

2025  
BENEFITS  
GUIDE



CaroMont Health

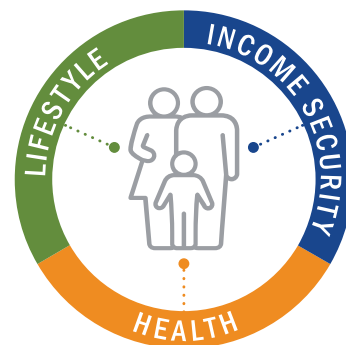
*Your benefits. Your future.*



# 2025

## Now is the time to focus on you.

You are CaroMont's most valuable resource! That is the reason we invest so much and are committed to providing you with a comprehensive benefits package that helps protect your health, your income, and so much more. It is important for you to learn about the options we offer and consider how they can help you build a secure future.



Just a few of the things your benefits help you with include:

- Managing your health and ensuring you have access to great medical care when you need it
- Maximizing the tax advantages of Health Reimbursement Accounts, Flexible Spending Accounts, and a 403(b) Retirement Savings Plan
- Protecting your income and reducing your financial exposure from a serious illness or injury with voluntary benefits

Take a few minutes to get familiar with the benefits we offer. Start by reviewing this enrollment guide. It's time well spent.

### NEW EMPLOYEES

Throughout this guide, information specific to new employees appears in boxes like this one. If you're a new employee, pay special attention to these boxes. They provide you with important information you'll need to know—as a first-time participant—before enrolling for your benefits.

### DID YOU KNOW...

The CaroMont Health Intranet Portal (CHIP) is your number one go-to resource for just about everything you need when it comes to your benefits. Just access **CHIP** and go to the Human Resources page. To access benefits information outside of work, go to **MyCaroMontBenefits.com**.

Human Resources – 1-704-834-2141

# What's Inside

Finding the information you need is quick and easy.

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## Who We Cover

**Full-time and WEOP employees** are eligible to participate in CaroMont's benefit program. This includes: Medical, Prescription, Dental, and Vision; Flexible Spending Accounts (FSAs); Employee Life, Disability, and Voluntary Accidental Death and Dismemberment (AD&D); Dependent Life; Whole Life Insurance and Long-Term Care; Critical Care; Hospital Indemnity and Accident Insurance; and 403(b) Retirement Savings Plan.

If you are a **part-time** employee, you are eligible to participate in the following benefits: Medical, Prescription, Dental, and Vision benefits; FSAs; and 403(b) Retirement Savings Plan. Part-time employees are also eligible to enroll in Whole Life Insurance with Long-Term Care, Hospital Indemnity, Critical Illness, and Accident Insurance.

You can also enroll your eligible dependents in any coverage for which you are eligible, including Medical, Dental, and Vision. Dependent coverage begins on the same day your coverage begins. Eligible dependents include your spouse and children up to age 26. You must provide a **valid Social Security number as well as marriage/birth certificate and Spousal joint residency proof** for your eligible dependents you are adding to the plans. **If you do not provide this information by the deadline, your dependents will be dropped from the plan.**

## How To Enroll: Online and By Phone

We offer different ways to enroll to give you the level of support that is best for you.



**Online** — Visit [MyCaroMontBenefits.com](https://MyCaroMontBenefits.com) to log in, and follow the prompts to complete your enrollment.

Mobile access and instructions are available on [MyCaroMontBenefits.com](https://MyCaroMontBenefits.com).



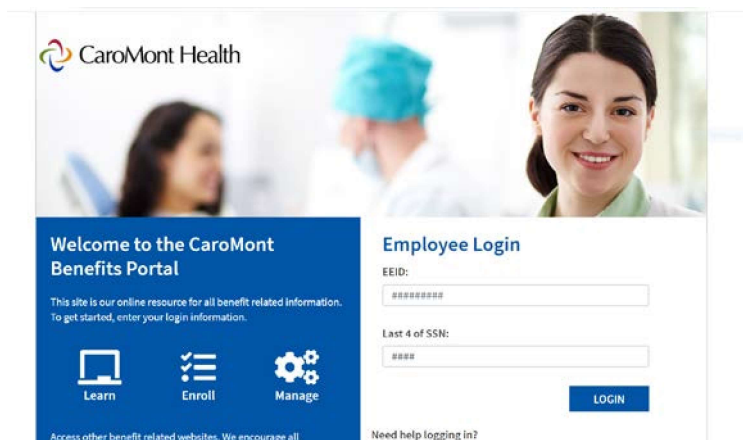
**By Phone** — Call the Winston Benefits Call Center at **1-855-228-2419** to speak with a representative who will help you understand your benefit offerings and assist you with the enrollment process. Call center hours are Monday – Friday, 8:30 a.m. to 5:00 p.m. (ET).

## Enrollment Deadline

Enroll in your CaroMont benefits during your first 15 days of employment, or within 15 days of a qualifying life event, to receive cards in time for benefit coverage (enrollment window will close at 30 days).



# To Enroll Online:



## Enroll in Four Easy Steps!

**Step 1:** To create a new account, go to **MyCaroMontBenefits.com**, and click the “Create Account” link.

**Step 2:** For security purposes, you will be required to enter your personal information, which will be used to:

- Verify your record in our database
- Ensure you are who you say you are for security purposes

At the bottom of the Enter Your Personal Information page, you will see a ‘Captcha.’ A Captcha is a type of challenge-response test to determine if a user is human. After entering your personal information, click the Next button to move to the next step.

**Step 3:** Select and/or enter an email address of your choice. This will be your username. You will be required to create a password, which must be at least eight characters long and satisfy three of the following four conditions:

- Have at least one uppercase character
- Have at least one lowercase character
- Have at least one special character
- Have at least one numeric character

After entering your email address and password, click the Next button to move to the next step.

**Step 4:** Your recovery phone number and email address will pre-populate based on the information on file. You will be able to edit the information and verify it. After verifying the first recovery option, the Next button will become active. Click Next to log into the system.

If you have questions about any of the benefits, how to enroll, need technical support, or assistance logging in, please contact the Winston Benefits Call Center at **1-855-228-2419**.

# Changing Your Benefits

CaroMont Health understands that changes in your life can affect the benefits you need. That’s why you can change your benefits during Annual Enrollment and whenever you have a change due to a qualifying life event and mid year change in benefit status events.

**Annual Enrollment** usually takes place each year in early November and lasts about two weeks. During this time, eligible employees can enroll in or change their benefits. This is also the time to re-enroll in an FSA for the upcoming year. Changes made during this time go into effect on January 1.

You can also enroll in or change your benefits due to a qualifying life event. To make a change, you must log on to **MyCaroMontBenefits.com** within 30 days of the event. Any change you make must be consistent with the qualifying life event. For example, if you get married, you can add your spouse. If you miss the 30-day window, you will need to wait until Annual Enrollment to change your benefits.

**Qualifying Life Event changes include:**

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Loss of coverage for yourself or your spouse
- Death of spouse or child
- Significant increase or decrease in the cost of benefits coverage
- Change in spouse’s employment that results in a loss of coverage
- Gain/loss of coverage of yourself or your dependents

## Coverage Levels

CaroMont Health offers four coverage levels. Select one of the following levels:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Family

## Paying for Benefits

The cost of some of your CaroMont Health benefits is calculated on a before-tax basis. This means the money you pay for these particular benefits is deducted from your paycheck before taxes are calculated and withheld. Therefore, you receive a greater savings on taxable income and benefit costs. Before-tax benefits include Medical/Rx, Dental, Vision, Flexible Spending Accounts, 403(b) Retirement Savings Plan Deferrals.

CaroMont Health benefits that are not calculated on a before-tax basis are paid for by you with after- tax dollars. This means the money you pay for these benefits is deducted from your paycheck after taxes are calculated and withheld. After-tax benefits include:

- Critical Illness Insurance
- Hospital Indemnity Insurance
- Accident Insurance
- Supplemental Employee Life Insurance
- Dependent Life Insurance
- Whole Life Insurance with Long-Term Care
- Voluntary Accidental Death and Dismemberment Insurance
- Long-Term Disability Insurance

### NEW EMPLOYEES

**If You Do Not Enroll**

If you were hired after January 1, 2025, as a full-time benefits-eligible employee, the chart below shows the default benefits coverage you will receive if you do not enroll for your benefits within 30 days of your date of hire. After the 30-day enrollment period, you will not be able to enroll for benefits until the next Annual Enrollment, or unless you have a qualifying life event.

| BENEFIT   | FULL-TIME EMPLOYEE<br>DEFAULT COVERAGE |
|---|--|
| Medical   | No coverage                            |
| Dental  | No coverage                            |
| Vision  | No coverage                            |
| Employee Life Insurance                               | 1x salary                              |
| Employee Accidental Death and Dismemberment Insurance | \$20,000                               |
| Dependent Life Insurance for Spouse                   | No coverage                            |
| Dependent Life Insurance for Children                 | No coverage                            |
| Whole Life Insurance and Long-Term Care               | No coverage                            |
| Short-Term Disability                                 | 60% of pay; 60-day waiting period      |
| Long-Term Disability                                  | 60% of pay; 180-day waiting period     |
| Flexible Spending Accounts                            | No coverage                            |

*If you do not elect health insurance, you will not have coverage through CaroMont. For more information about health insurance options available through the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).*

If you were hired after January 1, 2025, as a part-time benefits-eligible employee and do not enroll within 30 days of your date of hire, you will not have any benefits for the rest of the calendar year. You must wait until the next Annual Enrollment to enroll, unless you have a qualifying life event before then.

# Medical Insurance

**CaroMont wants you to stay healthy. Medical coverage is one of the most effective ways to protect yourself and your family from large and unexpected medical expenses while at the same time encouraging good health through preventive care.**

Aetna has tools so you will be able to search for providers, review plan documents, learn more about Aetna programs, Aetna discounts, and more! Visit the site at [www.aetna.com](http://www.aetna.com) or call **1-833-860-0389**.

CaroMont's medical plan is the Aetna Open Access Choice POSII, or PPO for short. The PPO allows you to manage your spending when using providers in the preferred network. To find a provider in the Aetna network, please visit: [www.aetna.com](http://www.aetna.com). This plan has three components: a Health Reimbursement Account (HRA), a calendar year deductible, and coinsurance.

