

Benefits for Better Living

A Guide to Getting the Most
From Your Plans in 2025

of Tennessee

BAPTIST



Welcome

Your health and well-being are as important to Baptist Memorial Health Care as they are to you. That's why we offer benefits for better living—medical plans and other programs designed with you and your family in mind. From health plans to financial protection, your Baptist benefits help you stay well and live well.

In this guide:

You'll find descriptions of the benefit plans available to you. There are also eligibility and enrollment guidelines and tips. We encourage you to read carefully and be sure you understand the choices and value your benefit programs provide.

For help and answers, please contact your Human Resources Department or the Corporate Benefits Department.

Table of Contents

Get Ready to Enroll 2

Flexible Spending Accounts 5

Medical Plans 6

Your Medical Benefits at a Glance 10

Vision Insight. 15

Dental Benefits 16

BlueCross Extras 17

Financial Security Benefits 18

Other Benefits Available to You 20

Get Ready to Enroll

Eligibility

Employees

Benefits are available to both full-time and part-time employees, as shown in the chart below.

Benefits	Full-time (64–80 hours)	Part-time (48–63 hours)	When You Become Eligible
Medical Including Rx	✓	✓	Full-time and part-time* employees: first day of month following date of employment
Dental	✓	✓	Full-time and part-time employees: first day of month following date of employment
Vision	✓	✓	Full-time and part-time employees: first day of month following date of employment
Employer-Provided Life Insurance	✓		Full-time employees: first day of month after 90 days of employment
Voluntary Life Insurance	✓	✓	Full-time and part-time employees: first day of month after 90 days of employment
Sick Pay Benefit (SPB)	✓		Full-time non-exempt employees: after 1 year of employment. Full-time exempt employees: upon employment
Employer-Provided Long-Term Disability	✓		Full-time employees: after 5 years of employment
Voluntary Long-Term Disability	✓	✓	Full-time and part-time employees: first day of month following date of employment
Employer-Matched Retirement Plan	✓	✓	Full-time and part-time employees: after 1 year of employment with 1,000 hours worked and at least age 21
Chubb Cancer Advocate Plus	✓	✓	Full-time and part-time employees: first day of month following date of employment
Flexible Spending Accounts	✓		Full-time employees: first day of month following date of employment
Health Savings Accounts	✓	✓	Full-time employees: first day of month following date of employment
Accident Insurance	✓	✓	Full-time and part-time employees: first day of month following date of employment
Pet Insurance®	✓	✓	Full-time and part-time employees: first day of month following date of employment
Purchasing Power	✓	✓	Full-time and part-time employees: first day of month following 1 year of employment
Personal Time Off (PTO)	✓		Full-time employees: accrue biweekly beginning with first paycheck
LifeTime Benefit Insurance with Long Term Care	✓	✓	Full-time and part-time employees: first day of month following date of employment
Critical Illness Insurance	✓	✓	Full-time and part-time employees: first day of month following date of employment
Short Term Disability	✓	✓	Full-time and part-time employees: first day of month following date of employment
Allstate ID Theft	✓	✓	Full-time and part-time employees: first day of month following date of employment

*For the medical plan only—Part-time (47 hours and under) and PRN employees who averaged 30 hours or more per week for the preceding 12 months can enroll in 2025.

Dependents

You may cover your eligible dependents under your qualifying benefits plans.

Eligible dependents include:

- Your legally married spouse as defined by the plan document
- Your child up to age 26 (for medical, dental and vision benefits)

  Your child may be:

  - A child for whom legal guardianship has been awarded
  - A natural child
  - A legally adopted child
  - A stepchild

You are required to provide documentation for each of the dependent types shown above. This includes, but is not limited to:

- For your spouse, a marriage certificate and tax return
- For your natural child, a birth certificate
- For your stepchild, a birth certificate, marriage certificate and tax return

Your Benefit Deductions

You are responsible for making sure that your benefit elections and the deductions taken from your paycheck are correct. **In the event that an error occurs, premiums will not be refunded for more than four paychecks.**

Enrollment

You may enroll yourself and eligible dependents for benefits:

- During your initial eligibility period, which is within one month (30 days) of your employment date
- Within one month of a change in your employment status (for example, PRN to full time)
- During the annual Open Enrollment period

When Coverage Ends

Coverage for each of your benefits will end on the last day of the month that:

- Your employment ceases
- Your status changes to one that is not eligible for benefits (such as PRN)

Your dependents' coverage will end on the last day of the month in which:

- Your employment ceases
- Your status changes to one that is not eligible for benefits
- Your divorce becomes final
- Your child turns age 26
- You or your dependent dies

Making changes during a calendar year

Because there are tax advantages to pre-tax premiums, the IRS limits the changes you may make to your benefits during the year. Here's the rule: The enrollment decisions you make for a given year must remain in effect throughout the year unless you have a qualifying change in family status.

