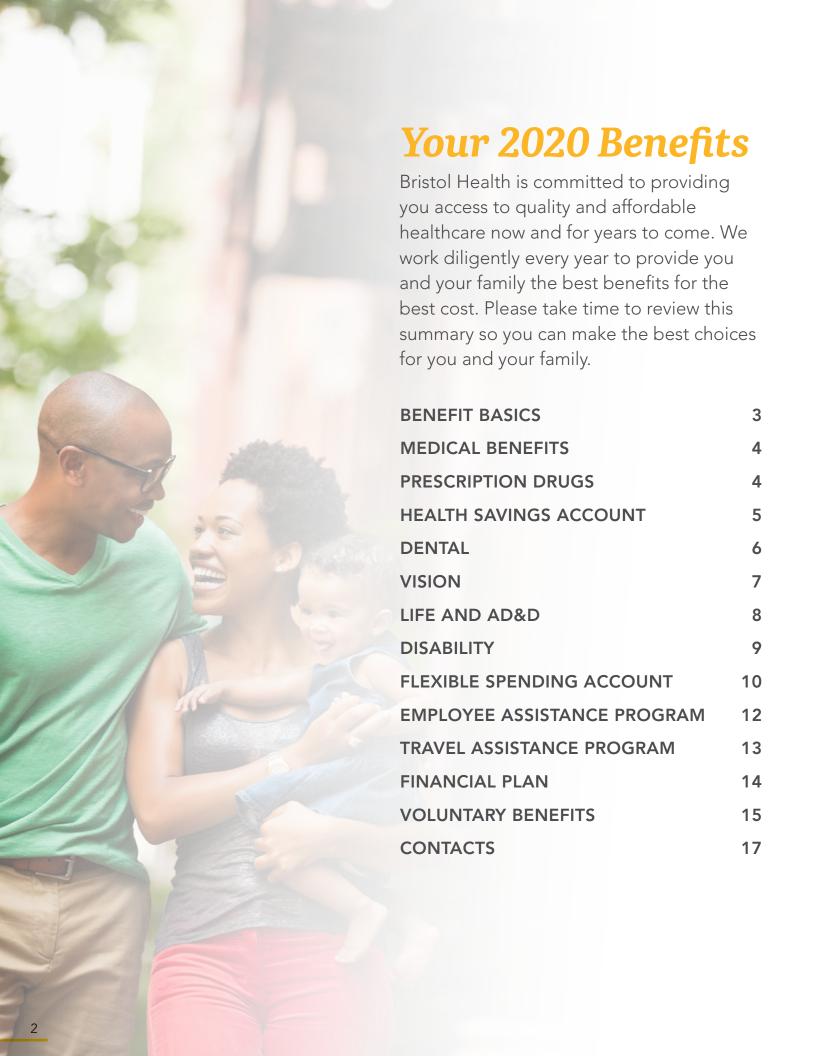


2020 Benefits





Benefit Basics

Who is Eligible for benefits?

- All full-time (non-contracted) employees scheduled a minimum of 36 hours or more per week and part-time employees scheduled 24-35.99 hours per week.
- Dependent children are covered through the end of the month in which they turn age 26 for medical and until age 19 for dental and vision (or age 23 as long as they are a full-time student).
 - A dependent child includes a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your Spouse are the legal guardian. An eligible dependent child also includes an unmarried child age 26 or over who is or becomes disabled and dependent upon you.
- Spouses that don't work, work without access to health coverage and self-employed spouses who make under \$23,000 are eligible dependents for medical benefits. All spouses are eligible for non-medical benefits.
- If you wish to elect certain voluntary benefits, you may be required to complete an additional enrollment form and also submit Evidence of Insurability.

Can I change my benefits anytime?

In most cases, you cannot change your benefits until the next annual open enrollment period. Mid-year changes are only allowed if you have a qualifying life event.

When you have a qualifying life event and want to change your benefits, you need to log into Paycom and upload proof of the event within 30 days.

