BSA Benefits & You
2026 Open Enrollment

Brookhaven National Laboratory

U.S. DEPARTMENT of ENERGY

It’s Open Enrollment Time!

It’s time to consider your needs, review your benefit coverages, and maybe make some changes for 2026 — and it’s also the time when you need to re-enroll for certain benefits if you want them to continue in 2026. The benefits you have in 2025 might not make sense for you in 2026. Your situation may have changed this year or be changing in 2026. 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 9 for a comparison of the medical plans and page 11 for a comparison of the dental plans.

Updates for 2026:

- Health Care Flexible Spending maximum: $3,400
- Dependent Day Care Flexible Spending maximum: $7,500
- HDHP medical plan deductibles increased: $1,700/individual and $3,400/family
- Health Savings Account maximum: $3,900/individual and $7,750/family
- Medical Plan contributions increased
- Dental and Vision Care Plan contributions remained the same

This year’s Open Enrollment period will be virtual.

Our Benefits Program website, available at
https://www.bnl.gov/hr/benefits/oe
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 online, by phone or you can make an appointment to meet with them.

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 2026 and what you can and need to do during the Open Enrollment period.

Open Enrollment for benefits for 2026 is
Monday, November 10, 2025, through Friday, November 21, 2025.

Changes made during the Open Enrollment period will be effective on January 1, 2026.

OPEN ENROLLMENT

Here's where to find more information.

OPEN ENROLLMENT FAQs

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 consider what best meets your needs.

Have you had any changes 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. Your choices for 2025 might not make sense for you in 2026.

When is Open Enrollment for Benefits for 2026?

Monday, November 10, 2025, through Friday, November 21, 2025.

Annual Benefits Fair

The virtual benefits fair for Open Enrollment with online videos, answers to frequently asked questions, and much more is available on our Benefits website at https://www.bnl.gov/hr/benefits/oe.

Online videos are available from Aetna, Delta Dental, EyeMed, Inspira (for the Reimbursement Accounts and the Health Savings Account), MetLife/Aura (for the Identity Theft Protection Plan), TIAA, and Lincoln Financial Group (for life, AD&D and LTD insurance).

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/oe.

If you have additional questions, send an email to our Benefits Office staff at oe@bnl.gov or call (631) 344-2881.

WHAT IS CHANGING FOR 2026?

Medical, Dental and Vision Care Plans

- Employee contributions for the Aetna Medical Plans have increased. See page 10 for more information.
- The in-network deductible for Aetna Plan 4 has increased to $1,700 for individual coverage and $3,400 for family coverage.
- The maximum amount you can contribute to the Aetna Plan 4 Health Savings Account has increased to $3,900 for individual coverage and $7,750 for family coverage.
- Employee contributions to the Dental Plans have remained the same. See page 11 for more information.
- Employee contributions to the Vision Care Plan have remained the same. See page 12 for more information.

Flexible Spending Accounts

- The 2026 limits for the Health Care, Dependent Day Care, Transit/Commuter and Parking Reimbursement Accounts are below.

Type	Minimum	Maximum
Health Care	$300/year	$3,400/year
Dependent Day Care	$300/year	$7,500/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 $3,750/year.
Transit/Commuter	$25/month	$4,080/year but no more than $340/month
Parking	$25/month	$4,080/year but no more than $340/month

IMPORTANT INFORMATION

What Benefit Elections Can I Make During Open Enrollment?

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

- **Medical, Dental, Vision Care Plans, Identity Theft Protection, Hospital Insurance, Accident Insurance, and Critical Illness/Group Specified Disease Insurance**

  You can:

  - Elect or drop these benefits
  - Add or drop eligible family members
  - 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, Vision Care Plans, Theft Protection, Hospital Insurance, Accident Insurance, and Critical Illness/Group Specified Disease Insurance Plans you have on December 31, 2025, if any. Any dependent children who are on your coverage on December 31, 2025, who are no longer eligible on January 1, 2026, will automatically be dropped from your coverage. (For instance, a child who reaches age 23 in 2025 and is in the Dental Plan will no longer be eligible for coverage in 2026.)

- Health Care and/or Dependent Day Care Flexible Spending Accounts

  - You can elect this benefit

  You are not automatically reenrolled in these accounts from year to year. If you want these benefits in 2026, you must re-enroll. Otherwise, they will end on December 31, 2025.

