



Brookhaven™
National Laboratory

BSA Benefits & You: 2022

IMPORTANT HEALTHCARE COVERAGE INFORMATION FOR BROOKHAVEN SCIENCE ASSOCIATES, LLC (BSA) MEDICAL PROGRAM PARTICIPANTS WHO ARE BECOMING ELIGIBLE FOR MEDICARE

Based on our records, you will soon be eligible for Medicare and should have received notification from the Social Security Administration on enrollment in Parts A and B. This booklet will provide you with additional information on changes to your BSA medical coverage based on your upcoming eligibility for Medicare.

BSA offers different medical programs to participants who are eligible for Medicare and participants who are not eligible for Medicare. Since you will soon become eligible for Medicare, your current BSA medical plan coverage through Aetna will end. You will need to transition to medical coverage available to BSA's Medicare-eligible participants through a private healthcare exchange with SelectQuote Senior (BSA's vendor for healthcare coverage for Medicare-eligible participants). Through this exchange, you will have an opportunity to select from medical and prescription drug plans with various levels of coverage and premiums. SelectQuote Senior will assist you in electing the healthcare plans that best meet your needs. You must enroll in a medical program through SelectQuote Senior to be eligible for participation in BSA's medical program and the Health Reimbursement Account (HRA).

After you have enrolled in a medical plan through SelectQuote Senior's exchange, your payment process will change. Currently, you send payments to P&A Group for your BSA Medical Plan coverage through Aetna. The process through the exchange is different. You will pay your premiums directly to the new insurance company(ies) with which you have enrolled for coverage. BSA will make a monthly contribution of \$180 per Medicare-eligible participant to a Health Reimbursement Account (HRA) set up on your behalf. After you have elected individual medical coverage, the HRA will be available for reimbursement of eligible premiums and expenses up to the amount available in the HRA. You will receive more information on the HRA from Navia Benefit Solutions.

This booklet provides instructions on what you need to do to get started, including (1) how to enroll for Medicare Parts A and B (which is required by BSA for you to be offered BSA medical program coverage through the exchange), (2) how to contact SelectQuote Senior for assistance in electing the healthcare plans for medical and prescription drug coverage, and (3) what you need to do to set up HRA reimbursements through Navia Benefit Solutions.

You should begin the Medicare enrollment process as far in advance of your Medicare eligibility date as possible.

If any of your eligible family members – spouse and/or child(ren) – are enrolled in the BSA Medical Plan through Aetna but are not eligible for Medicare, this change in medical programs does not apply to them. They will still have the applicable Aetna plan for their medical coverage. Payment of their premiums should continue to be sent directly to P&A Group. When a covered family member who is currently not eligible for Medicare is approaching eligibility for Medicare, he/she will receive a letter from the BSA Benefits Office and be contacted by SelectQuote Senior. This letter will provide information on how to transition to medical coverage through SelectQuote Senior's exchange.

For additional information, please contact the BSA Benefits Office at 631-344-5126 or 631-344-3724.

Instructions On What You Need To Do To Get Started

You are being offered medical coverage through a private healthcare exchange with SelectQuote Senior (BSA's vendor for healthcare coverage for Medicare-eligible participants). The BSA Medical Plan through Aetna is not available to participants who are eligible for Medicare.

There are 3 steps that you need to take to transition from Aetna medical coverage to coverage through the exchange with SelectQuote Senior:

STEP 1: Sign up for Medicare Parts A and B.

STEP 2: Enroll in a new medical program through SelectQuote Senior's exchange.

STEP 3: Sign up for Health Reimbursement Account (HRA) reimbursements through Navia Benefit Solutions.

STEPS FOR MEDICARE-ELIGIBLE PARTICIPANTS

STEP 1: Sign up for Medicare Parts A and B.

Refer to the "Overview of Medicare" section on page 5 for general information on the various types of Medicare plans.

To get started, as a Medicare-eligible participant, you must sign up for Medicare Parts A and B, as this is required by BSA for you to be offered BSA medical coverage through the exchange. (For participants who are receiving BSA Long Term Disability Plan benefits, we have also enclosed a completed Request For Employment Information form for you. You will need this form to enroll in Medicare Part B, if you have not already done so). You should begin the Medicare enrollment process as far in advance of your Medicare-eligibility date as possible.

To begin the process of enrolling for Medicare Parts A and B, go online at www.socialsecurity.gov/medicare/apply.html, go to the local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

STEP 2: Enroll in new medical coverage through SelectQuote Senior's exchange.

