



2025 Benefits Guide

Published by BayCare's Human Resources Department

PART-TIME,
PHYSICIANS
AND PARTNER
ELIGIBLE
PHYSICIANS

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INTRODUCTION

BayCare is pleased to offer a comprehensive and competitive Physician benefit plan to our physicians and their families. Please use the information in this guide and available resources on SharePoint to make the right health care choices for you and your family. If you have any questions regarding any of the information you see in the 2025 Benefit Guide, please direct them to Human Resources at 920-301-2047.

- As a part-time eligible physician of BayCare Clinic and BayCare Health Systems you are invited to participate in BayCare's Voluntary Physician Benefit Plans.
 - A part-time regular physician is defined as one who is regularly scheduled to work at least 0.50 Full Time Equivalency (FTE) or 20-30 hours per week.
- You are eligible for BayCare's Physician Benefit Plans beginning on the first day of the month following the completion of a 30-day waiting period.
- Voluntary Physician Benefit Plans:
 - Medical—Traditional PPO Plan or High Deductible Health Plan (HDHP) with Prescription Drug coverage included
 - Dental—Comprehensive or Preventative Plan
 - Health Savings Account (HSA)
 - Legal Insurance
 - LifeLock with Norton

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

QUALIFYING EVENTS AND IRS CODE SECTION 125

IRS Code Section 125

All deductions are made on a pre-tax basis, therefore, your ability to make changes to these benefits is restricted by the IRS. Changes to an physician's pre-tax benefits can be made only during the annual Open Enrollment period unless the physician or qualified dependents experience a qualifying event.

Under certain circumstances, physicians may be allowed to make changes to benefit elections during the plan year, if the event affects the physician, spouse/domestic partner or dependent's coverage eligibility. An "eligible" qualifying event is determined by the IRS, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

Common Qualifying Events:

- Marriage, divorce/legal separation or the declaration of the beginning or end of a Domestic Partnership
- Birth or adoption of a child
- Change in your or your spouse/domestic partner's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse/domestic partner's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare

This is not an exhaustive list of qualifying events, please reach out to Human Resources if you have questions on a qualifying event.



IMPORTANT: If you experience a qualifying event, Human Resources must be contacted within 30 days of the event to make the appropriate changes to your coverage. You will be required to provide proof of your qualifying event and complete and submit a new enrollment form. Beyond 30 days, requests may be denied, and you will be required to wait until the next Open Enrollment period to change your coverage.

DOMESTIC PARTNERSHIP QUALIFIERS

BayCare does allow domestic partners (same or opposite sex partners) to be on the BayCare Physician Benefit Plans. Children of domestic partners are not allowed on our plans.

In order to qualify for a domestic partnership, you must meet the following criteria and sign an affidavit attesting to the following criteria:

1. You may not be related by blood or a degree of closeness that would prohibit marriage in the law of the state in which you reside
2. You cannot be currently married to, or a Domestic Partner of, another person under either statutory or common law
3. You are in a committed and mutually exclusive relationship
4. You share the same permanent residence and common necessities of life, and have lived together continuously for at least six (6) months
5. You are both at least eighteen (18) years of age
6. You both are mentally competent to consent to contract
7. You are not in the Domestic Partnership solely for the purpose of obtaining insurance coverage
8. You are financially interdependent and will provide proof to support at least two (2) of the following conditions of financial interdependence:
 - a. You are in a dedicated relationship of at least six (6) months and/or
 - b. You have joint ownership of a residence and/or
 - c. You have at least two (2) of the following:
 - i. A joint ownership of an automobile
 - ii. A joint checking, bank, or investment account
 - iii. A joint credit account
 - iv. A lease for a residence identifying both partners as tenants
 - v. A will and/or life insurance policy which designates the other as primary beneficiary

LEGAL INSURANCE

Legal Insurance is administered by ARAG

Legal insurance helps you plan for the good times in life, like welcoming a child into your family and updating your will. It's also there to help you through life's struggles, like when kids make mistakes, you get caught speeding or true love just doesn't work out.

Why get ARAG Legal Insurance?

