

BSA Benefits & You

2021



Enroll in the coverage that's right for you!

It's Open Enrollment Time!

A lot has changed over this past year, but our benefit programs remain strong.

Now is the time to consider your needs, review your benefit coverages, and maybe make some changes to your benefits for 2021 — and it's also the time when you need to reenroll for certain benefits if you want them to continue in 2021. The benefits you have in 2020 might not make sense for you in 2021. Your situation may have changed this year or be changing in 2021. During the Open Enrollment period, you can make changes to many of your benefit coverages.

Did you know that you have the choice of 4 different medical plans through Aetna and 3 different dental plans through Delta Dental? Go to pages 6 to 7 for a comparison of the medical plans and page 8 for a comparison of the dental plans.

If you didn't sign up for the voluntary Vision Care Plan last year when the plan first began, consider signing up for it this year. Coverage is provided through EyeMed, a national provider of eyecare services. We're receiving great feedback on this plan! Go to page 9 for more information.

Only a few changes have been made to the benefit programs for 2021, such as Aetna Medical Plan premiums, the maximum amount you can contribute to the Aetna Medical Plan 4 Health Care Savings Account, and any Reimbursement Account limits modified by the IRS. Go to page 3 for more information.



This year, our Open Enrollment period will be a little different.

- Our Benefits Office staff will be available by phone, online, or you can make an appointment to meet with them at the Lab.
- We will not have a benefits fair on site this year. Instead, we will have a **virtual benefits fair** on our Benefit Programs website with online videos and other materials from our Aetna Medical Plans, the Delta Dental Plans, the EyeMed Vision Care Plan, the PayFlex Reimbursement Accounts, and TIAA, where you can learn about the plans during the Open Enrollment period.
- We've added **Frequently Asked Questions** to our website this year.
- The Benefit Programs website is at <https://www.bnl.gov/hr/Benefits/>.

We encourage you to take the time to review your choices to find the benefit programs that provide the best coverage for you. We even have an online tool called ALEX that can help you select the plans that meet your needs. Go to page 2 for information on ALEX.

Continue through the rest of this booklet for more information about the benefits for 2021 and what you can and need to do during the Open Enrollment period.

Brookhaven's Open Enrollment period for 2021 benefits begins on Tuesday, November 3, 2020 at 9 a.m. and ends on Friday, November 13, 2020 at 5 p.m.

OPEN ENROLLMENT

Because there are changes to some of our benefit plans each year — changes that can affect your paycheck (through your premium contributions) and your wallet (through the coverages) — we highly recommend using ALEX, our online benefits tool, to see if your current choices still meet your needs. **See page 3 for more information on the benefits changes for 2021.**

ALEX will help you select the plans that best fit the needs of you and your family. It includes information on the medical, dental, vision care, life, AD&D, and long term disability plans — as well as reimbursement accounts. ALEX estimates the total yearly out-of-pocket costs (a combination of your contributions and the costs for the services you plan to use) for each plan and recommends the one with the lowest overall cost to you.

- Once you've reviewed the information in this booklet, we encourage you to use ALEX that's available at <https://www.myalex.com/bsa/2021/active>.



You can also get more information at the annual Benefits Fair.

Our annual Benefits Fair will not be held on-site this year but, instead, will be held virtually with online videos from the Aetna Medical plans, the Delta Dental plans, PayFlex (for the Health Care, Dependent Day Care, Transit Commuter, and Parking Reimbursement Accounts — as well as the Health Savings Account), TIAA for the retirement plans, EyeMed for the Vision Care plan, and Lincoln Financial Group (for life, AD&D and LTD insurance and FMLA and other leave programs). The videos and Frequently Asked Questions (FAQs) are available online on the Lab's Benefits Program website at <https://www.bnl.gov/hr/Benefits/>. If you have any questions contact the Benefits Office at (631) 344-5126, (631) 344-3724 or (631) 344-2877.

If you need additional information on the benefit programs (including Summary Plan Descriptions), you can go to the Benefits website at www.bnl.gov/hr/Benefits/.

Remember — last year's choices might not make sense for you in 2021. Take the time to review your choices to find the benefit programs that provide the right level of coverage for your needs.



Changes made during the Open Enrollment period will be effective on January 1, 2021.

WHAT ARE THE CHANGES IN THE BENEFIT PROGRAMS FOR 2021?

