BSA Benefits & You

2026 BSA Benefits Program



Brookhaven National Laboratory

U.S. DEPARTMENT of ENERGY

Welcome to Brookhaven National Laboratory

We're pleased to welcome you to a community dedicated to advancing scientific discovery and addressing some of the most important challenges facing our nation and the world.

Brookhaven's mission is to deliver discovery science and transformative technology that drive innovation, strengthen U.S. competitiveness, and benefit society. Today, that work includes a strong focus on national priorities such as energy security, advanced computing, and the responsible use of artificial intelligence to accelerate research and enable new scientific capabilities. The Laboratory is helping to modernize energy systems and apply cutting-edge tools—such as AI and data-driven approaches—to solve complex scientific and technological problems.

From fundamental research to large-scale user facilities, Brookhaven's work relies on collaboration, curiosity, and a shared commitment to excellence. None of this is possible without the people who support the mission every day.

At Brookhaven, we understand that the work we do depends on the people who do it. That's why Brookhaven Science Associates offers a comprehensive benefits program designed to support your health, financial security, and overall well-being. These benefits are an important part of your total compensation and are meant to support you throughout your career at the Lab.

This booklet provides an overview of the benefits available to you, including medical, dental, and vision coverage; retirement and savings programs; time off; and a range of resources that support work-life balance. While it doesn't cover every detail, it's intended to help you understand your options and know where to find additional information when you need it.

We encourage you to review this booklet carefully. If you have questions or need help at any point, the Benefits Office is available to support you and help connect you with the right resources.

Again, welcome to Brookhaven. We're happy to have you as part of the Laboratory community.



This booklet describes the benefits program as of **January 1, 2026**, and is subject to change. The information in this booklet is intended to provide only a summary of the benefit programs. Nothing contained in this booklet should be construed as a promise of employment or continued employment, or to constitute contractual obligations. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations. Benefits, including eligibility and plan provisions, for employees covered under a collective bargaining agreement are specified in the union contract.

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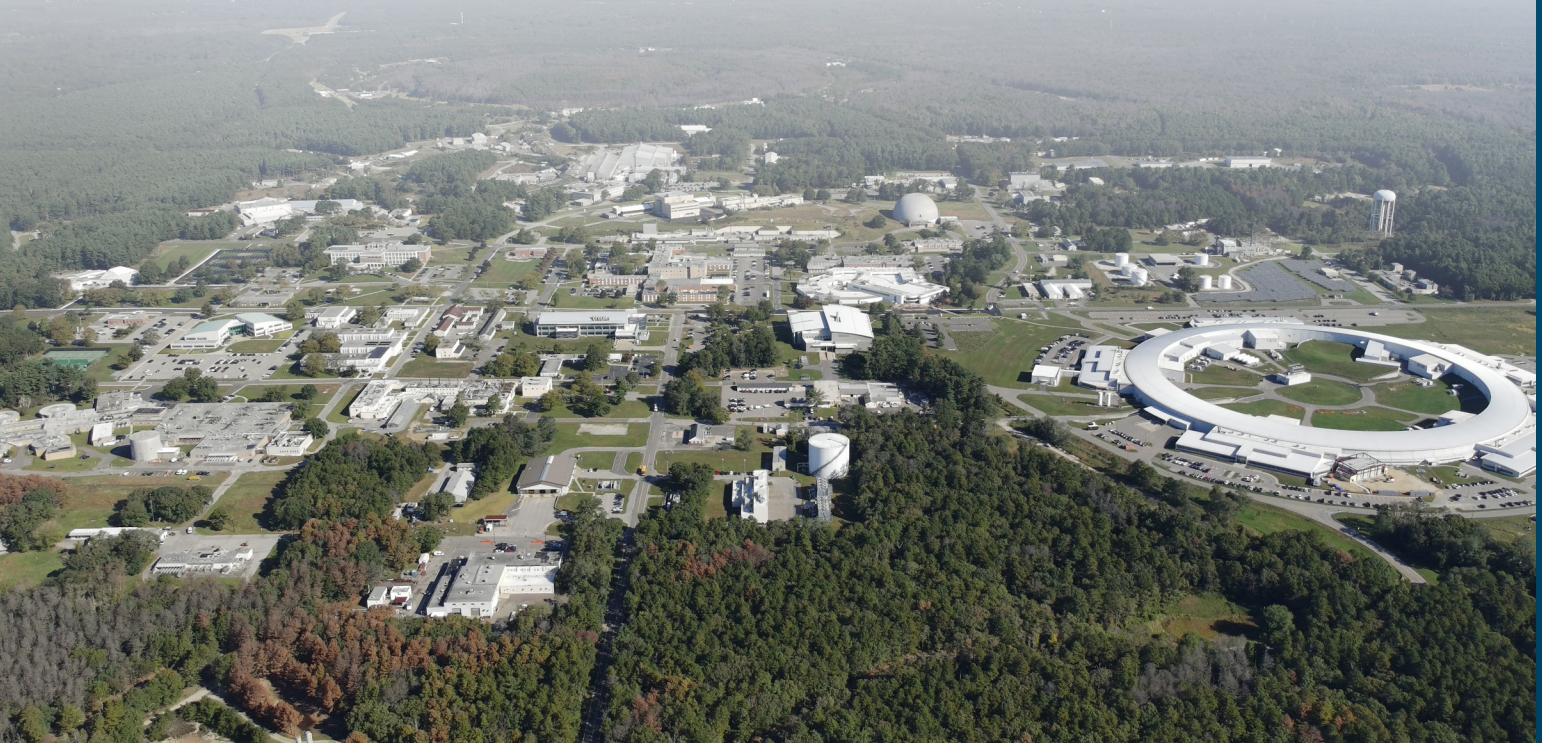
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The Brookhaven Science Associates (BSA) Benefits Office team is here to support you!
Visit our website at *www.bnl.gov/hr/Benefits* or contact us by email at *benefits@bnl.gov* or by calling 631-344-2881.



Notes

New Employees Take Action!

