



2023 Benefits Guide

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About this Benefit Summary

This guide describes the benefit plans available to you as an employee of Saint Peter's Healthcare System. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Saint Peter's Healthcare System.

What to Know About Enrollment

When Can I Enroll?

This year will be considered a Passive Enrollment year, which means as a benefits eligible employee if you do not want to make any changes to your benefit plans during our open enrollment period, your insurance benefits and contributions will continue as is. Open Enrollment is 10/10/2022-10/28/2022 with any benefit changes being effective January 1, 2023. The deadline to enroll/change or disenroll from insurance benefits is October 28th. Our benefit plan year is January 1, 2023 through December 31, 2023.

As a new employee, you become eligible for benefits the first of the month following your start date. You must enroll within 30 days from your date of hire to have coverage for the rest of the plan year. If you do not enroll for coverage during your initial enrollment period, you will not be eligible to enroll until the next open enrollment unless you have a qualified life event change.

Who is Eligible?

If you are a full-time or part-time employee with standard hours of at least 20 hours per week, you are eligible to enroll in the benefits described in this guide. Your coverage is effective the First of the Month following your start date. If you are a new hire, you will have 30 days from your hire date to enroll in your benefits.

Who Can I Cover?

You have the option of enrolling yourself and your eligible dependents. Eligible dependents include your:

- Legal Spouse, as declared by law
- Child(ren) up to age 26 regardless of status for medical, dental, and vision Coverage ends on the last day of the month your dependent turns 26
- Child(ren) of any age who become mentally or physically disabled before age 26, and are totally dependent on you
- Children under the age of 26 who you are legally required to provide health care coverage under a court order

What if Things Change?

The benefits you choose will be in place from January 1, 2023 through December 31, 2023. You can't change your coverage during that time unless you have a "qualified life event." You must make any eligible changes within 31 days of this event. Qualified life events include, but are not limited to:

- Marriage, legal separation, divorce, or death
- Birth, legal adoption of a child, or placement of a child with you for legal adoption
- Change in residence (if your current coverage isn't available in the new location or if you are offered an option that you were not previously offered)
- Dependent's gain/loss of access to coverage

After a qualified life event, your new coverage will begin as of the date of the event, provided proper documentation is received.*

**Within 60 days of the event if you, your spouse, or your eligible dependent child loses coverage under Medicaid or a state Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.*

Required Documents for Enrolling Dependents/Status Change

For Marriage	A copy of your marriage license or 1st page of your most recently filed tax return.
For Legal Separation, divorce or annulment	A copy of the first page of your divorce decree or letter from your attorney.
For Birth/Adoption	A copy of your child(ren)'s birth certificate or crib card.
For Deaths	A copy of the death certificate.
For loss of other health care coverage	A copy of a COBRA letter, HIPAA certificate or letter showing termination of coverage date.
For gain of other health care coverage	Proof that spouse is newly eligible for other coverage including proof of effective date of the coverage and any enrolled dependents.

How to Enroll Using Benefitfocus

It's Easy to Get Started

You can view and update certain key pieces of benefit information. The Saint Peter's Employee Portal contains your beneficiaries, dependents, current benefits, benefits handbook, new hire enrollment and open enrollment. As the employee, you are able to make edits to beneficiaries and dependents. Adding dependents under **Benefits** is not for newborns. To add a dependent, you must have all required information such as date of birth and social security number. If you need to add a newborn, you must do that under **Life Events**. Crib cards will be accepted.

- You may want your spouse present while electing benefits – remember, your benefit choices impact your whole family
- You'll need to have Social Security Numbers (SSNs) handy for yourself and any dependents that you want to cover, as the system will require them

Login

STEP 1: Saint Peter's Intranet or Direct Link

Go to the Saint Peter's Homepage (Intranet).

Look for the **Employee Portal** icon on the bottom left hand corner (looks like a flower) and click on it. You will be asked to login through Cornerstone.

Or go to directly to sphr4u.com, our Employee Portal direct link. Click into the Login for Saint Peter's Employee's button which will take you to the Cornerstone login page.



STEP 2: Follow instructions for Cornerstone first time login below.

Username: Saint Peter's email address

Password: Click on **Forgot Password**. You will be sent an email with a link to set your password (first-time login)

STEP 3: Login to Benefits Focus Platform

Once you have logged into Cornerstone, you will land on the Welcome page. Click on the **Benefit Focus** Icon to access the site. You will then be asked to sign in with your Saint Peter's Network Credentials.

Username: Saint Peter's email address

Password: Your SP Network credentials (Contact Saint Peter's IT Help Desk if you need help resetting your password)

Annual Enrollment

During Open Enrollment you will see a link that says **Get Started** where you will elect your coverage.

Click **Edit** to change your contact information. Click **Next steps** to continue with process. If you need to add dependents to your benefits, you can do so before you enroll in Benefits or when you enroll. If you are adding a dependent to coverage, it will take to screen to add proof of documents for the dependent. Benefits will pend for the dependent until the document is submitted and approved. If you do not have the document at the time of enrollment, you can always go to the Document Center on the left hand column of the home screen to upload at a later time.

Now you can click on **Begin Enrollment** and you can begin choosing your benefits coverage. The enrollment will take you through each benefit. You will have a guide available to follow while electing coverages. Once you have confirmed and are happy with the elections you have chosen, click **Complete Enrollment**. You must click Complete Enrollment in order for your benefit elections to be saved.