Examples of Qualifying Life Events Include:

- Marriage (if your spouse falls under certain eligibility rules)
- Birth, adoption or placement for adoption of an eligible child
- Divorce, legal separation or annulment
- Termination or commencement of employment by spouse or dependent
- A child reaching the plan's maximum age limit (age 26 for medical, age 19-23 or loss of fulltime student status for dental and/or vision)

Things To Know Before You Enroll

If you elect to add a dependent, the dependent must be enrolled during open enrollment, when your are first eligible for benefits or within 30 days following a qualified family status change.

- Only 30 days are allowed for enrollment of a newborn, if you have not received the birth certificate within this timeframe, you should contact HR before this time expires.
- You will need to provide proof of marriage or birth when adding a dependent that has not previously been covered under the plan.
- You must provide the Social Security number and date of birth for any spouse and/or dependent you enroll (or to make a name change).

Are you enrolling a spouse?

Action is needed if you are enrolling an ELIGIBLE spouse in coverage for 2020. You must enroll them during open enrollment, be prepared to show documentation.

Medical & Prescription Drug Plans Aetna

Bristol Health offers health insurance through Aetna. These plans provide eligible employees access to a national network of healthcare providers who meet stringent credentialing standards.

Comparing Your Health Plan Options

	BH POS Plan		HDHP Plan			
2020 PLAN DESIGN	BH Network	Friends & Family Network	Aetna Network	BH Network	Friends & Family Network	Aetna Network
Employer Contribution to Health Savings Account	N/A		Employee: \$400 / Family: \$800			
Deductible Employee / Family	N/A		\$1,500 / \$3,000 \$2,000 / \$4,000		\$2,000 / \$4,000	
Coinsurance	0%	20%	30%	0%	20% after deductible	30% after deductible
Annual Out-of-Pocket Max Employee / Family	\$5,000 / \$10,000 (embedded) ¹		\$4,000 / \$8,000 (non-embedded)			
Physician Office Visit	\$15 (BH Pediatrics \$0)	\$40	\$50	0%	20% after deductible	30% after deductible
Preventive Services	Fully Covered		Fully Covered			
Specialist Office Visit	\$25	\$55	\$65		000/ 6	200/ 6
Inpatient Hospital	\$0	20%	30%	0%	20% after deductible	30% after deductible
Outpatient Hospital	Φ0	20%	30%			
Emergency Care (copay waived if admitted)	\$50 copay	\$100 copay		0%	20% after	deductible
Out-of-Network						
Deductible	\$2,500 / \$5,000		\$4,000 / \$8,000			
Coinsurance	50%		30%			
Annual Out-of-Pocket Max Employee / Family	\$5,000 / \$10,000		\$6,350 / \$12,700		-	

^{1.} In 2020, no individual will pay more than \$5,000 in out-of-pocket expenses.

Prescription Drug Benefits (In-Network Only)

	BH POS Plan		HDHP Plan	
2020 PLAN DESIGN	BH Network	Aetna Network	BH Network	Aetna Network
Prescription Annual Deductible		\$25 per member Combined with medical		th medical
Retail Prescription (34-day supply)	\$0	Generic - 20% to min \$10, max \$25 Brand - 20% to min \$25, max \$50 Non- Preferred - 20% to min \$40, max \$75	\$0 after deductible	200/ -ft ddt-l-l-
Mail Order Prescription (90-day supply)	\$0	Generic - \$20 copay Brand - \$50 copay Non- Preferred - \$80 copay	\$0 after deductible	20% after deductible

Stay in the Bristol Health Network

You'll notice that within all of the medical plans you have three options when it comes to receiving in-network care: The Bristol Health network, Friends and Family network, and the Aetna network. Just another way we are dedicated to caring for those who care for others.

Note: Litchfield Surgery Center and Central CT Endoscopy will be excluded from the Bristol Health plan in 2020



What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax-advantaged savings account that is used with a high-deductible health plan (HDHP), and allows you and your eligible dependents to use it for various qualified medical expenses.

Who can open an HSA?