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

  At any time during the year, you can:

  - Elect or drop these benefits
  - Increase or decrease your contribution amount.

  You are not automatically reenrolled in these accounts from year to year. If you want these benefits in 2026, you must re-enroll. Otherwise, they will end on December 31, 2025. However, any balance in your account is still available to use.

- **Vacation Buy Plan**

  - You can elect this benefit

  You are not automatically reenrolled in these accounts from year to year. If you want these benefits in 2026, you must re-enroll.

Deadlines

- **The Open Enrollment period ends Friday, November 21, 2025.** You must make your 2026 benefit elections by this deadline, or you will not be able to make a change during 2026 unless you have a Qualifying Event.

- Vacation Buy Plan time purchased in 2026 must be used by December 31,2026 if you are a monthly employee, or by December 27, 2026, if you are a weekly employee.

- You must incur expenses through December 31, 2026, and you have until March 31, 2027 to submit 2026 claims to the Health Care, Dependent Day Care, Transit Commuter, and Parking Flexible Spendng Accounts.

IMPORTANT INFORMATION

What Happens To My Benefits If I Don't Take Action During Open Enrollment?

- **Vacation Buy and Flexible Spending Account elections will end on December 31, 2025**
- All other benefit elections will roll forward into the new year

Make your Open Enrollment Elections in Workday

When Open Enrollment starts:

1. Login to Workday 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
2. You'll see a benefit event task in your Workday inbox
3. Open the event and click "Let's Get Started" to review your benefits and make any changes
4. Click "Manage" or "Enroll" to change your elections
5. Click "Review and Sign"
6. Review your elections and scroll to the bottom of the page
7. Check the box next to "I Accept"
8. Click "Submit" to finish your enrollment
9. On the next screen, click "View Benefits Statement"
10. Click "Print" and keep a copy. This is confirmation of your 2026 elections

If you do not click "Submit", your changes will not be accepted.

If you are adding new dependents, you'll need to create new dependent records and attach supporting documentation (marriage or birth certificates, or affidavits of domestic partnership) before you can add them to your benefit plans.

You can reopen and revise your elections until Open Enrollment closes.

No elections will be accepted after Friday, November 21, 2025.

More information, including step-by-step instructions on navigating Workday, are available on the Benefits website. https://www.bnl.gov/hr/benefits/oe

Vacation Buy Plan

The maximum number of hours you can purchase is 40 per year. The maximum is prorated if you work part-time, based on your FTE.

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 in Workday. For more information go to the Benefits 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 submit them through Workday 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 18 for more 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 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 on or after January 1, 2026.

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, Transit Commuter, or Parking Flexible Spending 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 Inspira. If you enroll in the Health Care, Transit Commuter, or Parking Flexible Spending Accounts or HSA for 2026 and were enrolled in it for 2025, Inspira will automatically apply your 2026 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, and Health Advocate). 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, Identity Theft, Accident, Critical Illness/Group Specified Disease, and Hospital insurance). You pay your share of the costs through payroll deductions each pay period.

In the following pages, you'll find a summary of coverages as well as information on Qualifying Events, and a list of important benefits contact information.

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	$3,900/$7,750	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	$1,700/$3,400	$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
CVS Virtual (per telephonic visit)	$20	$25	$30	Deductible & coinsurance	$30
CVS Virtual Mental Health (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/.

2026 MEDICAL PLAN PREMIUMS

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	$ 261.13	$ 349.23	$ 424.74	$ 500.25	$ 60.26	$ 80.59	$ 98.02	$ 115.44
2 People	$ 545.49	$ 725.14	$ 881.93	$ 1,038.72	$ 125.88	$ 167.34	$ 203.52	$ 239.70
3 or More People	$ 716.53	$ 964.05	$ 1,172.50	$ 1,380.94	$ 165.35	$ 222.47	$ 270.58	$ 318.68

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	$ 220.48	$ 286.93	$ 362.44	$ 437.94	$ 50.88	$ 66.21	$ 83.64	$ 101.06
2 People	$ 457.80	$ 595.77	$ 752.55	$ 909.33	$ 105.65	$ 137.49	$ 173.67	$ 209.85
3 or More People	$ 608.64	$ 792.06	$ 1,000.50	$ 1,208.94	$ 140.45	$ 182.78	$ 230.88	$ 278.99

