

2022
B E N E F I T
E N R O L L M E N T
G U I D E



CaroMont Health

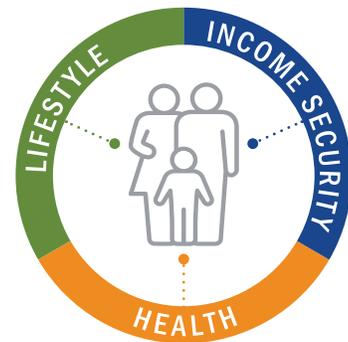
Your benefits. Your future.

2022



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 – (704) 834-2141

What's Inside

Finding the information you need is quick and easy.

Table of Contents

WHO WE COVER	4
ENROLLING ONLINE	5
CHANGING YOUR BENEFITS	6
MEDICAL INSURANCE	7
YOUR 2022 MEDICAL PLAN SUMMARY	8
PRESCRIPTION PLAN	9
PRESCRIPTION DRUG BENEFITS	10
HEALTH REIMBURSEMENT ACCOUNT (HRA)	11
EARNING HRA DOLLARS	12
ACCIDENT INSURANCE	13
HOSPITAL INDEMNITY INSURANCE	14
DENTAL PLAN	15
VISION PLAN	16
WELLNESS PROGRAMS	17
FLEXIBLE SPENDING ACCOUNTS (FSAs)	19
LIFE INSURANCE	21
DISABILITY INSURANCE	23
BENEFIT EXTRAS	24
RETIREMENT	25
TIME OFF	26
CONTACT INFO	27

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; Hospital Indemnity and Accident Insurance; and 403(b) Retirement Savings Plan.

If you are a part-time employee, you are also 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 Hospital Indemnity 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 and/or birth certificates** for your eligible dependents you are adding to the plans. **If you do not provide this information within the deadline, you will no longer receive coverage for your eligible dependents.**

How To Enroll

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).

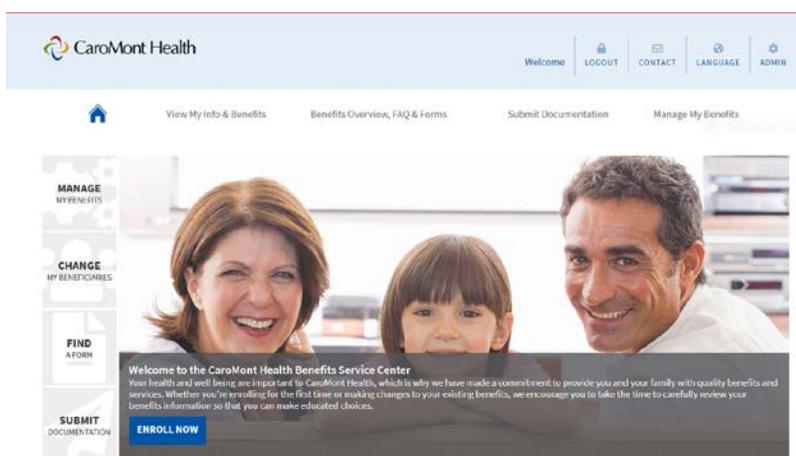
To Enroll Online:

Go to the online portal at **MyCaroMontBenefits.com**. Log in using your Employee ID Number and the last four digits of your Social Security number.



Once you have logged in, the system will know who you are, what plans you are eligible for, and what transactions are available to you.

- Your personalized dashboard will show important messages and available enrollment transactions.
- On the top, you can find commonly used navigation links to your benefits, forms, FAQs, and helpful information.
- As you scroll down, you will find the description of benefit programs that are available to you.
- The lower left portion of your dashboard will show your current benefit selections.
- If adding a spouse or dependents, information about required documentation can be found under the **FORMS** tab and clicking the dependent verification link to download the form.
- You can upload documents – Submit Documentation/How Do I Submit Documents.



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.

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 31 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 31-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:

- Hospital Indemnity Insurance
- Accident Insurance
- Supplemental Employee Life Insurance
- Dependent Life Insurance
- Voluntary Accidental Death and Dismemberment
- Long-Term Disability Insurance

NEW EMPLOYEES

If You Do Not Enroll

If you were hired after January 1, 2022, 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 DEFAULT COVERAGE
Medical	No coverage
Dental	No coverage
Vision	No coverage
Employee Life Insurance	1 x salary
Employee Accidental Death and Dismemberment Insurance	\$20,000
Dependent Life Insurance for Spouse	No coverage
Dependent Life Insurance for Children	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.

If you were hired after January 1, 2022, 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.

For more information about the CaroMont Health medical plan, refer to the **Summary of Benefits and Coverage (SBC)** on **CHIP** under the Human Resources page. A comprehensive **Summary Plan Description (SPD)** document will be available on **CHIP** in April 2022. To request a copy of the SPD, once available, please contact Human Resources at **704-834-2141**.

