

2024 Benefit Guide



BARRETT
HOSPITAL & HEALTHCARE



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a new Federal Law gives you more choices about your prescription drug coverage. Please see page 27 for more details.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Welcome

Your Barrett Hospital & HealthCare benefits package is an important and significant part of your total compensation. This benefits guide has been prepared to summarize the many benefit programs and plans available to eligible employees. This benefits guide is not intended to be comprehensive so please refer to the plan documents pertaining to each plan for more information. If you have any questions not answered by this guide or if you need assistance with your benefits, please contact the Human Resources Department.

Coverage	2024 Carrier Listing
Medical	Blue Cross Blue Shield of Montana
Dental	Lincoln Financial Group
Vision	VSP
FSA and HSA	WEX Health
Life and Disability	Lincoln Financial Group
EAP	Lincoln Financial Group

What Do I Need To Do During Annual Enrollment Or When Newly Hired?

1. Review the enclosed information carefully
2. Self-enroll in benefits online through <https://workforcenow.adp.com> or reach out to your MyLife Advisor at 855.547.8508 M-F 8:00 a.m. to 11:30 p.m. with questions or for additional support.

3. Important:

Everyone **MUST** make a benefit election for all coverage options to enroll or waive benefits for you and your eligible family members for 2024.

Who Is Eligible For Coverage?

All employees who regularly work at least sixty (60) or more hours per payroll period are eligible for health benefits. Eligible dependents include your legal spouse, domestic partner and dependent child(ren) as defined by IRS regulation, to age 26. Coverage is effective on the 1st of the month following 60 days of employment.

Making Enrollment Changes During The Year (Qualifying Event)

The benefit elections that you choose will remain in effect for the entire year (January 1 through December 31). During each annual enrollment period, you will have the opportunity to review your benefit elections and make changes for the coming year.

Certain coverage options allow limited changes to elections during the year. These benefits include the medical, dental, vision, and FSA plans. Under these benefits you may only make changes to your elections during the year if you have a change in family status. Family status changes include:

- » Marriage, divorce or legal separation
- » Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit
- » Changes in your spouse's employment or benefit coverage with another employer affecting benefit eligibility

The change to your benefit elections must be consistent with the change in family status. For example, if you gain a new dependent due to birth or adoption, you may change your benefit elections to add that dependent. You have 31 days from the date of a family status change to turn in a completed enrollment change form to the Human Resources Department. Otherwise, you must wait until the next annual enrollment period to make a change to your elections. In most cases, your election will become effective the 1st of the month following your request.

Medical – Standard PPO Plan

Remember – Barrett Hospital & HealthCare will be offering three medical plan options in 2024. Illustrated on this page is the traditional PPO model plan. Please review each of the plans to determine which one best fits your medical needs.

Barrett Hospital & HealthCare is self-insured, which means that Barrett funds health claims.

How Do The Tiered Networks Work?

You pay less out-of-pocket if you use the physicians, hospitals, and other healthcare providers that participate in the PPO network with Blue Cross Blue Shield of Montana (BCBSMT). **Keep in mind, you will receive the best benefit when you use the Tier 1 services provided by Barrett Hospital & HealthCare.**

The network coverage tiers are defined as follows:

- » Tier 1— Barrett Hospital & HealthCare
- » Tier 2— In-Network BCBSMT Providers
- » Tier 3— Non-Participating Providers (Out-of-Network)

Contact:
bcbsmt.com
 800.447.7828

OPTION 1– Standard PPO			
	Tier 1 Barrett Hospital And Healthcare	Tier 2 In-Network	Tier 3 Out-Of-Network
Calendar year deductible			
Individual	\$1,000	\$3,000	\$4,500
Family	\$1,500	\$5,500	\$8,500
Out-Of-Pocket Limit			
Individual	\$4,000	\$4,000	\$8,500
Family	\$7,500	\$7,500	\$16,500
Office Visits	Deductible & 80% Coinsurance		
Inpatient Hospital	Deductible & 80% Coinsurance		
Outpatient Surgery	Deductible & 80% Coinsurance		
Lifetime Maximum Benefit	Unlimited		
Mental Health	Deductible & 80% Coinsurance		
Chiropractic Benefits (20 Visit Max per Benefit Period)	\$25 Reimbursement, then Deductible & 80% Coinsurance		
Prescription Drugs			
Retail Pharmacy* (30-Day Supply)	<u>Participating Pharmacy **</u>		Not Covered
Generic	\$10 Copay		
Brand	\$30 Copay		
Non-Formulary	\$60 Copay		
Specialty Drugs	\$100		
Mail Order (90 Day Supply)	<u>Participating Pharmacy</u> 2 times Retail Copay		Not Covered

	Semi-Monthly Contributions	Employer Contributions
Employee	\$102.31	\$546.08
Employee + Spouse	\$360.67	\$759.02
Employee + Child(ren)	\$258.80	\$687.23
Employee + Family	\$392.77	\$801.31

*90-day supply available at Retail Pharmacy at 3 times the retail copays.

**Copays listed apply to pharmacies participating in BCBSMT's Value Pharmacy network. You may be charged a higher copay at non-preferred pharmacies."



Medical – Select High Deductible Health Plan

Select HDHP

In addition to the traditional PPO plan listed on the previous page, you have the ability to elect an alternative Health Plan. The HDHP is coupled with a Health Savings Account (HSA), which allows for both Barrett Hospital & HealthCare and employees to contribute on a pretax basis to their HSA. These dollars can then be used to pay for unreimbursed medical expenses as they occur throughout the year. Unlike a Flexible Spending Account (FSA), the money in your HSA is yours to keep and rolls over from year to year.

Barrett Hospital & HealthCare will contribute annually: **\$500** for individual elections, and **\$1,000** for family elections. Barrett Hospital & HealthCare's contributions are prorated based on eligibility date and will occur each pay period throughout the year. Maximum contributions allowed for an HSA in 2024 (Employee and Employer Contributions combined) will be **\$4,150** for individual and **\$8,300** for family.

