



Bethany St. Joseph Corporation
Inspiring Life, Hope, and Healing



2024 Benefits Guide

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Eligibility

Eligible Employees:

You may enroll in the BSJ Employee Benefits Program if you are an employee working at least 30 or more hours per week on average annually. Some benefit offerings allow you to work 20 or more hours a week to be eligible.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is 01/01/2024 for the new plan year. Newly hired employees and dependents will be effective in Bethany St. Joseph Corporation's benefits programs first of the month after 60 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Free Benefits Mobile App: Access Your Benefits Information 24/7



Go to the App Store or Google Play to download the BSJ Benefits App so that you have your benefit information at your fingertips. Search for “usieb” and download the free app using the following code when prompted: **A36262**

Highlights of the App

- Eco-friendly – no more sifting through paper copies.
- Available to the whole family.
- Store your ID cards, view group ID numbers, and click-to-dial contacts.
- Find health coverage details when you need it.

Medical Insurance

BSJ will continue to offer medical coverage through Quartz Health Benefit Plans. The chart on the following page is a brief outline of the plan. Please refer to the Quartz Certificate of Coverage and Benefit Summary for complete plan details.

	Quartz Health Benefit Plans Corporation Quartz HMO 90017
Benefits Coverage	Schedule of Benefits
Annual Deductible	
Individual	\$6,500 (HRA pays \$3500)
Family	\$13,000 (HRA pays \$7000)
Coinsurance	80%
Maximum Out-of-Pocket*	
Individual	\$7,850
Family	\$15,700
Physician Office Visit	
Primary Care	80% after deductible
Specialty Care	80% after deductible
Preventive Care	
Adult Periodic Exams	100%
Well-Child Care	100%
Diagnostic Services	
X-ray and Lab Tests	80% after deductible
Complex Radiology	80% after deductible
Urgent Care Facility	80% after deductible
Emergency Room Facility Charges*	80% after deductible
Inpatient Facility Charges	80% after deductible
Outpatient Facility and Surgical Charges	80% after deductible
Mental Health	
Inpatient	80% after deductible
Outpatient	80% after deductible
Substance Abuse	
Inpatient	80% after deductible
Outpatient	80% after deductible
Other Services	
E-visits	100%
Chiropractor Visits	80% after deductible

Quartz Health Benefit Plans Corporation Quartz HMO 90017	
Retail Pharmacy at a Participating Pharmacy (30 Day Supply)	
Generic (Tier 1)	\$10 copay
Preferred (Tier 2)	\$35 copay
Non-Preferred (Tier 3)	\$60 copay
Preferred Specialty (Tier 4)	\$200 copay

Quartz Medical Plan Contributions

Bethany St. Joseph Corporation pays a large portion of your health care plan premiums. Bi-weekly premiums are based on hours paid. Please see the Quartz Medical Plan 2024 Withholding chart below for the payroll deductions that apply to you.