**Tier 1 = Maximum Savings and Standard Savings Plus:** Uses CaroMont and approved providers & facilities. Members will save the most money by going to CaroMont/CaroMont approved providers & facilities, and your deductible is lower.

**Tier 2 = Standard Savings:** Uses the full Aetna network, and the deductible is higher.

**Out of Network: Services performed/received out of the CaroMont/Aetna network will incur the greatest cost for members, and the deductible is higher. All services will apply toward Tier 1 and Tier 2 deductible and maximum out-of-pocket accumulators.**

## Health Reimbursement Account

The PPO comes with a Health Reimbursement Account (HRA). At the beginning of the year, CaroMont Health contributes money to your HRA to help you pay for medical expenses covered by the plan. The amount CaroMont Health contributes to your HRA depends on your coverage level. Mid-year enrollment amounts are pro-rated.

- Your HRA pays for medical expenses covered under the plan.
- Incurred medical expenses covered by the plan are applied to the deductible.
- Any balance available in your HRA is automatically used to help offset your annual deductible.
- Money remaining in your HRA at the end of the year rolls over to the next year. You must continue your coverage under the PPO to have access to the monies in your HRA.
- You can also earn additional HRA dollars by completing programs and activities throughout the year. See **Earning HRA Dollars** on page 11 for more information.
- In-network preventive care (annual checkups, immunizations, etc.) is covered at 100%. Preventive care expenses are not deducted from your HRA and do not apply toward the deductible.

## Health Reimbursement Account (Continued)

- Use your HRA wisely by choosing the most cost-effective providers. This will allow you to save money in your HRA for future medical expenses. Any available balance in your HRA reduces your deductible.

| COVERAGE LEVEL        | ANNUAL AMOUNT CAROMONT HEALTH CONTRIBUTES TO HRA |
|-----------------------|--|
| Employee Only         | \$500  |
| Employee + Spouse     | \$1,000  |
| Employee + Child(ren) | \$1,000  |
| Family                | \$1,500  |

### NEW EMPLOYEES

If you enroll in the Preferred Provider Organization Health Plan (PPO), the amount CaroMont Health contributes to your Health Reimbursement Account (HRA) is prorated based on your coverage effective date and coverage level. PPO benefits vary depending on where you go for care: CaroMont and other approved providers/facilities, the full Aetna network, or out of network.

## Calendar Year Deductible

You must meet the PPO deductible before the plan begins to pay a portion of your expenses. The medical plan deductible depends on your coverage level. Your HRA balance is included in the deduction and reduces your deductible.

| COVERAGE LEVEL        | TIER 1  | TIER 2  | TIER 3<br>OUT-OF-NETWORK |
|-----------------------|---------|---------|--------------------------|
| Employee Only         | \$1,500 | \$2,000 | \$2,000                  |
| Employee + Spouse     | \$2,500 | \$3,000 | \$3,000                  |
| Employee + Child(ren) | \$2,500 | \$3,000 | \$3,000                  |
| Family                | \$3,500 | \$4,000 | \$4,000                  |

## Coinsurance

- Once you meet the deductible, the plan begins paying a portion of covered expenses.
- The amount you pay (otherwise known as coinsurance) depends on where you go for service and the type of service you receive. **The plan has no flat dollar copays.**
- You continue to pay coinsurance until you reach the out-of-pocket maximum. Your out-of-pocket maximum depends on your coverage level and where you go for services. See the chart on page 8.
- Once you meet the out-of-pocket maximum on Tier 1 and Tier 2, the plan pays 100% for all remaining covered services through the end of the plan year.

# Your 2025 Medical Plan Summary

The medical plan provides you with a significant discount when you receive care within the CaroMont health care system.

| Plan Feature   | Enhanced Tier 1   | Tier 2                                   | Tier 3               |
|--|---|--|----------------------|
|  | Max Savings:<br>CaroMont/Approved providers & Facilities<br>Standard Plus Savings:<br>Expanded Tier 1 options | Standard Savings:<br>Full Aetna Network  | Out-of-Network       |
| <b>Maximum Out-of-Pocket</b> (includes yearly deductible, HRA Fund, and coinsurance) <ul style="list-style-type: none"> <li>• Employee Only</li> <li>• Employee + Spouse</li> <li>• Employee + Child(ren)</li> <li>• Family</li> </ul>   | \$4,500<br>\$5,500<br>\$5,500<br>\$6,500  | \$5,500<br>\$6,500<br>\$6,500<br>\$7,500 | No Max               |
| <b>Physician Office or Clinic Visit</b>  | 90% after deductible  | 65% after deductible                     | 50% after deductible |
| <b>Preventive Visits</b> (including routine physical exams, diagnostic X-rays and lab, immunizations and flu vaccines, Pap and PSA tests, well-child visits, routine hearing exams, mammograms, and colonoscopies)   | 100%; deductible waived   | 100%; deductible waived                  | 50% after deductible |
| <b>Outpatient, Non-Emergency MRIs, CAT Scans, PET Scans. Required to be performed at CaroMont Health facilities. (Prior approval is required as of 1/1/24 for all High-Tech Imaging services, MRI/CAT/CT/PET scans. If not performed at CaroMont Health facility, they ARE NOT covered. If member address is 100 miles outside the closest CaroMont facility, claim will be paid at 70% after deductible if the provider is within Aetna network.)</b> | 90% after deductible<br>Performed at CaroMont facilities<br>Prior authorization required                      | <b>Not covered*</b>                      | <b>Not covered</b>   |
| <b>Non-Routine</b> (non-preventive)<br><b>Non-Emergency Colonoscopies</b>  | 90% after deductible  | 50% after deductible                     | <b>Not covered</b>   |
| <b>Hospital Services</b> (room and board, inpatient physician services)  | 90% after deductible  | 65% after deductible                     | 50% after deductible |
| <b>Specialty Drug Infusions</b> (Ocrevus, Tysabri)   | 90% after deductible  | 50% after deductible                     | <b>Not covered</b>   |
| <b>Bariatric Surgery*</b><br>(required to use Hickory Surgical Clinic and Catawba Valley Medical Center)   | N/A   | 75% after deductible                     | <b>Not covered</b>   |
| <b>Non-Emergency Joint Replacement Surgeries</b>   | 90% after deductible  | <b>Not covered</b>                       | <b>Not covered</b>   |
| <b>Outpatient Surgery</b>  | 90% after deductible  | 65% after deductible                     | 50% after deductible |
| <b>Outpatient X-Ray and Lab</b>  | 90% after deductible  | 65% after deductible                     | 50% after deductible |
| <b>Emergency Room Visits</b> (true emergency)  | 80% after deductible  |  |                      |
| <b>Urgent Care Facility</b>  | 90% after deductible  | 80% after deductible                     | 50% after deductible |
| <b>Occupational, Physical, Speech Therapy</b>  | 90% after deductible  | 65% after deductible                     | 50% after deductible |
| <b>Durable Medical Equipment</b>   | 80% after deductible  | 80% after deductible                     | 50% after deductible |
| <b>All Other Covered Charges</b>   | 90% after deductible  | 65% after deductible                     | 50% after deductible |

\*Requires approval by PATH-WEIGH program.

For limitations on plan features, refer to the Summary of Benefits and Coverage (SBC) on the Aetna website.



# Prescription Plan

Prescription coverage is included in your medical plan choice. Your prescription plan details are as follows:

| Prescription Drug Tiers                      | Retail Pharmacy  | Retail Pharmacy                        | Mail Order                               |
|--|--|--|--|
|  | 30-day supply  | 90-day supply                          | 90-day supply                            |
| <b>Generic</b>                               | 20% to a maximum of \$35/prescription  | 20% to a maximum of \$105/prescription | 20% to a maximum of \$87.50/prescription |
| <b>Preferred Brand</b>                       | 35% to a maximum of \$110/prescription   | 35% to a maximum of \$270/prescription | 35% to maximum of \$275/prescription     |
| <b>Non-Preferred Brand</b>                   | 45% to a maximum of \$140/prescription   | 45% to a maximum of \$360/prescription | 45% to a maximum of \$350/prescription   |
| <b>Specialty Drugs*</b>                      | If your Specialty Medication <b>is not</b> on the SaveonSP Drug list: \$140 flat copay<br>If your Specialty Medication <b>is</b> on the SaveonSP Drug list: \$0 copay<br>If your Specialty Medication <b>is</b> on the SaveonSP Drug list and you <b>do not</b> join, you will be subject to pay the full cost of the medication |  |  |
| <b>Out-of-Pocket Maximum</b> (for all Tiers) | Employee Only \$1,500; Employee + Child/Spouse \$1,850; Family \$2,350   |  |  |

\*All specialty medication will need to be filled through Express Scripts' specialty pharmacy, Accredo.

## SaveonSP

CaroMont Health partners with Express Scripts' program, SaveonSP, to help members save money on certain specialty medications. If your medication is on the SaveonSP Drug List, you must participate in the program in order to receive medications free of charge. Prescriptions will continue to be filled through the current specialty pharmacy, Accredo.

Contact SaveonSP at **1-800-683-1074** for more information and to avoid delays in obtaining your prescription(s).

## Medical and Prescription Coverage Cost Per Pay Period

| Coverage Level               | Full-Time Employee | Part-Time Employee |
|------------------------------|--------------------|--------------------|
| <b>Employee</b>              | \$48.42            | \$56.88            |
| <b>Employee + Spouse</b>     | \$232.82           | \$465.64           |
| <b>Employee + Child(ren)</b> | \$162.98           | \$325.95           |
| <b>Employee + Family</b>     | \$302.65           | \$605.30           |

# Prescription Drug Benefits

## Express Scripts—Your Pharmacy Benefit Manager

Express Scripts provides pharmacy services for participants in CaroMont's medical plan. Express Scripts' services include a retail pharmacy network, mail order services, step therapy program, and specialty drug monitoring and dispensing. Express Scripts' pharmacy network includes major retail pharmacy chains, such as CVS, Harris Teeter, Rite-Aid, Walgreens, and Walmart, as well as numerous independent pharmacies.

