

# 2025 Benefits Summary

**BJC East Region (BJC HealthCare)**

Our employees are what make BJC a truly different kind of world-class health care organization, and the benefits we provide acknowledges their commitment to and compassion for the patients they serve. Our competitive program provides both care and support so they can do the challenging work they do every day, with support for their physical, emotional, social and financial needs.

We offer a comprehensive Total Rewards package that includes a wide variety of benefits, compensation, recognition, learning and development opportunities, work-life programs, and more.

## When Coverage Begins

Most benefits coverage, such as medical, dental and vision, begins on the first day of the month after your hire date. Benefits vary between full-time (35+ hours per week) and part-time (24–34 hours per week) employees. Your spouse and children up to age 26 are eligible for most benefits.

Please note this brochure includes only a summary of BJC's benefits and programs.



# Benefits for Your Health

Employees may choose from three medical options administered by Cigna: Signature, Flex or the High Deductible Health Plan (HDHP). The Signature Plan uses the LocalPlus network, and the Flex and HDHP use the Open Access Plus (OAP) network.

|                                                                                          | Signature                                    | Flex                                         |                                               | HDHP with HSA                                |                                               |
|------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|
|                                                                                          | LocalPlus Network                            | Tier 1*<br>BJC or<br>Saint Luke's Facility   | Tier 2<br>Cigna OAP                           | Tier 1*<br>BJC or<br>Saint Luke's Facility   | Tier 2<br>Cigna OAP                           |
| Preventive Care                                                                          | Plan pays 100%                               | Plan pays 100%                               | Plan pays 100%                                | Plan pays 100%                               | Plan pays 100%                                |
| Annual Deductible Amount you pay each year before the plan pays certain claims           |                                              |                                              |                                               |                                              |                                               |
| Individual/Family                                                                        | \$600/\$1,800                                | \$700/\$2,100                                | \$1,500/\$4,500                               | \$1,650/\$3,300                              | \$3,300/\$6,600                               |
| BJC Health Savings Account (HSA) Contribution (if enrolled in the HDHP)                  |                                              |                                              |                                               |                                              |                                               |
| Individual/Family                                                                        | N/A                                          | N/A                                          | N/A                                           | \$500/\$1,000                                |                                               |
| Coinsurance Amount you pay for most covered services after you meet the deductible       |                                              |                                              |                                               |                                              |                                               |
| Plan pays                                                                                | Plan pays 85%<br>after deductible            | Plan pays 90%<br>after deductible            | Plan pays 50 – 75%<br>after deductible        | Plan pays 90%<br>after deductible            | Plan pays 50 – 80%<br>after deductible        |
| Out-of-Pocket Maximum After you pay this amount for medical services, the plan pays 100% |                                              |                                              |                                               |                                              |                                               |
| Individual/Family                                                                        | The most you<br>will pay:<br>\$2,200/\$6,600 | The most you<br>will pay:<br>\$2,000/\$6,000 | The most you<br>will pay:<br>\$6,000/\$12,000 | The most you<br>will pay:<br>\$4,500/\$9,000 | The most you<br>will pay:<br>\$6,000/\$12,000 |
| Physician Services Office (non-preventive)                                               |                                              |                                              |                                               |                                              |                                               |
| Primary Care<br>Physician                                                                | \$15 copay                                   | N/A                                          | \$20 copay                                    | N/A                                          | Plan pays 80%<br>after deductible             |
| Specialist                                                                               | \$40 copay                                   | N/A                                          | \$50 copay                                    | N/A                                          | Plan pays 80%<br>after deductible             |
| Inpatient Services                                                                       |                                              |                                              |                                               |                                              |                                               |
| Inpatient Hospital                                                                       | \$200/day copay<br>(max 5 days)              | Plan pays 90%<br>after deductible            | Plan pays 50%<br>after deductible             | Plan pays 90%<br>after deductible            | Plan pays 50%<br>after deductible             |
| Inpatient<br>Professional                                                                |                                              | N/A                                          | Plan pays 75% after<br>deductible             | N/A                                          | Plan pays 75%<br>after deductible             |
| Outpatient Services                                                                      |                                              |                                              |                                               |                                              |                                               |
| Outpatient Surgery                                                                       | \$250 copay                                  | Plan pays 90%<br>after deductible            | Plan pays 50%<br>after deductible             | Plan pays 90%<br>after deductible            | Plan pays 50%<br>after deductible             |
| Outpatient<br>Professional                                                               |                                              | N/A                                          | Plan pays 75%<br>after deductible             | N/A                                          | Plan pays 75%<br>after deductible             |
| Lab work or X-rays                                                                       | Plan pays 100%                               | Plan pays 100%                               | Plan pays 50%<br>after deductible             | Plan pays 90%<br>after deductible            | Plan pays 50%<br>after deductible             |

Note: Your total out-of-pocket maximum includes copays, deductible and coinsurance amounts.

