

# BSA Benefits & You

## 2023 Open Enrollment



# It's Open Enrollment Time!

It's time to consider your needs, review your benefit coverages, and maybe make some changes for 2023 — and it's also the time when you need to reenroll for certain benefits if you want them to continue in 2023. The benefits you have in 2022 might not make sense for you in 2023. Your situation may have changed this year or be changing in 2023. 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 10 and 11 for a comparison of the medical plans and page 12 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 13 for more information.

Some changes have been made to the benefit programs for 2023.

- The deductible for Aetna Plan 4 has increased to \$1,500 for single-person coverage and \$3,000 for family-level coverage.
- Medical Plan contributions and the maximum amount you can contribute to the Aetna Medical Plan 4 Health Care Savings Account are also increasing in 2023. The maximum amount you can contribute to the Aetna Plan 4 Health Savings Account is increasing to \$3,350/individual and \$6,750/family.
- Dental Plan and Vision Care Plan contributions have stayed the same from 2022 to 2023. Go to page 6 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.

Continue through the rest of this booklet for more information about the benefits for 2023 and what you can and need to do during the Open Enrollment period.

**Brookhaven's Open Enrollment period for benefits for 2023 is  
Wednesday, November 2, 2022 at 9:00 a.m. EST through Wednesday, November 16, 2022 at 5:00  
p.m. EST**

**Changes made during the Open Enrollment period will be effective on January 1, 2023.**



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 2023.

### WHEN IS OPEN ENROLLMENT FOR BENEFITS FOR 2023?

Wednesday, November 2, 2022 at 9:00 a.m. EST through Wednesday, November 16, 2022 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?

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:oe@bnl.gov) or call (631) 344-3724, (631) 344-5126, (631) 344-2559 or (800) 353-5321.

## WHAT'S CHANGING FOR 2023?

### Medical, Dental and Vision Care Plans

- Employee contributions for the Aetna Medical Plans are increasing. See page 11 for more information.
- The deductible for Aetna Plan 4 has increased to \$1,500 for single-person coverage and \$3,000 for family-level coverage.
- The maximum amount you can contribute to the Aetna Plan 4 Health Savings Account is increasing to \$3,350/individual and \$6,750/family. Employee contributions to the Dental Plans and Vision Care Plan have remained the same from 2022 to 2023. See pages 12 and 13 for more information.

### Reimbursement Accounts

- The 2023 limits for the Reimbursement Accounts have not yet been announced by the IRS but will be posted to [www.bnl.gov/hr/Benefits/](http://www.bnl.gov/hr/Benefits/) when available. The maximum annual amounts you may contribute to the Reimbursement Accounts in 2022 are indicated below.

Type	Minimum	Maximum
Health Care	\$300/year	\$2,850/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	\$3,360/year but no more than \$280/month
Parking	\$25/month	\$3,360/year but no more than \$280/month

## 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, 2022, if any. Any dependent children who are on your coverage on December 31, 2022 who are no longer eligible on January 1, 2023 will automatically be dropped from your coverage. (For instance, a child who reaches age 23 in 2022 and is in the Dental Plan will no longer be eligible for coverage in 2023.)

- **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 2023, you must reenroll. Otherwise, they will end on December 31, 2022.

- **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 2023 with the same contribution amount you have on December 31, 2022.

- **Vacation Buy Plan**

You are not automatically reenrolled in this plan from year to year. If you want to use the plan in 2023, 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 2023.



Save your election(s). **No elections will be accepted after 5 p.m. EST on Wednesday, November 16, 2022.**

**You can make changes to your elections by going back into PeopleSoft HR during Open Enrollment.**



## IMPORTANT INFORMATION

### DEADLINES

- **The Open Enrollment period ends at 5 p.m. EST on Wednesday, November 16, 2022.** You must make your 2023 benefit elections by this deadline, or you will not be able to make a change during 2023 unless you have a Qualifying Event.
- Vacation Buy Plan time purchased in 2023 must be used by December 31, 2023 if you are a monthly employee — or by December 24, 2023 if you are a weekly employee.

You have until March 31, 2023 to submit 2022 claims to the Health Care, 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/](http://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 for the first time, Aetna will issue a new identification card. 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. If you change plans or add dependents, you will be able to download an updated digital identification card at [www.aetna.com](http://www.aetna.com).