1. Review this benefit booklet.
2. Enroll online in Workday within 30 days of your date of hire.
   - » If adding a dependent to any of your benefits plans, add them as a dependent first (birth certificates for children and marriage certificate for spouse required).
3. Click on the Task in your Workday inbox and make your elections.
4. The enrollment process is not complete until you click "Submit". Coverage will not be effective until approved by a Benefits Partner.

How to Enroll

Go to *intranet.bnl.gov*

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Employee Resources Tab

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Workday Users' Guide

NEW EMPLOYEES WHO DO NOT TAKE ACTION …

You will default to involuntary benefits only and you will waive all other benefits. Changes outside open enrollment can only be made if you experience a qualifying life event. If you do not designate a beneficiary for your basic life insurance, it will default to your estate.

Discover

We've developed our employee benefit programs to meet your unique needs. From caring for your health to planning for your financial future, you'll find information about how we can help you meet your goals in the following pages. For more detailed information refer to the Benefits Program website at *www.bnl.gov/hr/Benefits/.*

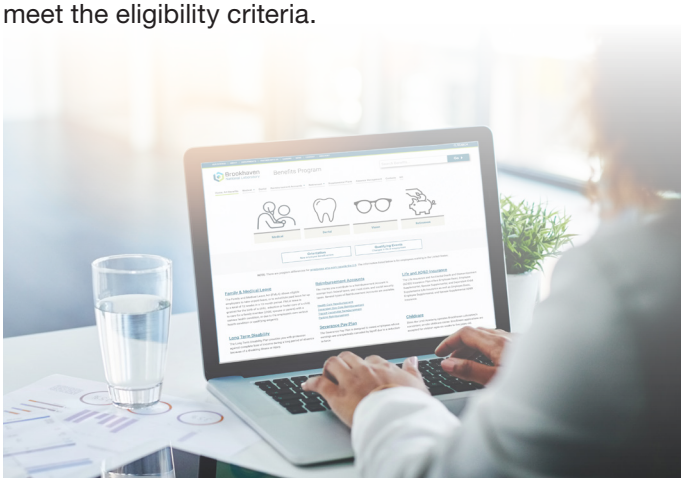
Who Can Enroll?

You can enroll if you are a regular employee working a minimum of 20 hours per week. You can also enroll your spouse, domestic partner, your children or stepchildren, your domestic partner's children – if you also enroll your domestic partner – and children for whom you have legal custody or guardianship. You cannot enroll a dependent in coverage for which you are not enrolled. You will need to provide proof of dependent status when enrolling dependents.

Children may be covered under the medical and vision plans until the end of the month they reach age 26. Your unmarried child or stepchild (if they reside with you) may be covered under the dental plan until the end of the year they reach age 23. Coverage may be extended beyond these limits for children who are or become mentally or physically incapable of self-support while covered as an eligible dependent. You must submit proof of incapacity and be approved by the insurance company within 30 days of the date of incapacity or the maximum age allowed under the plan, whichever occurs first.

When Can I Enroll?

We encourage you to complete your online enrollment promptly, however you have a maximum of 30 days from your hire date. Coverage begins on your date of hire once you have completed the enrollment process. Coverage under the Health Savings Account (HSA) begins on the first of the month following the month of enrollment in Aetna Medical Plan 4 (HDHP), if you meet the eligibility criteria.



What you elect as a new hire remains in effect – unless you experience a qualifying life event – until the next annual benefits open enrollment period.

When Can You Make Changes?

Qualifying Events

Qualifying events are life events that entitle you to make changes to your coverage outside of our Open Enrollment period. The event must relate to the change you are making. **You have 30 days from the date of the event to make the benefit change. Changes are made in Workday and must include supporting documentation.**

Examples of qualifying events are:

- Change in legal marital status, divorce, legal separation, annulment or domestic partnership
- Birth or adoption of a child
- Loss or gain of other coverage
- Death of a dependent
- Change in employment status
- Change in the place of residence or work site of the employee, spouse, or covered dependent
- Change in provider of dependent day care services
- Judgements, Decrees or Court Orders

Annual Open Enrollment

Open enrollment is a once-a-year opportunity to review your benefits and make changes that best fit your needs for the upcoming year. Our Open Enrollment is typically held each year in November and changes are effective January 1st of the following calendar year.

Each year the Benefits Office will send communications that include:

- Open Enrollment Dates
- Benefit coverages that will and will not carry forward year to year
- Changes to the benefit programs
- IRS limits for flexible spending accounts (FSA), health savings accounts (HSA), High Deductible Health Plan Deductibles
- Changes to the payroll contributions
- Cut off dates for use of vacation buy for weekly paid employees

What If It's Not Open Enrollment?

Coverage elections must remain in effect until our annual Open Enrollment period, however, there are some exceptions:

- You were hired within the past 30 days (changes and premiums, if any are retroactive to date of hire)
- You can make these benefit changes at any time:
  - Changing contribution amounts to the Parking and/or Transit Commuter Flexible Spending Accounts and Health Spending Account (HSA)
  - 401k and/or 401k catch-up plans
  - Increase or decrease supplemental life insurance. Increases to supplemental life insurance is subject to Evidence of Insurability (EOI) and approval by the insurance company.
- New employees may purchase Supplemental Life 1x or 2x your base annual salary within 90 days from date of hire without EOI.

How Do I Make Changes?

Open Enrollment communications will include instructions on making changes to your coverage.

To make changes resulting from a Qualifying Event you must initiate a benefit event in Workday within 30 days from the date of the event (60 days to make a change for a divorce, legal separation, attainment of age or CHIPRA) and submit for approval.

You must attach documentation that supports your changes. For example, to add your new baby you will need to attach a birth certificate to your request or to drop a dependent who obtained other coverage, you will need to attach documentation that includes the dependent name, type of coverage and the date other coverage begins.

Changes are not effective unless approved by a Benefits Partner and will be retroactive to the date of the event. You may be required to pay any differences in employee contributions.

Your Medical Plan Options

BSA offers several medical plan options, each with a robust network and different employee costs. This flexibility allows you to choose the plan that best fits your needs and budget.

All BSA medical plans provide access to the **Aetna Choice POSII (Open Access) Network** – a large network of providers that makes in-network care easy to find and keeps out-of-pocket costs lower!