- Work with a network attorney & fees are 100% paid in full for most covered matters.
- Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.
- Use DIY Docs® to create a variety of legally valid documents, like wills or powers of attorney, including state-specific templates.
- Address your covered legal situations with a network attorney for legal help and representation.

Who is Covered?

Employees/physicians, spouse/domestic partners and dependent children (up to age 19; 19 to 26 must be enrolled full-time at an accredited university to be eligible for coverage).

What is the Difference Between Ultimate Advisor and Ultimate Advisor Plus?

Ultimate Advisor Plus expands coverage for things such as pre/postnuptial agreements, domestic partner agreements, identity theft prevention, tax services, and much more.

Visit ARAGlegal.com/myinfo and enter access code 19328bch to view the difference between both plans.

What is the Cost?

Plan	Ultimate Advisor	Ultimate Advisor Plus
Single or Family Coverage	\$9.77/semi-monthly	\$11.40/semi-monthly

Please note: the above list of services provided through ARAG Legal Insurance is not comprehensive, for complete list of coverage, see SharePoint or ARAGlegal.com/myinfo and enter access code 19328bch.

LIFELOCK BY NORTON

LifeLock is administered by Norton Benefit Plans

LifeLock with Norton Benefit Plans were created to help Physicians feel protected and confident in our connected world.

What you get with LifeLock by Norton Benefit Plans:

- Identity—monitoring of fraudulent use of the members Social Security number, name, address and date of birth in applications for credit and services
- Device Security including AntiVirus—multi-layered, advanced security to help protect your devices against existing and emerging malware threats, including ransomware, and helps protect private and financial information when members go online shopping
- Home & Family—Norton Family Parental Control allows members to take action to monitor their child's online activity and identify potential dangers
- LifeLock Privacy Monitor—provides members with an opportunity to help reduce the public exposure of their personal information

Norton's Million Dollar Protection Package—members receive up to \$1 million for:

- Coverage for Lawyers & Experts
- Reimbursement for Stolen Funds
- Personal Expense Compensation

Who is Covered?

Physicians, spouse/domestic partners and dependent children (including stepchildren) who resides in the same household.

What is the Difference Between Benefit Essential and Benefit Premier?

See next page for list of services provided through LifeLock by Norton.

What is the Cost?

Plan	Benefit Essential	Benefit Premier
Physician	\$3.49/semi-monthly	\$4.99/semi-monthly
Physician + Family	\$6.98/semi-monthly	\$9.49/semi-monthly

LIFELOCK IDENTITY THEFT PROTECTION	Home Title Monitoring NEW		●
	LifeLock Skill for Amazon Alexa™ NEW	●	●
	Credit, Bank & Utility Account Freezes™ NEW	●	●
	Identity Verification Monitoring¹™ NEW	●	●
	LifeLock Identity Alert™ System²	●	●
	• Payday - Online Lending Alerts³	●	●
	• Credit Alerts & Social Security Alerts⁴	●	●
	LifeLock for Norton360 mobile app (Android™ & iOS)™ <small>Downloading the app does not provide protection until enrollment has been completed.</small>	●	●
	Dark Web Monitoring™	●	●
	LifeLock Privacy Monitor™	●	●
	USPS Address Change Verification	●	●
	Stolen Wallet Protection	●	●
	Reduced Pre-Approved Credit Card Offers	●	●
	Fictitious Identity Monitoring	●	●
	Data Breach Notifications	●	●
	Bank & Credit Card Activity Alerts¹™	●	●
	Checking & Savings Account Application Alerts¹™		●
	Bank Account Takeover Alerts¹™		●
	401K & Investment Account Activity Alerts¹™	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
	Prior Identity Theft Remediation⁵ <small>This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.</small>	●	●
	U.S.-based Identity Restoration Specialists	●	●
	24/7 Live Member Support	●	●
	Million Dollar Protection™ Package™™ • Stolen Funds Reimbursement • Personal Expense Compensation • Coverage for Lawyers and Experts	Up to \$1 Million each	Up to \$1 Million each
	Credit Application Alerts¹™	One-Bureau	One-Bureau
	Credit Monitoring¹™	One-Bureau	Three-Bureau
	Annual Credit Report & Credit Score¹™ <small>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>		Three-Bureau
	Monthly Credit Score Tracking¹™ <small>The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>		One-Bureau
NORTON DEVICE SECURITY	Secures PCs, Mac & mobile devices	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	Online Threat Protection™	●	●
	Password Manager™	●	●
	Parental Control³™	●	●
	Smart Firewall™	●	●
ONLINE PRIVACY	Cloud Backup³™	10 GB	50 GB
	SafeCam³™	●	●



¹ If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

² If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

³ Norton Cloud Backup, Norton SafeCam and Norton Family Parental Control features are not supported on Mac.