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	$ 147.37	$ 207.47	$ 283.30	$ 359.14	$ 34.01	$ 47.88	$ 65.38	$ 82.88
2 People	$ 306.01	$ 430.79	$ 588.25	$ 745.71	$ 70.62	$ 99.41	$ 135.75	$ 172.09
3 or More People	$ 406.83	$ 572.72	$ 782.06	$ 991.40	$ 93.88	$ 132.17	$ 180.48	$ 228.78

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	$ 100.89	$ 165.84	$ 240.47	$ 316.48	$ 23.28	$ 38.27	$ 55.49	$ 73.03
2 People	$ 166.82	$ 302.53	$ 458.04	$ 613.55	$ 38.50	$ 69.82	$ 105.70	$ 141.59
3 or More People	$ 221.81	$ 402.26	$ 609.02	$ 815.79	$ 51.19	$ 92.83	$ 140.54	$ 188.26

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	$ 181.39	$ 247.48	$ 324.59	$ 401.70	$ 41.86	$ 57.11	$ 74.91	$ 92.70
2 People	$ 376.63	$ 513.87	$ 673.98	$ 834.08	$ 86.92	$ 118.59	$ 155.53	$ 192.48
3 or More People	$ 500.72	$ 683.17	$ 896.03	$ 1,108.89	$ 115.55	$ 157.66	$ 206.78	$ 255.90

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

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 877-993-4321 CVS Virtual Care, or go to CVS.com/virtual-care to register and schedule an appointment to download the app from which you can request a consult.

SUMMARY OF COVERAGES THROUGH THE DENTAL PLANS

	DELTA DENTAL			
	DMO	**PPO**		**Indemnity**
Network	DeltaCare	PPO and Premier Networks		PPO and Premier Networks
	In-Network Only	**In-Network**	**Out-of-Network**	**In- and Out-of-Network**
Provider	Participating Provider	Participating Provider	Any Provider	Any Provider
Claim Process	Pay dentist scheduled fee	Dentist will charge you applicable coinsurance	Must submit claim to Delta Dental	Participating dentist will charge you applicable coinsurance. Claims must be submitted to Delta Dental for non-participating dentists.
Dependent Children Age Limit	End of year age 23	End of year age 23		End of year age 23
Annual Deductible Per Individual/Family (for basic & major restorative dental services. Does not apply to preventive services.)	N/A	$25/$75 (in- and out-of-network combined)		$25/$75
Calendar Year Maximum Benefit Per Person (for all services other than orthodontia.)	N/A	$1,500 (in- and out-of-network combined)		$1,000
Eligibility for Orthodontia Coverage	Children: To end of year age 23	Children: To age 19		Children: To age 19
	Employee/Spouse: eligible	Employee/Spouse: not eligible		Employee/Spouse: not eligible
Coverage Based On	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
	Amount **participant** pays	Amount **insurance company** pays		Amount **insurance company** pays
Diagnostic & Preventive Services (exams, cleanings, x-rays)	$0	80%	70%	See schedule
Basic Services Fillings: one-surface amalgam (procedure code: 2140)	$0	60%	45%	$26
Fillings: one-surface composite - anterior (procedure code: 2330)	$5	60%	45%	$30
Endodontics				
Root canal therapy - molar (excludes final restoration) (procedure code: 3330)	$350	60%	45%	$282
Periodontics Gingivectomy - per quad (procedure code: 4210)	$145	60%	45%	$150
Major Services Crowns - Porcelain Fused to High Noble Metal (procedure code: 2750)	$380	50%	35%	$250
Implants	Not covered	50%	30%	$1,000
Orthodontia Benefits	See fee schedule	50%	50%	See 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/oe

2026 DENTAL PLAN PREMIUMS

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/oe.

2026 VISION CARE PLAN PREMIUMS

Coverage	Monthly Contribution	Weekly Contribution
1 Person	$2.80	$0.65
2 People	$5.60	$1.29
3 People	$9.02	$2.08

IDENTITY THEFT PROTECTION PLAN

We need protection from digital crime more now than ever. Identity theft protection services can alert you to fraudulent or suspicious activity so that damage can be minimized. MetLife and Aura have combined forces to offer the top-rated all-in-one digital security solution for employees - in an all-in-one easy-to-use app.