#### Dental Plans

- Delta Dental does not issue identification cards. If you want one, you can print one from their website at [www.deltadentalins.com](http://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](http://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 2023 and were enrolled in it for 2022, PayFlex will automatically apply your 2023 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 ***
<b>PROVIDER NETWORK</b>	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	\$3,350/\$6,750	N/A
<b>IN-NETWORK</b>					
Copay (PCP/Specialist) (per visit)	\$20/\$35	\$25/\$40	\$30/\$45	Deductible & coinsurance	\$30/\$45
Deductible/year (Individual/Family*)	\$0	\$150/\$300	\$300/\$600	\$1,500/\$3,000	\$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
Teladoc Dermatology (per telephonic visit)	\$35	\$40	\$45	Deductible & coinsurance	\$45
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/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
<b>PRESCRIPTION DRUGS (in-network only)</b>					
Deductible/year (Individual/Family*) (Deductible is combined for retail & mail order)	\$100/\$300	\$100/\$300	\$100/\$300	Medical & prescription drugs 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

\* 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/](http://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/](http://www.member.teladoc.com/aetna/) to create your account and then request a consult, or go to [www.teladoc.com/mobile/](http://www.teladoc.com/mobile/) to download the app from which you can request a consult.

### HOW MUCH WILL THE MEDICAL PLAN COST IN 2023?

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	\$192.61	\$257.58	\$313.28	\$368.97	\$44.45	\$59.44	\$72.29	\$85.15
2 People	\$402.34	\$534.85	\$650.49	\$766.14	\$92.85	\$123.43	\$150.11	\$176.80
3 or More People	\$528.50	\$711.07	\$864.82	\$1,018.56	\$121.96	\$164.09	\$199.57	\$235.05
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	\$162.62	\$211.63	\$267.33	\$323.02	\$37.53	\$48.84	\$61.69	\$74.54
2 People	\$337.67	\$439.43	\$555.07	\$670.71	\$77.92	\$101.41	\$128.09	\$154.78
3 or More People	\$448.92	\$584.21	\$737.95	\$891.69	\$103.60	\$134.82	\$170.30	\$205.78
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	\$108.70	\$153.03	\$208.96	\$264.89	\$25.08	\$35.31	\$48.22	\$61.13
2 People	\$225.71	\$317.74	\$433.88	\$550.02	\$52.09	\$73.33	\$100.13	\$126.93
3 or More People	\$300.07	\$422.43	\$576.83	\$731.24	\$69.25	\$97.48	\$133.12	\$168.75
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	\$74.46	\$122.40	\$177.48	\$233.58	\$17.18	\$28.25	\$40.96	\$53.90
2 People	\$123.12	\$223.28	\$338.06	\$452.83	\$28.41	\$51.53	\$78.01	\$104.50
3 or More People	\$163.70	\$296.88	\$449.49	\$602.09	\$37.78	\$68.51	\$103.73	\$138.94
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	\$133.87	\$182.65	\$239.56	\$296.47	\$30.89	\$42.15	\$55.28	\$68.42
2 People	\$277.97	\$379.26	\$497.43	\$615.59	\$64.15	\$87.52	\$114.79	\$142.06
3 or More People	\$369.56	\$504.21	\$661.31	\$818.41	\$85.28	\$116.36	\$152.61	\$188.86

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
<b>Network</b>	DeltaCare	PPO and Premier Networks		PPO and Premier Networks
	<b>In-Network Only</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In- and Out-of-Network</b>
<b>Provider</b>	Participating Provider	Participating Provider	Any Provider	Any Provider
<b>Claim Process</b>	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.
<b>Dependent Children Age Limit</b>	End of year age 23	End of year age 23		End of year age 23
<b>Annual Deductible Per Individual/Family</b> (for basic & major restorative dental services. Does not apply to preventive services.)	N/A	\$25/\$75 (in- and out-of-network combined)		\$25/\$75
<b>Calendar Year Maximum Benefit Per Person</b> (for all services other than orthodontia.)	N/A	\$1,500 (in- and out-of-network combined)		\$1,000
<b>Eligibility for Orthodontia Coverage</b>	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
<b>Coverage Based On</b>	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
	Amount <b>participant</b> pays	Amount <b>insurance company</b> pays		Amount <b>insurance company</b> pays
<b>Diagnostic &amp; Preventive Services</b> (exams, cleanings, x-rays)	\$0	80%	70%	See schedule
<b>Basic Services</b> Fillings: one-surface amalgam (procedure code: 2140)	\$0	60%	45%	\$26
Fillings: one-surface composite - anterior (procedure code: 2330)	\$5	60%	45%	\$30
<b>Endodontics</b> Root canal therapy - molar (excludes final restoration) (procedure code: 3330)	\$350	60%	45%	\$282
<b>Periodontics</b> Gingivectomy - per quad (procedure code: 4210)	\$145	60%	45%	\$150
<b>Major Services</b> Crowns - Porcelain Fused to High Noble Metal (procedure code: 2750)	\$380	50%	35%	\$250
<b>Implants</b>	Not covered	50%	30%	\$1,000
<b>Orthodontia Benefits</b>	See fee schedule	50%	50%	See reimbursement schedule
<b>Orthodontia Lifetime Maximum Benefit Per Person</b>	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/](http://www.bnl.gov/hr/Benefits/)

