



2023 Benefits





Your 2023 Benefits

Bristol Health is committed to providing you access to quality and affordable healthcare now and for years to come. We work diligently every year to provide you and your family the best benefits for the best cost. Please take time to review this summary so you can make the best choices for you and your family.

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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 the end of the plan year they turn age 26 for dental and vision.
 - 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 \$30,000 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.

Things To Know Before You Enroll

If you elect to add a dependent, the dependent must be enrolled during open enrollment, when you 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).

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 full-time student status for dental and/or vision)

Are you enrolling a spouse?

Action is needed if you are enrolling an ELIGIBLE spouse in coverage for 2023. You must enroll them during open enrollment, be prepared to show documentation.



Medical & Prescription Drug Plans Aetna

Bristol Health offers health insurance through Aetna.

Comparing Your Health Plan Options

2023 PLAN DESIGN	BH POS Plan			HDHP Gold Plan			HDHP Silver Plan		
	BH Network	Friends & Family Network	Aetna Network	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			Employee: \$400 / Family: \$800		
Deductible Employee / Family	\$250 / \$500	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Coinsurance	10%	20%	25%	0% after deductible	20% after deductible	30% after deductible	10% after deductible	20% after deductible	30% after deductible
Annual Out-of-Pocket Max Employee / Family	\$5,000 / \$10,000			\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Physician Office Visit	\$15 (BH Pediatrics \$0)	\$40	\$50	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
Preventive Services	Fully Covered			Fully Covered			Fully Covered		
Specialist Office Visit	\$25	\$55	\$65	0% after deductible	20% after deductible	30% after deductible	10% after deductible	20% after deductible	30% after deductible
Inpatient Hospital	10%	20%	25%						
Outpatient Hospital									
Emergency Care (copay waived if admitted)	20%			0% after deductible	20% after deductible		10% after deductible	20% after deductible	
Out-of-Network									
Deductible	N/A (not covered 1/1/22)			N/A (not covered 1/1/22)			N/A (not covered 1/1/22)		
Coinsurance									
Annual Out-of-Pocket Max Employee / Family									

We will be adding Comprehensive Infertility Services to our medical coverage for 2023. This coverage includes 6 courses of artificial insemination and ovulation induction. Please see your Aetna plan documents for more details.



Prescription Drug Benefits (In-Network Only)

2023 PLAN DESIGN	BH POS Plan		HDHP Gold Plan		HDHP Silver Plan	
	BH Network	Aetna Network	BH Network	Aetna Network	BH Network	Aetna Network
Prescription Annual Deductible	N/A		\$1,500/\$3,000	\$2,500/\$5,000	\$2,000/\$4,000	\$3,000/\$6,000
Retail Prescription (34-day supply)						
Generic	\$10	20% to min \$20, max \$40	\$10 after deductible	20% after deductible (\$20 min/\$40 max)	\$10 after deductible	20% after deductible (\$20 min/\$40 max)
Brand	\$20	20% to min \$35, max \$100	\$20 after deductible	20% after deductible (\$35 min/\$100 max)	\$20 after deductible	20% after deductible (\$35 min/\$100 max)
Non-Preferred	\$35	30% to \$50 min, max \$150	\$35 after deductible	30% after deductible (\$50 min/\$150 max)	\$35 after deductible	30% after deductible (\$50 min/\$150 max)
Specialty	\$35 ¹	30% to max \$100	\$35 after deductible ¹	30% to max \$300 after deductible ²	\$35 after deductible	30% after deductible (\$50 min/\$150 max)
90-day supply						
Generic	\$25	\$75 copay	\$25 after deductible	\$75 after deductible	\$25 after deductible	\$75 after deductible
Brand	\$50	\$168.75 copay	\$50 after deductible	\$168.75 after deductible	\$50 after deductible	\$168.75 after deductible
Non-Preferred	\$87.50	\$250 copay	\$87.50 after deductible	\$250 after deductible	\$87.50 after deductible	\$250 after deductible

1. Specialty Drugs can only be filled at Bristol Health's internal pharmacy. Limited distribution drugs are an exception.
 2. Cost share for specialty drugs not fillable at Bristol Health's internal pharmacy.

