



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



2024 Employee Benefits

Agenda

- What is Open Enrollment
- Benefit Plan Overview
- Enrollment Process
- Questions & Answers

Key Information

- The 2024 Benefit Open Enrollment Period is **November 27th to December 7th.**
- All benefit elections and changes will take effect **01/01/2024**
- Payroll deductions start with the check dated 12/13/2023
- The deadline to enroll is **December 7, 2023.**

Open Enrollment

- Opportunity to make changes to your benefit elections and to review which dependents you will cover
- Elections made during this period will remain in effect for a 12 month period, unless you experience an IRS-approved “qualifying event”
- Approved qualifying events include:
 - Marriage or Divorce
 - Death
 - Birth or adoption of a dependent
 - Change in employment status
 - Change in dependent’s eligibility status
 - Loss of or significant change to your current coverage
 - Judgment, decree or court order
- You have 30 days from the date of the event (varies by state) to notify Human Resources

- Quartz Health Benefit Plans Corporation

MEDICAL/RX

Medical/Rx – Plan Highlights

*The deductible is calculated on an aggregate basis.

**The out-of-pocket maximum includes the deductible all eligible copays and coinsurance amounts.

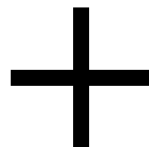
Quartz Health Benefit Plans Corporation Medical HMO 90017 Medical	
Annual Deductible*	\$6,500 per individual \$13,000 per family
Annual Out-of-Pocket Maximum**	\$7,850 per individual \$15,700 per family
Plan Coinsurance	80% in most cases
Office Visit	80% after deductible
Lab & X-ray	80% after deductible
Complex Radiology	80% after deductible
Inpatient Hospital	80% after deductible
Emergency Room	80% after deductible
Retail Prescription Drugs	
Generic	\$10 copay
Preferred Brand Name	\$35 copay
Non Preferred Brand Name	\$60 copay
Preferred Specialty	\$200 copay

Health Reimbursement Account

An HRA is an account provided by Bethany-St Joseph Corp that can help pay for a portion of your individual or family deductible.

Medical

- Medical plan with Quartz Health Benefit Plans Corporation
- Deductible, Coinsurance and Copayments
- Provides Insurance Protection



Health Reimbursement Account (HRA)

- Account to help with your deductible responsibility if you need it

	Individual Plan	Family Plan
Deductible administered by Quartz Health Benefit Plans Corporation	\$6,500 per individual	\$13,000 per family
Your Initial Deductible Responsibility	\$2,000	\$4,000
Bethany-St Joseph Corp Deductible Funding	\$3,500	\$7,000
Your Remaining Deductible Responsibility	\$1,000	\$2,000
Benefit % after deductible paid by Quartz Health Benefit Plans Corporation	80% in most cases	80% in most cases

Medical/Rx – Plan Highlights

PREVENTIVE CARE – Covered at 100% on all medical plan options.
Know what services are covered at 100% by Quartz Health Benefit Plans Corporation prior to your preventive care visit

Routine preventive for Children*

Appropriate screenings based on gender and age

- Newborn visits
- Tuberculosis testing
- Anemia testing
- Lead exposure
- Pelvic exam and pap test
- Development and behavior
- Lipid profile
- Depression
- Obesity and counseling
- Nutrition counseling

Routine preventive for Adults

Appropriate screenings based on gender and age

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- Bone density testing
- Colonoscopy
- Aortic aneurysm

*Birth to age 18

How do I Maximize my Benefits?

- Am I using in-network facilities and providers?
- Do I know the urgent care facilities near my home for minor emergencies?
- Have I asked my doctor or pharmacist for lower cost prescription alternatives or shopped around pharmacies for lower prices?
- Have my family and I had our annual preventive services performed?
- Do I know where I stand regarding my deductible and coinsurance before services are received?
- Have I checked my Explanation of Benefits (EOB) to compare it to provider charges?



Quartz[®]

Find your spark.

The Bethany St. Joseph Corporation

January 2024

2024 Group Certificate Updates

WISCONSIN

Improved transparency in Summary of Benefits and Coverage (SBC) by: <ul style="list-style-type: none"> • Adding “deductible does not apply” in various locations to clearly indicate when the deductible does not apply based on plan selected; and, • Clarifying under limitations for diagnostic tests and imaging that prior authorization may be required.
Added coverage for over-the-counter hearing aids. Dollar and frequency limits may apply.
Revised panniculectomy exclusion. May be covered following weight loss if medically necessary.
Modified language to support covering services provided via care management programs.
Added general exclusions for “wart removal” and “services not rendered.”
Updated hair removal exclusion to cover if authorized by Quartz for covered gender-affirming care.
Updated coverage at \$0 for the following preventive services: <ul style="list-style-type: none"> • Removed requirement to cover aspirin to prevent cardiovascular risk; • Added screening for anxiety for individuals aged 8-18; • Allowed repeat screening for type 2 diabetes six months post-partum for individuals with positive screening test in early post-partum period; • Added COVID-19 vaccinations; and, • Changed upper age limit for HIV screening from 18 to 21.
Clarified that: <ul style="list-style-type: none"> • Sublingual allergy treatment is covered if FDA-approved and on the formulary; • Medical benefit drugs are no longer listed in the formulary; • Glucometers and continuous glucose monitors may be covered under the pharmacy, rather than medical, benefit; and, • Quartz plans cover one initial contact lens per eye for specific reasons when medically necessary.
Removed age limits for initiating treatment of autism spectrum disorder.

