



**myTotal**  
HEALTH

# 2021 EMPLOYEE BENEFITS SUMMARY



**OUR GOAL** THE HEALTHIEST EMPLOYEES IN AMERICA



# 2021 PINEAPPLE PERKS OVERVIEW

## Table of Contents

|   |    |
|---|----|
| <b>Eligibility</b>                          | 3  |
| <b>Benefits Overview</b>                    |    |
| Medical Benefits                            | 4  |
| Medical Plan Comparisons and Rates          | 7  |
| Telehealth Benefits                         | 10 |
| Prescription Benefits                       | 11 |
| Dental Benefits                             | 12 |
| Vision Benefits                             | 14 |
| Health Incentive/Flexible Spending Accounts | 15 |
| Disability Insurance                        | 16 |
| Life and AD&D Insurance                     | 17 |
| <b>Retirement</b>                           |    |
| Retirement Benefits                         | 19 |
| <b>Optional Benefits</b>                    |    |
| Legal Services                              | 20 |
| Pet Assure                                  | 20 |
| Activ4Pets                                  | 20 |
| Student Loan Refinancing                    | 20 |
| Transportation Benefit Program              | 21 |
| Other Great Perks                           | 21 |
| <b>Contacts</b>                             | 22 |
| <b>Disclosure Notices</b>                   | 23 |



# 2021 PINEAPPLE PERKS OVERVIEW

## **This summary includes descriptions of key benefit plans and other perks available to you in 2021.**

For more detailed information and a complete list of all our benefits, see the 2021 Pineapple Perks guide, posted on the Baptist Health Intranet and available through Employee Self Service (ESS).

---

### **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 Employee Self Service, which you can access from work via the Intranet or from home via [BaptistHealth.net/Employees](https://BaptistHealth.net/Employees). 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, Bethesda Custom Network and BocaCare Physician Network.

### 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 2022 if you complete certain wellness activities by October 31, 2021. 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 less 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](http://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 2022 calendar year by completing the health assessment online through Virgin Pulse by October 31, 2021. 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>



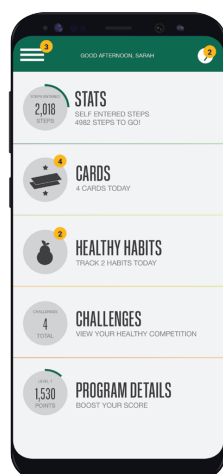


# MEDICAL BENEFITS

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](https://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](https://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, starting January 1, 2021. 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 that 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 Medical Plans 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, Bethesda Custom Network and BocaCare Physician Network.*

# 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     |  |  | \$300 individual/ \$600 family   | \$900 individual/ \$1,800 family                      |
| Out-of-Pocket Maximum<br>**Includes deductible and copays (including pharmacy copays)                               | \$2,000 individual**/ \$4,000 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*<br><br>\$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<br><br>\$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<br><br>\$750 copay after deductible at an in-network non-Baptist Health provider | 50% coinsurance after deductible           | \$150 copay at a Baptist Health provider<br><br>Broward County residents: \$150 copay at an in-network provider<br><br>\$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<br>Waived if admitted.<br>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<br>\$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<br><br>Colonoscopies covered at no charge | Broward County residents: \$250 copay at an in-network provider<br><br>\$750 copay after deductible at an in-network non-Baptist Health provider<br><br>Colonoscopies covered at no charge | 50% coinsurance after deductible            | \$250 copay at a Baptist Health provider<br><br>Broward County residents: \$250 copay at an in-network provider<br><br>\$750 copay after deductible at an in-network non-Baptist Health provider<br><br>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 2021 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, Bethesda Custom Network and BocaCare Physician Network.



# MEDICAL PLAN RATES

## Medical Premiums Per Pay Period

| PINEAPPLE PREMIER PLAN<br>MANAGED BY AETNA | FULL-TIME | PART-TIME | PINEAPPLE BASIC PLAN<br>MANAGED BY UNITED | FULL-TIME | PART-TIME |
|--|-----------|-----------|---|-----------|-----------|
| Employee Only                              | \$ 48.37  | \$ 74.26  | Employee Only                             | \$ 75.85  | \$128.28  |
| Employee + Child(ren)                      | \$120.65  | \$194.82  | Employee + Child(ren)                     | \$177.93  | \$276.65  |
| Employee + Spouse                          | \$171.68  | \$266.73  | Employee + Spouse                         | \$247.40  | \$344.03  |
| Employee + Family                          | \$228.17  | \$380.22  | Employee + Family                         | \$296.38  | \$544.57  |

**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](http://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](mailto: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](https://BaptistHealth.net/CareOnDemand)

## New Offering

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

*\*Payroll deduct option will be available starting November 2020. Payroll deduct is only available via purchase on the Baptist Health Market.*





# 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 2nd 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](http://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](http://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                          |   |
| Bethesda Outpatient Pharmacy* | 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 the Bethesda Outpatient Pharmacy and pay only 1x the copay for a 90-day supply.