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.

The tier 1 pharmacy is the BH Retail Pharmacy located on level A at Bristol Hospital.

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 an 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 an HDHP Plan with the HSA will receive the following contribution from Bristol Health into their HSA.

HSA CONTRIBUTION LIMITS FOR 2023		
	Employer Contribution	2023 Contribution Limit
Individual (Employee)	\$400	\$3,850
Family	\$800	\$7,750
Additional Catch-Up Contribution (Age 55+): \$1,000		

The 2023 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 2023 if you join the plan after open enrollment.

What are the IRS requirements?

- You must be enrolled in an 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 well-established 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		\$50
Family		\$150
Coinsurance		
Preventive Services	0%	0% ¹
Basic Services	20%	20% ¹
Major Services	50%	50% ¹
Orthodontia (Child to age 19)	50%	50% ¹
Calendar Year Maximum		\$1,200
Orthodontist Lifetime Maximum (per Eligible Child)		\$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)	\$200 allowance ¹	\$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: \$210 allowance Cosmetic elective: \$105 allowance Specialty fit: not covered

¹20% savings on the amount over your allowance

VSP LightCare*

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor.

Defend Your Eyes Indoors and Out:

Wear blue light filtering glasses indoors to defend against digital eye strain. Digital screens and fluorescent lighting emit blue light that can contribute to headaches, blurred vision, and sore eyes—all possible symptoms of digital eye strain.

Always wear sunglasses outdoors. Shield your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.

Provider Choices You Want

The **Premier Program** is part of our incredible network of thousands of private practice doctors and more than 700 Visionworks® locations nationwide.

Like shopping online? Go to eyeconic.com®, the preferred VSP online retailer where you can shop in-network with your VSP benefits. Select from a wide selection of ready-made sunglasses and blue light filtering glasses for everyone.

Questions?

Visit vsp.com | (800) 877-7195

*Your VSP LightCare Coverage Includes a fully covered WellVision Exam (less any applicable copay), and allows you to use your frame and lens allowance toward ready-made nonprescription sunglasses or non-prescription blue light filtering glasses.

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)	Flat amounts: \$5,000 or \$10,000
Employee Voluntary AD&D (employee paid)	Six coverage options available: \$25,000, \$75,000, \$50,000, \$100,000, \$125,000 or \$150,000



Disability

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 full time employees (non-contracted) long-term disability insurance at no cost.

CT Paid Leave

STATE OF CONNECTICUT LEAVE AUTHORITY

The Paid Family and Medical Leave Act (PFMLA) offers Connecticut workers the opportunity to take time to attend to personal and family health needs without worrying about lost income. Bristol Health and its employees participate in this program.

The CT Paid Leave Authority only offers payment for qualifying events but does NOT offer job protection to employees taking leave. Only employers can determine, in communication with the employee, whether the leave taken is subject to job protection. Federal and state Family and Medical Leave Acts describe the rules for job-protected leave and are NOT paid leave laws.

Long-Term Disability Insurance (LTD)

PRUDENTIAL

Bristol Health offers eligible full time employees with LTD coverage in the event your disability continues beyond the CT Paid Leave 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
CT Paid Leave	1st day of leave	12 weeks	95% of the CT minimum wage multiplied by 40, plus 60% of the amount your average weekly wage exceeds the CT minimum wage multiplied by 40	Sixty times (60x) the CT minimum wage
Long-Term Disability	After 12 weeks of disability	As determined by the Plan	Ranges from 50% to 60% of monthly earnings - consult HR for more details	Ranges from \$5,000 to \$10,000 - consult HR for more details

Am I eligible?

Full-time (non-contracted) employees are eligible for Long-Term Disability 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.

FSA Overview

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

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.

Health Care FSA

The Health Care FSA lets you set aside up to \$3,050 per year to pay for medical expenses that are not covered by your health, vision or dental plans, including deductibles, copays, coinsurance, and so on.