The IRS generally defines this to be:

- Marriage or divorce
- Death of a dependent
- Birth, adoption or assumption of legal guardianship of a dependent
- Dependent turning age 26
- Significant change in your or your spouse's employment or coverage status to include full time to PRN or PRN to part time/full time

Important: You are responsible for notifying the Human Resources Department of any qualifying change in your family status and coverage needs within 30 days of the qualifying change in family status, including the birth of a dependent child. You must also provide documentation of the change. Otherwise, your coverage will continue as it was when you enrolled.



You may enroll yourself and eligible dependents for benefits:

- When you're first hired
  - You have 30 days from your hire date to enroll in benefits. If you miss your initial enrollment period, you must wait for the next annual open enrollment period, unless you experience a qualified change in family status.
- If you have a life change
  - Certain life events like the birth of a child, change in marital status, status change from PRN to full-time or loss of coverage due to no fault of your own may allow you to change your coverage during the year. If you have a family status change, you have 30 days to make changes to your coverage.
- At Open Enrollment
  - Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year. Changes made during Open Enrollment will have a January 1 effective date.

Flexible Spending Accounts

Baptist offers benefits-eligible employees the opportunity to pay for eligible health care and/or dependent daycare expenses with pre-tax dollars using a Flexible Spending Account (FSA) administered by HealthEquity. An FSA allows you to have a set amount taken from your pay before taxes, which lowers your income tax. The money is put into an account you use to reimburse yourself for eligible expenses for 2025.

There are two kinds of FSAs: Health Care FSA & Dependent Care FSA.



Health Care FSA

- You can contribute pretax dollars from your paycheck, up to the annual IRS limit.
- Your full contribution is available at the start of the plan year to pay for eligible health care expenses within that plan year. It covers you, your spouse and/or your tax dependents for:
  - Copays, coinsurance and deductibles
  - Dental expenses like orthodontia, crowns and bridges
  - Vision expenses like LASIK eye surgery, glasses and contacts
  - Prescription drugs and over-the-counter (OTC) items such as diabetic testing supplies.

Dependent Care FSA

- You can contribute pretax dollars from your paycheck, up to the annual IRS limit.
- Funds are for your dependent(s) age twelve or younger.
- Pays for eligible child expenses, such as day care, preschool and nursery school.

"Use It or Lose It" IRS Rule

Contribute to an FSA only the amount you are reasonably sure you will spend in the plan year 2025 and file all claims for reimbursement by March 31, 2026. According to IRS regulations, any unclaimed funds in your FSA as of March 31, 2026, are forfeited.

Important: If you enroll in the Consumer-Driven Health Plan with HSA, your Health Care FSA can only be used for dental and vision expenses.

Medical Plans

When it comes to health and health care, better living means having support to stay well and protection against the high cost of care when you need it most. Your Baptist medical plan provides both. In addition to covering a wide variety of health care services, your plan is a resource for healthy living. We hope you'll take advantage of its tools and services to live well, make sound health care decisions and spend wisely.

BlueCross Consumer-Driven Health Plan (CDHP) BlueCross BlueShield of Tennessee 80/20 Plan

You will be able to choose between two medical plan options administered by BlueCross:

- **The BlueCross Consumer-Driven Health Plan (CDHP).** The CDHP combines traditional medical coverage with a tax-favored savings account (the Health Savings Account) you can use to pay out-of-pocket medical expenses.
- **The BlueCross 80/20 Plan.** With the BlueCross 80/20 Plan, you meet a calendar year deductible, pay a flat fee (copay) for certain types of expenses, and a percentage of other types of expenses (coinsurance). See page 12 for more details.

Both plans cover preventive care services at 100 percent (not subject to deductible or copayment) when you use in-network providers. Preventive services include routine adult physicals, well-baby and well-child care (including immunizations to age 17), and well-woman care.

For other types of services, an annual deductible must be met each year before the plan starts to pay benefits. When copays and coinsurance (as applicable to your plan) reach the annual out-of-pocket maximum, your plan pays 100 percent of covered expenses for the rest of the calendar year. This protects you from the high cost of care in case of a serious illness or accident.

The charts starting on page 10 show benefits and cost-sharing for the 2025 medical plans. Each plan also includes prescription drug benefits. You may purchase both dental and vision benefits separately from your medical coverage (see pages 15 and 16). This lets you choose the coverage that best meets the needs of you and your family.



Why preventive care is important

Preventive care services, such as routine exams and health screenings, help find disease in its earliest stages. When problems are caught sooner, rather than later, treatment is easier, less costly and more successful. Make a plan to spend more healthy years with your loved ones and schedule that annual exam today.

Get to Know the BlueCross Consumer-Driven Health Plan

The CDHP combines medical benefits with a tax-favored savings account. It shares in your health care expenses, and gives you a new way to pay your share.

The CDHP medical plan covers a wide variety of services, treatments and supplies once the calendar year deductible is met. **Here's how it works:**

- If you enroll for "employee only" coverage, you must meet the individual deductible before benefits are paid. Once your out-of-pocket expenses (deductible and coinsurance) reach the out-of-pocket maximum, the plan pays covered expenses at 100 percent for the rest of the year.
- There is no separate prescription drug deductible. You must meet the applicable calendar year deductible (as described above) before the plan pays benefits for covered medical services and prescription drugs. BlueCross and CVS Caremark® will share information on a real-time basis to ensure that both medical and pharmacy expenses are applied to your calendar year deductible.

