

## IMPORTANT NOTICE REGARDING CHANGE IN MEDICAL INSURANCE, EFFECTIVE JANUARY 1, 2021

**This notice applies to all employees of Brookhaven Science Associates, LLC (BSA) who hold a J-1 visa. You are receiving this notice since this applies to you. Your medical plan will be changing, effective January 1, 2021.**

The U.S. Department of State administers the Mutual Educational & Cultural Exchange Act of 1961, as amended. The Exchange Visitor Program provides foreign nationals with opportunities to participate in exchange programs in the U.S. and then return home to share their experiences. As a sponsor of this program, employees who are participating in such program must maintain:

- Medical insurance of \$50,000 per person per accident or illness
- Repatriation or remains in the amount of \$7,500, and
- Expenses associated with medical evacuation in the amount of \$10,000.

The insurance cannot have a deductible that exceeds \$500 per accident or illness.

BSA employees who hold a J-1 visa currently have medical insurance available to them through BSA's Aetna medical plans. These plans meet the medical insurance requirement indicated above based on in-network plan provisions.

Such employees also secure Beta Scholastic insurance for repatriation of remains and medical evacuation through BETSiNS.

These coverages meet the J-1 requirements when such employees are in the United States.

When an employee goes outside the U.S., the out-of-network provisions of the Aetna medical plan apply, except in the case of an emergency, where services are then covered as if they were in-network. The out-of-network plan provisions in Aetna plans 1-4 have a deductible greater than \$500. It has recently come to our attention that this out-of-network provision does not meet the J-1 requirement for such insurance. This issue would arise if the employee travels outside of the U.S., including vacation or trips home, and needs to use the out-of-network portion of the Aetna medical plan.

To assure compliance with J-1 requirements, we have created a new medical plan, Aetna plan 5, for all employees who hold a J-1 visa.

Coverages in Aetna plan 5 are identical to Aetna plan 3 except for the out-of-network deductible, where plan 5 will comply with the J-1 requirement of a \$500 deductible. See attached **Aetna Medical Plans** chart for a comparison of coverage through the plans. See attached **2021 Employee Medical Plan Contributions** chart for a comparison of the required employee contributions to the plans.

**All employees who hold a J-1 visa will automatically be moved to the new Aetna plan 5, effective January 1, 2021.**

These medical plan modifications will enable our employees who hold a J-1 visa to maintain program compliance when they are both inside and outside the U.S. Your Aetna identification number will not change as a result of the move to Aetna plan 5, but you will receive a new identification card from Aetna in January that identifies the new plan and copayments.

You must **immediately** contact Melissa Schuchman in the Benefits Office if:

- You are not currently enrolled in BSA's Aetna medical program or are enrolled in the program through your spouse's BSA medical plan coverage. She will assist you in enrolling in Aetna plan 5.
- If you enrolled for the Health Care Reimbursement Account for 2021 and want to change your 2021 contribution amount, enroll in the Account, or disenroll for 2021, this is a Qualifying Event to do so.
- You need further assistance.

Melissa can be reached at [schuchman@bnl.gov](mailto:schuchman@bnl.gov) or 631-344-2877.

## Aetna Medical Plans

MEDICAL PLAN DESIGN	AETNA PLAN 1	AETNA PLAN 2	AETNA PLAN 3	AETNA PLAN 4	AETNA PLAN 5
HSA CONTRIBUTION/YR FROM BSA (Individual/Family)	N/A	N/A	N/A	\$500/\$1000	N/A
MAXIMUM EMPLOYEE HSA CONTRIBUTION (Individual/Family)	N/A	N/A	N/A	\$3,100/\$6,200	N/A
<b>IN-NETWORK</b>					
COPAY (PCP/SPECIALIST) (per visit)	\$20/\$35	\$25/\$40	\$30/\$45	DEDUCTIBLE + COINSURANCE	\$30/\$45
DEDUCTIBLE/YR (Individual/Family*)	\$0	\$150/\$300	\$300/\$600	\$1,400/\$2,800	\$300/\$600
COINSURANCE	0%	10%	20%	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	\$2,000/\$4,000
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		\$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
TELADOC (per telephonic visit)	\$20	\$25	\$30	DEDUCTIBLE + COINSURANCE	\$30
WALK-IN CLINIC (per visit)	\$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)
ROUTINE PHYSICAL (limits apply)	COVERED IN FULL	COVERED IN FULL	COVERED IN FULL	COVERED IN FULL	COVERED IN FULL
<b>OUT-OF-NETWORK</b>					
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 (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
<b>PRESCRIPTION DRUGS (in-network only)</b>					
DEDUCTIBLE/YR (Individual/Family*) (Deductible is combined for retail & mail order)	\$100/\$300	\$100/\$300	\$100/\$300	MEDICAL & PRESCRIPTION DRUG COMBINED	\$100/\$300
<b>RETAIL: up to 30-day supply</b>					
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
<b>MAIL ORDER: 31-90-day supply (can also be done through CVS retail pharmacy)</b>					
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

**2021 Employee Medical Plan Contributions**

Coverage	Plan 1			
	Monthly Contribution			
	Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$ 171.58	\$ 229.46	\$ 279.08	\$ 328.69
2 People	\$ 358.42	\$ 476.46	\$ 579.48	\$ 682.50
3 or More People	\$ 470.80	\$ 633.45	\$ 770.41	\$ 907.37
Coverage	Plan 2			
	Monthly Contribution			
	Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$ 144.87	\$ 188.53	\$ 238.14	\$ 287.76
2 People	\$ 300.81	\$ 391.46	\$ 494.47	\$ 597.49
3 or More People	\$ 399.91	\$ 520.43	\$ 657.39	\$ 794.35
Coverage	Plan 3			
	Monthly Contribution			
	Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$ 96.83	\$ 136.32	\$ 186.15	\$ 235.98
2 People	\$ 201.07	\$ 283.05	\$ 386.52	\$ 489.98
3 or More People	\$ 267.31	\$ 376.31	\$ 513.86	\$ 651.41
Coverage	Plan 4			
	Monthly Contribution			
	Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$ 66.35	\$ 109.08	\$ 158.16	\$ 208.15
2 People	\$ 109.72	\$ 198.98	\$ 301.26	\$ 403.53
3 or More People	\$ 145.88	\$ 264.57	\$ 400.56	\$ 536.55
Coverage	Plan 5			
	Monthly Contribution			
	Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$ 119.30	\$ 162.77	\$ 213.48	\$ 264.20
2 People	\$ 247.71	\$ 337.97	\$ 443.28	\$ 548.58
3 or More People	\$ 329.33	\$ 449.33	\$ 589.33	\$ 729.32