New Hire Enrollment

If you are a new employee and are benefits eligible, you will log in to the portal and click on the **Get Started** link. Once you click the link, the enrollment message will be displayed. Select **Continue** to launch the enrollment wizard. When you are finished electing your benefits, click **Complete Enrollment**. You must click Complete Enrollment in order for your benefit elections to be saved.

What's New

Tuition.io:

All Saint Peter's Healthcare System employees who have federal Student Loans are eligible for public student loan forgiveness. This benefit allows employees to reduce their monthly payments and get on the path to loan forgiveness in a few easy steps.

Virgin Pulse

New for 2023 Virgin Pulse will introduce biometric health screening by submitting a physician form.

NJ Sick

Effective November 1, 2022, your current sick bank will be broken into two banks, NJ Earned Sick Leave (ESL) and Employee sick time. Employees will be able to view the current balances for both of these benefits.

Vacation Time Cash Out

We will be introducing a plan to allow employees to cash out a portion of their accrued vacation time.

Wild Flower

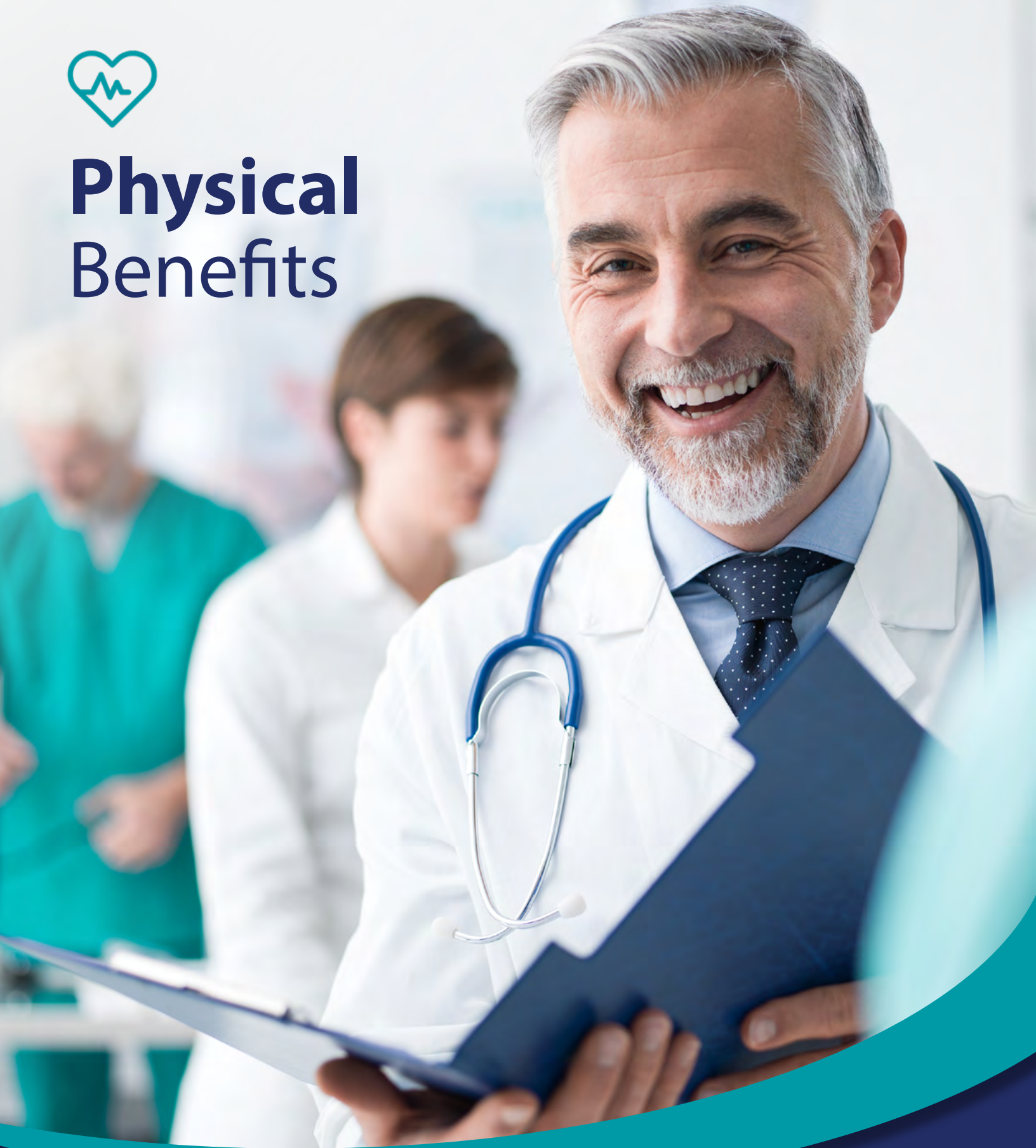
Wildflower specializes in digital health and value based maternity care.

This will be the last year that the Aetna PPO Plan will be available. Beginning in 2024, you will be offered the EPO and HSA plans





Physical Benefits



About the Providers

1

Tier 1: Inner Circle

The providers in this tier includes those physicians with privileges at Saint Peter's who have agreed to be in our internal network, the Saint Peter's Inner Circle. By using these doctors and facilities, you will pay reduced copayments.