Benefit levels for prescription drugs depend on whether you are buying generic, preferred brand, non-preferred brand, or specialty drugs, and whether your prescription is filled at a network retail pharmacy or by mail order. To find a pharmacy near you and to access the most current formulary (list of preferred brand name drugs), go to [www.express-scripts.com/caromont](http://www.express-scripts.com/caromont).

## How Does the Step Therapy Program Work?

As some medications are extremely costly, it is important to try the lower-cost, clinically effective medications first (if they are available). If your doctor writes a prescription for a medication that requires a step therapy, the requested medication may not be covered until a more cost-effective medication "step" is tried first. Your pharmacist will let you know if your prescription requires step therapy.

Only if your doctor contacts Express Scripts to request prior authorization approval will the next step medication be considered.

## What are Specialty Drugs?

Specialty drugs are high-cost injectable, infused, oral, or inhaled medications that are typically prescribed to treat chronic or long-term conditions that have few or no alternative therapies. This includes (but is not limited to) medications for cancer, HIV/AIDS, hepatitis C, multiple sclerosis, and more.

Specialty drugs are used when clinical monitoring and support are needed to help reduce any health risks or potentially serious side effects.

All specialty drugs must be filled through Accredo (a subsidiary of Express Scripts) and include drugs such as Humira, Atripla, Betaseron, Remicade, Norditropin, Copaxone, Sovaldi, Tecfidera, and Pulmozyme. For a full list of specialty drugs, visit [www.express-scripts.com/caromont](http://www.express-scripts.com/caromont).

## Save Money: Consider Mail Order

Did you know that it's less expensive to fill your 90-day supply of medication through mail order? Consider using mail order to keep more money in your pocket!

If you are sending a mail order prescription for the first time, you will need to send it to Express Scripts Home Delivery Services.

To get started, you will need to enroll with the Home Delivery program. It's easy:

- Have your doctor write your prescription for the maximum supply allowed (a 90-day supply). Your doctor will need to include your name, date of birth, and identification number on the back of each original prescription.
- You will need to complete an Express Scripts order form.
- Mail or fax the form, original prescriptions, and payment information to:

Express Scripts  
Home Delivery Service  
P.O. Box 66566  
St. Louis, MO 63166-6565

Please allow 10 to 14 days for delivery of your prescriptions. If you have any questions, please call Member Services at **1-866-834-0478**. Representatives are available 24 hours a day, 7 days a week for your prescription needs.

# Health Reimbursement Account (HRA)

The PPO comes with a Health Reimbursement Account (HRA). At the beginning of the year, CaroMont Health contributes money to your HRA to help you pay for medical expenses covered by the plan. The amount CaroMont Health contributes to your HRA depends on your coverage level.

## Earning HRA Dollars (YourHealthFund)

In addition to the contribution CaroMont makes into your Preferred Provider Organization (PPO) Health Reimbursement Account (HRA), you can earn HRA dollars just by taking care of yourself. Complete any of the health and wellness programs on the following page to earn HRA dollars.

Completing the programs on the following page provides another way to offset your out-of-pocket medical expenses. By making the programs on the following page available, CaroMont rewards its covered employees for improving their health status or maintaining a healthy lifestyle.



**Eligibility for HRA incentive dollars** is limited to covered employees who elect our medical plan for the current plan year, complete an eligible program, and receive documentation of satisfactory completion.

Your medical plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under these wellness programs, you might qualify for an opportunity to earn the same reward by different means. Contact the Employer Wellness Coordinator at **1-704-834-3081** to work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

1. Log in or register for your secure member website from [www.aetna.com](http://www.aetna.com).
2. Choose the Member option to access your secure member website.
3. Once you are logged in, you will be taken to the Member home page.

### Member Resources

Explanation of Benefits (EOB) Statements simplified with an interactive summary of your health care costs.

[View Your EOB Statement](#)

Mental Health Support & Services [↗](#)

[Cancer Support Center](#) →

[Back & Joint Care Support Center](#) →

[Aetna Health Your Way™](#) [↗](#)

[Home](#)
[My Health](#)
[Coaching](#)
[Challenges](#)
[Resources](#)
[Rewards](#)

[Messages](#)
[Forgot](#)

## Discover a Healthier You!

Welcome to your health and well-being journey. This is where you'll find all the resources, guidance and support you need to reach your wellness goals! Change doesn't happen overnight. But, we'll help you start down the path to a healthier lifestyle today. You can take the first step by completing your health assessment. Then, come back often to track your progress toward the best health possible.

### Important for You

We have activities to help you on your path to better health.

# Earning HRA Dollars

| PROGRAM/ACTIVITY  | ELIGIBILITY CRITERIA   | EVIDENCE OR DOCUMENTATION REQUIRED   | HRA DOLLARS DEPOSITED TO YOUR ACCOUNT   |
|---|--|--|---|
| <b>Healthy Lifestyle Activity</b>   | <ul style="list-style-type: none"> <li>Join and successfully complete participating in the Path-Weigh Program (\$50.00 annually for completing the Path-Weigh Program).</li> </ul>   | Documentation from the Clinical Health Coach (CHC) and the Employer Wellness Dietitian (EWD).  | 5,000 Hearts = \$50.00  |
| <b>Track Physical Activity</b>  | <p>Participate in <b>one or more of the following activities</b>, to earn up to \$300/year maximum:</p> <ul style="list-style-type: none"> <li>Be physically active by walking at least 5,000 steps/day.</li> </ul> <p style="text-align: center;"><b>or</b></p> <ul style="list-style-type: none"> <li>Participate in 30 minutes of physical activity/day. (Track physical activity using an activity tracker device and connect to <b>Aetna Health Your Way</b> app.)</li> </ul> <p><b>Unsure if your device or app meets the criteria?</b><br/>Call the <b>Employer Wellness Coordinator</b> at Ext. 3081</p> | <p><b>Complete the following steps for successful submission:</b></p> <p>Visit the Employee Well-Being page on <b>CHIP</b> and follow the instructions under "Healthy Lifestyle Activities."</p> | <p>100 Hearts = \$1.00</p> <p>5,000 Steps = \$1.00/day</p> <p>30-Minute Activity = \$1.00/day</p>   |
| <b>Metabolic Support Program (BMI)</b><br><br><b>Healthy Weight Incentive</b> | <p>Earn HRA dollars by <b>maintaining a healthy BMI, improving BMI category, or maintaining a healthy waist circumference.</b></p> <p>CaroMont Health's standards are as follows:</p> <p><b>Accepted BMI range:</b> 18.5–27.5<br/> <b>Underweight:</b> less than 18.5<br/> <b>Overweight:</b> 27.6–29.9<br/> <b>High Risk:</b> 30–34.9<br/> <b>Very High Risk:</b> 35–40<br/> <b>Extreme Risk:</b> greater than 40<br/> <b>Accepted Female Waist Circumference:</b> ≤35<br/> <b>Accepted Male Waist Circumference:</b> ≤40</p>   | Visit the Employee Well-Being page on <b>CHIP</b> and follow the instructions under "Metabolic Support Incentive."   | <p>2,500 Hearts = \$25 if healthy BMI or Waist Circumference is maintained</p> <p style="text-align: center;"><b>OR</b></p> <p>2,500 Hearts = \$25 for improving BMI categories (Extreme Risk to High Risk) towards a healthy BMI</p> |
| <b>Tobacco Cessation</b>  | Complete a formal Tobacco Cessation Program (e.g., Quit Smart) OR remain tobacco-free.   | Visit the Employee Well-Being page on <b>CHIP</b> for instructions on how to claim this credit.  | 5,000 Hearts = \$50 maximum; one per covered employee   |
| <b>Preventive Care Activities</b>   | <p><b>Health Screening:</b> Get at least 1 of the following preventive age-appropriate tests/screens:</p> <ul style="list-style-type: none"> <li>Annual physical</li> <li>PSA test (for men)</li> <li>Cervical cancer screening (for women)</li> <li>Mammogram (for women)</li> <li>Colorectal cancer screening</li> </ul>   | Evidence of test/screen comes from Aetna claims processing; no further action is needed.   | 5,000 Hearts = \$50 maximum; one per covered employee   |
| <b>Wellness Coaching</b>  | Meet with a Wellness Coach one time during the calendar year to discuss current health status, health goals, and behavior changes to reach your goals.   | Documentation from Wellness Coach.   | 5,000 Hearts = \$50 maximum; one per covered employee   |
| <b>Positively Pregnant Program</b>  | <ul style="list-style-type: none"> <li>Begin prenatal care and enroll in the <b>Positively Pregnant Program</b> by the end of the 16th week of pregnancy.</li> <li>Complete 1 appointment with the CHC and 1 appointment with the EWD.</li> <li>Remain free of tobacco, alcohol, and other harmful drugs during pregnancy.</li> <li>Attend all scheduled appointments with your prenatal health care provider.</li> <li>Follow all recommendations made by your prenatal health care provider.</li> </ul>  | Documentation from the Clinical Health Coach (CHC) and the Employer Wellness Dietitian (EWD).  | \$100 = 10,000 Hearts   |

**Scan here** to log in and start earning your HRA Dollars.



As part of **Aetna Health Your Way**, you have access to a digital health platform. You'll get personalized resources and challenges to help you earn rewards every year, making it easier to stay on track and reach your wellness goals.



**Ready to explore Aetna Health Your Way today?**

Just sign in at [Aetna.com](https://www.aetna.com) and scroll to Well-being resources and select "Aetna Health Your Way." Or download the MyActiveHealth Wellness app from either the [App Store](#) or [Google Play](#).





# Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly. Don't go another day unprotected. Enroll in **Critical Illness, Accident, and Hospital Indemnity Insurance**, and be prepared for whatever tomorrow brings.\*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

**Aetna Critical Illness Insurance** Rates are calculated based on age, tobacco use, amount of coverage elected, and other such factors, and will be provided at the time of enrollment.

**You can protect yourself from the unexpected costs of a serious illness.**

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance through **Aetna** pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

## Covered illnesses include:

- Heart Attack
- End Stage Renal (Kidney) Failure
- Stroke
- Coronary Artery Bypass Surgery\*\*
- Cancer
- Major Organ Transplant
- COVID-19\*\*

## Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 👤 **Family Coverage:** You can elect to cover your spouse and children. Spouse and dependent children are covered at 50% of the employees face amount.<sup>†</sup>
- ➔ **Portable Coverage:** You can take your policy with you if you change jobs or retire.