2024 Group Certificate Updates Continued

WISCONSIN

<p>Revised to support using Cigna for the PPO network and wrap network for HMO and POS plans.</p> <ul style="list-style-type: none"> • Allowed Cigna to perform medical necessity determinations & process appeals in certain situations. • Removed requirement that member go in-network for certain services under a PPO or POS plan. • Updated prior authorization lists for PPO and out-of-area services under HMO and POS, and instructions for how a member can locate the correct list. • For HMO and POS plans, allowed that out-of-network referrals and prior authorization requests come to Quartz first but may be redirected to Cigna if provider is outside Quartz service area.
Added a new special enrollment period for individuals voluntarily losing other group coverage during the annual open enrollment period of another employer group health plan.
Clarified that "Extension of Coverage Due to Total Disability" applies only when group policy terminates (not certificate).
Clarified that legal wards of covered spouses are eligible for coverage.
For small group plans, removed language stating Quartz will coordinate benefits with Medicare when a member is eligible for Medicare, even if they did not enroll.
Updated Continuity of Care language to more clearly comply with requirements of the No Surprises Act.
Revised Group Master Policy Agreements to assume responsibility for groups' compliance with Air Ambulance reporting requirements and submitting the annual Gag Clause Prohibition Compliance Attestation for fully insured groups; updated language to clearly state that group is responsible for providing employer vs. member-paid premium information to Quartz for prescription drug reporting.



Caring for You

Preventive Services

- Preventive services include annual physicals, screenings, and immunizations
- A preventive visit does not include diagnosis or treatment of a new or existing concern or condition

Preventive and diagnostic services	Coverage
Review of your overall health	✓
Vital statistics, such as height, weight, and blood pressure	✓
Discussion of personal and family medical history	✓
Discussion of risk factors for certain diseases or conditions	✓
Age- and gender-appropriate screenings	✓
Select immunizations (per the Affordable Care Act)	✓
Complete physical exam	✓
Discussion of specific health concerns or condition	\$
Lab work or tests for the purpose of diagnosis and/or treatment	\$
✓ No-cost preventive services \$ Diagnostic services. You may be billed out-of-pocket costs, such as a copay, co-insurance, or deductible.	

Where to get care.



Choose the right care for the right situation. Explore these options that are available with your Quartz plan.*

	Virtual visit	Telehealth	Primary care	Urgent care	Emergency care
Description	An on-demand appointment with a health care provider via your smartphone, tablet, or computer	A scheduled appointment with your usual provider during clinic hours, via video chat or phone call	Regular, nonemergency care. Face-to-face appointment with your provider in their clinic or office	In-person, walk-in care at designated locations, usually with extended hours	In-person care 24/7 when help is needed right away to prevent an adverse health outcome
Hours	24/7	Normal clinic hours	Normal clinic hours	Extended hours	24/7
Cost	\$	\$	\$	\$	\$
When to use	For urgent, nonemergency symptoms, like: <ul style="list-style-type: none"> • Cough • Headaches • Nausea • Rashes • Sore throat • Sprains 	For service outside of the clinic, including: <ul style="list-style-type: none"> • Routine visits • Surgery follow-ups • Mental health services • Screenings 	For in-clinic services, for instance: <ul style="list-style-type: none"> • Routine checkups • Annual physicals • Preventive screenings • Vaccinations • Non-urgent injuries and illness 	For health issues or injuries that need prompt attention, but are not serious enough for emergency care, such as: <ul style="list-style-type: none"> • Sprains and strains • Ear pain or infection • Rashes and insect bites • Sore or strep throat 	For serious and/or life-threatening situations, for example: <ul style="list-style-type: none"> • Chest pain or heart attack • Shortness of breath • Major illness • Traumatic injury
How to access	Set up an account ahead of time so you're prepared if you are sick or injured. Learn more at QuartzBenefits.com/digitaltools	Call your provider's office to schedule a telehealth visit (if available) and get connection instruction	Call your primary care provider or clinic to schedule ahead of time	Call your primary care provider or clinic first, day or night. They will advise you if you should go to urgent care	Call 911 or go to the nearest hospital emergency department for immediate help

Prior Authorization

WHEN YOU NEED APPROVAL FROM QUARTZ AHEAD OF TIME –
THAT'S PRIOR AUTHORIZATION

- Most of the time, you can take care of your medical needs without checking with Quartz
- In some situations, you might need our okay first before we can cover the cost

How Prior Authorization Works

- After recommending a procedure that needs prior authorization, your provider contacts Quartz
- We review the request and let you and the provider know if the procedure is covered
- See QuartzBenefits.com/priorauth





Coverage Basics

Out-of-Area Dependent Coverage

- Dependent child or grandchild on your plan who lives outside of our service area at least three months per year
- Need Quartz approval before getting care from an out-of-network provider
- Costs will be covered at the in-network level of benefits
- **Eligible services** include:



Primary care



Chiropractic
care



Behavioral /
mental health



In-office therapy services



Routine procedures
and care in office



Care at College

- Out-of-area, but not out of coverage
- Emergency and urgent care treated as if in-network
- Up to 50% of UCR for nonemergency and urgent care
- Elective services need Quartz approval ahead of time
- Medications – QuartzBenefits.com/findapharmacy



Medication Matters



A new Pharmacy Benefits Manager

Managing medications can be complicated. With our new Pharmacy Benefit Manager (PBM) solution from Optum Rx, Quartz is making it easier for our members to get medications at low prices, safely and conveniently.

Beginning Jan. 1, the switch to our new PBM will allow Quartz members to benefit from:

Advanced Capabilities. With multiple formularies, flexible benefit design, smart utilization management, and more, members will have access to one of the most advanced PBMs on the market.

Leading Technology. Members will enjoy personalized service through a custom mobile app, tailored digital portal, and additional tools for seamless integration and anywhere, anytime access.