You have access to the money you elect to contribute on day one. For example, if you have a large expense early in the year and you want to use the full amount you've elected to contribute for the year (even before that money is in your account), you can.

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

Dependent Care FSA

The Dependent Care FSA lets you set aside money on a pre-tax basis to pay eligible out-of-pocket day-care expenses so that you or your spouse can work or attend school full-time. During open enrollment, you must decide how much to set aside in your dependent care FSA. In 2023, you can contribute up to \$5,000, or up to \$2,500 if you are married and file separate tax returns. At the end of the plan year, any unused dependent care FSA funds are forfeited.

Limited Purpose FSA

If you are enrolled in the HDHP Plan with an HSA, you are still eligible to enroll in a limited purpose FSA. The limited purpose FSA can be used to reimburse you for dental and vision expenses. You can also be reimbursed for medical expenses once you meet the deductible for the HDHP. You can set aside up to \$3,050 per year in a limited purpose FSA.

Enrollment Considerations

- You should submit your claims on a regular basis. Eligible expenses must be incurred between January 1, 2023 and March 15, 2024.
- **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.**



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 gdynamic.com 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

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.

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.

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	<ul style="list-style-type: none"> Copayments, deductibles and coinsurance Eye examinations, glasses and contacts <ul style="list-style-type: none"> Dental insurance copayments Transportation to and from medical provider <ul style="list-style-type: none"> Orthodontic expenses Medical supplies 	<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Local day camp In-Home babysitting fees (income must be claimed by your care provider)
Plan Maximum/Calendar Year	\$3,050	\$5,000 - Single or Married Filing a Joint Return \$2,500 - 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 \$610 if you put the \$3,050 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.



Healthy Tomorrow Program

Bristol Health is excited to launch the Healthy Tomorrow Program, a program designed to give all eligible employees a more personalized approach to managing their chronic health care needs. We are committed to supporting our employees in living a healthier life which allows us to collectively serve our mission, vision, and values. If you're interested in learning more about the program, please refer to the FAQs below.

Questions	Answers
What is this program and why did I get an invite to join?	Bristol Health's Healthy Tomorrow Program is an employee benefit for employees who have a chronic condition. Our health plan provider, Aetna, identified eligible employees and offers them the option to opt in to the program.
What are the eligibility requirements for the Healthy Tomorrow Program?	Bristol Health's Healthy Tomorrow Program is available for employees who are on a Bristol Health medical plan and have an eligible diagnosis as determined by Aetna.
How do I opt in to the program?	Eligible employees will be contacted via telephone, mail, and email by an Aetna care coordinator to opt in to the program.
When can I enroll in the Healthy Tomorrow Program?	Program enrollment will open every quarter for eligible employees. Employees can only be in the program once per rolling 12 months. For example, if you opt in to the program in the Fall you cannot re-enroll in the program until 12 months have passed. The financial incentive will only be paid for the successful completion of your individualized care plan once a year.
What are the costs of the program?	This is a no-cost program designed to provide you with an individualized care plan to support you in living a healthier life. The only costs associated with the program are associated services subject to plan copays.



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 180 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 Vanguard target date funds.
- 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 1-85% of your salary (less other deductions) up to the IRS yearly limit of \$22,500. 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 \$7,500 dollars.

Pre-Tax Contributions
<ul style="list-style-type: none">● 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 at (844) 428-6682 Monday - Friday from 8am to 5 pm.

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.).

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.

Short-Term Disability

- The Farmington Company offers a voluntary Supplemental Short-Term Disability plan to augment any state benefits to which you may be entitled.
- Employees should enroll during Open Enrollment. You can enroll mid-year, however, you would be required to provide evidence of insurability



Contacts

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

Benefit Enrollment

Paycom
paycom.com

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

FMLA Leave Management

Prudential
1-877-367-7781
prudential.com/mybenefits
Control Number: 47490

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

Voluntary Benefits

Farmington Company
1-844-428-6682
benefitsgo.com/BristolHealth.



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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.