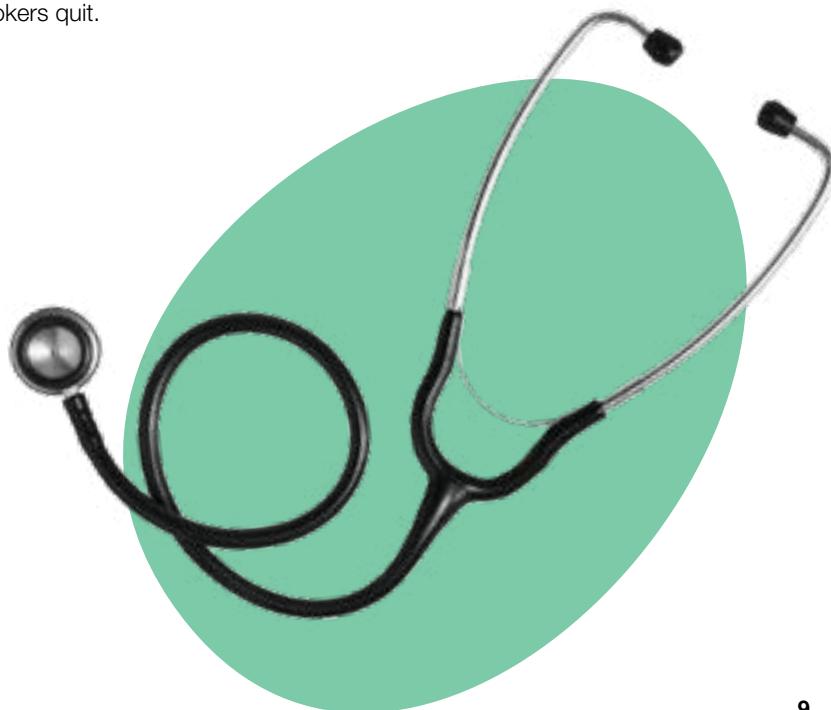
Join a Group Quit

Web Quit

More Quit Tools

Call 877-U-CAN-NOW (877-822-6669) or access the website at tobaccofreeflorida.com to begin your journey to be tobacco-free.

For additional information, contact Wellness Advantage at 786-596-2387 or by email at WellnessAdvantage@BaptistHealth.net. Refer to the Wellness Plan Summary Plan Description for more details.





ENHANCE YOUR TELEHEALTH BENEFITS

Unlimited, Free Telehealth Continues

ONLINE URGENT CARE SAVES YOUR HOUSEHOLD TIME AND MONEY

Employees and dependents enrolled in a Baptist Health medical plan will receive FREE, unlimited virtual urgent care visits on the **Baptist Health Care On Demand app** (regularly priced at \$59/visit).

Available 24/7 in all 50 states, it is ideal for cold, cough, flu, pink eye, UTI, sinus infection, sore throat and other minor urgent care needs.

Employees may start a visit right away, at any time by following the steps below:

1. Download and enroll on the Baptist Health Care On Demand app
2. Enter your Baptist Health South Florida Health Plan and Member ID.
3. Start an online urgent care visit.

To learn more, visit: BaptistHealth.net/CareOnDemand

DISCOUNT ON NEW BAPTIST HEALTH DIGITAL HEALTH KIT

Enhance your virtual visits with the Digital Health Kit, including the innovative, FDA-cleared TytoHome personal exam device. **All employees are eligible to purchase the kit at a discounted cost of \$270** (usually retails for \$299).

The kit includes a no-touch thermometer, high-definition camera and microphone with adapters to record images and audio of ears, throat, heart, lung, abdomen and more. Employees can share exams with doctors on the **Baptist Health Care On Demand app** or email other providers for an enhanced telehealth visit.

Purchase your Digital Health Kit today with a debit, credit or Flexible Spending Account (FSA) card at one of the following:

1. BaptistHealth.net/DigitalHealthKit (ENTER CODE: **EMPLOYEEONLY**)
2. Any Urgent Care Express location
3. Baptist Health Market using payroll deduct*

**Payroll deduct is only available via purchase on the Baptist Health Market.*



Baptist Health

CARE ON DEMAND



PRESCRIPTION BENEFITS

Your prescription benefit plan is administered by CVS Caremark.



To get the full benefit of your plan, be sure to fill your prescriptions at one of our 68,000 in-network participating pharmacies.

Covered medications will fall into one of the following categories:

GENERIC Medications which are chemically similar to brand, safe, less costly and readily available.

PREFERRED BRAND Medications which are new and still under patent.

NON-PREFERRED BRAND Medications not included on your plan's preferred list and will cost you more.

SPECIALTY Medications which are high cost and used to treat rare, complex conditions such as cancer or arthritis.



Go generic to save money. If generics are available but you opt for the brand-name medication, you'll pay the difference between the brand-name medication and the generic price — plus the brand copayment.

CVS Caremark offers different ways to get your medications:

FOR MEDICATIONS TAKEN FOR A SHORT TIME, you can fill your prescriptions at participating pharmacies nationwide such as CVS, Walgreens, Publix, Target and Walmart, among others, to have coverage.