If you meet the IRS requirements to establish an HSA, listed below, you can make contributions to your HSA, and the money you contribute from your paycheck is deducted on a pre-tax basis. HSA funds are not taxed when withdrawn for qualified healthcare expenses. However, if you withdraw funds for non-healthcare expenses, you will be subject to income tax and, if you're under age 65, an additional 20% tax penalty. There are annual limits set by federal regulations on how much you can contribute, but your balance carries over year to year, can earn tax-deferred interest, and belongs to you even if you change employers.

How does the HSA work?

The HSA is set up upon enrollment in the HDHP Plan. Bristol Health will contribute to your HSA depending on the level of coverage selected. If you elect to contribute to the HSA, then pre-tax payroll deductions are deposited from each paycheck into your HSA. You will receive separate communication from PayFlex with specific instructions and options.

When you and certain eligible dependents incur a qualified healthcare expense, such as a doctor or hospital visit, you can pay using the debit card, provided to you by PayFlex, or by using online bill pay via their secure HSA website. If you don't have enough money in your HSA to cover a healthcare expense, you can pay using other sources, and simply reimburse yourself later when the money is available. You won't need to submit any receipts for approval, but it's important to maintain receipts for all expenses you pay with your HSA for tax and record keeping requirements.

Employees enrolling in the HDHP Plan with the HSA will receive the following contribution from Bristol Health into their HSA.

HSA CONTRIBUTION LIMITS FOR 2020			
	Employer Contribution	2020 Contribution Limit	
Individual (Employee)	\$400	\$3,550	
Family	\$800	\$7,100	
Additional Catch-Up Contribution (Age 55+): \$1,000			

The 2020 Bristol Health contribution will be prorated per pay period. The Bristol Health HSA contribution will be pro-rated based on number of months covered in 2020 if you join the plan after open enrollment.

What are the IRS requirements?

- You must be enrolled in the HDHP Plan offered by Bristol Health.
- You must not be covered under another health plan, including Medicare Part A/B and TRICARE.
- You or your spouse, if applicable, must not be enrolled in a Health Care Flexible Spending Account (FSA) that reimburses for medical expenses.
- You must not be claimed as a dependent on another person's tax return.

Dental Coverage Cigna

Maintaining your oral health goes beyond achieving a bright smile as dental health has been widely linked to your overall health by dental and medical experts. Bristol Health offers two dental plans offered through Cigna.

Cigna Dental PPO Plan

Bristol Health offers PPO dental insurance through Cigna. The Cigna PPO dental program provides eligible employees easy access to a national network of dental providers consisting of general and specialty dentists who meet wellestablished credentialing standards. In network benefits are paid on contracted amounts. For a listing of dental providers that are contracted with Cigna, please visit the Cigna dental directory at cigna.com/hcpdirectory. You also have the option of going out of the network and utilizing any licensed provider. Benefits for not participating dental providers are based on reasonable and customary charges and you may be balanced billed if the provider utilized bills above this level.

PPO Plan				
	You Pay IN-NETWORK	You Pay OUT-OF- NETWORK		
Deductible Individual Family	\$50 \$150			
Coinsurance Preventive Services Basic Services Major Services Orthodontia (Child to age 19)	0% 20% 50% 50%	0%¹ 20%¹ 50%¹ 50% ¹		
Calendar Year Maximum Orthodontist Lifetime Maximum (per Eligible Child)	\$1,200 \$1,000			
Exam/Cleaning Frequency	Two oral exams per calendar year Two cleanings per calendar year			

¹ Based on a Reasonable and Customary charge

Cigna Dental DHMO Plan

The DHMO is a plan that provides a full range of dental services. There are no deductibles and you are only responsible for the co-payment associated with each covered procedure when you visit a participating (in-network) dentist. Under this plan, you must select a primary care dentist in the Cigna network. Although there is a smaller number of dentists to choose from when compared to the DPPO, the costs are generally much lower. To determine your cost for a procedure, refer to the Cigna DHMO Schedule of Benefits located in the Dental section of Bristol Health's external website.