Download the **My Aetna Supplemental** app or visit **MyAetnaSupplemental.com** or scan this QR code.



## How Critical Illness Insurance Works

Sam chose a \$10,000 Critical Illness Benefit face amount. When Sam had a stroke, he was grateful his doctors were able to stabilize his condition, but he learned there was some permanent damage to his vision. He began to see his out-of-pocket costs adding up quickly. The good news is he received a lump sum payment of \$10,000 to help cover these expenses from the Critical Illness coverage he elected during Annual Enrollment.



## Health Screening Benefit

The plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

\* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.

\*\*The coverage pays 100% of the face amount of the policy once per lifetime for coronary artery bypass surgery and COVID-19. COVID-19 requires a hospital stay of at least five days.

<sup>†</sup>If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

This plan is not a replacement for medical insurance.

# Aetna Accident Insurance


**Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.**


Accident Insurance through **Aetna** pays lump sum benefits directly to you if you suffer a range of covered injuries such as a fracture, burn, ligament damage, or major concussion. Benefits are paid even if you have other coverage.


The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:


- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation
- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)

## Plan Features

 **Guaranteed Acceptance:** There are no health questions or physical exams required during Annual Enrollment, as new hires onboard during their initial eligibility, and mid-year Qualifying Life Events.

 **Family Coverage:** You can elect to cover your spouse and children up to age 26.\*

 **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.

 **Portable Coverage:** You can take your policy with you if you change jobs or retire.

## Accident Plan

| Coverage Level               | Rates  |
|------------------------------|--------|
| <b>Employee</b>              | \$2.98 |
| <b>Employee + Spouse</b>     | \$5.96 |
| <b>Employee + Child(ren)</b> | \$6.26 |
| <b>Employee + Family</b>     | \$9.24 |



## How Accident Insurance Works

Jay tears a knee ligament that requires extensive treatment and rehab. Even with medical insurance, this will cost Jay \$3,000 in deductibles and coinsurance up to the \$3,000 annual out-of-pocket maximum for an individual utilizing a CaroMont facility.

Jay will reach and pay the \$3,000 annual out-of-pocket max for an individual but will then receive a benefit of \$1,740.

## How Jay's Accident Benefit Was Calculated:

| Medical Service                 | Benefit |
|---------------------------------|---------|
| Emergency Room                  | \$ 200  |
| Outpatient Surgery              | \$ 300  |
| Ligament Surgery                | \$ 750  |
| Anesthesia                      | \$ 100  |
| Physical Therapy                | \$ 390  |
| (\$65 per visit for six visits) |         |

**TOTAL BENEFIT \$1,740**

*A benefit is not paid for a medically induced coma. A person must seek treatment within 90 days of the accident. This benefit is limited to 10 therapy services per accident per calendar year. If a person suffers more than one fracture to the same bone as a result of the same accident, only one fracture benefit is payable. All accidents are separate events. There are no maximum numbers of injuries or accidents that can occur. Plan maximums are for a calendar year. Benefits are paid after you submit an eligible claim to Aetna. This above example is for illustrative purposes only and not a confirmation of benefits.*

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.*

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

*This plan is not a replacement for medical insurance.*

# Aetna Hospital Indemnity Insurance

Receive lump sum payments to help cover the cost of a hospital stay.






If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance through **Aetna** pays lump sum benefits directly to you if you are admitted into a hospital for care due to an illness or injury. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit.

You also receive a benefit for the following:

- Inpatient Rehabilitation
- Newborn Routine Care Benefit (inpatient child birth)
- Health Screening Benefit

## Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required during Annual Enrollment, as new hires onboard during their initial eligibility, and mid-year Qualifying Life Events.
-  **Family Coverage:** You can elect to cover your spouse and children up to age 26.\*
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.
-  **CaroMont Health Network:** The plan pays an additional 50% of benefit when the confinement is in a CaroMont facility.

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.*

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

*This plan is not a replacement for medical insurance.*

## How Hospital Indemnity Insurance Works

Cindy is injured in a car accident and is in the hospital for three days. Even with medical insurance, this will cost Cindy \$3,000 in deductibles and coinsurance up to the \$3,000 annual out-of-pocket maximum for an individual utilizing a CaroMont facility.

Cindy will reach and pay the \$3,000 annual out-of-pocket maximum for an individual, but will then receive a benefit of \$2,400.

## How Cindy's Hospital Indemnity Benefit Was Calculated:

| Medical Services        | Benefit               | Total   |
|-------------------------|-----------------------|---------|
| Hospital Admission      | \$1,500 per admission | \$1,500 |
| Three-day Hospital Stay | \$300 per day         | \$ 900  |

**CINDY'S TOTAL BENEFIT \$2,400**

If Cindy did not go to a CaroMont facility, the benefit would have paid her \$1,000 for her hospital admission. Cindy's hospital stay benefit would have been \$200 a day if she did not go to a CaroMont facility. Since she went to a CaroMont Facility the plan paid an additional 50% of benefit.

An Observation benefit provides a lump sum benefit of \$100 for the initial day of your stay in an observation unit as the result of an illness or accidental injury, maximum 1 day per plan year. The Hospital and ICU Admission are payable up to 1 time per calendar year. The Hospital Confinement benefit is payable for up to a maximum of 30 days per plan year. When an Admission Benefit is included, the Hospital Confinement Benefit begins on Day 1. Benefits are paid after you submit an eligible claim to Aetna. Hospital Confinement maximums apply. See plan document for more details. This above example is for illustrative purposes only and not a confirmation of benefits.

## Hospital Indemnity Plan

| Coverage Level        | Rates   |
|-----------------------|---------|
| Employee              | \$6.48  |
| Employee + Spouse     | \$11.15 |
| Employee + Child(ren) | \$9.78  |
| Employee + Family     | \$15.30 |

# Dental Plan

CaroMont Health offers two dental plans through Delta Dental. This plan provides you and your family with the comprehensive coverage you need at an affordable price. The **Dental Buy-Up plan** provides enhanced dental coverage. See additional details for the Base and Buy-Up plan options below.

| Plan Feature   | BASE PLAN    | BUY-UP PLAN |
|--|--------------|-------------|
| Calendar Year Maximum                                      | \$1,200      | \$2,500     |
| Annual Deductible (Individual/Family)                      | \$50 / \$150 | N/A         |
| Preventive Services<br>Exams, Cleanings, X-rays            | 100%         | 100%        |
| Basic Services<br>Fillings, crown repair, extractions      | 80%          | 90%         |
| Major Restorative Services<br>Crowns, Bridgework, Dentures | 50%          | 60%         |
| Orthodontia (no age limit)                                 | 50%          | 50%         |
| Orthodontia Lifetime Maximum                               | \$1,500      | \$1,500     |

| Coverage Level               | Base Plan<br>Full-Time<br>Employee | Base Plan<br>Part-Time<br>Employee | Buy-Up Plan<br>Full-Time<br>Employee | Buy-Up Plan<br>Part-Time<br>Employee |
|------------------------------|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|
| <b>Employee</b>              | \$6.59                             | \$10.21                            | \$10.77                              | \$14.39                              |
| <b>Employee + Spouse</b>     | \$21.85                            | \$25.12                            | \$29.80                              | \$33.07                              |
| <b>Employee + Child(ren)</b> | \$23.54                            | \$27.07                            | \$35.04                              | \$38.57                              |
| <b>Employee + Family</b>     | \$38.66                            | \$46.38                            | \$55.69                              | \$63.42                              |

## Where to Go

Delta Dental has two networks—PPO and Premier. You get your full benefits and the largest discount if you go to a PPO dentist. If you go to a Premier dentist, you get your full benefits, but the discount is slightly less. If you go to a non-network dentist, you will not get a discount—this means your out-of-pocket costs will be higher.

The annual deductible is \$50 per person, up to a maximum of \$150 per family per year in the Base Plan. The deductible does not apply to Class I (preventive) and Class IV (orthodontia) benefits. There is no annual deductible for the Buy-Up plan.

## Preventive Care. NO Cost, No Excuse

Preventive care is important to protect your oral health. These services are covered under the plan, there's really no reason why you should put it off. Preventive care services include oral exams, cleanings, X-rays, fluoride treatments, and more.

## Take Action

Make the most of your dental benefits by going to a PPO or Premier dentist. Finding a PPO or Premier dentist provider is quick and easy.

Go to **[www.deltadentalinc.com](http://www.deltadentalinc.com)** or call **1-800-524-0149**.



# Vision Plan

CaroMont Health offers two vision plan options through **Community Eye Care (CEC)** (based in Charlotte). This group plan is designed to reduce the amount you and your family spend on routine eye care. Both plan options include an eye exam and a standard contact lens fitting (as needed) every 12 months—for a low copay.