Our Aetna plans also offer out-of-network care at Usual & Customary rates. This care is subject to a deductible and co-insurance, and out-of-pocket costs will be higher.

BSA's medical plans include basic vision exams, no referrals, infertility coverage, hearing aids, and no-cost preventative care. You have access to virtual visits, CVS Minute Clinics (no appointments needed, walk-ins welcome), and CVS Virtual mental health services. In addition to urgent care centers, the plans include a 24-hour nurse help line, gym discounts, and member savings on everyday needs such as entertainment, travel, home, and more.

Rx

All Aetna medical plans include prescription drug coverage. Plans 1, 2, 3, and 5 have a separate prescription drug deductible.

A mail-order option is available, offering cost savings for a 90-day supply. Retail pharmacies provide up to a 30-day supply.

Prescription coverage is available in-network only.

Aetna Plans 1, 2, and 3

Aetna Plans 1, 2, and 3 are point of service (POS) programs where you may use physicians and facilities of your choice worldwide.

When you use a provider or healthcare services, you pay for part of the cost of those services in the form of copayments, deductibles, and coinsurance. Aetna's POS network includes not just physicians, but many types of healthcare service providers such as hospitals, laboratories, x-ray facilities, physical therapists, medical equipment providers, outpatient surgery centers, etc. The POS plans provide an incentive for you to get your care from its network of providers by charging you lower copays, deductibles, and coinsurance compared to care provided out-of-network. You do not need to select a primary care physician, and referrals to specialists are not required.

Plans 1, 2, and 3 vary on copayments, deductible, coinsurance, and employee contributions.

Aetna Plan 4

Aetna Plan 4 is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), and it allows you to use physicians and facilities of your choice worldwide.

If you are not eligible for an HSA, you cannot enroll in Aetna plan 4. See IRS Publication 969 for more information.

A High Deductible Health Plan has a higher deductible than most health plans.

An "employee-only" HDHP covers just you. For the purposes of the HDHP, the term "family" coverage means a plan that covers you and at least one other person – whether that is two people or three or more.

With the HDHP, you first pay a deductible before coverage for medical care begins. Your deductible is based on your coverage level ("employee-only" or "family"). The deductible under the HDHP works differently than under plans 1-3, where each person has an individual deductible to fulfill. In the HDHP, if you have coverage for two or more people, only the "family" deductible applies – there is no individual deductible in this example.

After the deductible is met, the coinsurance percentage will determine your costs for services. The "individual" out-of-pocket maximum applies to each member under both "employee-only" and "family" coverage, but the total "family" out-of-pocket expense is limited to the "family" out-of-pocket maximum. Once the applicable out-of-pocket maximum is reached, the plan pays 100% of covered expenses. The out-of-pocket-maximum includes copayments, deductibles, and coinsurance.

Plan 4 (the HDHP) includes automatic enrollment in an HSA, which also gets an employer contribution and is funded by BSA and you.

Aetna Plan 5

Aetna Plan 5 is Mandatory for and only available to employees who hold a J-1 visa. This plan complies with J-1 visa requirements.

J-1 visa holders must enroll immediately in Aetna Plan 5 on their date of hire.



Dependent children are covered through the end of the month they turn 26.

Learn more at ***www.aetna.com*** or by calling **(855) 586-6961**



What you should know about **HSA Eligibility**

- Available to employees in the Aetna HDHP medical plan
- Available to employees under age 65 and not enrolled in Medicare
- Available to employees who have a valid social security number or tax identification number
- You have no other health coverage except what is permissible under IRS Publication 969 *http://www.irs.gov/pub/irs-pdf/p969.pdf*
- You cannot be claimed as a dependent on someone else's tax return
- You cannot be enrolled in both the Health Care Flexible Spending Account and the HSA.
- If you are enrolled in Tricare (through the military) you're not eligible for the HSA

If you receive care from the Veterans Administration, that may affect your HSA eligibility.

What you should know about **HSA Contributions**

- If you are enrolled in the HDHP on January 1, BSA will contribute $500 to the HSA on your behalf for the calendar year if you have "employee only" coverage and $1,000 on your behalf if you have "family" coverage. These amounts are prorated for partial year enrollments. If your coverage begins on the first of the month you will receive BSA's contribution that month. If your coverage begins after the first of the month, BSA's contribution begins the first day of the following month and will be available after monthly payroll has been processed.
- HSAs are portable, meaning you retain the money in your account even if you leave employment at the Lab. Unlike the Health Care Reimbursement Account, there is no "use-it-or-lose-it" rule—your HSA funds carry over from year to year, even if you change health care plans. They also earn tax-free interest.
- Maximum contribution amounts are determined by the Internal Revenue Service and are subject to change.

Learn more about HSAs at ***www.inspirafinancial.com/*** or by calling **(888) 678-8242**