In Medical Plans, EPO and PPO, using the Inner Circle may qualify you for reduced copayments for office visits if using Saint Peter's University Hospital. Not all covered services are available within the Inner Circle.

**Note that any lab work ordered by your physician may be subject to out-of-pocket costs.*

2

Tier 2: HealthCare Transformation Consortium (HTC)

Healthcare Systems participating in the HTC include: Saint Peter's Healthcare System, Atlantic Health System, CentraState Healthcare System, Holy Name Medical Center, Hunterdon Healthcare System, and Virtua Health System. The HTC was developed to join under one single carrier, share best practices around cost-containment efforts and ensure high-quality care with more options for our employees and their dependents. If you and your dependents participate in our benefits program, you will have access to Aetna's national healthcare network along with the availability of care and treatment at any of the sites of care across the other five (5) consortium systems, creating more options and access for your personal healthcare needs. The providers located at any of the consortium systems will be considered as Tier 2 providers.

3

Tier 3: Aetna Network Providers

The providers in Tier 3 are all physicians that are in the New Jersey-Northern Network with Aetna. If you are outside the New Jersey-Northern Network, you will have access to Aetna's national network. For more information and to find participating doctors visit [aetna.com](https://www.aetna.com).

4

Tier 4: Out of Network Providers

The providers in Tier 4 include all doctors that do not participate in any of the tiers listed above.

**Note that Non-Emergency use of the Emergency Room is not covered*

Medical Benefits

Administered by Aetna

EPO Plan

In-Network Benefit	Tier 1	Tier 2	Tier 3
Benefit Period	Calendar Year		
Deductible (Individual / Family)	\$200 / \$400	\$350 / \$700	\$500 / \$1,000
Coinsurance	100%	100%	80%
Out of Pocket Maximum (Individual / Family)	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800
Lifetime Maximum Benefits	Unlimited		
Preventive Care	100%	100%	100%
Office Visit Copay (Primary / Specialist)	\$20 / \$40	\$25 / \$50	\$30 / \$60
Diagnostic Laboratory	100% after deductible	100% after deductible	80% after deductible
Diagnostic X-Ray / Radiology Complex Copay (MRI/MRA/CT/PET Scans)	100% after deductible	100% after deductible	80% after deductible
Inpatient Hospital Care	100% after deductible	100% after deductible	\$500 copay / day; no more than \$1,500 total copay then 80% after deductible
Outpatient Surgery	100% after deductible	\$200 after deductible	\$200 copay then 80% after deductible
Emergency Room	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay
Prescription Tiers	Generic / Preferred Brand / Non-Preferred Brand		
Walgreens Rx Retail Copays (up to 30 day supply)	\$15 / \$40 / \$60		
Rx Retail Copays (up to 30 day supply)	\$25 / \$50 / \$75		
Mail Order or Walgreens Drug Copays (up to 90 day supply)	\$40 / \$100 / \$150		



PPO Plan

In-Network Benefit	Tier 1	Tier 2	Tier 3	Tier 4
Benefit Period	Calendar Year			
Deductible (Individual / Family)	\$200 / \$400	\$350 / \$700	\$500 / \$1,000	\$2,000 / \$4,000
Coinsurance	100%	100%	80%	65%
Out of Pocket Maximum (Individual / Family)	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$15,000 / \$30,000
Lifetime Maximum Benefits	Unlimited			
Preventive Care	100%	100%	100%	65% after deductible
Office Visit Copay (Primary / Specialist)	\$20 / \$40	\$25 / \$50	\$30 / \$60	65% after deductible
Diagnostic Laboratory	100% after deductible	100% after deductible	80% after deductible	65% after deductible
Diagnostic X-Ray / Radiology Complex Copay (MRI/MRA/CT/PET Scans)	100% after deductible	100% after deductible	80% after deductible	65% after deductible
Inpatient Hospital Care	100% after deductible	100% after deductible	\$500 copay/day; max \$1,500 80% after deductible	65% after deductible
Outpatient Surgery	100% after deductible	\$200 after deductible	\$200 copay then 80% after deductible	65% after deductible
Emergency Room	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay
Prescription Tiers	Generic / Preferred Brand / Non-Preferred Brand			
Walgreens Rx Retail Copays (up to 30 day supply)	\$15 / \$40 / \$60			
Rx Retail Copays (up to 30 day supply)	\$25 / \$50 / \$75			
Mail Order or Walgreens Drug Copays (up to 90 day supply)	\$40 / \$100 / \$150			