FOR MEDICATIONS TAKEN REGULARLY (such as high blood pressure or diabetes medicine), your 90-day maintenance medications will be filled through the CVS Caremark Maintenance Choice program. When filling 90-day prescriptions, you can choose the most convenient option of home delivery through CVS Caremark Mail Service pharmacy or pick up at a CVS retail pharmacy. You will be able to opt-out of the 90-day Maintenance Choice program and fill your prescriptions at other network pharmacies; however, you will only be able to fill your maintenance medication for a 30-day supply.

FOR MEDICATIONS TAKEN FOR COMPLEX CONDITIONS (such as rheumatoid arthritis, hepatitis or cancer) you can fill your specialty medication at the Baptist Specialty Pharmacy located in the Miami Cancer Institute building, located on the second floor. The pharmacy is open Monday – Friday, 9 a.m. – 5:30 p.m. Please call 786-527-8200 or toll-free at 1-855-527-MEDS. The Baptist Specialty Pharmacy can also deliver your medication to your home.

Visit CVSSpecialty.com or call 1-800-237-2767 to fill these medications with CVS Caremark.

For a more detailed explanation of your prescription plan, visit www.caremark.com.

	CVS CAREMARK		
	Baptist Health Pharmacy	CVS Caremark Pharmacy Network	Out-of-Network (Not contracted with CVS Caremark)
Generic	\$15	\$15	Covered at in-network pharmacy only
Preferred Brand	\$30	\$30	
Non-Preferred Brand	\$50	\$50	
Specialty	\$75	\$75	
Baptist Health Pharmacies	90-day-supply = 1x copay		
Mail Order	90-day supply = 3x copay		



Let the Baptist Health Specialty Pharmacy team help you manage your specialty medications.

*Employees can fill their prescriptions at a Baptist Health Pharmacy and pay only 1x the copay for a 90-day supply.



BAPTIST HEALTH PHARMACIES

We're growing and so have your opportunities to save big on your prescriptions!

Baptist Health Pharmacies are now part of the CVS network, which brings prescription access and convenience in-house. If you fill your 90-day maintenance medications at our hospital-based pharmacies, you'll pay just the copay versus three times the copay at CVS or mail order. Our pharmacies offer competitive pricing and \$10 prescriptions. You can also enjoy 10% discounts for durable medical equipment (DME), over-the-counter medicines and snacks. To fill your prescriptions at a Baptist Health pharmacy, ask your physician to send your new prescriptions electronically to the pharmacy location of your choice or contact your preferred Baptist Health Pharmacy and the pharmacy team will be happy to work with your existing pharmacy to transfer all your prescriptions.

Baptist Hospital Miami

Phone: (786) 595-6331 Fax: (786) 576-0495

South Miami Hospital

Phone: (786) 595-6332 Fax: (786) 576 0496

West Kendall Baptist Hospital

Phone: (786) 595-6333 Fax: (786) 576-0497

Bethesda Hospital East Outpatient

Phone: (561) 292-4511 Fax: (561) 735-7097



BAPTIST HEALTH SPECIALTY PHARMACY

In addition to CVS Caremark Specialty pharmacy, you can also fill your specialty medication prescriptions at the Baptist Health Specialty Pharmacy located within the Miami Cancer Institute building. Our Specialty Pharmacy offers specialized prescription drugs for patients with complex disease states, chronic and/or rare conditions. Some of these medications may require special handling, administration and support from your pharmacist.

In most cases, you may either pick up your medication in person or have it delivered to your home or doctor's office. Specialty pharmacists are available to discuss your therapy and answer any questions you may have regarding your medications and supplies.

The Specialty Pharmacy team will work to help you get your medicine as soon as possible. They will let you know if you have to pay a co-payment. In the case that the co-payment is not affordable, a reimbursement specialist will research alternate funding, grants, and financial assistance available to you to help you pay for your prescriptions. They will also help you complete any paperwork required to process an application for co-pay assistance. They will ensure your experience is confidential, seamless and positive. Contact the Specialty Pharmacy at 786-527-8200.



DENTAL BENEFITS

Baptist Health offers four dental plans:

METLIFE SAFEGUARD BASIC AND BASIC PLUS PLANS With both of these plans, you must designate a MetLife SafeGuard primary care dentist or one will be assigned to you. You'll need to stay within the plan network; otherwise, you will be responsible for 100 percent of the charges. These plans are available only to employees who are Florida residents.

METLIFE PREFERRED PROVIDER ORGANIZATION (PPO) BASIC You can use any dentist you choose. If you use an in-network dentist, you'll pay a lower cost. Annual maximum benefit for in-network is \$1,000.

METLIFE PREFERRED PROVIDER ORGANIZATION (PPO) You can use any dentist you choose. If you use an in-network dentist, you'll pay a lower cost. Annual maximum benefit for in-network is \$3,000.