The health savings account (HSA) lets you set aside money to pay qualified medical expenses as defined by the IRS. It's a budgeting tool, a way to save on taxes and an investment, all rolled into one account.



How it works

START. When you enroll in the CDHP, the HSA is set up for you by HealthEquity®, our HSA administrator.

BUILD. Baptist will make a one-time annual contribution to your HSA at the beginning of the year. The amount of this contribution is $500 if you elect single coverage, and $1,000 for all other coverage tiers. You may contribute as well, up to a total of $4,300 for an individual and $8,550 for a family (2025 limits, as set by the IRS). You select an amount to be payroll-deducted (before taxes) through the year and put into your account. If your benefit start date is after January 1, 2025, you will receive a pro-rated amount in your HSA account.

SPEND. The HSA is yours to use or save for future expenses. After you enroll in the plan, you will receive a HealthEquity Visa debit card. You can use your card to pay for qualified expenses as you incur them. Funds will be withdrawn from your account to pay the expenses.

GROW. There's no use-it-or-lose-it rule with an HSA. Balances roll over year to year and earn interest tax-free. Once your balance reaches $1,000, you'll have a choice of investments to grow your account even more.

SAVE ON TAXES. The HSA gives you a triple tax advantage:

- Contributions reduce your taxable income and your income taxes.
- Interest earnings on your account are not taxed.
- Withdrawals to pay qualified medical expenses are not taxed.

KEEP. Your HSA is portable. You can keep the funds in your account if you leave Baptist.



What are "qualified expenses"?

These are expenses that the IRS allows to be paid from your HSA.

They include medical deductibles, coinsurance, dental and vision care, certain over-the-counter drugs, and other expenses. For a complete list, see IRS Publication 502, call 1-800-829-3676 or visit **irs.gov** and click on **Forms and Publications**.

It's easy to manage your HSA.

We've partnered with HealthEquity to help you manage your HSA.

Log in at **bcbst.com/Baptist** anytime to check your account balance, view payments, choose investment funds, find answers to frequently asked questions and more.

Go Mobile

The BlueCross BlueShield of Tennessee app makes it easier than ever to get the health information you need, when you need it. Download the **BCBSTN**SM app today.

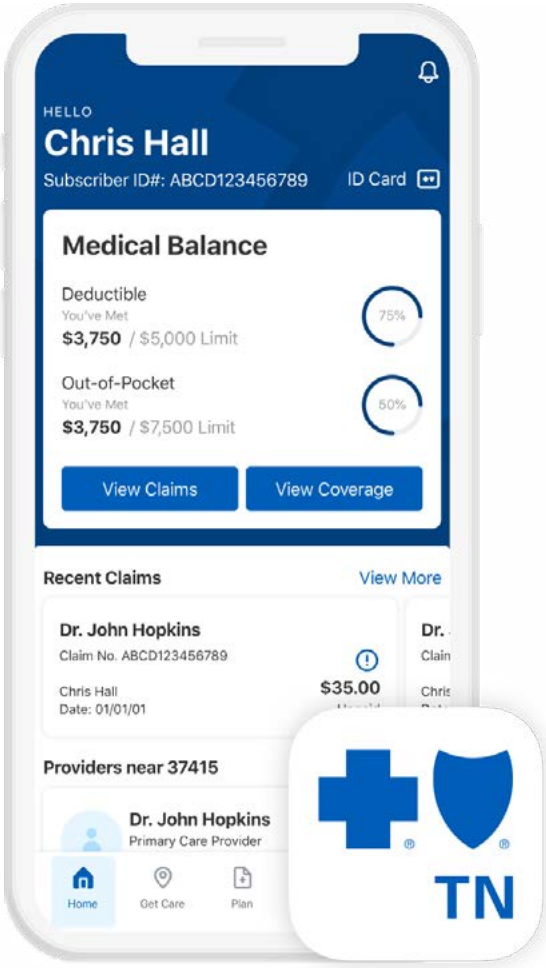
* Apple is a trademark of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google Inc.

About Your Online Account

BlueCross wants to make it easy for you to view and manage your benefits.

After you get your Member ID card, go to **bcbst.com/Baptist** and create an account so you can:

- Find an up-to-date list of providers in your network.
- Check your claims, copays, deductibles and all the services your plan covers.
- View your Claims Summary (also called Explanation of Benefits) to see how your claims are paid and sign up for email notices.
- See treatment options and manage your health.
- Take a Personal Health Assessment.
- Read your Personal Wellness Report.
- Stay motivated with self-directed coaching.
- Single sign-on to your HealthEquity account portal.



You can log in to your account in the BCBSTN℠ app or at bcbst.com/Baptist.

Your online account lets you:

- Find providers in your network.
- View claims and balances.
- Use a mobile version of your Member ID card.
- Get tips to help you stay healthy.

Scan this QR code to get the BCBSTN app free from your phone's app store.

