



2026

EMPLOYEE BENEFITS





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This guide is intended to be a general summary of benefits at the time of printing. If there is a difference between any information presented and the provisions of the policy and/or plan documents, the provisions of the policy and/or plan document will prevail.

IMPORTANT CONTACTS

COVERAGE	CONTACT	PHONE	WEBSITE
Medical Networks: Tier 1 BJC/PHC Tier 2 Aetna	Consociate	844-217-8004	www.mybjchealthsolutions.org
Prescription Drugs	VytlOne and ARORx	833-306-4092	AroRx Member Website
Dental, Vision, Life, Disability, Critical Illness, Accident, Hospital Indemnity	Sun Life	800-247-6875	www.sunlife.com/us
Legal	Metlife Legal & Parent Plus	1-833-214-4172	www.legalplans.com
Employee Assistance Program	ComPsych	1-877-595-5284	www.guidanceresources.com
Flexible Spending Account Health Savings Account	Optum	FSA: 877-292-4040 accountholderservices@optum.com	
		HSA: 866-234-8913 customercare@optum.com	
		HealthSafe ID: 844-553-7130 customercare@optum.com	
Retirement	ADP-401K-Retirement	800-695-7526	www.mykplan.com
Loan Repayment Program	Health Resources Services Administration	800-221-9393	nhsc.hrsa.gov
Public Student Loan Forgiveness Program	PSLF	800-4FED-AID (800-433-3243)	studentaid.gov/pslf
Pre-Paid Debit Card	Wisely Direct	866-313-9029	www.mywisely.com
Employee Discount Program	Life Mart	800-697-7315	wl.lifecare.com
Human Resources	Human Resources Representative	314-367-7848 x1226	humanresources@phcenters.com





WELCOME!

Betty Jean Kerr People's Health Centers offers you and your eligible family members a comprehensive and valuable benefits program that can be customized for your needs. Some of these benefits are paid for in full by BJK PHC, while others are available for a reasonable price. Your benefits are an important part of your total compensation at BJK PHC. Please take the time to review and evaluate all the options available to you and your family.

Important Note: This year's enrollment will be an **ACTIVE** benefit enrollment. **ACTIVE enrollment means you must log into ADP and make your elections** if you wish to have a medical, dental, vision, FSA, HSA, or Supplemental Insurance coverages in the 2026 plan year - **YOUR CURRENT BENEFITS WILL NOT ROLL OVER.**

ELIGIBILITY

If you are a **full time employee working 32 hours or more per week**, you, your legal spouse, and dependent children are eligible to enroll in the benefits described in this guide. Dependent children include natural children, stepchildren who live with you, legally adopted children, or a child under your legal guardianship. Your children can be covered up to the end of the month in which they turn age 26.

WHEN TO ENROLL

New hires can enroll for benefits **within 30 days of hire**. Refer to the table on page 5 to find out when each line of coverage becomes effective.

Existing employees can enroll or make changes during the annual Open Enrollment period which takes place **November 10 through November 21**. The elections made during this time will begin January 1st, 2026 and will remain in effect until December 31, 2026. Your next opportunity to change your elections will be during the next Open Enrollment period, unless you experience a Qualifying Life Event (see page 5).

HOW TO ENROLL

Each employee will need to use ADP's employee portal to make their enrollment elections.

For the 2026 plan year, you must **actively enroll** in your benefits—your Medical, Dental, Vision, FSA, HSA and supplemental coverage **will not** rollover from 2025.



MAKING CHANGES

QUALIFYING LIFE EVENT

When a Qualifying Life Event occurs, you have 30 days from the date of the event to report the change by contacting Human Resources. If you report the event outside of the 30 day window, you will not be able to make changes until the next Open Enrollment period for the effective date of the following plan year. Qualifying Life Events include, but are not limited to:



Marriage or divorce



Your spouse's Open Enrollment differs from yours



Birth or adoption of an eligible child



A change in your child's eligibility for benefits



Death of spouse, child or other qualified dependent



Gain or loss of Medicare or Medicaid during the year



Change in you or your spouse's work status that affects benefits eligibility (for example, starting/leaving a job, changing from part time to full time, etc.)



Relocation, if the move impacts access to coverage

WHEN BENEFITS START & END		
COVERAGE	WHEN BENEFIT STARTS	WHEN BENEFIT ENDS
Medical, Dental, and Vision	First of the month following 30 days of employment	End of the month in which employment ends
Disability and Life benefits	First of the month following 30 days of employment	Day of termination
Health Savings Account	First of the month following 30 days of employment	Payroll contributions end at the end of the month in which employment ends

COBRA

In the event your employment is terminated with Betty Jane Kerr People's Health Centers, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental, Vision, and FSA benefits for up to 18 months. This is called COBRA coverage. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.



STRATEGIC PARTNERS | BRINGING YOU MORE!

- **Consociate Health** | A Third Party Administrator responsible for processing medical claims
- **BJC HealthSolutions** | Our local network of community providers
- **VytOne/ARORx** | Prescription drug partner
- **Sun Life** | Benefit provider for dental, vision, life and disability products

TERMS TO KNOW

- **Premium** | the amount you pay from your paycheck for insurance using pre-tax or post-tax dollars
- **Deductible** | the amount of money you are responsible for paying up-front before your plan shares your costs
- **Coinsurance** | the amount you pay as a percentage of the allowed cost of your services, after you reach the deductible and until you meet your plan's out of pocket maximum
- **Copay** | a fixed amount for certain services you pay in some of our plans
- **Out-of-Pocket Maximum** | the most you pay per plan year for your healthcare expenses, including prescriptions, copays, deductible, and coinsurance. Once the limit is met, the plan pays 100% of allowable charges for the plan year

MEDICAL + RX | PREMIUM PLAN

Provided by Consociate and BJC HealthSolutions

The charts on the following pages outline a summary of the three medical plans you can choose from.