The network coverage tiers are defined as follows:

- » Tier 1— Barrett Hospital & HealthCare
- » Tier 2 — In-Network BCBSMT Providers
- » Tier 3 — Non-participating providers

Contact:

bcbsmt.com
800.447.7828

OPTION 2 – Select HDHP			
	Tier 1 Barrett Hospital And Healthcare	Tier 2 In-Network	Tier 3 Out-Of-Network
Calendar Year Deductible			
Individual	\$3,200	\$3,500	\$4,000
Family	\$6,400	\$7,000	\$8,000
Out-Of-Pocket Limit			
Individual	\$4,000	\$5,000	\$8,000
Family	\$8,000	\$10,000	\$16,000
Office Visits	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Inpatient Hospital	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Outpatient Surgery	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Lifetime Maximum Benefit	Unlimited		
Mental Health	Deductible & 80% Coinsurance		
Chiropractic Benefits (20 Visit Max per Benefit Period)	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Prescription Drugs Retail Pharmacy and Mail Order	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance

	Semi-Monthly Contributions	Employer Contributions
Employee	\$80.24	\$493.28
Employee + Spouse	\$346.81	\$643.45
Employee + Child(ren)	\$226.83	\$609.96
Employee + Family	\$358.61	\$697.60



Medical – Premium High Deductible Health Plan

Premium HDHP

This plan is similar to the HDHP on page 5, however the deductibles and out-of-pocket maximums for the plan will be higher. The HDHP is coupled with a Health Savings Account (HSA), which allows for both employer and employees to contribute on a pretax basis to their savings account. These dollars can then be used to pay for unreimbursed medical expenses as they occur throughout the year. Unlike a Flexible Spending Account, the money in your HSA is yours to keep and rolls over from year to year.

Barrett Hospital & HealthCare will contribute annually: **\$500** for individual elections, and **\$1,000** for family elections. Barrett Hospital & HealthCare’s contributions are prorated based on eligibility date and will occur each pay period throughout the year. Maximum contributions allowed for an HSA in 2024 will be **\$4,150** for individual and **\$8,300** for family.

The network coverage tiers are defined as follows:

- » Tier 1— Barrett Hospital & HealthCare
- » Tier 2 — In-Network BCBSMT Providers
- » Tier 3 — Non-participating providers

Contact:
 bcbsmt.com
 800.447.7828

OPTION 3 – Premium HDHP			
	TIER 1 BARRETT HOSPITAL AND HEALTHCARE	TIER 2 IN-NETWORK	TIER 3 OUT-OF-NETWORK
Calendar Year Deductible			
Individual	\$4,000	\$6,000	\$8,000
Family	\$8,000	\$12,000	\$16,000
Out-Of-Pocket Limit			
Individual	\$5,500	\$6,650	\$13,300
Family	\$11,000	\$13,300	\$26,600
Office Visits	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Inpatient Hospital	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Outpatient Surgery	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Lifetime Maximum Benefit	Unlimited		
Mental Health	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Chiropractic Benefits (20 Visit Max per Benefit Period)	Deductible & 90% Coinsurance	Deductible & 70% Coinsurance	Deductible & 50% Coinsurance
Prescription Drugs Retail Pharmacy and Mail Order	Subject to Deductible & Coinsurance		

Semi-Monthly Contributions		Employer Contributions
Employee	\$34.11	\$459.90
Employee + Spouse	\$267.29	\$585.82
Employee + Child(ren)	\$159.51	\$561.28
Employee + Family	\$274.05	\$635.73



Provider Finder



BlueCross BlueShield of Montana



Your Doctor Is In...
Provider Finder[®]

ASO

It's now easier to find a provider and manage health care expenses.

Provider Finder from Blue Cross and Blue Shield of Montana (BCBSMT) is a fast, easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to bcbsmt.com, members can login or create an account on Blue Access for MembersSM (BAMSM) and use Provider Finder to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*



Go Mobile with BCBSMT

Even on the go members can manage their ID cards and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAM account at bcbsmt.com or text BCBSMT to 33633** to download our mobile app.

* Not all plans provide this information.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsmt.com/mobile/text-messaging.



24/7 Nurseline

Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline*.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.



Call 877-213-2565 to reach the 24/7 Nurseline and talk to a nurse. Hours of Operation: Anytime

*24/7 Nurseline is not available to HMO members. For medical emergencies, call 911.
This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Flexible Spending Account (FSA)

Flexible Spending Accounts (FSAs) are funded by employees with pretax dollars. FSAs provide a tax effective way to set aside money for certain unreimbursed health care and dependent care expenses. Federal Income, State Income and Social Security taxes are not withheld on dollars contributed toward the Flexible Spending Accounts. This tax treatment is similar to the pretax treatment of dollars contributed toward other flexible benefit options. You have through March 31 of the following plan year to submit claims for reimbursement on services provided prior to December 31 of the current plan year.

Healthcare FSA:

You can receive tax-free reimbursement from your FSA for eligible medical, dental, vision and hearing expenses incurred by you or an eligible dependent if the expenses are not covered by other insurance plans. The maximum annual amount that you can contribute to this plan is **\$3,050**. You can use the account to receive reimbursement for health care related expenses such as:

WEX Health
www.wexinc.com
866.451.3399

- » Deductibles and copays
- » Cost of eligible services above the reasonable and customary limits or above other plan limits
- » Health-related expenses not paid by other plans that are eligible for tax deduction by the I.R.C. Section 213(d)

Flexible Spending Account (FSA) Eligible Expenses	
Chiropractic care	Vision care, correction procedures (ex. Lasik)
Foot care	Psychiatric services
Childbirth classes	Service animals
Dental care	Smoking cessation programs
Diabetic supplies	Transportation expenses related to medical care
Prosthesis	Physical therapy
Flu shots	Medical supplies
Ineligible Expenses	
Insurance premiums	Fitness programs
Hair transplants	Cosmetic services
Physician retainer fees	Nutritional Supplements

Note: These expenses require a Letter of Medical Necessity from your health care provider in order to be considered eligible for reimbursement. IRS Publication 502 includes full list of eligible expense that can be found here: <https://www.irs.gov/pub/irs-pdf/p502.pdf>

Dependent Care FSA:

You can receive tax-free reimbursement from your Dependent Care Flexible Spending Account for expenses incurred by you for the care of eligible dependents. The expenses must enable you to be gainfully employed for the period that you have eligible dependents. The maximum annual amount that you can contribute to this plan is \$5,000.

