Benefits for your best life

2022 Annual Enrollment Benefits Guide Annual Enrollment: Oct. 25 - Nov. 5, 2021



Annual Enrollment: Oct. 25 – Nov. 5

2022 Highlights

Eligibility and Coverage

Making Changes During the Year

Steps to Enroll

Medical

Prescription Drugs

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Flexible Spending Accounts (FSAs)

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Resources

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BJC offers a range of benefits to help you live your best life. This guide can help you make informed decisions about the benefits that you may elect or change during the enrollment period.



For 2022

You must actively enroll in benefits to have BJC medical coverage next year. If you don't choose a medical option and enroll by November 5, 2021, you won't have medical or prescription drug coverage in 2022.

In addition, you should enroll if you want to:

- Continue participating or enroll in a tax-saving Flexible Spending Account (FSA). Current spending account elections will not carry forward to 2022.
- Make changes to your current coverage.
- Add or remove a dependent.

NOTE: If you are currently enrolled in dental, vision, employee or dependent supplemental life insurance, additional accidental death & dismemberment insurance, long-term disability insurance, or legal services for 2021, your coverage will remain at the same level in 2022 unless you actively make changes during annual enrollment.

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Review details about your benefits for next year.

Medical

Three coverage options to choose from

You have a new option to consider for medical coverage, the Signature plan, along with our current Choice Plus and Choice plans, all offered through Cigna. We added another option to give you more affordability and choice in your medical coverage.

New decision support tool

Get help choosing your medical option next year by using the new Cigna Easy Choice Tool. Answer a few simple questions, and the tool ranks your choices based on your needs to help you determine what's best for you.

Lower paycheck costs for medical coverage for some employees

To support BJC's mission and ongoing efforts to create an equitable and inclusive workplace, we're making changes to what some employees will pay for their medical coverage. If you're a full-time BJC employee and make \$20 or less per hour, you will pay a rate equal to or lower than what you pay now for your 2022 medical coverage, depending on which medical option you choose.

More options for in-network facility care

While we always encourage you to use our world-class BJC physicians and facilities when you need care, we know it's not always possible due to personal situations. To keep things simple and provide you more choice. SSM Health. Mercy and St. Luke's Hospital facilities will no longer be considered out-of-network in 2022. This means if you're in the Choice Plus or Choice options and visit one of these facilities, you'll receive in-network coverage for eligible services through the Cigna Open Access Plus Network, but at a higher cost than if you use a BJC facility.

No Tobacco Surcharge

We're removing this surcharge from our medical plan members who use nicotine products to align with and support BJC's hiring policy change for tobacco users. We encourage all team members who use tobacco to take advantage of the Quit For Life tobacco-cessation program. It's free to BJC medical plan members and their eligible dependents, age 18+ (a small fee applies if not covered by the plan).

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Prescription Drugs

A simpler way to pick up a prescription

For new prescriptions on the maintenance drug list, you no longer must first fill a 30-day supply before receiving a 90-day supply. In addition, the new **BJCRx.org** site makes ordering and refilling prescriptions easier. For added convenience you can now choose to auto-refill your 90-day mail-order prescriptions by contacting the pharmacy.

Some medications may require authorization

To help manage the cost of our plan, you may need prior authorization for certain types of medication. If this applies to you, you'll receive a letter from Express Scripts, our pharmacy benefit manager, with more information.

Dental and Vision

Rates and carriers staying the same

The per-paycheck cost for dental and vision coverage will stay the same in 2022. We'll continue to use Delta Dental of Missouri and VSP Vision Care.

Life and AD&D Insurance

Option to increase coverage without proof of good health

During annual enrollment. you have a one-time opportunity to enroll in or increase supplemental life insurance coverage for yourself at one times your base annual salary without Evidence of Insurability (EOI), as long as the total amount of coverage is less than \$500.000. (If EOI is required, you'll need to complete a short questionnaire.) Part-time employees are allowed to enroll in or increase one level without FOL

More spousal life coverage choice

You may enroll your spouse in life insurance coverage in \$10,000 increments, up to \$200,000 (prior maximum: \$50,000). The first \$10,000 increase during this enrollment is automatically approved. Anything above this amount will require EOI.

Long-term Disability (LTD)

Increased coverage paid 100% by BJC

If you're a full-time emplovee. vou'll receive more LTD coverage at no cost to vou (from 50% of your base pay to 60% of your base pay, up to \$10,000 per month). BJC is paying for this increased coverage to help protect you when vou need it most. This is a positive change for all our full-time employees, and for those who have been paving for this extra coverage, you'll no longer have to pay the premium (good news for more than 5,000 employees!).

Balance carryover

Due to COVID-19 relief measures, you may roll over all unused money from your 2021 Health Care FSA and 2021 Dependent Care FSA to your 2022 accounts to use for eligible expenses. The carryover will be effective January 1, 2022, and any funds will be available for use in April 2022.

Flexible Spending

Accounts (FSAs)

Since pre-COVID rules will resume next year, you'll want to keep the following in mind when deciding on your 2022 annual FSA elections:

- 2022 Health Care FSA: Only \$50 - \$550 permitted as carryover to 2023.
- 2022 Dependent Care FSA: Any funds not used by 12/31/22 will be forfeited.

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Eligibility and Coverage

You are eligible for BJC benefits if you are classified as a full-time employee working at least 35 hours per week (70 hours per pay period) or as a part-time employee working at least 24 hours per week (48 hours per pay period).

Enrolling Dependents

You can enroll your dependents in medical, dental, vision or life insurance. Eligible dependents include your spouse and children up to age 26. A child is defined as an employee's natural child, stepchild, legally adopted child, or a child placed with you for adoption. Your dependent cannot be enrolled in benefits by more than one BJC employee.

