

2024 Benefits Guide

Blythedale Children's Hospital offers a comprehensive, valuable and affordable benefits program that helps you and your eligible family members stay well, feel secure, and maintain a healthy work/life balance.



As part of its benefits program, Blythedale offers four health insurance plans through <u>Anthem Blue Cross Blue Shield.</u>

****None of these plans require referrals****

We encourage you to take the time to educate yourself about all the options Blythedale offers and choose the best and most affordable coverage for you and your family. Please contact the providers listed below when you have questions about a specific benefit plan. We also invite you to speak with your Human Resources representative to learn more.

My Life Advisors Customer Service Center 855-547-8508 8:00 a.m. to 11:30 p.m. Monday – Friday Email – MyLifeAdvisor@adp.com

Benefit Plan or Program	Provider/Contact	Phone Number	Web site/Email Address
Medical Insurance	Anthem Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Dental Insurance	Anthem Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Vision Insurance	Anthem Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Prescription Drugs	Anthem Blue Cross Blue Shield	1-800-662-5193	www.empireblue.com
Prescription Home Delivery	CarelonRX	1-833-203-1739	www.carelonrx.com
Flexible Spending Accounts	Ameriflex	Not Applicable	www.ameriflex.com
Retirement Plan	HANYS Benefit Services	914-907-3791	Hanysbenefits.com/jrosenfe@hayns.org
EAP	Resource Advisor	1-888-209-7840	www.resourceadvisor.anthem.com
Legal Insurance	MetLife	1-800-GET-MET8	www.mybenefits.metlife.com
Identity Theft Protection	ID Watchdog	1-800-970-5182	www.idwatchdog.com
Daycare	Care.com	1-855-781-1303	www.care.com/yourbenefits
Pet Insurance	Nationwide	1-877-738-7874	https://benefits.petinsurance.com/blythedale
Nurseline	Anthem Blue Cross Blue Shield	1-800-337-4770	www.empireblue.com

Who is Eligible for Benefits

	Full Time and Part Time Employees (30+ hrs)	Part Time (< 30+ hrs) Employees	Respiratory Therapist Employees (30+ hrs)	Per Diem Employees
Medical, Dental, Vision	\checkmark			
Flexible Spending Accounts	\checkmark		\checkmark	
Life Insurance	\checkmark	\checkmark	\checkmark	
Short Term Disability	\checkmark	\checkmark		
403(b)	\checkmark	\checkmark	\checkmark	
Employee Assistance Program	\checkmark	\checkmark	\checkmark	\checkmark
Voluntary Benefits	~		~	

Key Terms

COPAYMENT/COPAY

A flat fee you pay for medical services regardless of the actual amount charged by your doctor or other provider. Copayments generally apply to doctors' office visits, some hospital services, and prescription drugs.

DEDUCTIBLE

The amount you pay toward medical and dental expenses each calendar year before the plan starts to pay benefits.

COINSURANCE

The percentage of a medical or dental charge you owe after you meet the annual deductible.

COBRA

The Consolidated Omnibus Budget Reconciliation Act is legislation that allows workers and dependents who lose medical, dental, vision or flexible spending account benefits to continue any of these coverages for a specified length of time.

You have 30 days from any qualifying event to update your benefit elections. Any changes to benefits must be directly related to the qualifying to the qualifying event. You may be asked to provide proof of the change, such as a marriage license or birth certificate.

Enrolling in Benefits

You must enroll in benefits within 60 days of your date of hire (or your eligibility date, if you are a newly benefits- eligible emmployee. If you miss the 60 day deadline, you will not be able to enroll in the benefits plan until the next annual benefits open enrollment period unless you have an IRS Qualified Life Event.

Making Changes During the Year

Once you make your initial benefit elections, you may not change them until the following year's annual benefits enrollment period. An exception is made if you have a Qualified Life Event such as marriage, divorce, birth or adoption of a child, or a change on employment status that affects your benefits eligibilioty.

When Coverage Begins and Ends

If you are eligible for benefits, your coverage will begin the 1st of the month after 60 days of work. Coverage ends depending on when you terminate employment. (i.e. if you term between the 1st and 15th of the month, your coverage ends on the 15th, afterwards, your coverage ends at the end of the month).