Vision Coverage VSP

Having a comprehensive dilated eye exam is one of the best things you can do to make sure that you're seeing the best you can and that you're keeping your eyes healthy.

Plan Details

Bristol Health offers a vision plan through VSP. The plan is paid 100% by the employee. Please visit **vsp.com** for a complete listing of participating providers.

	You Pay IN-NETWORK	Reimbursed OUT-OF-NETWORK
Eye Exam (every 12 months)	\$10 copay	\$45 allowance
Lenses (every 12 months) Single Lens Bifocal Lens Trifocal Lens Lenticular	\$25 copay	\$30 allowance \$50 allowance \$65 allowance \$50 allowance
Frames (every 12 months)	\$120-140 allowance	\$70 allowance
Contact Lens and Exam	\$60 Contact lens fitting exam fee Medically necessary: covered in full Cosmetic elective: \$120 allowance For specialty fit, the member is responsible for any charges over \$120	Medically necessary: \$105 allowance Cosmetic elective: \$105 allowance Specialty fit: not covered



Life and AD&D Prudential

Life insurance needs vary greatly from one individual to the next.

Bristol Health offers various levels of life insurance coverage to meet your family's needs.

Basic Life and AD&D Insurance

The insurance benefits through Bristol Health offer you a way to protect your family's financial security in case of injury or death. Bristol Health provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance (in most cases) at no cost to you.

Voluntary Life Insurance

Because everyone's needs are different, Bristol Health offers employees the flexibility to purchase additional coverage - and increase your peace of mind - with Voluntary Life and AD&D coverage for you and your dependents. The cost of this coverage is deducted from your pay through payroll contributions. If you leave Bristol Health, you may take this coverage with you by paying premiums directly to Prudential. Life Insurance benefits are reduced to 65% at age 65, 50% at age 70.

Please note that voluntary coverage may require you to furnish evidence of good health and be approved by the insurance carrier to enroll.

Remember!

Use your Paycom app to verify and update your beneficiaries anytime.

Basic & Voluntary Life Options				
Who is Covered?	Benefits			
Employee Basic Life and AD&D (employer paid - in most cases)	1x base salary to a maximum of \$150,000			
Employee Voluntary Term Life (employee paid)	1x - 4x base salary to a maximum amount of \$600,000			
Spouse Voluntary Term Life (employee paid)	\$5,000 increments to a maximum amount of \$50,000			
Child(ren) Voluntary Term Life (employee paid / If you elect Child Life it will cover all of your eligible children)	\$1,000 increments up to a maximum amount of \$5,000			
Employee Voluntary AD&D (employee paid)	Four coverage options available: \$25,000, \$50,000, \$100,000 or \$150,000			



Disability Guardian & Prudential

Short-term and long-term disability insurance provides you with income protection should you be unable to work due to a non-job related illness or injury. Bristol Health provides eligible employees short-term disability insurance at no cost.

Short-Term Disability Insurance (STD)

GUARDIAN

If you are out of work due to an illness, and if approved by our leave management provider for STD, your disability benefits will begin after a 10 day waiting period. You must provide our leave management provider with Health Care provider medical certification before you can return to work. Eligibility is based upon the completion of one year of full time employment.

Long-Term Disability Insurance (LTD)

PRUDENTIAL

Bristol Health offers eligible employees with LTD coverage in the event your disability continues beyond the STD period and you are approved by Prudential for LTD benefits. Eligibility is based upon the completion of one year of full time employment.

	Benefit Begins	Benefit Duration	You Will Receive	Up to a Maximum of
Short-Term Disability	After 10 days of disability	26 weeks (including 10 day elimination period)	Percentage of base weekly earnings based on consecutive years of full time service	26 weeks per disability (lifetime maximums apply)
Long-Term Disability	After 26 weeks of disability	As determined by the Plan	Ranges from 50%-60% of monthly earnings - consult HR for more details	Ranges from \$5,000- \$10,000 - consult HR for more details

Am I eligible?

Eligibility for both Short-Term Disability and Long-Term Disability is after 1 year of full time employment.