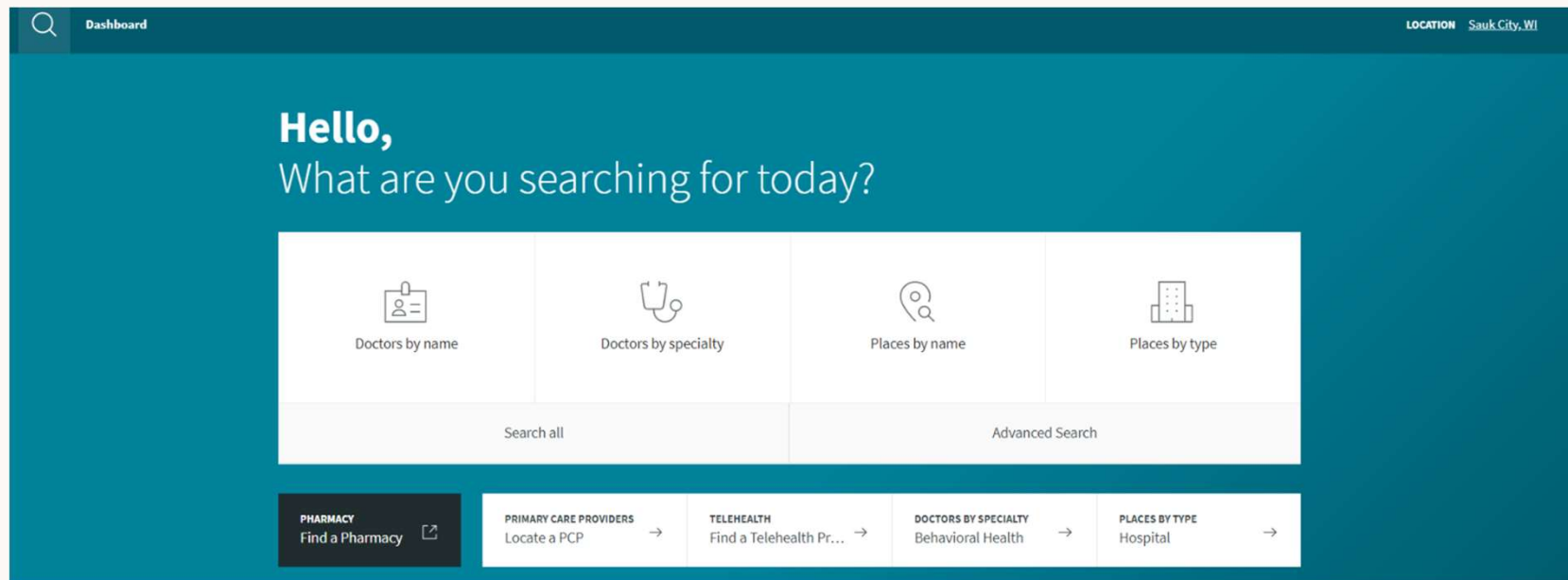
Competitive Pricing. By partnering with one of the largest PBM vendors, we're increasing our purchasing power and expanding access to ensure members will pay less for their medications. Bottomline, members will see—and pay—the lowest prices available.



Digital Tools

Find a Doctor

- 1 QuartzBenefits.com/findadoctor
- 2 Select your network.
- 3 Start your search.



MyChart

- Your organized, one-stop shop for your all your Quartz information
- Go to QuartzMyChart.com to set up your account
- Get the app — search for **Quartz MyChart** in your app store

Get immediate access to key MyChart features:

View
benefits
information

Send a message
to Customer
Success

Start an
urgent care
video visit

Change your
primary care
provider

*My*Chart

Check **claims**
status

View **frequently**
asked questions

Take a **health risk**
assessment

Set up **paperless**
communications

Cost Estimator Tool

- 1 Log into MyChart, select Find a Doctor
- 2 Enter your procedure or billing code
- 3 Review costs at available providers

Dashboard / Estimate your costs LOCATION

[Back](#)

Estimate your costs

Enter the name of a procedure ("MRI") or a billing code ("73221") to compare costs.

- MRI (Contrast), Upper Limb Joint in Visit or treatment
- MRI (without Contrast), Upper Limb Joint in Visit or treatment
- MRI (without and with Contrast), Upper Limb Joint in Visit or treatment
- MRI (without Contrast), Lower Limb Joint in Visit or treatment
- MRI (Contrast), Abdomen in Visit or treatment

Find a Pharmacy [↗](#) | [Locate a PCP](#) → | [Find a Telehealth Pr...](#) → | [Behavioral Health](#) → | [Hospital](#) →

With the new **Cost Estimator** tool in MyChart, you can estimate and compare costs for medical services, all from the comfort of your home. The Cost Estimator gives you the power to research and plan before committing to services — saving you time and money while you make important medical decisions.

Virtual Visits 24/7

Plan ahead and **create your virtual visit account** so you're ready when you need care!



Search your app store for **Care Anywhere University of Wisconsin**. Or go to uwhealthcareanywhere.org to set up your account or access care.



Search your app store for **Gundersen VirtualVisit**. Learn more and explore frequently asked questions at gundersenvirtualvisit.org.



Search your app store for **LiveWell with Advocate Aurora**. Visit livewell.aah.org to sign up or start a visit.