Your Aetna Medical Plan Comparisons

	AETNA PLAN 1	AETNA PLAN 2	AETNA PLAN 3	AETNA PLAN 4**	AETNA PLAN 5***
PROVIDER NETWORK	Aetna POS II (Open Access)				
HSA contribution from BSA (Individual/Family*)	N/A	N/A	N/A	$500/$1,000	N/A
Maximum employee HSA contribution ***after BSA contribution*** (Individual/Family*)	N/A	N/A	N/A	$3,900/$7,750	N/A
IN-NETWORK					
Copay (PCP/Specialist) (per visit)	$20/$35	$25/$40	$30/$45	Deductible & coinsurance	$30/$45
Deductible/year (Individual/Family*)	$0	$150/$300	$300/$600	$1,700/$3,400	$300/$600
Coinsurance	0%	10%	20%	20%	20%
Medical out-of-pocket maximum/year (includes deductible, copays, & coinsurance) (Individual/Family*)	$5,100/$10,200	$1,000/$2,000	$2,000/$4,000	$3,500/$8,000 Medical & prescription drugs combined	$2,000/$4,000
Prescription drugs out-of-pocket maximum/year (includes deductible, copays, & coinsurance) (Individual/Family*)	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000		$1,500/$3,000
Emergency room (per visit)	$100	$150	$200	Deductible & coinsurance	$200
Inpatient hospital (per admission)	$500	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery (per visit)	$100	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
CVS Virtual (per telephonic visit) Limits apply.	$20	$25	$30	Deductible & coinsurance	$30
Urgent care center (per visit)	$50	$50	$50	Deductible & coinsurance	$50
X-ray/laboratory	Covered in full	$20	$20	Deductible & coinsurance	$20
Complex imaging (MRI, CT scan, …)	$50	$50	$50	Deductible & coinsurance	$50
Hearing Aids	Covered in full	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Routine eye exam	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)
Preventive services including routine physical (limits apply)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
OUT-OF-NETWORK					
Deductible (Individual/Family*)	$1,000/$3,000	$1,500/$4,500	$2,000/$6,000	$2,600/$5,200	$500/$1,000
Coinsurance	30%	30%	30%	40%	30%
Out-of-pocket maximum/year (includes deductible & coinsurance) (Individual/Family)	$3,500/$10,500	$5,000/$15,000	$6,000/$18,000	$6,000/$12,000	$6,000/$18,000
PRESCRIPTION DRUGS (in-network only)					
Deductible/year (Individual/Family*) (Deductible is combined for retail & mail order)	$100/$300	$100/$300	$100/$300	Medical & prescription drugs combined	$100/$300
RETAIL: up to 30-day supply					
Tier 1 (generic)	$10	$10	$10	$10 after deductible	$10
Tier 2 (brand name in Aetna's formulary)	$25	$30	$35	$35 after deductible	$35
Tier 3 (brand name not in Aetna's formulary)	$40	$50	$60	$60 after deductible	$60
Tier 4 (specialty drugs)	$50	$60	$70	$80 after deductible	$70
MAIL ORDER: 31-90-day supply (can also be done through CVS retail pharmacy)					
Tier 1 (generic)	$20	$20	$20	$20 after deductible	$20
Tier 2 (brand name in Aetna's formulary)	$50	$60	$70	$70 after deductible	$70
Tier 3 (brand name not in Aetna's formulary)	$80	$100	$120	$120 after deductible	$120
Tier 4 (specialty drugs)	N/A	N/A	N/A	N/A	N/A

* For Aetna Plan 4: Individual = employee only coverage. Family = 2 or more people. Additional information applies.
** Aetna Plan 4 is not available to employees age 65 or over or those who are eligible for Medicare.
*** Enrollment in Aetna Plan 5 is mandatory for employees working under a J-1 Visa. It is not available to any other employees.
This represents only a summary of the coverage through the medical programs. For additional information, go to *www.bnl.gov/hr/Benefits/.*

Your Dental Plan Options

Healthy teeth and gums are vital to your overall wellness. That is why regular dental checkups and good oral hygiene are so important. Below are the dental plans available to help you maintain your oral health.

Delta Dental Preferred Provider Organization (PPO)

You can go to any dentist you choose. This plan provides both in-network and out-of-network benefits. When you have services done in-network – in the Delta Dental Premier network or Delta Dental PPO network – then your out-of-pocket cost will be less.

Out-of-network providers are paid at usual & customary rates, and you can be balance-billed for any remaining amount. The in-network and out-of-network deductibles are combined.

You have an annual deductible and partial reimbursement of expenses.

The annual maximum benefit per covered member is $1,500 (combined in-and out-of-network). This plan has the highest employee cost.

Delta Dental Maintenance Organization (DMO)

Services are provided through the DeltaCare USA network of providers. This is an in-network-plan ONLY. There is a schedule of benefits including the cost. Referrals are needed to see a specialist and you're required to use a participating DMO dentist. **There is no maximum benefit!**

This is an In-Network Plan ONLY

Participation is limited to: CA, CO, CT, DC, FL, IL, IN, ME, MD, MT, NJ, NY, NC, PA, SC, VA

Delta Dental Indemnity Program

You can use the dentist of your choice. This plan provides both in- and out-of-network benefits. When you use an in-network provider – in the Delta Premier or the Delta Dental PPO networks – you receive a discount on covered services.

If you use an out-of-network provider, you or your dentist must submit claims to Delta Dental.

You have annual deductible and partial reimbursements of expenses. The maximum annual benefit per covered member is $1,000. The employee cost is the same as the Dental DMO.

Learn more about Delta's PPO, Indemnity or DMO Plans at ***deltadentalins.com/*** or by calling **(800) 932-0783** for the PPO and Indemnity Plans; for the Dental DMO call **(800) 422-4234.**

Dependent children are covered through the end of the year they turn 23.



Your Dental Plan Comparisons

	DELTA DENTAL			
	DMO	**PPO**		**Indemnity**
Network	DeltaCare	PPO and Premier Networks		PPO and Premier Networks
	In-Network Only	**In-Network**	**Out-of-Network**	**In- and Out-of- Network**
Provider	Participating Provider	Participating Provider	Any Provider	Any Provider
Claim Process	Pay dentist scheduled fee	Dentist will charge you applicable coinsurance	Must submit claim to Delta Dental	Participating dentist will charge you applicable coinsurance. Claims must be submitted to Delta Dental for non-participating dentists.
Dependent Children Age Limit	At the end of year age 23	At the end of year age 23		At the end of year age 23
Annual Deductible Per Individual/Family (for basic & major restorative dental services. Does not apply to preventive services.)	N/A	$25/$75 (in- and out-of-network combined)		$25/$75
Calendar Year Maximum Benefit Per Person (for all services other than orthodontia.)	N/A	$1,500 (in- and out-of-network combined)		$1,000
Eligibility for Orthodontia Coverage	Children: To end of year age 23	Children: To age 19		Children: To age 19
	Employee/Spouse: eligible	Employee/Spouse: not eligible		Employee/Spouse: not eligible
Coverage Based On	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
	Amount **participant** pays	Amount **insurance company** pays		Amount **insurance company** pays
Diagnostic & Preventive Services (exams, cleanings, x-rays)	$0	80%	70%	See schedule
Basic Services Fillings: one-surface amalgam (procedure code: 2140)	$0	60%	45%	$26
Fillings: one-surface composite - anterior (procedure code: 2330)	$5	60%	45%	$30
Endodontics Root canal therapy - molar (excludes final restoration) (procedure code: 3330)	$350	60%	45%	$282
Periodontics Gingivectomy - per quad (procedure code: 4210)	$145	60%	45%	$150
Major Services Crowns - Porcelain Fused to High Noble Metal (procedure code: 2750)	$380	50%	35%	$250
Implants	Not covered	50%	30%	$1,000
Orthodontia Benefits	See fee schedule	50%	50%	See reimbursement schedule
Orthodontia Lifetime Maximum Benefit Per Person	N/A	$1,000 (in- and out-of-network combined)		$1,000