Out - of - pocket limit

This is the maximum amount you could pay before your plan starts to pay 100% of all covered healthcare costs.* It's the sum of the deductible and coinsurance amounts.





For the 2024 benefit year, there are employee contribution tiers and rates for the four medical insurance plans through Anthem Blue Cross Blue Shield. These plans give staff access to the full Blue Cross network of providers which is one of the largest nationwide. As you may already be aware, none of our Blue Cross plans require a referral from your primary care provider.

MEDICAL OPT-OUT ELECTION - For 2024 staff who do not participate in our health insurance because they have spousal, parent or other coverage, will be eligible to a \$57.69 per pay period opt out payment (\$1,500.00 annualized). Payment will be forfeited until proof of other insurance is submitted along with a Medical Plan Waiver Form to Human Resources. There will be no retro payments. Payments will begin the pay period following the receipt of all necessary paperwork being approved.

Anthem.	BLUE ACCESS EPO	EPO LOW	EPO MIDDLE	PPO BLU	JE ACCESS
Services	IN NETWORK ONLY	IN NETWORK ONLY	IN NETWORK ONLY	IN NETWORK	OUT OF NETWORK
Deductible	\$1,000/\$2,500	\$500/\$1,250	\$0	\$0	\$2,500/\$6,250
Member Coinsurance	10%	20%	0%	0%	30%
Out of Pocket Max.	\$2,000/\$5,000	\$4,500/\$11,250	\$5,080/\$12,700	\$5,080/\$12,700	\$6,000/\$15,000
Physician Visit	\$30 Co-Pay	\$25 Co-Pay	\$30 Co-Pay	\$30 Co-Pay	30% coinsurance after deductible is met
Specialist	\$50 Co-Pay	\$40 Co-Pay	\$50 Co-Pay	\$50 Co-Pay	30% coinsurance after deductible is met
Urgent Care	\$50 Co-Pay	\$40 Co-Pay	\$50 Co-Pay	\$50 Co-Pay	\$50 Co-Pay
Emergency Room	\$250 Co-Pay	\$300 Co-Pay	\$300 Co-Pay	\$300 Co-Pay	Covered as In- Network
Hospitalization	10% after Ded.	20% after Ded.	100%	100%	30% coinsurance after deductible is met
Outpatient Surgery	10% after Ded.	20% after Ded.	100%	100%	30% coinsurance after deductible is met
Preventative Care	100%	100%	100%	100%	30% coinsurance after deductible is met
X-Ray/Lab/Diagnostic Imaging	10% after Ded.	20% after Ded.	100%	100%	30% coinsurance after deductible is met
RX Deductible	\$100	\$100	\$100	\$100	No coverage
Retail RX Co-Pays	\$20/\$50/\$75	\$20/\$50/\$75	\$20/\$50/\$75	\$20/\$50/\$75	No coverage
90 day Mail RX Co-Pays	\$40/\$100/\$150	\$40/\$100/\$150	\$40/\$100/\$150	\$40/\$100/\$150	No coverage

Medical – Anthem Blue Cross Blue Shield

	2024 NEW BI-WEEKLY CONTRIBUTION RATES				
	TIER 1	TIER 2	TIER 3	TIER 4	
	COI	NTRIBUTIONS FOR AN	N EMPLOYEE WHO EAR	NS	
Anthem.	Up to \$78,500 <u>annual salary*</u>	\$78,501-\$140,500 <u>annual salary*</u>	\$140,501-\$182,500 <u>annual salary*</u>	Above \$182,501 <u>annual salary*</u>	
	Bi-weekly contribution	Bi-weekly contribution	Bi-weekly contribution	Bi-weekly contribution	
BLUE ACCESS EPO					
Employee	\$26.42	\$33.02	\$66.04	\$105.67	
Employee + Spouse	\$66.04	\$79.25	\$132.09	\$211.34	
Employee + Children	\$59.44	\$71.33	\$118.88	\$190.20	
Family	\$99.06	\$118.88	\$198.13	\$317.01	
EPO LOW					
Employee	\$40.39	\$47.12	\$87.52	\$114.44	
Employee + Spouse	\$80.78	\$107.71	\$188.50	\$228.89	
Employee + Children	\$72.71	\$96.94	\$169.65	\$206.00	
Family	\$121.18	\$161.57	\$282.74	\$343.33	
EPO MIDDLE					
Employee	\$77.41	\$108.37	\$123.85	\$131.60	
Employee + Spouse	\$185.78	\$216.75	\$263.19	\$278.68	
Employee + Children	\$167.21	\$195.07	\$209.01	\$250.81	
Family	\$278.68	\$325.12	\$394.79	\$418.02	
PPO Blue Access					
Employee	\$150.33	\$167.04	\$192.09	\$208.80	
Employee + Spouse	\$300.66	\$417.59	\$417.59	\$434.29	
Employee + Children	\$270.59	\$375.83	\$375.83	\$390.86	
Family	\$450.99	\$626.38	\$626.38	\$651.43	