Support for Well-Being



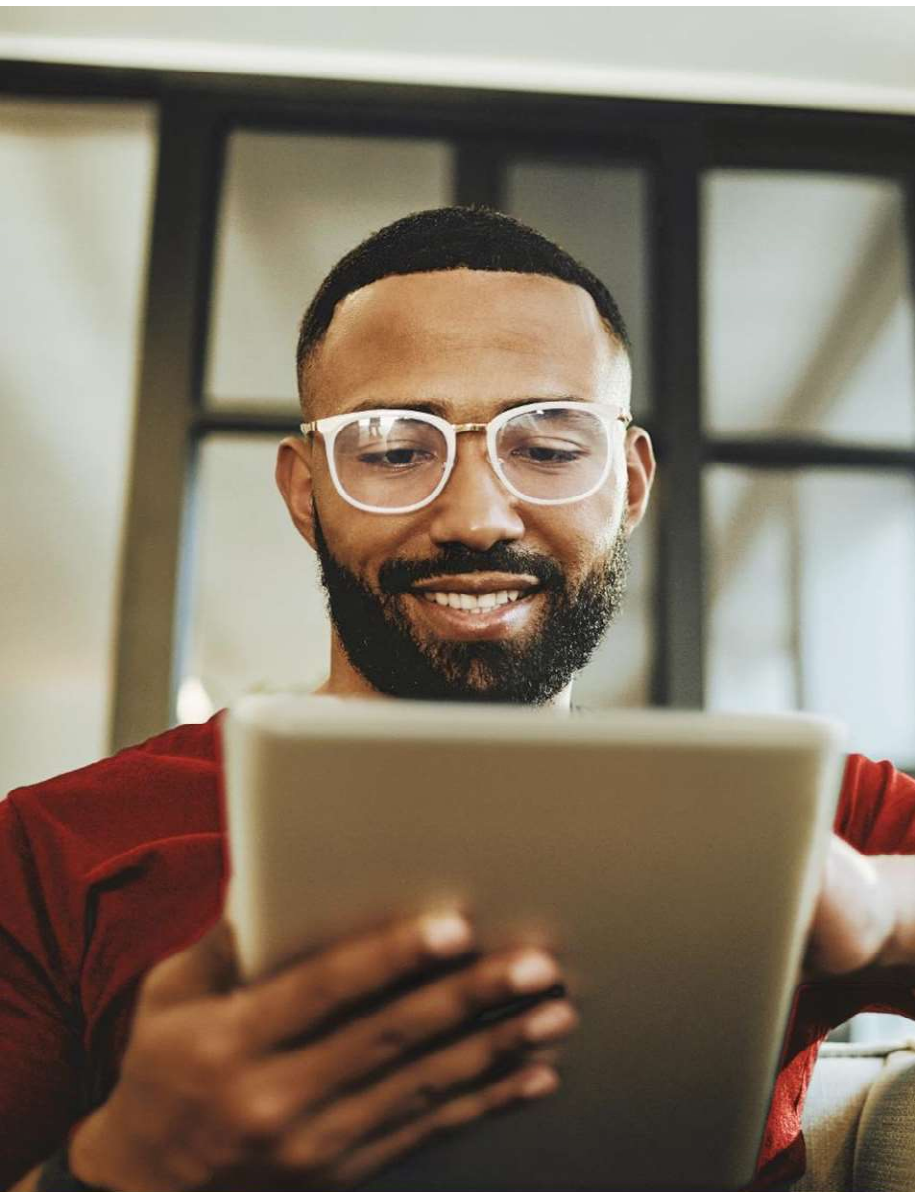
A new Quartz Well

At Quartz, we believe good physical, mental, and social health contribute to a life well-lived. To help members take an active role in their health, we're moving our Quartz Well rewards program to an engaging, user-friendly platform beginning January 1.

Commercial and Individual and Family plan members can earn wellness reward points by:

- Taking a health assessment
- Connecting with health and fitness tracking devices
- Logging select health and wellness activities
- Completing preventive care

For extra member delight, we will offer more reward options (not just Amazon!), and members can opt-in for daily health and wellness tips.



Quartz mental well-being programs

Help members get the emotional support they deserve, right where they are on their mental health journey. From therapy and coaching to on-demand self-care, AbleTo can help members work through challenges and build resilience.

Virtual 1-on-1 professional support:

- Work with a licensed therapist, trained coach, or both, for eight weeks
- Learn skills backed by science to help reduce stress, anxiety and depression
- Most appointments are available within five days

On-demand Self-care:

- Learn to cope with feelings of stress and worry
- Explore meditations, guided journals, and other tools backed by science
- Weekly check-ins help provide content tailored to a member's needs



Quartz In-Control



Quartz In-Control empowers members with hypertension and congestive heart failure to take control of their heart health from the comfort and convenience of their home – at no extra cost.*

Here's how we make it easy – in three simple steps

1. Track

Track your blood pressure or weight using validated blood pressure monitors and scales.**

2. Share

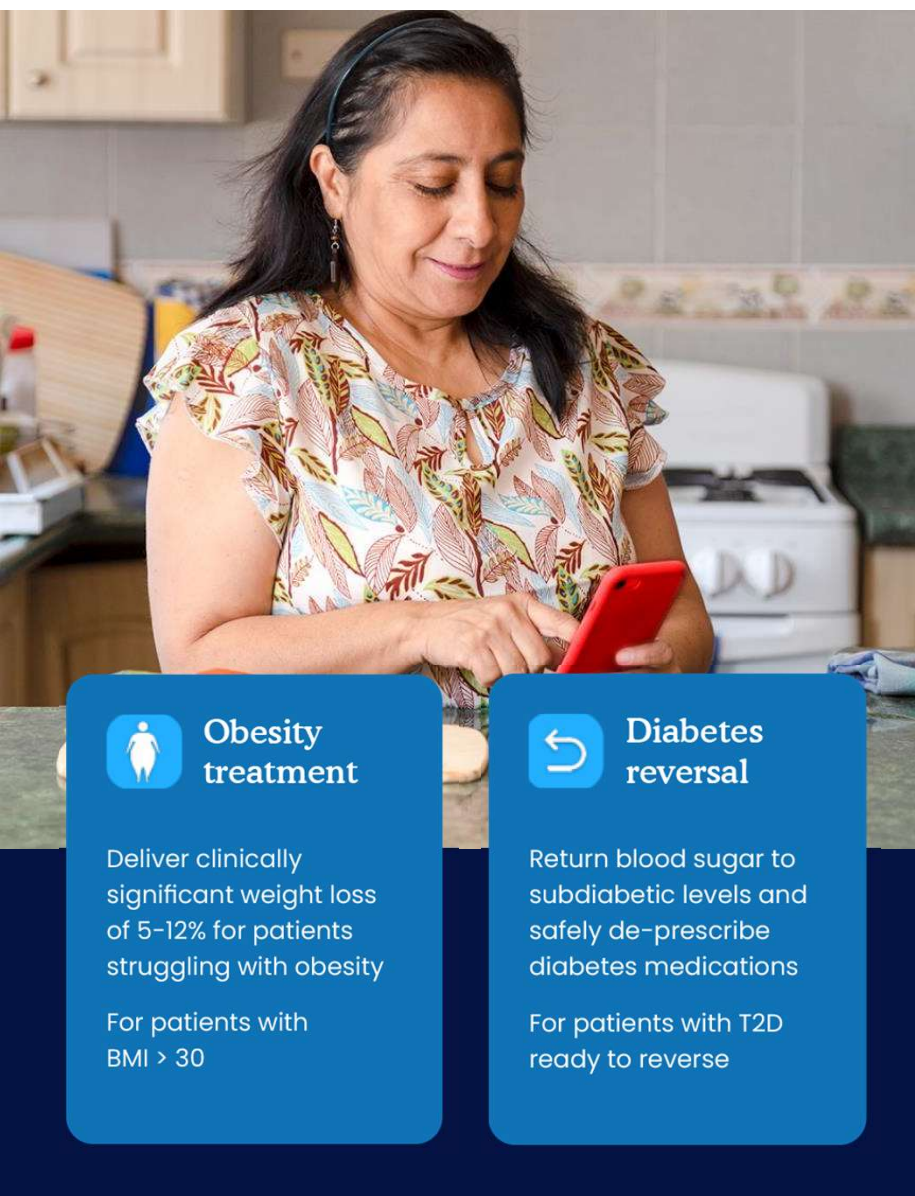
Then, share your numbers with Quartz clinical team members via text message or phone call.