Hours Per Pay Period (two weeks)	BSJ Contribution Per Pay Period	Employee Withholding Per Pay Period	BSJ Contribution Per Pay Period	Employee Withholding Per Pay Period	BSJ Contribution Per Pay Period	Employee Withholding Per Pay Period
	(SINGLE)	(SINGLE)	(SINGLE + 1)	(SINGLE + 1)	(FAMILY)	(FAMILY)
30	\$0.00	\$307.05	\$0.00	\$583.40	\$0.00	\$811.32
32	\$104.40	\$202.65	\$175.02	\$408.38	\$243.39	\$567.92
34	\$110.92	\$196.13	\$185.96	\$397.44	\$258.61	\$552.71
36	\$117.45	\$189.60	\$196.90	\$386.50	\$273.82	\$537.50
38	\$123.97	\$183.08	\$207.84	\$375.57	\$289.03	\$522.28
40	\$130.50	\$176.56	\$218.78	\$364.63	\$304.24	\$507.07
42	\$137.02	\$170.03	\$229.71	\$353.69	\$319.46	\$491.86
44	\$143.55	\$163.51	\$240.65	\$342.75	\$334.67	\$476.65
46	\$150.07	\$156.98	\$251.59	\$331.81	\$349.88	\$461.44
48	\$156.60	\$150.46	\$262.53	\$320.87	\$365.09	\$446.22
50	\$163.12	\$143.93	\$273.47	\$309.93	\$380.30	\$431.01
52	\$169.65	\$137.41	\$284.41	\$298.99	\$395.52	\$415.80
54	\$176.17	\$130.88	\$295.35	\$288.06	\$410.73	\$400.59
56	\$182.70	\$124.36	\$306.29	\$277.12	\$425.94	\$385.37
58	\$189.22	\$117.83	\$317.23	\$266.18	\$441.15	\$370.16
60	\$195.75	\$111.31	\$328.16	\$255.24	\$456.36	\$354.95
62	\$202.27	\$104.78	\$339.10	\$244.30	\$471.58	\$339.74
64	\$208.80	\$98.26	\$350.04	\$233.36	\$486.79	\$324.53
66	\$215.32	\$91.73	\$360.98	\$222.42	\$502.00	\$309.31
68	\$221.85	\$85.21	\$371.92	\$211.48	\$517.21	\$294.10
70	\$228.37	\$78.68	\$382.86	\$200.54	\$532.43	\$278.89
72	\$234.90	\$72.16	\$393.80	\$189.61	\$547.64	\$263.68
74	\$241.42	\$65.63	\$404.74	\$178.67	\$562.85	\$248.47
75+	\$260.99	\$46.06	\$437.55	\$145.85	\$608.49	\$202.83

Convenient, Low-Cost E-visit Options

Quartz now has two choices for you and your dependents to receive nonemergency health care virtually: **UW Health Care Anywhere** and **Gundersen VirtualVisit**. These programs allow you to have a video visit with a primary care physician on a 24/7/365 basis from the comfort of your own home or work. Access these video visits via an app on your smartphone, tablet, or computer equipped with a web camera (app information is provided below by program).

NOTE: E-visits are **FREE** to BSJ members. Call Customer Service at **800.362.3310** for more info. Use these primary care e-visits for:

- Abdominal pain
- Allergies
- Cough
- Fever
- Ear pain
- Stuffy/runny nose
- Sore throat
- Painful/difficult urination
- Nausea & vomiting
- Low back pain &/or joint pain
- Diarrhea
- Eye infections
- Sprains
- Headache
- Minor skin problem
- And other nonemergency issues

UW Health Care Anywhere: Get the mobile app called “UW Health Care Anywhere” from the App Store or Google Play. **NOTE: While members do not need a UW Health PCP to use this service, they must be in the state of Wisconsin to receive care.**

Gundersen VirtualVisit: Search Google Play or the App Store for “Gundersen VirtualVisit.” Create an account so your information is stored securely for your visits. Before your visit begins, log in and review the available providers, their experience, and ratings. Choose the person who best fits your needs. Video chat with your selected provider. **This service is not limited by being in Wisconsin; you can use while home or on vacation outside of Wisconsin.**



Health Reimbursement Account (HRA)

BSJ offers a Health Reimbursement Account in conjunction with the Quartz HMO Plan. Each employee enrolled in the medical plan with **Single** coverage will pay the first \$2,000 of their deductible; then the HRA will reimburse the next \$3,500. After that you will pay the last \$1,000 of the deductible. Each employee enrolled in the medical plan with **Family** coverage will pay the same but 2 family members would have to meet this.

After you've satisfied your portion of the deductible, Employee Benefits Corporation will automatically deduct funds from your BSJ funded HRA account to pay for any eligible service that will apply to the next portion of your deductible. Eligible expenses include deductible expenses associated with the eligible plan. Office visit and prescription copays are NOT eligible.

- Funds run according to the calendar year (January 1st – December 31st)
- Unused HRA dollars do not roll over from year to year



Dental Insurance

BSJ will continue to offer a dental program through Delta Dental of Wisconsin. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs.

	Delta Dental of Wisconsin Delta Dental Benefit Summary 95798	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	
Family	\$150	
Waived for Preventive Care?	Yes	
Annual Maximum*		
Per Person*	\$1,000	
Preventive*	100%	
Basic	80%	
Major	80%	
Orthodontia		
Benefit Percentage	50%	
Adults	Covered – Employee & Spouses	
Dependent Child(ren)	Covered - up to age 19 (to age 25 if full-time student)	
Lifetime Maximum	\$1,500	

*Preventive Procedures do not count toward the Annual Maximum.