Verifying Dependent Eligibility

If enrolling a new dependent or a dependent not previously verified as eligible by BJC, you will need to provide documentation to verify your dependent's eligibility for coverage. Secova, BJC's dependent eligibility verification administrator, will mail a packet to your home outlining the requirements after enrollment.

Coverage Start Date

The coverage you choose during annual enrollment will be effective January 1, 2022, except for certain levels of employee and spousal life insurance that require Evidence of Insurability (EOI) approval, which may be approved after January 1.



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Making Changes During the Year

Once enrolled, you can only make mid-year changes to your benefits during the plan year within 31 days of a change in life status (qualified life event). The changes you are eligible to make mid-year depend on the type of life-status change you have experienced. If you don't enroll within 31 days of your life event, you will not be able to make changes to benefits coverage until the next annual enrollment period.

Qualified life events include:

- Marriage or divorce.
- Birth, adoption or the placement of a child for adoption (allowed a 60-day enrollment period).
- A change in employment status for you or your spouse.
- Dependents losing or gaining eligibility for certain types of coverage.
- Death of a dependent.
- You or your spouse enroll in Medicare or Medicaid.

Qualified life event changes will be effective on the first day of the month after the life event, except for the birth, adoption or placement of a child for adoption, which will be effective on the date of the event.

To make a change to your benefits following a qualifying life event, you must make your new elections in **myBJCnet** within 31 days of the qualified event.

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Steps to Enroll

Log in to mvBJCnet

On the BJC network:

- Click here, or on the **BJCnet** home page, select the myBJCnet tab.
- Log in using your BJC network ID and password.
- On the **myBJCnet** landing page, click myBenefits.

Outside the BJC network:

 Click here and log in using your BJC network ID and password.

Access to myBJCnet from home requires Duo, an internet security tool. If you haven't already registered and activated Duo. click here. Access to the Duo self-service portal is only available from inside the BJC network. so vou'll need to log in using your BJC network ID and password.

• After you're logged in to myBJCnet, click on myBenefits.

2 Enroll in mvBJCnet

- The enrollment tool will auide you through all the steps for enrolling.
- At the bottom of the **Select an Option** page, select **Continue** to save vour choices until vou're ready to submit your final elections. **Continue** also takes you back to the Enrollment Summarv page, where you can **Edit** to view or change a benefit.
- enrollment.

Please note: You may go into the

Compare your Medical Coverage Options

- Use the Cigna Easy Choice Tool to help you decide which BJC medical option best meets your needs. (See page 10 for details.)
- If you haven't used the tool before, click the First-time Visitor tab and enter one of the following access codes:
 - Full-time and earn \$20 or less/hour: VQXZ3GFU
 - Full-time and earn \$20.01 or more/hour: **ANECYQW6**
 - Part-time: **JQRHXHC4**

Review and Finalize

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- After making your elections, go back to the Enrollment Summary.
- Review your elections and click **Next**. This will take you to the Authorization page.
 - If you *are not* sure, select **Cancel** to return to the Enrollment Summary page.
 - If you are sure, click Next, and you will go to the **Submit** Benefit Choices page.
- Select **Submit** to finalize your

enrollment site to change elections as often as you want during the enrollment period. Please ensure you click SUBMIT again if you make additional changes. The enrollment site closes at 11:59 p.m. on Friday, Nov. 5. At that time, all submitted elections are final.

Save or Print Your **Confirmation Statement**

Select As of Next Annual **Enrollment** in the drop-down menu on the Benefits Confirmation **Report** page, then choose **Generate** Benefits Confirmation Report.

You can view your benefit elections any time on **myBJCnet** in the **myBenefits** folder. Choose Benefits Summary. To view your 2022 benefits after enrolling, enter 01/01/2022 and select **Go**.

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For guestions about the 2022 medical options: Cigna 800-564-7642

For enrollment assistance: Employee Service Center 855-362-2184

For myBJCnet access assistance: Customer Support Center 314-362-4700

Medical

BJC offers you a choice of three medical options administered by Cigna: Signature (new for 2022), Choice Plus and Choice.

How they're **alike**

How they're **different**

- They keep you and your family healthy by covering **100 percent of the cost** of in-network preventive care, such as annual physicals, screenings and immunizations.
- They **protect you** if something unexpected happens by limiting the amount you have to pay out-of-pocket during a single calendar year.
- They include **prescription drug coverage** administered by Express Scripts.

	Signature NEW	Choice Plus	Choice
Provider network	Cigna LocalPlus	Cigna Open Ac	cess Plus (OAP)
Coverage tiers	1 coverage level: You must visit a provider in the network to have coverage. No coverage if you go out-of-network, except in cases of emergency.	3 coverage levels: 1. BJC facilities (lowest cost at time 2. Cigna OAP network 3. Out-of-network	of service for certain services)
Ease of use	You pay a copayment for most services, so you know your financial responsibility in advance.		
Cost for coverage (paycheck cost) Cost when you receive care (deductible, copays and coinsurance)	Lower paycheck cost than Choice Plus, but higher than Choice. Possibly the lowest cost when you receive care.	Highest paycheck cost and possibly the lowest cost when you receive care.	Lowest paycheck cost but the most cost when you receive care.

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Provider Networks

Here's more about each of the provider networks.

Cigna LocalPlus Network Signature

The Cigna LocalPlus Network is more narrow than the OAP Network and is centered around local (MO & IL) health care providers and facilities, including BJC Medical Group and Washington University physicians.

Cigna Open Access Plus (OAP) Network Choice Plus and Choice

The Cigna OAP Network features a broad network of health care providers and facilities in the St. Louis area and throughout the U.S. (including BJC Medical Group and Washington University physicians).

BJC Hospitals and Facilities Choice Plus and Choice

You will pay less for certain services such as lab work, X-rays and surgery when you receive these services at BJC facilities.