HDHP with Health Savings Account (HSA) Plan

In-Network Benefit	Tier 1	Tier 2	Tier 3	Tier 4
Benefit Period	Calendar Year			
Deductible (Individual / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Coinsurance	100%	90%	80%	65%
Out of Pocket Maximum (Individual / Family)	\$6,900 / \$13,800	\$6,900 / \$13,800	\$6,900 / \$13,800	\$15,000 / \$30,000
Lifetime Maximum Benefits	Unlimited			
Preventive Care	100%	100%	100%	65% after deductible
Office Visit Copay (Primary / Specialist)	100% after deductible	90% after deductible	80% after deductible	65% after deductible
Diagnostic Laboratory	100% after deductible	90% after deductible	80% after deductible	65% after deductible
Diagnostic X-Ray / Radiology Complex Copay (MRI/MRA/CT/PET Scans)	100% after deductible	90% after deductible	80% after deductible	65% after deductible
Inpatient Hospital Care	100% after deductible	90% after deductible	80% after deductible	65% after deductible
Outpatient Surgery	100% after deductible	90% after deductible	80% after deductible	65% after deductible
Emergency Room	100% after deductible	100% after deductible	90% after deductible	90% after deductible
Prescription Tiers	Generic / Preferred Brand / Non-Preferred Brand			
Walgreens Rx Retail Copays (up to 30 day supply)	\$15 / \$40 / \$60 after deductible			
Rx Retail Copays (up to 30 day supply)	\$25 / \$50 / \$75 after deductible			
Mail Order or Walgreens Drug Copays (up to 90 day supply)	\$40 / \$100 / \$150 after deductible			

Medical Contributions

Employee Contributions: Bi-Weekly

Medical	EPO	PPO	H.S.A
Salary: < \$35,000			
Employee Only	\$33.90	\$151.32	\$9.32
Employee + Spouse	\$71.20	\$317.77	\$19.58
Employee + Child(ren)	\$64.42	\$287.51	\$17.72
Family	\$105.10	\$469.09	\$28.90
Salary \$35,000 - \$50,000			
Employee Only	\$57.64	\$151.32	\$31.07
Employee + Spouse	\$121.04	\$317.77	\$65.25
Employee + Child(ren)	\$109.51	\$287.51	\$59.06
Family	\$178.68	\$469.09	\$96.33
Salary: \$50,000 - \$75,999			
Employee Only	\$67.81	\$162.13	\$37.29
Employee + Spouse	\$142.40	\$340.47	\$78.30
Employee + Child(ren)	\$128.84	\$308.04	\$70.88
Family	\$210.21	\$502.59	\$115.59
Salary: \$76,000 - \$120,999			
Employee Only	\$81.37	\$183.74	\$46.61
Employee + Spouse	\$170.88	\$385.86	\$97.88
Employee + Child(ren)	\$154.61	\$349.11	\$88.60
Family	\$252.25	\$569.61	\$144.49
Salary: \$121,000 - \$249,999			
Employee Only	\$91.54	\$199.96	\$52.82
Employee + Spouse	\$192.24	\$419.91	\$110.93
Employee + Child(ren)	\$173.93	\$379.92	\$100.41
Family	\$283.78	\$619.86	\$158.22
Salary: > \$250,000			
Employee Only	\$101.71	\$216.17	\$62.15
Employee + Spouse	\$213.60	\$453.95	\$130.51
Employee + Child(ren)	\$193.26	\$410.72	\$118.13
Family	\$315.31	\$670.12	\$192.65

Part Time Employee Contributions

Medical	EPO	PPO	HSA
Employee Only	\$101.71	\$216.17	\$62.15
Employee + Spouse	\$213.60	\$453.95	\$130.51
Employee + Child(ren)	\$193.26	\$410.72	\$118.13
Family	\$315.31	\$670.12	\$192.65

Teladoc

Administered by Aetna

Access quality healthcare anytime, anywhere — at work, in the comfort of your home or while traveling.

As a Teladoc member you now have access to a national network of U.S. board-certified physicians, licensed in your state. With over 20 years of experience, Teladoc doctors can diagnose, treat and prescribe medications for your non-emergency conditions. This includes treatments for:

- The flu
- Allergies
- Eye and sinus infections
- Rash
- Bronchitis
- and more

Program Components

General Medical	Matches PCP Benefit EPO/PPO: \$20 copay HDHP: 100% after deductible*
Behavioral Health	Matches BH outpatient benefit EPO/PPO: \$40 copay HDHP: 100% after deductible*
Dermatology	Matches Specialist benefit EPO/PPO: \$40 copay HDHP: 100% after deductible*
*Consult Fees that apply to HDHP in deductible	
General Medicine	\$49
Psychiatrist initial visit	\$190
Psychiatrist all subsequent	\$95
Therapy/all other (non-MD) BH	\$85
Dermatology	\$75

Request a visit with a doctor 24 hours a day, 365 days a year, by web, phone, or mobile app.

Teladoc mobile app is the most convenient way to connect to Teladoc and feel better. Schedule a doctor visit, manage your medical history, or even send a prescription to the nearest pharmacy – all from the palm of your hand.

Setting up your Teladoc account is just a call or click away. The process is quick and easy:

Visit: [Teladoc.com](https://www.teladoc.com)

Call: 1-800-Teladoc

1. Click Set up account.
2. Provide the required information.

By completing your medical history disclosure (MHD) ahead of time, Teladoc doctors can assist you more efficiently and make an accurate diagnosis.



Health Savings Account (HSA)

Administered by PayFlex

If you enroll in the Saint Peter's High Deductible Health Plan (HDHP), you will have access to the HSA—a tax-advantaged savings account that's partially funded by Saint Peter's Healthcare System. Funds are deposited, grow and are available all tax-free—and if you leave Saint Peter's Healthcare System, the account goes with you! Only participants in the HDHP medical plan can open this account and receive company funding. You own the account, and the money can be used today or for future expenses— even in retirement.