Flexible Spending Account Group Dynamic

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay for eligible health care and dependent care expenses that may not be covered by insurance.

Health Care and Dependent Care Reimbursements Accounts

The plans provide a significant tax break because you pay for these expenses with your pre-tax dollars, as opposed to paying for them with money that has already been taxed. The money you deposit is exempt from both Federal Income and Social Security Tax. Your deposit is deducted from your salary each pay before taxes are calculated, so you pay taxes on a reduced amount.

How Do I Get Reimbursed?

Estimate your expenses for the coming plan year. Identify an annual election that you are comfortable with. This amount will be divided evenly over your payroll during the course of the year on a pre-tax basis and contributed to your health care and or dependent care accounts. When you have expenses to be reimbursed, simply submit a completed reimbursement form via mail, fax or directly online at **gdynamic.com** indicating that the expense has been incurred during the plan year, along with an itemized receipt or a bill from the provider showing your responsibility.

Enrollment Considerations

- You should submit your claims on a regular basis. Eligible expenses must be incurred between January 1, 2020 and March 15, 2021.
- If you do not use all of the funds in your account, you will lose these funds.
- Expenses paid through the reimbursement account cannot be claimed as tax deductions or tax credits.
- You MUST re-enroll in the FSA each year and you, or your spouse, cannot be contributing to a HSA.

Your Debit Card

A debit card will be issued to simplify reimbursement processing for Health Care accounts, allowing you access to your FSA pre-tax deductions. When you incur an eligible health care expense, you may choose to utilize your debit card rather than paying out of pocket and waiting for reimbursement.

Save Your Receipts!

Please be sure to retain all proper documentation for verification purposes. Proper documentation would include your Explanation of Benefits (EOB), a detailed invoice from your provider showing your responsibility or and itemized receipt from a merchant. Canceled checks or credit card statements are not considered proper receipts.

Enroll through Paycom then create your account:

- After the first of the year, and your enrollment information has been received at Group Dynamic, go to <u>gdynamic.com</u> click on "Participant Login" at the top left side of the screen.
- Enter your Username and Password, or click on New User to create your Username and Password
- Use the GDI Portal to:
 - Upload receipts and track expenses
 - View account activity, balances and claim history
 - Set text message alerts for claim and payment alerts
 - Download the GDI Mobile app, from the message center in the middle of the homepage

Flexible Spending Account Group Dynamic

To help you understand the differences between the Health Care FSA and the Dependent Care FSA, please review the chart below.

Health Care FSA vs. Dependent Care FSA

Benefits	Health Care FSA	Dependent Care FSA
Eligible Expenses	Copayments, deductibles and coinsurance Eye examinations, glasses and contacts Dental insurance copayments Transportation to and from medical provider Orthodontic expenses Medical supplies	Day care facility fees (excluding transportation, lunches, and educational services) and nursery or preschool expenses. An eligible care provider can be any provider you choose. Local day camp In-Home babysitting fees (income must be claimed by your care provider)
Plan Maximum/Calendar Year	\$2,750	\$5,000 - Single or Married Filing a Joint Return \$2,550 - Married Filing Separately
When are Funds Available?	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.	You are able to submit claims up to your year-to-date accumulated amount in your account (you will only be reimbursed based on your accumulated contribution amounts)
Who?	Expenses for employee and any dependents and any eligible dependents.	Children under 13 years of age or children 13 or over who are physically or mentally unable to care for themselves. Or, a spouse or an elderly parent residing in your home, who physically or mentally is unable to care for himself or herself.

How Can I Save With a Health Care FSA?

In this example you would have saved \$440 if you put the \$2,750 that you were going to spend anyway in the Health Care FSA program.

	Without Health Care FSA	With Health Care FSA
Annual Salary	\$25,000	\$25,000
Health Care FSA Contribution	\$0	(\$2,000)
Taxable Pay	\$25,000	\$23,000
Estimated Taxes @ 22%	(\$5,500)	(\$5,060)
Net Pay	\$19,500	\$17,940
After-Tax Medical Expenses	(\$2,000)	\$0
Income After Medical Expenses	\$17,500	\$17,940

How Can I Save With a Dependent Care FSA?