To see if your provider is in-network:

- → Go to Cigna.com.
- Click Find a Doctor, Dentist or Facility.
- Click Employer or School.
- \rightarrow Enter your zip code.
- Choose from Doctor by Type, Doctor by Name or Health Facilities, and then choose your preference from the drop-down menu.
- → Login/Register: Click Continue as guest.
- Click Continue.
- Select a Plan: Choose one of two options:
 1. LocalPlus
 - 2. Open Access Plus, OA Plus, Choice Fund OA Plus

Or you may call Cigna at 800-564-7642.

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Preventive Care

Most preventive services are covered at no cost to you in all three of our medical options, when you use an in-network provider.

Virtual Care

Cigna Telehealth Connection (using MDLIVE) is a convenient, easy and confidential way to access medical care 24 hours a day, 365 days a year, from your home, office or while traveling at no cost to you.

You can call or video chat with board-certified doctors and licensed therapists and receive care for minor, non-life-threatening illnesses such as cold or flu, rashes, sore throat or mild fever, or mental health needs such as anxiety, depression or stress. Care for minor illnesses also can be provided to infants and children.

To access services:

- Call MDLIVE at 888-726-3171.
- Log in to myCigna.com and locate the Talk to a doctor or nurse 24/7 callout. Click Connect Now, then MDLIVE.
- There is no cost to receive services.

If you're unsure if virtual care is right for your medical needs, receive free guidance from a registered nurse by calling the 24/7 Nurse Line at **800-244-6224**.



Get Help Deciding on Your Medical Coverage

The Cigna Easy Choice Tool can help you decide which BJC medical option is right for you. Answer just a few questions and the tool will compare medical options side-by-side to view costs, doctors and networks so you can determine what's best for you.

Access the tool at **CignaEasyChoice.com** and click the **First-time Visitor** tab. Enter one of the following access codes:

- Full-time and earn \$20 or less/hour: VQXZ3GFU
- Full-time and earn \$20.01 or more/hour: ANECYQW6
- Part-time: JQRHXHC4

You'll want to have the following information handy:

- Zip code for any dependents you cover who live somewhere other than your home address (e.g., college student).
- Name and location for the doctors, specialists and other providers you and your family use.

The tool asks questions about the number of dependents you are covering, if you prefer to pay more in premiums or more at the time of service, and where your providers are located. As you work through the checklist, you can make changes to the information you provide to review different coverage scenarios.

When you're finished, send your selections to your email or print them for your reference.

If you need to leave the tool before finishing, note the reference number for your visit. When you're ready, enter this number on the **Returning Visitor** tab so you can pick up where you left off.

Please call Cigna at **800-564-7642** if you have questions about the 2022 medical plan options.

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Medical Coverage Overview

	Signature		Choice Plus			Choice	
	LocalPlus Network	Tier 1 BJC Facility	Tier 2 Cigna Open Access	Tier 3 Out-of-Network	Tier 1 BJC Facility	Tier 2 Cigna Open Access	Tier 3 Out-of-Network
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 50% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 25% after deductible
Annual Deductible A	mount you pay each	year before the plan	pays certain claims				
Individual/Family	\$600/\$1,800	\$400/\$1,200	\$900/\$2,700	\$4,000/\$12,000	\$900/\$2,700	\$2,700/\$8,100	\$6,000/\$18,000
Coinsurance Amount	you pay for most co	overed services after	you meet the deducti	ble			
Plan pays	Plan pays 85% after deductible	Plan pays 100% after deductible	Plan pays 50 - 75% after deductible	Plan pays 40 - 50% after deductible	Plan pays 85% after deductible	Plan pays 30 - 50% after deductible	Plan pays 20 - 25% after deductible
Out-of-Pocket Maxin	num After you pay th	his amount for medic	al services, the plan p	ays 100%			
Individual/Family	The most you will pay: \$2,200/\$6,600	The most you will pay: \$1,500/\$4,500	The most you will pay: \$5,000/\$10,000	Unlimited	The most you will pay: \$4,000/\$9,200	The most you will pay: \$6,000/\$12,000	Unlimited
Physician Services O	ffice (non-preventive	e)					
Primary Care Physician	\$15 сорау	N/A	\$20 copay	Plan pays 50% after deductible	N/A	\$25 copay	Plan pays 25% after deductible
Specialist	\$40 copay	N/A	\$50 copay	Plan pays 40% after deductible	N/A	\$60 сорау	Plan pays 25% after deductible
Mental Health	\$15 сорау	N/A	\$20 copay	Plan pays 50% after deductible	N/A	\$25 copay	Plan pays 25% after deductible
Cigna Telehealth Connection (MDLIVE)	Plan pays 100%	N/A	Plan pays 100%	N/A	N/A	Plan pays 100%	N/A
Physical Therapy	\$25 copay	Plan pays 100%	\$50 copay	Plan pays 40% after deductible	Plan pays 100%	\$50 сорау	Plan pays 20% after deductible
Chiropractic (max 20 visits)	\$25 copay	N/A	\$25 copay	Not covered	N/A	\$25 copay	Not covered
Inpatient Services	_				_		
Inpatient Hospital	\$200/day copay	Plan pays 100% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 85% after deductible	Plan pays 30% after deductible	Plan pays 20% after deductible
Inpatient Professional	(max 5 days)	N/A	Plan pays 75% after deductible	Plan pays 50% after deductible	N/A	Plan pays 50% after deductible	Plan pays 25% after deductible
Outpatient Services							
Outpatient Surgery	\$250 copay	Plan pays 100% after deductible	Plan pays 55% after deductible	Plan pays 40% after deductible	Plan pays 85% after deductible	Plan pays 30% after deductible	Plan pays 20% after deductible
Outpatient Professional	φ230 τοράγ	N/A	Plan pays 75% after deductible	Plan pays 50% after deductible	N/A	Plan pays 50% after deductible	Plan pays 25% after deductible
Lab work or X-rays	Plan pays 100%	Plan pays 100%	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 100%	Plan pays 30% after deductible	Plan pays 25% after deductible
Emergency Services							
Emergency Room	\$250 copay		\$250 copay			\$300 copay	
Urgent Care Facility	\$50 copay	\$50 copay		\$60 сорау			

Note: Your total out-of-pocket maximum includes deductible, copayments and coinsurance amounts.