Delta Dental Plan Contributions

Bethany St. Joseph Corporation pays a large portion of the premium for single coverage and helps employees with contributions to family coverage. Bi-weekly premiums are based on hours paid. Please see the Delta Dental Plan 2024 Withholding chart below for the payroll deductions that apply to you.

Hours Per Pay Period (two weeks)	BSJ Contribution Per Pay Period (SINGLE)	Employee Contribution Per Pay Period (SINGLE)	BSJ Contribution Per Pay Period (FAMILY)	Employee Contribution Per Pay Period (FAMILY)
0	\$0.00	\$15.83	\$0.00	\$50.46
30	\$0.00	\$15.83	\$0.00	\$50.46
32	\$4.43	\$11.40	\$8.48	\$41.98
34	\$4.71	\$11.12	\$9.01	\$41.45
36	\$4.99	\$10.84	\$9.54	\$40.92
38	\$5.26	\$10.57	\$10.07	\$40.39
40	\$5.54	\$10.29	\$10.60	\$39.86
42	\$5.82	\$10.01	\$11.13	\$39.33
44	\$6.09	\$9.74	\$11.66	\$38.80
46	\$6.37	\$9.46	\$12.19	\$38.27
48	\$6.65	\$9.18	\$12.72	\$37.74
50	\$6.93	\$8.90	\$13.25	\$37.21
52	\$7.20	\$8.63	\$13.78	\$36.68
54	\$7.48	\$8.35	\$14.31	\$36.15
56	\$7.76	\$8.07	\$14.84	\$35.62
58	\$8.03	\$7.80	\$15.37	\$35.09
60	\$8.31	\$7.52	\$15.89	\$34.57
62	\$8.59	\$7.24	\$16.42	\$34.04
64	\$8.87	\$6.97	\$16.95	\$33.51
66	\$9.14	\$6.69	\$17.48	\$32.98
68	\$9.42	\$6.41	\$18.01	\$32.45
70	\$9.70	\$6.13	\$18.54	\$31.92
72	\$9.97	\$5.86	\$19.07	\$31.39
74	\$10.25	\$5.58	\$19.60	\$30.86
75+	\$11.08	\$4.75	\$21.19	\$29.27



Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with BSJ allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds over the allowable health care FSA \$610 rollover amount.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Maximum Annual Election	
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000

Voluntary Benefits

BSJ offers the following voluntary benefits to their employees. These benefits provide additional financial security to employees and their families. Note that voluntary benefits are 100% paid by you through payroll deductions and are completely optional. Check with HR for the cost of these programs to you.

Short-Term Disability Insurance

BSJ offers a voluntary short-term disability option through Principal Financial Group. The weekly benefit amount payable up to 60% of your pre-disability earnings to a maximum of \$1,000. The benefit begins after 14 days for either an injury or illness and lasts up to 24 weeks. Pre-existing conditions apply; please refer to the Principal Benefit Booklet for complete plan details.

Long-Term Disability Insurance

Additionally, BSJ offers a voluntary long-term disability option through Principal Financial Group. The monthly benefit amount payable is up to 60% of your pre-disability earnings to a maximum of \$4,333. The benefit begins after 180 days of disability. Pre-existing conditions apply; please refer to the Principal Benefit Booklet for complete plan details.

Part-Time Benefits (40+ per pay period)

Accident Insurance

BSJ also offers Voluntary Accident coverage through The Hartford. This insurance gives you added financial protection by paying a cash benefit in case of a covered accident. You and your dependents can enroll in this insurance. Benefits are paid based on the type of injury/treatment/service according to a schedule. This plan also offers a health screening benefit for each covered person. Check with HR for more information.

Critical Illness Insurance

Critical Illness insurance through The Hartford is another offering by BSJ. A lump sum benefit is payable when diagnosed with any covered critical illness while the insurance is in effect (subject to the coverage maximum and pre-existing condition limitation). You and your dependents can enroll in this insurance. This plan also offers a health screening benefit for each covered person. Check with HR for more information.