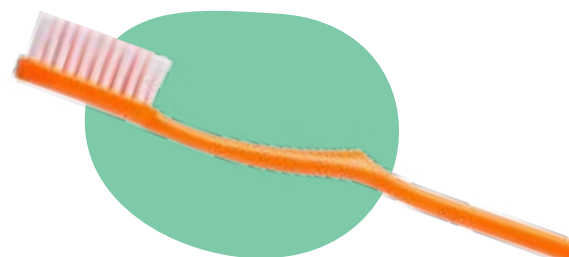
METLIFE MONROE PREFERRED PROVIDER ORGANIZATION (PPO) is available only to employees who live in Monroe County or who work at Mariners or Fishermen's Hospital. With this plan, you can use any dentist. However, you'll pay a lower cost if you use an in-network dentist. Annual maximum benefit for in-network is \$3,000.



Under the MetLife SafeGuard Basic dental plan, dental coverage is provided at no cost — but for employees only.



Time to shine those pearly whites? The MetLife SafeGuard Basic Plus and MetLife PPO plans give you two cleanings a year at no charge!



The "Annual Maximum Benefit" is the total amount MetLife will pay in benefits, per person per calendar year. For the MetLife PPO plan, if you use both in- and out-of-network dentists, the combined calendar maximum benefit may not exceed \$3,000. For the MetLife PPO Basic plan, the combined maximum benefit may not exceed \$1,000. For a more detailed list of services and coverage, refer to the 2022 Pineapple Perks online guide and/or the summary plan descriptions.

Services	MetLife SafeGuard (DHMO)+		MetLife PPO Basic		MetLife PPO	
	Basic – SGC1038	Basic Plus – SGC1037	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	None	\$50 per person \$150 per family	\$75 per person \$225 per family	\$50 per person \$150 per family	\$50 per person \$150 per family
Preventive Cleanings	\$5 copay 2 times a year	No charge 2 times a year	No charge 2 times a year	You pay 30%**	No charge 2 times a year	You pay 20%**
Restoration (fillings)	Amalgam (silver) up to \$25 Resin up to \$65	Amalgam (silver) up to \$25 Resin up to \$65	You pay 40%* after deductible	You pay 50%** after deductible	You pay 20%* after deductible	You pay 40%** after deductible
Orthodontia	\$2,095 copay (adults and children)	\$1,695 copay (adults and children)	You pay 50%* after deductible (children only) Lifetime maximum up to \$1,000	You pay 60%** after deductible (children only) Lifetime maximum up to \$1,000	You pay 50%* after deductible (children only) Lifetime maximum up to \$1,000	You pay 50%** after deductible (children only) Lifetime maximum up to \$1,000
Annual Maximum Benefit	Unlimited	Unlimited	\$1,000 per person	\$750 per person	\$3,000 per person	\$1,250 per person

*Paid at negotiated fee.

**Paid at usual and customary fee.

+These plans are available only to employees who are Florida residents.



DENTAL BENEFITS

These plans are available to employees who live in Monroe County or work at Mariners or Fishermen's Hospital.

Services	MetLife SafeGuard (DHMO) ⁺		MetLife PPO Basic		MetLife PPO Monroe	
	Basic – SGC1038	Basic Plus – SGC1037	In Network	Out of Network	In Network	Out of Network
Deductible	None	None	\$50 per person \$150 per family	\$75 per person \$225 per family	\$25 per person \$75 per family	\$25 per person \$75 per family
Preventive Cleanings	\$5 copay 2 times a year	No charge 2 times a year	No charge 2 times a year	You pay 30%**	No charge 2 times a year	No charge 2 times a year
Restoration (fillings)	Amalgam (silver) up to \$25 Resin up to \$65	Amalgam (silver) up to \$25 Resin up to \$65	You pay 40%* after deductible	You pay 50%** after deductible	You pay 20%* after deductible	You pay 20%** after deductible
Orthodontia	\$2,095 copay (adults and children)	\$1,695 copay (adults and children)	You pay 50%* after deductible (children only) Lifetime maximum up to \$1,000	You pay 60%** after deductible (children only) Lifetime maximum up to \$1,000	You pay 50%* after deductible (children only) Lifetime maximum up to \$1,000	You pay 50%** after deductible (children only) Lifetime maximum up to \$1,000
Annual Maximum Benefit	Unlimited	Unlimited	\$1,000 per person	\$750 per person	\$3,000 per person	\$1,500 per person

*Paid at negotiated fee.

**Paid at usual and customary fee.

+These plans are available only to employees who are Florida residents.