# 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.

**METLIFE PREFERRED DENTIST PROGRAM (PDP)** You can use any dentist you choose. If you use an in-network dentist, you'll pay a lower cost.

**METLIFE MONROE PREFERRED DENTIST PROGRAM (PDP)** 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.



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 PDP 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 PDP plans, if you use both in- and out-of-network dentists, the combined calendar maximum benefit may not exceed \$3,000. For a more detailed list of services and coverage, refer to the 2021 Pineapple Perks online guide and/or the summary plan descriptions.

| MetLife PDP                         |  |  | MetLife SafeGuard                   |                                     | MetLife Monroe PDP   |
|-------------------------------------|--|--|-------------------------------------|-------------------------------------|--|
| Services                            | In-Network   | Out-of- Network*   | Basic — SGC1038                     | Basic Plus — SGC1037                | In-/Out-of-Network   |
| Deductible                          | \$50 per person<br>\$150 per family                                  | \$50 per person<br>\$150 per family                                  | None                                | None                                | \$25 per person<br>\$75 per family                                   |
| Preventive (two cleanings per year) | No charge  | 20%  | \$5 copay                           | No charge                           | No charge  |
| Basic Services                      | 20% after deductible   | 40% after deductible   | Up to \$150 copay                   | Up to \$100 copay                   | 20% after deductible   |
| Major Services                      | 50% after deductible   | 60% after deductible   | Up to \$290 copay & lab fees        | Up to \$210 copay & lab fees        | 50% after deductible   |
| Orthodontia                         | 50% after deductible (children only); lifetime maximum up to \$1,000 | 50% after deductible (children only); lifetime maximum up to \$1,000 | \$2,095 copay (adults and children) | \$1,695 copay (adults and children) | 50% after deductible (children only); lifetime maximum up to \$1,000 |
| Annual Maximum Benefit              | \$3,000 per person   | \$1,250 per person   | Unlimited                           | Unlimited                           | \$3,000 in-network/<br>\$1,500 out-of-network                        |

\*Paid at usual and customary fee.