Eligible dependents qualifying for dependent care include:

- » A dependent under the age of 13 for whom you are entitled to a deduction for income taxes
- » A dependent that is physically or mentally incapable of taking care of himself or herself
- » Dependent means any individual considered your dependent according to Section 152 of the I.R.C.

Health Savings Account (HSA)

If you are enrolled in either the Select or Premium high-deductible health plan (HDHP), you are eligible to contribute to an HSA through WEX Health. An HSA is a special bank account that you own and control. Pre-tax contributions to the account are used to pay for qualified medical expenses. You must open an account with WEX to have your funds deposited.

Benefits of an HSA

- » You determine how much to contribute and when to use the money to pay for eligible health care expenses. You can change your contribution amount at anytime.
- » Like a bank account, you must have a balance in order to pay for eligible health care expenses.
- » An HSA allows you to save for future healthcare cost and “roll over” any funds you do not spend during the calendar year.
- » Contributions to your HSA reduce your taxable income, and if used to pay for qualified medical expenses, are never taxed.
- » Interest earned accumulates tax-deferred, and if used to pay qualified medical expenses, are tax-free.
- » The money in the account is always yours, even if you change health plans or jobs.
- » When you turn age 65, funds can be withdrawn for any non-medical purpose at ordinary tax rates.

WEX Health
www.wexinc.com
866.451.3399

How Does it Work?

Contribute to Your HSA – You choose how much you want to contribute to your HSA. Your elections are tax-free, earn interest, reduce your taxable income and roll over each year. Total contributions (including the contributions from Barrett Hospital & HealthCare) cannot exceed the 2024 annual IRS maximum – \$4,150 for employee only and \$8,300 for family coverage. Employees age 55 or older by December 31 may contribute an additional \$1,000 to their HSA account.

Meet Your Annual Deductible – The deductible is a set dollar amount you have to pay out of your pocket before the plan starts paying coinsurance rates. You can choose to pay with available HSA funds or out of your pocket. Remember that the plan covers 100% of in-network preventive care.

Begin Paying Coinsurance – Once you have met your deductible, you pay a portion of the cost and the plan pays a portion of the cost. Your coinsurance will be lowest at Barrett Hospital & HealthCare.

Pay for Other Qualified Medical Expenses – HSA dollars can be used for other qualified medical expenses such as dental and vision care, prescription drugs and insulin, and Medicare premiums (if age 65 or older). For more information about HSAs and qualified medical expenses, refer to IRS Publications 969 and 502 at www.irs.gov.



Preventative Services



Take Advantage of Preventive Services



Your family's track to better health begins with a single step

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year,

recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.

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FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Anxiety
- Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity and diabetes
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- PrEP medication use for the prevention of HIV including baseline and monitoring services
- Sexually transmitted infections, HIV, HPV and hepatitis
- Tuberculosis

COUNSELING FOR

- Alcohol misuse
- Domestic violence
- Drug misuse
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Urinary incontinence screening
- Use of aspirin to prevent heart attacks

CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: www.cdc.gov/vaccines



- COVID-19*
- Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B

- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

PREGNANCY



- Aspirin for preeclampsia prevention
- Breastfeeding support, supplies and counseling
- Counseling for alcohol and tobacco use during pregnancy
- Counseling for healthy weight gain during pregnancy
- Diabetes screening after pregnancy
- Folic acid supplementation during pregnancy
- Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

- Autism
- Cervical dysplasia
- Critical congenital heart defect screening for newborns
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Vision screening

ASSESSMENTS AND COUNSELING

- Alcohol and drug use assessment for adolescents
- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling
- Tobacco cessation

* Only certain vaccines are recommended for children and adolescents. Vaccines should be administered in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP)

¹ Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card



Your future self will thank you.

**Where would you like your health to be a year from now?
In 10 years? How could your life be better if you made
some changes?**

Your Blue Cross and Blue Shield of Montana plan includes programs that can help you live healthy every day. The first step to success is starting!

Health and wellness resources for:

- 24/7 answers from a nurse
- Anxiety
- Asthma
- Bones and joints
- Cholesterol
- Depression
- Diabetes
- Fitness and exercise
- Heart and lung disease
- High blood pressure
- Pregnancy
- Quitting tobacco
- Sleep problems
- Stress
- Substance use
- Weight loss

These programs do not replace the care of a doctor. Talk to your doctor about any health questions or concerns.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Find out more.

1. Scan the code.
2. Log in to bcbsmt.com.
3. Choose Wellness.



Scan this QR code to visit bcbsmt.com.

358932.0322

Dental

Lincoln Financial Group will administer the dental plan for 2024 utilizing Lincoln’s network. Remember, in-network dentists have agreed to accept reduced fees for the services they provide. They have also agreed not to charge you any amount that exceeds the allowable amount, aside from deductibles, coinsurance and services that are limited or not covered under the plan. To find an in-network provider, please visit lincolnfinancial.com.



Lincoln Financial	
Deductible	
Individual	\$50
Family	\$100
Annual Maximum (Per Person)	\$1,250
Types of Services	
Preventative	100%
Basic	80%
Major	50%
Orthodontia (for adult and child participants)	50% up to \$1,000 lifetime maximum
Out-of-Network Reimbursement	90th Percentile of Usual and Customary

	Semi-Monthly Contributions	Employer Contributions
Employee	\$10.34	\$10.34
Employee + Spouse	\$17.89	\$17.89
Employee + Child(ren)	\$21.01	\$21.01
Employee + Family	\$30.80	\$30.80

Vision

VSP Vision Care will administer the vision plan for 2024 utilizing the VSP Choice network. The Barrett Hospital & HealthCare vision plan offers members an extensive choice in provider selection, ranging from optometrists, ophthalmologists, and opticians. You may receive care and services from providers outside the VSP network, but at a reduced level of benefit. To find an in-network provider, please visit vsp.com/eye-doctor.