\* For any service that has an N/A, please look at Tier 2 for coverage level. There is no discount by using a BJC or Saint Luke's facility for this service.

## \$0 Out-of-Pocket Expenses

The BJC medical plan supports you and your family's health by covering 100% of the cost of in-network preventive care, such as annual physicals, screenings and immunizations.

All medical plan participants can also take advantage of no-cost benefits such as diabetes prevention and management, tobacco cessation, and breastfeeding equipment and supplies.

For Signature and Flex medical plan participants, BJC pays the full cost of many services at BJC and Saint Luke's facilities, such as outpatient lab work, outpatient imaging, nutrition counseling and more.

# Prescription Drug Coverage Highlights

|                               | Signature or Flex options                                                    |                            |                                                                              |                            |
|-------------------------------|------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|----------------------------|
|                               | 30-Day Supply                                                                |                            | 90-Day Supply                                                                |                            |
|                               | BJC/Saint Luke's Pharmacies or BJC Family Care Central Pharmacy (mail order) | Walgreens National Network | BJC/Saint Luke's Pharmacies or BJC Family Care Central Pharmacy (mail order) | Walgreens National Network |
| Generic                       | \$10                                                                         | \$15                       | \$20                                                                         | \$35                       |
| Preferred Brand Name          | \$35                                                                         | \$50                       | \$70                                                                         | \$100                      |
| Non-Preferred Brand Name      | \$80                                                                         | \$120                      | \$160                                                                        | \$240                      |
| Specialty                     | \$150                                                                        |                            |                                                                              |                            |
| Annual Out-of-Pocket Maximum* |                                                                              |                            |                                                                              |                            |
| Per Individual                | \$2,000                                                                      |                            |                                                                              |                            |
| Per Family                    | \$4,000                                                                      |                            |                                                                              |                            |

\* The annual out-of-pocket maximum is separate from the medical plan out-of-pocket maximum.

|                          | HDHP with HSA*                                                               |                                |                                                                              |                                |
|--------------------------|------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------|--------------------------------|
|                          | 30-Day Supply                                                                |                                | 90-Day Supply                                                                |                                |
|                          | BJC/Saint Luke's Pharmacies or BJC Family Care Central Pharmacy (mail order) | Walgreens National Network     | BJC/Saint Luke's Pharmacies or BJC Family Care Central Pharmacy (mail order) | Walgreens National Network     |
| Generic                  | Plan pays 90% after deductible                                               | Plan pays 80% after deductible | Plan pays 90% after deductible                                               | Plan pays 80% after deductible |
| Preferred Brand Name     | Plan pays 90% after deductible                                               | Plan pays 80% after deductible | Plan pays 90% after deductible                                               | Plan pays 80% after deductible |
| Non-Preferred Brand Name | Plan pays 90% after deductible                                               | Plan pays 80% after deductible | Plan pays 90% after deductible                                               | Plan pays 80% after deductible |
| Specialty                | Plan pays 90% after deductible                                               |                                |                                                                              |                                |

\* The deductible and coinsurance amounts for both medical and prescription drugs are combined into one out-of-pocket maximum.

# 2025 Medical and Prescription Drug Rates

The costs listed below are pre-tax, per-pay-period deductions, based on 26 pay periods a year.