Download on the App Store

GET IT ON Google Play

Your Medical Benefits at a Glance

The following charts show the benefits and cost-sharing that apply to the CDHP and 80/20 plans. All percentages listed in the chart apply to covered services only. You're responsible for all non-covered services and items. Please note that some of the services shown may require pre-certification or have limits and a review of medical necessity and costs before care is received.

This summary provides certain information about your health plan. More detailed information is available on the Baptist intranet website, or you may contact your Human Resources Representative or the Corporate Benefits Department.

Consumer-Driven Health Plan (CDHP)

Benefit	Baptist Network [1] (Tier 1)	BCBST Network (Network S-Tier 2)
Lifetime Maximum Per Person	Unlimited	Unlimited
Calendar Year Individual Deductible	$1,650	$1,650
Calendar Year Individual Out-of-Pocket Maximum	$3,000	$3,000
Calendar Year Family Deductible	$3,300	$3,300
Calendar Year Family Out-of-Pocket Maximum	$6,000	$6,000
Copayments/Coinsurance		
Hospital Admission	$0	$0
Primary Care Office Visits†	90% after deductible	90% after deductible
Specialist Office Visits	90% after deductible	90% after deductible
Urgent Care	90% after deductible	50% after deductible
Outpatient X-ray and Lab (excluding High-Tech Radiology)	90% after deductible	50% after deductible
Hospital Services		
Room and Board	90% after deductible	50% after deductible
Outpatient Diagnostic X-ray & Lab	90% after deductible	50% after deductible
Outpatient Diagnostic for High-Tech Radiology	90% after deductible	50% after deductible
All other Outpatient Services††	90% after deductible	50% after deductible
Emergency Room	90% after deductible	90% after deductible
Physician Services		
Office services (including, but not limited to, lab X-ray, surgery and other services performed in the office)	90% after deductible	50% after deductible
Independent Lab (with an office visit)	90% after deductible	50% after deductible
Outpatient Surgery	90% after deductible	50% after deductible
Allergy Tests or Injections (with an office visit)	90% after deductible	90% after deductible
Room and Board	90% after deductible	50% after deductible
Chiropractic	90% after deductible	90% after deductible

† Primary care office visits include general practice, family practice, internal medicine, pediatrician or OB/GYN.

†† All other outpatient services include, but are not limited to, fracture care; casting; splints; endoscopic procedures, such as colonoscopy and flexible sigmoidoscopy; invasive tests or tests requiring dye injections.

Consumer-Driven Health Plan (CDHP) - Cont'd

Routine/Preventive Care	Baptist Network [1] (Tier 1)	BCBST Network (Network S-Tier 2)
Routine Physical Exam	100%	100%
Routine Gynecological Care	100%	100%
Mammograms	100%	100%
Routine Well-Child Care	100%	100%
Mental Health/Substance Abuse		
Inpatient Hospital Services	90% after deductible	50% after deductible
Office Visits	90% after deductible	90% after deductible
Prescription Drugs: CVS Caremark		
HCR Drugs		$0
Generics (30-day supply)		30% Coins. ($8 min / $75 max)
Generics (90-day supply)		30% Coins. ($24 min / $225 max)
Preferred Brands (30-day supply)		30% Coins. ($20 min / $75 max)
Preferred Brands (90-day supply)		30% Coins. ($60 min / $225 max)
Non-Preferred Brands (30-day supply)		50% Coinsurance
Non-Preferred Brands (90-day supply)		50% Coinsurance
Specialty Generics		30% Coins. ($20 min / $175 max)
Specialty Preferred Brands		30% Coins. ($50 min / $250 max)
Specialty Non-Preferred Brands		50% Coinsurance
Annual Deductible	CDH Plan: $1,650 per individual/$3,300 per family based on combined deductible of medical and prescription plans.	
• Until this deductible is met the member pays 100% for their prescriptions.		
Pre-existing Conditions	Covered	Covered
Out-of-Network Providers/Facilities	Not Covered	Not Covered

(1) Note: Providers who offer services through the West Clinic in the Memphis, TN area are Out-of-Network. BlueCross' find a doctor directory at bcbst.com shows these providers as In-Network, but they are not in Network for your Employer. If You go to one of these Providers, You will not receive any benefit as the plan is set to pay at 0%.

Your Medical Benefits at a Glance

The following charts show the benefits and cost-sharing that apply to the CDHP and 80/20 plans. Please note that some of the services shown may require pre-certification and a review of medical necessity and costs before care is received.

This summary provides certain information about your health plan. More detailed information is available on the Baptist intranet website, or you may contact your Human Resources Representative or the Corporate Benefits Department.

