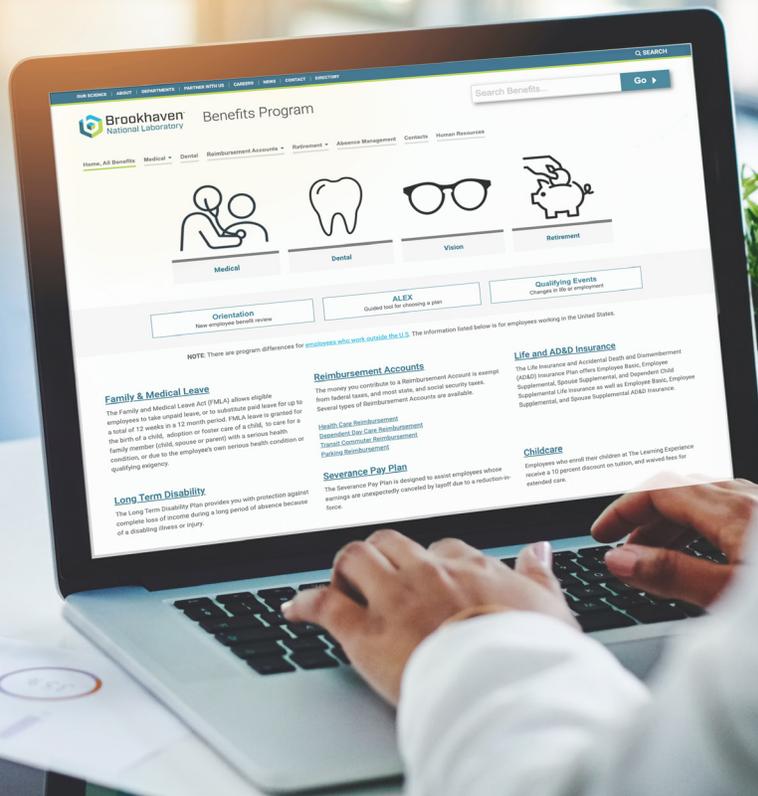


BSA Benefits & You 2022 Open Enrollment



It's Open Enrollment Time!

It's time to consider your needs, review your benefit coverages, and maybe make some changes for 2022 — and it's also the time when you need to reenroll for certain benefits if you want them to continue in 2022. The benefits you have in 2021 might not make sense for you in 2022. Your situation may have changed this year or be changing in 2022. 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 8 and 9 for a comparison of the medical plans and page 10 for a comparison of the dental plans.

If you didn't sign up for the voluntary Vision Care Plan previously, consider signing up for it this year. Coverage is provided through EyeMed, a national provider of eyecare services. Go to page 11 for more information.

Some changes have been made to the benefit programs for 2022.

- We've expanded eligibility in many of the plans to include domestic partners and children for whom you have legal guardianship.
- If you are enrolled in the Health Care and/or Dependent Day Care Reimbursement Account(s) in 2021 and have an unused balance on December 31, 2021, it will be carried over into 2022, so you can use it to pay eligible expenses through December 31, 2022.
- Medical Plan contributions and the maximum amount you can contribute to the Aetna Medical Plan 4 Health Care Savings Account are increasing in 2022. Dental Plan and Vision Care Plan contributions have stayed the same from 2021 to 2022. Go to page 4 for information on what's new and what's changing.



This year's Open Enrollment period will be virtual.

Our Benefits Program website, available at <https://www.bnl.gov/hr/Benefits/>, will include:

- Our virtual benefits fair where you can learn about the plans
- Answers to frequently asked questions

Our Benefits Office staff will be available by phone, online, or you can make an appointment to meet with them at the Lab.

We encourage you to take time to review your choices to find the benefit programs that provide the coverages that are best for you. We even have an online tool called ALEX that can help you select the plans that meet your needs. **Go to page 3 for information on ALEX.**

Continue through the rest of this booklet for more information about the benefits for 2022 and what you can and need to do during the Open Enrollment period.

**Brookhaven's Open Enrollment period for benefits for 2022 is
Tuesday, November 2, 2021 at 9:00 a.m. EST through Monday, November 15, 2021 at 5:00 p.m. EST**

Changes made during the Open Enrollment period will be effective on January 1, 2022.

OPEN ENROLLMENT

Here's where to find more information.

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OPEN ENROLLMENT

WHAT IS OPEN ENROLLMENT?