To support BJC's mission and ongoing efforts to create an equitable and inclusive workplace, full-time employees who make \$25 or less per hour will pay a reduced rate for medical coverage in 2025.

|                       | Full-Time*           |                      | Part-Time* |
|-----------------------|----------------------|----------------------|------------|
|                       | \$25.01/hour or more | \$25.00/hour or less |            |
| Signature             |                      |                      |            |
| Employee Only         | \$72.00              | \$49.00              | \$108.00   |
| Employee + Spouse     | \$220.00             | \$123.75             | \$330.00   |
| Employee + Child(ren) | \$151.00             | \$86.00              | \$226.50   |
| Employee + Family     | \$282.00             | \$162.00             | \$423.00   |
| Flex                  |                      |                      |            |
| Employee Only         | \$99.00              | \$85.00              | \$148.50   |
| Employee + Spouse     | \$252.00             | \$212.00             | \$378.00   |
| Employee + Child(ren) | \$172.50             | \$146.00             | \$258.75   |
| Employee + Family     | \$323.00             | \$270.00             | \$484.50   |
| HDHP with HSA         |                      |                      |            |
| Employee Only         | \$49.50              | \$44.00              | \$74.25    |
| Employee + Spouse     | \$140.50             | \$113.55             | \$210.75   |
| Employee + Child(ren) | \$94.50              | \$80.50              | \$141.75   |
| Employee + Family     | \$184.50             | \$149.36             | \$276.75   |

\* To help control medical costs, an additional \$50 per-pay-period surcharge will apply for employees who choose to enroll their spouse in BJC's medical plan when they have available coverage through their own employer (excluding spouses who work for BJC).

## Dental Coverage Overview

BJC offers two dental coverage options through Delta Dental of Missouri. Both cover preventive care at 100% with no deductible and provide coverage for basic and major dental services.

### Coverage Highlights

|                                                    | High                           |                                    | Low                            |                                    |
|----------------------------------------------------|--------------------------------|------------------------------------|--------------------------------|------------------------------------|
|                                                    | PPO Network                    | Premier Network and Out-of-Network | PPO Network                    | Premier Network and Out-of-Network |
| <b>Annual Deductible</b>                           |                                |                                    |                                |                                    |
| <b>Per Individual</b>                              | \$50                           | \$50                               | \$75                           | \$75                               |
| <b>Per Family</b>                                  | \$150                          | \$150                              | \$150                          | \$150                              |
| <b>Covered Services (Plan Pays)</b>                |                                |                                    |                                |                                    |
| <b>Preventive Care</b>                             | 100%                           | 100%                               | 100%                           | 100%                               |
| <b>Basic Care</b>                                  | Plan pays 80% after deductible | Plan pays 60% after deductible     | Plan pays 70% after deductible | Plan pays 60% after deductible     |
| <b>Major Care</b>                                  | Plan pays 60% after deductible | Plan pays 40% after deductible     | Plan pays 50% after deductible | Plan pays 40% after deductible     |
| <b>Orthodontic Treatment (Adults and children)</b> | Plan pays 60% after deductible | Plan pays 40% after deductible     | No coverage                    | No coverage                        |
| <b>Lifetime Maximum</b>                            | \$2,000                        | \$1,500                            |                                |                                    |
| <b>Annual Maximum Benefit</b>                      |                                |                                    |                                |                                    |
|                                                    | \$2,000                        | \$1,500                            | \$1,000                        | \$750                              |

### 2025 Dental Rates

The costs listed below are pre-tax, per-pay-period deductions, based on 26 pay periods a year.

|                                | High    | Low     |
|--------------------------------|---------|---------|
| <b>Full-Time and Part-Time</b> |         |         |
| <b>Employee Only</b>           | \$5.16  | \$3.28  |
| <b>Employee + Spouse</b>       | \$18.73 | \$11.70 |
| <b>Employee + Child(ren)</b>   | \$20.24 | \$11.62 |
| <b>Employee + Family</b>       | \$24.52 | \$13.79 |

## Vision Coverage Overview

Vision coverage is available through VSP Vision Care, which features a large national network of vision providers.

### Coverage Highlights

|                                                                                                                               | In-Network                             |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Vision Exam (Preventive)</b><br>(Twice every calendar year for children up to age 18; once every calendar year for adults) | \$15 copay                             |
| <b>Contacts</b><br>(Once every calendar year instead of lenses and frames)                                                    | Plan pays up to \$200                  |
| <b>Contact Lens Exam, Fitting and Evaluation</b>                                                                              | \$60 copay                             |
| <b>Lenses (Once every calendar year)</b><br>Single Vision<br>Lined Bifocal<br>Lined Trifocal and Progressive                  | \$15 copay<br>\$15 copay<br>\$15 copay |
| <b>Frames</b><br>(Once every calendar year for children up to age 18; once every other calendar year for adults)              | Plan pays up to \$200 after \$15 copay |
| <b>Laser Vision Correction</b>                                                                                                | Average 15% discount                   |

