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Benefits

You'll receive a comprehensive benefits program as a regular, full-time non-bargaining employee employed by the Entergy System of Companies. Offerings generally include:

Health and Wellness Plans

- Medical, dental and vision benefits for you and your eligible dependents
- Health care and dependent day care flexible spending accounts
- Employee life insurance
- Dependent life insurance
- Accidental death and dismemberment insurance
- Survivor income insurance
- Aircraft accident insurance
- Long-term disability insurance
- Employee assistance program
- Pre-tax Payroll deductions into a health savings account
- ENSHAPE wellness program
- ENSHAPE lifestyle annual reimbursement and fitness centers at some locations
- Work-life program

Savings Plan and other Financial Programs

- Savings (401(k)) Plan that allows for deferrals on a pre-tax, after-tax, or Roth basis, with a company match, a discretionary annual company contribution (subject to vesting), and various investment options
- A comprehensive financial wellness program
- Annual incentive plan

Leave Programs

- Paid Parental Leave in accordance with the Entergy System policy
- Short-term disability, including maternity-related paid leave time, in accordance with the Entergy System policy
- Other family related unpaid leave time in accordance with the Entergy System policy
- Military leave in accordance with the Entergy System policy
- Vacation, holiday, sick and bereavement pay in accordance with the Entergy System policy

Additional Programs and Benefits

- Alternative work schedules
- Relocation assistance programs
- Education reimbursement
- Matching education gifts

- Community Power Scholarships for children and eligible employees
- Community Connectors, an employee volunteer program including paid hours for community service

The benefit plans, programs and policies listed above are system benefits provided generally for regular, full-time non-bargaining employees of Entergy System Company employers. Employees not classified as regular, full-time non-bargaining employees, including, but not limited to, bargaining employees and part-time employees, may not rely on anything contained herein to determine the benefits for which they may be eligible. Benefits for active bargaining employees are subject to their applicable collective bargaining agreements. Entergy System Companies has the right to modify, amend or terminate any or all of these benefits and policies at any time.

The list provided above is for informational purposes only and is not a substitute for, or an amendment to, the formal employee benefit plan documents of Entergy Corporation and its affiliated companies and should not be relied upon as a plan document, summary plan description or summary of material modification. If there is a difference or conflict between the information contained herein and any information contained in the formal employee benefit plan documents, contracts, summary plan descriptions or summaries of material modifications, the formal employee benefit plan documents, contracts, summary plan descriptions and summaries of material modifications will govern in every instance. The Plan Administrator or its delegate has the sole and complete discretion to interpret the Plans, including any terms that are found to be ambiguous or uncertain, and to determine eligibility for participation in the Plans. The Plan Sponsor has the right in its sole discretion to amend, modify, suspend, withdraw or terminate the Plans at any time, including any of the benefits, programs or parts of programs provided for under the Plans. Any such amendment, modification, suspension, withdrawal or termination may affect active employees, disabled participants and/or retired participants, as well as their spouses and eligible dependents.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital, or ambulatory surgical center, you are protected from surprise billing or balance billing.

What Entergy employee benefit plans do these rights and protections apply to?

- The Entergy Corporation Companies' Benefits Plus Medical Plan
- The Medical Coverage Options under the Entergy Corporation Companies' Retiree Health Plan

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

- "Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be allowed to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care. Examples are when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount. This includes copayments, deductibles and coinsurance. You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

- **Certain services performed at an in-network hospital or ambulatory surgical center** When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get **other services** at these in-network hospital, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're **never** required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- **Your health plan generally must:**
 - o Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - o Cover emergency services by out-of-network providers.
 - o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - o Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may send complaints about potential violations of federal law or state law to:

- The U.S. Department of Health & Human Services at:
 - o Phone: 800-985-3059
 - o Website: <https://www.cms.gov/nosurprises/consumers>.

Visit <https://www.cms.gov/nosurprises/consumers> for more information about your rights under federal law.

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