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Employee Costs for Medical Coverage

The costs listed below are pre-tax, per-pay-period deductions, based on 26 pay periods a year.

	Full-1	time*
	\$20.01/hour or more	\$20.00/hour or less**
Signature NEW		
Employee Only	\$79.50	\$51.50
Employee + Spouse	\$191.00	\$124.00
Employee + Child(ren)	\$133.50	\$87.00
Employee + Family	\$245.00	\$159.00
Choice Plus		
Employee Only	\$87.00	\$79.48
Employee + Spouse	\$208.00	\$190.80
Employee + Child(ren)	\$146.00	\$133.68
Employee + Family	\$266.50	\$244.82
Choice		
Employee Only	\$43.50	\$41.76
Employee + Spouse	\$116.00	\$111.32
Employee + Child(ren)	\$79.50	\$76.22
Employee + Family	\$152.50	\$146.43

	Part-time*
Signature NEW	
Employee Only	\$119.00
Employee + Spouse	\$286.00
Employee + Child(ren)	\$200.00
Employee + Family	\$367.00
Choice Plus	
Employee Only	\$130.50
Employee + Spouse	\$312.00
Employee + Child(ren)	\$219.00
Employee + Family	\$399.50
Choice	
Employee Only	\$65.00
Employee + Spouse	\$174.00
Employee + Child(ren)	\$119.00
Employee + Family	\$229.00



Working-Spouse Surcharge for Medical Coverage

To help control medical costs, we have a spousal surcharge for employees who choose to enroll their spouse in BJC's medical plan when they have available coverage through their own employer. During benefits enrollment, you will be asked to verify whether your spouse works and has access to medical coverage through their employer. If they have access to other group coverage but are enrolled in our coverage, you will pay an additional \$50 per-pay-period surcharge for medical coverage (in addition to the rates above). Annual Enrollment: Oct 25 – Nov 5

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For 2022 medical questions: 800-564-7642

For current medical plan member questions: 800-244-6224

*Additional coverage costs may apply due to the Working-Spouse Surcharge.

** Hourly rate of pay will be captured in the enrollment system as of 9/30/21; the medical rate you are eligible for on 1/1/22 will remain the same rate for all of 2022, unless your employment status changes.

What You'll Pay for Typical Services

Review examples of how much you could pay for certain types of medical care under each medical option including copays, deductible and coinsurance. Your actual costs will be different depending on the actual care you receive, the prices the providers charge, and where you receive services.

	Estimated Member Out-of-Pocket Cost (OOP)			
Example service	Amount Charged	Signature	Choice Plus	Choice
Preventive care, including colonoscopy, mammogram, well-woman visit, well-child visit	Varies by service	\$0	\$0	\$O
Child sick visit to Primary Care Physician	\$198	\$15 copay	\$20 сорау	\$25 сорау
ER visit (BJC or other hospital)	\$916	\$250	\$250	\$300
Fractured ankle: ER visit plus follow-up doctor visits and physical therapy at a BJC facility	\$2,791	\$620	\$400	\$480
Endoscopy at a BJC facility	\$2,670	\$250	\$670	\$1,395
Maternity, including delivery, at a BJC facility	\$11,333	\$415	\$2,220	\$4,955
Inpatient surgery: Total knee replacement at a BJC facility	\$17,744	\$1,000	\$2,335	\$6,000 (reached OOP max)
Outpatient surgery: Prostate surgery at a BJC facility	\$7,793	\$250	\$2,235	\$4,879

\$0 Out-of-Pocket Expenses in the Medical Plan

We care about our employees' health and well-being. Because of that, BJC pays the full cost of many services under the medical plan so you pay \$0 out of your pocket when you need them, including:

- Facility charges for inpatient and outpatient hospital services (after you reach the deductible) when you use a BJC facility (in Choice Plus or Choice options only)
- Outpatient lab work (e.g., blood draw) at a BJC facility
- Outpatient radiology/imaging (including physician/technician fees) at a BJC facility
- Standard insulin when purchased through BJC pharmacies or Family Care Central Pharmacy (mail order)
- Virtual care mental health visits through Cigna Telehealth Connection (MDLIVE)
- Virtual care for minor illnesses through Cigna Telehealth Connection (MDLIVE)
- Physical, occupational and speech therapy at a BJC facility (in Choice Plus or Choice options only)
- Physical therapy at Athletico (in Choice Plus or Choice options only)

Additional no-cost programs for BJC medical plan participants:

- Nutrition counseling services (up to \$1,000 each year)
- Clinically designed program to reduce the risk of type 2 diabetes (Omada)
- Diabetes management program (Livongo)
- Sleep improvement program (Sleepio)
- Tobacco cessation program (Quit for Life)

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Terms to Know

Coinsurance

Percentage of the cost for eligible medical expenses that you pay after you meet the deductible.

Copayment

A fixed dollar amount you pay for certain medical expenses such as an office visit and prescriptions.

Deductible

Dollar amount an individual or family must pay for covered care each calendar year before the medical plan pays benefits (excluding in-network preventive).

Embedded deductible

Once the family deductible is met, additional benefits begin for all family members. However, if one family member reaches the individual deductible or out-of-pocket maximum before the family level is reached, additional benefits will begin for that individual.