Regular Full-Time Employees (Rates are per pay period)

	Employee	Employee + 1	Family
MetLife SafeGuard Basic (DHMO)	\$ 0.00	\$ 2.27	\$ 5.02
MetLife SafeGuard Basic Plus (DHMO)	\$ 4.03	\$ 9.63	\$15.13
MetLife PPO Basic	\$ 6.02	\$ 17.70	\$ 24.22
MetLife PPO	\$ 12.05	\$ 36.90	\$ 50.49
MetLife Monroe PPO	\$ 12.05	\$ 36.90	\$ 50.49

Regular Part-Time Employees (Rates are per pay period)

	Employee	Employee + 1	Family
MetLife SafeGuard Basic (DHMO)	\$ 0.00	\$ 3.50	\$ 7.60
MetLife SafeGuard Basic Plus (DHMO)	\$ 4.49	\$ 11.72	\$19.41
MetLife PPO Basic	\$ 6.52	\$ 18.92	\$ 25.90
MetLife PPO	\$ 13.05	\$ 41.66	\$ 57.00
MetLife Monroe PPO	\$ 13.05	\$ 41.66	\$ 57.00



One less thing to worry about: MetLife SafeGuard Basic and Basic Plus plans offer unlimited payment on benefits for you and your family.





VISION BENEFITS

Baptist Health offers a vision care plan through EyeMed to help meet you and your family’s vision needs. With this plan, you can use any vision care provider you choose, but you will pay a lower cost when you use in-network providers.



Eye360 provides a \$0 eye exam and an additional \$50 will be added to your frame allowance when you visit a PLUS provider, at no additional cost to you! Visit Eyemed.com to find a PLUS Provider and save money!

You’ll be subject to your annual allowance when purchasing frames at other in-network providers or retail stores.

EyeMed		
Services	In-Network	Out-of-Network (reimbursed up to)
Vision Exam	\$10 copay	\$35
Single Vision Lens	\$10 copay	\$20
Bifocal Lens	\$10 copay	\$40
Trifocal Lens	\$10 copay	\$60
Frames	\$165 (20% off balance over \$165)	\$50
Contact Lenses Disposable	Up to \$165 (in lieu of lenses)	\$100 (in lieu of lenses)
Contact Lenses Conventional	Up to \$165, 15% off balance over \$165 (in lieu of lenses)	\$100 (in lieu of lenses)
Contact Lenses Medically Necessary	Paid in full	\$200
Frequency of Examinations	Once every calendar year	Once every calendar year
Frequency of Frame Replacement	Once every calendar year	Once every calendar year
Frequency of Lens Changes (eyeglasses or contact lenses)	Once every calendar year	Once every calendar year



Are you seeing what we’re seeing? Single vision, bifocal and trifocal lenses all covered with only a \$10 copay at an in-network provider.

Full- and Part-Time Physicians (Rates are per pay period)

	Employee	Employee + 1	Family
EyeMed	\$2.76	\$7.12	\$11.48



HEALTH INCENTIVE/FLEXIBLE SPENDING ACCOUNTS

HEALTH INCENTIVE ACCOUNT (HIA)

A Health Incentive Account is an IRS-approved account funded and owned by Baptist Health. The dollars you and your enrolled spouse earn from the My Wellness Advantage program are deposited into this account and will be available on your Health Care Spending Card (Debit MasterCard®). At the end of the calendar year, December 31, 2022, any remaining balance in your account will be forfeited. You will be able to use money in this account to pay for the medical deductible, copays, coinsurance and prescription expenses with your HIA. You may want to consider putting money aside in a Flexible Spending Account (FSA) to pay for other expenses such as dental and vision expenses, etc.

If you currently have an HIA account, you will continue to use the same card. If you also enroll in the Healthcare Flexible Spending Account (FSA), the funds in the HIA will be used first to pay for your medical deductible, copays, coinsurance and prescription expenses.

FLEXIBLE SPENDING ACCOUNT (FSA)

Healthcare Account: You can contribute pre-tax dollars, ranging from \$130 to \$2,750, to cover out-of-pocket healthcare expenses for you and your eligible dependents. The money you set aside in a Healthcare Flexible Spending Account can be used to pay for plan deductibles, copays and coinsurance for your medical, dental or vision plans and prescription drugs. Over-the-counter medicines, other than insulin, require a prescription to be eligible for reimbursement. IRS regulations state that any unused funds that remain in your account after a plan year ends must be forfeited. You do not need to be enrolled in a Baptist Health medical plan to enjoy this benefit. If you currently have an FSA, you will continue to use the same card. If you also have an HIA, the funds in the FSA will be used after the HIA is exhausted. Keep in mind that your HIA dollars (if available) will be used first for your medical deductible, copays, coinsurance and prescription expenses before you can use FSA dollars to pay for additional medical expenses. Be sure to plan carefully for the amount you will need for the calendar year.



Your FSA comes with a Health Care Spending Card (Debit MasterCard®), which makes it easy to pay for qualified expenses from your Healthcare and/or Dependent Day Care accounts.

Dependent Day Care: You can contribute pre-tax dollars, ranging from \$130 to \$5,000, to cover eligible dependent day care expenses. Dependent day care expenses may include reimbursement for the care of your children up to age 13 or elderly or disabled adults who qualify as your tax dependents, so you can work. If you're married, it frees up your spouse to work, look for work or go to school full-time.

Note: A Dependent Day Care account does not reimburse for healthcare expenses for your dependents. Dependents' healthcare expenses are reimbursed under a Healthcare FSA account.



Contribute to a Dependent Day Care FSA account and pay for summer day camps and after-school care.