PPO 80/20

Benefit	Baptist Network [1] (Tier 1)	BCBST Network (Network S-Tier 2)
Lifetime Maximum Per Person	Unlimited	Unlimited
Calendar Year Individual Deductible	$900	$900
Calendar Year Individual Out-of-Pocket Maximum	$3,500	$3,500
Calendar Year Family Deductible	No Limit	No Limit
Calendar Year Family Out-of-Pocket Maximum	$7,000	$7,000
Copayments		
Hospital Admission	$0	$0
Primary Care Office Visits†	100% after $25 copayment	100% after $25 copayment
Specialist Office Visits	100% after $50 copayment	100% after $50 copayment
Urgent Care	100% after $25 copayment	50% after deductible
Outpatient X-ray and Lab (excluding High-Tech Radiology)	80% after deductible	50% after deductible
Hospital Services		
Room and Board	$100 copayment after deductible, then 80%	$100 copayment after deductible, then 50%
Outpatient Diagnostic X-ray & Lab	100% after $25 copayment	50% after deductible
Outpatient Diagnostic for High-Tech Radiology	80% after deductible	50% after deductible
All other Outpatient Services††	100% after $25 copayment	50% after deductible
Emergency Room	$100 copayment after deductible, then 80%	$100 copayment after deductible, then 80%
Physician Services		
Office services (including, but not limited to, lab X-ray, surgery and other services performed in the office)	100% after $25 copayment	100% after $25 copayment
Independent Lab (with an office visit)	80% after deductible	50% after deductible
Outpatient Surgery	80% after deductible	50% after deductible
Allergy Tests or Injections (with an office visit)	100% after $25 copayment	100% after $25 copayment
Room and Board	80% after deductible	50% after deductible
Chiropractic	100% after $25 copayment	100% after $25 copayment

† Primary care office visits include general practice, family practice, internal medicine, pediatrician or OB/GYN.

†† All other outpatient services include, but are not limited to, fracture care; casting; splints; endoscopic procedures, such as colonoscopy and flexible sigmoidoscopy; invasive tests or tests requiring dye injections.

PPO 80/20 - Cont'd

Routine/Preventive Care	Baptist Network [1] (Tier 1)	BCBST Network (Network S-Tier 2)
Routine Physical Exam	100%	100%
Routine Gynecological Care	100%	100%
Mammograms	100%	100%
Routine Well-Child Care	100%	100%
Mental Health/Substance Abuse		
Inpatient Hospital Services	$100 copay after deductible, then 80%	$100 copay after deductible, then 50%
Office Visits	$50 copay	90% after deductible
Prescription Drugs: CVS Caremark		
HCR Drugs		$0
Generics (30-day supply)		30% Coins. ($15 min / $100 max)
Generics (90-day supply)		30% Coins. ($45 min / $300 max)
Preferred Brands (30-day supply)		30% Coins. ($25 min / $150 max)
Preferred Brands (90-day supply)		30% Coins. ($75 min / $450 max)
Non-Preferred Brands (30-day supply)		50% Coinsurance
Non-Preferred Brands (90-day supply)		50% Coinsurance
Specialty Generics		30% Coins. ($20 min / $175 max)
Specialty Preferred Brands		30% Coins. ($50 min / $250 max)
Specialty Non-Preferred Brands		50% Coinsurance
Annual Deductible	80/20 Plan: $50 per individual applied to Rx claims only	
• Until this deductible is met the member pays 100% for their prescriptions.		
Pre-existing Conditions	Covered	Covered
Out-of-Network Providers/Facilities	Not Covered	Not Covered

(1) Note: Providers who offer services through the West Clinic in the Memphis, TN area are Out-of-Network. BlueCross' find a doctor directory at bcbst.com shows these providers as In-Network, but they are not in Network for your Employer. If You go to one of these Providers, You will not receive any benefit as the plan is set to pay at 0%.

2025 Medical Premiums

(excluding $50 Tobacco/Nicotine Surcharge and $50 Spouse Surcharge)

Consumer-Driven Health Plan (CHDP)	Full-time	Part-time	Full-time Salary <$15	Part-time Salary <$15
Employee	$30.47	$60.93	$25.90	$51.79
Employee & Spouse	$61.17	$122.34	$51.99	$103.99
Employee & Child(ren)	$61.21	$122.43	$52.03	$104.07
Family	$91.95	$183.90	$78.16	$156.32

Premiums are deducted two times each month (24 times annually).

Bluecross 80/20 plan	Full-time	Part-time	Full-time Salary <$15	Part-time Salary <$15
Employee	$66.71	$133.41	$56.70	$113.40
Employee & Spouse	$141.08	$282.15	$119.92	$239.83
Employee & Child(ren)	$140.91	$281.83	$119.78	$239.55
Family	$190.30	$380.61	$161.76	$323.52

Premiums are deducted two times each month (24 times annually).

Tobacco/Nicotine Surcharge

A tobacco/nicotine surcharge of $100/month will be deducted from your paycheck if you test positive for tobacco/nicotine products or if you don't complete the BestHealth biometric screening with your primary care provider. If you use tobacco/nicotine products you may take the BestHealth 5-week Tobacco Cessation course in order to avoid the surcharge, however, you must also complete a biometric screening with your primary care provider.

This surcharge will apply only to you, not to your dependents. Tobacco/nicotine products include cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip, nicotine gum/patches/lozenges, e-cigarettes and any other tobacco product regardless of the frequency or method of use, including second-hand smoke.