Formulary

A list of your plan's preferred drugs—valued and priced for their cost-effectiveness.

Generic drug

A generic drug is identical to a brand-name drug in dosage form, safety, strength, quality, performance characteristics, and intended use, but is less expensive. Ask your doctor or pharmacist if there is a generic drug alternative to your brand-name drug.

In-network

A group of doctors, hospitals and other providers contracted with a health plan. A network provider provides care at reduced rates and usually submits your claim to the health plan.

Out-of-network

Health care services received outside the insurance carrier's approved network. If you use out-of-network providers, you will typically receive less or no coverage and may be responsible for the total cost or the costs in excess of what is considered "reasonable and customary."

Out-of-pocket maximum

Annual dollar limit an individual or family pays in deductible, coinsurance and copayments toward eligible expenses in a calendar year. The plan pays 100 percent of the eligible expenses once the out-of-pocket maximum is reached. This feature provides financial protection for you by limiting your out-of-pocket expenses in a given calendar year.

ID Cards

New enrollees in 2022 will receive an ID card from Cigna. If you are already enrolled in Choice Plus or Choice and stay in that same plan in 2022, please continue using your current ID card. If you switch medical plan options during this enrollment, or enroll in the Signature option, you will receive a new ID card from Cigna.



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Prescription Drugs

Prescription drug benefits are included in the BJC medical option that you elect. Express Scripts administers our prescription drug coverage. Present your Cigna ID card when purchasing medications—Express Scripts details are on the back.

Eligible Pharmacies

- **BJC Family Care Central Pharmacy** (mail order) can deliver 30-day first fills, refills, 90-day supplies of maintenance medications and specialty drugs with no mailing fees to your home. Employees should order 14 days in advance (average delivery time may be shorter).
- BJC Pharmacies (in person) includes four pharmacies that are located within BJC facilities.
 First fill only (no refills):
- Family Care Pharmacy at Alton Memorial Hospital
- Family Care Pharmacy at Barnes-Jewish Hospital
- Family Care Pharmacy at Christian Hospital
- Family Care Pharmacy at Missouri Baptist Medical Center
- Walgreens (in person) operates more than 9,000 pharmacies with a presence in all 50 states.
 First fill only (no refills)

Copayments

Your copayment for prescription drugs depends on the type of pharmacy you choose, the type of drug you purchase and the supply amount. Prescriptions are usually written for 30 days or 90 days. Members may only fill a 90-day supply for maintenance medications.

	30-Day First fi (MO	90-Day Supply First fills and refills (MO & IL)		
	BJC Pharmacies/ Family Care Central Pharmacy (mail order)*	Walgreens Pharmacy	Family Care Central Pharmacy (mail order)	
Generic Drugs	\$10	\$25	\$25	
Preferred Brand-Name Drugs	\$30	\$75	\$75	
Non-Preferred Brand-Name Drugs	\$75 \$150		\$150	
Specialty Drugs	\$50			
Annual Out-of-Pocket Ma	ximum			
Per Individual	\$2,000			
Per Family	\$4,000			

*Family Care Central Pharmacy (mail order) can fill first fills and refills on 30-day prescriptions.

Note: The annual out-of-pocket maximum for prescription drugs is separate from the medical plan out-of-pocket maximum.

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Filling a Prescription

Here's how the plan works when you fill a prescription.



BJC TOTAL REWARDS

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Dental

BJC provides two dental options administered by Delta Dental of Missouri.

Both options:

- Provide access to the **Delta Dental Premier Network**, which features more than 80 percent of dental care providers nationwide.
- Provide access to the **Delta Dental PPO Network**, which includes nearly 50 percent of all dentists nationwide.
- Cover in-network preventive services (e.g., two dental cleanings per year) with no deductible.
- Cover services for **basic care and major care** (Low option plan participants pay more for these services).

To find a provider, visit Delta Dental **online** or call **800-335-8266**.

	High			Low		
	PPO Network	Premier Network	Out-of-Network	PPO Network	Premier Network	Out-of-Network
Annual Deductible						
Per Individual	\$50	\$50	\$50	\$75	\$75	\$75
Per Family	\$100	No limit	No limit	\$150	No limit	No limit
Covered Services (Plar	n Pays)					
Preventive Care	100%	100%	80%; no deductible	100%	100%	60%; no deductible
Basic Care	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
Major Care	Plan pays 60% after deductible	Plan pays 40% after deductible	Plan pays 40% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 40% after deductible
Orthodontic Treatment	Plan pays 60% after deductible	Plan pays 40% after deductible	Plan pays 40% after deductible	No coverage	No coverage	No coverage
Lifetime Maximum	\$2,000	\$1,500	\$1,500		_	
Annual Maximum Bene	efit	1				
	\$2,000	\$1,500	\$1,500	\$1,000	\$750	\$750

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Employee Costs for Dental Coverage

The costs listed below are pre-tax, per-pay-period deductions, based on 26 pay periods a year.

	Full-time and Part-time
High	
Employee Only	\$4.57
Employee + Spouse	\$16.94
Employee + Child(ren)	\$18.27
Employee + Family	\$22.00
Low	
Employee Only	\$2.91
Employee + Spouse	\$10.61
Employee + Child(ren)	\$10.52
Employee + Family	\$12.42

ID Cards

New enrollees in 2022 will receive an ID card from Delta Dental. If you are already enrolled, please continue using your current ID card.



R

in dental rates for



NO INCREASE



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Vision

BJC offers vision coverage through VSP Vision Care, which features a large national network of vision providers.

Your vision coverage:

- Covers an eye exam with a copayment for children up to age 18 twice a year and adults once a year.
- Pays a portion of the cost for members' **contacts or eyeglass lenses** once a calendar year.
- Pays a portion of the cost for children's (up to age 18) **frames** once a calendar year and the cost of adult frames every other year.
- Provides a discount on laser vision correction.