Saint Peter's HSA Annual Contribution	Annual Tax Savings
Individual	\$500
Employee + Spouse Employee + Child Family	\$1,000

Here are some key features of the HSA:

- All money in the account is tax-free
- Saint Peter's Healthcare System contributes to the HSA to help cover your out-of-pocket medical expenses—\$500 / Individual and \$1,000 Family contribution.
- You can also make your own contributions. The funding is yours to keep in your HSA until you need it. The maximum you can contribute after the St. Peter's contribution is \$3,350 for a Single Plan and \$6,750 for a Family Plan.
- 2023 IRS annual maximum contribution limit of is \$3,850 for individual coverage and \$7,750 for family coverage. If you are age 55+, you have an additional \$1,000 each year in catch-up contributions.

How to Use Your Health Savings Account

The HSA can be used to pay for qualified health expenses for you, your spouse and your eligible dependent children or any other tax-qualified dependent that you support, such as an elder parent. Here are some examples of how the funds can be used:

- Deductibles and coinsurance
- Pharmacy copays once you have met your deductible, including some over-the-counter medications
- Vision and Dental out of pocket plan costs

Save, Grow, Spend

The HSA offers triple tax advantages:

- Money goes in tax free
- Money can be invested and grow tax free
- Money comes out tax free when you use it for healthcare expenses

Plus, you can roll over the balance from year to year. It's your money to keep, grow and spend as needed.

The power of tax-free savings

Experts say the average couple will need \$300,000 for out-of-pocket medical expenses in retirement. The HSA can help you prepare for future healthcare costs. While an HSA can only be used for qualified healthcare costs, it is similar to a 401(k) in that before-tax contributions reduce your taxable income. 401(k) contributions are taxed when you withdraw them, but HSA contributions are tax-free when used for qualified medical expenses. Here's how much health savings you can accumulate with an HSA if you start at age 40, contribute to age 64, and do not make any withdrawals prior to age 65.*

Example:

Annual HSA Contribution	Annual Tax Savings	HSA Balance at 65	Total Tax Savings at 65
\$900 (Individual)	\$252	\$71,100	\$26,400
\$1,800 (Employee+Spouse)	\$504	\$142,200	\$39,800
\$1,800 (Employee+Child)	\$504	\$189,600	\$52,800
\$2,400 (Family)	\$672		

*Assuming individual retires at 65 and lives to 85, and 8% return on investment each year (the company makes no promise about investment fund performance). This example shows the benefits of starting early—but it's never too late to start saving!

Spending Accounts

Administered by PayFlex

Flexible Spending Account (FSA)

FSAs allow you to have pre-tax money deducted from your paycheck to pay for certain healthcare and/or dependent care expenses. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay. There are two types of FSAs available:

Healthcare FSA

Using pretax payroll contributions, you can receive reimbursement from your Healthcare FSA for eligible medical, dental and vision expenses incurred by you or an eligible dependent, as long as the expenses are not covered or reimbursed by other plans.

- Can elect to contribute up to \$2,850 per year in accordance with the limits under the Patient Protection and Affordable Care Act (PPACA).
- Entire election amount is available on the first day of the plan year.
- You can use the Healthcare FSA for yourself and anyone you claim on your income taxes, such as your spouse and children, for eligible medical, dental, and vision expenses.
- \$570 rollover of unused funds year to year
- Important!! Use it or Lose it! (funds over \$570)
- 90 day run-out period after plan year ends to submit claims
- You can not enroll in FSA if you are enrolled in the HDHP-HSA plan

Some eligible expenses include:

- Office visit and prescription drug copays
- Medical and dental deductibles and copays
- Vision care, including prescription glasses, contact lenses and solution, nonprescription glasses if for vision correction, and LASIK

Dependent Care FSA

Saint Peters' Healthcare System offers an opportunity for you to save money for daycare for eligible dependents through the Dependent Care FSA. You decide how much to contribute, up to \$5,000 per year, per household.

A DCA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. You may receive reimbursement up to the current balance in your account at the time the request is made. To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be full time students. The annual maximum for a DCA account is \$2,500 per spouse if filed separately or \$5,000 if filed jointly.

You can use the Dependent Care Flexible Spending Account on:

- Child Daycare
- Adult Daycare
- Au Pair Services
- Nanny
- After School Care
- Babysitter
- Day Camp



Dental Insurance

Administered by Delta Dental of NJ

Caring for your teeth is as important as taking care of the rest of your body. That's why Saint Peter's Healthcare System offers dental plans that cover routine check-ups and additional services needed for your dental health. Your Delta Dental Plans offer coverage for three main types of expenses:

- Preventive and Diagnostic Care (routine exams, cleanings, fluoride treatments, sealants and x-rays)
- Basic Treatment (simple fillings & extractions, root canals, oral surgery and gum disease treatment)
- Major Treatment (crowns, dentures and bridges)

To locate participating providers, please visit the Delta Dental's website at deltadentalnj.com.

PPO Plus Premier / Advantage Program

Benefits	Basic Plan	Buy-Up Plan
Calendar Year Deductible	\$50 Ind / \$100 Family Basic & Major only	\$75 Ind / \$175 Family Basic & Major only
Preventive Services	80%	100%
Basic Services	50%	80%
Major Services	50%	50%
Orthodontia (Child Only)	N/A	50%
Annual Maximum	\$1,000	\$1,500
Ortho Lifetime Maximum	N/A	\$1,200

Specific benefit levels and dental services are described in full detail in the employee benefits summaries.