Paige, who is married, contributes \$5,000 to a Dependent Care FSA and uses that money towards child day care expenses throughout the year.

	Without Dependent Care FSA	With Dependent Care FSA
Adjusted gross income	\$45,000	\$45,000
FSA contribution	- \$0	- \$5,000
Taxable income	\$45,000	\$40,000
Taxes (federal and FICA)	- \$6,750	- \$6,000
After tax-pay	\$38,250	\$34,000
Reimbursements from the FSA	+ \$0	+ \$5,000
"Spendable" income	\$38,250	\$39,000
Increase in take-home pay with the FSA	N/A	\$750

Note: Based on estimated tax tables for a married taxpayer filing jointly; your tax savings will likely vary.



Employee Assistance Program Wheeler Clinic

At some point, most of us experience challenges that affect the quality of our lives at home and work. This confidential counseling program provides professional help to you and your family members for personal, family or workplace problems.

When Should I Use the EAP?

Topics may include stress management, finding child care, retirement planning, financial/legal concerns, relationships, or being faced with grief, loss, or the impact of a disability. Counselors are available 24 hours a day, seven days a week.

Services Include:

- Up to three (3) visits of care, regardless of your individual medical coverage.
- There is no charge to you or your dependents.
- You and your dependents can be seen at Wheeler Clinic in Plainville or Hartford.
- If further care is needed beyond the EAP, the Wheeler Clinic will make referrals for appropriate facilities or resources that are compatible with your health insurance.

Call Today

The Employee Assistance Program can be accessed 24 hours a day, seven days a week, by calling the 24-hour hotline at 1-800-275-3327.

What happens when I call?

When you call the EAP, you will speak with our EAP staff and a confidential appointment will be made to meet in-person with a professional counselor to discuss your concerns at a location and time that is convenient to you. After you meet with the EAP counselor, a plan of action will be developed together.

Travel Assistance Program International Medical Group (Prudential)

You have access to the Prudential International Medical Group Travel Assistance Program, an indispensable service that offers you and your dependents medical and travel assistance services, 24/7/365. This team of international, multilingual specialists works across time zones and with different languages and currencies, manning a U.S.-based call center day and night to provide high-quality services you can depend on.

How does the program work?

You have access to assistance services when faced with an emergency while traveling internationally, or domestically. You and your dependents are eligible to access these services for up to 120 consecutive days for any given trip.

With one single phone call, you and your dependents (traveling together or separately) get immediate access to a broad range of travel assistance services:

Emergency medical transport services:

- Dispatch of a physician
- Emergency medical evacuation
- \$25,000 emergency hospitalization payment
- Return of dependent children
- Visit of a family member or friend

Medical assistance services

- Convalescence arrangements
- Emergency travel arrangements
- Inpatient and outpatient care
- Medical and dental referrals
- Replacement of medical devices

Travel assistance services

- Pre-trip and cultural information
- Emergency cash transfer
- ID theft assistance
- Lost luggage/document assistance
- Urgent message relay

Security assistance services

- Emergency political evacuation/repatriation
- Natural disaster evacuation.
- Location travel intelligence app



How to Access Services

Next time you or your family members are traveling and need assistance, remember to use the phone number on the back of your Travel Assistance ID card. Be sure to carry the card with you at all times. One simple phone call to the Response Center puts you in touch with trained staff that will ensure your call is handled in an appropriate and timely fashion.

Toll-free from within the U.S.:

+1 (855) 847-2194

From anywhere in the world:

+1 (317) 927-6881

Financial Plan

Build your future financial security through workplace savings. You have the opportunity to save for retirement by putting money into a savings plan account. This retirement plan is designed to assist you with your long-term savings.

What is a 403(b) Savings Plan?

A 403(b) plan is a tax-advantaged retirement savings plan available for hospitals in the United States.