**What's the difference in plans?** The Vision 150 Plan has a \$150 annual eyewear allowance. The Vision 350 Plan comes with a \$350 annual eyewear allowance. The annual allowance can be applied to frames, spectacle lenses, contact lenses, special lens options, or any combination.

| VISION 150 PLAN   | VISION 350 PLAN   |
|---|---|
| <ul style="list-style-type: none"> <li>• Eye exam once a year (\$10 copay)</li> <li>• \$150 annual eyewear allowance (\$20 copay)</li> <li>• Standard contact lens fitting for new fits, or re-fits as needed (\$20 copay)</li> </ul> | <ul style="list-style-type: none"> <li>• Eye exam once a year (\$10 copay)</li> <li>• \$350 annual eyewear allowance (\$20 copay)</li> <li>• Standard contact lens fitting for new fits, or re-fits as needed (\$20 copay)</li> </ul> |

**Where to go?** Both vision plan options give you the freedom to visit any eye care provider you choose. You receive full plan benefits, and there is no penalty if you see an out-of-network provider. However, network providers do offer CEC participants some perks.

| NETWORK PROVIDER  | OUT-OF-NETWORK PROVIDER   |
|---|---|
| If you go to a network provider, you will not need to file any paperwork. All you pay is your copay(s) and any amount over the eyewear allowance. If you exceed your eyewear allowance, most CEC network providers offer discounts on the coverage amount. Most network providers offer a 20% discount on glasses and a 10% discount on contact lenses. | If you go to an out-of-network provider, you pay the full amount for services and eyewear at the time of your visit. You then submit an out-of-network claim form to CEC within 180 days of the purchase date. You will be reimbursed for the full cost of your exam (minus the copay) and for the full amount of your eyewear allowance (minus the copay). Claim forms are available on <b>CHIP</b> on the Human Resources page or by calling CEC at <b>1-888-254-4290</b> . |

## Vision Plans

| Coverage Level               | 150 Plan Full-Time Employee | 150 Plan Part-Time Employee | 350 Plan Full-Time Employee | 350 Plan Part-Time Employee |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Employee</b>              | \$3.22                      | \$3.22                      | \$9.85                      | \$9.85                      |
| <b>Employee + Spouse</b>     | \$6.76                      | \$6.76                      | \$20.70                     | \$20.70                     |
| <b>Employee + Child(ren)</b> | \$6.12                      | \$6.12                      | \$18.75                     | \$18.75                     |
| <b>Employee + Family</b>     | \$9.97                      | \$9.97                      | \$30.00                     | \$30.00                     |

## How to Use Your Vision Benefits

1. Go to [www.communityeyecare.net](http://www.communityeyecare.net) or call Community Eye Care at **1-888-254-4290** to find a network provider.
2. Call and make an appointment. Tell the provider you have Community Eye Care coverage.
3. See the eye care provider and select your eyewear.
4. Pay your copays and any amount that exceeds the eyewear allowance.

## Additional Ways to Save

1. **LASIK Discounts.** You can save up to 50% on LASIK services through CEC's partners QualSight and TLC Laser Eye Centers.
  2. **Hearing Discounts.** Save up to 60% on a pair of digital hearing aids for you and your extended family through TruHearing®.\*
- Learn more about LASIK and hearing discounts by visiting: [www.cecvision.com/members/specialoffers](http://www.cecvision.com/members/specialoffers).
3. **Everyday Savings.** Access VSP® Simple Values\*\*, a free discount program offered to CEC members through VSP. The program gives you access to a variety of offers to save, including ways to save on medical, pharmacy, health & wellness, and more. Register for VSP Simple Values by visiting: [www.vspsimplevalues.com](http://www.vspsimplevalues.com).

\*CEC is providing information to its members, but does not offer or provide any discount hearing program.

\*\*These discount offerings are not insurance, and are not intended to replace insurance.

# Wellness Matters

## Path-Weigh

CaroMont's medical plan offers a holistic program and resources to support those who desire a healthy weight loss journey. Participation in this program is mandatory prior to approval for Bariatric Surgery. Milestones along the way include:

1. Schedule and meet with your Clinical Health Coach (CHC) at **1-704-671-7855**. This visit is free! At this visit, you and the CHC will discuss your weight loss goals and devise your personalized weight loss itinerary.
2. A Wellness Dietitian will develop a personalized approach to address your nutrition needs and establish healthy behaviors.
3. Together, you and your Wellness Dietitian will evaluate your progress and determine what the next steps are for a successful weight loss journey. Next steps may include a referral to Dr. Dorothy Kodzwa, a CaroMont Provider.

## CaroMont Disease Management (DM) Program

Living with diabetes or hypertension is enough of a challenge without having to worry about health care costs. That's why CaroMont Health offers participants who enroll in the Diabetes DM Program or Hypertension DM Program the opportunity to get 100% coverage for certain condition-related services and prescriptions. Here's how it works:

- To enroll in the CaroMont DM Program, call your Clinical Health Coach (CHC) at **1-704-671-7855** and schedule an onsite coaching appointment. You must enroll each year to participate in this voluntary program.
- You and the CHC will review your health status and goals and develop a plan of engagement for the rest of the year.
- Maintain your agreed-upon coaching plan throughout the year and you'll receive selected in-network services/prescriptions at 100% coverage, leaving you more money for other covered expenses.

For more information call **1-704-671-7855**.

## WW Reimbursement Program

WW (formerly known as Weight Watchers) is an integrated approach that combines smarter eating, healthy habits, exercise, and a supportive environment. Reimbursement periods are offered every 12 weeks. All CaroMont Health employees are welcome to participate, and the joining fee is waived for employees registering through the CaroMont WW portal. Registration instructions are available on **CHIP**. Participants must register using the CaroMont WW portal when they begin seeking reimbursement and must sign up on the SurveyMonkey reimbursement survey tool each quarter. If you have any questions, call **1-704-834-3081**. For help with registration, please call WW customer service at **1-866-204-2885**.

## Wellness Programs

The best-kept secret at CaroMont Health just may be all the wellness programs and activities offered throughout the year. Take a look at the programs below and make a commitment to participate. For more information about these programs, contact the **Employee Well-Being Team** at **1-704-834-3081** or visit the **Employee Well-Being** page on **CHIP**.

### Employee Wellness Committee

Let your voice be heard and have a say in the next Employee Wellness Event and/or program! The goal of the Wellness Committee is to deliver effective programs to ALL employees by including ALL perspectives.

### Wellness Challenges

Employees can challenge themselves and others with a new wellness challenge each month. Explore new areas of wellness with a fun focus each challenge. No lectures, no meetings! Every employee can participate no matter what department, shift, or location they're in.



## Employee Assistance Program

Living a healthy lifestyle includes taking care of yourself physically, mentally, and emotionally. To help you cope with the challenges of everyday life, CaroMont Health offers an Employee Assistance Program (EAP). The EAP provides employees with professional guidance and counseling through McLaughlin Young Services that are confidential; six visits per calendar year are free, and many other services are available at no cost to all employees and members of their households.

We encourage you to take advantage of this valuable benefit, whether you have a simple question, a sudden emergency, or an ongoing problem. The EAP staff at McLaughlin Young Employee Services is available 24 hours a day, 7 days a week, and is ready to assist you.

To speak with an EAP Counselor, call **1-800-633-3353** or **1-704-529-1428**. Call anytime, 24 hours a day, 365 days a year. You can also access valuable work-life information and services, including eLearning and online seminars, on the McLaughlin Young website.

- Go to **www.mygroup.com**
- Click on the My Portal Login
- Click on Work-Life box
- **Username:** caromont **Password:** guest

| REASONS TO SEEK ASSISTANCE  | LEGAL SERVICES  | FINANCIAL SERVICES  |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Stress, depression, and anxiety</li> <li>• Balancing work and family</li> <li>• Help with elder care</li> <li>• Grief and loss</li> <li>• Marital difficulties</li> <li>• Parenting and family problems</li> <li>• Crisis events</li> <li>• Alcohol and drug use/abuse</li> <li>• Work-related issues</li> </ul> | <ul style="list-style-type: none"> <li>• Attorney referrals in all 50 states</li> <li>• Free telephone advice</li> <li>• Free 30-minute session with an attorney</li> <li>• 25% attorney fee reduction</li> <li>• Quality attorney network</li> <li>• Educational materials (living wills, power of attorney, legal library, etc.)</li> <li>• Identity theft assistance and protection</li> </ul> | <ul style="list-style-type: none"> <li>• Toll-free information line</li> <li>• Financial counseling</li> <li>• Debt management plan</li> <li>• Bankruptcy prevention unit</li> <li>• Credit report review</li> <li>• Educational materials</li> <li>• Discounted session with a Certified Financial Planner</li> <li>• Comprehensive financial fitness</li> </ul> |

# Flexible Spending Accounts (FSAs)

Reduce your federal tax bill while putting aside money for health and day care needs with a Flexible Spending Account through Inspiria Financial.

CaroMont Health offers Flexible Spending Accounts (FSAs) to save you money on health care and dependent care expenses. You set aside before-tax dollars to pay for eligible health care expenses not covered by your health care insurance (e.g., deductibles and copayments) and day care expenses for children up to age 13 and elderly relatives. When the money comes out of the accounts, it remains tax-free.



## How it Works

- Estimate the amount you expect to spend on eligible health care and/or day care expenses during the coming year.
- Decide how much, based on that estimate, you want to deposit into each account. You may deposit up to \$3,300 a year in the Health Care FSA and \$5,000 in the Day Care FSA.
- The contributions to your Health Care and Day Care FSAs are deducted from your paycheck each pay period on a before-tax basis.
- View your FSA account balance, deposits, verify payments and file a claim online from your account. Visit [mybenefits.inspirafinancial.com](https://mybenefits.inspirafinancial.com).
- For more information about Inspiria Financial, call **1-844-729-3539** or visit [mybenefits.inspirafinancial.com](https://mybenefits.inspirafinancial.com).

**Use It or Lose It:** Be sure to calculate your FSA contributions carefully. The funds won't roll over from year-to-year, and you will have to actively re-enroll on a yearly basis. You are not automatically re-enrolled. Claims incurred must be filed before March 31 of the following year.

**Please note that these accounts are separate.** You may participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Day Care FSA or vice versa. **Both FSA accounts are administered by Inspiria Financial.**

### Day Care FSA participants do not receive a card.

*\*In 2024, highly-compensated employees were limited to an annual maximum contribution of \$845 to the Day Care FSA. If you are determined to be a highly compensated employee in 2025, you may be subject to a similar contribution maximum. If you anticipate your annual earnings to be \$150,000 or more for 2025 we recommend that you elect an annual amount of no greater than \$845.*

## NEW EMPLOYEES

The Day Care FSA maximum annual contribution of \$5,000 applies across all employers. For example, if you've already contributed \$2,000 to a Day Care FSA at a previous employer in 2025, you may only contribute \$3,000 under the CaroMont plan for the remainder of the 2025 plan year.

| 2025 ANNUAL MAXIMUM CONTRIBUTION      |  |
|---------------------------------------|--|
| Health Care Flexible Spending Account | \$3,300  |
| Day Care Flexible Spending Account*   | \$5,000 (\$2,500 if married and filing separate tax returns) |

Add an FSA to your benefits plan today.

For more information, visit [inspirafinancial.com](https://inspirafinancial.com) or scan the QR code.