Open enrollment is the time of the year when you should review the benefits available to you and make decisions for the coming year. Because there are changes to some of our benefit plans each year — changes that can affect how much you pay for your benefits and the coverage provided by the benefits, it's important to see what best meets your needs each year.

Have you had any changes in your life or expect any changes where a different medical or dental plan might be a better choice than the plan in which you're currently enrolled? Maybe it makes sense to enroll in one of the reimbursement accounts. Last year's choices might not make sense for you in 2022.

Use the ALEX online benefits comparison tool available to help you make your decisions. It's easy to use and will recommend benefit programs to elect based on information that you provide. It's available at <https://www.myalex.com/bsa/2022/active>.

WHEN IS OPEN ENROLLMENT FOR BENEFITS FOR 2022?

Tuesday, November 2, 2021 at 9:00 a.m. EST through Monday, November 15, 2021 at 5:00 p.m. EST

ANNUAL BENEFITS FAIR

This year we will, once again, hold a virtual benefits fair for open enrollment with online videos, answers to frequently asked questions, and much more available on our Benefits website at <https://www.bnl.gov/hr/Benefits/>.

Online videos are available from the Aetna Medical Plans, the Delta Dental Plans, EyeMed for the Vision Care Plan, 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 and 401(k) Plans, and Lincoln Financial Group (for life, AD&D and LTD insurance and more).

WHERE CAN I GET HELP?

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, the Reimbursement Accounts, and the Life, AD&D, and Long Term Disability Plans. 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. ALEX is available at <https://www.myalex.com/bsa/2021/active>.

More information is available on the Benefits website, including plan information, our virtual benefits fair, and answers to frequently asked questions. The Benefits website is at <https://www.bnl.gov/hr/benefits/>.

If you have additional questions, send an email to our Benefits Office staff at oe@bnl.gov <mailto:benefitsq@bnl.gov> or call (631) 344-3724, (631) 344-5126, (631) 344-2559, (631) 344-8877 or (800) 353-5321.



IMPORTANT INFORMATION

WHAT'S NEW FOR 2022?

We've expanded who's eligible for the plans to include domestic partners and children for whom you have legal guardianship. See pages 12-13 for more information.

WHAT'S CHANGING FOR 2022?

Medical, Dental and Vision Care Plans

- Employee contributions for the Aetna Medical Plans are increasing. See page 9 for more information.
- Employee contributions to the Dental Plans and Vision Care Plan have remained the same from 2021 to 2022. See pages 10 and 11 for more information.
- The maximum amount you can contribute to the Aetna Plan 4 Health Savings Account is increasing to \$3,150/individual and \$6,300/family.

Reimbursement Accounts

- Any unused 2021 contributions to the Health Care and Dependent Day Care Reimbursement Accounts on December 31, 2021 will be rolled over for you to use for eligible incurred expenses in 2022. This is a special extension for 2022 due to the pandemic.
- The 2022 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 maximum annual amounts you may contribute to the Reimbursement Accounts in 2021 are indicated below.

Type	Minimum	Maximum
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/year.
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

Remember — last year's choices might not make sense for you in 2022.

Take time to review your choices to find the benefit programs that provide the right level of coverage for your needs.



IMPORTANT INFORMATION

WHAT BENEFIT ELECTIONS CAN I MAKE DURING OPEN ENROLLMENT? WHAT HAPPENS TO MY BENEFITS IF I DON'T TAKE ACTION DURING OPEN ENROLLMENT?

Open Enrollment is the time during which you can do the following for the plans.

- **Medical, Dental and Vision Care Plans**

You can:

- Elect or drop these benefits,
- Add or drop eligible family members, and/or
- Elect a different medical or dental plan.

If you are enrolled in the Aetna Medical Plan 4, you can change your contribution to the Health Savings Account at any time.

If you do not make changes to these benefit elections, you'll automatically remain in the Medical, Dental and/or Vision Care Plans you have on December 31, 2021, if any. Any dependent children who are on your coverage on December 31, 2021 who are no longer eligible on January 1, 2022 will automatically be dropped from your coverage. (For instance, a child who reaches age 23 in 2021 and is in the Dental Plan will no longer be eligible for coverage in 2022.)

- **Health Care and/or Dependent Day Care Reimbursement Accounts**

You can elect this benefit.

- You are not automatically reenrolled in these accounts from year to year. If you want these benefits in 2022, you must reenroll. Otherwise, they will end on December 31, 2021.