⁴ The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

⁵ Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: [LifeLock.com/legal](https://www.lifelock.com/legal/prior-id-theft-remediation).

⁶ These features are not enabled upon enrollment. Member must take action to activate this protection.

⁷ Subject to eligibility requirements defined in Terms & Conditions at <https://www.lifelock.com/legal/prior-id-theft-remediation>. NortonLifeLock reserves the right to change and/or cease services at any time. No one can prevent all identity theft or cybercrime.

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DENTAL – COMPREHENSIVE PLAN

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



Comprehensive Plan

Benefit Details	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Individual Annual Maximum	\$1,500	\$1,500	\$1,500
Annual Deductible <i>Does not apply to diagnostic or preventive services</i>	\$25 / person; \$75 / family	\$25 / person; \$75 / family	\$25 / person; \$75 / family
Diagnostic & Preventive	You pay \$0	You pay \$0	You pay \$0
Basic Restorative Care <i>Amalgam & Resin Fillings</i>	You pay 20%	You pay 20%	You pay 20%
Oral Surgery <i>Simple Extractions</i>	You pay 20%	You pay 20%	You pay 20%
Endodontic Therapy <i>Root Canal</i>	You pay 20%	You pay 20%	You pay 20%
Periodontics <i>Gum Disease</i>	You pay 20%	You pay 20%	You pay 20%
Major Restoratives <i>Crowns, Dentures, Implants</i>	You pay 50%	You pay 50%	You pay 50%
Orthodontia <i>(coverage to Age 26)</i> <i>Individual Lifetime Maximum</i> <i>Adult Orthodontia</i>	<i>Deductible applies</i> You pay 50% \$1,500 (All provider contract levels) Covered		

***Note: BayCare Clinic Oral & Maxillofacial Surgeons is in the Delta PPO Network**

Special Plan Provisions for Preventative and Comprehensive Plans:

Evidence-Based Integrated Care Plan (EBICP): Provides expanded benefits for persons with medical conditions that have oral health implications. EBICP requires self-enrollment by the patient or his/her dentist at www.deltadentalwi.com, or by calling 800-236-3712. Learn more at www.deltadentalwi.com/your-health/medical-conditions.

CheckUp Plus™: CheckUp Plus™ lets you obtain diagnostic and preventive services - including examinations, X-rays, regular cleanings, and other related treatments - without the costs of those services applying to your individual annual maximum. As a result, the full value of your annual maximum is available to be applied to the benefits you receive for basic and/or major restorative services.

Our dental plan is offered through Delta Dental. Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, there are no provider discounts, and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

QUESTIONS?

Call customer service at **800-236-3712** or call the phone number on the back of your ID card or visit www.deltadentalwi.com.

DENTAL – PREVENTATIVE PLAN

This is a preventative plan and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using a PPO or Premier provider will reduce your out-of-pocket costs.



Preventative Plan

Benefit Details	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Individual Annual Maximum	\$500	\$500	\$500
Annual Deductible <i>Does not apply to diagnostic or preventive services</i>	\$25 / person; \$75 / family	\$25 / person; \$75 / family	\$25 / person; \$75 / family
Diagnostic & Preventive	You pay \$0	You pay \$0	You pay \$0
Basic Restorative Care <i>Amalgam & Resin Fillings</i>	You pay 20%	You pay 20%	You pay 20%
Oral Surgery <i>Simple Extractions</i>	You pay 20%	You pay 20%	You pay 20%
Endodontic Therapy <i>Root Canal</i>	You pay 20%	You pay 20%	You pay 20%
Periodontics <i>Gum Disease</i>	You pay 20%	You pay 20%	You pay 20%
Major Restoratives <i>Crowns, Dentures, Implants</i>	No coverage	No coverage	No coverage
Orthodontia	No Coverage		

***Note: BayCare Clinic Oral & Maxillofacial Surgeons is in the Delta PPO Network**

If you don't have a provider or would like to find one who saves you more on out-of-pocket expenses, use the online provider search tool at deltadentalwi.com.