*Tiers are based on your Hourly Rate 1 annualized salary

Remember: All bi-weekly contributions are deducted on a pre-tax basis over 26 bi-weekly payroll dates

Dental – Anthem Blue Cross Blue Shield

ANTHEM DENTAL ESSENTIAL CHOICE- LOW PLAN

The **Essential Choice Plan** continues with the co-insurance arrangement as follows:

- \$50 Annual Individual Deductible / \$150 Annual Family Deductible
- Calendar Year Maximum of \$1500
- In Network Benefits:
 - $_{\odot}\,$ Preventative Services covered at 100% with deductible waived.
 - \circ Basic Dental Services covered at 80%
 - Major Dental Services covered at 50%

Your Bi-Weekly Dental Cost in 2024

	TIER 1	TIER 2	TIER 3	TIER 4
	Up to \$78,500 annual salary*	\$78,501-\$140,500 <u>annual salary*</u>	\$140,501-\$182,500 <u>annual salary*</u>	Above \$182,500 annual salary*
Employee	\$4.12	\$6.66	\$7.45	\$8.72
Family	\$12.80	\$20.67	\$23.13	\$27.07

ANTHEM DENTAL ESSENTIAL CHOICE - HIGH PLAN

The **Essential Choice High Plan** continues with the co-insurance arrangement as follows:

- \$50 Annual Individual Deductible / \$150 Annual Family Deductible
- Calendar Year Maximum of \$2500
- Orthodontic Lifetime Maximum of \$2500
- In Network Benefits:
 - $_{\odot}\,$ Preventative Services covered at 100% with deductible waived.
 - Basic Dental Services covered at 80%
 - Major Dental Services covered at 50%

Your Bi-Weekly High Plan Cost in 2024

	TIER 1	TIER 2	TIER 3	TIER 4
	Up to \$78,500 <u>annual salary*</u>	\$78,501-\$140,500 <u>annual salary*</u>	\$140,501-\$182,500 <u>annual salary*</u>	Above \$182,500 <u>annual salary*</u>
Employee	\$4.61	\$7.45	\$8.34	\$9.76
Family	\$14.32	\$23.13	\$25.88	\$30.29

Dependent Children Only. Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.

Vision – Anthem Blue Cross Blue Shield

The **Anthem Blue View Vision** plan is our voluntary employee paid vision program. The program provides you and your family with an annual eye exam for a \$10 co-pay and Single, Bifocal or Trifocal Lenses for a \$20 co-pay once every 12 months and frame replacement every 24 months.

	TIER 1	TIER 2	TIER 3	TIER 4
	Up to \$78,500 <u>annual salary*</u>	\$78,501-\$140,500 <u>annual salary*</u>	\$140,501-\$182,500 <u>annual salary*</u>	Above \$182,500 <u>annual salary*</u>
Employee	\$0.64	\$1.02	\$1.28	\$2.05
Family	\$1.61	\$2.57	\$3.22	\$5.14

Your Bi-Weekly Vision Cost in 2024

Life Insurance MetLife

Blythedale Children's Hospital provides an **employer paid** group basic life and accidental death and dismemberment (AD&D) insurance policy for the amount of 1.25% of your Hourly Rate 1 annualized salary up to a maximum of \$150,000 to all benefited employees. Enrollment in MetLife Life Insurance is automatic. **Beneficiary forms are required upon enrollment.**

Disability Income Benefits

In the event you become disabled from a non-work-related injury or illness, Blythedale Children's Hospital provides **employer-paid** disability income benefits to all benefit eligible employees. There is a fourteen-day waiting period for additional short-term disability. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Enrollment in Disability Income Benefits is automatic.