Your Vision Care Plan

Vision coverage lets you save on eligible eye care expenses such as eye exams, eyeglasses, contact lenses, and more. BSA's vision benefits are provided through EyeMed's large national network, which includes Walmart, Target Optical, Lens Crafters, and Pearle Vision. EyeMed also has many on-line in-network options such as ray-ban.com, contactsdirect.com, lenscrafters.com, glasses.com, and targetoptical.com. You can use in-network or out-of-network providers. You will pay a copay or receive reimbursements for services and purchases.

Dependent children are covered through the end of the month they turn 26.



Money Savings tip to remember – you can use your HSA or FSA for qualified out-of-pocket medical, dental, and vision expenses.

Your Vision Plan

	COVERAGE/COST	
	In-Network	**Out-of-Network**
Routine Eye Exam (Annual)	$10 Copay	Up to $50 reimbursement
Lenses		
Single	$25 Copay	Up to $50 reimbursement
Bifocal	$25 Copay	Up to $75 reimbursement
Trifocal	$25 Copay	Up to $100 reimbursement
Standard Progressive	$25 Copay	Up to $75 reimbursement
Premium Progressive	$110-$200 copay depending on brand/type	Up to $75 reimbursement
Frames (Annual)	Up to $220 allowance + 20% off amount above allowance	Up to $160 reimbursement
Contact Lens Exam (Annual)	$10 Copay for exam	Not Covered
	Standard fit & Follow-up exam $40	Not Covered
	Premium Fit & follow-up exam 10% off retail	Not Covered
Contact Lenses (Annual)		
Disposable	Up to $200 allowance	Up to $160 reimbursement
Medically Necessary	$0 Copay	Up to $210 reimbursement
Conventional	Up to $220 allowance + 15% off amount above allowance	Up to $160 reimbursement

This represents only a portion of the vision care coverage. For additional information, go to the Benefits Program website at www.bnl.gov/hr/Benefits/.

Learn more at ***www.eyemed.com/*** or by calling **(866) 800-5457**

And there's a discount Vision Program too (not part of EyeMed)…

National Vision, Inc.

National Vision Inc. helps participants enjoy good vision health and save money on vision care. The program is easy to use. You pay National Vision, Inc. directly for all professional services and receive instant savings with the program's reduced fees. There are two nearby National Vision, Inc. locations that provide discounts: The Walmart store in Middle Island at 750 Middle Country Road (631-345-0065) and the Walmart Supercenter in Yaphank at 901 Boulevard East (631-729-4039).

All Aetna medical plans include a basic eye exam once every two years — coverage for glasses and contacts not included, but discounts are offered.



Flexible Spending Accounts (FSA) – Administered by Inspira

Save money on eligible expenses by using pre-tax dollars.

You choose how much to contribute (up to the IRS limits), and funds are deducted from your paychecks throughout the year.

Health Care FSA

Inspira will issue a debit card so you can pay for eligible expenses such as copays and deductibles, and for certain over-the-counter medications directly from your FSA.

Minimum contribution: $300

Employees enrolled in Aetna Plan 4 HDHP with an HSA cannot also enroll in the Health Care FSA.

Employees must re-enroll each year during open enrollment.

Your entire annual election is advanced and available to use on your first day enrolled.

Refer to IRS Publication 502 at *www.irs.gov/pub/irs-pdf/p502.pdf* for more information.

Dependent Care Flexible Spending (FSA)

Balancing work and family can be challenging, but the Dependent Care FSA can help. It lets you pay for eligible expenses related to the care of your child under age 13, or a tax-dependent with a physical or mental disability who requires day care while you and your spouse or domestic partner work, look for work, or go to school.

Eligible expenses include daycare, preschool, before and after care programs, and summer day camps. See *www.irs.gov/pub/irs-pdf/p503.pdf* for guidance.

Minimum contribution: $300

Unlike the Health Care FSA, funds for a Dependent Care Account are available as they are contributed.

Learn more at ***www.inspirafinancial.com*** or by calling **(800) 284-4885**

Important Details to know about FSAs

- Funds must be used by Dec. 31 and claims submitted by March 31 of the following year (for dates of service while covered under the plan during the calendar year).
- You must enroll each year at open enrollment after your new hire enrollment period.
- Consider your needs for the calendar year carefully because the IRS rules state unused funds are forfeited.

Important Details to know about eligible dependents

- When using a Flexible Spending Account (FSA), it's important to understand IRS rules about who qualifies as an eligible dependent – especially in cases involving a domestic partner's child or a child for whom you have legal custody or guardianship. In general, you can use an FSA for eligible expenses if the child can be claimed as your tax dependent.
- Improper use of FSA funds may result in tax liability or penalties. If you are unsure whether a child meets IRS dependency requirements, we recommend consulting a tax advisor.



Transit/Commuter and Parking Accounts

Getting to work shouldn't cost more than necessary. The Transit/Commuter and Parking Accounts help you save money every month on commuting expenses.

Eligible Transit/Commuter expenses include public transportation (buses, ferries, subway, trains) and vanpool services.

Eligible Parking Accounts expenses include parking near your workplace or parking at a garage, parking lot, commuter lot, or metered expenses from which you commute.

Minimum contribution: $25

Enroll, terminate or make changes at any time throughout the year.

Learn more at ***www.inspirafinancial.com*** or by calling **(800) 284-4885**

Unused funds roll over from year to year and apply to the following calendar year's maximum if you re-enroll.

Vacation Buy Plan

Need Some Additional Time Off?

Do you need a little extra time off? The Vacation Buy Plan gives you the flexibility to purchase up to 40 hours (prorated for part-time schedules) of additional vacation time each year. So take that extra trip, extend a holiday, or simply enjoy more time to recharge.