VSP
 vsp.com
 800.877.7195

Benefits	In-Network	Out-of-Network
Complete Visual Analysis (one per 12 month period)	Covered in full	Reimbursed up to \$45
Frames (one set per 24 month period):	\$100 allowance	Reimbursed up to \$70
Single Vision Lenses (pair)	Covered in full	Reimbursed up to \$30
Bifocal (Single) Lenses (pair)	Covered in full	Reimbursed up to \$50
Bifocal (Double) Lenses (pair)	Covered in full	Reimbursed up to \$50
Trifocal Lenses (pair)	Covered in full	Reimbursed up to \$65
Lenticular Lenses (pair)	Covered in full	Reimbursed up to \$100
Contact Lenses (in lieu of glasses)	\$100 allowance	Reimbursed up to \$105
Contact Lenses (sole treatment option)	Covered in full	Reimbursed up to \$210

Semi-Monthly Contributions	
Employee	\$5.55
Employee + Spouse	\$8.89
Employee + Child(ren)	\$9.07
Employee + Family	\$14.62



Basic Life/AD&D

A Basic Life/AD&D insurance benefit is provided to eligible employees. **Basic Life/AD&D is paid in full by Barrett Hospital & HealthCare and provides \$50,000 of coverage.**

Voluntary Life/AD&D

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers. In recognition of these differences, Barrett Hospital & HealthCare offers voluntary benefits through Lincoln Financial Group, which you can purchase at group rates. Please refer to ADP for guaranteed issue amounts and rates.

Benefits	Voluntary Life and AD&D
Employee	Increments of \$10,000 up to the Lesser of \$500,000 or 5x annual salary
Spouse	Increments of \$5,000 up to \$250,000, not to exceed 50% of EE amount
Child(ren) Birth to 6 months	\$1,000
6 months to age 26	\$10,000

Voluntary Short-Term Disability (STD)

Barrett Hospital & HealthCare offers Short-Term Disability coverage through Lincoln Financial.

Disability insurance can replace a substantial part of your income if you become disabled and cannot work because of this. STD coverage is fully paid for by employees of Barrett Hospital & HealthCare. Pre-existing condition limitations apply. If you have received care or treatment for an illness or injury in the three months prior to your effective date, Lincoln Financial will not cover your disability for the first 12 months after your effective date. Rates available in ADP.

Lincoln
lincolnfinancial.com
800.423.2765

Benefits	STD	
	Option 1	Option 2
Weekly Benefit Percentage	60% of salary	60% of salary
Weekly Benefit Maximum	\$2,000	\$2,000
Elimination Period Injury/Sickness	14/14 Days	7/7 Days
Maximum Benefit Duration	11 Weeks	12 Weeks
Pre-Existing Condition Exclusion	3/12	3/12

Voluntary Long-Term Disability (LTD)

Barrett Hospital & HealthCare offers Long-Term Disability coverage through Lincoln Financial. Disability insurance can replace a substantial part of your income if you experience a serious injury or illness, as well as permanent disabilities, that prevent you from returning to work. LTD coverage is fully paid for by employees of Barrett Hospital & HealthCare. Rates available in ADP.

Benefits	LTD
Income Replacement Percentage	60% of salary
Maximum Benefit	Class 1: Physicians - \$8,000 Monthly Class 2: All other employees - \$6,000 Monthly
Elimination Period	90 Days
Benefit Duration	To Age 65
Pre-Existing Condition Exclusion	3/12

Voluntary Benefits

Voluntary Accident Insurance

Off The Job Accident Policy

Lincoln Financial provides supplemental coverage for those enrolled with expenses that may incur as a result of an accident off the job.

Common activities which may lead to an injury include football, baseball, basketball, soccer, tennis, biking, cheerleading, motorcycle riding, automobiles, etc*

With over 30 named benefits, the accident policy covers many of the common injuries and treatments sustained as a result of a covered accident including:

- » Emergency Room
- » Hospital Confinements
- » Fractures
- » Dislocations
- » Crutches
- » Lacerations

Lincoln Financial
lincolnfinancial.com
800.423.2765

Benefits are paid based on how treatment is prescribed by a physician.

*Some activities have restrictions. Please refer to the brochure and policy for a complete listing of benefits, limitations, and exclusions. Where any discrepancy exists, policy language will overrule.

Coverage may include you, your spouse and your dependent children. You may even be eligible to continue coverage when coverage under the policy ends.

Please note an accident must occur after the effective date of coverage, January 1, 2024, to be a claimable event.

Voluntary Critical Illness Insurance

Lincoln Financial Critical Illness pays a lump-sum cash benefit to help you cover the out of pocket expenses associated with a critical illness. The plan pays a single-payment benefit directly to you to use any way you like when you are diagnosed with one of the covered illnesses.

Plan Features

- » You can choose \$10,000, \$20,000, or \$30,000 of lump sum coverage.
- » Second Event – Policy will pay twice on covered illness as long as there is a 6 month separation between dates of diagnosis.
- » Portable policy, so it stays with you if you retire or change jobs. Employees are required to complete an application for portability within 30 days of their employment termination date.
- » Covers a broad range of conditions most likely to cause major lifestyle changes including:
 - Skin Cancer
 - Heart Attack
 - Stroke
 - Coma
 - Coronary Artery Disease
 - Major Organ Failure
 - Carcinoma in Situ

Please refer to the certificate of coverage for complete provisions, limitations and exclusions.

Hospital Indemnity Plan

No one likes to think about the possibility of being admitted to the hospital. However, the likelihood — as well as the stress it can cause for families — is very real. Whether caused by injury or illness, an inpatient hospital stay can bring about not only lifestyle challenges, but tangible economic ones as well. And it's not a few Americans who are impacted each year by these occurrences - it's millions. Major medical insurance plans can offset some of the treatment expenses, but there are "hidden" costs as well: time lost from work, satisfying deductibles, paying co-pays. And don't forget prescribed medications, transportation costs, and continuing to provide for a family. This benefit can act as a safety net against the burdens and expenses a hospitalization can cause, Lincoln Financial offers Voluntary Hospital Indemnity (VHI) coverage. This benefit pays up to \$1,000 per hospital admission, plus an additional \$100 per day up to 30 days.