Other benefits of using a network provider:

- Treatment guarantees* (if a procedure fails, you don't have to pay to get it fixed)
- Providers will send in all the claims paperwork, so you don't have to
- Since the network dentists agree to set fees, they can't charge you for the difference between their regular and discounted amount (called balance billing)

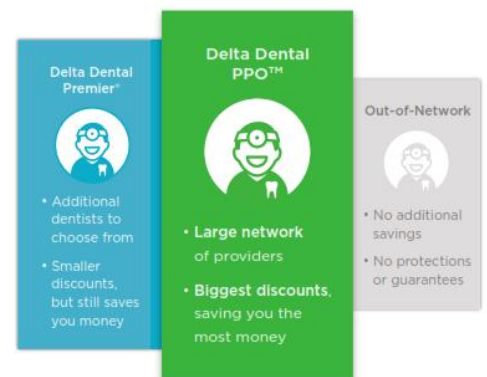
**Guarantees dependent upon timeframes and procedure codes.*

***If you visit an out-of-network dentist, you will be responsible for the difference between the provider's charges and the amount of your dental plan.*

Choosing a Provider

You can see any provider you like. However, you will save money if you see an in-network dentist. Delta has two networks: Delta Dental PPO (these dentists provide the largest discounts to save you the most money) and Delta Dental Premier (additional providers to choose from, but they offer smaller discounts). Together they make the Delta Dental PPO Plus Premier™ Network with more than 152,000 providers nationwide to save you money.

Know Your Networks



The Preventative Plan includes the Special Plan Provisions: Evidence-Based Integrated Care Plan (EBICP) and CheckUp Plus™ that are listed in detail on page 13.

2025 Monthly Premiums:

Benefit		Single	Employee + 1	Family
Dental Plans	Comprehensive	\$79.00	\$118.00	\$158.00
	Preventative	\$35.00	\$53.00	\$70.00

MEDICAL

Medical Plans are administered by UMR

BayCare's Medical Plans are divided into three tiers:

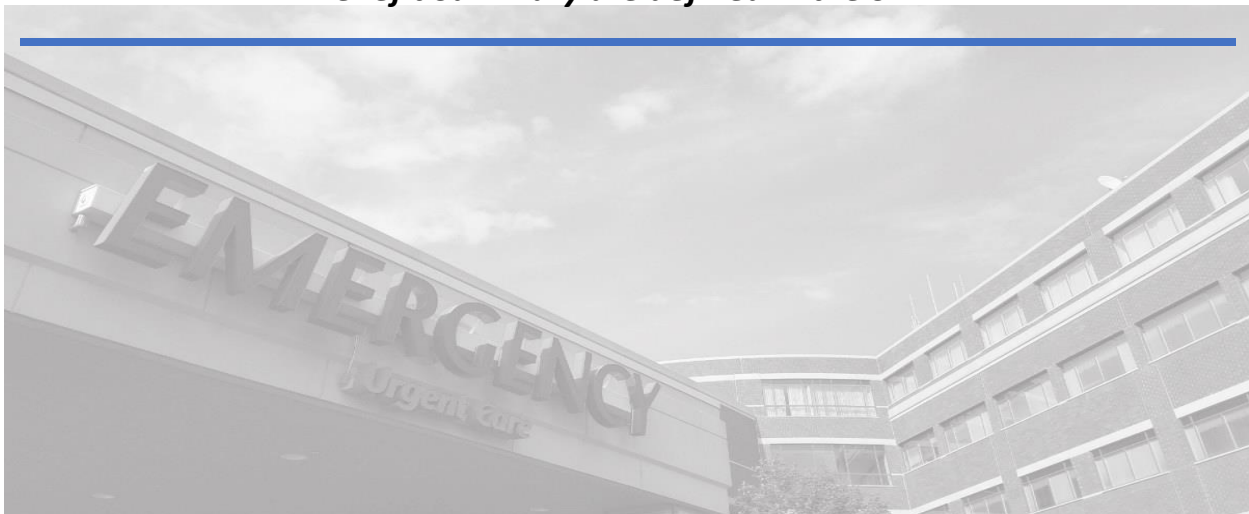
- **Tier 1**—The Aurora Network (includes BayCare Clinic providers)—highest level of benefit payment
- **Tier 2**—United Health Care Options PPO—next highest benefit payment level
- **Tier 3**—Non-Participating Providers—lowest benefit payment level