DISABILITY INSURANCE

SHORT-TERM DISABILITY

Baptist Health pays the full cost of short-term coverage for eligible employees. You are automatically enrolled in this benefit on the first of the month coinciding with or following 90 days from your hire date or status-change date. When you can't work because of a qualified disability, including birth of a child, short-term disability will replace 60 percent of your base weekly earnings after 14 days of continuous absence up to a weekly maximum of \$2,500, up to 24 weeks.

LONG-TERM DISABILITY

Baptist Health pays the full cost of long-term disability for eligible employees. You are automatically enrolled in this benefit on the first of the month coinciding with or following 90 days from your hire date or status-change date. Long-term disability will replace 60 percent of your base monthly earnings after 180 days of continuous absence up to a monthly maximum of \$5,000. Refer to the summary plan description for details.

Management employees are covered under a different disability plan. Refer to the summary plan description for details.



Need time off to recover from having a baby or an illness? We protect your income by replacing 60% of your earnings.

Employees who are unable to work due to illness or injury must notify their leader and the Unum Benefits Center (877-663-7437) to request a leave of absence and apply for short-term disability benefits no later than seven (7) calendar days from the date the leave begins. Employees are encouraged to file their disability benefits as soon as possible so a claim can be processed in a timely manner.

Employees on a full-time FMLA leave for their own serious health condition and receiving short-term disability or workers' compensation benefits may opt to supplement their benefit payment with available accrued PTO, EIB and/or premerger sick leave.

A copy of the Short-Term Disability Summary Plan Description and the Unum Leave of Absence Brochure are available on the Benefits page of the Baptist Health Intranet.




We've got you covered! Baptist Health invests in you by providing short-term and long-term disability coverage at no cost!



LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Baptist Health provides, at no cost to you, basic life and AD&D coverage through Unum that pays a benefit to your beneficiary equal to your annual base salary (up to a maximum of \$500,000). The benefit amount is doubled in the event of accidental death.

 Take the time to name a beneficiary. It's very important to have a beneficiary and an easy thing to cross off your to-do list.

SUPPLEMENTAL LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

You can also purchase additional life and AD&D insurance for yourself up to five times your annual salary to a maximum of \$1,250,000 of coverage. The life insurance offered by Baptist Health is a group term life policy, which means that the policy pays a benefit only if you die, provided that the coverage is active and in force at that time. There is no cash value otherwise. If you do not select life insurance when you're first eligible, your future selection is subject to the approval of evidence of insurability (EOI), including any increases. EOI is a fancy way of saying you need to prove you're in good health before the insurance can grant you coverage.



Consider buying yourself some peace of mind. Enroll in supplemental life insurance when you're first eligible, so you know you're covered, and not subject to EOI.

Paying for Supplemental Life			
Your Age	Monthly Life Insurance Rate Per \$1,000	Your Age	Monthly Life Insurance Rate Per \$1,000
Under 30	0.022	50-54	0.18
30-34	0.024	55-59	0.273
35-39	0.033	60-64	0.437
40-44	0.055	65-69	0.759
45-49	0.109	70+	2.027

Supplemental AD&D rate per \$1,000 = 0.015 (For all age bands)

LIFE INSURANCE COVERAGE REDUCTION RULES

Life and AD&D coverage will begin to be reduced periodically after you reach age 65. In the pay period in which you reach age 65, benefits will be reduced to 65 percent of the original amount of coverage. At age 70, benefits are reduced to 40 percent of the original amount, and at age 75, benefits are reduced to 25 percent of the original amount. The reductions will take effect in the pay period in which you reach those ages.



LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

DEPENDENT LIFE INSURANCE

Baptist Health offers life insurance for your spouse and/or dependent children. To elect this benefit, you must also purchase supplemental life insurance for yourself. Your spouse/dependent coverage is limited to half the amount of your supplemental life insurance with the plan, up to a maximum of \$40,000 for a spouse and \$20,000 for a dependent child. You will need to elect a specific coverage amount for your spouse and/or dependent children and provide the names of your covered dependents.

Dependent Life — Spouse	
Coverage Options	Per Pay Period
Option 1: Spouse \$10,000	\$0.92
Option 2: Spouse \$20,000	\$1.85
Option 3: Spouse \$30,000	\$2.77
Option 4: Spouse \$40,000	\$3.69
Dependent Life — Child(ren)	
Coverage Options	Per Pay Period
Option 1: Child \$ 5,000	\$0.46
Option 2: Child \$10,000	\$0.92
Option 3: Child \$15,000	\$1.38
Option 4: Child \$20,000	\$1.85



DESIGNATING A BENEFICIARY

A beneficiary is the person or people whom you name to receive the proceeds of your life insurance or retirement plan policies in the unfortunate event of your passing. Be sure to review your designations when you experience a life event or change in marital status. You can add or change your beneficiary allocation at any time.

BUSINESS TRAVEL ACCIDENT INSURANCE

Up to \$500,000 coverage for accidents that occur during business travel. Baptist Health provides employees with Business Travel Accident Insurance at no cost. There's no enrollment needed but be sure to name a beneficiary designation for this plan as well.