3. Support

Based on your numbers, a Quartz clinical team member may reach out to provide personalized support and connect you with your doctor as needed.

*Costs may be associated with necessary medical equipment.

**A blood pressure cuff can be provided to members with high blood pressure, if needed



Obesity treatment & Type 2 diabetes reversal

Quartz partners with Virta Health to offer an innovative and scientifically-proven solution for Type 2 diabetes and obesity. Virta is offered to eligible members of specific plans at no additional cost, for members with Type 2 diabetes and/or a BMI of 30 or more. Reversal programs have shown a 60% success rate for patients within one year of treatment*.

Virta program patient outcomes:

- Achieve a healthier weight
- Lower blood sugar
- Reduce need for certain medications

*Hallberg SJ et al. Diabetes Therapy. 2018;9(2):583-612. Data for patients completing 1 year of treatment.



We're Here to Help



Contact Us

- Visit [QuartzBenefits.com](https://www.QuartzBenefits.com) for contact details
- Call Customer Success: **(800) 362-3310**, TTY: 711
- Send a secure message through MyChart at [QuartzMyChart.com](https://www.QuartzMyChart.com)

- Employee Benefits Corporation

SPENDING ACCOUNTS

Flexible Spending Accounts

- Flexible Spending Accounts (FSA) are a great way for you to **SAVE MONEY** on pre-planned health and day care expenses!
 - Participation is 100% voluntary
 - Available after one-year of full-time employment
 - Savings are TAX FREE, not Tax Deferred
 - Supported by Section 125 and 129 of the IRS Code
- Various Account Options
 - Health Care Spending Account (Section 125)
 - Dependent or “Day Care” Spending Account (Section 129)

Flexible Spending Accounts

Plan Year is 1/1/2024 to 12/31/2024

Decision is **IRREVOCABLE** for the entire plan year!

- Be conservative
- Adjustments can be made if a “permitted election change events” (marriage, divorce, death, birth, adoption) occurs
- Watch out for the “Use it or Lose it” rule

Health Care FSA Plan

The Health Care Spending Account allows you to reimburse yourself for out-of-pocket healthcare expenses not covered by our benefit plans.

- Annual pledge is available immediately! No waiting for the dollars to be withheld each check.
- The whole family** can use the fund! Even if they have other healthcare coverage!
- Set aside up to \$3,050 per plan year.

Take advantage of a \$610 carryover provision for any amounts not used within the plan year – YOU MUST RE-ENROLL to take advantage of this provision.

**Refer to IRS Publication 969 for a list of individuals that you can use your FSA on. If you elect the FSA and your spouse is enrolled in a QHDHP, they will be ineligible to contribute to an HSA.

Health Care FSA Plan

Please remember it is important to keep good records!
Below are some examples of eligible and ineligible expenses.

Allowed	Not Allowed
Acupuncture	Books
Birthing Classes	Club Memberships
Frames & Contact Lenses	Liposuction
Orthodontia	Marriage Counseling
Prescriptions	Teeth Bleaching
Physical Therapy	Face Lifts

A complete listing (including over-the-counter expenses and expenses requiring a prescription) is provided in Code Section 213(d) of the IRS Ruling for Flexible Spending Accounts.

Dependent Care FSA Plan

Dependent care FSA annual maximum is \$5,000. Features of this plan include:

- This program lets you pay for certain IRS-approved dependent daycare expenses with pre-tax dollars.
- Rollover provision does not apply. Use it or lose it rule applies.
- Eligible for care while parents are at work or school.
- ONLY amount payroll deducted to date is available for distribution.
- Some examples include:
 - Daycare/Preschool for dependent children to age 13
 - Adult daycare
 - Before and after school programs
 - Camps

- Delta Dental of Wisconsin Inc.

DENTAL

Dental - Benefit Highlights*

Delta Dental of Wisconsin Inc. Dental PPO Dental	
Annual Deductible	\$50 per individual \$150 per family
Benefit Maximum	\$1,000
Deductible Waived for Preventive Care	Yes
Preventive Care	100%
Basic Services*	80%
Major Services*	80%
Orthodontia Services	\$1,500

*Endodontics and periodontics are listed under Basics Services (or Major Services) – update to applicable category

Two dental networks:

Delta Dental PPO™

+ Delta Dental Premier®



Delta Dental PPO Dentists
(Accept reduced fees – saving
you the most money)



Delta Dental Premier Dentists
(Accept reduced fees, but not
as low as PPO dentists)



Out-of-Network
(No agreed-upon
discounts)

ADVANTAGES OF DELTA DENTAL NETWORK DENTISTS

	Delta Dental PPO	Delta Dental Premier	Out-of-Network
No balance-billing: If a dentist charges more than the agreed-to fee ceiling they can't pass on the balance to you.	✓	✓	
Additional savings: Dentist agrees to a reduced fee schedule.	✓		
Convenient claims processing: Dentists file claims on your behalf. Claim payments go directly to the dentist.	✓	✓	
Treatment guarantees: Example: repair or replace restorations if they fail within 24 months.	✓	✓	



Delta Dental of Wisconsin



Katelyn Smith



Dashboard



Coverage & Costs



Claims



Find a Provider



Health Resources



Customer Service



Katelyn's Policy Overview

For plan year starting MM/DD/YYYY

Show Me:

Individual View

Family View

Individual Usage ?