You must contact SelectQuote Senior at (866) 479-8317 (select Option 1) and enroll in a medical program through SelectQuote Senior's exchange. You must enroll in a medical program through SelectQuote Senior to be eligible for participation in BSA's medical program and the Health Reimbursement Account (HRA). You are not required to elect a prescription drug program through SelectQuote Senior's exchange to be eligible for the HRA. Information on the HRA is provided in STEP 3.

STEPS FOR MEDICARE-ELIGIBLE PARTICIPANTS (continued)

STEP 2 (continued):

Through SelectQuote Senior's exchange, you will have an opportunity to select from medical and prescription drug plans with various levels of coverage and premiums. If in addition to you, another family member is eligible for Medicare and is provided coverage in the exchange through BSA's medical program, you do not need to elect the same medical or prescription drug plan as that family member. SelectQuote Senior will assist you in electing the healthcare plans that are best aligned with your needs.

Consider the following when electing plans:

- Are the services you need covered?
- How much are the premiums, deductibles, and other costs?
- Is there a limit on your annual out-of-pocket expenses, and if so, how much?
- Do your doctors accept Medicare?
- Will you have to select your providers and hospitals from a network?
- Are your prescription drugs covered by the plan?
- Do you need to use a specific pharmacy to obtain your prescription drugs?
- If you travel outside of the state or outside the U.S., does the plan provide coverage for medical and prescription drug expenses abroad?

The effective date of the new medical coverage through SelectQuote Senior's exchange must coincide with the effective date of Medicare Part B coverage. For example, if you become eligible for Medicare on October 1, the new medical coverage through SelectQuote Senior's exchange should be effective on October 1. If timing is too short for coverage through the exchange to be effective on October 1, then we require it to be effective by no later than November 1. Until the effective date of the new medical coverage, you can continue coverage through the applicable BSA Medical Plan through Aetna.

After you are enrolled for coverage through SelectQuote Senior's exchange, you will pay your premiums directly to the new insurance company(ies) with which you have enrolled. At that time, your Medical Plan premiums to P&A Group and your Aetna medical coverage will cease. Required payments for your Aetna medical coverage must be paid in full to the P&A Group before you can be eligible for coverage through BSA's medical program through SelectQuote Senior's exchange—and the applicable HRA contributions from BSA described in STEP 3.

If you have any questions about coverage through your new medical insurance, contact the new medical insurance company.

STEPS FOR MEDICARE-ELIGIBLE PARTICIPANTS (continued)

STEP 3: Sign up for Health Reimbursement Account (HRA) reimbursements through Navia Benefit Solutions.

Once you are enrolled in a medical program through SelectQuote Senior's exchange, the next step is signing up for the HRA reimbursements. You will receive information on the HRA from Navia Benefit Solutions (who administers the HRA), including forms that you must complete to set up automatic HRA reimbursements. If you do not receive information from Navia Benefit Solutions within 15 business days from the effective date of the new medical coverage through SelectQuote Senior, contact Navia Benefit Solutions at 105@naviabenefits.com.

The HRA is an account into which BSA will contribute \$180 per month per Medicare-eligible participant. (If you and your spouse are both eligible for Medicare and enrolled in a medical program through SelectQuote Senior's exchange, the monthly HRA contribution will be $\$180 \times 2 = \360 and will be put into a joint HRA for you to share.)

The HRA funds may only be used to pay for eligible items such as Medicare Part B premiums, Medicare Advantage premiums, Medicare Part D premiums, Medicare supplement premiums, medical co-payments, eligible dental and vision services, medical treatments, medications, laboratory tests, and other Internal Revenue Code (IRC) Section 213(d) qualified healthcare expenses (as defined in IRS publication 502). Cosmetic or routine hygiene products and services are not generally eligible for reimbursement. You may not make personal contributions to the HRA. There are no administrative costs to you for using the HRA, and contributions and reimbursements are tax-free. As a benefit to you, unused HRA funds roll over from year to year. They do not need to be used in the current calendar year.

Additional information on the HRA, including eligible healthcare expenses, is provided in the "Accessing Your HRA", "HRA Frequently Asked Questions", and "IRC Section 213(d) Healthcare Expenses" sections on pages 6 – 11.

In order to receive the HRA funds, you are required to be enrolled in a Medicare Advantage or Medicare Supplement medical plan purchased through the SelectQuote Senior exchange.

You are no longer eligible for HRA funding and cannot reenroll in the HRA program if:

- If you are no longer enrolled in a medical plan through the SelectQuote Senior exchange, or
- If you are the eligible dependent of a BSA retiree or Long-Term Disability Plan participant and that person is no longer enrolled in either (1) a BSA medical plan through the SelectQuote Senior exchange or (2) an Aetna medical plan through BSA's medical plan for non-Medicare participants.