DHMO Plan

Benefits	In-Network Only
Calendar Year Deductible	N/A
Preventive Services	Fee Schedule
Basic Services	Fee Schedule
Major Services	Fee Schedule
Orthodontia (Adult & Child)	Fee Schedule
Annual Maximum	Fee Schedule

Specific benefit levels and dental services are described in full detail in the employee benefits summaries.

Employee Dental Contributions: Bi-Weekly

Dental	Basic Plan	Buy-Up Plan	DHMO
Employee Only	\$5.13	\$9.27	\$7.86
Employee + Spouse	\$10.78	\$19.47	\$15.09
Employee + Child(ren)	\$9.75	\$17.61	\$15.09
Family	\$15.91	\$28.74	\$26.20

Voluntary Vision Insurance

Administered by VSP

Taking care of your eyes is important to your health. That's why we offer you a vision plan through VSP.

With VSP, you may select any provider for eye care services; however, by receiving services from a network provider, in addition to receiving exceptional eye care, your out-of-pocket cost will be less than if you used an out-of-network provider. Care from a non-network provider can cost more since they are not under a contracted arrangement and in most cases you will be required to submit a claim to VSP. The VSP provider will contact VSP to confirm your eligibility and benefit details. Remember, your member ID has three "0" followed by your six digit employee number.

You can choose from a nationwide list of vision providers at [vsp.com](https://www.vsp.com).

Benefits	VSP Choice Plan	
Service Frequencies	Every Calendar Year	
Vision Services	In-Network (Copay / Member Cost)	Out-of-Network (Reimbursement)
Eye Exams	Covered in full after \$15 copay	Up to \$45
Materials	\$25 copay	N/A
Lenses		
Single Vision	Covered in full after materials copay	Up to \$30
Lined Bifocal	Covered in full after materials copay	Up to \$50
Lined Trifocal	Covered in full after materials copay	Up to \$65
Lenticular	Covered in full after materials copay	Up to \$100
Frames	\$200 Allowance, 20% discount on amount over allowance. Costco Optical: \$80 Allowance	Up to \$70
Contact Lenses (in lieu of frames and lenses)		
Fitting and Evaluation	Covered in full after maximum \$60 copay	
Medically Necessary	Covered in full after copay	Up to \$210
Elective Lenses	\$150 Allowance	Up to \$90

Employee Vision Contributions: Bi-Weekly

Vision	VSP Choice Plan
Employee Only	\$2.76
Employee + Spouse	\$5.52
Employee + Child(ren)	\$5.88
Family	\$9.40



Financial Benefits



Life/AD&D Insurance

Administered by MetLife

Employees will automatically be enrolled in an employer sponsored Life and Accidental Death & Dismemberment (AD&D) Insurance.

Life and AD&D Benefits	
Coverage Type	Employer Paid
Benefit	Amounts based by class
Earnings Definition	Basic Annual Earnings
Reduction Schedule	50% at age 70 35% at age 75
Waiver of Premium	Standard NJHA
Portability	Included
Conversion	Included

Supplemental Life Insurance

Administered by MetLife

Employees are eligible for Supplemental Life Insurance Benefits for additional cost.

Supplemental Life Benefits	
Employee Benefit	Amounts based on class
Waiver of Premium	Same as Basic Benefits
Guaranteed Issue Limit—Employee*	\$350,000
Reduction Schedule	Same as Basic Benefits
Portability	Included
Conversion	Included

**The "guarantee" means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.*

Long Term Disability (LTD)

Administered by New York Life Insurance

Eligible Employees will have the opportunity to enroll in Long Term Disability Benefits at an additional cost to them.

Long Term Disability Benefits	
LTD benefit per Employee	Benefit amount based on class
Elimination Period	180 days
Own Occupation Benefit Period	Social Security Normal Retirement Age
Maximum Benefit Period	Social Security Normal Retirement Age
Social Security Integration	Primary & Family
Pre-Existing Condition Limitations	3 months prior and 12 months after

Commuter Benefits Account

Administered by PayFlex

The PayFlex Commuter Benefits program is only for eligible transit and parking expenses for your commute to and from work. This does not include commuting expenses for your spouse or dependents.

Eligible Transit expenses may include:

- Metro and transit pass, token fare card, voucher, or similar items for transportation via bus, train, subway and/or ferry
- Vanpool costs – a van is usually considered a commuter vehicle if:
 - It seats at least 6 adults (not including the driver)
 - At least 80 percent of the vehicle’s mileage is used to transport employees to and from their place of employment
 - At least half of the adults are employees going to and from work

Eligible Parking expenses may include:

- Parking expenses at or near your worksite
- Parking expenses at a location where you commute to work, either by mass transit, qualifying commercial or noncommercial highway vehicle, or car pool
- Vendor parking, including lots and garages

Great Reasons to Enroll

- Decrease your taxable income and increase your take-home pay.
- Pay for eligible work-related commuting costs with pretax dollars.
- Order transit and parking passes, vouchers and a Commuter Check® online.
- Schedule orders to take place automatically each month.
- Add funds to a fare card with just a few clicks of a mouse.