Annual Deductible

[View All Benefits Summaries ▶](#)

You've met \$25



\$25

PPO Network



\$50

Premier Network



\$100

Out-of-Network

Amount Remaining

PPO Network: \$0 - Your deductible has been met

Premier Network: \$25

Out-of-Network: \$75

Your ID Card



Katelyn Smith

Member ID: 012345678910

ABC Company

Group #: 10293-123-00000-00000

Network: Delta Dental PPOSM Plus Premier

Effective Date: 01/01/2019

Coverage Type: Self + Family



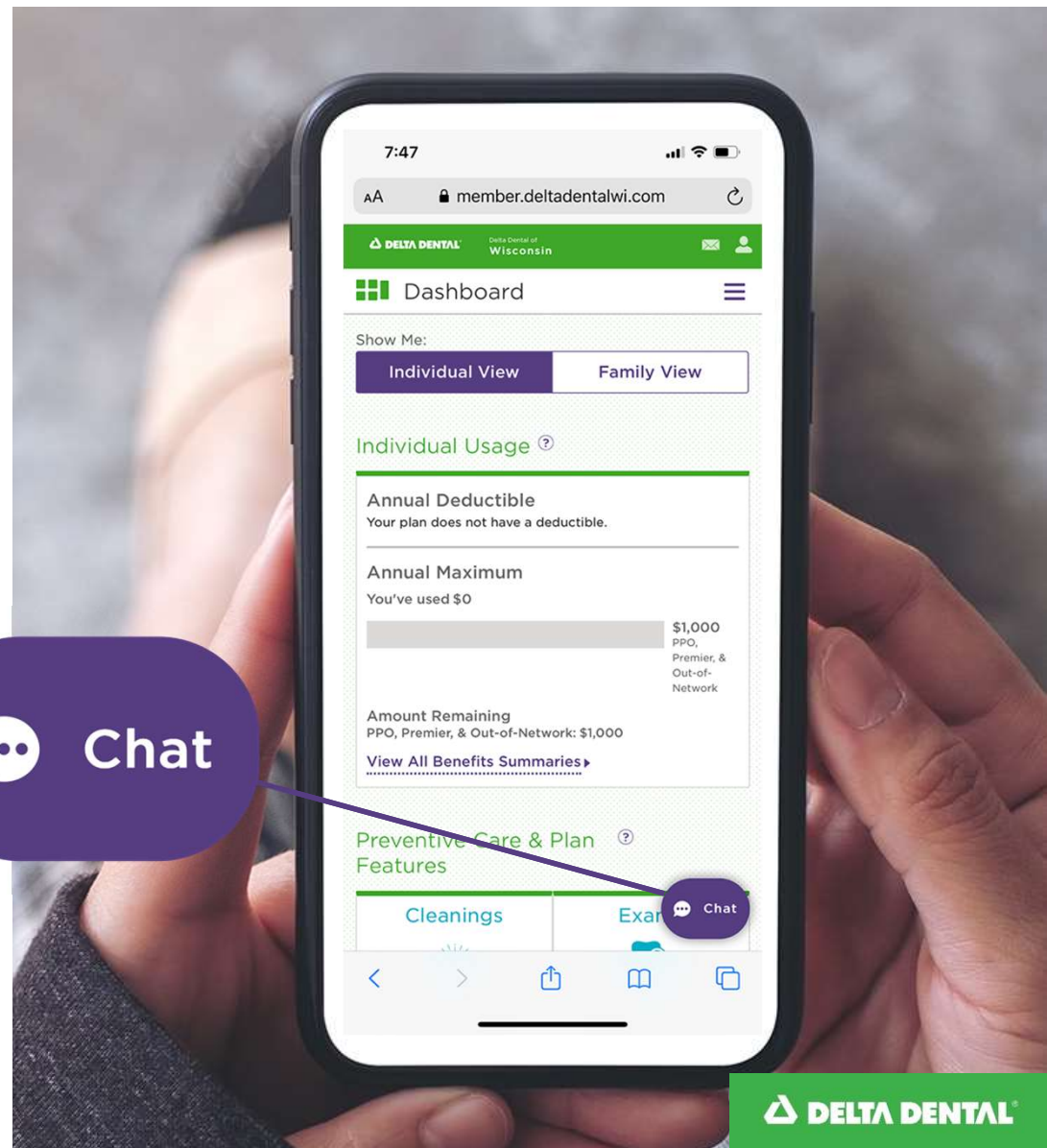
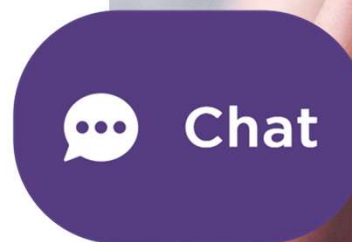
DOWNLOAD & SAVE ID CARD



EMAIL ID CARD

Chat

- Available on desktop or mobile
- Simply log in to the Member Portal
- Monday - Friday
7:30 a.m. - 5 p.m. (closed on holidays)



- Delta Dental of Inc.