Key Features

- » Guaranteed issue; no medical questions asked.
- » No pre-existing conditions exclusions
- » Mental, Nervous and Substance Abuse treated same as any other hospital admission
- » No deductibles to meet
- » Coverage offered on a Voluntary Basis
- » Overlying Major Medical Plan NOT required
- » On Call Travel Assistance coverage



Employee Assistance Program (EAP) Lincoln Financial

When it comes to balancing family, work and personal needs, your program, ComPsych, administered by Lincoln, can help you with checking off daily tasks and working on more complex issues. This confidential program is available to you and your household members at no cost, 24/7/365. You can meet with a counselor or lifestyle coach, use the digital emotional wellness tools, plan for special life events, get help with managing finances and resolving legal issues, and much more.

Key Features:

- » 6 counseling sessions
- » No cost to you and your household members
- » Completely confidential service provided by a third party
- » Available 24/7/365

Services to help you on your life's journey:

- » **Counseling** – counselors provide support on issues such as anxiety, stress, depression, relationships, substance misuse and more. Counseling is available in-person, by text message, live chat, phone or video conference.
- » **Digital emotional wellness tools** – self-guided programs for mental health, grief and loss, resilience, conflict management, chronic pain and more.
- » **Lifestyle coaching** – define and achieve your goals with the support of a coach including help with personal improvement, healthy eating, weight loss and more.
- » **Financial wellness, Legal services and Identity theft resolution** – get expert help to take control of your finances, resolve legal issues, restore credit, research specific topics and/or print your own state-specific legal forms.
- » **Work-Life web services** – receive online help in the form of webinars, live talks and articles important life events and everyday challenges for parents and seniors such as child and elder care, education, parenting and more.
- » **Discount center** – access hundreds of deals on nationally recognized brand-name products and services, all in one convenient place. Find discounts on consumer goods, travel, child and elder care, fitness centers, movie tickets and more.

How to get started

Getting the help you need, when you need it, can lead to a happier and more productive life.

- » Call [855.327.4463](tel:855.327.4463) and we will connect you with the right resource or professional
- » Learn more about all the services available at www.GuidanceResources.com



Deferred Compensation Plan – 403B

Barrett Hospital & HealthCare offers a 403b deferred compensation plan to all employees. The deferred compensation plan allows employees to elect after-tax or pre-tax funds to defer – or defer taxation on part or all of their earnings, subject to plan and IRS guidelines. All Barrett Hospital & HealthCare employees meeting eligibility criteria may participate in this program.

Barrett Hospital & HealthCare will contribute to the accounts of participating employees who have completed one year of service and have worked at least 1,000 hours in the plan year. All contributions are 100% vested.

Enrollment in the Plan: To enroll in the 403b Deferred Compensation Plan. You can enroll online by visiting the participant website at BenefitsForYou.com. There, you can select your contribution and investment elections. You may also select your investment elections by contacting the Participant Service Center at [800.999.8786](tel:800.999.8786) for assistance. Please note that you will be able to access BenefitsForYou after your first payroll information file has been uploaded to their site.

Annual Deferral Limit: The annual deferral limit for 2024 is \$23,000 – up to 100% of compensation. There are additional catch-up contributions allowed for employees over 50 years of age of \$7,500. If interested in catch-up contributions, contact Darcy Perrenoud.

Investment Election: Contributions can be invested in both pre-tax and Roth after-tax funds managed by the American Funds Family. The funds are listed on the Schedule of Alternative Investment Choices. Barrett Hospital & HealthCare highly recommends investment advice be obtained from the plan investment representative – Dennis Schurg at Edward Jones Investments. Contact Mr. Schurg at [406.683.6868](tel:406.683.6868) at your convenience to arrange an appointment.

Account Reports and Information: Once you have enrolled in the plan, your account can be monitored by internet access at www.benefitsforyou.com. When you enroll, you will receive additional information on how to use the Internet Site. Quarterly statements are also distributed to all plan participants.

Loans and Hardship Withdrawals: The Barrett Hospital & HealthCare 403b Plan does allow for loans and hardship withdrawals, subject to the plan specifications and current IRS guidelines. Contact Human Resources at [406.683.3233](tel:406.683.3233) to obtain information about withdrawals.

Hospital Contributions: Barrett Hospital & HealthCare will contribute to the accounts of employees as follows: The maximum total contribution is assuming the employee enrolls and contributes at least the maximum the hospital will match. Barrett Hospital & HealthCare will contribute the matching contribution quarterly to accounts of enrolled employees working over 1,000 hours in the prior year. Barrett Hospital & HealthCare will contribute annually the Base Contribution for all employees working over 1,000 hours in the plan year.

Years of Service	Barrett Hospital & HealthCare Base Contribution	Max Matching Contribution
0-1 Years	0%	0%
1-5 Years	2%	2%
5-10 Years	2%	3%
10-15 Years	2%	4%
Over 15 Years	2%	5%

Company Time Policy

BENEFIT	WHO RECEIVES	WHEN ELIGIBLE	WHAT YOU RECEIVE	WHO PAYS
Paid Time Off (PTO) Includes vacation & holiday to be used at the Employee's discretion	Full- Time and Part Time .2 – 1.0 FTE	Upon employment	Years of Employment: Accrual % 1 day - 5 yrs 0.0770 5 yrs – 10 yrs 0.0846 10 yrs - 15 yrs 0.0924 15 yrs - 20 yrs 0.1000 20 yrs on 0.1116 Pro-rated based on hours worked up to a maximum of 80 hours per pay period. Cap of 240 hours	Barrett Hospital & HealthCare
Sick Leave – to be used according to policy	Full- Time .75 – 1.0 FTE	Upon employment	Pro-rated accrual based on hours worked up to a maximum of 80 hours per pay period. Accrual rate of 0.03081% with a cap of 480 hrs.	Barrett Hospital & HealthCare
Jury Duty	All Employees	Upon Employment	Employee will be paid the difference between jury duty pay & regular hospital salary	Barrett Hospital & HealthCare
Bereavement	Full- Time .75 – 1.0 FTE	On 91st day of employment	Ability to use paid sick leave for bereavement - maximum of 5 days for specified relatives.	Barrett Hospital & HealthCare