# Flexible Spending Accounts (FSAs)

## Stretch Your FSA Dollars

You can use the Health Care FSA to reimburse yourself for deductible-related expenses after you have used all the money in your Health Reimbursement Account (HRA). Make the most of your Health Care FSA by using it to:

- Pay your prescription drug coinsurance.
- Pay out-of-pocket expenses after your HRA dollars are used up.
- Buy prescription sunglasses or an extra pair of eyeglasses.

## Using Your Flex Card

Using your Health Care FSA is fast and easy with the Inspira Card. Use your Inspira Card to pay for eligible health care expenses. To view a list of eligible expenses, log in to your Inspira account by visiting **mybenefits.inspirafinancial.com**. Once logged in, you can also view your account balance, deposits, payments, verify purchases and file a claim.

For more information or assistance with Inspira, log in to your Inspira member website and click **Contact Us** under Help and Support or call **1-888-678-8242**. You can also access Inspira once you are signed in to the Aetna member portal.

## Keep Your Receipts

Always keep your receipts for your out-of-pocket health care expenses. Periodically, you may be required to submit a receipt to Inspira or verify your purchases to prove purchase of eligible expenses (known as a substantiation request). Receipts are required when reimbursing expenses incurred under a health care plan other than CaroMont's medical plan.

If your health care Flex Card becomes frozen because you have not responded to an Inspira substantiation request, then you will not be able to use the card again until those requests are cleared up. Your only option will be to file manual reimbursements until your card is released.

**Reminder:** If paying for services through your "MyChart" or otherwise, please verify all payments being made are for the current FSA plan year. You cannot pay for prior year claims with 2025 flex dollars. Match dates of service with your payment and explanation of benefit from your health plan. Download the free Inspira Mobile App from your mobile device's app store.

## Day Care FSA

**Please note:** In 2024, highly-compensated employees were limited to an annual maximum contribution of \$845 to the Day Care FSA. If you are determined to be a highly compensated employee in 2025, you may be subject to a similar contribution maximum. If you anticipate your annual earnings to be \$150,000 or more for 2025 we recommend that you elect an annual amount of no greater than \$845.

## Access Your FSA Online

1. Go to **mybenefits.inspirafinancial.com**.
2. Click **Sign In** and enter your **Username** and **Password** at the top right corner of the home page, or if you're a new user, click **Create Your Profile** to get started. Be sure to have your Inspira Card with you as you create your account.
3. After logging in or creating your account, you will see your account balances and details on the dashboard.
4. Access resources, file claims, verify your purchases, update your profile, view claims history, account balances, and more once you are logged in.

## Using Your Flex Card

Using an FSA is probably easier than you think. Especially when you have expert tools and resources to help you along the way. Access these tools and resources via your Inspira online account.

| FLEX EXPENSE CALCULATOR   | FSA ELIGIBLE/INELIGIBLE LISTS   |
|---|---|
| Estimate your annual out-of-pocket and uncovered health care expenses. This handy tool will also provide an estimated tax savings if you use a Health Care FSA. | Not sure what FSA expenses are eligible? Visit <b><a href="https://mybenefits.aon.com/FSA/Resource/Home">https://mybenefits.aon.com/FSA/Resource/Home</a></b> for a comprehensive list of FSA expenses. |

# New York Life Insurance

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to maintain their lifestyle and make their dreams a reality. You likely don't think of a scenario where you're no longer there for your family, but you need to ensure their future is financially secure.

CaroMont Health knows how difficult it can be to provide this peace of mind on your own, which is why we have made it a priority to give you the ability to assemble a complete Life Insurance portfolio through New York Life.

All eligible new hires can enroll in Voluntary Life (employee, spouse, and children) and employee Voluntary AD&D up to the **guaranteed issue/ approval**.

**New Hires/Newly Eligible employees** are guaranteed issue/approval for Supplemental Life up to the lesser of 3x your annual salary or \$500,000. Spouse Life guaranteed issue / approval is \$50,000 (cannot elect more than 1/2 of employee's total coverage).

## Basic Life Insurance and AD&D Insurance

CaroMont Health provides eligible employees with Basic Life Insurance coverage through New York Life at no cost to you.

|                        |   |
|------------------------|---|
| <b>BASIC TERM LIFE</b> | The benefit is equal to 1x your base annual earnings to a maximum of \$500,000. |
| <b>BASIC AD&amp;D</b>  | The benefit is \$20,000.  |

## Voluntary Life Insurance

Voluntary Life is in addition to Basic Life Insurance and is available to full-time employees for an additional cost. You have the option to purchase Supplemental Life Insurance in the amount of 1x to 5x your annual salary, with maximum coverage of \$1,000,000. Guaranteed issue up to 3x your annual salary, or \$750,000. Any additional coverage will require an Evidence of Insurability (EOI) form.

# Calculating Voluntary Life Insurance

Premiums for Voluntary Life Insurance are based on your age and your salary as shown in the chart below:

| ATTAINED AGE | MONTHLY RATE PER \$1,000 OF COVERAGE |
|--------------|--------------------------------------|
| < 25         | \$0.048                              |
| 25 – 29      | \$0.051                              |
| 30 – 34      | \$0.068                              |
| 35 – 39      | \$0.077                              |
| 40 – 44      | \$0.095                              |
| 45 – 49      | \$0.144                              |
| 50 – 54      | \$0.228                              |
| 55 – 59      | \$0.418                              |
| 60 – 64      | \$0.570                              |
| 65 – 69      | \$1.090                              |
| 70 – 74      | \$1.881                              |
| 75 +         | \$3.890                              |

The cost is calculated as follows:

1. Your annual salary is defined as your annual base salary, rounded up to the next highest thousand dollars. For example, if your annual salary is \$39,400, your coverage is rounded up to \$40,000.
2. Your age determines the premium, using the chart shown above. The monthly rate is determined first, and then the biweekly premium is calculated.
3. Use the example below to see how the premium is calculated.

|   |
|---|
| Age = 44  |
| Base Pay = \$39,400   |
| Annual salary used to calculate insurance = \$40,000                          |
| Employee selected Option 2 (2x annual salary) supplemental benefit = \$80,000 |
| Monthly Cost = $\$80,000 \div \$1,000 \times 0.0950 = \$7.60$ per month       |
| Biweekly Cost = $(\$7.60 \times 12) \div 26 = \$3.51$                         |

Your Employee Life Insurance coverage amounts will automatically be reduced when you attain age 70. **Under the benefit reduction schedule, benefits reduce to 65% at age 70, 40% at age 75, and 25% at age 80.** For additional details on reduction in your coverage due to your age, refer to the Life Insurance Summary Plan Description on **CHIP**.

NOTE: No one may be covered more than once under this Life Insurance plan. If covered as an employee, you cannot also be covered as a dependent. A person may be insured only once under the Voluntary Life portion of the policy as an employee, spouse, or dependent child, even though he or she may be eligible under more than one class.

**At least one beneficiary is required and can be changed at any time.**

# Life Insurance

## Dependent Life Insurance

If you are a full-time employee, CaroMont Health offers Dependent Life Insurance for your spouse and eligible dependent children. In accordance with federal law, your Dependent Life Insurance coverage is deducted from your pay on an after-tax basis. Your options for Dependent Life Insurance are as follows:

### Dependent Spouse Life Insurance

Coverage for your spouse cannot exceed 50% of your combined Employee Basic and Supplemental Life Insurance coverage amount. Evidence of Insurability (EOI) will be required when you increase your spouse's current coverage level. The cost for spouse life insurance coverage is based upon the employee's age. See the employee age/premium chart on page 22.

| OPTION | COVERAGE LEVELS |
|--------|-----------------|
| 1      | \$5,000         |
| 2      | \$10,000        |
| 3      | \$25,000        |
| 4      | \$50,000        |
| 5      | \$75,000        |
| 6      | \$100,000       |

### Calculating Dependent Spouse Life Insurance

The example below shows how to calculate the biweekly cost of Dependent Spouse Life Insurance.

|   |
|---|
| If employee is 48 years old and spouse wants \$10,000 in coverage, the cost would be determined as follows: |
| Life Insurance is 0.1440 per \$1,000 of coverage  |
| $\$10,000 \div \$1,000 = \$10$  |
| $\$10 \times 0.1440 = \$1.44$ per month   |
| Biweekly Cost = $(\$1.44 \times 12) \div 26 = \$0.66$ per pay period  |

Your spouse's life insurance amount will automatically be reduced when you attain age 70. **Under the benefit reduction schedule, benefits reduce to 65% at age 70, 40% at age 75, and 25% at age 80.** For additional details on reduction in your coverage due to your age, refer to the Life Insurance Summary Plan Description on **CHIP**.

### Dependent Child(ren) Life Insurance

Eligible dependent children include newborn children from live birth up to their 26th birthday. There is a \$1,000 benefit limit for children from live birth up to six months of age. Dependent children age six months up to their 26th birthday are eligible for the \$5,000 or \$10,000 coverage level. Evidence of Insurability (EOI) is not required to cover dependent children.

| OPTION | COVERAGE AMOUNT FOR EACH COVERED CHILD | COST PER PAY PERIOD |
|--------|--|---------------------|
| 1      | \$5,000                                | \$ 0.28             |
| 2      | \$10,000                               | \$ 0.55             |

### Voluntary Accidental Death and Dismemberment (AD&D)

Voluntary AD&D Insurance provides a benefit if you die or lose a limb or eyesight as the result of an accident. CaroMont Health automatically provides you with \$20,000 of AD&D coverage at no cost to you if you are a full-time employee. You can elect additional coverage (Options 2 to 4) for an additional cost.

| OPTION | COVERAGE AMOUNT                      | COST PER PAY PERIOD |
|--------|--------------------------------------|---------------------|
| 1      | \$20,000                             | None                |
| 2      | \$40,000 (+ \$20,000 employer-paid)  | \$0.20              |
| 3      | \$80,000 (+ \$20,000 employer-paid)  | \$0.41              |
| 4      | \$230,000 (+ \$20,000 employer-paid) | \$1.17              |

**Please note:** Your Voluntary AD&D coverage amount will automatically be reduced when you attain age 70. **Benefits reduce to 65% at age 70, 40% at age 75, and 25% at age 80.** For additional details on reduction in your coverage due to your age, you may refer to the Life Insurance Summary Plan Description on **CHIP**. Evidence of Insurability (EOI) is not required for AD&D coverage.