Coverage is provided through **Consociate** and **BJC HealthSolutions**. When seeking care through a Tier 1 Provider or Facility, your costs are lower. You have the freedom to utilize services that are not part of the network, but your costs will be higher and you may need to file a claim. The amounts shown below assume the use of in-network doctors/facilities. For complete coverage details, see official plan documents.

IN-NETWORK	TIER 1 NETWORK	TIER 2 NETWORK	TIER 3 NETWORK
	BJC & BJK PHC	AETNA	OUT OF NETWORK
Annual Deductible	Individual \$750 Family \$1,500	Individual \$1,500 Family \$3,000	Individual \$4,500 Family \$9,500
Out of Pocket Maximum	Individual \$2,750 Family \$5,500	Individual \$5,500 Family \$11,000	Individual \$8,000 Family \$16,000
Coinsurance	You Pay 0% after deductible Plan Pays 100% after deductible	You Pay 20% after deductible Plan Pays 80% after deductible	You Pay 50% after deductible Plan Pays 50% after deductible
Preventive Care	Covered in full	Covered in full	Not covered
Primary Care Physician Visit	\$0 copay	\$30 copay	50% after deductible
Specialist Visit	\$15 copay	\$50 copay	50% after deductible
Urgent Care	\$0 copay	\$75 copay	50% after deductible
Emergency Room	\$300 copay	\$300 copay	\$300 copay
Inpatient/Outpatient Services	0% after deductible	20% after deductible	50% after deductible

PRESCRIPTION DRUGS THROUGH VYTLONE AND ARORX

Tier 1	\$10 copay	\$10 copay	Not covered
Tier 2	\$35 copay	\$35 copay	Not covered
Tier 3	\$125 copay	\$125 copay	Not covered
Tier 4	Available through ARORX	Available through ARORX	Not covered
Mail Order 90 day supply	2.5 months' copay Tier 4 not covered	2.5 months' copay Tier 4 not covered	Not covered

EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS

	PREMIUM PLAN
Employee Only	\$108.46
Employee + Spouse	\$445.85
Employee + Child(ren)	\$207.69
Employee + Family	\$723.69

MEDICAL + RX | BASIC PLAN

Provided by Consociate and BJC HealthSolutions

IN-NETWORK	TIER 1 NETWORK	TIER 2 NETWORK	TIER 3 NETWORK
	BJC & BJK PHC	AETNA	OUT OF NETWORK
Annual Deductible	Individual \$1,250 Family \$2,500	Individual \$2,500 Family \$5,000	Individual \$4,500 Family \$9,000
Out of Pocket Maximum	Individual \$2,750 Family \$5,500	Individual \$5,500 Family \$11,000	Individual \$8,000 Family \$16,000
Coinsurance	You Pay 0% after deductible Plan Pays 100% after deductible	You Pay 20% after deductible Plan Pays 80% after deductible	You Pay 50% after deductible Plan Pays 50% after deductible
Preventive Care	Covered in full	Covered in full	Not covered
Primary Care Physician Visit	\$0 copay	\$45 copay	50% after deductible
Specialist Visit	\$15 copay	\$90 copay	50% after deductible
Urgent Care	\$0 copay	\$75 copay	50% after deductible
Emergency Room	\$400 copay	\$400 copay	\$400 copay
Inpatient/Outpatient Services	0% after deductible	20% after deductible	50% after deductible

PRESCRIPTION DRUGS THROUGH VYTLONE AND ARORX

Tier 1	\$10 copay	\$10 copay	Not covered
Tier 2	\$35 copay	\$35 copay	Not covered
Tier 3	\$125 copay	\$125 copay	Not covered
Tier 4	Available through ARORX	Available through ARORX	Not covered
Mail Order 90 day supply	2.5 months' copay Tier 4 not covered	2.5 months' copay Tier 4 not covered	Not covered

EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS

	BASIC PLAN
Employee Only	\$72.92
Employee + Spouse	\$364.15
Employee + Child(ren)	\$161.54
Employee + Family	\$604.62

MEDICAL + RX | HSA PLAN

Provided by Consociate and BJC HealthSolutions

IN-NETWORK	TIER 1 NETWORK	TIER 2 NETWORK	TIER 3 NETWORK
	BJC & BJK PHC	AETNA	OUT OF NETWORK
Annual Deductible	Individual \$3,400 Family \$6,800	Individual \$3,500 Family \$7,000	Individual \$4,500 Family \$9,000
Out of Pocket Maximum	Individual \$4,500 Family \$7,000	Individual \$5,500 Family \$9,200	Individual \$10,000 Family \$20,000
Coinsurance	You Pay 0% after deductible Plan Pays 100% after deductible	You Pay 30% after deductible Plan Pays 70% after deductible	You Pay 50% after deductible Plan Pays 50% after deductible
Preventive Care	Covered in full	Covered in full	Not covered
Primary Care Physician Visit	0% after deductible	30% after deductible	50% after deductible
Specialist Visit	0% after deductible	30% after deductible	50% after deductible
Urgent Care	0% after deductible	30% after deductible	50% after deductible
Emergency Room	30% after deductible	30% after deductible	30% after deductible
Inpatient/Outpatient Services	0% after deductible	30% after deductible	50% after deductible

PRESCRIPTION DRUGS THROUGH VYTLONE AND ARORX

Tier 1	\$15 copay after deductible	\$15 copay after deductible	Not covered
Tier 2	\$40 copay after deductible	\$40 copay after deductible	Not covered
Tier 3	\$125 copay after deductible	\$125 copay after deductible	Not covered
Tier 4	Available through ARORX	Available through ARORX	Not covered
Mail Order 90 day supply	2.5 months' copay Tier 4 not covered	2.5 months' copay Tier 4 not covered	Not covered

EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS

	HSA PLAN
Employee Only	\$27.69
Employee + Spouse	\$202.62
Employee + Child(ren)	\$115.38
Employee + Family	\$360.46