### 2025 Vision Rates

The costs listed below are pre-tax, per-pay-period deductions, based on 26 pay periods a year.

|                              | Full-Time and Part-Time |
|------------------------------|-------------------------|
| <b>Employee Only</b>         | \$3.48                  |
| <b>Employee + Spouse</b>     | \$6.97                  |
| <b>Employee + Child(ren)</b> | \$7.90                  |
| <b>Employee + Family</b>     | \$12.63                 |

# Benefits for Your Future

## HSA and FSAs

Employees who choose the HDHP for medical coverage may use a Health Savings Account (HSA) to pay for eligible health care expenses with pre-tax dollars. Participants also receive contributions from BJC to help them pay for expenses, prorated up to \$500 for employee-only coverage and \$1,000 for all other coverage tiers for the calendar year.

Flexible Spending Accounts (FSAs) enable employees to set aside pre-tax income to pay for eligible health and dependent day care expenses throughout the year. Enrollment in a BJC medical, dental or vision plan is not required. For 2025, participants can contribute up to \$3,200 in the Health Care FSA and \$5,000 in the Dependent Care FSA.



## Retirement and Financial Planning

BJC offers retirement benefits to help provide employees a more secure and comfortable retirement, plus access to financial planning assistance.

### BJC 401(k) Plan

Administered by Fidelity, the BJC 401(k) Plan offers convenient payroll deductions that grow with BJC matching contributions and investment earnings to help employees save for retirement. Eligible employees may enroll immediately after hire.

|                               |                                                                                                                                   |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Employee Contributions</b> | Pre-tax, Roth or combination of the two, up to the annual IRS limit (additional catch-up contributions if age 50+)                |
| <b>Matching Contributions</b> | Up to a maximum of 1.75% on employee pre-tax contribution of 4% or more                                                           |
| <b>Vesting</b>                | Employee contributions:<br>Immediately vested<br><br>BJC contributions:<br>50% after one year of service;<br>100% after two years |

## BJC 401(k) Automatic Contribution

BJC automatically contributes 4% of an employee's prior year's eligible earnings to their retirement account for each year they work 1,000 or more hours.

No employee contribution is required to receive this benefit, and all employees are eligible after one year of service (100% vested after three years).

## Financial Planning and Resources

Through Fidelity, employees can get a free financial consultation, access personalized planning and advice from investment professionals, and take advantage of a collection of financial resources and tools, including free articles, interactive workshops and more.

## Life Insurance and AD&D

BJC provides many benefits to help employees protect their income and save for the future, including basic life with accidental death and dismemberment (AD&D) coverage provided at no cost, along with the option for employees to buy additional coverage for themselves, their spouse and children at group discounted rates.

| Basic Life with AD&D*                                                                                                                     | Employee Supplemental Life with AD&D                                                                                                                                                                                                     | Additional AD&D                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Full-time:</b><br>One times base annual salary, up to \$500,000<br><br><b>Part-time:</b><br>\$15,000<br><br><b>Provided at no cost</b> | <b>Full-time:</b><br>One to five times base annual salary (Combined basic and supplemental life cannot exceed \$1.5 million)<br><br><b>Part-time:</b><br>\$15,000 or \$30,000<br><br><b>Cost based on your age and coverage selected</b> | <b>Employee:</b><br>Up to \$500,000<br><br><b>Spouse:</b><br>Up to \$200,000<br><br><b>Children:</b><br>Up to \$50,000<br><br><b>Cost based on coverage selected</b> |

\* Director level and above and BJC Medical Group employees may experience different benefits.

| Dependent Life Insurance                                                                  |                                                                                 |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Spouse:</b> Up to \$250,000<br><br><b>Cost based on your age and coverage selected</b> | <b>Child:</b> \$5,000 or \$10,000<br><br><b>Cost based on coverage selected</b> |

## Disability Coverage

Eligible employees receive disability coverage after six months of BJC service.

| Short-Term Disability*                                                                 | Long-Term Disability                                                                                                                                                 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 60% of weekly earnings, up to 25 weeks (or 180 days)<br><br><b>Provided at no cost</b> | <b>Full-time:</b><br>60% of monthly earnings, up to \$10,000 per month<br><br><b>Provided at no cost</b><br><br><b>Part-time:</b><br>Coverage available for purchase |

\* Director level and above and BJC Medical Group employees may experience different benefits.