Spousal Surcharge

If your spouse is eligible for medical coverage through his or her employer, but you choose to enroll your spouse in Baptist's medical plan, you will pay a spousal surcharge. Many employers are now implementing surcharges to encourage employees to access coverage through their own employers. You will be asked to certify if your spouse is employed and if your spouse is eligible for coverage through his/her employer. Falsification of this certification may result in disciplinary action up to and including discharge.

The spousal surcharge will not apply if:

- Your spouse is not employed
- Your spouse's employer does not offer medical coverage
- Your spouse has Medicare or Medicaid (and is not offered coverage through their employer)
- Your spouse works for Baptist



Vision Insight

Baptist offers vision coverage through BlueCross, who works with EyeMed to make sure you have the best coverage and a wide selection of providers. You simply call a network provider of your choice and schedule an appointment. When you go to your appointment, show your ID card or identify yourself as a BlueCross vision member. You will be asked to provide ID along with the name and date of birth of any covered dependent(s) needing service. The provider's office will verify your eligibility for service using this information.

To find network providers in your area, log in at **bcbst.com/findaprovider** or call **1-877-342-0737**.

Your Vision Benefits at a Glance

Service or Product	You Pay
Annual Exam	$10 copayment
Annual frame type lenses and frames	$25 copayment

Your 2025 Vision Premiums

Full-time & Part-time Employees	Employee
Employee	$2.73
Employee & Spouse	$5.45
Employee & Child(ren)	$4.77
Family	$7.50



Dental Benefits

Baptist offers a choice of two dental plans administered by Aetna: the High Dental Plan or the Low Dental Plan.

When you enroll in either plan, you will log on to the Aetna website to retrieve your Aetna dental ID card for you and each enrolled dependent. Because Aetna dental network providers have agreed to discount services for plan members, your dollars will go further by using a contracted dentist.

A list of Aetna contracted dentists can be found at **www.aetna.com**.

Your Dental Benefits at a Glance

Service or Product	Plan Pays
Plan Maximum Benefit	$2,000 (High Plan) or $1,500 (Low Plan)
Preventive Care	100% of usual and customary charges
Basic Care and Major Restorative	80% of usual and customary charges
Orthodontics	50% with a $1,000 lifetime maximum

Your 2025 Dental Premiums

High dental plan	
Employee	$9.50
Employee & Spouse	$18.91
Employee & Child(ren)	$18.68
Family	$28.36

Low dental plan	
Employee	$8.70
Employee & Spouse	$17.48
Employee & Child(ren)	$17.42
Family	$26.28



BlueCross Extras

Your BlueCross coverage comes with lots of helpful extras, too.

Coverage when you travel

› Your BlueCross Member ID card covers you when you travel in all 50 states and around the world, at in-network rates.

To find in-network providers:

- Anywhere in the United States, call 1-800-810-BLUE (2583) or log in at **bcbst.com/findaprovider.**
- Anywhere outside the United States, call 1-800-810-BLUE (2583) toll-free or (804) 673-1177 collect, or visit **bcbsglobalcore.com**.

Member savings programs

› You can take advantage of member-only savings on health-related products and services through the member discount program. You can also sign up for the Fitness Your Way program. A one-time $19 enrollment fee and $19 per month is all it costs to work out at thousands of participating gyms and fitness centers around the country. Log in at **bcbst.com/memberdiscounts** and search "Fitness Your Way."

Identity protection

› BlueCross includes Experian identity protection services free of charge for all its members. You can even protect family members under 18 years old. Log in at **bcbst.com/Baptist** and choose **Benefits & Coverage** to learn more.



Financial Security Benefits

Your Baptist benefits for better living include plans that help protect your finances through life's ups and downs. Benefits such as life insurance, disability insurance and the retirement plan can make an important contribution to your family's security and peace of mind—now and in the years to come.

Life Insurance

Baptist provides company-paid life insurance and accidental death and dismemberment insurance for all full-time employees after three months of continuous employment. Coverage is effective the first day of the month following 90 days of employment. The benefit amount is equal to 1½ times your base annual salary, rounded to the next higher thousand and not to exceed the maximum of $100,000. If death results from an accident, your beneficiary receives twice the amount of the principle sum.

You may also purchase voluntary life insurance to increase your protection. You may purchase 1, 2, 3, 4 or 5 times your annual salary, not to exceed the maximum of $1 million (guarantee issue amount: $300,000). You may also purchase coverage for your spouse for half the amount of your own coverage (with a guarantee issue amount of $50,000). A $10,000 policy is available for all dependent children up to age 26.



Sick Pay Benefit (SPB)/ Disability Insurance

For eligible employees with at least one year of service, Baptist provides Sick Pay Benefit (SPB).

The plan pays a weekly benefit equal to 70 percent of base pay for up to 90 calendar days. There is a 40 continuous scheduled work hour elimination period before SPB benefits begin.

Company-paid benefits also include long-term disability (LTD) insurance for employees with at least five years of full-time employment. The plan coordinates with Social Security disability benefits to provide a monthly benefit equal to 50 percent of base salary to a maximum of $10,000. The waiting period for benefits is 90 calendar days following the date of total disability.