Enrollment and Eligibility

- Your enrollment in the plan is automatic, unless you decline participation within 30 days following your plan entry date.
- Automatic enrollment is a process by which you are enrolled in your retirement plan without taking any action.
- You can change the amount of your contributions, stop them altogether or redirect your investment options.
- You are immediately eligible to enroll in the plan. You may enroll any time.
- If automatically enrolled, you will be enrolled at a deferral rate of 3% of your eligible pay, which will be deducted from your paycheck and invested in the age-appropriate Prudential Day One Fund.
- You may actively enroll on your own and start your pre-tax savings prior to the automatic enrollment start date. This will allow you to invest in the funds of your choice from the start of your participation. In addition, you may contribute more to your account. Even an increase of one or two percent over the auto-enrollment deferral rate of 3% can have a significant impact on your savings.
- If you don't want to participate in the plan, you must decline enrollment to avoid having deductions taken from your pay and contributed to your account.

Contribution Information

Through payroll deductions, you can contribute 1-100% of your salary (less other deductions) up to the IRS yearly limit of \$19,500. If you are or will be 50 or older during the calendar year you can make "catch up" contributions. Catch up contributions allow you to contribute an extra \$6,500 dollars. The annual catch up limit may be indexed for 2020. Pre-tax and after-tax contributions are combined for this limit.

Pre-Tax Contributions

- Contribution is taken from your paycheck before taxes are calculated
 - Lowers your taxable income
 - Money is taxable when you take it out of your account

You may enroll or change your contribution level at any time throughout the calendar year.

Manage Your Account Online

You can manage your account online by visiting **prudential.com/online/retirement**. This website puts your financial future at your fingertips. It's easy to use and is a helpful way to manage your Bristol Hospital & Health Care Group Retirement Plan account from your computer or mobile device.

Questions?

Call 877-PRU-2100 (877-778-2100). Participant service representatives are available weekdays, from 8 a.m. to 9 p.m. ET. You can also visit prudential.com/online/retirement.

Voluntary Benefits

Bristol Health offers voluntary benefits to provide you and your family additional financial protection. This coverage supplements the employee benefits offered by Bristol Health. While these are benefits you obtain directly from the carrier, Bristol Health remits premium on your behalf through payroll deductions.

Enroll Now

To enroll or learn more, contact the Farmington Company.

Hospital Indemnity

- Very helpful in paying deductibles and other out-of-pocket costs such as hospital admission.
- Your benefits are paid regardless of any other coverage you may have.

Purchasing Power

- On-line or Call Center purchasing program for home appliances, electronics, college prep classes and many other items.
- Payments are taken through payroll deduction over a 12 month period.
- No credit check required.

Permanent Life Insurance

- Provides financial security for yourself and your loved ones.
- Premiums will never increase, coverage will never decrease, and builds cash accumulation.

Accident Insurance

- Provides coverage for on and off-the-job accidents.
- Plan pays in addition to medical & disability benefits for emergency room, fractures, cuts, burns, etc.

Critical Illness Insurance

- Lump sum dollars paid upon diagnosis for covered conditions, such as heart attack, end stage kidney (renal) failure, major organ failure, stroke, coronary artery bypass graft, and cancer.
- Includes a \$50 Wellness Benefit per calendar year.
- Benefits are paid directly to you to use however you wish (mortgage, groceries, bills, etc.).

Short Term Disability Insurance¹

- Provides coverage for sicknesses and off-the-job accidents.
- A percentage of your salary is paid to you tax free each month while you are unable to work.
- Benefits are paid to you to use as you choose- rent, mortgage, auto, groceries, etc.
 1. Short Term Disability is employee coverage only.

Auto/Home Insurance

- As a Bristol Health employee you will be eligible for special employee discounts on auto and home insurance as well as a variety of other insurance policies, i.e. Boat, Motorcycle, etc.
- Watch your home mailing address for more information on this valuable program to save you and your family money on home and auto insurance.