BayCare offers three medical plans to choose from; all including prescription drug coverage:

- Pages 11-12 for the Blue Plan – Traditional PPO Plan
- Pages 13,16, 30 for the Silver Plan – High Deductible Health Plan
- Pages 14-16 for the Black Plan – High Deductible Health Plan

Please direct your questions to Human Resources at 920-301-2047.

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MEDICAL—BLUE PLAN

Benefit Coverage	Tier 1 (BayCare/AACN Network)	Tier 2 (UHC Options PPO Network)	Tier 3 (Non-Network)
Annual Deductible – Emdedded Deductible & Out-Of Pocket Max			
Individual	\$1,750	\$2,750	\$5,000
Family	\$3,500	\$5,500	\$10,000
Coinsurance	90%	70%	50%
Maximum Out-of-Pocket*			
Individual	\$3,500	\$5,500	\$17,500
Family	\$7,000	\$11,000	\$22,500
Physician Office Visit			
Primary Care	\$30 copay per visit, 10% Coinsurance	\$60 copay per visit, 30% Coinsurance	50% after deductible
Specialty Care	\$30 copay per visit, 10% Coinsurance	\$60 copay per visit, 30% Coinsurance	50% after deductible
Preventive Care			
Adult Periodic Exams	100%	70% after deductible	Not covered
Well-Child Care	100%	70% after deductible	Not covered
Diagnostic Services			
X-ray and Lab Tests	90% Deductible is waived for office services	70% Deductible is waived for office services	50% Deductible is waived for office services
Complex Radiology	90% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	\$30 copay per visit, 10% Coinsurance	\$30 copay per visit, 10% Coinsurance Outside Tier 1 Network	\$30 copay per visit, 10% Coinsurance Outside Tier 1 Network
Emergency Room Facility Charges*	\$100 copay per visit, 10% Coinsurance	\$100 copay per visit, 10% Coinsurance	\$100 copay per visit, 10% Coinsurance
Inpatient Facility Charges	90% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	50% after deductible
Mental Health			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Substance Abuse			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Other Services			
Chiropractic	90% after deductible - Limited to \$1,000 per calendar year	70% after deductible - Limited to \$1,000 per calendar year	50% after deductible - Limited to \$1,000 per calendar year

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PRESCRIPTION DRUGS UNDER TRADITIONAL PPO PLAN

Prescription Drugs are administered by Optum Rx

The pharmacy management program provides clinical pharmacy services that promote choice, accessibility and value. The program offers a broad network of more than 64,000 independent and chain retail pharmacies nationwide to provide convenient access to medications. To find a participating pharmacy near you, use the pharmacy locator by visiting www.optumrx.com or call Customer Service at 1-800-356-3477.

Retail Pharmacy	30-Day Supply	90-Day Supply
Generic (Tier 1)	30% with \$10 minimum	30% with \$30 minimum
Preferred (Tier 2)	30% with \$30 minimum	30% with \$90 minimum
Non-Preferred (Tier 3)	30% with \$60 minimum	30% with \$180 minimum
Preferred Specialty (Tier 4)	10% with \$150 maximum	
Mail Order Pharmacy	90-Day Supply	
Generic (Tier 1)	\$50 copay	
Preferred (Tier 2)	\$150 copay	
Non-Preferred (Tier 3)	\$250 copay	
Preferred Specialty (Tier 4)	Not covered	

Note: Medical and Pharmacy Expenses are subject to the same medical out-of-pocket maximum.