MEDICAL + RX TOOLS

- Certain **Preventive Care** services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender, and other health factors.
- If you enroll in the **HSA Plan**, you can open and contribute to a Health Savings Account (HSA) to help cover the cost of medical services rendered. More HSA information can be found on pages 10-12.
- **Virtual Visits at Tier 1 providers** are covered at a \$0 copay for the Basic and Premium Plans, or at 0% coinsurance after deductible for the HSA Plan.
- The Tier 1 and Tier 2 will cross accumulate for deductibles and out of pocket maximums.
- Contact the **BJC Concierge Team** at BJCHealthSolutions.Support@bjc.org or 844-217-8004 for questions on claims, provider search, benefit questions, and more.
- You will receive a BJC Solutions **ID card** to present to your doctor or pharmacy.
- ARORx's high cost drug service reduces cost on drug spend for you and your employer, often getting your high cost medication for free & delivered right to your door. Contact ARORx at 833-306-4092 .
- BJC HealthSolutions Wellbeing includes a customized patient-centered approach to create a healthier you.
- Register for your personalized website on mybjchealthsolutions.org or download the **mobile app** to...
 - Find care and compare costs for providers and services in your network
 - Check your plan balances, view your claims, review plan documents, and access your health plan ID card
 - 24/7 virtual visits - connect with providers by phone or video to discuss common medical conditions and get prescriptions

ACCESS THE MEMBER PORTAL: MYBJCHEALTHSOLUTIONS.ORG

1. Click on "First Time Member Registration".
2. Complete the "Member Registration Box" on the next screen.
3. Create your username and password (both are case sensitive and passwords require uppercase, lowercase, and a special character).
4. A box will pop up stating "Registration Successful".
5. Click on the box that says, "Click here to log in".
6. Type in your username and password and click on "Log In". Once logged in, the links for both Tier 1 and Tier provider searches will be visible.



MONEY SAVING TIPS

USE TIER 1 DOCTORS

By using Tier 1 doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit Tier 2 or Out of Network doctors, our health plan covers less of the cost.

USE YOUR PREVENTIVE CARE BENEFITS

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

USE MAIL ORDER

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home. With Mail Order, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy.

ASK YOUR DOCTOR FOR GENERIC DRUGS

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

CHOOSE THE RIGHT TYPE OF CARE

When you need care, know your options. Most people run to the ER at the first sign of a health problem. If you take the time to assess whether or not the ER is really necessary, you could save time and money!



	VIRTUAL CARE VISIT	PRIMARY CARE OFFICE VISIT	URGENT CARE	EMERGENCY ROOM
AVERAGE WAIT	<15 minutes	30 minutes	1 hour	4 hours
COST	\$	\$\$	\$\$\$	\$\$\$\$
WHAT YOU WOULD GO IN FOR	<ul style="list-style-type: none"> Cough / Sore Throat Sinus Infection Bronchitis Vomiting/Diarrhea Fever Pinkeye Cold / Flu Headache 	<ul style="list-style-type: none"> Allergies Fever Cold / Flu Respiratory Infections Sinus Infections Sore Throats Follow Up Visits Manage Chronic Conditions 	<ul style="list-style-type: none"> Fever or Flu-like Symptoms Sprained Ankle Allergic Reactions Broken Bones Animal Bites 	<ul style="list-style-type: none"> Chest Pain Sudden or Severe Pain Difficulty Breathing Stroke Severe Bleeding Head Injury Other Major Trauma

MEDICAL DEDUCTIBLE

EMBEDDED DEDUCTIBLE

If you have a family plan (two or more members), you have what is called an **embedded** deductible, meaning that there are two deductible amounts within one plan; single and family.

The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible. Once the member meets their single deductible, they will start paying coinsurance and any post-deductible copays toward the out-of-pocket maximum.

For the **Premium Plan**, you have a Tier 1 \$750 single / \$1,500 family deductible, this is how it would work:



SUBSCRIBER

\$750 in services



SUBSCRIBER

\$750 deductible met. Subscriber pays copays/coinsurance toward out-of-pocket maximum.



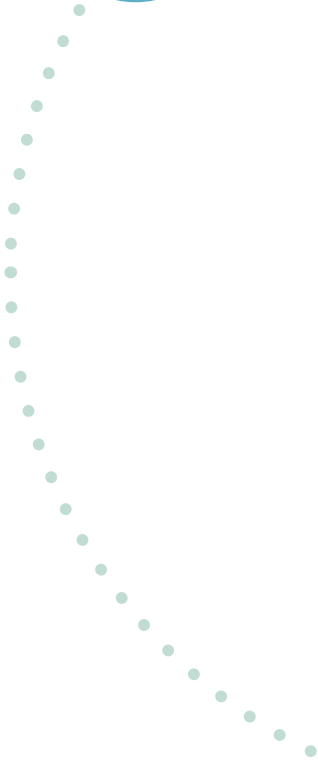
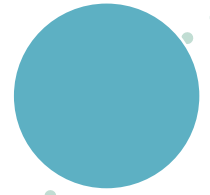
SPOUSE

\$600 in services



SPOUSE

Deductible not met.



Since the subscriber met her deductible, she was able to move to her post-deductible copays/coinsurance. The spouse will continue to pay toward the deductible until it is met.

Once the deductible is met, you will pay post-deductible copays or coinsurance when you receive covered services.

HIGH DEDUCTIBLE ILLUSTRATION

Below is a **SINGLE COVERAGE EXAMPLE** of how some basic services would apply to your **HSA Plan** deductible and out-of-pocket maximum. This illustration assumes all services are within the Tier 1 network.

FIRST: DEDUCTIBLE

Employee pays **full cost** of all services and prescription drugs until deductible is met

\$3,400

hospital services, office visits, high-tech imaging, ambulance, medications



REMINDER! PREVENTIVE CARE IS COVERED IN FULL!