Designated Holidays:

- » New Year's Day, January 1
- » Memorial Day, last Monday in May
- » Independence Day, July 4
- » Labor Day, first Monday in September
- » Thanksgiving Day, fourth Thursday in November
- » Christmas Day, December 25

Holiday Pay Employees who are required to work one of the six designated holidays will be entitled to holiday premium pay of 1.5 times the hourly rate. The holiday is defined as the 36-hour period starting at 6:00 p.m. the evening before the holiday and ending at 6:00 a.m. the morning after the holiday. Employees who work the two evening shifts covered by this timeframe will be entitled to two shifts of Holiday premium pay.

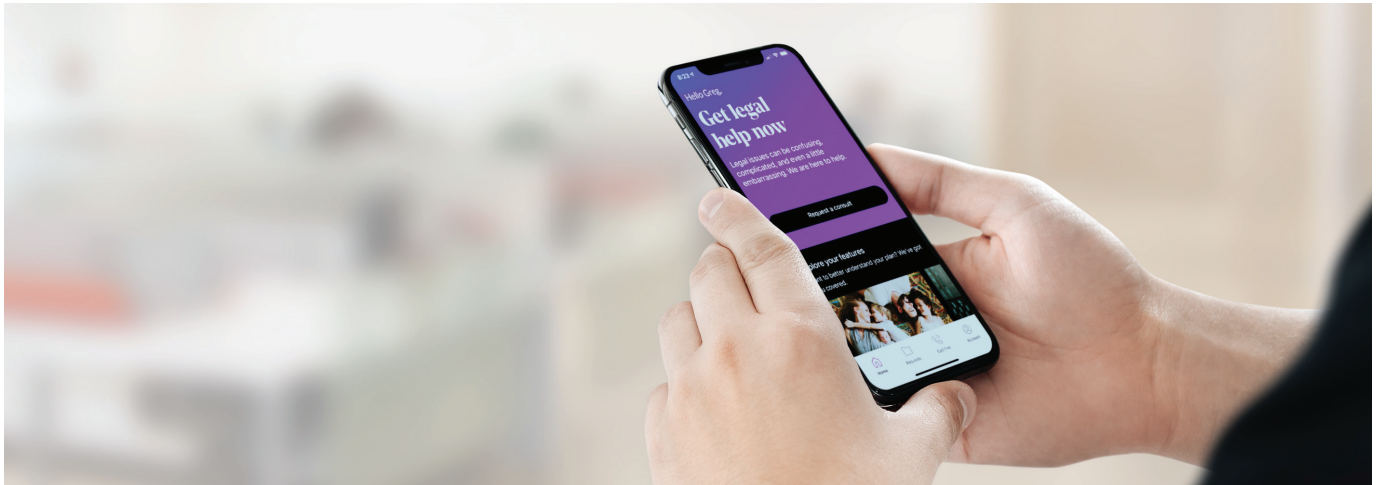
Bereavement:

Employees may use up to five days of sick leave (maximum 40 hours) for bereavement needed to attend the funeral of their family members including mother, father, brother, sister, daughter, daughter-in-law, son, son-in-law, mother-in-law, father in-law, brother-in-law, sister-in-law, husband, wife, grandparent or grandchild. Eligible part-time employees will have hours pro-rated based on their FTE status.

Sick Pay:

Policy: It is the policy of Barrett Hospital & HealthCare to provide paid time off for short term absences related to illness, injury and/or disability. Purpose: Sick pay is the payment for necessary absence from duty caused when an employee suffers from illness, injury, or other serious health condition (based on FMLA definition), or the necessary absence from duty to receive a medical, dental or eye examination or treatment. Sick pay may also be used to attend to an immediate family member (spouse, child, or parent) suffering from a serious health condition (based on FMLA definition) or to attend a medical, dental, or eye appointment if the family member requires assistance from the employee.

Legal Protection - LegalShield



Legal Protection

LegalShield provides the legal protection you and your family need and deserve.

“

Great customer service.
I'm very pleased
with LegalShield.
I recommend them
to anyone and everyone
any chance I get.

M.C. - LegalShield Member

”

AFFORDABLE LEGAL
PROTECTION

\$21.95
PER MONTH



Direct Access to a Dedicated Provider Law Firm

You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available for emergency situations.



Fast Response

An attorney will respond to your legal matter within four business hours or less.



Document Review and Preparation

An attorney can help you review and prepare common legal documents for Wills, Trusts, and more.



Trial Defense Services

You can receive representation for legal matters such as traffic tickets and even civil suits.



Letters and Phone Calls

Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.



Speeding Ticket Assistance

Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.



Mobile App

The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

LegalShield provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation or advice. See a plan contract for specific state of residence for complete terms, coverage, amounts and conditions.

LegalShield provides coverage for common personal legal needs at every stage of life.
 The LegalShield plan provides services for the following legal matters:



FAMILY

- Adoption
- Conservatorship
- Divorce
- Guardianship
- Domestic Violence Protection
- Juvenile Court Proceedings
- Name Change
- Prenuptial Agreements
- Administrative Hearing



HOME

- Contractor Disputes
- Deeds
- Landlord/Tenant Issues
- Foreclosure
- Refinancing
- Neighbor Disputes/Easements
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Small Claims Assistance
- Zoning Applications
- Mortgage



FINANCIAL

- Affidavits
- Bankruptcy
- Consumer Protection
- Contracts/Financial Disputes
- Debt Collection
- IRS Audit Protection
- Rental Agreements
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Social Security Disputes
- Veterans Benefit Disputes



ESTATE PLANNING

- Living Wills/Wills
- Power of Attorney
- Living Trusts/Trusts
- Codicils



AUTO

- Driver's License Restoration
- Motor Vehicular Homicide Defense
- Moving Traffic Violations/Traffic Ticket
- Property Damage Claims