# Benefits to Support Your Best Life



THRIVE offers a comprehensive array of resources and opportunities designed to support employees' total well-being, including maps of BJC campus walking paths and virtual exercise classes, BJC Connections Groups and employee appreciation programs, and free self-care resources for health care workers.

## Paid Time Off (PTO)

BJC's PTO benefit combines vacation, sick days, holidays and personal time off in one bank.\* All regular full-time and part-time employees (who have 24 or more regularly scheduled hours per week) earn PTO each pay period based on hours worked and length of service. New employees are eligible for up to 23 days of PTO in their first year of service.

| Years of Service | Days Per Year |
|------------------|---------------|
| 0 – 4 years      | 23            |
| 4 – 9 years      | 28            |
| 9 – 14 years     | 30            |
| 14+ years        | 33            |

\* Six BJC holidays are included in PTO bank. Directors and above and BJC Medical Group Physicians and APPs follow a different schedule.

## Mental Health Resources and Support

Employees can connect to a range of resources and support including BJC's free resiliency programs as well as a confidential Employee Assistance Program with 24/7 assistance for employees and their families. Signature and Flex medical plan participants also have access to additional, free benefits such as virtual visits with licensed therapists and psychiatrists for non-emergency conditions.

## Health Management Programs

BJC provides a variety of well-being programs to help employees maintain and improve their health, including weight management programs, nutrition counseling services, discounted gym memberships, diabetes prevention and management, and tobacco cessation.

## Family Planning and Support

**Fertility Benefits:** Medical plan participants have access to fertility benefits, including medical services and prescription drugs up to a \$20,000 lifetime maximum (\$15,000 for medical and \$5,000 for prescription drugs).

**Paid Parental Leave:** Full-time and part-time employees (scheduled for at least 24 hours per week) may take up to two weeks of paid parental leave (100% base earnings) after six months of service.

**Adoption Assistance:** BJC offers financial assistance to help employees cover qualified expenses incurred when adopting a child. After one year of service, full-time employees are eligible to receive up to \$5,000 in reimbursement per adopted child, and part-time benefits-eligible employees may receive up to \$2,500 per child.

## Legal Services

Employees can choose optional legal services coverage through MetLife that offers access to attorneys experienced in estate planning, adoptions, civil suits, credit issues, elder care and more. Through an enhanced coverage option, some services also are available to their parents, stepparents and parents-in-law.

## Employee Discounts

The BJC Employee Discount Program offers access to a single-destination portal featuring hundreds of discounted consumer products and services. Employees can find savings on child care, cellphones, theme parks, sporting events, electronics, travel and much more.

## On-Demand Pay

BJC's On-Demand Pay program offers employees access to up to 50% of their earned base pay when they need it, rather than waiting for a regular payday.

# Benefits for Professional Growth

## BJC Institute for Learning and Development (BILD)

BILD provides employees a wide array of personal and professional developmental opportunities, such as progressing relationship and communication skills, improving business acumen and making a plan for career advancement.

It includes several partnership programs with leading colleges and universities, and many programs are offered in a cohort model where employees attend class with other BJC employees. Plus, employees have access to a career services center with a range of tools, resources and support.

## BJC Connections Groups

Each of our 45,000+ employees is unique, and BJC is committed to promoting a diverse, engaged and inclusive workplace for everyone who helps to make medicine better. One way BJC brings this to life is through BJC Connections Groups, where employees can connect with each other and build communities within the BJC community:

- Blended
- Disability
- Diverse Nurses
- Global
- Male Clinicians
- SPECTRA (LGBTQ+)
- Veterans
- Women's
- Young Professionals

## Tuition Assistance

The tuition assistance benefit provides financial assistance to employees who want to continue their education or be trained for a new profession in the health care industry.

Upon hire, full-time employees are eligible for up to \$4,500 per year in reimbursement, and part-time employees are eligible for up to \$2,250 per year.

Some nursing roles are eligible for a student loan repayment benefit.

## Public Service Loan Forgiveness

BJC employees can get help paying off student loans with the Public Service Loan Forgiveness (PSLF) program, a government program that forgives the remaining balance on direct loans after 120 qualifying monthly payments are made. The repayment plan must be qualified by PSLF, and participants must be working full-time for a qualifying employer, like BJC Health System.