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MEDICAL—SILVER PLAN

Benefit Coverage	Tier 1 (BayCare/AACN Network)	Tier 2 (UHC Options PPO Network)	Tier 3 (Non-Network)
Annual Deductible – Non-Emdedded Deductible & Out-Of Pocket Max			
Individual	\$2,000	\$3,500	\$6,000
Family	\$4,000	\$7,000	\$12,000
Coinsurance	90%	70%	50%
Maximum Out-of-Pocket*			
Individual	\$3,000	\$7,000	\$21,000
Family	\$6,000	\$14,000	\$27,000
Physician Office Visit			
Primary Care	90% after deductible	70% after deductible	50% after deductible
Specialty Care	90% after deductible	70% after deductible	50% after deductible
Preventive Care			
Adult Periodic Exams	100%	70% after deductible	Not covered
Well-Child Care	100%	70% after deductible	Not covered
Diagnostic Services			
X-ray and Lab Tests	90% after deductible	70% after deductible	50% after deductible
Complex Radiology	90% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	90% after deductible	90% after deductible Outside Tier 1 Network	90% after deductible Outside Tier 1 Network
Emergency Room Facility Charges*	90% after deductible	90% after deductible	90% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	50% after deductible
Mental Health			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Substance Abuse			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Other Services			
Chiropractic	90% after deductible - Limited to \$1,000 per calendar year	70% after deductible - Limited to \$1,000 per calendar year	50% after deductible - Limited to \$1,000 per calendar year

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

MEDICAL—BLACK PLAN

Benefit Coverage	Tier 1 (BayCare/AACN Network)	Tier 2 (UHC Options PPO Network)	Tier 3 (Non-Network)
Annual Deductible – Emdedded Deductible & Out-Of Pocket Max			
Individual	\$5,000	\$6,000	\$7,000
Family	\$10,000	\$12,000	\$14,000
Coinsurance	90%	70%	50%
Maximum Out-of-Pocket*			
Individual	\$6,000	\$8,000	\$21,000
Family	\$12,000	\$16,000	\$28,000
Physician Office Visit			
Primary Care	90% after deductible	70% after deductible	50% after deductible
Specialty Care	90% after deductible	70% after deductible	50% after deductible
Preventive Care			
Adult Periodic Exams	100%	70% after deductible	Not covered
Well-Child Care	100%	70% after deductible	Not covered
Diagnostic Services			
X-ray and Lab Tests	90% after deductible	70% after deductible	50% after deductible
Complex Radiology	90% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	90% after deductible	90% after deductible Outside Tier 1 Network	90% after deductible Outside Tier 1 Network
Emergency Room Facility Charges*	90% after deductible	90% after deductible	90% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	50% after deductible
Mental Health			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Substance Abuse			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Other Services			
Chiropractic	90% after deductible - Limited to \$1,000 per calendar year	70% after deductible - Limited to \$1,000 per calendar year	50% after deductible - Limited to \$1,000 per calendar year

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

MEDICAL—BLACK PLAN – CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is administered by Mutual of Omaha

BayCare provides a \$10,000 critical illness benefit for Physicians and spouses/domestic partners to those who enroll in the **HDHP – Black Plan**. In addition, coverage is available to unmarried children, stepchildren, and legally adopted children from birth to 26 years of age. All children who are enrolled are automatically covered at a 25% of the Physician's Critical Illness Principal Sum, rounded to the next \$1,000.

The Critical Illness insurance policy helps protect Physicians from costly expenses associated with the diagnosis of a covered illness. The plan will pay a lump sum benefit to the insured and the monies can be used towards any expense.

Critical Illness Insurance provides benefits for covered medical condition such as heart attack, stroke, cancer, coma, coronary artery bypass, and major organ transplants. Additional medical conditions covered are outlined in the Mutual of Omaha benefit summary and/or Certificate of Insurance on the Benefit page of SharePoint.

Benefits may not be payable for pre-existing conditions until 6 months after a person covered under this plan has been continuously insured.