SECOND: COINSURANCE & COPAYS

Once the full deductible has been met, you will begin the copay/coinsurance portion of the plan

On the **HSA plan**, most services will be a cost share—you pay **0% after deductible**

Prescription drug copays will apply in this phase if “after deductible” is noted behind the copay amount or coinsurance percentage:



Tier 1: \$15 per script after deductible / **Tier 2:** \$40 per script after deductible

Tier 3: \$125 per script after deductible / **Tier 4:** available through ARORx

You will remain in this phase until you meet your Annual Out of Pocket Maximum



THIRD: ANNUAL OUT OF POCKET MAXIMUM

Once you have met your deductible and gone through the coinsurance and post-deductible copay phase, you will have reached your Annual Out of Pocket Maximum.

You will not pay any copays or have costs for services for the remainder of the plan year.

You will pay a maximum of **\$4,500** for the plan year.

HEALTH SAVINGS ACCOUNT (HSA)

Our **HSA Plan** is a High Deductible Health Plan (HDHP) medical plan. HDHPs allow you to contribute tax-free dollars into a Health Savings Account (HSA). We encourage you to take some time to learn about how a High Deductible Health Plan with a Health Savings Account works.

PREVENTIVE CARE IS COVERED AT 100%

Preventive care is the care you receive to prevent illness or disease. Preventive services include but are not limited to: Adult physical exam, well baby/child check, immunizations, contraception, colorectal cancer screening, breast cancer screening, blood pressure screening.

Aside from Preventive Care, all covered services (medical and prescription drugs) are subject to the deductible first—no copays.

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is an account that you can use in conjunction with an HDHP to pay eligible medical expenses with pre-tax dollars.

SIGNIFICANT TAX SAVINGS

By using your HSA for qualified medical expenses, you are able to enjoy tax savings three different ways:

1. Deposits into your HSA are tax-free
2. Interest and other earnings are tax-free
3. Withdrawals used for qualified medical expenses are tax-free

WHO IS ELIGIBLE FOR AN HSA?

Any adult can have an HSA if you:

- Have coverage under an HSA-qualified high-deductible health plan (QHDHP)
- Have no other first-dollar medical coverage (other types of insurance, such as specific injury or accident, disability, dental care, vision care, or long-term care are permitted)
- Are not enrolled in Medicare
- Are not enrolled in Tricare or received Veterans health benefits in the last 3 months (anyone that has received hospital care or medical services for a service-connected disability will be eligible for an HSA)
- Cannot be claimed as a dependent on someone else's tax return
- Are a U.S. Citizen or Resident Alien

CAN I HAVE AN HSA AND A HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)?

No. You will not be eligible to open an HSA if you have available funds in a Health Care FSA from a previous employer. You would be able to open an HSA once your Health Care FSA account balance is zero dollars. The same is true if your spouse has a Health Care FSA. Their account balance would need to be zero dollars before you would be eligible to open an HSA. Limited Purpose Health Care and Dependent Care FSAs do not affect your HSA eligibility.

Welcome to your Optum Financial health savings account (HSA). Explore all the ways we're making it easy for you to get the most out of your HSA. Here, you'll find out how to use your account. Plus, you can get information about our helpful online tools and resources.

www.optumbank.com



HEALTH SAVINGS ACCOUNT (HSA)

FUNDING AND ENROLLING IN AN HSA

You can contribute to your HSA account through payroll deductions or as a lump sum deposit. Total contributions are limited annually. You can contribute as often as you would like, provided your total annual contributions do not exceed the maximum contribution limits (as defined by the IRS annually) of:

	2026 IRS ANNUAL MAXIMUM	2026 IRS MONTHLY MAXIMUM
Employee	\$4,400	\$366.66
Employee + Spouse	\$8,750	\$729.16
Employee + Child(ren)	\$8,750	\$729.16
Family	\$8,750	\$729.16

Individuals who are age 55 or older are eligible to make "catch-up" contributions up to \$1,000 annually.

CAN I USE MY HSA FUNDS TO PAY FOR MY DEPENDENTS' MEDICAL EXPENSES?

You can use the money in the account to pay for the medical expenses of yourself, your spouse or your dependents (defined by the IRS). You can pay for expenses of your spouse and dependents even if they are not covered by your HDHP.

EXAMPLES OF EXPENSES THAT ARE ELIGIBLE FOR TAX-FREE HSA WITHDRAWALS	
<ul style="list-style-type: none"> • Acupuncture • Bandages • Prescribed birth control pills • Chiropractor • Dentures • Guide dog • Lead paint removal • Lodging away from home for outpatient care 	<ul style="list-style-type: none"> • Menstrual care products • Prescription medicines and hospital services • Special school costs for the handicapped • Vasectomy • Wheelchair • Wigs (hair loss due to disease)

WHAT IF I HAVE MONEY LEFT IN MY HSA ACCOUNT AT YEAR-END?

The money is yours to keep. It will continue to earn interest and will be available for you and your health care costs next year. Any dollars left in your HSA account at year-end will automatically roll over into next year's HSA account.

Note: HSA funds may not be used, at least on a tax-free basis, to pay for health insurance premiums. There are four notable exceptions. HSA funds may be used to pay for:

1. A health plan during any period of continuation coverage required under any federal law (COBRA, etc.),
2. A qualified long-term care insurance contract,
3. A health plan during a period in which the individual is receiving unemployment compensation under any federal or state law, and
4. Some Medicare expenses, including premiums, deductibles, copays, and coinsurance for Medicare Part B, Part D, and Medicare Advantage plans.

EXAMPLES OF EXPENSES THAT ARE NOT ELIGIBLE FOR TAX-FREE HSA WITHDRAWALS	
<ul style="list-style-type: none"> • Advance payment for services to be rendered next year • Athletic club membership • Cosmetic surgery • Exercise equipment • Funeral, cremation, or burial expenses 	<ul style="list-style-type: none"> • Hair loss medication / hair transplants • Health programs offered by resort hotels, health clubs, and gyms • Maternity clothes • Teeth whitening /bleaching • Travel for general health improvement • Veterinary fees

*This list provides examples of expenses that may qualify and is not meant to be comprehensive. The Internal Revenue Service maintains the official list of qualified medical expenses in Publication 502. For more detailed information, please view IRS Publication 502 for the most up-to-date list of eligible expenses.