Life Insurance

Life Insurance options are available so you can offer financial stability to your loved ones. You are eligible to participate in the AXA Group Life Insurance Plan if you are an active employee who works at least 20 hours per week (40 hours per pay period).

General Life/Accidental Death & Dismemberment (AD&D) is an employer paid \$10,000 plan. There are no premiums associated with this coverage if working 20 hours plus per week is maintained.

Voluntary Life Insurance gives you the option to purchase additional Life Insurance increments for yourself, your spouse, and your dependent children. Premiums for this coverage is paid by you via payroll deductions and are based on the amount of additional coverage and age-range rates. Coverage cannot exceed five times your Basic Annual Earnings.

For both plans, you designate your beneficiary information with Human Resources.

Voluntary Vision Insurance

BSJ will continue to offer a Voluntary Vision Program through Delta Dental of Wisconsin. The network providers are through EyeMed utilizing the Select Provider Network. This is a voluntary plan meaning that you pay 100% of the premiums. Below is a summary of the plan benefits; detailed information about the plan is available through the Voluntary Vision Plan materials.

Delta Dental of Wisconsin Inc. Delta Vision Summary 43441		
Copay	In-Network Benefit	Out-of-Network Reimbursement
Routine Exams (once every 12 months)	You pay \$10	Up to \$35
Vision Materials		
Standard Plastic Lenses (once every 12 months)		
Single	You pay \$10	Up to \$25
Bifocal	You pay \$10	Up to \$40
Trifocal	You pay \$10	Up to \$55
Standard Progressive	You pay \$75	Up to \$40
Contacts (every 12 months) Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$120 allowance (conventional or disposable) then 15% off balance for conventional contacts	Up to \$96
Frames (once every 24 months)	Covered at \$130 allowance, 20% off balance	Up to \$65

Employee Contributions	
Delta Vision Summary	
Employee	\$5.92 Month / \$2.73 Per Pay Period
Employee & Dep(s)	\$14.74 Month / \$6.80 Per Pay Period

Employee Assistance Program (EAP)

Bethany St. Joseph Corporation recognizes that work performance can be affected by problems related and unrelated to your job. An Employee Assistance Program (EAP) is provided to you and your immediate family members by BSJ. The EAP is through Gundersen Health System and provides professional, confidential assistance to help individuals resolve concerns that affect their personal lives or work performance. The EAP can help with all types of problems such as depression, marital difficulties, financial concerns, family conflicts, alcohol and drug problems, and work-related problems. There is **no cost** to you for using the EAP.

Confidentiality is the foundation of the EAP, so no information may be released to any other person about your participation in the program without your written consent. The EAP is accessible 24 hours a day, seven days a week. If you would like more information about EAP or would like to schedule an appointment, please call **608.775.4780** or **800.327.9991**, email eap@gundersenhealth.org or go online at <https://www.gundersenhealth.org/services/worksites-wellness/employee-assistance-program-eap/>.

Locations for in-person EAP Visits are listed below. Note days when in-person appointments are available by location.

- La Crosse Employee Assistance Program office
914 Green Bay Street
La Crosse, WI 54601
Appointments available everyday
- Onalaska Employee Assistance Program office
3111 Gundersen Drive
Onalaska, WI 54650
Appointments available on Tuesdays
- Prairie du Chien Behavioral Health
610 E. Taylor Street
Prairie du Chien, WI 53821
Appointments available on Thursdays
- Tomah Behavioral Health
601 N. Superior Avenue
Tomah, WI 54660
Appointments available on Thursdays
- Viroqua Behavioral Health
407 S. Main Street Suite 200
Viroqua, WI 54665
Appointments available every other Wednesday
- Winona Specialty Services
111 E. Riverfront Street
Winona, MN 55987
Appointments available every other Wednesday

Additional Benefits

Paid Leave Value (PLV)

PLV is a unique benefit program that replaces traditional vacation, holiday, bereavement, and sick time benefits with a dollar value payment earned with each payroll. All employees enjoy this benefit.

The PLV rate, as defined below, is multiplied by hours (up to 80), times wage rate. The resulting dollar value is accumulated in a PLV bank.