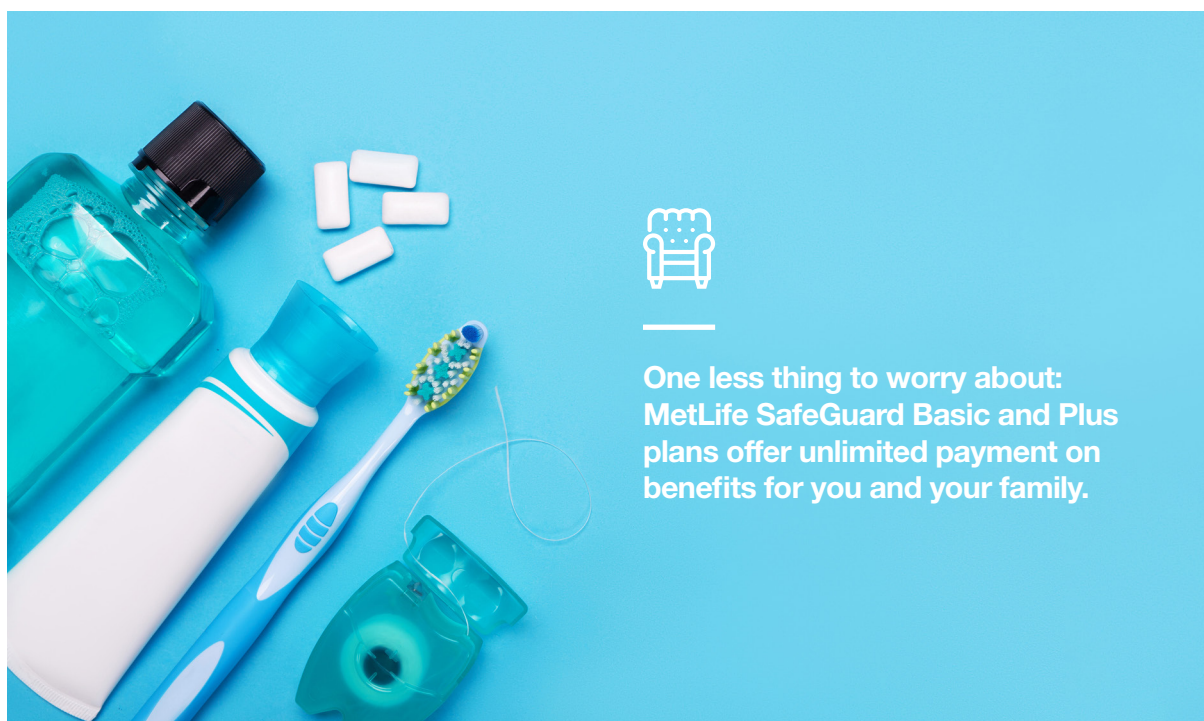
# DENTAL BENEFITS

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

|                                     | Employee | Employee + 1 | Family  |
|-------------------------------------|----------|--------------|---------|
| <b>MetLife SafeGuard Basic</b>      | \$ 0.00  | \$ 2.27      | \$ 5.02 |
| <b>MetLife SafeGuard Basic Plus</b> | \$ 4.03  | \$ 9.63      | \$15.13 |
| <b>MetLife PDP</b>                  | \$12.05  | \$36.90      | \$50.49 |
| <b>MetLife Monroe PDP</b>           | \$12.05  | \$36.90      | \$50.49 |

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

|                                     | Employee | Employee + 1 | Family  |
|-------------------------------------|----------|--------------|---------|
| <b>MetLife SafeGuard Basic</b>      | \$ 0.00  | \$ 3.50      | \$ 7.60 |
| <b>MetLife SafeGuard Basic Plus</b> | \$ 4.49  | \$11.72      | \$19.41 |
| <b>MetLife PDP</b>                  | \$13.05  | \$41.66      | \$57.00 |
| <b>MetLife Monroe PDP</b>           | \$13.05  | \$41.66      | \$57.00 |







# VISION BENEFITS

Baptist Health offers a vision care plan through EyeMed to help 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.



**Thinking about going tortoise shell?** Enjoy the Freedom Pass and get any available frame, at any price, for \$0 out of pocket at Target Optical (Offer Code: 755288).

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.

## Regular Full- and Part-Time Employees (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®). You can use the money from this account to pay for medical expenses only (deductible, copays and coinsurance). At the end of the calendar year, December 31, 2021, any remaining balance in your account will be forfeited. Keep in mind that you can only pay for the medical deductible, copays and coinsurance with your HIA. You may want to consider putting money aside in a Flexible Spending Account (FSA) to pay for other expenses such as prescriptions, dental 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 and coinsurance.

## FLEXIBLE SPENDING ACCOUNTS (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 to pay for eligible healthcare expenses. Keep in mind that your HIA dollars (if available) will be used first for your medical deductible, copays and coinsurance 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 become eligible for 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 become eligible for 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 weekly 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.

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, life and AD&D coverage through Unum that pays a benefit to your beneficiary equal to \$10,000. 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. 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 on the pay period 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 you take the time to review your life insurance plans and name a beneficiary or update the ones you have.

## 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.



# 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](https://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 2020 annual IRS limit, \$19,500, in pre-tax and/or after-tax Roth dollars to this account. If you reach age 50 or older in 2020, 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](https://transamerica.com/portal/bhsf) to name a beneficiary and choose your investment options.







# OPTIONAL BENEFITS

## LEGAL SERVICES

Legal plan benefits include office consultations, legal document preparation, probate and simple wills. Other services (provided at discounted rates) include real estate transactions, bankruptcy, traffic and civil infractions. When you enroll, you will be assigned an attorney who will offer you the full range of services. Your attorney's name and phone number will be listed on your Guardian member ID card.

| Regular Full- and Part-Time Employees (Rates are per pay period) |          |              |        |
|--|----------|--------------|--------|
|  | Employee | Employee + 1 | Family |
| Classic Plan   | \$3.15   | \$4.12       | \$5.09 |
| Premier Plan   | \$5.21   | \$6.18       | \$7.15 |

## PET ASSURE

This voluntary pet membership savings program is designed to help make the cost of veterinary and everyday pet care more affordable. Receive up to 25 percent discounts on veterinary care and up to 35 percent discounts on pet food and other supplies. The employee contribution rate is \$3.69 per pay period and includes all your pets. Save 15 percent on every order from PetCareRx.com — including prescriptions.



Total Health means caring for the whole family, including the furry ones.

Need to chat with a licensed vet? Enroll in Activ4Pets by visiting [www.Activ4Pets.com](http://www.Activ4Pets.com) and use promo code BAPTISTHEALTH. You can speak directly with a veterinarian as often as you'd like.