Please contact the BSA Benefits Office at (631) 344-5126 or (631) 344-3724 for more information.

If you have questions about the HRA after your new medical coverage becomes effective, contact Navia Benefit Solutions at (866) 897-1996 or 105@naviabenefits.com.

Overview of Medicare

The following is a brief overview of the coverage provided through various types of Medicare plans. Additional information on Medicare coverage is available at www.Medicare.gov.

Original Medicare (Part A and Part B) is health insurance offered by the federal government (after meeting certain eligibility requirements) that provides healthcare benefits for:

- People who are age 65 or older
- People who are under age 65 and have certain disabilities
- People of any age with End Stage Renal Disease requiring kidney dialysis or kidney transplant.

TYPES OF MEDICARE PLANS

MEDICARE PART A (Hospital Insurance) provides coverage for:

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care
- Home healthcare

Under Medicare Part A, there are copayments and a deductible.

MEDICARE PART B (Medical Insurance) provides coverage for:

- Services from doctors and other healthcare providers
- Outpatient care
- Home healthcare
- Durable medical equipment
- Some preventive services

Under Medicare Part B, there are out-of-pocket costs including a monthly premium, a deductible and coinsurance.

MEDICARE PART C: MEDICARE ADVANTAGE PLANS:

- Include all benefits and services covered under Medicare Part A and Part B
- Usually include prescription drug coverage
- May include extra benefits and service for an extra cost

Medicare Advantage Plan premiums and coverage vary based on the specific plan.

MEDICARE PART D (Prescription Drug Insurance) provides coverage for:

- Prescription drugs

Medicare Part D premiums and coverage vary based on the specific prescription drug plan.

MEDICARE SUPPLEMENT POLICIES (ALSO CALLED MEDIGAP POLICIES):

- Can help pay some of the healthcare costs that Medicare A and B do not cover such as copayments, coinsurance and deductibles.
- Some Supplement Policies also offer coverage for services that Medicare A and B do not cover

Medicare Supplement Policies offer standardized coverage, and some offer additional benefits. Premiums and coverage vary based on the specific plan.

Health Reimbursement Account (HRA) Information

Accessing Your HRA

You will receive instructions, claim forms, and further information in the mail from Navia Benefit Solutions once you have enrolled in your medical coverage through SelectQuote Senior's exchange.

If you need assistance with using online services or have questions about using your HRA or submitting a claim for reimbursement, please contact Navia Benefit Solutions at 105@naviabenefits.com **after** your medical insurance plan becomes effective.

Health Reimbursement Account (HRA) Frequently Asked Questions

Q. What is a Health Reimbursement Account (HRA)?

A. A Health Reimbursement Account (HRA) is part of the benefit plan offered to you by Brookhaven Science Associates (BSA). BSA will contribute \$180 per participant each month into a HRA set up to help reimburse you for your eligible healthcare expenses. For example, for a husband and wife, the joint monthly household amount will be \$360 (\$180 x 2).

Q. What expenses are eligible for reimbursement?

A. You may be reimbursed for the premiums you pay toward Medicare Part B, Medicare Supplement, Medicare Advantage, and/or Medicare Prescription Drug plans for you and your spouse, or other Medicare-eligible dependents who are enrolled for medical coverage through SelectQuote Senior's exchange.

In addition, you may pay for other eligible expenses (generally those defined under Internal Revenue Code Section 213(d)) and submit for reimbursement. See the "**IRC Section 213(d) Qualified Healthcare Expenses**" section for additional information.

This includes expenses that are not reimbursed by another plan, such as:

- standard medical services such as office visits
- copayments, coinsurance, and deductibles
- prescriptions
- dental care, including orthodontics for children and adults
- eyeglasses, contact lenses and solution, and laser eye surgery
- acupuncture and chiropractic services

Health Reimbursement Account (HRA) Frequently Asked Questions (continued)

Q. Do I have to enroll in a medical program through SelectQuote Senior's exchange to be eligible for the reimbursement?

A. Yes. To be eligible for the HRA contribution from BSA, you must enroll in a medical program through SelectQuote Senior's exchange. However, you do not need to enroll in a prescription drug plan through SelectQuote Senior's exchange. You must be enrolled in a BSA medical program in order for your eligible dependents to be enrolled in a BSA medical program as your dependent.