- MetLife - Aura monitors your credit, assets and financial accounts for suspicious activity.
- Identify theft protection sends you alerts to threats to personal information, online accounts, social media and more. They will automatically request removal of personal info from data broker sites to protect you.
- Tools to protect your online privacy, like VPN, antivirus protection, password managers and more.
- 24/7 White Glove Resolutions Specialist to guide fraud victims through every step of the remediation process.
- A $5 million identity theft insurance policy for each enrolled adult to cover eligible expenses and losses.
- You can cover yourself, spouse/domestic partner, dependent children.

You may elect to enroll yourself, your spouse/domestic partner, your dependent children and children whom you have legal custody or legal guardianship. For more Information go to www.bnl.gov/hr/Benefits/oe

2026 IDENTITY THEFT PROTECTION PLAN PREMIUMS

	Employee	Family
Monthly Rate	$9.30	$14.70
Weekly Rate	$2.15	$ 3.39

For the purposes of this plan the employee rate applies to “employee only” coverage; an employee covering at least one other person will pay the “family” rate.

HOSPITAL INSURANCE

The Hospital Insurance plan pays a benefit when you have a hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use the benefit to pay for out-of-pocket medical expenses or personal expenses. The cash benefit is paid directly to you, to use as needed.

This is a supplement to health insurance and is not a substitute for major medical.
You do not need to be enrolled in BSA’s medical plan to elect this benefit; however, you must have major medical coverage to elect Hospital Insurance.

You may elect to enroll yourself, your spouse/domestic partner, your dependent children and children whom you have legal custody or legal guardianship. For more Information go to www.bnl.gov/hr/Benefits/oe

2026 HOSPITAL INSURANCE PREMIUMS

	Employee	Employee & Spouse	Employee & Child(ren)	Family
Monthly Rate	$15.04	$33.39	$24.93	$41.60
Weekly Rate	$ 3.47	$ 7.71	$ 5.75	$ 9.60

ACCIDENT INSURANCE

The Accident Plan helps to fill financial gaps caused by expenses related to an injury caused by a covered accident. Cash benefits are paid directly to you. Benefits are paid for initial and follow-up care, medical imaging, X-rays, dislocations, fractures, physical therapy and more. Benefits can be used to pay for everyday expenses like your mortgage, child care, or groceries. It's up to you.

This is a supplement to health insurance and is not a substitute for major medical.
You do not need to be enrolled in BSA's medical plan to elect this benefit; however, you must have major medical coverage to elect Accident Insurance.

You may elect to enroll yourself, your spouse/domestic partner, your dependent children and children whom you have legal custody or legal guardianship. For more Information go to www.bnl.gov/hr/Benefits/oe

2026 ACCIDENT INSURANCE PREMIUMS

	Employee	Employee & Spouse	Employee & Child(ren)	Family
Monthly Rate	$8.13	$14.22	$17.62	$23.49
Weekly Rate	$1.88	$ 3.28	$ 4.07	$ 5.42

CRITICAL ILLNESS/GROUP SPECIFIED DISEASE INSURANCE

The Critical Illness/Group Specified Disease Plan can help you protect your finances if you are diagnosed with a covered serious condition. The plan pays cash benefits to you if you are diagnosed with a heart attack, stroke, end stage renal failure, invasive cancer and more. You can use the money to help cover your deductible or for everyday expenses like utility bills, mortgage payments and groceries. It's up to you. Please note, your critical illness diagnosis needs to occur on or after your coverage effective date for the plan to pay benefits. The benefit can be elected in increments of $5,000 up to a maximum of $30,000 coverage for yourself and your eligible dependents.

The plan will pay you and your enrolled dependents $50 per member annually to take a covered health screening.

This is a supplement to health insurance and is not a substitute for major medical.
You do not need to be enrolled in BSA's medical plan to elect this benefit; however, you must have major medical coverage to elect Critical Illness/Group Specified Disease Insurance.