### Evidence of Insurability

Evidence of Insurability (EOI) is proof of your physical condition, occupation, and other factors that could affect your eligibility for insurance coverage. Based on the level of coverage you select, you may be required to submit an EOI form. New York Life must approve your request before your new coverage level can go into effect.

## GUARANTEED ISSUE RULES

**New Hires/Newly Eligible employees** are guaranteed issue/approval for Supplemental Life up to the lesser of 3x your annual salary or \$500,000. Spouse Life guaranteed issue is \$50,000 (cannot elect more than 1/2 of employee's total coverage).

# Whole Life Insurance and Long-Term Care Rider

A benefit that protects your loved ones from the burden of final expense costs while you are gone, plus long-term care coverage for costly long-term care expenses while you are still alive.

Whole Life Insurance offered through **Unum** is a benefit available for election **only during Annual Enrollment**. It can pay money to your family if you pass away, helping them with basic living expenses, final arrangements, tuition costs and more. Once you've bought coverage, your cost won't increase as you age. The benefit amount will stay the same, too – it won't decrease as you get older. This means you can receive affordable protection throughout your working years and into retirement.

Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%.\* You can borrow from that cash value, or you can buy a smaller, paid-up policy with no more premiums due.

## Coverage Options

- **For Yourself:** You can purchase a minimum benefit amount of \$10,000 to a maximum of \$100,000 (in \$10,000 increments) for yourself if you are between 15 and 80 years old.
- **For Your Spouse:** Even if you do not purchase coverage for yourself, you can purchase a minimum benefit amount of \$10,000 to a maximum of \$30,000 (in \$10,000 increments) for your spouse between the ages of 15 to 80. If you leave your employer, your spouse can keep their individual coverage and be billed at home.
- **For Your Child(ren):** You can purchase a minimum benefit amount of \$5,000 up to a maximum of \$20,000 (in \$10,000 increments) for each eligible dependent, even if you do not purchase coverage for yourself. If you leave your employer, your dependent(s) can keep their individual coverage.

See the next page for additional details about Long-Term Care coverage and sample coverage rates.

### The Benefits of Buying Whole Life and Long-Term Care Insurance Now

- Whole Life is more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it
- The cost can be conveniently deducted from your paycheck
- Whole Life gives you valuable protection in addition to any term life insurance you might have
- Long-Term Care can help protect your savings from being drained by expensive long-term care, and you can use the benefit whether you receive care in a long-term care or assisted living facility

\*The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.



# Whole Life Insurance and Long-Term Care

## Whole Life Sample Coverage Amounts\*

You'll receive coverage as long as you continue making your payments. Whole Life Insurance costs are based on your age when coverage is issued and whether you use tobacco. See sample coverage amounts and weekly costs below.

| \$10,000 COVERAGE |               |                             |
|-------------------|---------------|-----------------------------|
| ISSUE AGE         | BIWEEKLY COST | GUARANTEED CASH VALUE AT 65 |
| 25                | N/A           | N/A                         |
| 35                | N/A           | N/A                         |
| 45                | \$9.12        | \$2,798                     |
| \$20,000 COVERAGE |               |                             |
| ISSUE AGE         | BIWEEKLY COST | GUARANTEED CASH VALUE AT 65 |
| 25                | \$8.38        | \$7,728                     |
| 35                | \$11.38       | \$6,899                     |
| 45                | \$18.22       | \$5,595                     |
| \$30,000 COVERAGE |               |                             |
| ISSUE AGE         | BIWEEKLY COST | GUARANTEED CASH VALUE AT 65 |
| 25                | \$12.58       | \$11,592                    |
| 35                | \$17.08       | \$10,348                    |
| 45                | \$27.34       | \$8,393                     |

\*Sample amounts shown are for non-tobacco users.

Cash values may vary for policies effective prior to 1/01/2022.

## Long-Term Care

Long-Term Care (LTC) helps shield your savings from the high costs of long-term care received in a long-term care or assisted living facility. The benefit pays a 6% monthly benefit for either long-term care facility or assisted living facility, less any policy debt at the end of the waiting period, until the death benefit is exhausted (approximately 16 months).

The example below shows how a long-term care rider can help you finance a period of long-term care. This illustration is based on an individual who has a \$35,000 Life Insurance policy.\*\*

| LONG-TERM CARE COVERAGE  |                   |
|--|-------------------|
| LTC pays a 6% monthly benefit for either LTC facility benefit or assisted living facility benefit.<br><br>Payments reduce the death benefit until exhausted (approximately 16 months). | \$2,100 per month |

For more information about Whole Life and Long-Term Care, please visit [www.unum.com/employees](http://www.unum.com/employees) > Life Insurance > Whole Life Insurance or call Unum directly at 1-866-679-3054.

\*\*Assumes there are no outstanding policy loans.

# Disability Insurance

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

## Short-Term Disability (STD) and Long-Term Disability (LTD)

CaroMont Health’s STD and LTD benefits through **New York Life** are combined benefits for full-time employees. When you select an LTD option, you automatically receive an STD benefit provided at no cost to you. You pay for the LTD insurance with after-tax dollars.

Benefits from the LTD plan coordinate with other disability income replacement benefits, such as Social Security or workers’ compensation. Therefore, the combined income you receive from the plan and other sources will equal the percentage of pay you choose through your LTD option. The maximum monthly benefit for LTD is \$9,500. The maximum weekly benefit for STD is \$2,100. The following chart shows your LTD options and the corresponding STD benefits.

| OPTION | SHORT-TERM DISABILITY                | LONG-TERM DISABILITY                  | COST         |
|--------|--------------------------------------|---------------------------------------|--------------|
| 1      | 60% of pay;<br>60-day waiting period | 60% of pay;<br>180-day waiting period | None         |
| 2      | 60% of pay;<br>30-day waiting period | 60% of pay;<br>90-day waiting period  | See formula* |

*\* To compute the cost of Option 2, divide your monthly pay by 100 and multiply by \$0.2472. Then multiply that number by 12 and divide by 26. This is your biweekly cost.*

| EXAMPLE: AN EMPLOYEE WITH A MONTHLY PAY OF \$2,475.20 |
|---|
| $\$2,475.20 \div 100 = \$24.752$                      |
| $\$24.752 \times 0.2472 = \$6.118$                    |
| $\$6.118 \times 12 = \$73.42$                         |
| $\$73.42 \div 26 = \$2.82$                            |

The employee’s estimated biweekly cost would be \$2.82.

### NEW EMPLOYEES

New Hires/Newly Eligible are guaranteed issue (GI) for Option 2 disability (LTD) if elected when first eligible. Future changes would require Evidence of Insurability (EOI) prior to approval for Option 2.



# Benefit Extras

## New York Life Services

Don't miss out on these great services from New York Life. More information about these services are available on the Human Resources page on **CHIP**.

### WELLNESS SUPPORT

- **Employee Assistance Program:** Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance.
- **Guidance Resources:** When you need information quickly to help handle life's challenges, you can visit **guidanceresources.com** for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto.
- **Well Being Coaching:** Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.
- **Family Source:** Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

### FINANCIAL, LEGAL & ESTATE SUPPORT

- **Financial Connect:** You and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS™ (CFP®) and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.
- **Legal Connect:** This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft.
- **Estate Guidance:** This online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively. Estate Guidance® walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms.
- **Secure Travel:** Offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home.

## CaroMont Discount Program

Employees and their covered dependents on CaroMont's health plan are eligible for a prompt payment discount to reduce balances for health care services provided by CaroMont Health. Employees using PTO will receive a 25% discount for out-of-pocket expenses. Employees paying via cash, credit card, loan program or payroll deduction, will receive a 15% out-of-pocket discount. Payment arrangements must be initiated no later than 60 days from the billing of the patient balance to receive the prompt pay discount. For more information, contact Business Services at **1-704-834-2931**.

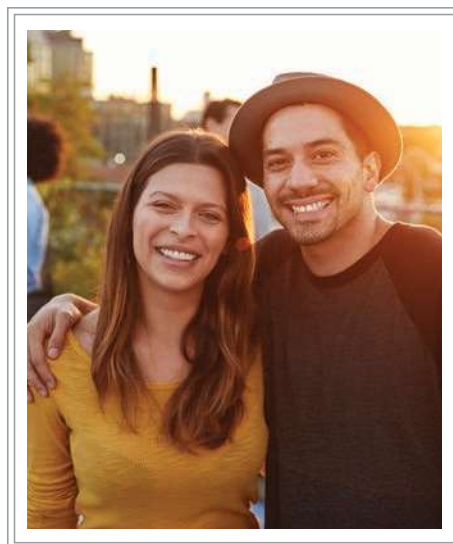
## Education Reimbursement Program

Full-time and part-time employees are eligible. Employees need to complete an Application for Education Reimbursement Program during the application window prior to the semester in which you are seeking assistance. More information, including the application, application windows, and reimbursement process, can be found on the Learning & Development page on **CHIP**.

Scholarships are also available through the CaroMont Health Foundation.

## Cafeteria Discount

Cafeteria meals for employees are available at reduced rates. Employees must show their ID badges at checkout. Payroll deduction is also available for meals purchased in the hospital cafeteria.



# Retirement

## 403(b) Retirement Savings Plan

All employees are eligible to participate in the 403(b) Retirement Savings Plan offered through Lincoln Financial Group. If you're eligible, CaroMont will contribute to your 403(b) savings plan account in **three ways**:

**1. Annual automatic non-elective contributions.** You will receive an annual automatic contribution based on your years of service. You don't have to contribute to the 403(b) savings plan to receive this contribution. The automatic contribution starts after you've worked for us for at least 12 months. To receive the automatic employer contribution, you must be employed by CaroMont on the last day of the plan year (December 31) and have completed at least 1,000 hours of service during the year.

| SERVICE    | ANNUAL AUTOMATIC CONTRIBUTION |
|------------|-------------------------------|
| 1-5 years  | 1.5% of pay                   |
| 6-10 years | 2.0% of pay                   |
| 11+ years  | 3.0% of pay                   |

**2. Matching contributions.** CaroMont will match **100% of the first 3%** of pay you contribute to your 403(b) savings plan account. CaroMont's matching contributions and enhanced matching contributions start after you've worked for us for at least 12 months and have worked at least 1,000 hours. You must also be working in a full-time or part-time benefits-eligible status to receive the match.