Q. Who processes my HRA claims?

A. This service is provided by Navia Benefit Solutions, who administers the HRA on behalf of SelectQuote Senior.

Q. Where can I get information on my HRA?

A. You'll be able to access your HRA at www.naviabenefits.com.

Q. Who can I call if I have questions regarding my HRA?

A. You may contact Navia Benefit Solutions at (866) 897-1996 after your medical coverage becomes effective.

Q. Are the contributions or reimbursements provided through the HRA considered taxable income by the IRS?

A. No. Contributions into the HRA and reimbursements from the HRA are not taxable income.

Q. Will I earn interest on the money in my HRA?

A. No.

Q. Will I receive monthly statements?

A. No. However, before the end of the fourth quarter of the calendar year, Navia Benefit Solutions will send out a statement to participants who have a balance left in their HRA, and any unused balance will carry over to the next year. This will help to remind you to file claims for unused funds if desired. You can also log into the HRA online at any time to view your available account balance and claim activity.

You can access your account through the HRA Account tab at www.naviabenefits.com or you may contact Navia Benefit Solutions at (866) 897-1996.

Health Reimbursement Account (HRA) Frequently Asked Questions (continued)

Q. How Does Reimbursement from the HRA Work?

A. Step 1: Pay Your Healthcare Plan Premiums and/or qualified IRC Section 213(d) expenses.

You are responsible for paying your premiums directly to the insurance company. Most insurance companies will allow you to pay your premiums either by check or by having money withdrawn directly from your bank account. In addition, Medicare Advantage, Medicare Part D Prescription Drug plans, and Medicare Part B allow you to have your premiums withheld from your Social Security check.

Step 2: Submit Your Health Expense Claims for eligible premiums or expenses to Navia Benefit Solutions through the online portal, email, fax, or postal mail. You can submit a one-time-per-year form to Navia Benefit Solutions for automatic monthly premium reimbursement or you can manually file a new claim each time you have a reimbursable expense. You will need to also submit a Direct Deposit Form if you would like to have your reimbursement automatically deposited into your bank account.

Step 3: Receive Your Reimbursement.

You can be reimbursed from the HRA in two ways once your claim for reimbursement is approved. You will be reimbursed from the HRA either by:

1. Direct deposit to your bank account, or
2. By check mailed directly to your home address.

Q. Who is responsible for submitting a claim?

A. You as the participant are responsible for filing a request for claim reimbursement.

Q. What is the general processing time for claim submissions?

A. Processing of claims submitted through the online portal will routinely be processed within two business days. Paper forms mailed and submitted to Navia Benefit Solutions, the company who administers the HRA, generally take three to five business days to process from the date they are received by Navia Benefit Solutions. If a direct deposit account is set up, reimbursements will be deposited directly into the designated bank account within 24 hours of approval.

Q. Is there a submission deadline for reimbursement?

A. Per the program guidelines, as long as the participant is eligible there is no submission deadline. In the case of death, submission deadlines do apply. Additional information is provided below.

Health Reimbursement Account (HRA) Frequently Asked Questions (continued)

Q. What is the maximum length of time to submit for the auto-reimbursement for recurring premiums?

A. Auto-reimbursement of claims for recurring premiums are good until the end of the calendar year. You will need to submit a new form to Navia Benefit Solutions each calendar year.

Q. How do I cancel a recurring expense?

A. Call Navia Benefit Solutions' Customer Service at (866) 897-1996.

Q. What happens to a participant's account in the event of his or her death?

A. If there is no spouse enrolled in a medical program through SelectQuote Senior at the time of the participant's death, the HRA funds are forfeited. Your personal representative or executor of your estate may submit claims up to 180 days after the date of death for eligible expenses incurred.

If there is a surviving spouse enrolled in a medical program through SelectQuote Senior and the HRA at the time of the participant's death, the account and remaining funds will be transferred to the surviving spouse's name. The HRA monthly contribution will continue for one single participant.

Q. What happens to the surviving spouse's account in the event of his or her death?

A. In the event that the surviving spouse dies and there are no other participants on the HRA, then the HRA funds are forfeited. Your personal representative or executor of your estate may submit claims up to 180 days after the date of death for eligible expenses incurred by you before your death.

Q. What is the process for appealing a claim denial?

A. Participants may file an appeal online through the HRA tab on the website portal www.naviabenefits.com or they may contact Navia Benefit Solutions' Customer Service at (866) 897-1996 to file a first-level appeal. A first-level appeal includes the administrative review of the claim to ensure that it was processed according to the plan rules, and that no processing error occurred. Participants who disagree with a denial of a first-level appeal have the right to submit a second-level appeal by contacting the plan administrator within 60 days of the notice. All appeals will be reviewed by Navia Benefit Solutions in collaboration with the plan administrator and appeals that are approved will be submitted for re-processing.