MEDICAL PLAN

- ⇒ Employee contributions for the Aetna Medical Plans are increasing. See page 7 for more information.
- ⇒ The maximum amount you can contribute to the Aetna Plan 4 Health Savings Account is increasing to \$3,100/individual and \$6,200/family.

REIMBURSEMENT ACCOUNTS AND HEALTH SAVINGS ACCOUNT

- ⇒ The 2021 limits for the Reimbursement Accounts have not yet been announced by the IRS but will be posted to www.bnl.gov/hr/Benefits/ when available. The 2020 Reimbursement Account limits and the 2021 HSA limits are indicated below.

Type	Minimum	Your Maximum Contribution
Health Care	\$300/year	\$2,750/year
Dependent Day Care	\$300/year	\$5,000/year if you are married and file a joint tax return or are single. If you are married and file separate income tax returns, the maximum you may contribute is \$2,500.
Transit Commuter	\$25/month	\$3,240/year but no more than \$270/month
Parking	\$25/month	\$3,240/year but no more than \$270/month
Health Savings Account (HSA)	\$300/year	\$3,100/individual or \$6,200/family (excludes BSA's contribution)

WHAT BENEFIT ELECTIONS CAN I MAKE DURING THE OPEN ENROLLMENT PERIOD?

-For the medical, dental and vision care plans, you can:

- Join the plan(s)
- Drop the plan(s)
- Change from one plan to another
- Add eligible family members to your plan(s). You may need to provide additional documentation (birth and/or marriage certificate)
- Drop family members from your plan(s)
- Change the amount you contribute to the Health Savings Account if you're in the Aetna Medical Plan 4.

-If you want to participate in the Health Care, Dependent Day Care, Transit Commuter, or Parking Reimbursement Accounts or the Vacation Buy Plan in 2021, you must enroll each year.

ENROLLING IN BENEFITS

-  Go to PeopleSoft HR.
-  Log in using your User ID and password. If you need assistance with your password or with logging in, call the ITD Help Desk at x5522.
- ⇒ Click the following links: Employee Self Service, Benefits, and Open Enrollment.
-  Elect your benefits for 2021.
-  Save your election(s) by no later than 5 p.m. on Friday, November 13, 2020.

WHAT ELSE DO I NEED TO KNOW?

WHAT HAPPENS TO MY BENEFITS ON JANUARY 1, 2021 IF I DON'T TAKE ACTION DURING THE OPEN ENROLLMENT PERIOD?

- ⇒ You'll automatically remain in the medical dental and/or vision care plans you have on December 31, 2020, if any. Any dependent children who are on your coverage on December 31, 2020 who are no longer eligible on January 1, 2021 will automatically be dropped from your coverage (For instance, a child who is age 23 and in the Dental Plan will no longer be eligible for coverage).
- ⇒ Your contributions to the Health Savings Account (through Aetna Medical Plan 4), if any, will automatically continue.
- ⇒ You will *not* automatically be reenrolled in the Health Care, Dependent Day Care, Transit Commuter, or Parking Reimbursement Accounts or the Vacation Buy Plan. These benefits will not carry over to 2021 even if you were enrolled on December 31, 2020. If you want these benefits in 2021, you must enroll for them during the Open Enrollment period.

CHANGING YOUR BENEFITS DURING THE YEAR (OTHER THAN DURING OPEN ENROLLMENT)

You may be eligible to make changes to your healthcare benefits and who you cover during the year only if you have a Qualifying Event, such as a marriage, birth or adoption of your child, divorce or legal separation, death of a covered family member, a spouse's loss of coverage from his/her employer, etc.

To make changes to your benefits, you must contact the Benefits Office within a certain period of time (which differs based on the Qualifying Event). If you don't take action within the required timeframe, then you'll have to wait until the next Open Enrollment period to make changes.

When can I enroll in, drop or change supplement life and AD&D insurance coverage and 401(k) Plan elections?

You can make changes to these coverages throughout the year. For more information go to the BSA Benefits website at: www.bnl.gov/hr/Benefits/.

VACATION BUY PLAN

The maximum number of hours you can purchase is 40 per year.

The Open Enrollment period ends at 5 p.m. on Friday, November 13, 2020. You must make your 2021 benefit elections by this deadline, or you will not be able to make a change during 2021 unless you have a Qualifying Event.

2021 Vacation Buy Plan time must be used by December 20, 2021 if you are a monthly employee — and by December 26, 2021 if you are a weekly employee.