To find a provider, visit VSP online or call 800-877-7195.

Vision Coverage Overview

	VSP Network	Out-of-Network
VSP WellVision Exam® (twice every calendar year for children up to age 18; once every calendar year for adults)	\$15 copayment	Plan pays up to \$45 after \$15 copayment
Contacts (once every calendar year instead of lenses and frames)	Plan pays up to \$200	Plan pays up to \$105
Contact Lens Exam, Fitting and Evaluation	\$60 copayment	N/A
Lenses (once every calendar year)		
Single Vision	\$15 copayment	Plan pays up to \$45 after \$15 copayment
Lined Bifocal	\$15 copayment	Plan pays up to \$65 after \$15 copayment
Lined Trifocal and Progressive	\$15 copayment	Plan pays up to \$85 after \$15 copayment
Frames (once every calendar year for children up to age 18; once every other calendar year for adults)	Plan pays up to \$200 after \$15 copayment	Plan pays up to \$47 after \$15 copayment
Laser Vision Correction	Average 15% discount	N/A

Employee Costs for Vision Coverage

NO INCREASE

in vision rates for

2022—you'll pay

the same rate that

you do now if you

choose the same

coverage.

The costs below are pre-tax, per-pay-period deductions, based on 26 pay periods a year.

	Full-time and Part-time
Employee Only	\$3.58
Employee + Spouse	\$7.17
Employee + Child(ren)	\$8.13
Employee + Family	\$13.00

ID Cards

VSP does not issue ID cards. The VSP network provider will need your name and date of birth to verify your benefits and submit claims.

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Flexible Spending Accounts (FSAs)

FSAs help reduce your taxable income by allowing you to set aside pre-tax dollars that you can use toward eligible health care and dependent day care expenses throughout the year. This pre-tax deduction lowers your taxable income, reducing the amount of tax you owe on your bi-weekly paycheck. You do not have to be enrolled in a BJC medical, dental or vision plan to enroll in an FSA. Two FSAs are available to you, both administered by WEX.

Health Care FSA

- Reimbursement of eligible **health care expenses** for you and your dependents.
- Elect up to \$2,750 for 2022.
- Qualified expenses include out-of-pocket medical, dental, vision, hearing and other health-related costs, such as copayments and deductibles. Some over-the-counter medications and supplies are eligible.
- Deadline to submit claims is March 31 of the following year.



Dependent Care FSA (daycare)

- Reimbursement of eligible **daycare expenses** for children under age 13.
- Reimbursement for eligible care expenses for your disabled spouse or disabled dependent of any age.
- To be eligible for this account, you must be working. If you are married, your spouse must be working, looking for work, be a full-time student, or be incapable of self-care.
- Elect up to \$5,000 each year (combined household limit).
- Qualified expenses include before- and after-school programs, nursery or preschool, summer day camp, and adult care.
- Deadline to submit claims is March 31 of the following year.
- No carryover—"use it or lose it" rule applies.

FSA Debit Cards

New FSA enrollees in 2022 will receive a debit card from WEX. If you are already enrolled and re-enroll for 2022, continue using your current debit card until it expires.

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Balance carryover to 2022

Due to COVID-19 relief measures, you may roll over all unused money from your 2021 Health Care FSA and 2021 Dependent Care FSA to your 2022 accounts to use for eligible expenses. The carryover will be effective January 1, 2022, and any funds will be available for use in April 2022.

Since pre-COVID rules will resume next year, you'll want to keep the following in mind when deciding on your 2022 annual FSA elections:

- 2022 Health Care FSA: Only \$50 \$550 permitted as carryover to 2023.
- 2022 Dependent Care FSA: Any funds not used by 12/31/22 will be forfeited.

For both FSAs

- Use the convenient FSA debit card to pay for eligible health care and dependent day care expenses.
- In addition to your FSA debit card, you have the option to pay with personal funds and request reimbursement.
- Deadline to submit claims is March 31 of the following year.
- Submit claims online, via mobile app, fax, or U.S. mail.

To make filling prescriptions easier, place your FSA card on file with the Family Care Central Pharmacy (mail order) by adding it **here**.

Learn More

Visit WEX **online** to view a complete list of eligible expenses, check your balance, file claims, request direct deposit, and more.

Speak to or live chat with a WEX service representative, 6 a.m. to 9 p.m. CT, Monday – Friday, at **866-451-3399**.

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Mental Health Resources and Support

BJC offers many resources to support your mental health and help you manage everyday life. More than ever, we want you to be aware of the resources available to you and how to reach out for help and support.

Resources	Contact
Available at no cost to all BJC employees	
BJC Employee Assistance Program (EAP)	bjceap.com
Confidential counseling and work/life services by phone, virtual or in person— no cost to BJC employees and immediate family members.	314-747-7490 / 888-505-6444 Crisis counseling 24/7/365 Appointments available Monday - Friday, 8 a.m 10 p.m. and Saturday 8 a.m 4 p.m.
BJC Resiliency	bjclearn.org/resiliency
Activities, articles, videos and other resources focused on topics such as self-care, relationships and self-awareness— no cost to BJC employees. In addition, online resiliency courses are available in Saba to provide directed learning to increase your resiliency.	resiliency@bjc.org
Available to BJC medical plan participants	
Cigna Telehealth Connection Connect virtually to an MDLIVE licensed therapist or psychiatrist trained to treat non-emergency conditions such as anxiety, depression and stress at no cost to you. Members may request to speak to the same therapist each time.	myCigna.com, click Talk to a doctor or nurse 24/7, then Connect Now, then MDLIVE 888-726-3171
Mental Health Office Visits	myCigna.com, then click Find Care & Costs
Primary care physician copayment will apply.	800-244-6224
Cigna Mental Health and Substance Abuse Services	myCigna.com, then click Find Care & Costs
Deductible, copayment or coinsurance will apply, depending on the type of service.	800-244-6224
Sleepio	Take a two-minute sleep assessment and
Online 6-week sleep improvement program— no cost to medical plan participants age 18+.	enroll in the program

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Life and AD&D Insurance

We know how important financial security is to you and your family. That's why BJC provides many benefits to help you protect your family's income and save for the future.