CaroMont's medical plan is a Preferred Provider Organization Health Plan, 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 go to <https://www.aetna.com/caromont>, or call **Aetna Member Services at: 1-833-860-0389**. This plan has three components: a Health Reimbursement Account (HRA), a calendar year deductible, and coinsurance.

Health Reimbursement Account

The medical plan 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.

- 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 12 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.

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.

Calendar Year Deductible

The medical plan deductible depends on the coverage level you select. You must meet the deductible before the plan begins to pay a portion of the covered expenses; however, any available balance in your HRA reduces your deductible.

COVERAGE LEVEL	TIER 1	TIER 2	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 II, the plan pays 100% for all remaining covered services through the end of the plan year.

Your 2022 Medical Plan Summary

Preferred Provider Organization Health Plan (PPO) benefits vary depending on where you go for care. The **Tier 1 (Maximum Savings)** network is comprised of CaroMont and other approved providers/facilities, along with an extended **Tier 1 (Standard Plus Savings)** provider network. **Tier 2 (Standard Savings)** providers are Aetna network doctors and facilities. **Tier 3** providers are out-of-network doctors and facilities. The link to the Aetna Provider Search can be found on **CHIP** under the Human Resources page.

Plan Feature	Enhanced Tier 1	Tier 2	Out of Network
	Max Savings: CaroMont/Approved providers & Facilities Standard Plus Savings: Expanded Tier 1 options	Standard Savings: Full Aetna Network	
Maximum Out-of-Pocket (includes yearly deductible, HRA Fund, and coinsurance) <ul style="list-style-type: none"> • Employee Only • Employee + Spouse • Employee + Child(ren) • Family 	\$4,500 \$5,500 ¹ \$5,500 ¹ \$6,500 ¹	\$5,500 \$6,500 ¹ \$6,500 ¹ \$7,500 ¹	No max
Physician Office or Clinic Visit	90% after deductible	65% after deductible	50% after deductible
Preventive Visits (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
Outpatient, Non-Emergency MRIs, CAT Scans, PET Scans*	90% after deductible	Not covered*	Not covered
Non-Routine (non-preventive) Non-Emergency Colonoscopies	90% after deductible	65% after deductible	50% after deductible
Hospital Services (room and board, inpatient physician services)	90% after deductible	65% after deductible	50% after deductible
Specialty Drug Infusions	90% after deductible	65% after deductible	50% after deductible
Bariatric Surgery** (required to use Hickory Surgical Clinic and Catawba Valley Medical Center)	N/A	75% after deductible	Not covered
Non-Emergency Joint Replacement Surgeries	90% after deductible	Not covered	Not covered
Outpatient Surgery	90% after deductible	65% after deductible	50% after deductible
Outpatient X-Ray and Lab	90% after deductible	65% after deductible	50% after deductible
Emergency Room Visits (true emergency)	80% after deductible		
Urgent Care Facility	90% after deductible	80% after deductible	50% after deductible
Occupational, Physical, Speech Therapy (for limitations refer to the Summary of Benefits and Coverage (SBC) on CHIP under the Human Resources page)	90% after deductible	65% after deductible	50% after deductible
Durable Medical Equipment	80% after deductible	80% after deductible	50% after deductible
All Other Covered Charges	90% after deductible	65% after deductible	50% after deductible

¹Each covered individual will pay no more than the individual maximum out-of-pocket until the full out-of-pocket amount is met.

*If member address is 100 miles outside the closest CaroMont facility, claim will be paid as a Tier II benefit at 70% after deductible if the provider is within Aetna network.

**Requires approval by PATH-WEIGH program.

Save Money: Use CaroMont Providers

The medical plan provides you with a significant discount when you receive care within the CaroMont health care system. The plan's Standard Savings benefit level is designed to pay 65% (after both the HRA is exhausted and the higher deductible is met) for Tier 2 Aetna network providers. When you stay within CaroMont, however, the majority of services are paid at 90% after the HRA and deductible. Review the chart on page 8 to see how Tier 1 benefit levels compare to Tier 2 (Aetna) and Out of Aetna network providers.

Prescription Plan

Prescription coverage is included in your medical plan choice. Please note: You will receive a Pharmacy card separate from your Medical card. 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
Generic	20% to a maximum of \$20/prescription	20% to a maximum of \$60/prescription	20% to a maximum of \$50/prescription
Preferred Brand	30% to a maximum of \$75/prescription	30% to a maximum of \$225/prescription	30% to a maximum of \$190/prescription
Non-Preferred Brand	45% to a maximum of \$100/prescription	45% to a maximum of \$300/prescription	45% to a maximum of \$250/prescription
Specialty Drugs**	If your Specialty Medication is not on the SaveonSP Drug list: \$100 flat copay If your Specialty Medication is on the SaveonSP Drug list: \$0 copay If your Specialty Medication is on the SaveonSP list and you do not join, you will be subject to pay the full cost of the medication		
Out-of-Pocket Maximum (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

Plan Feature	Full-Time Employee	Part-Time Employee
Employee	\$42.03	\$84.07
Employee + Spouse	\$202.10	\$404.20
Employee + Child(ren)	\$141.47	\$282.94
Employee + Family	\$262.72	\$525.44

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.