	NY State Mandated Short-Term Disability	Blythedale Additional Short Term Disability
Maximum Benefit	\$170 weekly maximum After a 7 day wait period	After the first \$170 an additional amount up to 50% of weekly base salary up to a \$1,000 weekly maximum
Benefit Duration	Up to 26 weeks	Up to 26 weeks

Identity Theft Protection



Blythedale Children's Hospital has partnered with ID Watchdog, the nation's most advanced and effective cybersecurity program in business today. Coverage Includes:

- **Dark Web Monitoring** Scans websites, chat rooms, and other forums known for trafficking stolen personal and financial information for compromised credentials including Social Security numbers and email addresses.
- **High-Risk Transactions Monitoring** Helps you better protect against account take overs and fraudulent new accounts opened in your name by alerting you, if we detect in the monitored network, a high-risk validation performed by a financial institution using your identity.
- **Public Records Monitoring** Scours billions of public records and other databases, including licenses and certifications, to search for new names or addresses associated with your identity which, if unexpected, could be a sign of a potential identity theft.

<u>Essentia</u>	al Plan	Platin	um Plan	Ultima	te Plan
Employee ·	- \$3.18 bi-weekly	Employee -	• \$4.29 bi-weekly	Employee -	- \$5.22 bi-weekly
Family -	\$5.77 bi-weekly	Family -	\$7.57 bi-weekly	Family -	\$9.19 bi -weekly

Legal Benefit Plan



Our legal plan vendor changed to MetLife. This new unique plan provides you with unlimited access to a network of 18,000 experienced attorneys that can help you with a wide range of issues. You will find tremendous value in addressing your legal needs including legal support with real estate, traffic infractions, will preparation, contract review and many other areas of legal advice. Get access to over 1,700 online resources, including forms for wills, living wills, durable power of attorney documents, and living trusts. Please consider the value the legal plan can offer you and your family.

\$8.31 bi-weekly premium covers employee as well as any spouses, and dependent children up to age 26.

Emergency Back Up Care



Nanny quit? House a mess? Finding the right care for your family can be hard, especially when you're balancing the demands of work and life. For the first time, Blythedale is proud to offer various emergency backup care services to all benefit eligible employees. **Care.Com** provides unlimited access for finding and managing care for kids, adults, pets, home, and more.

Emergency Backup Care Service	Eligible Individual Co-pay Amounts
In-Home Backup Care (Child or Adult)	\$6/hour co-pay
Out-of-Home Backup Child Care	\$10/day/child
Personal Network Backup Care	<pre>\$6/hour co-pay for In-Home \$10/day/child for Out-of-Home (to be applied against reimbursement amount requested)</pre>
Pet Backup Care	\$10/day co-pay (to be applied against reimbursement amount requested)

Booking Backup Care is easy.

- 1. Start your request online, through the app, or by calling 855-781-1303.
- 2. Choose your preferred option for great care for your loved ones.
- 3. Once you're ready to hire, easily schedule and pay your caregiver on care.com.

Prefer to use a caregiver outside of the Care network? No problem! Just make a reimbursement claim within 30 days of the care taking place. Please note that pet Backup Care is by reimbursement only.

Below are some useful videos to watch:

Care Membership:

• Search for a caregiver on <u>Care.com</u>: <u>https://vimeo.com/398214889/b56ec0a2dc</u>

Backup Care:

- Book in-home Backup Care: <u>https://vimeo.com/398213634/cb1386ebae</u>
- Book in-home Backup Care (Instant Booking Experience): <u>https://vimeo.com/695814500/5f8b3f6592</u>
- Book in-center Backup Care: https://vimeo.com/398212000/a9ff0e14af
- Using Personal Network Backup Care: <u>https://vimeo.com/399147751/7979c90ec7</u>
- Get reimbursed for Personal Network Child Backup Care: <u>https://vimeo.com/399932104/cce68caa97</u>
- Get reimbursed for Personal Network Adult Backup Care: <u>https://vimeo.com/691490348/8649a9eb04</u>

Other:

• Enrolling in <u>Care.com</u> benefits: <u>https://vimeo.com/438156262</u>



Nationwide® pet insurance provides coverage for veterinary expenses related to accidents and illness. Policies are available for dogs, cats, birds, rabbits, ferrets, reptiles, and other exotic pets. Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible, without worrying about the cost. Premiums are based on individual pets and vary based on several factors (Enrolling employees state of residence, Type of Pet, Breed, Age, and plan options selected.)