Effortless and Paperless

When you select PayFlex, you get a quick, efficient and paperless answer for your transit and parking related expenses.

- Direct payroll deduction for pre-tax transit benefits
- Direct payroll deduction for post-tax benefits
- Transit passes are delivered directly to your home
- Funds can be applied directly to “stored value/smart cards” and other reusable fare media

Commuter Program IRS Maximums

Parking Limit	\$280 per month
Transit/vanpool limit	\$280 per month



Voluntary Benefits

Saint Peter's uses various vendors to administer the voluntary benefits program. Now is your opportunity to enroll in the voluntary benefits effective for 2023. Additional information will be made available by the Benefits Department.

Voluntary Benefits that are offered are:

- Accident Insurance
- Critical Illness
- Hospital Indemnity
- Legal Services
- Auto/Home Insurance
- Supplemental Life Insurance
- Permanent Life Insurance
- Identity Theft Protection
- Pet Insurance
- Student Loan Planning

Accident Insurance

Accidents happen and can be very costly. Even the best medical plans may leave you with additional out-of-pocket expenses when dealing with the unexpected. Accident Insurance can help you be better prepared. There are over 150 covered events that could trigger benefits, including injuries, hospitalization, medical services and treatments.

Critical Illness Insurance

You can help protect your family and your budget from the financial impact of a critical illness. Critical Illness Insurance coverage includes conditions such as heart attack, cancer,* or stroke.** You'll get a lump-sum payment directly to you to use in any way you see fit, whether it's for everyday living expenses or out-of-pocket medical costs like co-pays and deductibles.

Hospital Indemnity Insurance

Hospital visits and stays are costly and often unexpected. If you are out of work, you may have trouble meeting essential household expenses such as your mortgage and car payments, on top of any medical expenses that you need to cover like deductibles, copays and out-of-network care or treatments. But with Hospital Indemnity Insurance, you receive a lump-sum payment to use how you see fit, including to help cover costs that result from a hospitalization.

Legal Services

MetLife Legal Plans grants you access to expert legal advice and representation on a wide range of matters, including wills, real estate, traffic offenses, adoptions and much more. There's a competitive monthly cost for unlimited use.

Auto & Home Insurance

Farmers Insurance Group provides coverage that fits your needs. Insure your car and home, boat, motorcycle and more, and enjoy 24/7 superior service. Make the switch and you could save hundreds with special employee discounts.

Identity Theft Protection

Protect yourself and your family. Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media— so you can protect the trail of data you leave behind.

Pet Insurance

Now you can protect your pets through Nationwide Pet Insurance. Whether they have two legs or four, every family member deserves quality health care. That's why our pet health insurance plans give you the freedom to use any vet, anywhere, including specialists and emergency providers.

Supplemental Life Insurance

As the events in your life change, so do your life insurance needs. A universal life insurance policy has the flexibility to adjust to your changing needs. With a Transamerica Life Insurance Company universal life policy, you can participate in the program and select the right coverage level for your own individual or family needs, with just one policy.



Personal Benefits



Employee Assistance Program

Administered by Oasis Behavioral Health/Charles Nechtem Associates

The Employee Assistance Program (EAP) is an assessment and referral service that provides confidential, professional counseling to you and your family to help resolve issues that affect your personal life or job performance. All employees and their family members may receive unlimited telephone counseling sessions and may receive up to six face-to-face assessment-counseling sessions at not cost.

If you are a covered participant in either of the medical plans and a counselor recommends treatment beyond the EAP assessments, you may be referred to an in-network or out-of-network provider for additional treatment. The EAP is part of our medical coverage. You cannot elect this separately.

Get Started today. Call: (800)531-0200

Wellness Program

Administered by Virgin Pulse

Your Go4 Wellness program is waiting for you, with exciting new ways to get rewarded for getting healthier. Get started today.

Highlights

- Download the engaging and easy-to-use Mobile App today!
- Use the Healthy Habit Tracker to reach your personal goals.
- Create your own Personal Challenges and compete with colleagues.
- Get Daily Tips on wellbeing topics that are important to you.
- Download the Virgin Pulse mobile app.
- Points = Rewards: You'll work to earn 12,000 points per quarter in order to earn your rewards.
- Effortless engagement: Earn points easily by logging in everyday to complete daily cards with inspiring ideas and activities.
- Sync and track: Connect a device to your account and watch your steps add up quickly.
- Journeys® digital coaching: new habits and watch them stick. Start a Journey from the left menu. New steps will be delivered to you each day when you log in to your account.

What's new?

New for 2023 Virgin Pulse will introduce biometric health screening by submitting a physician form.

Get rewarded for biometric screenings! Download your biometric screening form from your Virgin Pulse account before your annual exam. Submit a physician signed form and earn 3,000 points toward your incentive goal! Earn even more points by achieving target results.

Your rewards

Medically enrolled employees earn up to \$50 in gift cards per quarter. All other employees earn points for raffle entries for a prize drawing per quarter.

- Take 10,000 steps per day - 100 points
- Connect device - 200 points
- Do your daily cards - 20 points
- Join challenge - 100 points
- Complete health assessment - 4,000 points.