Cumulative	PLV Rate per	Cumulative	PLV Rate
Hours Paid	Hours Paid	Hours Paid	Hours Paid
1-2080	.0577	24961-29120	.1308
2081-6240	.0731	29121-33280	.1346
6241-8320	.0885	33281-37440	.1385
8321-10400	.0923	37441-41600	.1423
10401-12480	.1038	41601-45760	.1461
12481-14560	.1077	45761-49990	.1499
14561-16640	.1115	49991-54080	.1538
16641-18720	.1154	54081-58240	.1576
18721-20800	.1192	58241-62400	.1615
20801-24960	.1269	62401+	.1653

The employee earns PLV on hours paid up to 80 per pay period. The rate at which PLV is earned is based on the total hours paid since starting with the Corporation. Refer to the schedule above.

The employee accumulates as much as he or she wants in the PLV bank. After employment ends, accumulated PLV is paid out 100% to the employee on his or her last direct deposit.

PLV hours do not count as “working hours” for purpose of overtime.

Volunteer Time Off (VTO)

Bethany St. Joseph Corporation offers paid “volunteer time” to our employees. The purpose of Volunteer Time off is to support programs and activities that enhance and serve the communities in which we live and work. This program is a way in which we can support our employees in their effort to make a difference in the community.

Tuition Reimbursement

BSJ Corporation recognizes that educational development is important to our employees’ professional and personal development. The tuition reimbursement program will provide financial assistance to employees in continuing their educational endeavors. BSJ Corporation will reimburse up to \$3,000 of tuition costs each year.

Retirement Plan General Information for 2024

BSJ Corporation offers, to eligible persons, a retirement savings plan called a 403(b) plan. The Plan allows a person to deduct an amount from each paycheck. You pay lower current tax on a lower gross income because the contribution comes out of the paycheck before the income is taxed. You also have the choice of the 403(b) ROTH option where gross income is taxed first, then the retirement monies are withheld.	
When to enroll?	Employees can enroll at date of hire or any time thereafter with any payroll.
Who is excluded?	Independently contracted people. Everyone else is eligible to enroll.
How to enroll?	Acquire the enrollment packet from your Business Admin Assistant or the Assistant to the Exec Dir. Complete the enrollment form by choosing what percentage of your wages to contribute and which funds to allocate the monies to. Complete the beneficiary form.
How much can I contribute?	An amount that does not exceed \$23,000 total for 2024. The limits may be adjusted each year.
Are other contributions allowed?	If you are 50 years or older, the IRS allows an additional catch-up contribution of \$7,500 (for 2024). This amount may be adjusted each year.
Does the company match my contributions?	The company, at its discretion, matches a percentage of what you contribute. For 2024, the company recognizes up to 4% contributed and matches it by half. (Example: contribute 4% of wages and the company gives 2%; contribute 3% of wages and the company gives 1.5%)
When am I eligible to receive the company match?	You need to have been employed for an accumulated time of 1 year and be at least age 21. The match starts the first calendar quarter after reaching the qualifying criteria.
Am I vested?	You are vested 100% in the amount you contribute and the earnings you earn. You are also vested 100% in the company match contributions as they are added to your account.
What are my investment options?	The corporation has several fund options to pick from. See list of funds with the enrollment materials.
What is my risk?	These funds are subject to changes in the investment environment. Potential gains and losses may occur with the funds throughout the course of time that you are a participant.
How do I know my account balances?	Quarterly online statements are available, or you can request to have a paper statement sent to you by calling Newport. Balances can also be checked by using the automated telephone system through Newport Group.
Can I change my contribution percentage?	Yes, with any payroll by completing the required Deferral Change Form and submitting it to your Business Admin Asst or the Assistant to the Exec Dir.
How do I change the funds my contributions are going into?	An electronic process is available either by a web access system at www.newportgroup.com or by a voice response system using a touch tone telephone at 1-844-749-9981. Both methods require the use of your acquired Username and Password. Contact them for your Username and initial temporary password.
What information do I receive?	You will receive a copy of the Retirement Plan's Summary Plan Description. Fund information can be obtained by visiting websites such as americanfunds.com or quicktake.morningstar.com or vanguard.com or schwab.com . The Newport Group website is also a source to view your account's current status and other related reports.
What if I have questions?	See your Business Administrative Assistant. If further information is needed, he/she will contact the corporation's designated Retirement Plan contact person.