Pet Insurance

- There are several choices to help you choose the health plan for your pet that best fits your needs.
- To learn more and enroll: petinsurance.com/bristolhospital or call 877-738-7874

Legal Insurance

- This plan provides discounted services for: Family and Divorce, Residential and Real Estate, Civil Litigation, Estate Planning/ Documents, Traffic/Misdemeanor Law and more.
- Includes consultation on a variety of common legal matters and simple will preparation.

Identity Theft

- A comprehensive Identity Theft plan that monitors fraudulent activity so it can be caught sooner.
- Should you become a victim of Identity Theft,
 Full Service Privacy Advocate Restoration services can begin.



Contacts

Here is a handy list of contacts so you know who to contact for each of the benefits offered by Bristol Health.

Medical/Prescription

Aetna

1-888-402-1243 aetna.com

Health Savings Account

PayFlex

1-888-678-8242 mypayflex.com

Dental

Cigna

1-800-244-6224 mycigna.com

Vision

VSP

1-800-877-7195 vsp.com

Life and Long-Term Disability

Prudential

1-800-778-2255 prudential.com

Short-Term Disability / FMLA Leave Management

The Guardian

1-888-889-2953 Plan code: G501334

Flexible Spending Accounts

Group Dynamic

1-207-781-8800 gdynamic.com

Employee Assistance Program

Wheeler Clinic EAP 1-800-275-3327 wheelereap.org

Travel Assistance Program

International Medical Group (Prudential)

Within the U.S. +1 (855) 847-2194

Outside the U.S. (toll-free) +1 (317) 927-6881

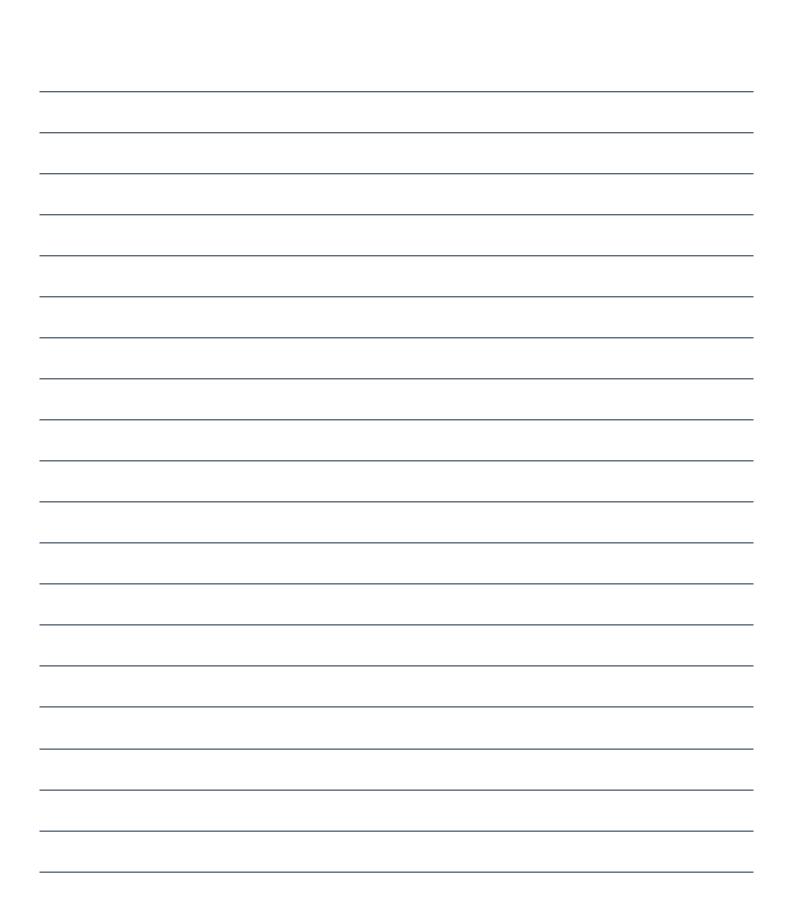
Benefit Enrollment

Paycom

paycom.com



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Learn more about your benefits at BHHCGBENEFITS.COM Enroll for Benefits paycom.com

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