- **Transit Commuter and/or Parking Reimbursement Accounts**

At any time during the year during the year you can:

- Elect or drop these benefits, and/or
- Increase or decrease your contribution amounts.

If you do not make changes to these benefit elections, you'll automatically remain in the accounts in 2022 with the same contribution amount you have on December 31, 2021.

- **Vacation Buy Plan**

You are not automatically reenrolled in this plan from year to year. If you want to use plan in 2022, you must reenroll.

HOW TO ELECT BENEFITS DURING OPEN ENROLLMENT



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 ext. 5522.



Click the following links: Employee Self Service, Benefits, and Open Enrollment.



Elect your benefits for 2022.



Save your election(s). **No elections will be accepted after 5 p.m. EST on Monday, November 15, 2021.**

You can make changes to your elections by going back into PeopleSoft HR during Open Enrollment. No election changes will be accepted after 5 p.m. EST on Monday, November 15, 2021.

IMPORTANT INFORMATION

DEADLINES

- **The Open Enrollment period ends at 5 p.m. EST on Monday, November 15, 2021.** You must make your 2022 benefit elections by this deadline, or you will not be able to make a change during 2022 unless you have a Qualifying Event.
- Vacation Buy Plan time purchased in 2022 must be used by December 20, 2022 if you are a monthly employee — or by December 25, 2022 if you are a weekly employee.
- You have until March 31, 2023 to submit 2021 and 2022 claims to the Health Care Reimbursement Account. This is a special extension for 2022 claims due to the pandemic.
- You have until March 31, 2022 to submit 2021 claims to the Dependent Day Care, Transit Commuter, and Parking Reimbursement Accounts.

VACATION BUY PLAN

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



WHEN CAN I ENROLL IN, DROP OR CHANGE SUPPLEMENTAL LIFE AND AD&D INSURANCE COVERAGE AND 401(K) PLAN CONTRIBUTIONS?

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

CAN I CHANGE MY BENEFITS DURING THE YEAR (OTHER THAN DURING OPEN ENROLLMENT)?

You may be eligible to make changes to some of your 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 act within the required timeframe, then you'll have to wait until the next Open Enrollment period to make changes. See page 14 for more information.

IMPORTANT INFORMATION

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've 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. If you want one, you can print one from their website 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 2022 and were enrolled in it for 2021, PayFlex will automatically apply your 2022 elected contribution to your current debit card. You will not receive a new card each year.

PAYING FOR BENEFITS

Brookhaven Science Associates (BSA) pays the full cost of many of your benefits (such as the basic life and AD&D insurance). For other benefits (such as the Medical, Dental and Vision Care 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, you pay your share of the costs through payroll deductions each pay period.

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

	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 (Individual/Family*)	N/A	N/A	N/A	\$3,150/\$6,300	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	\$1,400/\$2,800	\$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
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
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 over age 65 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 is only a summary of the coverage through the medical plans. For additional information, go to www.bnl.gov/hr/Benefits/.

COVERAGE THROUGH THE MEDICAL PLANS



If you are enrolled in one of the Aetna Medical Plans, 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 IN 2022?

Coverage	Plan 1							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$176.73	\$ 236.35	\$ 287.45	\$ 338.55	\$ 40.78	\$ 54.54	\$ 66.33	\$ 78.13
2 People	\$369.17	\$ 490.76	\$ 596.87	\$ 702.98	\$ 85.19	\$ 113.25	\$ 137.74	\$ 162.23
3 or More People	\$484.93	\$ 652.45	\$ 793.52	\$ 934.59	\$ 111.91	\$ 150.57	\$ 183.12	\$ 215.67
Coverage	Plan 2							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$149.22	\$ 194.19	\$ 245.29	\$ 296.39	\$ 34.43	\$ 44.81	\$ 56.60	\$ 68.40
2 People	\$309.83	\$ 403.20	\$ 509.31	\$ 615.41	\$ 71.50	\$ 93.05	\$ 117.53	\$ 142.02
3 or More People	\$411.91	\$ 536.05	\$ 677.11	\$ 818.18	\$ 95.06	\$ 123.70	\$ 156.26	\$ 188.81
Coverage	Plan 3							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$ 99.74	\$ 140.41	\$ 191.73	\$ 243.06	\$ 23.02	\$ 32.40	\$ 44.25	\$ 56.09
2 People	\$207.10	\$ 291.55	\$ 398.11	\$ 504.68	\$ 47.79	\$ 67.28	\$ 91.87	\$ 116.46
3 or More People	\$275.33	\$ 387.60	\$ 529.28	\$ 670.95	\$ 63.54	\$ 89.45	\$ 122.14	\$ 154.84
Coverage	Plan 4							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$ 68.34	\$ 112.35	\$ 162.90	\$ 214.40	\$ 15.77	\$ 25.93	\$ 37.59	\$ 49.48
2 People	\$113.01	\$ 204.95	\$ 310.29	\$ 415.64	\$ 26.08	\$ 47.30	\$ 71.61	\$ 95.92
3 or More People	\$150.26	\$ 272.50	\$ 412.58	\$ 552.65	\$ 34.68	\$ 62.89	\$ 95.21	\$ 127.53
Coverage	Plan 5							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
1 Person	\$122.88	\$ 167.65	\$ 219.89	\$ 272.12	\$ 28.36	\$ 38.69	\$ 50.74	\$ 62.80
2 People	\$255.15	\$ 348.11	\$ 456.58	\$ 565.04	\$ 58.88	\$ 80.33	\$ 105.36	\$ 130.39
3 or More People	\$339.21	\$ 462.81	\$ 607.01	\$ 751.20	\$ 78.28	\$ 106.80	\$ 140.08	\$ 173.35