Your Critical Illness benefit also includes \$50 wellness benefit for plan participants who complete a screening on the approved list of screenings. Please refer to the benefits page on SharePoint for more information.



PRESCRIPTION DRUGS UNDER SILVER AND BLACK PLANS

Prescription Drugs are administered by Optum Rx

The pharmacy management program provides clinical pharmacy services that promote choice, accessibility and value. The program offers a broad network of more than 64,000 independent and chain retail pharmacies nationwide to provide convenient access to medications. To find a participating pharmacy near you, use the pharmacy locator by visiting www.optumrx.com or call Customer Service at 1-800-356-3477.

Retail Pharmacy	30-Day Supply	90-Day Supply
Generic (Tier 1)	10% after deductible	10% after deductible
Preferred (Tier 2)	10% after deductible	10% after deductible
Non-Preferred (Tier 3)	10% after deductible	10% after deductible
Preferred Specialty (Tier 4)	10% after deductible	
Mail Order Pharmacy	90-Day Supply	
Generic (Tier 1)	10% after deductible	
Preferred (Tier 2)	10% after deductible	
Non-Preferred (Tier 3)	10% after deductible	
Preferred Specialty (Tier 4)	Not covered	

Note: Medical and Pharmacy Expenses are subject to the same medical deductible and out-of-pocket maximum.

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HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) allows you to save, invest and budget for eligible healthcare expenses on a pre-tax basis. There are several advantages to establishing an HSA such as reducing your taxable income and 100% control over the funds in your account.

Eligibility

Due to the favorable tax treatment for HSA, the IRS has strict guidelines as to who can qualify for contributions to an HSA. You will need to certify that the following situations do not exist:

- You must be enrolled in a High Deductible Health Plan (HDHP)
- You cannot be covered by another non-HDHP (i.e.: spouse/domestic partner's plan)
- You cannot be enrolled in Medicare—Part A or Part B
- You cannot be claimed as a dependent on someone else's tax return
- You cannot be covered by a General Purpose/Health Care FSA

What Can I Use My HSA Funds For?

You can use the funds in your HSA to pay for qualified medical expenses, as defined by the IRS, incurred by you, your spouse and your IRS-qualified dependents. Generally, medical care expenses include amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. For a complete list, see Section 213 of the IRS rules (www.irs.gov).

IRS Annual Limits for 2025

- \$4,300 for Single Coverage
- \$8,550 for Family Coverage
- \$1,000 Additional Catch-Up Contribution—available if you are at least age 55 by the end of the calendar year and meet the HSA eligibility requirements

Management of an HSA is your responsibility—you are personally liable for taking the necessary steps to close your HSA if your eligibility should change, for spending HSA funds on qualified expenses and ensuring you remain under the IRS annual limits.

If you chose to enroll in an HSA, you are free to open an account with the bank of your choice. However, Associated Bank is offering their HSA Plus Program to all BayCare physicians. If you would like more information, please direct your questions to Human Resources at 920-301-2047.

2025 MONTHLY MEDICAL PREMIUMS

Benefit		Single	Physician + 1	Family
Medical Plans	Blue Plan	\$1,233.00	\$1,855.00	\$2,611.00
	Silver Plan	\$1,121.00	\$1,687.00	\$2,374.00
	Black Plan	\$954.00	\$1,436.00	\$2,020.00

2025 MONTHLY COBRA PREMIUMS

Benefit		Single	Physician + 1	Family
Medical Plans	Blue Plan	\$1,257.66	\$1,892.10	\$2,663.22
	Silver Plan	\$1,143.42	\$1,720.74	\$2,421.48
	Black Plan	\$973.08	\$1,464.72	\$2,060.40
Dental Plans	Comprehensive	\$80.58	\$120.36	\$161.16
	Preventative	\$35.70	\$54.06	\$71.40

CONTACTS

UMR

800-826-9781

www.umar.com



Optum Rx

1-800-356-3477

www.optumrx.com



ARAG Legal Insurance

1-800-247-4184

ARAGlegal.com/myinfo | Code:19328bch



Norton

1-800-543-3562

www.nortonlifelock.com



Delta Dental of Wisconsin

800-236-3712

www.deltadentalwi.com