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts, or FSAs, provide you with an important tax advantage that can help you pay qualifying expenses on a **pretax** basis. By anticipating your family's health care and dependent care costs, you can actually lower your taxable income. Three types of FSAs are available through Optum: **Health Care FSA, Limited Purpose Health Care FSA, and Dependent Care FSA**. Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

HEALTH CARE FSA FOR MEMBERS NOT ENROLLED IN THE HSA MEDICAL PLAN

This FSA allows you to submit eligible medical, dental and vision expenses for reimbursement. You can deposit up to \$3,400 to the Health Care FSA for the 2026 calendar year.

LIMITED PURPOSE HEALTH CARE FSA AVAILABLE TO HSA PLAN PARTICIPANTS ONLY

Using this account in conjunction with the HSA gives you the opportunity to save additional pre-tax money. You can use the Limited Purpose Health Care FSA for eligible dental and vision expenses only. You can contribute up to \$3,400 for the 2026 calendar year in this account.

DEPENDENT CARE FSA AVAILABLE TO ALL BENEFIT ELIGIBLE EMPLOYEES

The Dependent Care FSA allows you to use pretax dollars toward qualified, licensed dependent care expenses, such as caring for eligible children or caring for elders so that you and your spouse can work. The annual maximum amount you may contribute to the Dependent Care FSA in 2026 is \$7,500 (or \$3,750 if married and filing separately) per calendar year.

HOW THE FSA WORKS

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care (or Limited Purpose Health Care) Account and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is January 1 to December 31. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

HEALTHCARE FSA CARRYOVER

An FSA carryover lets employees shift unused funds from their Health or Limited Purpose Flexible Spending Account to the next plan year, improving healthcare expense management without forfeiting funds. Employees may roll over a maximum of \$680 carryover.

DOES YOUR CHILDCARE QUALIFY?

- The child must be under 13 years of age and your dependent under federal tax rules.
- The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes (for example, not your spouse or older child).
- Your total elected contributions must not exceed you or your spouse's income, whichever is lower.
- Services must be for the physical care of the child, not for education, meals, etc. (cannot be used for child support).
- May not be used for weekend or evening babysitting.
- May not be used for dependent-related health care expenses.

Fun Fact: You can use your Dependent Care FSA funds for Summer Day Camp and Preschool. Note that overnight camps are not eligible for reimbursement.

Sign up for an Optum Financial FSA during your benefits enrollment. After you enroll, watch the mail for your welcome letter and Optum Financial payment card. If you already have an account, you can sign into your account at www.optumbank.com or use the mobile app to check your balance, submit a claim and more.

TAX-ADVANTAGED ACCOUNTS

A tax-advantaged account, such as a **Health Savings Account** or a **Flexible Spending Account**, allows you to increase your take-home pay by decreasing your taxable income - but how does that work? Below is an example of an employee earning \$30,000 per year.

	WITHOUT PRE-TAX CONTRIBUTIONS	WITH PRE-TAX CONTRIBUTIONS
Gross Pay	\$30,000	\$30,000
HSA/FSA Contribution	\$0	\$2,400
Taxable Income	\$30,000	\$27,600
Taxes at 25%	\$7,500	\$6,900
After-Tax Income	\$22,500	\$20,700
After-Tax Payment for Health Services	\$2,400	\$0
Take-Home Pay	\$20,100	\$20,700
Increase in Take-Home Pay	\$0	+\$600

Remember, you should only use your pre-tax dollars from your HSA or FSA on **qualified** health expenses. The Internal Revenue Service maintains the official list of qualified expenses in Publication 502. **Using these funds for non-qualified expenses can lead to several consequences, including the potential for taxation, penalties, and the requirement to repay the improperly used funds.**

HOW DO YOU DECIDE WHICH ONE IS RIGHT FOR YOU AND YOUR FAMILY? HERE'S A COMPARISON TO HELP.

HEALTH SAVINGS ACCOUNT (HSA)

Pairs only with qualifying High Deductible Health Plans
Any unused funds left in the account at the end of the year just roll over - always yours to keep, regardless of how many dollars are left, even if you change jobs
You can change your contribution amount at any time during the plan year
The amount you elect is divided and taken out of each paycheck. You can only use money that has been deposited into your account
Higher Annual Maximum Contribution limits than Health Care FSAs

FLEXIBLE SPENDING ACCOUNT (FSA)

Pairs with most medical plans
You must predict your expenses in advance – any unused funds in the account at the end of the year are forfeited, with the exception of the allowable Carryover noted on the previous page
Once you have chosen the amount to contribute for the plan year, you can't modify it unless you have a Qualifying Life Event that allows you to make a change
The amount you elect is divided and taken out of each paycheck. You can withdraw the full amount you elect starting at the beginning of the plan year
There are three types of FSAs: Health Care FSAs, Limited Purpose FSAs (to be used only on Dental and Vision expenses), and Dependent Care FSAs

How are they similar? Both are used for qualified health-related expenses; and both accounts allow you to increase your take-home pay by designating a dollar amount to be taken out of your check before income tax is calculated. Depending on your tax bracket, that's a savings of up to 37% off the elected amount.