**3. Enhanced matching contributions.** CaroMont will then match **25% of the next 4%** you contribute. Consider saving at least 7% of your pay in the 403(b) savings plan to get the maximum matching contribution from CaroMont.

Annual contributions are a before-tax deduction, and the maximum contribution amounts are determined by the IRS. Catch-up contributions are available for those age 50 and older. Contact Lincoln Financial Group at **1-800-234-3500** for questions regarding your account or to enroll. Visit **www.LFG.com**.

You may also contact the Lincoln Financial Group Retirement Consultant that services CaroMont's account at **1-704-834-2477**. Contact the CaroMont Health representative to schedule a meeting to discuss your account. Refer to **CHIP** for onsite times and locations.





# Benefit Extras

## Lincoln WellnessPATH®

Wellness isn't just about physical health. Emotional and financial components also play a key role in your overall well-being. Lincoln WellnessPATH® provides tools and personalized steps to manage your financial life. Whether it's creating a budget, building an emergency fund or paying down debt, the easy-to-use online tool helps you turn information into action so you can focus on short- and long-term goals, such as saving for retirement or providing proactive protection for your loved ones.

### How it works:

1. Log in to **LincolnFinancial.com/WellnessPATH**.
2. On the account summary page, go to the **Financial wellness** tab.
3. Select the **Find your path** button.

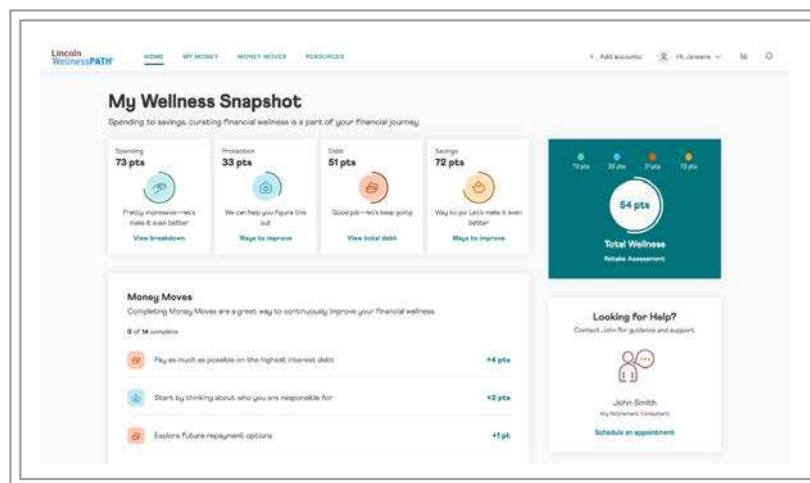
The first time you use the tool, you'll take a short quiz to help you set goals so you can immediately take action. Answer a few simple questions (such as, "Do you rent or have a mortgage?") and receive a financial wellness score that analyzes your spending, protection, debt, and savings.

On the dashboard, you can quickly see if you're on target to meet your goals. If you have areas that need improvement, Lincoln WellnessPATH® provides actionable steps:

- Easy wins you can achieve now
- To-do lists to help you in the short-term
- Personalized goals for the long-term

Once you reach a milestone, you're prompted to set new goals to continue improving your financial wellness.

Log in to **LincolnFinancial.com/WellnessPATH** to start using the tool.



# Time Off

## Paid Time Off (PTO)

**Full-time and part-time benefits-eligible employees (may not apply to providers based on contract)**

Paid Time Off (PTO) combines vacation, holiday, bereavement, and sick hours into one bank and is available to full-time and part-time benefits-eligible employees. Hours are accrued per pay period, based upon years of service and hours worked. Accruals begin upon employment, and accrued PTO is available to employees immediately. Employees may donate PTO to another employee at any time and for any reason during the year as long as a 40-hour balance is maintained in the PTO bank.

Nonexempt (hourly) employees are eligible to cash in PTO. Employees who choose to cash in PTO time will be subject to a 10% penalty due to IRS regulations. This means that PTO will be cashed out at 90% of its value. The 10% penalty applies to both PTO taken in cash and cashed-in PTO used to make CaroMont Health medical expense payments. If you cash in PTO to make CaroMont medical expense payments, then CaroMont will discount your bill by 10%. The penalty does not impact PTO donations to other employees or made to the Foundation.

The above information does not apply to Providers in the NPPD program. Please refer to the NPPD policy for details.

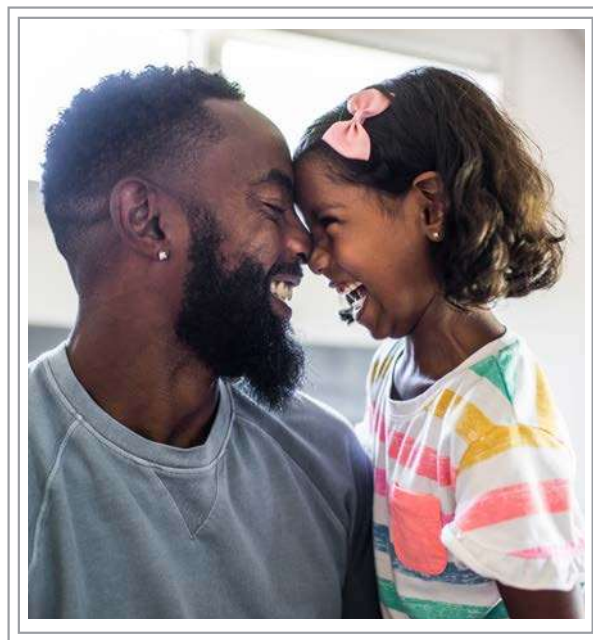
## Short-Term Income (STI)

**Full-time and part-time benefits-eligible employees (may not apply to providers based on contract)**

Short-Term Income (STI) is available to full-time and part-time benefits-eligible employees. This benefit provides income due to short-term illnesses or disability. STI may be built by transferring PTO hours into STI at any time during the year.

To be eligible, a 40-hour minimum must be maintained in the PTO bank. PTO hours transferred will be matched hour for hour up to 40 hours by CaroMont Health per fiscal year. STI hours may be used after a waiting period of one scheduled work week per incident and can be used only for employee illnesses, employee surgeries, or other absences due to the employee's own medical condition. STI may not be used for absences due to family members.

The above information does not apply to Providers in the NPPD program. Please refer to the NPPD policy for details.



## Leave of Absence

**FMLA:** Must complete one year of service and have worked 1,250 hours in the past year.

**NON-FMLA:** Can be granted after 120 days of employment. Not protected leave; based on manager approval, except for military leave.

*Refer to the policies for details.*

## Notice of Enrollment Rights

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 provided you request the enrollment within 30 calendar days of the marriage, birth, adoption, or placement for adoption. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan provided that you request enrollment within 30 calendar days after your other coverage ends. Special enrollment can be requested only after losing eligibility for the other coverage or after employer contributions for the other coverage ends. An individual does not have special enrollment rights if the loss of coverage is the result of the individual's failure to pay premiums.

## Important Notice

For notices regarding Health Care Reform, mastectomy benefits (Women's Health and Cancer Rights Act of 1998), Medicare Creditable Prescription Drug Coverage, COBRA Coverage, and the Children's Health Insurance Program, please visit **CHIP** and view/print the 2025 Compliance Guide.

# Contact Information

| BENEFIT   | CONTACT                     | PHONE NUMBER   | WEBSITE                           |
|---|-----------------------------|----------------|-----------------------------------|
| Medical   | Aetna                       | 1-833-860-0389 | www.aetna.com                     |
| Prescription  | Express Scripts             | 1-866-834-0478 | www.express-scripts.com/caromont  |
| Dental  | Delta Dental of NC          | 1-800-524-0149 | www.deltadentalnc.com             |
| Vision  | Community Eye Care          | 1-888-254-4290 | www.communityeyecare.net          |
| Flexible Spending Accounts (FSAs)                         | Inspira Financial           | 1-844-729-3539 | mybenefits.inspirafinancial.com   |
| 403(b) Retirement Savings Plan                            | Lincoln Financial Group     | 1-800-234-3500 | www.LFG.com                       |
| Hospital Indemnity, Critical Illness & Accident Insurance | Aetna                       | 1-800-998-3797 | www.myaetnasupplemental.com       |
| Life Insurance  | New York Life               | 1-800-238-2125 | www.mynylgbs.com                  |
| Whole Life Insurance with Long-Term Care                  | Unum                        | 1-866-679-3054 | www.unum.com/employees/contact-us |
| Disability  | New York Life               | 1-800-238-2125 | www.mynylgbs.com                  |
| Identity Theft Protection                                 | IDResources                 | 1-800-311-4327 | www.guidanceresources.com         |
| Travel Assistance   | International Medical Group | 1-855-847-2194 | assist@imglobal.com               |
| Will Preparation  | Compsysch                   | 1-888-327-4260 | www.guidanceresources.com         |
| Wellness Programs   | —                           | 1-704-834-3081 | CHIP                              |
| Employee Assistance Program (EAP)                         | McLaughlin Young Services   | 1-800-633-3353 | www.mygroup.com                   |
| Path-Weigh  | —                           | 1-704-671-7855 | CHIP                              |
| VW Reimbursement Program                                  | —                           | 1-704-834-3081 | CHIP                              |

For additional information, contact Human Resources at **[www.Human-Resources@CaroMontHealth.org](mailto:www.Human-Resources@CaroMontHealth.org)** or visit **CHIP**.



## Enroll by Phone

Call **1-855-228-2419** to speak with a representative 8:30 a.m. - 5:00 p.m. (ET), Monday – Friday.



## Questions?

For more information, visit **[MyCaroMontBenefits.com](http://MyCaroMontBenefits.com)**



*NOTE: Actual plan provisions for CaroMont Health ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.*