RETIREMENT BENEFITS

EMPLOYER CONTRIBUTIONS

Matching Contribution: Baptist Health makes a matching contribution of \$.50 for each dollar that you contribute up to 4 percent of your eligible pay.

Basic Contribution: Baptist Health may make a discretionary basic contribution of 3 percent of your eligible pay even if nothing is contributed by you.

The employer matching and basic contributions are based on eligible pay earned after 90 days of employment. In general, to be eligible for the employer match and basic contribution, you must have worked at least 1,000 hours in the payroll calendar year and have been on the payroll as of December 31 of the calendar year. Baptist Health employer contributions to your account are made annually, as soon as possible after the close of the calendar year.

INVESTMENTS

Choose your investments from a wide array of options. If you do not select an investment option, your contributions will automatically be invested in the appropriate T. Rowe Price Target Date Funds based on your age on the date of entry. This can be changed after you review the investment options information.



We invest in your physical health as well as your long-term financial health. It's just one way of thanking you for all that you've invested at Baptist Health.

ELIGIBILITY AND ENROLLMENT

Unless you elect otherwise, each pay period, 6 percent of your eligible pay will be deducted on a pre-tax basis and contributed to the plan on your behalf. At any time, you can change the amount saved, or not participate. If you choose to change your contribution or elect not to participate, call Transamerica at 800-755-5801 or visit transamerica.com/portal/bhsf.

An after-tax Roth contribution is also available for those employees who prefer to pay tax on the money now and receive tax-free income upon distribution.

You may contribute up to the 2022 annual IRS limit, \$20,500, in pre-tax and/or after-tax Roth dollars to this account. If you reach age 50 or older in 2022, you will be eligible to contribute an additional amount up to the annual IRS limit, \$6,500, as a catch-up contribution.



Generally you're automatically enrolled in our retirement plan after 30 days of employment. Be sure you register with Transamerica at transamerica.com/portal/bhsf to name a beneficiary and choose your investment options.





OTHER BENEFITS

LEGAL SERVICES

MetLife Legal is a voluntary plan and can be a valuable benefit for you and your family. Preparation and peace of mind are key to our overall well-being, especially in times of uncertainty. Knowing that you have a plan and trusted resources in place should you require legal assistance is one less thing to worry about.

Getting started is easy. You simply choose an attorney in any area of practice from our network, which is available online or by calling MetLife at 800-821-6400. You'll receive a case number to share with your lawyer when you make an appointment. It's that simple.

You can speak to a network attorney face to face, by phone, or you can submit questions online to an attorney e-panel – whatever works best for you. And for certain legal matters, your attorney can represent you in court without you having to make an appearance.

Other benefits provided by MetLife Legal are Identity Theft Defense and LifeStages Identity Management Services. Visit www.metlife.com/bhsf to learn more about all the benefits provided by MetLife.

Short comparison chart and rates below.

Regular Full and Part-Time Employees (Rates are per pay period)			
	Employee	Employee + 1	Family
Classic	\$ 3.12	\$ 3.81	\$ 4.79
Premier	\$ 5.19	\$ 6.23	\$ 7.29

	Classic Plan	Premier Plan
Home & Real Estate	<ul style="list-style-type: none"> • Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations 	<ul style="list-style-type: none"> • Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations • Boundary & Title Disputes • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Revocable & Irrevocable Trusts • Simple Wills 	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Revocable & Irrevocable Trusts • Simple Wills • Probate
Family & Personal	<ul style="list-style-type: none"> • Affidavits • Conservatorship • Demand Letters • Divorce (Uncontested) • Garnishment Defense • Guardianship • Name Change • Personal Properties Issues • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings 	<ul style="list-style-type: none"> • Affidavits • Conservatorship • Demand Letters • Divorce (Uncontested) • Garnishment Defense • Guardianship • Name Change • Personal Properties Issues • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings • Adoption • Divorce (Contested) • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Parental Responsibility Matters • Prenuptial Agreement



For a complete list of the legal plan comparison, see the Full Benefits Guide on PineappleConnect.net and type Benefits & Perks in the search bar.



OTHER BENEFITS

PET ASSURE

Pet Assure is a voluntary but comprehensive membership savings program designed to help make the cost of veterinary (as well as everyday) care more affordable for pet owners. There are no exclusions, and all of the pets in your household are included. This is a voluntary benefit made available to you; it is provided by another organization and not by Baptist Health directly.

TOTAL HEALTH MEANS CARING FOR THE WHOLE FAMILY, INCLUDING THE FURRY ONES.

Great discounts and savings on your pet's care

Through the Pet Assure network of participating veterinarians and animal hospitals, members receive a 25 percent discount on all in-house veterinary care.

Discount services include dental cleanings, X-rays, spays and neuters, routine care and vaccines, sick visits, and hospitalization to name a few. For a list of participating veterinary service providers and services, visit www.petassure.com or call 888-789-7387.