DENTAL

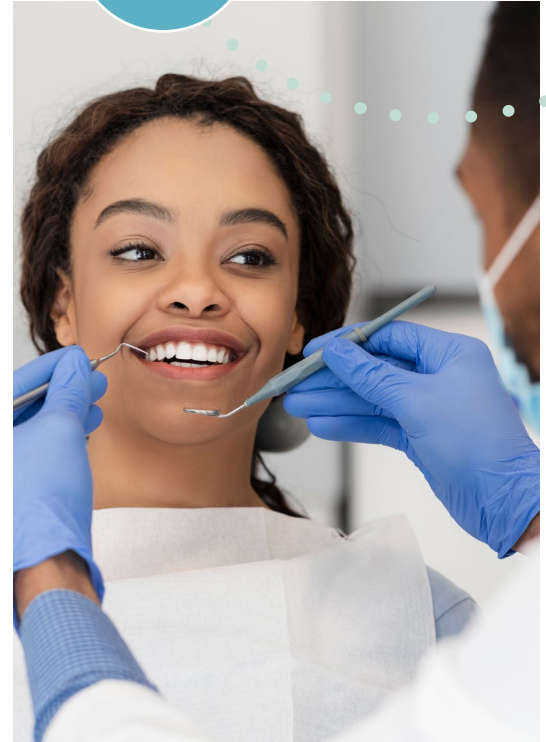
Provided by Sun Life

We partner with Sun Life to offer you and your family dental insurance. Visit www.sunlife.com/findadentist to find a dentist who participates in the PPO network.

IN-NETWORK	DENTAL PLAN
Calendar Year Maximum An allowance to spend on dental services for the year	\$1,750 per person
Calendar Year Deductible Amount you pay for certain services during the year before coinsurance or full coverage kicks in (applies to Basic & Major Services)	Individual \$50 Family \$150
Orthodontia Lifetime Maximum The most your plan will cover for orthodontia services for as long as you are insured under the plan	\$1,250 per person

IF YOU HAVE...	YOU PAY...
Preventive Services exams, cleanings, x-rays, etc.	100% covered
Basic Services fillings, extractions, oral surgery, etc.	80% covered after deductible
Major Services crowns, inlays, dentures, etc.	50% covered after deductible
Orthodontia for adults and dependent children up to age 26	50% covered, deductible does not apply

EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS	
	DENTAL PLAN
Employee Only	\$15.60
Employee + Spouse	\$29.46
Employee + Child(ren)	\$29.46
Employee + Family	\$48.25



IMPORTANT TO KNOW!

You have the freedom to see non-participating providers but you may be balance billed or need to submit for reimbursement.

You can receive 2 cleanings per any 12 month period at no cost when you visit an in-network dentist.

For more information and to view your digital ID card, visit www.sunlife.com/account to register and create an account, download the app, or call 800-442-7742.



VISION

Provided by Sun Life

We partner with Sun Life, using the VSP network, to offer you and your family vision insurance. Visit www.vsp.com to find a provider who participates in the Choice network and to access a variety of online tools and programs.

	IN-NETWORK	OUT-OF-NETWORK
WellVision Exam Copay	\$10 copay	Up to \$45
Lenses	\$10 copay	Reimbursed up to:
Single		\$30
Bifocal		\$50
Trifocal		\$60
Frames	\$180 allowance, additional 20% off balance over allowance	Reimbursed up to \$70
Elective Contact Lenses	\$180 allowance for contacts, \$60 for fitting and evaluation	Reimbursed up to \$105

FREQUENCY	
Exam	Once every rolling 12 months
Lenses	Once every rolling 12 months
Contacts in lieu of glasses	Once every rolling 12 months
Frames	Once every rolling 12 months

EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS	
	VISION PLAN
Employee Only	\$3.52
Employee + Spouse	\$6.69
Employee + Child(ren)	\$7.04
Employee + Family	\$10.36

LIFE + AD&D

Provided by Sun Life

EMPLOYER-PAID BASIC LIFE AND AD&D

Betty Jean Kerr People's Health Centers provides life insurance and accidental death and dismemberment (AD&D) insurance equal to 3 times your annual salary up to \$750,000. This coverage is provided at **no cost to you**. The AD&D coverage means that the beneficiary would receive an amount equal to the life insurance amount if death was due to an accident. This policy also provides a benefit in the case of dismemberment, including the loss of or the loss of use of body parts or functions including but not limited to: limbs, speech, eyesight, or hearing in both ears.

Benefit amount will reduce to 65% at age 65, 50% at age 70, 35% at age 75.

EMPLOYEE-PAID VOLUNTARY LIFE

If you would like additional coverage, you can purchase Voluntary Life insurance for you, your spouse, and your child(ren). If elected, Voluntary AD&D is included in this coverage.

New hires may enroll up to the applicable Guarantee Issue (GI) amount in the table below without completing an Evidence of Insurability (EOI) form which asks health history questions. If you are electing coverage over the GI, then an EOI form will be required.

If you did not elect Voluntary Life coverage when you were first eligible but would like to participate in the benefit now, an EOI form will be required regardless of the amount of coverage elected.

If you currently have Voluntary Life coverage, you may increase your coverage amount by one increment for yourself during any future annual open enrollment period without needing to complete an EOI form, even if the increase means that your coverage exceeds the Guaranteed Issue amount.

Increases of more than one increment will require EOI.

Benefit amount will reduce to 65% at age 65, 50% at age 70, 35% at age 75.



GUARANTEE ISSUE AMOUNT	
You	\$200,000
Your Spouse	\$50,000
MAXIMUM ALLOWABLE AMOUNTS (OVER GI)	
If you want coverage for yourself	\$10,000 increments up to \$500,000 or 5x annual earnings
If you want coverage for your spouse (you must also elect coverage for yourself)	\$5,000 increments up to \$100,000 (not to exceed 100% of the employee elected amount)
If you want coverage for your child(ren) up to age 21 or 25 if full time student (you must also elect coverage for yourself)	\$5,000 or \$10,000

It is important to assign a beneficiary to your coverage; if you don't, your loved ones will have a hard time collecting the life benefit in the event of death. If you need to update your beneficiary information at any time throughout the year, please reach out to HR.

A beneficiary is the person (or entity) who will receive the cash benefit from the life insurance policy in the event of death.