You have until March 31, 2021 to submit 2020 claims to the Health Care*, Dependent Day Care*, Transit Commuter, and Parking Reimbursement Accounts.

* U.S. Department of Labor may extend the deadline for these accounts due to the COVID-19 pandemic.



IMPORTANT DEADLINES

IDENTIFICATION CARDS

Medical Plans

- If you enroll in one of the medical plans for the first time, you will receive an identification card from Aetna. If you make a change from one medical plan to another, you will receive a new identification card. If you add an eligible dependent to your coverage, you will receive a new identification card that will include the dependent you added. For coverage of two or more people, Aetna will issue two cards. Each card will have the employee's name listed on top followed by the name of each dependent. Each card will look the same unless you have more than four dependents. If you have more than four dependents you will receive additional cards that will include the employee's name followed by the name of each additional dependent.

Dental Plans

- Delta Dental does not issue identification cards. If you want one, you can print one from their website at www.deltadentalins.com.

Vision Care Plan

- If you enroll in the Vision Care Plan for the first time, you will receive an identification card from EyeMed. EyeMed does not send replacement cards. You can print temporary identification cards at www.eyemed.com.

Health Care, Dependent Day Care, Transit Commuter, or Parking Reimbursement Accounts or the Health Savings Account (HSA)

- If you enroll in one of these Accounts for the first time, you will receive a debit card from PayFlex. If you enroll in the Health Care, Dependent Day Care, Transit Commuter, or Parking Reimbursement Accounts or HSA for 2021 and were enrolled in it for 2020, PayFlex will automatically apply your 2021 elected contribution to your current debit card. You will not receive a new card each year.



PAYING FOR YOUR BENEFITS

Brookhaven Science Associates (BSA) pays the full cost of many of your benefits (such as the basic life & AD&D insurance). For other benefits (such as the medical, dental and vision plans), BSA and you share the cost. And, in some cases, you pay the full cost (such as for supplemental life and AD&D insurance).

A summary of coverages and costs through the medical, dental and vision care plans, information on Qualifying Events, and a list of important benefits contact information are on the next few pages.