GENERAL

- 25% Preferred
- Member Discount
- Telephone Advice
- Document Review
- 24/7 Emergency Legal Access
- Mobile App

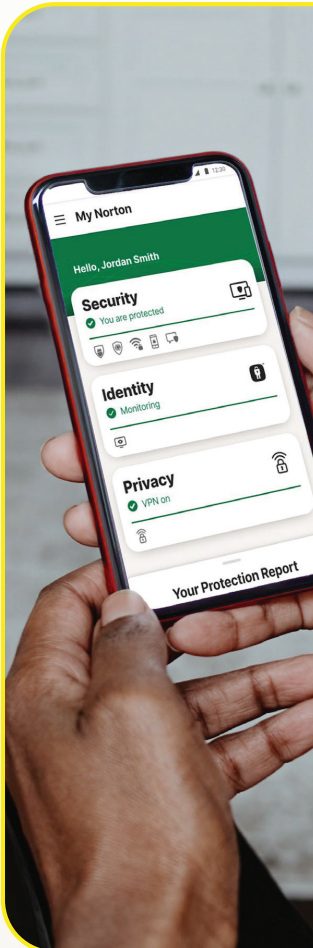
This is a general overview of the legal plan coverage available from Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield") for illustration purposes only. See a plan contract for specific state of residence for complete terms, coverage, amounts and conditions. Trial defense is not available in all states. LegalShield provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice.

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ID Theft - Norton LifeLock



Your digital health matters, too. Protecting it is easier than you think.



Identity theft protection and more — for the whole family.

You and your family share all kinds of personal, private, and sensitive information online everyday. Your information is valuable to you — and it's also valuable to cybercriminals

Consider your own digital habits:

- How do you protect personal information on your mobile devices?
- Do you ever connect to public, unsecured Wi-Fi?
- Are you using the same password on multiple accounts?
- How does your family engage online?
- Have you been a victim of identity theft before?
- How do you identify phishing texts or emails, and compromised websites?

Identity theft can happen easily. We make protection easy too.



We believe people have the right to feel safe online.

Millions of people trust us to keep them safe online, and so can you. Norton LifeLock Benefit Plans can help safeguard multiple devices, keep your online activity private, and help protect your identity. It's never been easier.



Protect your digital health and your peace of mind.

While you're relaxing, we are scanning. Norton LifeLock Benefit Plans provide an all-in-one solution to help protect you and your information from falling victim to identity theft. Get alerts to possible identity threats, the ability to proactively lock accounts, and if your identity is stolen, we work to fix it.

Did you know that you can take protective measures to help protect you and your family online? Trust us to help you protect your digital health.

PRICING: Monthly

BENEFIT PREMIER PLUS

Employee Only (18+ Years Old)

\$12.49

Employee + Family^A

\$21.48









^A The Norton Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

Already a member? Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

ENROLL NOW

Benefit Plans are 60% less than the retail equivalent.

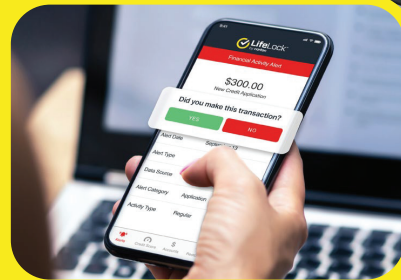
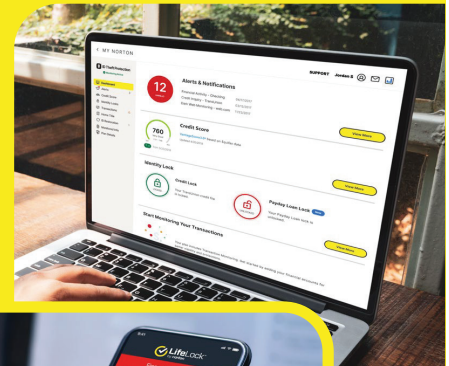
Norton LifeLock Benefit Plans help protect your identity, security, and privacy.

-  **Device Security** protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.
-  **Identity Alerts with Credit monitoring¹** alerts you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.
-  **Social Media Monitoring*** notifies you of any suspicious links, account takeover attempts, or inappropriate content.
-  **Norton™ Secure VPN**** Our Virtual Private Network (VPN) helps protect your **Online Privacy** so your sensitive information, browsing history, online activities and webcam are more secure.
-  **Parental Control[∇]** makes it easy to monitor your child's online activities and view their search history so they stay safe.
-  **Million Dollar Protection™ Package⁺⁺⁺** to reimburse stolen funds, personal expenses, and provide coverage for lawyers and experts up to \$1 million each.
-  **Cyber Crime Coverage** for cyber attacks such as Cyber Extortion, Social Engineering and Cyber Bullying is now available for up to \$50,000, in addition to the LifeLock Million Dollar Protection Package. Restrictions apply ++++
-  **Norton AntiTrack[^]** helps keep your personal data and browsing activity private by blocking online trackers and disguising your unique digital fingerprint.

Many additional features included! For more details on the plan offering, visit: <https://Norton.com/premierplus>

Streamlined Member Dashboard

Our dashboard was designed to give members a simple interface to manage their account and alerts. We also pride ourselves on our intuitive and easy-to-use Norton 360 app so members can manage alerts and notifications on the go.



4.7 stars

69K reviews (iOS)

4.7 stars

1.7M reviews (Android)

As of March 2023

No one can prevent all identity theft or all cybercrime.

[†] We do not monitor all transactions at all businesses.

* Does not include monitoring of chats or direct messages.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

[∇] Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device - Windows PC, Mac, iOS and Android - via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

¹ If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment.

⁺⁺⁺ Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier. And up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at NortonLifeLock.com/legal.