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) with an optional \$500 wellness benefit so you can find coverage that fits your budget. Base plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage includes:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness and more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

Enrollment is easy

Enroll at any time throughout the year!

There are three simple ways for employees to sign up for their new pet insurance voluntary benefit: 1. Go directly to the dedicated URL we've created for Blythedale:

https://benefits.petinsurance.com/blythedale

2. Call **877-738-7874** and mention that they're employees of Blythedale Children's Hospital to receive preferred pricing

3. Visit <u>PetsNationwide.com</u> or scan the QR code below and enter Blythedale Children's Hospital.



Below is a useful video to watch:

<u>NWPetInsurance-PreRecorded Webinar</u>

A Plan That Enhances Your Health Care Benefits



AmeriFlex will continue to administer our Flexible Spending Accounts (FSA) in 2024. Flexible Spending Accounts help you save money!

If you participate in the AmeriFlex FSA plan, you will elect to have a specified amount of "pre-tax" money deducted from your paycheck each pay period.

These funds are deducted from your gross earnings <u>before taxes</u> and put into an FSA that you can then use to pay for eligible out-of-pocket expenses. Qualified expenses may include Co-pays, deductibles, non-covered prescribed drugs, over-the-counter medicine, and many other health items that are not covered under your health plan.

The maximum contribution to Health Care accounts for 2024 is \$3,200. Employees may rollover up to \$640 in their FSA Account with Ameriflex.

Employees who enroll in an AmeriFlex Dependent Care Accounts (DCA) experience tax savings on expenses like daycare, summer day camp, preschool (for dependents age 12 and younger), elderly care, and other services that allow the employee to work full time. Employees are not required to participate in Blythedale's health plan to enroll in a DCA. Like the FSA, funds are deducted from gross earnings before taxes.

IMPORTANT MESSAGE: The maximum contribution to Dependent Care accounts remains at \$5,000 for single taxpayers and married couples filing jointly, or \$2,500 for married couples filing separately. *Unused Dependent Care Account funds will be forfeited after 12/31/24 as those funds are not eligible for the rollover benefit.

Employees participating in FSA or DCA will receive a Debit Mastercard linked to their respective account. This card will be used for eligible purchases where Mastercard is accepted. Account information is available online and through the mobile app.

More information about the FSA and DSA Plans including rollover amounts and grace periods is available online at: <u>https://www.myameriflex.com/Employee/Home</u>

PLANNING FOR YOUR RETIREMENT

Defined Benefit Retirement Plan Defined Contribution Retirement Plan 403(b) Tax Deferred Annuity

We offer a 403(b) plan available for benefited employees. The 2024 annual employee contribution limit as per the IRS is \$23,000. For those who are 50 and over, there is a \$7,500 Catch Up feature for a total dollar contribution limit of \$30,500.

Employees utilizing the Catch-Up feature must fill out new contribution paperwork every year

Eligible employees hired on or after 1/1/2011, are automatically enrolled in a Defined Contribution Retirement Plan. The following provides a brief overview of the Defined Contribution Plan:

- Blythedale will withhold 2% of compensation for investment in the employee's retirement account. The Hospital will contribute an additional annual minimum investment of 5% to the employee's retirement account by matching the 2% employee contribution and by making an additional 3% base contribution of the employee's salary.
- For employees who make more than the Social Security Covered Compensation of \$168,600 in 2024, an additional employer contribution of 4% will be made for compensation in excess of that amount up to the statutory pay limit of \$345,000 for 2024.

The 403(b) Tax Deferred Annuity and the Defined Contribution Retirement Plan are administered by HANYS Benefit Services.

www.hanysbenefits.com