SUMMARY OF COVERAGES THROUGH THE MEDICAL PLANS

MEDICAL PLAN DESIGN	AETNA PLAN 1	AETNA PLAN 2	AETNA PLAN 3	AETNA PLAN 4 HIGH DEDUCTIBLE HEALTH PLAN
HSA CONTRIBUTION/YR FROM BSA (Individual/Family)	N/A	N/A	N/A	\$500/\$1,000
MAXIMUM EMPLOYEE HSA CONTRIBUTION (Individual/Family)	N/A	N/A	N/A	\$3,100/\$6,200
IN-NETWORK				
COPAY (PCP/SPECIALIST) (per visit)	\$20/\$35	\$25/\$40	\$30/\$45	DEDUCTIBLE + COINSURANCE
DEDUCTIBLE/YR (Individual/Family*)	\$0	\$150/\$300	\$300/\$600	\$1,400/\$2,800
COINSURANCE	0%	10%	20%	20%
OUT-OF-POCKET MAXIMUM/YR MEDICAL (includes deductible, copays, & coinsurance) (Individual/Family)	\$5,100/\$10,200	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$8,000 MEDICAL & PRESCRIPTION DRUG COMBINED
OUT-OF-POCKET MAXIMUM/YR PRESCRIPTION DRUGS (includes deductible, copays, & coinsurance) (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	
EMERGENCY ROOM (per visit)				
EMERGENCY ROOM (per visit)	\$100	\$150	\$200	DEDUCTIBLE + COINSURANCE
INPATIENT HOSPITAL (per admission)				
INPATIENT HOSPITAL (per admission)	\$500	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE
OUTPATIENT SURGERY (per visit)				
OUTPATIENT SURGERY (per visit)	\$100	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE
TELADOC (per telephonic visit)				
TELADOC (per telephonic visit)	\$20	\$25	\$30	DEDUCTIBLE + COINSURANCE
WALK-IN CLINIC (per visit)				
WALK-IN CLINIC (per visit)	\$20	\$25	\$30	DEDUCTIBLE + COINSURANCE
URGENT CARE CENTER (per visit)				
URGENT CARE CENTER (per visit)	\$50	\$50	\$50	DEDUCTIBLE + COINSURANCE
X-RAY/LABORATORY				
X-RAY/LABORATORY	COVERED IN FULL	\$20	\$20	DEDUCTIBLE + COINSURANCE
COMPLEX IMAGING (MRI, CT SCAN, ...)				
COMPLEX IMAGING (MRI, CT SCAN, ...)	\$50	\$50	\$50	DEDUCTIBLE + COINSURANCE
HEARING AIDS				
HEARING AIDS	COVERED IN FULL	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE
ROUTINE EYE EXAM				
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)
ROUTINE PHYSICAL (limits apply)				
ROUTINE PHYSICAL (limits apply)	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
COINSURANCE	30%	30%	30%	40%
OUT-OF-POCKET MAXIMUM (includes deductible & coinsurance) (Individual/Family)	\$3,500/\$10,500	\$5,000/\$15,000	\$6,000/\$18,000	\$6,000/\$12,000
PRESCRIPTION DRUGS (in-network only)				
DEDUCTIBLE/YR (Individual/Family*) (Deductible is combined for retail & mail order)	\$100/\$300	\$100/\$300	\$100/\$300	MEDICAL & PRESCRIPTION DRUG COMBINED
RETAIL: up to 30-day supply				
TIER 1 (generic)	\$10	\$10	\$10	\$10 AFTER DEDUCTIBLE
TIER 2 (brand name in Aetna's formulary)	\$25	\$30	\$35	\$35 AFTER DEDUCTIBLE
TIER 3 (brand name not in Aetna's formulary)	\$40	\$50	\$60	\$60 AFTER DEDUCTIBLE
TIER 4 (specialty drugs)	\$50	\$60	\$70	\$80 AFTER DEDUCTIBLE
MAIL ORDER: 31-90-day supply (can also be done through CVS retail pharmacy)				
TIER 1 (generic)	\$20	\$20	\$20	\$20 AFTER DEDUCTIBLE
TIER 2 (brand name in Aetna's formulary)	\$50	\$60	\$70	\$70 AFTER DEDUCTIBLE
TIER 3 (brand name not in Aetna's formulary)	\$80	\$100	\$120	\$120 AFTER DEDUCTIBLE
TIER 4 (specialty drugs)	N/A	N/A	N/A	N/A

*For Aetna Plan 4: Individual: employee only coverage/Family: 2 or more people. Additional information applies.

Employees working under a J-1 Visa are not eligible to enroll in Aetna Plan 4.

This is only a summary of the coverage through the medical plans. For additional information, go to www.bnl.gov/hr/Benefits/.



If you are enrolled in the Aetna medical plan, you have access to medical care through phone or video consults 24 hours a day, 365 days a year. To request a consult, call Teladoc at 855-TELADOC, or go to www.member.teladoc.com/aetna to create your account and then request a consult, or go to www.teladoc.com/mobile to download the app from which you can request a consult.

HOW MUCH WILL THE MEDICAL PLAN COST ME IN 2021?

These have increased from 2020 to 2021. There are also fewer weekly pay periods in 2021 than in 2020. There are 52 weekly pay periods in 2021. There were 53 weekly pay periods in 2020.

AETNA MEDICAL PLANS

Coverage	Plan 1							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+
1 Person	\$ 171.58	\$ 229.46	\$ 279.08	\$ 328.69	\$ 39.60	\$ 52.95	\$ 64.40	\$ 75.85
2 People	\$ 358.42	\$ 476.46	\$ 579.48	\$ 682.50	\$ 82.71	\$ 109.95	\$ 133.73	\$ 157.50
3 or More People	\$ 470.80	\$ 633.45	\$ 770.41	\$ 907.37	\$ 108.65	\$ 146.18	\$ 177.79	\$ 209.39

Coverage	Plan 2							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+
1 Person	\$ 144.87	\$ 188.53	\$ 238.14	\$ 287.76	\$ 33.43	\$ 43.51	\$ 54.96	\$ 66.41
2 People	\$ 300.81	\$ 391.46	\$ 494.47	\$ 597.49	\$ 69.42	\$ 90.34	\$ 114.11	\$ 137.88
3 or More People	\$ 399.91	\$ 520.43	\$ 657.39	\$ 794.35	\$ 92.29	\$ 120.10	\$ 151.71	\$ 183.31