Get the Virgin Pulse mobile app or go to join.virginpulse.com/go4wellness

Adoption Assistance Benefit

At Saint Peter's Healthcare System family comes first and we are excited to offer an Adoption Assistance Benefit to help support your growing family.

Employees eligible for medial benefits (PPO, EPO or HSA) are eligible for adoption assistance if they have been in an eligible status for the preceding 12 months. Employee must be actively at work to qualify.

Saint Peter's Healthcare System will reimburse up to \$7,220 for eligible expenses, per adoption, up to a maximum of \$14,440. Eligible expenses include adoption agency fees, legal fees, court costs and traveling costs. Saint Peter's Healthcare System will reimburse for these expenses after the placement is considered final.

How it Works:

1. Employee will complete the Adoption Assistance Application form and attach copies of supporting court documents that indicate: The date the adoption was finalized and the age of the child as of this date.
2. Documentation and receipts of expenses incurred.
3. The Adoption Assistance Application form will be submitted to HR4U
4. HR4U will review the documents and determine the eligibility of the employee. If the employee meets the eligibility criteria, the application will be authorized and a request is sent to payroll.
5. Payroll will process the payment during the next payroll cycle following the approval.

Tuition.io

What is Public Service Loan Forgiveness (PSLF)?

PSLF is a loan forgiveness program for Federal Direct student loans. It forgives the remaining loan balance of borrowers who make 120 eligible payments while employed by an eligible employer such as Saint Peter's Healthcare System, a 501(c)(3) non-profit employer.

Eligible Employment

- Full-time employment as defined by your employer or 30 hours per week, whichever is higher

Eligible Loans & Payments

- Federal Direct Loans are the only eligible loans
- Older FFEL loans aren't eligible unless consolidated to a Direct Consolidation Loan
- Refinanced and private student loans aren't eligible

Sign up to speak to a student loan coach today!

1. Register for an account on Tuition.io via sphs.tuition.io/register
2. Connect any student loans that you have to the Tuition.io portal (this should take less than 2 minutes!)
3. Navigate to the Student Loan Coaching section on the portal, fill out a questionnaire
4. Send our coaches an email for the fastest response, or schedule a time to speak to a coach on the phone

Wildflower



About Wildflower Health

- Value-based care enablement solution for women's health, starting with OB and newborn support
- Deliver personalized experiences that activate women in their own care, while simplifying the healthcare journey for families
- Make care more efficient and effective by clinically integrating with provider workflows and systems, while equipping clinicians with the tools and support need to effectively deliver value-based maternity care.

The Right Support for Every Patient

Using patient data and clinical indicators we assign appropriate support services:

- Patient Activation Measure to identify a patient's knowledge, skills, and confidence
- Clinical Data:
 - Clinical history
 - Biomarker data (BP/BG)
 - Mental health indicators
 - Provider care plans

Routine Pregnancy

- Routine pregnancy + higher self-management skills
- Receive lower intensity support from health advocate
- Ongoing monitoring for escalation as needed

At Risk For Complications

- Serious health considerations + low self-management skills
- Proactive outreach & ongoing engagement
- Ongoing monitoring to stay ahead of complications
- Paired with health coach if issue requires behavior change

References and Resources

Benefit	Carrier	Website	Phone
Medical Plan	Aetna	aetna.com	(866) 286-9994
Prescription	Express Scripts	express-scripts.com	(800) 282-2881
Dental Plan	Delta Dental	deltadentalnj.com	(800) 433-6825
Vision Plan	VSP	VSP.com	(800) 877-7195
Life / AD&D	MetLife	metlife.com	(800) 638-5000
Long Term Disability	New York Life Insurance	mynylgbs.com	(888) 842-4462
Wellness Plan	Virgin Pulse	join.virginpulse.com/go4wellness	(888) 671-9395; support@virginpulse.com
EAP	Oasis	charlesnechtem.com/eap	(800) 531-0200
HR4U	HR4U	sphr4u.com	(732) 455-4748
Benefitfocus	N/A	saintpeters.csod.com	Contact HR4U
Wildflower Health Advocates	Wildflower Health	Wildflowerhealth.com/Saint-Peters	(442) 206-1325
Tuition.io	Tuition.io	sphs.tuition.io/register	(855) 353-9395
Voluntary Benefits			
Critical Illness, Accident, Hospital Indemnity	MetLife	metlife.com/insurance/accident-health	1 800 GET-MET8 (1-800-438-6388)
Legal	MetLife	metlife.com/insurance/legal-plans	1 800 GET-MET8
Auto & Home	MetLife	metlife.com	1 800 GET-MET8
Identity Protection	Allstate InfoArmor	infoarmor.com	(800) 789-2720
FSA/HSA/Commuter/COBRA	Payflex	payflex.com	(844) 729-3539
Universal Life	Transamerica	transamericaemployeebenefits.com	(888) 763-7474

Annual Notices

Special Enrollment Notice

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. To request special enrollment or obtain more information, contact Human Resources.

Newborns' Act Disclosure

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).

WHCRA Enrollment Notice

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.

If you would like more information on WHCRA benefits, contact Human Resources.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.



Gallagher

This brochure was produced in conjunction with Arthur J. Gallagher & Co., and is intended to give general information only and is subject to the insurance carriers' coverages, conditions and exclusions as stated in their policies.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.