To further increase your disability protection, you may purchase voluntary long-term disability insurance. The plan coordinates with both your employer-provided coverage and/or Social Security disability benefits to provide a monthly benefit equal to up to 60 percent of your base salary, not to exceed the maximum of $10,000.

Retirement Plan

To build a more secure retirement, you may participate in the Baptist Retirement Plan. You will receive matching dollars after you meet all of the requirements. Please contact your Human Resources Department or Corporate Benefits Department for more details on plan requirements.

You may contribute a designated percentage of your base pay on a pre- or post-tax basis. You also may choose to contribute non-matching dollars immediately upon employment, and above the matching maximum percentage, up to the IRS limitation.

> Vesting in the Retirement Plan is based on years of service with Baptist.



Other Benefits Available to You

Personal Time Off (PTO)

Personal Time Off (PTO) includes vacations and other paid leaves. It starts with your first paycheck. PTO accrual rates increase on designated anniversary dates. They are paid at your base rate of pay and do not include any types of premium pay such as differential or call pay.

If you are a:

- Non-exempt employee, you must schedule and use a minimum of one hour of PTO when requesting time off.
- Exempt employee, you must schedule and use PTO for a minimum of the equivalent of your regularly scheduled shift.

The maximum number of hours you can carry forward at the end of each calendar year is equal to your annual accrual rate. PTO hours in excess of the maximum will be forfeited at the end of the calendar year. However, employees are offered elective PTO cash out options four times annually. Please see your HR office for details.

MetLife Hospital Indemnity

MetLife's Hospital Indemnity Insurance can provide the money you can use to help cover the costs you might not anticipate. Helping you handle expensive hospital bills lets you focus more on recovering and less on how much the next test is going to cost.

- You'll receive a lump sum payment to use as you see fit
- Pays on top of what your medical insurance covers
- Coverage for hospital admissions, stays and accident-related rehabilitation (accidents only)



MetLife Legal Plans

MetLife Legal Plans® provide access to network attorneys available in person, by phone, or by email and online tools to do-it-yourself – we make it easy to get legal help. And you will always have a choice in what attorney to use.

Getting legal help shouldn't be difficult or unaffordable. A legal plan provides professional legal counsel for everyday personal legal needs, at a fraction of a lawyer's standard rate.

- Access to legal advice and representation from a network of vetted attorneys
- Typically covers a wide range of personal legal matters, such as: wills and estate planning, buying or selling a home, debt collection, traffic tickets, family law and more
- No copays, deductibles or waiting periods[1]

[1] When using a network attorney for a covered matter

Auto and Home

As a Baptist Memorial Employee, you have access to auto and home insurance from Farmers. This program provides you with special savings, outstanding customer service and a full suite of products to meet your diverse insurance needs. In addition to auto and homeowner's insurance, we offer a variety of other policies including: condo/rentals, boat, RV, motorcycle, personal excess liability and person property.

Take advantage of special Farmers Auto and Home discounts and benefits that could save you hundreds.

- A group discount of up to 15%
- Good driving rewards
- Multi-vehicle savings
- Multi-policy discounts
- 24/7 superior service



Accident Insurance

When you suffer an accident (on and off-the-job) such as a burn or broken bone. Accident Insurance through Reliance Standard provides a lump-sum cash benefit based on your injury(s) and the treatment you receive. These benefits are paid on top of what your health insurance covers, and can be used at your own discretion. And every year that you complete a qualified health screening, you are eligible for a $75 Wellness Benefit.

Example Benefits*

Ambulance (ground)	$150
Emergency Treatment	$200
Follow-up Office Visit	$75
Diagnostic Examination	$200 per CT/MRI
Hospital Confinement	$250/day
ICE Confinement	$500/day

*This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

Allstate ID Theft

Identity theft protection services from Allstate help assess your risk, deter theft attempts, detect fraud and manage the restoration process in the event of an identity theft. Your identity will be monitored to uncover fraud at its inception. You'll be offered an annual credit report, monthly credit scores and monitoring of your credit file. If Allstate detects suspicious activity, a certified privacy advocate can act as a dedicated case manager on your behalf and resolve the issue.



Critical Illness Insurance

No one can be completely prepared when a critical illness strikes, but if you or a loved one is diagnosed with a covered condition such as cancer, stroke, or heart attack, Critical Illness Insurance through Reliance Standard provides a lump-sum cash benefit to help pay for out-of-pocket medical expenses or any other bills that need attention, including rent or groceries. And every year that you complete a qualified health screening, you are eligible for a $50 Health Screening Benefit.

Short Term Disability

Short Term Disability can protect up to 60% of your weekly earnings, up to $6,000 per month, if you become disabled due to a non-occupational injury or illness. During your initial enrollment period only, you can elect up to 60% of your salary of coverage for yourself without answering any medical questions.* This coverage is available during the first year of employment for full-time employees. It's available for part-time employees throughout their employment.