## HOW MUCH WILL THE DENTAL PLAN COST IN 2023?

### 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
<b>Routine Eye Exam (Annual)</b>	\$10 Copay	Up to \$50 reimbursement
<b>Lenses (Annual)</b>		
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
<b>Frames (Annual)</b>	Up to \$220 allowance + 20% off amount above allowance	Up to \$160 reimbursement
<b>Contact Lens Exam (Annual)</b>	\$10 Copay for exam	Not Covered
	Standard fit & Follow-up exam \$40	Not Covered
	Premium Fit & follow-up exam 10% off retail	Not Covered
<b>Contact Lenses (Annual)</b>		
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/](http://www.bnl.gov/hr/Benefits/).

## HOW MUCH WILL THE VISION CARE PLAN COST IN 2023?

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, (6) domestic partnership
- (b) change in number of dependents: (1) birth, (2) adoption, (3) placement for adoption, (4) death of a dependent, (5) dependents under legal guardianship
- (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 30 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	<a href="http://www.aetna.com">www.aetna.com</a>
Health Savings Account	139814	(888) 678-8242	<a href="http://www.payflex.com">www.payflex.com</a>
Dental Plan			
Delta Dental DMO	NY76503	(800) 422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Delta Dental PPO and Indemnity	NY04970	(800) 932-0783	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision Care Plan			
EyeMed	1024726	(866) 800-5457	<a href="http://www.eyemed.com">www.eyemed.com</a>
Reimbursement Accounts			
PayFlex	116036	(800) 284-4885	<a href="http://www.payflex.com">www.payflex.com</a>
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	<a href="http://www.tiaa-cref.org/bnl">www.tiaa-cref.org/bnl</a>
TIAA for 401(k) Plan	100946		
TIAA One-on-One Financial Counseling		(800) 732-8353 M-F 8 a.m.-8 p.m.	<a href="http://www.tiaa-cref.org/schedulenow">www.tiaa-cref.org/schedulenow</a>
Employee Assistance Program (EAP)			
Magellan Healthcare		Available 24 hours 7 days/week 365 days/year (800) 327-2182	<a href="http://www.magellanascent.com">www.magellanascent.com</a>
LOA/COBRA/LTD/Retiree Billing Service			
P&A Group		(800) 688-2611	<a href="http://www.padmin.com">www.padmin.com</a> <a href="mailto:cobra@padmin.com">cobra@padmin.com</a>
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.).		<a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a> Company Code: BROOKHAVEN
	(888) 969-2472		
BSA Benefits Office:	Contact Person	Telephone #	Email
Life, AD&D & Long Term Disability Plans	Erin Felser	(631) 344-2559	<a href="mailto:efelser@bnl.gov">efelser@bnl.gov</a>
Medical, Dental & Vision Care & Vacation Buy Plans & Reimbursement Accounts	Erin Gettler	(631) 344-5126	<a href="mailto:egotler@bnl.gov">egotler@bnl.gov</a>
	Jennifer Froehlich	(631) 344-3724	<a href="mailto:jfroehlich@bnl.gov">jfroehlich@bnl.gov</a>
	Vincent Glorioso	(631) 344-8877	<a href="mailto:vglorioso@bnl.gov">vglorioso@bnl.gov</a>
Paid Parental Leave	Linda Greves	(631) 344-3750	<a href="mailto:greves@bnl.gov">greves@bnl.gov</a>
Retirement & 401(k) Plans	Erin Felser	(631) 344-2559	<a href="mailto:efelser@bnl.gov">efelser@bnl.gov</a>
Family & Medical Leave Act (FMLA), NY State Short Term Disability & NY State Paid Family Leave, Sick Leave, Sick Family Member & Vacation Donation			