Coverage	Plan 3							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+
1 Person	\$ 96.83	\$ 136.32	\$ 186.15	\$ 235.98	\$ 22.35	\$ 31.46	\$ 42.96	\$ 54.46
2 People	\$ 201.07	\$ 283.05	\$ 386.52	\$ 489.98	\$ 46.40	\$ 65.32	\$ 89.20	\$ 113.07
3 or More People	\$ 267.31	\$ 376.31	\$ 513.86	\$ 651.41	\$ 61.69	\$ 86.84	\$ 118.58	\$ 150.33

Coverage	Plan 4							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,000	\$175,000+
1 Person	\$ 66.35	\$ 109.08	\$ 158.16	\$ 208.15	\$ 15.31	\$ 25.17	\$ 36.50	\$ 48.04
2 People	\$ 109.72	\$ 198.98	\$ 301.26	\$ 403.53	\$ 25.32	\$ 45.92	\$ 69.52	\$ 93.12
3 or More People	\$ 145.88	\$ 264.57	\$ 400.56	\$ 536.55	\$ 33.67	\$ 61.05	\$ 92.44	\$ 123.82

The Annual Base salary category for eligible part-time employees is based in their full-time equivalent salary.

SUMMARY OF COVERAGES THROUGH THE DENTAL PLANS

	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	End of year age 23	End of year age 23		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 schedule
Orthodontia Lifetime Maximum Benefit Per Person	N/A	\$1,000 (in- and out-of-network combined)		\$1,000

This is only a summary of the coverage through the dental plans. For additional information, go to www.bnl.gov/hr/Benefits/.

HOW MUCH THE DENTAL PLAN COST ME IN 2021?

The annual cost of dental coverage has not changed from 2020 to 2021, but the premiums in each weekly paycheck are higher because there are fewer pay periods in 2021 than in 2020. There are 52 weekly pay periods in 2021. There were 53 weekly pay periods in 2020.

DELTA DENTAL PLANS

Coverage	DMO		PPO		Indemnity	
	Monthly Contribution	Weekly Contribution	Monthly Contribution	Weekly Contribution	Monthly Contribution	Weekly Contribution
1 Person	\$ 5.00	\$ 1.15	\$ 10.11	\$ 2.33	\$ 5.00	\$ 1.15
2 People	\$ 10.00	\$ 2.31	\$ 20.86	\$ 4.81	\$ 10.00	\$ 2.31
3 or More People	\$ 19.00	\$ 4.38	\$ 34.23	\$ 7.90	\$ 19.00	\$ 4.38

VISION CARE PLAN

Eye examinations are an important part of health maintenance and can detect eye diseases such as glaucoma, cataracts, and other serious health conditions such as diabetes, arthritis, hypertension, and more. 75% of Americans use vision correction items such as eyeglasses and/or contact lenses. To defray the cost of routine eye exams and the purchase of eyeglasses and contact lenses, consider enrolling in the voluntary vision care program through EyeMed.

Participants who enroll in the program can use in- or out-of-network providers and will pay a copay or receive reimbursements for many services and purchases. EyeMed is a national provider of eyecare services whose in-network providers include Walmart, Target Optical, LensCrafters, Pearle Vision, and a large network of independent providers. EyeMed also has many online, in-network options such as ray-ban.com, contactsdirect.com, lenscrafters.com, targetoptical.com, and glasses.com.

SUMMARY OF COVERAGE THROUGH THE VISION PLAN

	Coverage/Cost	
	In-network	Out-of-network
Routine eye exam (annual)	\$10 copay	Up to \$50 reimbursement
Lenses (annual)		
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 is only a summary of the coverage through the plan. For additional information, go to www.bnl.gov/hr/Benefits/.

HOW MUCH WILL THE VISION CARE PLAN COST ME IN 2021?

The annual cost of vision care coverage has not changed from 2020 to 2021, but the premiums in each weekly paycheck are higher because there are fewer pay periods in 2021 than in 2020. There are 52 weekly pay periods in 2021. There were 53 weekly pay periods in 2020.

Coverage	Monthly Contribution	Weekly Contribution
1 Person	\$ 2.66	\$ 0.61
2 People	\$ 5.31	\$ 1.23
3 or More People	\$ 8.55	\$ 1.97

QUALIFYING EVENTS

What is a Qualifying Event?