The cost of the additional vacation time is deducted from your paycheck pre-tax in equal amounts throughout the calendar year, making it easy to manage. You can elect this as a new hire during your initial benefits enrollment period and/or re-elect each year during annual open enrollment.

Take more time for yourself because you've earned it!

Use of Vacation Buy days requires manager approval and may only be used after all accrued vacation time has been used.

Any Vacation Buy days purchased but not used will be reimbursed in the last paycheck of the year.

Monthly employees' deadline to use Vacation Buy is December 31, 2026.

Weekly employees' deadline to use Vacation Buy is December 27, 2026.



SPOTLIGHT on your **Personal Health Advocate**

From finding the right doctor, to understanding insurance claims and payments, navigating the health care system can be complex and time-consuming. As a BSA employee, you and your family have unlimited access to a Personal Health Advocate that can help you stay informed and resolve a wide range of issues whenever you need support.

BSA covers the full cost of this benefit, so you'll never pay anything for this service. All active BSA employees in the U.S. have access to this valuable benefit, regardless of whether you sign up for a BSA medical plan or not!

Available 24/7 days per week *www.healthadvocate.com/brookhaven* or call 866.695.8622

Your Personal Health Advocate can save you time, money, and worry. Below are just some of the benefits for you and your family:

- Help with selecting the annual medical plan that best meets your personal needs
- Transfer medical records
- Find the right doctors, hospitals, & dentists
- Secure second opinions
- Schedule appointments & tests
- Untangle insurance claim
- Resolve billing issues
- Locate eldercare services



Did You Know?

- **Evidence of Insurability (EOI)** is an application to determine eligibility for insurance, requiring applicants to provide health and personal information to the carrier.
- **Guaranteed Issue (GI)** is the amount of insurance you are provided without having to submit EOI.
- Evidence of Insurability (EOI) is required as a new hire for any Supplemental Life Insurance for yourself or spouse greater than 2X (GI) salary within 90 days of date of hire and any supplemental life after 90 days.
- EOI must be completed on the Lincoln Financial Group website AFTER you elect in Workday.
- Supplemental Life Insurance coverage can be added, changed or dropped at any time.



Long Term Disability Insurance (LTD)

Protect your income in case of a serious illness or injury that prevents you from working for an extended period. BSA's long-term disability (LTD) insurance provides a financial safety net when you need it most.

Your mandatory participation provides 60% of your base earnings if you are continuously disabled for 180 days or more*. This benefit may be reduced by other income you receive, such as Social Security, worker's compensation, or other disability payments.
**Subject to the approval of the insurance carrier.*

The cost of the LTD benefit is shared between you and BSA.
It is an automatic enrollment.

Employees receive a contribution to their BSA Retirement Plan while they are receiving LTD benefits

Your Life Insurance Plans and Options

We care about the financial peace of mind of you and your family. That's why we provide life insurance coverage to help protect your loved ones in case the unexpected happens.

Basic Life Insurance is automatic coverage for benefit eligible employees up to $1.25 million (Basic Life and Supplemental Life combined) based on your salary at no cost to you. You must designate a beneficiary in Workday. Also included is $25,000 in Accidental Death and Dismemberment (AD&D). Both Basic Life and AD&D are paid for by BSA.

Optional Supplemental Life Coverage – more choices, more peace of mind.

You can choose additional coverage for yourself and eligible family members.

- **Employee Supplemental Life Insurance and Employee Supplemental AD&D:** 1 to 4 times your annual base salary (up to a combined maximum of $1.25 million with basic coverage).
- **Spouse/Domestic Partner Supplemental Life Insurance:** Cannot exceed your total Life Insurance amount. Only available if you elect Employee Supplemental Life.
- **Spouse/Domestic Partner Supplemental AD&D Insurance:** Cannot exceed your total AD&D coverage. Only available if you elect Employee Supplemental AD&D.
- **Dependent Child Supplemental Life Insurance:** $10,000 per eligible child (ages 15 days to 19 years, or up to 25 if a full-time student).

Learn more at ***www.bnl.gov/hr/Benefits/*** or
by calling the Benefits Office at **(631) 344-2881**

Discover Your BSA Retirement Plan Benefits

Eligibility for the Retirement Plan: 401(a)

Enrollment is automatic after the following criteria have been met.

Full-Time Employees:
Eligible after either:

- Reaching age 21 and completing one year of continuous service, or
- Reaching age 30 and completing six months of continuous service.

Part-time or temporary employees: Eligible after reaching age 21 and completing one year of service, which requires at least 1,000 hours of service within a 12-month period from the date of hire (or each anniversary).

Service with predecessor employers: Continuous employment with certain predecessor employers counts toward eligibility.

Contributions and Benefits

- **Employer Contributions:**
  - 9% of base salary for eligible employees* hired or rehired after Jan. 1, 2011 (Aug. 1, 2015, for IBEW Union)
  - Employees cannot contribute themselves.
- **Investment Options:** Choose from approved funds on the TIAA website.
- **Vesting Schedule:**
  - 0% after 1 year
  - 25% after 2 years
  - 50% after 3 years
  - 75% after 4 years
  - 100% after 5 years
- **Quarterly Statements:** Provided by TIAA.

Limits and Enrollment

- **Contribution Limits:** Subject to IRS limits.
- **Automatic Enrollment:** In the Nuveen TIAA Lifecycle Fund based on birth year, with estate as default beneficiary.

Changes and Restrictions

- **Investment Allocations:** Change any time by contacting TIAA.
- **Beneficiary Changes:** Update at *www.tiaa-cref.org/bnl.*
- **Loans and Withdrawals:** Loans not available. Withdrawals only after employment termination, with restrictions.
- **Rollover Contributions:** Not accepted from other plans.

**Excludes research associates, research fellows, and student assistants.*

Eligibility for the 401(k)Plan

Full-Time Employees: Eligible to participate immediately.

Part-Time: Eligible on Jan. 1 following the completion of 1,000 hours of service within a 12-month period starting from the first day of active employment; or 500 hours in two consecutive 12-month periods. If you switch to full-time status before becoming eligible, you will be eligible from the first day of the payroll period after becoming a full-time employee.