*Guarantee issue up to 60% of salary, not to exceed $3,000

Pet Insurance

You care about your pets and consider them members of your family. Pet insurance provides coverage for a wide range of veterinary services, such as wellness visits, vaccinations, surgical procedures, medical care following accidents and illnesses, and more.



LifeTime Benefit Insurance with Long Term Care

As life insurance, LifeTime Benefit Insurance with Long Term Care through Transamerica protects your family with a death benefit that can be used any way they choose, most often for the mortgage or rent, education for children, debt, and final expenses. This policy includes living benefits that provide financial support and resources to cover the cost of long term care you might need as a result of an accident, illness, or aging. Coverage is permanent and flexible. During your initial enrollment period only, you can elect up to $150,000 of coverage for yourself without answering any medical questions.

Chubb Cancer Advocate Plus

Chubb's Cancer Advocate Plus is a first-of-its-kind-genetics-based Cancer Insurance Program that customizes cancer care. Every cancer journey is deeply personal. And every treatment should be, too. Cancer Advocate Plus offers not only prevention and detection, but just as importantly, cancer management, and recovery. This plan combines precision testing and treatment with insurance protection.

Some key features of the plan include:

- Genomic Profiling for ALL stages of cancer
- Cancer Recurrence Monitoring (Minimal residual disease) up to three years post active treatment
- Customized genomics and cancer educational videos
- Financial protection with lump sum payouts



Purchasing Power

Purchasing Power is an employee benefit program that is an easy and convenient way for employees to purchase eligible products and services and use payroll deduction to pay for them over a 12-month period.

HealthNet Federal Credit Union

HealthNet Federal Credit Union is a full-service credit union serving the health care community with an assortment of financial services.

CONCERN

Because Baptist cares about your emotional wellbeing, we offer our CONCERN employee assistance program which provides free counseling services to you and anyone in your household. The services you receive from CONCERN are confidential.

BestHealth

The BestHealth Wellbeing program is a benefit offered to Baptist team members to assist in achieving optimal wellness. Incentives to a gift card mall are awarded for completing an annual wellness visit, a biometric screening and achieving set metrics for Body Mass Index, Blood Glucose and Blood Pressure.

BestHealth also offers programs for weight management, tobacco cessation, physical activity, diabetes management, emotional wellbeing and much more. The diabetes management program is available to team members, spouses and dependents on our health insurance plan. If you participate in the diabetic program and you meet specific requirements, your medications and supplies that are on the formulary will be $0 copay. Please reach out to BestHealth at **BestHealth@bmhcc.org** or **901-227-2378 (BEST)** to learn about how you can become involved in the Baptist BestHealth Wellbeing Program.

This guide provides an overview of our employee benefit programs. More details can be found in the Summary Plan Description and plan document. In the case of a discrepancy between the plan documents and this guide, the plan documents will prevail.

Benefits are subject to change without notice.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex[1]. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

[1] Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إذا كنت عضوًا، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。若您是會員，請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140（聽障專線 (TTY)：1-800-848-0298）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ ານພາສາ, ໂດຍບໍ່ເສັ ງຄ່າ, ແມ່ນມີພ້ ອມໃຫ້ທ່ານ. ຖ້ າທ່ານເປັ ນ ສະມາຊິກ, ໃຫ້ໃຫ້ ກາເບິ ຂອງ ຝ່ ຍບໍ ລິ ການ ສະ ມາ ຊິ ກ ທີ ມີ ຢູ ດ ານ ຫ ັ ງ ບັ ດ ID ສ ະ ມ າ ຊ ິ ກ ຂ ອ ງ ທ ່ ານ ຫ ຼ ື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ አባል ከሆኑ፣ በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፣ TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló. Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nitł'ízí bee nééhozinígíí bine'dęę' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anída'awo'í bibéésh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóógo ǫ TTY: 1-800-848-0298) bee hodíilnih.

WICHDICH: Wann du Deitsch schwetzscht un witt en Translator, kenne mer eener griege fer dich unni as es dich ennich ebbes koschte zellt. Wann du en Member bischt, ruf der Member Service Number uff as uff die hinnerscht Seit vun dei Member ID Card is odder ruf 1-800-565-9140 (TTY: 1-800-848-0298) uff.

FAAMATALAGA: Afai e te tautala i le Gagana Samoa, o lo'o avanoa mo oe auaunaga fesoasoani i le gagana e leai se totogi. Afai o oe o se sui, fa'amolemole vala'au le numera o le Member Service o lo'o i tua o lau pepa ID po'o le 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSHUN: Gare iga gogal Kapasal Falawasch, ye fri ngalug yamem bwe tepangug rel iye kepat kaale. Nge gare iga gel gosa fasiul log bwe semal member, gosa kol yegili nampal Member Service woal pak rel Member ID kard la yamw gare kol yegili 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Kumu un tungo fuminu' Chamoru, guaha dibatdi na setbision asistimentun lengguahi para hâgu. Kumu membro hao, pot fabot agang i Setbision Membro na numeru gi santatin iyomu ID card Membro pat 1-800-565-9140 (TTY: 1-800-848-0298).