A Qualifying Event is a change in your family status and includes:

- (a) change in legal marital status: (1) marriage, (2) death of spouse, (3) divorce, (4) legal separation, (5) annulment
- (b) change in number of dependents: (1) birth, (2) adoption, (3) placement for adoption, (4) death of a dependent
- (c) change in employment status: (1) termination or commencement of employment of the employee, spouse or dependent, other than for gross misconduct
- (d) change in work schedule: (1) an increase or decrease in the number of hours of employment by the employee, spouse or dependent, (2) a switch between full-time and part-time status, (3) a strike or lockout, (4) commencement or return from an unpaid leave of absence
- (e) the dependent satisfies or ceases to satisfy the requirements for coverage under the plan(s)
- (f) change in the place of residence or work site of the employee, spouse or dependent

What coverages can I change if I have a Qualifying Event?

For the medical, dental and/or vision care plans, you may be eligible to add or delete dependents, or add or drop coverage. For the Reimbursement Accounts, you may be eligible to enroll or make changes to your contributions for the remainder of the calendar year. The change(s) in coverage that you request must relate to the change that affects eligibility for coverage.



Are there any other circumstances under which I can enroll myself or a dependent?

Yes. Based on the provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), employees and dependents that are eligible but not enrolled for BSA health insurance plan coverage may enroll for coverage if one of the following conditions is met:

- The employee or dependent loses eligibility and is terminated from Medicaid or Children's Health Insurance Program (CHIP) coverage or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

How do I change my coverage(s)?

To change your coverage(s) when a Qualifying Event has occurred, you must notify the BSA Benefits Office and complete an enrollment form within 31 days of the date of the Qualifying Event for all Qualifying Events indicated above, except (a)(3), (a)(4) and (e). [60 days applies for items (a)(3), (a)(4) and (e).] Employees who qualify under CHIPRA have 60 days from the date of the termination of such coverage or eligibility for a premium assistance subsidy to notify the Benefits Office. The completed form must be submitted, with proof of the Qualifying Event, to the Benefits Office. Your employee premiums (for medical, dental and/or vision plan coverages) and/or your contributions (to the Reimbursement Accounts) will then be changed for the remainder of the calendar year.



When are coverage changes effective?

If you notify the Benefits Office of the Qualifying Event and provide the completed enrollment form within the applicable period, the change in coverage will become effective as of the date of the Qualifying Event.

If a dependent is no longer eligible for coverage and you do not remove that dependent from your coverage within the applicable Qualifying Event period, his/her coverage will end as of the date he/she is no longer eligible.

You must notify the Benefits Office within the applicable period for addition of an eligible dependent. If you only notify the medical, dental and/or vision care insurance company directly, we may be unable to make the change until the next Open Enrollment period.

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.payflex.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			
PayFlex	116036	(800) 284-4885	www.payflex.com
Life, AD&D and 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
Employee Assistance Program (EAP)			
Magellan Healthcare		Available 24 hours 7 days/week 365 days/year (800) 327-2182	www.magellanascend.com
Vacation			
BSA Payroll Department		(631) 344-2470	-
Family & Medical Leave Act (FMLA), Paid Parental Leave, NY State Short Term Disability & NY State Paid Family Leave			
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.).		www.mylincolnportal.com Company Code: BROOKHAVEN
	(888) 969-2472		
BSA Benefits Office:			
Adoption Assistance Plan	Contact Person Denise DiMeglio	Telephone # (631) 344-2881	Email dimeglio@bnl.gov
Life, AD&D & Long Term Disability Plans	Barbara Soeyadi	(631) 344-7516	bsoeyadi@bnl.gov
Medical, Dental & Vision Care & Vacation Buy Plans & Reimbursement Accounts	Erin Gettler	(631) 344-5126	egotler@bnl.gov
	Jennifer Froehlich	(631) 344-3724	jfroehlich@bnl.gov
	Melissa Schuchman	(631) 344-2877	schuchman@bnl.gov
Paid Parental Leave	Linda Greves	(631) 344-3750	greves@bnl.gov
	Barbara Soeyadi	(631) 344-7516	bsoeyadi@bnl.gov
Retirement & 401(k) Plans	Barbara Soeyadi	(631) 344-7516	bsoeyadi@bnl.gov
Family & Medical Leave Act (FMLA), NY State Short Term Disability & NY State Paid Family Leave			
Sick Leave, Sick Family Member & Vacation Donation Programs			



This publication is printed on 100% post consumer recycled paper.

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

October 2020