You may elect to enroll yourself, your spouse/domestic partner, your dependent children and children whom you have legal custody or legal guardianship. For more Information go to www.bnl.gov/hr/Benefits/oe

2026 CRITICAL ILLNESS/GROUP SPECIFIED DISEASE INSURANCE MONTHLY PREMIUMS

Face Amount $5,000

Age	Employee	Employee & Spouse	Employee & Children	Family
<25	$ 1.39	$ 3.10	$ 1.39	$ 3.10
25-29	$ 1.69	$ 3.70	$ 1.69	$ 3.70
30-34	$ 2.46	$ 5.25	$ 2.46	$ 5.25
35-39	$ 3.66	$ 7.64	$ 3.66	$ 7.64
40-44	$ 5.25	$10.83	$ 5.25	$10.83
45-49	$ 7.02	$14.39	$ 7.02	$14.39
50-54	$ 9.79	$19.96	$ 9.79	$19.96
55-59	$13.50	$27.41	$13.50	$27.41
60-64	$19.04	$38.53	$19.04	$38.53
65-69	$25.26	$51.02	$25.26	$51.02
70+	$32.95	$66.45	$32.95	$66.45

Face Amount $10,000

Age	Employee	Employee & Spouse	Employee& Children	Family
<25	$ 1.90	$ 4.25	$ 1.90	$ 4.25
25-29	$ 2.47	$ 5.39	$ 2.47	$ 5.39
30-34	$ 3.98	$ 8.42	$ 3.98	$ 8.42
35-39	$ 6.34	$ 13.16	$ 6.34	$ 13.16
40-44	$ 9.48	$ 19.45	$ 9.48	$ 19.45
45-49	$12.98	$ 26.48	$12.98	$ 26.48
50-54	$18.44	$ 37.47	$18.44	$ 37.47
55-59	$25.74	$ 52.13	$25.74	$ 52.13
60-64	$36.67	$ 74.07	$36.67	$ 74.07
65-69	$48.95	$ 98.70	$48.95	$ 98.70
70+	$64.12	$129.15	$64.12	$129.15

Face Amount $15,000

Age	Employee	Employee & Spouse	Employee & Children	Family
<25	$ 2.40	$ 5.40	$ 2.40	$ 5.40
25-29	$ 3.25	$ 7.08	$ 3.25	$ 7.08
30-34	$ 5.49	$ 11.58	$ 5.49	$ 11.58
35-39	$ 9.02	$ 18.67	$ 9.02	$ 18.67
40-44	$13.71	$ 28.08	$13.71	$ 28.08
45-49	$18.94	$ 38.57	$18.94	$ 38.57
50-54	$27.09	$ 54.98	$27.09	$ 54.98
55-59	$37.99	$ 76.86	$37.99	$ 76.86
60-64	$54.31	$109.61	$54.31	$109.61
65-69	$72.63	$146.38	$72.63	$146.38
70+	$95.29	$191.85	$95.29	$191.85

Face Amount $20,000

Age	Employee	Employee & Spouse	Employee& Children	Family
<25	$ 2.91	$ 6.56	$ 2.91	$ 6.56
25-29	$ 4.03	$ 8.77	$ 4.03	$ 8.77
30-34	$ 7.01	$ 14.75	$ 7.01	$ 14.75
35-39	$ 11.71	$ 24.19	$ 11.71	$ 24.19
40-44	$ 17.94	$ 36.70	$ 17.94	$ 36.70
45-49	$ 24.90	$ 50.67	$ 24.90	$ 50.67
50-54	$ 35.75	$ 72.84	$ 35.75	$ 72.84
55-59	$ 50.23	$101.58	$ 50.23	$101.58
60-64	$ 71.94	$145.15	$ 71.94	$145.15
65-69	$ 96.31	$194.06	$ 96.31	$194.06
70+	$126.46	$254.55	$126.46	$254.55

Face Amount $25,000

Age	Employee	Employee & Spouse	Employee & Children	Family
<25	$ 3.42	$ 7.71	$ 3.42	$ 7.71
25-29	$ 4.80	$ 10.47	$ 4.80	$ 10.47
30-34	$ 8.52	$ 17.92	$ 8.52	$ 17.92
35-39	$ 14.39	$ 29.70	$ 14.39	$ 29.70
40-44	$ 22.17	$ 45.32	$ 22.17	$ 45.32
45-49	$ 30.86	$ 62.76	$ 30.86	$ 62.76
50-54	$ 44.40	$ 89.99	$ 44.40	$ 89.99
55-59	$ 62.48	$126.30	$ 62.48	$126.30
60-64	$ 89.58	$180.70	$ 89.58	$180.70
65-69	$120.00	$241.75	$120.00	$241.75
70+	$157.63	$317.26	$157.63	$317.26