DISABILITY

Provided by Sun Life



EMPLOYEE-PAID VOLUNTARY SHORT TERM DISABILITY

Short Term Disability benefits, insured through Sun Life, become payable when you are unable to work due to an injury or illness unrelated to work. If you are disabled and meet the plan's disability requirements, you will continue to receive a percentage of your weekly income until the benefit duration has ended or you are no longer disabled, whichever is first.

If you do not elect Voluntary Short Term Disability when first eligible, you may need to complete Evidence of Insurability if electing in the future.

This disability policy includes a waiting period for pre-existing conditions. **Existing conditions in the three months prior to the effective date of coverage are not covered in the first 12 months of the plan.**

	OPTION 1	OPTION 2
Benefits Begin	15 th day for injury or sickness (including maternity)	15 th day for injury or sickness (including maternity)
Benefit Amount	20% of your weekly earnings to a max of \$3,000 per week	60% of your weekly earnings to a max of \$3,000 per week
Benefit Duration	Up to 24 weeks	Up to 24 weeks

EMPLOYER-PAID LONG TERM DISABILITY

Betty Jean Kerr People's Health Centers provides full time employees with long term disability insurance at **no cost to you**. Long term disability replaces a portion of your paycheck if you are unable to work due to an injury or sickness that occurred on or off the job. The plan covers **60%** of your pre-disability earnings to a maximum monthly benefit of **\$10,000** once you have been out of work for **180 days**. The benefit could last until your Social Security Normal Retirement Age, provided you continue to meet the definition of disability. **Existing conditions in the three months prior to the effective date of coverage are not covered in the first 12 months of the plan.**



DID YOU KNOW?

1 out of 4 employees will be disabled for 3 or more months during their careers, for events such as maternity leave, injury, surgery, illness, or hospitalization.

SUPPLEMENTAL INSURANCE

Provided by Sun Life

Supplemental insurance plans, insured through Sun Life, help you cover the unexpected out-of-pocket expenses that are attached to every health insurance plan. These plans are not intended to replace your health and disability insurance; instead, they supplement your current benefit offerings.

You have the opportunity to purchase any or all of the three supplemental plans Betty Jean Kerr People’s Health Centers is offering. Unlike with your medical coverage, if you file a claim, Sun Life will send you a check instead of the other way around. When you receive your benefit, you can use that money on whatever your greatest need is at that time—whether that’s helping pay for related medical bills, making a mortgage or rent payment, or buying your child an iPad while he’s stuck on the couch with a broken leg from an accident!

Since these benefits are intended to act as a kind of safety net for large and unexpected medical claims, supplemental insurance plans are popular with employees who elect high deductible health plans.

VOLUNTARY ACCIDENT

Accident insurance pays a cash benefit when you or your covered family members suffer injuries sustained in an on or off the job accident. A few examples of eligible benefits paid to you from an Accident plan are below. Please see the benefit summary for a full list.

BENEFIT	\$ PAID TO YOU	BENEFIT	\$ PAID TO YOU
Emergency Room	\$300	Hospital Admission	\$1,000
Physician Follow Up Visit (up to 6 per accident)	\$150	Hospital Daily Confinement	\$300
Diagnostic Exam	\$200	Physical Therapy (up to 10 per accident)	\$100
X-Ray	\$50	Wellness	\$50 per year per person

These benefits can add up quickly in a single covered accident! Here’s a simple example to consider:

Your child gets injured in his soccer tournament. You take him to the **Emergency Room** (\$300) and the doctor orders an **X-Ray** (\$50) of his ankle. Luckily, it’s just a bad sprain. He has 5 **Physical Therapy** appointments (\$100 per appointment).

After submitting your claim to Sun Life, they will send you a check in the amount of **\$850**.

EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS	
Employee Only	\$6.84
Employee + Spouse	\$11.78
Employee + Child(ren)	\$14.30
Employee + Family	\$19.24



SUPPLEMENTAL INSURANCE

Provided by Sun Life

VOLUNTARY CRITICAL ILLNESS

You can't predict an illness, but you can be prepared. Critical illness insurance from Sun Life helps supplement your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness.

Employees can elect coverage in \$10,000 increments to a max of \$40,000. Coverage for spouses can be elected in \$10,000 increments to a max of \$40,000, not to exceed 100% of the approved employee amount. Coverage for children is 50% of the approved employee amount, automatically included with the employee premium. If you are diagnosed with a covered critical illness, you will receive the applicable percentage of your elected coverage amount. Conditions include, but are not limited to:

% PAID TO YOU	COVERED ILLNESS
100%	Heart Attack (STEMI), Sudden Cardiac Arrest, Stroke, Invasive Cancer, Benign Brain or Spinal Cord Tumor, Major Organ Failure, Advanced Dementia, Advanced Parkinson's, Coma, Advanced Multiple Sclerosis, Severe Burns, Blindness, Loss of Hearing, Paralysis, and more. <i>Plan includes additional covered childhood conditions for dependent children.</i>
25%	Heart Attack (NSTEMI), Coronary Artery Obstruction, Non-Invasive Cancer
Wellness	\$50 per year per person

This plan includes an **Additional Occurrence Benefit** for certain conditions. If you meet the requirements, you will receive a secondary benefit amount equal to the initial payout. *There is no Pre-Existing Condition Limitation on this plan.*

EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS SPOUSE RATES MATCH BELOW AND ARE BASED ON THE EMPLOYEE'S AGE			
AGE	PREMIUM PER \$10,000 BENEFIT	AGE	PREMIUM PER \$10,000 BENEFIT
0-29	\$1.43	50-54	\$8.49
30-34	\$2.26	55-59	\$11.77
35-39	\$2.82	60-64	\$17.40
40-44	\$3.97	65-69	\$25.98
45-49	\$6.05	70+	\$42.32

VOLUNTARY HOSPITAL INDEMNITY

Hospital stays are expensive! If you're **admitted** and/or **confined** to the **hospital** or **ICU** for a covered accident or covered sickness (including maternity), hospital indemnity insurance could help pay for out-of-pocket expenses, such as deductibles, copays and other expenses. It's coverage that can help protect what you've worked so hard to build.