Basic life and accidental death & dismemberment (AD&D)

insurance is provided to you at no cost. You have the option to buy supplemental life and AD&D insurance for yourself, additional AD&D insurance for you and your family, dependent life insurance for your spouse and dependent life insurance for your children. Voya is BJC's life and AD&D insurance carrier.

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

- The benefit for a full-time employee is one times base annual salary.
- The benefit for a part-time employee is \$15,000.
- If you are injured or die because of an accident, the plan may also pay an AD&D benefit.
- The IRS requires a tax on employer-paid life insurance coverage greater than \$50,000; if your salary is greater than \$50,000, you can elect to limit your coverage to \$50,000 to avoid the tax impact.



Supplemental Life and AD&D Insurance

Full-time employees may purchase supplemental life and AD&D coverage up to five times their base annual salary. Part-time employees may purchase supplemental life and AD&D coverage in the amount of \$15,000 or \$30,000.

- During 2022 annual enrollment, full-time employees who elect one times their salary, or increase their current coverage by one times their salary, will be automatically approved for that amount, without having to complete Evidence of Insurability (EOI) (as long as the total amount of supplemental coverage is less than \$500,000).
- Part-time employees who elect \$15,000 of coverage, or increase their current coverage from \$15,000 to \$30,000, will be automatically approved for that amount, without having to complete EOI.
- EOI is required for any amount of supplemental life coverage greater than a one times salary increase during this enrollment period and/or anything requested above \$500,000.
- Employees who require EOI during this enrollment will receive an email from Voya in late November with instructions on how to complete it.
- Your combined basic and supplemental life coverage cannot exceed \$1.5 million.

NO COST TO YOU

BJC provides basic life and AD&D insurance at no cost to you, along with the option of buying additional coverage for yourself, your spouse and your children at group discounted rates.

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Employee Costs for Supplemental Life and **AD&D** Insurance

The cost of this coverage is a pre-tax, per-pay-period deduction, based on 26 pay periods a year and is based on your age and the amount of coverage you elect. Your coverage options and costs will be provided during your benefits enrollment.

Employee's Age	Rate Per \$1,000 of Coverage
<30	\$0.0277
30 - 49	\$0.0554
50+	\$0.1615



Employee Costs for Additional AD&D Insurance

Additional AD&D Insurance

For an additional layer of protection, you can purchase additional personal and family AD&D insurance that pays benefits if you or a covered dependent is severely injured or dies in an accident. Maximum coverage amounts include \$500,000 for employees, \$200,000 for spouses and \$50,000 for children.

The costs listed below are pre-tax, per-pay-period deductions, based on 26 pay periods a year.

Employee Only		Employee & Family			
Employee	Rate Per Paycheck	Employee	Spouse	Per Child	Rate Pe Paychee
\$50,000	\$0.37	\$50,000	\$20,000	\$5,000	\$0.65
\$100,000	\$0.74	\$100,000	\$40,000	\$10,000	\$1.29
\$200,000	\$1.48	\$200,000	\$80,000	\$20,000	\$2.58
\$300,000	\$2.22	\$300,000	\$120,000	\$30,000	\$3.87
\$400,000	\$2.96	\$400,000	\$160,000	\$40,000	\$5.16
\$500,000	\$3.70	\$500,000	\$200,000	\$50,000	\$6.45

NO INCREASE

in supplemental life, AD&D and additional AD&D rates for 2022.

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Dependent Life Insurance

You can purchase life insurance for your spouse and eligible children. You can elect coverage in \$10,000 increments for your spouse, up to a new, increased maximum of \$200,000 (prior maximum was \$50,000). The cost of coverage is based on your (the employee's) age. You can choose \$5,000 or \$10,000 in coverage for your children.

 If you elect \$10,000 in spousal coverage or increase coverage by \$10,000 during this annual enrollment, coverage will be automatically approved and Evidence of Insurability (EOI) will not be required. Coverage amounts or increases greater than \$10,000 for spousal coverage will require EOI. Voya will send you instructions on how to complete EOI in late November.

Employee Costs for Dependent Life Insurance

The costs listed below are after-tax, per-pay-period deductions, based on 26 pay periods a year. Your coverage options and costs will be provided during your benefits enrollment.

To calculate your bi-weekly premium, take the dollar amount of life insurance you are electing, divide it by 1,000, multiply by the age rate from the table, multiply by 12 (months), and divide by 26 (paychecks).

Employee's Age	Spouse		
Employee's Age	Rate Per \$1,000 Coverage		
0 - 29	\$0.34		
30 - 39	\$0.43		
40 - 49	\$0.55		
50 - 59	\$0.66		
60 - 69	\$0.81		
70+	\$1.14		
Child's Age	Children \$5,000	Children \$10,000	
Child's Age	Rate Per Paycheck	Rate Per Paycheck	
0 - 26	\$0.46	\$0.92	



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Disability Insurance

BJC provides eligible employees short-term and long-term disability benefits, administered by Lincoln Financial Group, to help replace some of the income they would lose while disabled.

Short-term Disability (STD) Full-time and Part-time employees

BJC provides STD coverage that pays **60 percent** of your weekly earnings, up to \$2,500 per week for 25 weeks (or 180 days), after you complete six months of employment with BJC.