The Annual Base salary category for eligible part-time employees is based on 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	\$0	60%	45%	\$26
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

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

HOW MUCH WILL THE DENTAL PLAN COST IN 2022?

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

SUMMARY OF COVERAGE THROUGH THE VISION CARE 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 vision care plan. For additional information, go to www.bnl.gov/hr/Benefits/.

HOW MUCH WILL THE VISION CARE PLAN COST IN 2022?

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

DOMESTIC PARTNER

Effective January 1, 2022, you can add your domestic partner to certain plans. See below for more information.

- If you enroll in the Medical, Dental and or Vision Care Plans, you can enroll your domestic partner and their eligible child(ren) in these plans.
- If you enroll in the Health Care Reimbursement Account or Health Savings Account, you can submit your domestic partner's and their child(ren)'s eligible expenses to those accounts for reimbursement.
- If you enroll in the Dependent Day Care Reimbursement Account, you can submit your domestic partner's child(ren)'s eligible expenses to that account for reimbursement.
- If you enroll in the Supplemental Life and Accidental Death & Dismemberment (AD&D) Plans, you can enroll your domestic partner in the spouse supplemental life and AD&D plans.
- To enroll your domestic partner and their child(ren), if any, in the Medical, Dental and or Vision Care Plans, they must meet the eligibility requirements for the plan(s), including any applicable age limits. You cannot enroll your domestic partner unless you are enrolled in the plan(s). You cannot enroll your domestic partner's child(ren) unless your domestic partner is enrolled in the plan(s). Refer to the BSA Affidavit of Domestic Partnership and the Summary Plan Descriptions available on the Benefits Program website at <https://www.bnl.gov/hr/Benefits/> for additional information.
- If you enroll in Health Care Reimbursement Account and/or the Dependent Day Care Reimbursement Account and you have a domestic partner and their child(ren), if any, that meet the Internal Revenue Code (IRC) requirements for a dependent, you can be reimbursed from the Reimbursement Account(s) for eligible expenses for that person. A word of caution, in general, if your domestic partner and their child(ren), if any, are **not** considered dependents for tax purposes based on IRC Section 105(b), such dependents expenses are not eligible for reimbursement from these accounts.
- Based on IRC Section 105(b), to be considered a dependent for tax purposes your domestic partner's child must be a "qualifying relative" of the participant. One of the requirements for a child being a qualifying relative is that the child must not be a qualifying relative of any other taxpayer.
- In general, if, based on IRC Section 105(b), your domestic partner and child(ren), if any, are considered dependents for tax purposes, your domestic partner's and their child(ren)'s medical, dental and/or vision care coverages and benefits will be tax-free to you and your domestic partner. A word of caution, in general, if your domestic partner and child(ren), if any, are **not** considered dependents for tax purposes based on IRC Section 105(b), BSA must treat the fair market value of the medical, dental and/or vision care coverages extended to your domestic partner and child(ren), if any, as taxable income to you. Such benefits will be treated as imputed income and taxed in your paycheck. If you are not actively at work and receiving a paycheck, you will be provided a tax form with such information after the end of the calendar year.
- If you are enrolled in Aetna Plan 4 for medical coverage and you use the Health Savings Account for medical expenses of your domestic partner and their child(ren), if any, who are not tax dependents, you must report the use of such ineligible expenses on your tax return.
- If your domestic partner has a child that meets the IRC definition of a dependent, you can enroll that child in the Dependent Child Supplemental Life Insurance Plan in PeopleSoft HR, employee self service.
- Additional information on the Life and AD&D Plan, including eligibility and benefits, is available at <https://www.bnl.gov/hr/Benefits/docs/misc/Life-ADD-SPD.pdf>.
- If you are enrolling a domestic partner for coverage, you must provide a completed BSA Affidavit of Domestic Partnership to the Benefits Office during Open Enrollment. The Affidavit is available on the Benefits Program website at <https://www.bnl.gov/hr/Benefits/>.
- If you are enrolling a child for coverage, you must provide a copy of the child's birth certificate.