There is no Pre-Existing Condition Limitation on this plan.

BENEFIT	\$ PAID TO YOU	EMPLOYEE BI-WEEKLY PREMIUM CONTRIBUTIONS	
First Day Confinement	Hospital \$1,000 per day (1 per year)	Employee Only	\$9.22
	ICU \$1,000 per day (1 per year)	Employee + Spouse	\$17.98
Daily Confinement	Hospital \$200 per day (up to 180 days)	Employee + Child(ren)	\$14.33
	ICU \$200 per day (up to 30 days)	Employee + Family	\$21.15
	Newborn Nursery \$100 per day (up to 3 days)		

Additional benefits include: extended hospitalization, observation unit stay, and a wellness screening benefit which is paid regardless of a hospital stay.

LEGAL PLAN

We offer a legal plan through Hyatt Legal Plans, a MetLife Company, that includes e-services such as an attorney locator, law first e-panel, law guide, free downloadable legal documents, financial planning, insurance, and work/life resources.

The legal plan is **\$18 per month** and covers you, your spouse, and dependents. See the list below for qualified services.

- Telephone and office consultations
- Estate planning documents
- Document review
- Family law
- Elder law matters
- Real estate matters
- Document preparation
- Traffic offenses
- Personal property protection
- Juvenile matters
- Financial matters
- Identity theft matters
- Defense of civil lawsuits
- Immigration assistance
- Consumer protection

PLUS PARENTS ENHANCEMENT

You have the option to enhance your coverage and enroll in Plus Parents. Cost is an additional **\$5.50 per month**. This enhancement extends coverage to parents, parents-in-law, and grandparents. Coverage includes eldercare, estate planning, money/real estate, and family and personal matters.

Click the link to access a benefits overview, FAQ, videos, and more. These materials are available anytime, no login required.



ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

Betty Jean Kerr People's Health Centers offers an Employee Assistance Program (EAP) through ComPsych Benefits at **no cost** as a piece of our comprehensive employee benefits package.

- Mental Health—up to 5 sessions
- Work/Life Resources
- Financial Consultation
- Legal Consultation
- Health Risk Assessments
- Critical Incident
- Stress Debriefing

LIFEMART DISCOUNT PROGRAM

Your discount program gives you deals on nationally recognized products and services, such as: **Child Care, Electronics, Entertainment, Hotels, Home, Groceries, Restaurants, Auto, Travel, and Pets.**

Go to the ADP Portal and click on Resources > My Tools > Bulletin Board > Your Employee Discounts, or download the LifeMart mobile app.

WISELY DIRECT - PREPAID DEBIT CARD

Wisely Direct is a prepaid debit card with no minimum balance requirements or annual fee. Employees can arrange to **get up to 2 days of pay** early when you set up direct deposit. Employees can also pay bills and earn cash back rewards for all ways you shop, dine out, and travel. Visit www.mywisely.com for more details.

BJK PHC 401(K) RETIREMENT PROGRAM

ELIGIBILITY

- Must be **21 years of age** by the next plan entry date.
- **Auto-enrollment** will apply to all eligible, non-participating employees.
- Must complete **at least 6 months of service** to become eligible to participate in the plan.
- Once eligibility requirements are met, **auto-enrollment** will occur on the next plan entry date for all eligible employees who have not made an election.

EMPLOYEE CONTRIBUTIONS

- Employees who are auto enrolled will have a **default contribution of 6%** of eligible compensation per pay period unless a different election is made.
- You may choose to **opt-out of participation or change your contribution rate at any time through the ADP portal.**
- You may contribute **1% to 90%** of eligible compensation on a **pre-tax basis** (maximum total of 90%).
- You may also elect a **flat dollar amount** per pay period instead of a percentage.
- **The annual contribution limit is \$24,500.**

EMPLOYER CONTRIBUTIONS

- **BJK PHC** will match **100% of your salary deferrals** on the first **3%**, and **50%** of your salary deferrals on the next **2%** of eligible compensation.

CATCH-UP CONTRIBUTIONS

- Employees **age 50 or older**, you may make additional "catch-up" contributions beyond the regular plan limits.
- For this year, the **additional catch-up limit is \$8,000.**



ADDITIONAL BENEFITS

BJK PHC SCHOLARSHIP FOUNDATION

The Betty Jean Kerr Scholarship was established in 2007 by People's Health Centers in honor of our founder and CEO for over thirty years, Ms. Betty Jean Kerr. The Scholarship was created to support People's Health Centers employees and their immediate family members who are pursuing degrees in healthcare. The Scholarship helps awardees pursue their interest in high quality healthcare delivered with dignity and compassion regardless of a person's life station or economic condition.

Awards are made to undergraduate and graduate students in an amount of \$1,000 per academic year. Interested students should contact the Human Resources department for more information.

The application period for the scholarships traditionally opens in May of each year, with the announcement of awarded candidates following in August.

LOAN REPAYMENT PROGRAM (HRSA - HEALTH RESOURCES SERVICES ADMINISTRATION)

BJK PHC is part of the Public Service Loan Forgiveness program. Licensed primary care clinicians can receive loan repayment assistance through the NHSC Loan Repayment Program. Providers must be in an eligible discipline. In exchange for loan repayment, you must serve at least two years at an NHSC-approved site in a Health Professional Shortage Area (HPSA). Further details can be found at nhsc.hrsa.gov.

PUBLIC STUDENT LOAN FORGIVENESS PROGRAM

As a not-for-profit organization, employees might be eligible for the PSLF Program. The PSLF Program forgives the remaining balance on your Direct Loans after you've made the equivalent of 120 qualifying monthly payments under an accepted repayment plan, and while working full-time for an eligible employer. Further details can be found at studentaid.gov/pslf/.



BETTY JEAN KERR
People's
HEALTH CENTERS