Note: The Plan is intended to be a plan described in Section 404 (c) of the Employee Retirement Income Security Act, and Title 29 of the Code of Federal Regulations Section 2550.404.c-1.

For an enrollment packet, see your Business Administrative Assistant or contact the Asst to the Executive Director at 608-788-5700 or gbruessel@bsjcorp.com.

Changes in Benefit Elections

Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.



If you do not make your 2024 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero (\$0) elections.

Contact Information

Carrier Customer Service

Additional information regarding benefit plans can be found by accessing our website, www.bsjcorp.com. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical HMO	Quartz Health Benefit Plans Corporation	800-362-3310	www.quartzbenefits.com
Dental PPO	Delta Dental of Wisconsin	800-236-3712	www.deltadentalwi.com
Vision	Delta Dental of Wisconsin	800-236-3712	www.deltadentalwi.com
Health Reimbursement Arrangement	Employee Benefits Corporation	800-346-2126	www.ebcflex.com
Voluntary Short-Term (STD) or Long-Term (LTD) Disability	Principal Financial Group	800-843-1371	groupbenefitsadmin@principal.com
Section 125	Employee Benefits Corporation	800-346-2126	www.ebcflex.com
Employee Assistance Program (EAP)	Gundersen Health System	608-775-4780 or 800-327-9991	eap@gundersenhealth.org
Voluntary Accident or Critical Illness	The Hartford	866-547-4205	https://benefitsclaims.thehartford.com/

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 this plan. Therefore, the following deductibles and coinsurance apply:

Annual Deductible	
Individual	\$6,500
Family	\$13,000
Coinsurance	80%

NEWBORNS ACT DISCLOSURE - FEDERAL

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).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

Quartz Benefits generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Quartz Benefits designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Quartz Benefits at 800.362.3310 or www.quartzbenefits.com. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Quartz Benefits or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Quartz Benefits at 800.362.3310 or www.quartzbenefits.com.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$156 per day (up to a \$1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Jennie Sass
2501 Shelby Rd
La Crosse, Wisconsin United States 54601
608-788-5700
JSass@bsjcorp.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date of this Notice: January 1, 2024
- Privacy official – Jennie Sass, 608-788-5700 or JSass@bsjcorp.com

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Bethany St. Joseph Corporation 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 Bethany St. Joseph Corporation 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. Bethany St. Joseph Corporation has determined that the prescription drug coverage offered by the Quartz HMO 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 Bethany St. Joseph Corporation coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

You may keep this coverage if you elect part D. This plan will coordinate with Part D coverage; however, members must submit claims to the secondary coverage for processing as claims are processed through Primary Insurance only at the time of service.

If you do decide to join a Medicare drug plan and drop your current Bethany St. Joseph Corporation coverage, be aware that you and your dependents will 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 Bethany St. Joseph Corporation 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 Bethany St. Joseph Corporation changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

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:	01/01/2024
Name of Entity/Sender:	Bethany St. Joseph Corporation
Contact--Position/Office:	Human Resources Director
Address:	2501 Shelby Road, La Crosse, WI 54601
Phone Number:	608-788-5700

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 **1-877-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 **1-866-444-EBSA (3272)**.

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	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
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<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p>	<p align="center">NEBRASKA – Medicaid</p>

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
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NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: 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/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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OMB Control Number 1210-0137 (expires 1/31/2026)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 10-31-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Bethany St. Joseph Corporation		4. Employer Identification Number (EIN) 51-0201995	
5. Employer address 2501 Shelby Road		6. Employer phone number 608-788-5700	
7. City La Crosse	8. State WI	9. ZIP code 54601	
10. Who can we contact about employee health coverage at this job? Human Resources Director			
11. Phone number (if different from above)		12. Email address jsass@bsjcorp.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Employees who work 30 or more hours per week

- With respect to dependents:
☒ We do offer coverage. Eligible dependents are:

- Spouse
- Dependent Children to age 26

- ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



This brochure summarizes the benefit plans that are available to Bethany-St Joseph Corp eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.