VOLUNTARY VISION

Voluntary Vision – Benefit Highlights

Delta Dental of Wisconsin Inc. Vision 43441 Vision	
Exam Copay	\$10 copay
Materials Copay	\$10 copay
Benefits & Frequency	
Exam	Covered every 12 months
Lenses	\$10 copay every 12 months
Frames	\$130 allowance, 20% off balance every 24 months
Elective Contacts (in lieu of lenses)	100% every 12 months

Employee Contributions (Monthly)	
Delta Vision Summary	
Employee	\$5.92
Employee & Dep(s)	\$14.74

- Principal Life Insurance Company

ANCILLARY COVERAGES

NOTE: If you wish to increase disability coverage level(s), you will need to go through Underwriting for approval.

Disability Insurance

Disability insurance protects your paycheck if you are unable to work due to a qualifying disability (accident or sickness).

64%

of Gen-Y employees and **55%** of baby boomers without disability insurance say they would be unable to cover normal expenses if out on extended disability leave.¹

78%

of American workers live paycheck to paycheck.²

38%

of workers could pay their bills for three months or less if they couldn't collect a paycheck due to a disabling illness or injury.³

1 Harris Interactive for Unum, "Financial Readiness Among Consumers," November 2010. 2 CareerBuilder.com, "More Than Half of Workers Will Use Their Tax Return to Pay Off Bills, Finds New CareerBuilder Survey: Nearly Eight-in-Ten Workers Report They Live Paycheck to Paycheck," April 7, 2010. 3 Council for Disability Awareness, "The Disability Divide, CDA 2010 Consumer Disability Awareness Survey," March 2010.

Voluntary Short Term Disability

The following highlights details regarding our short term disability plan.

Principal Life Insurance Company Short Term Disability (STD) STD	
Elimination Period	
▪ Accident	Benefits begin on the 15th day
▪ Sickness	Benefits begin on the 15th day
Benefit Percentage	\$50 increments, not to exceed 60%
Weekly Benefit Maximum	\$1,000
Maximum Benefit Period	24 weeks
Pre-Existing Condition Limitations	12 months for conditions treated within the 3 months prior to effective date of coverage

Voluntary Long Term Disability

The following highlights details regarding our long term disability plan.

Principal Life Insurance Company Long Term Disability (LTD) LTD	
Elimination Period	180 days
LTD Benefit	60% up to a monthly maximum of \$4,333
Pre-Existing Condition Limitations	12 months for conditions treated within the 12 months prior to effective date of coverage

- Hartford Life and Accident Insurance Co

WORKSITE BENEFITS

ACCIDENTS HAPPEN – INSURANCE CAN HELP



Sample Claim for lower leg fracture	Payments
Ground Ambulance	\$750
ER Visit	\$200
X-ray	\$150
CT Scan (Diagnostic Exam)	\$300
Lower Leg Fracture (Closed/Non-surgical)	\$2,000
Medical Appliance (i.e., crutches)	\$200
Accident Follow-up (up to 3 visits per accident)	\$300 (\$100/visit x 3)
Physical Therapy (up to 10 visits per accident)	\$225 (\$75/visit x 3)
Total Hartford Benefit Paid	\$4,125

Benefits for everyday incidents

- Off-Job accidents are covered under this plan
 - Separate Emergency Care benefits
 - X-Ray Benefit, Urgent Care/ER, Diagnostic exam benefits plus more
 - Coverage for things not covered by major medical:
 - Transportation, Lodging, etc.
 - Rates are not based on your age
 - Employee only and Spouse and/or Child coverage included
- \$100 Health Screening Benefit



| COVERAGE THAT COUNTS: AFFORDABLE PROTECTION

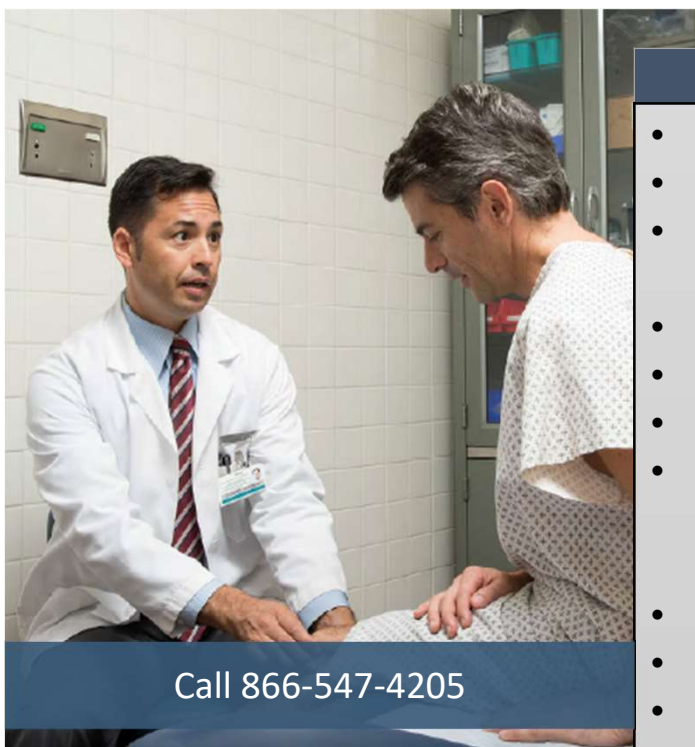
STANDARD COVERED ILLNESSES	
Cancer Benefits & Expanded Cancer Benefits	<ul style="list-style-type: none">• Invasive Cancer & Non-invasive Cancer• Benign Brain Tumor• Non-Melanoma Skin Cancer
Vascular Benefits	<ul style="list-style-type: none">• Heart Attack• Heart Failure/Transplant• Coronary Artery Bypass• Angioplasty/Stent• Stroke and Aneurysm
Other Benefits	<ul style="list-style-type: none">• Major Organ Failure/Transplants• Paralysis• Coma• Loss of Vision, Hearing, Speech• End Stage Renal Failure• Bone Marrow Disease/Transplant• Other Dread Diseases – Includes COVID-19
Neurological Conditions	<ul style="list-style-type: none">• Advanced Parkinson's, ALS and Alzheimer's Disease• Advanced Multiple Sclerosis
Child Conditions	<ul style="list-style-type: none">• Cerebral Palsy• Congenital Heart Disease• Cystic Fibrosis• Muscular Dystrophy• Spina Bifida

CRITICAL ILLNESS – WHAT'S COVERED

WE OFFER BENEFITS FOR UP TO 34 ILLNESSES, RELATED EXPENSES, AND TREATMENTS.