Minimum age to participate – 21 years

Contributions and Benefits

- **Contribution options:**
  - Pre-tax payroll deductions: Reduces taxable income now; taxes are deferred until withdrawal.
  - Roth post-tax contributions: No immediate tax benefit; earnings grow tax-free if held for at least five years before distribution.
- **Contribution limits subject to IRS:**
  - Defer up to 75% of gross pay.
  - Additional catch-up contributions allowed for participants age 50 or over.
  - The SECURE 2.0 Act requires 401(k) catch-up contributions by employees who will be age 50 or older and whose income is $150,000 or more in the previous year (as reported on W-2 Box 3) to be made as Roth (post-tax) contributions only.
- **Vesting:** Contributions are 100% vested immediately.
- **Investment options:** Contributions can be allocated among approved investment funds listed on the TIAA website.
- **Quarterly statements:** Provided by TIAA.

Limits and Enrollment

- **Contribution limits:** The IRS sets annual limits on the amount of base salary and the total dollar amount that can be contributed each year, including contributions made to other employer retirement plans.
- **Enrollment process:** You can enroll or make changes at any time in Workday.

Changes and Restrictions

- **Investment allocations:** You can change your investment allocations at any time by contacting TIAA.
- Contributions can be changed at any time in Workday.
- **Beneficiary changes:** Beneficiaries can be updated online at *www.tiaa-cref.org/bnl*.
- **Loans:** Loans are permitted from a participant's TIAA accumulations in this plan. Contact TIAA.
- **Withdrawals:** Permitted under certain conditions:
  - Retirement, death, or termination of employment.
  - Attainment of age 59 ½.
  - Financial hardship (with restrictions).

Rollover Contributions

- **Accepted Plans:** Rollover contributions are accepted from 401(a), 403(a), 401(k), 403(b), 457(b), or conduit IRAs (pre-tax), upon proof of eligibility.

Learn more at ***www.bnl.gov/hr/Benefits/*** or ***www.tiaa-cref.org/bnl*** or by calling TIAA (800) 842-2776 or the Benefits Office (631) 344-2881

Things to know:

- Accident, Critical Illness, and Hospital Insurance are not health insurance and are not substitutes for major medical.
- You do not have to be enrolled in a BSA medical plan to elect these optional voluntary insurance plans, however you must have major medical.
- Critical Illness plans pay you and your enrolled dependents $50 per member annually for a covered health screening.



Explore Other Available Voluntary Insurance Options

Identify Theft

The MetLife/Aura Identity Theft Protection Plan provides digital security against vulnerability to fraud and online threats. This service actively monitors credit reports, social media, transaction records, and more, to detect any unauthorized access to your credit. It includes a $5,000,000 identify theft insurance policy for each enrolled adult.

Learn more at ***www.bnl.gov./hr/Benefits/*** or by calling **(833) 552-2123**

Accident Insurance

Accident insurance supplements your primary medical plan by providing cash benefits to help cover expenses that are the result of a covered accidental injury. Cash benefits are paid directly to you tax free. This money can be used to pay for everyday expenses like your mortgage, childcare, or groceries.

Critical Illness

The Critical Illness/Group Specified Disease Plan can help protect your finances if you are diagnosed with a covered serious condition. The plan pays tax-free cash benefits to you if you are diagnosed with a heart attack, stroke, end stage renal failure, invasive cancer, and more. You can use the money to help cover your deductible, copayment, or everyday expenses like utility bills, mortgage payments, and groceries. Please note, your critical illness diagnosis needs to occur on or after your coverage effective date for the plan to pay benefits. You can elect coverage in increments of $5,000 up to $30,000 for yourself and your eligible dependents.

Hospital Indemnity

The Hospital Indemnity plan pays a benefit when you are admitted to a hospital for an illness, injury, surgery, or to have a baby. The plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use the benefit to pay for out-of-pocket medical expenses or personal expenses. The cash benefit is paid directly to you tax free.

Learn more about Accident, Critical Illness and Hospital Indemnity at ***www.myaetnasupplemental.com*** or by calling **(800) 800-8121**

More Ways We Support You

On Site Child Development Center (CDC)

All employees, guests, and contractors are welcome to enroll their children or grandchildren ages 6 weeks to 5 years. The center offers full-time and part-time enrollment. Hours of operation are Monday through Friday, from 7:30 a.m. to 6 p.m., throughout the year except for Laboratory holidays.

The center is managed by Skies the Limit Academy, LLC, and is licensed by the New York State Office of Children and Family Services.

For more information, visit *https://www.bnl.gov/hr/benefits/childcare.php* or contact Skies the Limit at *parents@skiesthelimitllc.com.*

Employee Assistance Program

The Employee Assistance Program (EAP) offers free, confidential support to help you and your household members manage personal and work-related challenges. Services include short-term counseling (one to five free visits per calendar year) and support for stress, anxiety, depression, substance abuse, family issues, grief counseling, and more.

Magellan is available 24/7, 365 days a year at (800) 327-2182. Let them know you are employed by Brookhaven Science Associates. There is no cost to you!

Adoption Assistance Program

Are you thinking about growing your family through adoption? We're here to help.

This program offers up to $5,000 financial assistance per adopted child under age 18. Participants and spouses or same sex domestic partners who are also employed by BSA are eligible for a combined maximum reimbursement of $10,000 per adopted child.

Reimbursable expenses include:

- **Licensed adoption agency fees**
- **Legal costs**
- **Charges for transportation to obtain physical custody of the adoptive child.**

Additional information is available through the Benefits Office.

Tuition Assistance Program

Are you ready to grow your skills or continue your education? We've got your back!

Our Tuition Assistance Program helps cover the cost of approved courses or degree programs that support job-relevant skills and contribute to your career growth at the Laboratory. This benefit is available to employees working at least 20 hours per week.

More information is available on the intranet in our Standards-Based System (SBMS) or through the Tuition Office call Ext. 7958.

Flexible Work Arrangements

Flexible work arrangements can help employees accomplish more while also addressing personal responsibilities such as attending college, raising children, caring for elderly parents, or volunteering in the community. The Lab has various flexible work arrangements including CoreHours, Telework, and Compressed Work Schedule.