Members can save up to 35 percent by shopping at Pet Assure's participating merchants for pet food, vitamins, pet supplies, grooming, boarding, pet sitting and behavioral training and receive a free Pet ID.

Save 15 percent on every order from PetCareRx.com — including prescriptions.

Easy, hassle-free enrollment

With Pet Assure, there are no deductibles, no forms to fill out, no waiting period, and you can use the program an unlimited amount of times. You can enroll your pets for free in the 24/7/365 lost pet recovery service.

Affordable price

The employee contribution rate for Pet Assure is \$3.69 per pay period.



Does Rover like to roam? You can get a free Pet ID with a 24-hour location service that will call to reunite you with your pet once they are found.

ACTIV4PETS

Activ4Pets is a voluntary pet telemedicine membership that covers up to four pets and includes unlimited access to your pet's health records, 'Ask a Vet' online feature, one eConsult visit and one second medical opinion with a licensed veterinarian. The annual cost is \$12. That's \$1 a month for virtual services for your pets! Visit www.activ4pets.com for more information on this program.

Need to chat with a licensed vet? Enroll in Activ4Pets by visiting www.Activ4Pets.com and use the promo code BAPTISTHEALTH.

STUDENT LOAN REFINANCING

SoFi Student Loan Refinancing is a voluntary benefit that enables you to consolidate and refinance your student loans at low interest rates. Receive a \$300 welcome bonus when you refinance through SoFi.com/BaptistHealth.



OTHER BENEFITS

TRANSPORTATION BENEFIT PROGRAM

Miami-Dade Transit EASY Card, parking permits and Tri-Rail monthly passes are available on a pre-tax basis and at a 50 percent discount. A transit EASY Card provides unlimited rides on Miami-Dade Transit buses, express buses and Metrorail. A Tri-Rail EASY Card monthly pass allows unlimited travel through the entire Tri-Rail and Miami-Dade transit systems. Parking permits to park at some Metrorail stations are also available. Once you have become a member of the program, your card will be valid from the first through the end of the month. Monthly fares are automatically loaded each month as long as you are participating in the program.

Transit Pass Rates	
Miami-Dade Metropass	\$23.92
Miami-Dade Metropass and Metrorail Parking Permit	\$24.07
Tri-Rail	\$30



Car break down on the way to work?

Call a taxi on us! Employees in the transportation program get up to six free emergency rides a year.

(Payroll deductions are taken twice monthly.)

OTHER GREAT PERKS

Paid Time Off (PTO)

Elective and Emergency PTO Cash-Outs

PTO Donations Through Leave Sharing

Bereavement Benefit

Flextime

Bridgement of Previous Service

On-Site Early Learning Centers

Paid Parental Benefit

Adoption Benefit

Florida Prepaid Payroll Deductions

Wellness Programs and Services

Group Auto Insurance Discount

Tuition Assistance

Employee Assistance and Work-Life

Student Loan Refinancing

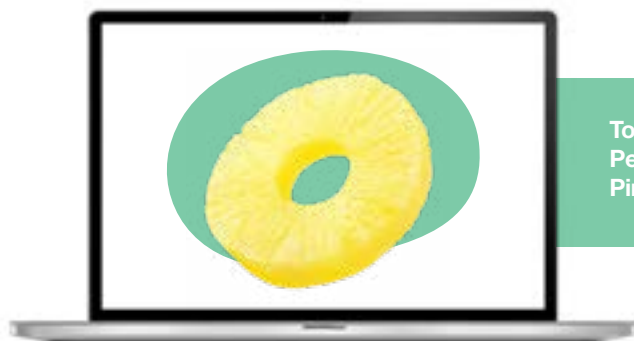
PerkSpot Discount Program

On-Campus Discounted Food Services

Free Parking

Baptist Health Market

Credit Union



To learn more, visit PineappleConnect.net and enter Benefits and Perks in the search bar. Additional information is available in the Pineapple Perks online guide.



CONTACT INFORMATION

MEDICAL PLANS

Aetna — Pineapple Premier 866-456-3120
 UnitedHealthcare — Pineapple Basic 800-436-9117

MEDICAL — 24-HOUR NURSE LINE

Aetna — Informed Health Line 800-556-1555
 UnitedHealthcare - Advocate4Me 800-436-9117

PRESCRIPTIONS

CVS Caremark 844-345-1255
 CVS Specialty 800-237-2767
 CVS Specialty — Fax 800-323-2445

PHARMACY

Baptist Health Hospital 786-595-6331
 South Miami Hospital 786-595-6332
 West Kendall Baptist Hospital 786-595-6333
 Baptist Health Specialty-MCI 786-527-8200
 Bethesda Hospital East Outpatient 561-292-4511

DENTAL PLAN

MetLife 800-942-0854

VISION PLAN

EyeMed Plan 866-723-0514

OTHER BENEFITS

Healthcare/Dependent Day Care
 Flexible Spending Account (FSA) 800-331-0480
 Health Incentive Account (HIA) 800-331-0480
 Transamerica Retirement Solutions 800-755-5801
 Pet Assure 888-789-7387
 Activ4Pets 855-738-3282
 Request an HIA/FSA Spending Card 866-755-2648
 Unum Disability Claims 877-663-7437
 Unum Life Insurance 800-421-0344
 MetLife Legal 800-821-6400
 HealthAdvocate
 (Employee Assistance & Work/Life) 877-240-6863