Face Amount $30,000

Age	Employee	Employee & Spouse	Employee& Children	Family
<25	$ 3.92	$ 8.86	$ 3.92	$ 8.86
25-29	$ 5.58	$ 12.16	$ 5.58	$ 12.16
30-34	$ 10.03	$ 21.09	$ 10.03	$ 21.09
35-39	$ 17.07	$ 35.22	$ 17.07	$ 35.22
40-44	$ 26.40	$ 53.95	$ 26.40	$ 53.95
45-49	$ 36.82	$ 74.85	$ 36.82	$ 74.85
50-54	$ 53.05	$107.49	$ 53.05	$107.49
55-59	$ 74.72	$151.02	$ 74.72	$151.02
60-64	$107.21	$216.24	$107.21	$216.24
65-69	$143.68	$289.43	$143.68	$289.43
70+	$188.80	$379.96	$188.80	$379.96

2026 CRITICAL ILLNESS/GROUP SPECIFIED DISEASE INSURANCE WEEKLY PREMIUMS

Face Amount $5,000

Age	Employee	Employee & Spouse	Employee & Children	Family
<25	$0.32	$ 0.72	$0.32	$ 0.72
25-29	$0.39	$ 0.85	$0.39	$ 0.85
30-34	$0.57	$ 1.21	$0.57	$ 1.21
35-39	$0.84	$ 1.76	$0.84	$ 1.76
40-44	$1.21	$ 2.50	$1.21	$ 2.50
45-49	$1.62	$ 3.32	$1.62	$ 3.32
50-54	$2.26	$ 4.61	$2.26	$ 4.61
55-59	$3.12	$ 6.33	$3.12	$ 6.33
60-64	$4.39	$ 8.89	$4.39	$ 8.89
65-69	$5.83	$11.17	$5.83	$11.17
70+	$7.60	$15.33	$7.60	$15.33

Face Amount $10,000

Age	Employee	Employee & Spouse	Employee& Children	Family
<25	$ 0.44	$ 0.98	$ 0.44	$ 0.98
25-29	$ 0.57	$ 1.24	$ 0.57	$ 1.24
30-34	$ 0.92	$ 1.94	$ 0.92	$ 1.94
35-39	$ 1.46	$ 3.04	$ 1.46	$ 3.04
40-44	$ 2.19	$ 4.49	$ 2.19	$ 4.49
45-49	$ 3.00	$ 6.11	$ 3.00	$ 6.11
50-54	$ 4.26	$ 8.65	$ 4.26	$ 8.65
55-59	$ 5.94	$12.03	$ 5.94	$12.03
60-64	$ 8.46	$17.09	$ 8.46	$17.09
65-69	$11.30	$22.78	$11.30	$22.78
70+	$14.80	$29.80	$14.80	$29.80

Face Amount $15,000

Age	Employee	Employee & Spouse	Employee & Children	Family
<25	$ 0.55	$ 1.25	$ 0.55	$ 1.25
25-29	$ 0.75	$ 1.63	$ 0.75	$ 1.63
30-34	$ 1.27	$ 2.67	$ 1.27	$ 2.67
35-39	$ 2.08	$ 4.31	$ 2.08	$ 4.31
40-44	$ 3.16	$ 6.48	$ 3.16	$ 6.48
45-49	$ 4.37	$ 8.90	$ 4.37	$ 8.90
50-54	$ 6.25	$12.69	$ 6.25	$12.69
55-59	$ 8.77	$17.74	$ 8.77	$17.74
60-64	$12.53	$25.29	$12.53	$25.29
65-69	$16.76	$33.78	$16.76	$33.78
70+	$21.99	$44.27	$21.99	$44.27

Face Amount $20,000

Age	Employee	Employee & Spouse	Employee& Children	Family
<25	$ 0.67	$ 1.51	$ 0.67	$ 1.51
25-29	$ 0.93	$ 2.02	$ 0.93	$ 2.02
30-34	$ 1.62	$ 3.40	$ 1.62	$ 3.40
35-39	$ 2.70	$ 5.58	$ 2.70	$ 5.58
40-44	$ 4.14	$ 8.47	$ 4.14	$ 8.47
45-49	$ 5.75	$11.69	$ 5.75	$11.69
50-54	$ 8.25	$16.73	$ 8.25	$16.73
55-59	$11.59	$23.44	$11.59	$23.44
60-64	$16.60	$33.50	$16.60	$33.50
65-69	$22.23	$44.78	$22.23	$44.78
70+	$29.18	$58.74	$29.18	$58.74