Health Screening Benefit
\$50

HEALTH SCREENING BENEFIT – ACCIDENT AND CRITICAL ILLNESS



Call 866-547-4205

Health Screening Benefit (\$50 Critical Illness and \$100 Accident)

- | | |
|--|---|
| <ul style="list-style-type: none"> • Bone Marrow Testing • CA 15-e (breast cancer screening) • CA 125 (ovarian cancer screening) • CEA (colon cancer screening) • Chest X-Ray • Colonoscopy • COVID-19 testing when performed by an appropriately licensed medical professional • Flexible Sigmoidoscopy • Hemoccult Stool Analysis • Mammography • Pap Smear • PSA (prostate cancer screening) • Serum Protein Electrophoresis | <ul style="list-style-type: none"> • Biopsy for Skin Cancer • Blood Test for Triglycerides • HPV Vaccination • Lipid Panel (Cholesterol Count) • Doppler Screening for Carotids • Doppler Screening for Vascular Disease • Thermography • Echocardiogram • Ultrasound Screening of Abdominal Aorta • EKG • Stress Test • Fasting Blood Glucose Test • Serum Cholesterol to determine HDL & LDL |
|--|---|

COVERAGE THAT COUNTS: AFFORDABLE PROTECTION



ENROLLMENT PROCESS

2024 Enrollment Process

- Please complete your open enrollment election form by **December 7th.**
- All medical plan participants will receive new ID cards due to the change in Pharmacy Benefits Manager to OptumRx.
- If you make changes, Dental ID Cards will be sent to your home address.
- No benefit enrollments or changes accepted after the open enrollment period unless due to a family status change (qualifying event)
- Questions?

Mid-Year Plan Changes

- You are **only** able to add or drop coverage during the plan year if you have a federal qualified event such as:
 - Change in marital status
 - Change in number of dependents
 - Change in employment status
 - Change in eligibility status
- Any changes made must be consistent and correspond with the change in status.
- Documentation is required for any mid-year status changes.
- If you are making a mid-year plan change you must notify HR within 30 days of the qualifying event.



QUESTIONS & RESOURCES

Where can I find additional information?



Check out our Employment Opportunities, Better Pay! Better Benefits! Better Opportunities!

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

Home | Nursing Homes | Adult Day Center | Assisted & Senior Living | **Employment** | Giving to BSJ | The Adele M. S. Iverson Freking | Contact Us

Employee Benefits 2022

HEALTH BENEFITS

We offer a health plan through Quartz for all full-time employees. Employees need to average 30 plus hours a week (60 per pay period) to be considered full-time.

Preventive care is covered at 100% and no deductible applies. For other services, the plan requires a deductible before eligible services are paid by Quartz at 80% until you meet your maximum out of pocket.

BSJ Corporation provides employees with an HRA to help offset the deductible. See HRA Plan for details.

[2022 BSJ Benefit Guide](#)

[Quartz Diabetes Program](#)

Dental Insurance

This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs. See plan summary for restorative and other care co-insurance and

Short-Term Disability

You are eligible to participate in the Principal Financial Group's Voluntary

Life Insurance

Life insurance provides employees with an opportunity to offer financial stability for their loved ones.

Eligibility for Life Insurance is 40+ paid hours per pay period for 60-day period, with benefit effective the 1st of the following month.

Employee's meeting eligibility have a

A circular photograph showing a man with dark hair and a beard, smiling broadly. He is holding a young child in a green shirt. Another child is standing next to them, also smiling. The background is a soft-focus outdoor setting.

2024 Benefits Guide

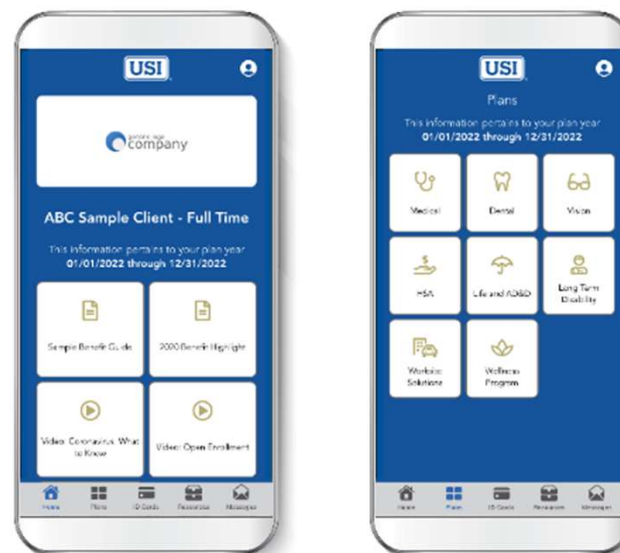
Benefits Mobile App

Code
A36262

MyBenefits2GO provides on-the-go access to your benefit plan details, HR contact information and more!

MyBenefits2GO is a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. Store photos of ID cards and easily locate carrier and HR contact information—all in one place. The app is free and available for iPhone and Android.

- **Stay Organized**
Store your benefit plan information and ID cards in one easy-to-find place.
- **Lighten Your Wallet**
Save a photo of your ID card for each plan so you always have it when you need it.
- **Get In Touch**
Find the contact information for carriers and HR all in one spot.



Benefit Resource Center

Contact the USI Benefit Resource Center (BRC) for free, confidential help!

- Benefit coverage levels
- Carrier information
- Claims assistance
- Billing issues

855-874-0742

BRCMT@usi.com

**Monday through Friday 8:00am to 5:00pm Mountain,
Pacific and Alaska Standard Time**



Thank you.

**For 2024 Open Enrollment, all election
changes are due by:**

December 7th