WEBSITES

Activ4Pets
www.Activ4Pets.com

Aetna
www.aetna.com/dsepublic/#/bhsf

CVS Caremark
www.caremark.com

CVS Caremark Mail Service Pharmacy
www.caremark.com/maillservice

CVS Specialty
www.CVSppecialty.com

CVS Caremark 90-Day Supplies
www.caremark.com/90day

EyeMed
www.eyemedvisioncare.com

HealthAdvocate
(Employee Assistance & Work/Life)
www.healthadvocate.com/bhsf

Health Incentive (HIA) and Flexible Spending Accounts (FSA)
www.myuhc.com

MetLife
www.metlife.com/bhsf

MetLife Legal
www.metlife.com/bhsf

PerkSpot
bhsf.perkspot.com

Pet Assure
www.petassure.com

Transamerica Retirement Solutions
transamerica.com/portal/bhsf

UnitedHealthcare
www.myuhc.com
 Pre-Member Site: <https://welcometouhc.com/bhsf>

Unum
www.unum.com

HOW TO ENROLL IN YOUR BENEFITS

Enroll online through PeopleSoft, which you can access via PineappleConnect.net. You will need to enter your network user ID and password. These are the same credentials you use to log on to your Baptist Health computer. If you have a network account or password-related question, contact IT's Rapid Response team for assistance.

WE'RE HERE TO HELP!

If you still have questions about your benefit options or enrollment, contact the Pay & Perks Service Center at:

PHONE
 786-662-7178, option 1

EMAIL
 Benefits@BaptistHealth.net

FAX
 786-533-9300



This summary provides a simple outline of Baptist Health South Florida benefit plan options for calendar year 2022. If there is a disagreement between information contained in this brochure and the official document, the plan documents always govern. For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions. Baptist Health reserves the right to amend, add to or change the benefits described in this brochure, with or without notice.



BAPTIST HEALTH’S GROUP HEALTH DISCLOSURE NOTICES

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) at annual benefits enrollment because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in Baptist Health plans during the plan year if you or your dependents lose eligibility for that other coverage (or if the employer who is offering that coverage stops contributing toward the cost of your or your dependents’ other coverage). However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer who is offering that coverage stops contributing toward the cost of the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after marriage, and within 60 days for birth, adoption or placement for adoption.

Finally, you may be eligible to enroll yourself and your dependents in Baptist Health plans if you or your dependents (i) lose coverage under Medicaid or a State Children’s Health Insurance Program; or (ii) become eligible for Medicaid or a State Children’s Health Insurance Program premium assistance subsidy. In each case, you must request enrollment within 60 days of such an event.

To request special enrollment or obtain more information, contact the Pay & Perks Service Center at 786-662-7178, option 1.

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer but are unable to afford the premiums, the state of Florida has premium assistance programs that can help pay for coverage. The state uses funds from its Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact Florida’s 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, you can contact Florida’s Medicaid or CHIP office — or dial 877-KIDS-NOW (877-543-7669) or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan — as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You may be eligible for assistance in paying your employer health plan premiums. The following information is current as of October 2021. You should contact the number below for further information on eligibility.

FLORIDA — Medicaid

www.flmedicaidprecovery.com • 877-357-3268

For more information on special enrollment rights, you can contact:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/ebsa • 866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov • 877-267-2323, Option 4, Ext. 61565

Women’s Health and Cancer Rights Act of 1998 (WHCRA)

Enrollment Notice

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Coverage of prostheses and treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

	DEDUCTIBLE	COINSURANCE
Pineapple Premier Medical Plan (Aetna)	\$1,000 individual \$2,000 family	\$3,000 individual \$6,000 family
Pineapple Basic Medical Plan (UnitedHealthcare)	In-network \$300 individual \$600 family Out-of-network \$900 individual \$1,800 family	Out-of-network 50% coinsurance after deductible

If you would like more information on WHCRA benefits, call Aetna at 866-456-3120 or UnitedHealthcare at 800-436-9117.

Baptist Health’s Notice of Privacy Practices

Baptist Health has a Notice of Privacy Practices for the health plans offered to our employees. This notice outlines the steps that we take to protect your medical information and how we use or disclose this information. An electronic copy of the notice can be found by searching Benefits and Perks on PineappleConnect.net or BaptistHealth.net/Employees. If you would like to receive a paper copy of the notice or have any questions, you may contact Privacy@BaptistHealth.net or 786-596-8850.

ERISA Rights

As a participant in Baptist Health’s Pineapple Perks, you have rights and protections with certain plans under the Employee Retirement Income Security Act of 1974 (ERISA). If you would like more information about ERISA or have any questions, you may contact the Pay & Perks Service Center; the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20220.