⁺⁺⁺⁺ Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential, LifeLock with Norton Benefit Premier, LifeLock with Norton Benefit Premier Plus, and up to \$25,000 for LifeLock Benefit Junior, including up to \$1 million in coverage for lawyers and experts, if needed for all plans. In addition, if Cyber Crime Coverage is provided with your plan, up to \$50,000 for related expenses for the Primary Member, Secondary and Minor Members of a Family Plan, who share in the \$50,000 limit. All benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). All benefits for Cyber Crime Coverage are issued and covered by Tokio Marine HCC. Cyber Crime Coverage is not available to residents of New York. Policy terms, conditions, and exclusions at: NortonLifeLock.com/legal.

[^] Platforms & System Requirements: Available as an app. Supported on Chrome, Firefox, Edge, & Safari browsers. Supported on Windows, Mac, Android, & iOS.

NEB17205FL

Online Benefits Enrollment

Don't Miss Out On Your Opportunity To Enroll In Benefits For 2024

To make your benefit choices for the 2024 plan year, go to <https://workforcenow.adp.com> between November 6th and November 19th, 2023.

Step 1: Login

First time users must register on the ADP Workforce Now Login screen by clicking "New user? Get started"

- » Select "Find Me".
- » Select email or mobile phone OR Personal Information that you shared with your organization.
- » Once your record is found, you'll be asked to verify your identity. Select how you want to receive a verification code - by email or text message. You'll have 15 minutes to enter the code and continue.
- » Add your Primary contact Information - a frequently used email address and mobile phone number. It is also recommended to add Backup Contact Information.
- » Create a User ID & Password. Once you click Create Your Account, you're all set!

Returning users will do the following:

- » Enter your username and password
- » If you have forgotten your password, click on the "Forgot your password?" link

Step 2: Make Your Elections

Once you arrive on your Welcome screen, you will:

- » Navigate through the site with ease by clicking the blue "Start Enrollment" button.
- » As you progress through the enrollment process, you are prompted to input your personal and dependent information and make your elections.
- » The Select Benefits screen is where you'll view all available plans offered to you and your dependents, if applicable.
- » You can review your Benefit Enrollment Guide and your current benefits by returning to the Home page.

Step 3: Review And Submit

After providing your information and indicating your elections, you will need to do these final steps to complete the enrollment

- » Take a moment to review your Enrolled Plans, Waived Plans, Who's Covered and your total cost per paycheck.
- » When ready, click Submit enrollment followed by Yes to submit your benefit elections. After submitting your elections, you'll return to the Enrollments page, where you'll see a confirmation message.
- » If needed, you may log back in and make changes at any time during the designated enrollment period by clicking "Manage Enrollment" to resume or revisit your work.

For questions or additional support, please reach out to your MyLife Advisor.

855.547.8508

Monday-Friday 8:00 a.m. to 11:30 p.m. EST

Notice of Creditable Coverage

Important Notice from Barrett Hospital & Healthcare

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Barrett Hospital & Healthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Barrett Hospital & Healthcare has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Barrett Hospital & Healthcare coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Barrett Hospital & Healthcare coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Barrett Hospital & Healthcare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Barrett Hospital & Healthcare changes. You also may request a copy of this notice at any time.

Medicare Part D Notice

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help:

Call [800.MEDICARE \(800.633.4227\)](tel:800.MEDICARE). TTY users should call [877.486.2048](tel:877.486.2048).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at [800.772.1213](tel:800.772.1213) (TTY [800.325.0778](tel:800.325.0778)).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty)

Date: November 2023
Name of Entity: Barrett Hospital & HealthCare
Contact: Tina Giem
Office Address: 600 MT Hwy 91 South
Dillon, MT 59725
Phone: [406.683.3021](tel:406.683.3021)

Summary Material Modification (SMM)

Notice: The following Summary Material Modification is furnished to you electronically. This document describes important changes in the benefits provided to you and/or your beneficiaries under the Barrett Hospital & Healthcare plan. Note: The following document modifies information contained in the Summary Plan Description (“SPD”) for your Medical benefits.

Paper Copy: You have a right to request and obtain a paper version of the following document at no charge. Contact Tina Giem in writing at 600 MT Hwy 91 South, Dillon, MT 59725, or via e-mail at tgiem@BarrettHospital.org to request a paper copy.

Legal Updates

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

If you would like more information on WHCRA benefits, please call your Plan Administrator at 406.683.3021

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Special Enrollment Rights

Barrett Hospital & HealthCare Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Barrett Hospital & HealthCare (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact HR.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Barrett Hospital & HealthCare is committed to the privacy of your health information. The administrators of the Barrett Hospital & HealthCare (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting HR.

Newborns’ and Mothers’ Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All states of reconstruction of the breast on which he mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physician complication of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in Barrett Hospital & HealthCare’s group health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact HR.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [877.KIDS.NOW](tel:877.KIDS.NOW) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call [866.444.EBSA \(3272\)](tel:866.444.EBSA).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofl/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075

PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 866.444.EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 877.267.2323, Menu Option 4, Ext. 61565

Carrier Contacts

Coverage	Administrator	Website	Phone
Medical	BCBS of MT	bcbsmt.com	800.447.7828
Dental	Lincoln Financial Group	lincolnfinancial.com	800.423.2765
Vision	VSP	vsp.com	800.877.7195
Flexible Spending Account (FSA) Dependent Care Flexible Spending Account (DCFSA)	WEX Health	benefitslogin.wexhealth.com	866.451.3399
Health Savings Account (HSA)	WEX Health	benefitslogin.wexhealth.com	866.451.3399
Basic Life and AD&D Voluntary Life and AD&D Employee Assistance Program (EAP)	Lincoln Financial Group	lincolnfinancial.com	800.423.2765
Voluntary Accident Insurance Voluntary Critical Illness Insurance Voluntary Hospital Indemnity	Lincoln Financial Group	lincolnfinancial.com	800.423.2765
Short Term Disability (STD) Long Term Disability (LTD)	Lincoln Financial Group	lincolnfinancial.com	800.423.2765
Retirement Program	CUNA	benefitsforyou.com	800.999.8786
Identity Theft Protection	Norton LifeLock	login.norton.com	800.745.6034
Legal Plan	LegalShield	login.legalshield.com	800.654.7757

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This benefit summary prepared by



Gallagher

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