## ACTIV4PETS

We now offer a voluntary pet telemedicine membership through Activ4Pets. The membership covers up to four pets and includes unlimited access to your pet's health records, unlimited chats with a veterinarian, one eConsult visit and one second medical opinion with a licensed veterinarian. The annual cost is \$12. Visit [www.activ4pets.com](http://www.activ4pets.com) for more information on this program.

## 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](http://SoFi.com/BaptistHealth).





# OPTIONAL 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

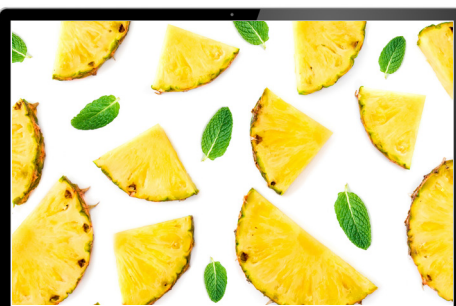
Employee Discounts  
from Local Vendors

On-Campus Discounted  
Food Services

Free Parking

Baptist Health Market

Credit Union



To learn more, visit the **Pineapple Perks Employee Benefits** page on the Intranet. Additional information is available in the **Benefits** section of **Employee Self Service** and 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  
Baptist Health Specialty Pharmacy ..... 786-527-8200  
Baptist Health Specialty Pharmacy — Fax ... 305-279-7068  
Bethesda Hospital Outpatient Pharmacy ..... 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  
Guardian Legal ..... 800-894-7740  
LifeWorks ..... 888-456-1324

## WEBSITES

### Activ4Pets

[www.Activ4Pets.com](http://www.Activ4Pets.com)

### Aetna

[www.aetna.com/dsepublic/#/bhsf](http://www.aetna.com/dsepublic/#/bhsf)

### CVS Caremark

[www.caremark.com](http://www.caremark.com)

### CVS Caremark Mail Service Pharmacy

[www.caremark.com/mailservice](http://www.caremark.com/mailservice)

### CVS Specialty

[www.CVSspecialty.com](http://www.CVSspecialty.com)

### CVS Caremark 90-Day Supplies

[www.caremark.com/90day](http://www.caremark.com/90day)

### EyeMed

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

### Guardian Legal

[www.guardianlegal.com](http://www.guardianlegal.com)

### Health Incentive (HIA) and Flexible Spending Accounts (FSA)

[www.myuhc.com](http://www.myuhc.com)

### LifeWorks

[www.lifeworks.com](http://www.lifeworks.com)

### MetLife

[mybenefits.metlife.com](http://mybenefits.metlife.com)

### Pet Assure

[www.petassure.com](http://www.petassure.com)

### Transamerica Retirement Solutions

[transamerica.com/portal/bhsf](http://transamerica.com/portal/bhsf)

### UnitedHealthcare

[www.myuhc.com](http://www.myuhc.com)

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

### Unum

[www.unum.com](http://www.unum.com)

## HOW TO ENROLL IN YOUR BENEFITS

Enroll online through Employee Self Service, which you can access from work via the Intranet or from home via BaptistHealth.net/Employees. 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](mailto:Benefits@BaptistHealth.net)

 **FAX**  
786-533-9300



**Baptist  
Health**

This summary provides a simple outline of Baptist Health South Florida benefit plan options for calendar year 2021. 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. Additional details are also available in the 2021 Pineapple Perks online guide. 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](http://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 2020. You should contact the number below for further information on eligibility.

#### FLORIDA — Medicaid

[www.flmedicaidprecovery.com](http://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](http://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](http://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  |
|--|--|--|
| <b>Pineapple Premier Medical Plan (Aetna)</b>          | <b>In-network</b><br>\$1,000 individual<br>\$2,000 family<br><b>Out-of-network</b><br>\$3,000 individual<br>\$6,000 family | <b>In-network</b><br>10% coinsurance after deductible<br><b>Out-of-network</b><br>50% coinsurance after deductible |
| <b>Pineapple Basic Medical Plan (UnitedHealthcare)</b> | <b>In-network</b><br>\$300 individual<br>\$600 family<br><b>Out-of-network</b><br>\$900 individual<br>\$1,800 family       | <b>In-network</b><br>10% coinsurance after deductible<br><b>Out-of-network</b><br>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. Material changes to the group health plan notice were made effective April 15, 2019. If you would like to receive a paper copy of the notice or have any questions, you may contact [Privacy@BaptistHealth.net](mailto:Privacy@BaptistHealth.net) or 786-596-8850.

### Baptist Health's Group Health Plan Notice

Baptist Health South Florida complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-662-7178, opción 1.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 786-662-7178, opsyon 1.