These arrangements require approval. Contact your HR Manager for more information.

Travel Accident Insurance plan

All regular, temporary, and part-time employees, visiting scientists, guests, and members of the Board of Directors are eligible for this plan. You do not need to enroll, and the cost is paid by the Laboratory.

The Travel Accident Insurance Plan provides 24-hour benefits coverage for accidental death and dismemberment, and permanent and total disability while on authorized Laboratory business travel. Coverage begins at the actual starting point of an anticipated trip, whether this is your place of employment, your home, or some other location, whichever occurs last. Coverage terminates upon your return to home or place of employment, whichever occurs first.

For more information, visit *www.bnl.gov/hr/Benefits/* or contact the Benefits Office at Ext. 2881.

Even More Ways We Support You

Sick Leave

All employees who work at least 20 hours per week are eligible for this benefit. Accrual is prorated for part-time regular employees and employees on part-time term appointments based on their official work schedules. Part-time temporary employees are not eligible.

Sick leave is granted to provide continuity of income during absences resulting from illness or injury. It accrues at the rate of 1 ¼ days for each full month of service up to a maximum of 108 days.

Holidays

All employees working at least 20 hours a week (except those employees who are in an ineligible part-time or temporary part-time employment category) are eligible for the eleven regularly scheduled holidays observed by the Laboratory.

- New Year's Day
- Martin Luther King Jr.'s Birthday
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

One additional holiday observed during the year is announced each January.

Vacation Days Made for You

All employees who work at least 20 hours per week are eligible for this benefit. Accrual is prorated for eligible part-time employees based on their official work schedules. Temporary employees are not eligible.

Vacation credit accrues regularly during the course of your employment to allow you a scheduled period for rest and relation.

If you are on a weekly payroll, vacation credit accrues monthly according to the following schedule:

Less than 5 years of service:	1 day for each full month of service
At least 5 but less than 10 years of continuous service:	1 ¼ days for each full month of continuous service
At least 10 but less than 15 years of continuous service:	1 ½ day for each full month of continuous service
15 or more years of continuous service:	2 days for each full month of continuous service

If you are on a monthly payroll, vacation credit accrues monthly according to the following schedule:

Less than 5 years of service:	1 ½ days for each full month of continuous service
At least 5 but less than 10 years of continuous service:	1 ¾ days for each full month of continuous service
10 or more years of continuous service:	2 days for each full month of continuous service

Additional information is available in SBMS.

Want an employee discount?

Enjoy savings just for being a part of our team! The Brookhaven Employees Recreation Association (BERA) Employee Discount Program has offers for events, trips, stores, services, and more.

Visit *https://www.bnl.gov/bera/employee-discounts.php*.
All employees are eligible.

Recreation

BSA supports a healthy work-life balance. This includes making time for health, wellness, and fun. Employees, guests, and visitors can participate in a wide range of social, cultural, and athletic events on site at the Laboratory. Facilities include a pool, weight room, pickleball courts, volleyball courts, tennis courts, a recreation park with softball and soccer fields, recreation buildings, and many other locations for meetings, parties, and events. For more information visit *www.bnl.gov/bera/.*

Important Benefits Contact Information

Program	Account/ Plan #	Telephone #	Website/Email
Medical Plan			
Aetna	869887	(855) 586-6961	www.aetna.com
Health Savings Account	139814	(888) 678-8242	www.inspirafinancial.com
Dental Plan			
Delta Dental DMO	NY76503	(800) 422-4234	www.deltadentalins.com
Delta Dental PPO and Indemnity	NY04970	(800) 932-0783	www.deltadentalins.com
Vision Care Plan			
EyeMed	1024726	(866) 800-5457	www.eyemed.com
Reimbursement Accounts			
Inspira	116036	(800) 284-4885	www.inspirafinancial.com
Life, AD&D & Long Term Disability Plans			
Lincoln Financial Group		Contact the BSA Benefits Office	
Retirement and 401(k) Plans			
TIAA for Retirement Plan	100945	(800) 842-2776	www.tiaa-cref.org/bnl
TIAA for 401(k) Plan	100946		
TIAA One-on-One Financial Counseling		(800) 732-8353 M-F 8 a.m.-8 p.m.	www.tiaa-cref.org/schedulenow
Voluntary Benefits			
Accident Insurance Critical Illness/Group Specified Disease Insurance Hospital Insurance		(800) 800-8121	www.myaetnasupplemental.com
Health Advocate		(866) 695-8622	answers@HealthAdvocate.com www.HealthAdvocate.com/members
Identity Theft Protection Plan		24 hours a day, 365 days a year (833) 552-2123	https://my.aura.com/sign-in
Employee Assistance Program (EAP)			
Magellan Healthcare		24 hours a day, 365 days a year (800) 327-2182	https://member.magellanhealthcare.com/
LOA/COBRA/LTD/Retiree Billing Service			
P&A Group		(800) 688-2611	www.padmin.com cobra@padmin.com
Family & Medical Leave Act (FMLA), NY State Short Term Disability ,Workers Compensation		(631) 344-4179	leave@bnl.gov
Paid Parental Leave, NY State Paid Family Leave, Workers Compensation		(631) 344-3750	
Lincoln Financial Group	To begin the FMLA process, you must call Lincoln Financial Group at the following number and speak with an Intake Specialist (Monday to Friday, 8 a.m. to 10 p.m.). (888) 969-2472		www.mylincolnportal.com Company Code: BROOKHAVEN
BSA Benefits Office:			
Medical, Dental, Vision, Vacation Buy, Reimbursement Accounts, Life & AD&D Insurance, Retiree Medical		(631) 344-2881	benefits@bnl.gov

Human Resources
Building 400B
PO Box 5000
Upton, NY 11973-5000

www.bnl.gov



The information in this booklet is intended to provide only a summary of the benefit programs. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations. **BSA reserves the right to amend or terminate the benefit programs at any time and for any reason.**

April 2026

Brookhaven National Laboratory

managed by Brookhaven Science Associates
on behalf of the U.S. Department of Energy

U.S. DEPARTMENT of ENERGY