- If your domestic partnership ceases, you must immediately notify the Benefits Office at call (631) 344-3724, (631) 344-5126, (631) 344-2559, (631) 344-8877 or (800) 353-5321, and you will need to complete a form attesting to the dissolution of such domestic partnership. Such domestic partner's benefits, including those for their child(ren), will cease.

Additional criteria may apply.

LEGAL GUARDIANSHIP

Effective January 1, 2022, you can add a child for whom you have legal guardianship to certain plans. See below for more information.

- If you enroll in the Medical, Dental and or Vision Care Plans, you can enroll the child in these plans.
- If you enroll in the Health Care Reimbursement Account or Health Savings Account, you can submit reimbursement claims for the child's eligible expenses.
- If you enroll in the Dependent Day Care Reimbursement Account, you can submit reimbursement claims for the child's eligible expenses.
- To enroll a child for whom you are the legal guardian in the Medical, Dental and or Vision Care Plans, the child must meet the eligibility requirements for the plan(s), including any applicable age limits. You cannot enroll the child unless you are enrolled in the plan(s). Refer to the Summary Plan Descriptions (SPDs) on the Benefits website at <https://www.bnl.gov/hr/Benefits/> for additional information. Click the tabs at the top of that website (Medical, Dental, and/or Vision Care) and then click on the SPDs.
- If you enroll in Health Care Reimbursement Account and/or the Dependent Day Care Reimbursement Account and the child for whom you have legal guardianship meets the Internal Revenue Service (IRS) definition of a dependent, you can be reimbursed from the Reimbursement Account(s) for eligible expenses for that child. Refer to the SPDs on the Benefits website at <https://www.bnl.gov/hr/benefits/reimbursement.php/>. Click the tabs on that website (Health Care and/or Dependent Day Care) and then click on the SPDs.
- If you enroll in Aetna Plan 4 for medical coverage and you use the Health Savings Account for reimbursement of medical expenses of a child for whom you have legal guardianship who is not a tax dependent, you must report the use of such ineligible expenses on your tax return.
- If you have a child for whom you have legal guardianship that meets the IRS definition of a dependent, you can enroll that child in the Dependent Child Supplemental Life Insurance Plan in PeopleSoft HR, employee self service.
- You cannot enroll a child for whom your domestic partner has legal guardianship.
- Additional information on the Life and AD&D Plan, including eligibility and benefits, is available at <https://www.bnl.gov/hr/Benefits/docs/misc/Life-ADD-SPD.pdf>.
- If you are adding a child to your coverage, you must provide a copy of the child's birth certificate and proof of such legal guardianship, such as a court order, to the Benefits Office during Open Enrollment.
- If such legal guardianship ceases or changes, you must immediately notify the Benefits Office at call (631) 344-3724, (631) 344-5126, (631) 344-2559, (631) 344-8877 or (800) 353-5321. Such child's benefits will be modified accordingly.

Additional criteria may apply.

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.). (888) 969-2472		www.mylincolnportal.com Company Code: BROOKHAVEN
BSA Benefits Office:			
	Contact Person	Telephone #	Email
Adoption Assistance Plan	Denise DiMeglio	(631) 344-2881	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	egettler@bnl.gov
	Jennifer Froehlich	(631) 344-3724	jfroehlich@bnl.gov
	Melissa Schuchman	(631) 344-2877	schuchman@bnl.gov
	Erin Felser	(631) 344-2559	efelser@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			
Family & Medical Leave Act (FMLA), NY State Short Term Disability & NY State Paid Family Leave Sick Leave, Sick Family Member & Vacation Donation Programs	Barbara Soeyadi	(631) 344-7516	bsoeyadi@bnl.gov

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

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.**

October 2021