IRC Section 213(d) Healthcare Expenses

The Internal Revenue Code (IRC) Section 213(d) defines eligible healthcare expenses. Healthcare expenses are further defined as the costs of diagnosis, cure, mitigation, treatment or prevention of disease, and the costs for treatments affecting any part or function of the body. These expenses must be primarily to alleviate or prevent a physical or mental defect or illness.

The products and services listed below are examples of healthcare expenses eligible for payment under a Health Reimbursement Account (HRA). This list is not all inclusive. Additional expenses may qualify, and the items listed below are subject to change in accordance with IRS Regulations.

ELIGIBLE EXPENSES

<p>DENTAL</p> <ul style="list-style-type: none"> ■ Dental X-Rays ■ Dentures and Bridges ■ Exams and Teeth Cleaning ■ Extractions and Fillings ■ Oral Surgery ■ Orthodontia ■ Periodontal Services 	<p>MEDICAL PROCEDURES/SERVICES</p> <ul style="list-style-type: none"> ■ Acupuncture ■ Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care) ■ Ambulance ■ Fertility Enhancement and Treatment ■ Hair Loss Treatment* ■ Hospital Services ■ Immunization ■ In Vitro Fertilization ■ Physical Examination (not employment-related) ■ Reconstructive Surgery (due to a congenital defect, accident, or medical treatment) ■ Service Animals ■ Sterilization/Sterilization Reversal ■ Transplants (including organ donor) ■ Transportation* 	<p>MEDICAL EQUIPMENT/SUPPLIES</p> <ul style="list-style-type: none"> ■ Air Purification Equipment* ■ Arches and Orthotic Inserts ■ Contraceptive Devices ■ Crutches, Walkers, Wheelchairs ■ Exercise Equipment* ■ Hospital Beds* ■ Mattresses* ■ Medic Alert Bracelet or Necklace ■ Nebulizers ■ Orthopedic Shoes* ■ Oxygen* ■ Post-Mastectomy Clothing ■ Prosthetics ■ Syringes ■ Wigs*
<p>EYES</p> <ul style="list-style-type: none"> ■ Eye Exams ■ Eyeglasses and Contact Lenses ■ Laser Eye Surgeries ■ Prescription Sunglasses ■ Radial Keratotomy 		
<p>HEARING</p> <ul style="list-style-type: none"> ■ Hearing Aids and Batteries ■ Hearing Exams 		
<p>HRA ELIGIBLE</p> <ul style="list-style-type: none"> ■ Insurance Premiums ■ Long Term Care Premiums 		
<p>LAB EXAMS/TESTS</p> <ul style="list-style-type: none"> ■ Blood Tests and Metabolism Tests ■ Body Scans ■ Cardiograms ■ Laboratory Fees ■ X-Rays 	<p>PRACTITIONERS</p> <ul style="list-style-type: none"> ■ Allergist ■ Chiropractor ■ Christian Science Practitioner ■ Dermatologist ■ Homeopath ■ Naturopath* ■ Optometrist ■ Osteopath ■ Physician ■ Psychiatrist or Psychologist 	<p>THERAPY</p> <ul style="list-style-type: none"> ■ Alcohol and Drug Addiction ■ Counseling (not marital or career) ■ Exercise Programs* ■ Hypnosis ■ Massage* ■ Occupational ■ Physical ■ Smoking Cessation Programs* ■ Speech ■ Weight Loss Programs*
<p>MEDICATIONS</p> <ul style="list-style-type: none"> ■ Insulin ■ Prescription Drugs 		

* These expenses are “potentially eligible expenses” that require a Note of Medical Necessity from your healthcare provider to qualify for reimbursement. For additional information, contact Navia Benefit Solutions’ Customer Service at (866) 897-1996.

Based on the Coronavirus Aid, Relief, and Economic Security (CARES) Act, over-the-counter medicines or drugs, such as cold medications, antihistamines, antacids, anti-inflammatories, and other health-related items can be purchased with HRA funds; a prescription is not needed.

IRC Section 213(d) Healthcare Expenses (continued)

INELIGIBLE EXPENSES

■ Eyeglass Insurance ■ Cosmetic Surgery/Procedures ■ Electrolysis	■ Marriage or Career Counseling	■ Personal Trainers ■ Sunscreen (spf less than 30) ■ Swimming Lessons
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For additional information, contact Navia Benefit Solutions' Customer Service at (866) 897-1996.



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

The information in this booklet describes the benefits program as of January 1, 2022 and is subject to change. It 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.**

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