Face Amount $25,000

Age	Employee	Employee & Spouse	Employee & Children	Family
<25	$ 0.79	$ 1.78	$ 0.79	$ 1.78
25-29	$ 1.11	$ 2.42	$ 1.11	$ 2.42
30-34	$ 1.97	$ 4.14	$ 1.97	$ 4.14
35-39	$ 3.32	$ 6.85	$ 3.32	$ 6.85
40-44	$ 5.12	$10.46	$ 5.12	$10.46
45-49	$ 7.12	$14.48	$ 7.12	$14.48
50-54	$10.25	$20.77	$10.25	$20.77
55-59	$14.42	$29.15	$14.42	$29.15
60-64	$20.67	$41.70	$20.67	$41.70
65-69	$27.69	$55.79	$27.69	$55.79
70+	$36.38	$73.21	$36.38	$73.21

Face Amount $30,000

Age	Employee	Employee & Spouse	Employee& Children	Family
<25	$ 0.90	$ 2.04	$ 0.90	$ 2.04
25-29	$ 1.29	$ 2.81	$ 1.29	$ 2.81
30-34	$ 2.31	$ 4.87	$ 2.31	$ 4.87
35-39	$ 3.94	$ 8.13	$ 3.94	$ 8.13
40-44	$ 6.09	$12.45	$ 6.09	$12.45
45-49	$ 8.50	$17.27	$ 8.50	$17.27
50-54	$12.24	$24.81	$12.24	$24.81
55-59	$17.24	$34.85	$17.24	$34.85
60-64	$24.74	$49.90	$24.74	$49.90
65-69	$33.16	$66.79	$33.16	$66.79
70+	$43.57	$87.68	$43.57	$87.68

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, Accident, Critical Illness/Group Specified Disease Insurance, Hospital Insurance Plan, MetLife Identity Theft Protection Plan 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 the following conditions is met:

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

How do I change my coverage(s)?

To change your coverage(s) when a Qualifying Event has occurred, log onto Workday and complete a benefit change 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. Qualifying events in Workday require you to upload supporting documents, as proof of the Qualifying Event., Qualifying events changes cannot be processed without the supporting documents (i.e. Marriage certificate, birth certificates, loss of insurance notice etc.) Your employee premiums (for Medical, Dental and/or Vision plan, Accident, Critical Illness/Group Specified Disease Insurance, Hospital Insurance Plan, MetLife Identity Theft Protection 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?

The Qualifying Event, once completed in Workday and approved by a Benefit Partner within the applicable period, the change in coverage will become effective as of the date of the Qualifying Event. Qualifying Events not submitted within the applicable time period will be denied.

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.

For the addition of an eligible dependent, you must initiate a benefit event in Workday within the applicable time. If you only notify the medical, dental and/or vision care Accident, Critical Illness/Group Specified Disease Insurance, Hospital Insurance Plan, MetLife Identity Theft Protection Plan 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.inspirafinancial.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			
Inspira	116036	(800) 284-4885	www.inspirafinancial.com
Life, AD&D & 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
Voluntary Benefits			
Accident Insurance		(800) 800-8121	www.myaetnasupplemental.com
Critical Illness/Group Specified Disease Insurance			
Hospital Insurance			
Health Advocate		866-695-8622	answers@HealthAdvocate.com www.HealthAdvocate.com/members
Identity Theft Protection Plan		24 hours a day, 365 days a year 833-552-2123	www.metlife.com/identity-and-fraud-protection
Employee Assistance Program (EAP)			
Magellan Healthcare		24 hours a day, 365 days a year (800) 327-2182	https://member.magellanhealthcare.com/
LOA/COBRA/LTD/Retiree Billing Service			
P&A Group		(800) 688-2611	www.padmin.com cobra@padmin.com
Family & Medical Leave Act (FMLA), Paid Parental Leave, NY State Short Term Disability & NY State Paid Family Leave			
Lincoln Financial Group	To begin the FMLA process, you must call Lincoln Financial Group at the following number and speak with an Intake Specialist (Monday to Friday, 8 a.m. to 10 p.m.).		www.mylincolnportal.com Company Code: BROOKHAVEN
	(888) 969-2472		
BSA Benefits Office:	(631) 344-2881		oe@bnl.gov