ENHANCED FOR 2022

Long-term Disability (LTD) Full-time employees

BJC provides LTD coverage that pays **60 percent** of your monthly earnings, up to \$10,000 per month. For approved claims, coverage begins when STD ends.

Employees who have been paying for this higher level of coverage (from 50% to 60%) will no longer have to pay the premium in 2022. Part-time employees are eligible to purchase LTD coverage after six months of BJC service. The cost of this coverage is an after-tax, per-pay-period deduction, based on 26 pay periods a year.

Employee's Age	Part-time > 6 Months of Service	
Employee's Age	60% Coverage Rate Per \$100	
<35	\$0.224	
35 - 39	\$0.405	
40 - 44	\$0.419	
45 - 49	\$0.833	
50+	\$1.030	

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Long-term Disability for GME Resident House Staff

Graduate Medical Education (GME) Resident House Staff **must purchase LTD coverage** unless they provide proof of coverage from another plan within 31 days of their hire date and again each year during annual benefits enrollment. The cost of LTD insurance for GME Residents is an after-tax, per-pay-period deduction, based on 26 pay periods a year. The rate per \$100 of coverage is \$0.160 and is administered by Paul Revere.

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Legal Services

MetLife Legal offers members access to a national network of experienced attorneys, which provides coverage on a wide range of legal matters. Employees have a choice of two legal service options: a **Base Plan** or the **Base Plan Plus Parents**.

A sampling of the services is listed below, and a detailed list of services can be found **here**. All services are included in the **Base Plan** (Employee Only or Employee & Family). Services **highlighted in blue** are available to the employee's parents, stepparents and parents-in-law, with the election of the **Plus Parents Plan**.

Civil	Administrative Hearings, Civil Litigation Defense, Incompetency
Lawsuits	Defense, Pet Liabilities, Small Claims Assistance
Elder-Care	Deeds, Leases, Medicaid, Medicare, Nursing Home Agreements,
Issues	Powers of Attorney, Prescription Plans, Wills
Estate	Codicils, Healthcare Proxies, Living Wills, Powers of Attorney,
Planning	Revocable & Irrevocable Trust
Family and Personal	Adoption, Affidavits, Demand Letters, Divorce, Garnishment Defense, Guardianship, Immigration Assistance, Prenuptial Agreement
Home and	Deeds, Eviction Defense, Foreclosure, Mortgages, Property Tax
Real Estate	Assessments, Sale or Purchase of Home
Money Matters	Debt Collection Defense, Identity Management Services, Identity Theft Defense, Negotiations with Creditors, Personal Bankruptcy, Promissory Notes, Tax Collection Defense
Vehicle and	Defense of Traffic Tickets, Driving Privileges Restoration,
Driving	Repossession

Employee Costs for Legal Services Coverage

The costs listed below are after-tax, per-pay-period deductions, based on 26 pay periods a year.

	Full-time & Part-time
Employee Only	\$5.92
Employee / Plus Parents	\$8.69
Employee + Family	\$8.10
Employee + Family / Plus Parents	\$10.87

For more information, visit MetLife online or call 800-821-6400.

Metlife Legal offers coverage on a wide range of legal matters:

Home & Real Estate

• Money Matters

- Civil Lawsuits
- Elder-Care Issues

• Family & Personal

Estate Planning
 Vehicle & Driving

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Need Help?

	Online or Email	Customer Service Number	Mobile App Available
BJC Resources			
BJC Total Rewards Website	www.bjctotalrewards.org	N/A	N/A
BJC Benefit Provider Phone Directory (Connect to all benefit providers, e.g., medical, dental, vision, life, legal)	N/A	314-362-1585	N/A
BJC Employee Service Center	Employee_Service_Center@bjc.org	314-362-2184 / 855-362-2184	N/A
BJC Employee Assistance Program (EAP)	www.bjceap.com	314-747-7490 / 888-505-6444	(schedule virtual appt.)
Provider Resources			
Dental (Delta Dental)	www.deltadentalmo.com	800-335-8266	Δ
Dependent Eligibility Verification (Secova)	N/A	866-367-0766	
Disability: Short & Long-term, and Leaves (Lincoln Financial)	www.mylincolnportal.com Company Code = BJC10128	800-213-1580	N/A
Disability: Long-term for Residents Only (Paul Revere/Unum)	www.unum.com	800-858-6843	N/A
Flexible Spending Accounts (FSA) (WEX)	www.wexbenefitsyou.com/bjc	866-451-3399	
Legal Services (MetLife Legal)	Pre-enrollment: https://info.legalplans.com/bjc Members: https://members.legalplans.com	800-821-6400	Martillo Legal Plans
Medical (Cigna)	www.myCigna.com Signature: LocalPlus Network	For 2022 medical questions: 800-564-7642	
	Choice Plus and Choice: Open Access Plus Network	For current medical plan members: 800-244-6224	
Prescription Drugs			
Express Scripts	www.express-scripts.com	866-273-5779	N/A
Family Care Central Pharmacy (mail order)	www.bjcrx.org	314-657-9000 / 855-525-0411	
Tobacco-Cessation Program (Quit For Life)	www.quitnow.net/bjc	866-784-8454	
Vision (VSP Vision Care)	www.vsp.com	800-877-7195	vsp

The benefits described in this guide are available to BJC employees and their eligible dependents who meet the eligibility requirements of the corresponding benefit plans. Receipt of this guide does not guarantee eligibility or benefit coverage. The plan documents provide a full description of the benefits offered and will always govern if there is a discrepancy between this guide and any of the plan documents. Your plan sponsor hopes to continue the plans indefinitely, but it reserves the right to end or change any of the plans at any time and for any reason, without notice to you. To obtain a copy of the Summary Plan Description for each plan, go **online** or contact the BJC Employee Service Center.

BJC HealthCare, October 2021

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