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.

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

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. Deposits to your HRA are made on a monthly basis.

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 **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.
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 

Coronavirus Resource Center →

Your HealthFund →

Well-being Resources → 

Mental Health Support & Services →

Cancer Support Center →

Joint Pain Support Center →

Click on "Well-being Resources" in the Member Resource section.

CaroMont Health REWARDS 00 / 000

Home My Health Coaching Challenges Resources Rewards Messages Email

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
Track Your Physical Activity	Earn HRA dollars when you complete at least 5,000 steps or 30 minutes of physical activity per day for at least 50 days within one quarter.	Evidence of completion can be done by connecting your activity device within the Aetna Member Engagement Platform (MEP) or you can manually enter steps. For this list of devices and instructions on how to connect, check out the Aetna MEP site at www.aetna.com .	\$75 per quarter
Healthy Weight	Maintain or improve your BMI or maintain a healthy waist circumference. CaroMont Health's standards are as follows: Accepted BMI range: 18.5–27.5 Underweight: less than 18.5 Overweight: 27.6–29.9 High Risk: 30–34.9 Very High Risk: 35–40 Extreme Risk: greater than 40 Accepted Female Waist Circumference: ≤35 Accepted Male Waist Circumference: ≤40	Visit the Employee Well-Being page on CHIP and follow the instructions under “Healthy Weight.”	\$25 per quarter
Tobacco Free Credit	In order to claim this credit, the employee and all dependents covered on the health plan must be tobacco free.	Visit the Employee Well-being page on CHIP for instructions on how to claim this credit.	\$50 maximum; one per covered employee
Preventive Care Activities	Health Screening: Get at least 1 of the following preventive age-appropriate tests/ screens: <ul style="list-style-type: none"> • Annual physical • PSA test (for men) • Cervical cancer screening (for women) • Mammogram (for women) • Colorectal cancer screening 	Evidence of test/screen comes from Aetna claims processing; no further action is needed.	\$50 maximum; one per covered employee
Wellness Coaching	Meet with a Wellness Coach once during the calendar year to discuss current health status, health goals, and behavior changes to reach your goals.	Documentation from Wellness Coach	\$50 maximum; one per covered employee
Positively Pregnant Program	<ul style="list-style-type: none"> • Begin prenatal care and enroll in the Positively Pregnant Program by the end of the 16th week of pregnancy. • Complete 1 appointment with the CHC and 1 appointment with the EWD. • Remain free of tobacco, alcohol, and other harmful drugs during pregnancy. • Attend all scheduled appointments with your prenatal health care provider. • Follow all recommendations made by your prenatal health care provider. 	Documentation from the Clinical Health Coach (CHC) and the Employer Wellness Dietician (EWD).	\$100

Accident Insurance

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

Accident Insurance through Prudential 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 on board 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.

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.

Accident Plan

Plan Feature	Rates
Employee	\$4.17
Employee + Spouse	\$6.90
Employee + Child(ren)	\$7.90
Employee + Family	\$12.57



How Accident Insurance Works

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

Sam will reach and pay the \$3,000 annual out-of-pocket max for an individual but will then receive a benefit of \$1,510.

How Sam's Accident Benefit Was Calculated:

Medical Service	Benefit
Emergency Room	\$ 150
Outpatient Surgery	\$ 300
Ligament Surgery	\$ 750
Anesthesia	\$ 100
Physical Therapy	\$ 210
	(\$35 per visit for six visits)

TOTAL BENEFIT \$1,510

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 Prudential.

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 Prudential 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
- Emergency Room (if you are admitted)

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required during Annual Enrollment, as new hires on board 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 benefit will cover an additional 25% for treatment received within the CaroMont Health Network.

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.

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 \$1,812.50.

How Cindy's Hospital Indemnity Benefit Was Calculated:

Medical Services	Benefit	Total
Hospital Admission	\$1,250 per admission	\$1,250
Three-day Hospital Stay	\$187.50 per day	\$ 562.50

CINDY'S TOTAL BENEFIT \$1,812.50

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 \$150 a day if she did not go to a CaroMont facility. Since she went to a CaroMont facility, the benefit covered an additional 25%.

***This plan is not payable for ER treatment, outpatient treatment, or stays of less than 18 hours. Hospital and ICU Admission are payable up to 1 time per calendar year. Hospital confinement is not payable for a stay less than 24 hours and is payable to a maximum of 3 confinements per calendar year. Hospital Confinement benefit is payable for up to 30 days per confinement. When an Admission Benefit is included, the Hospital Confinement Benefit begins on Day 2. Benefits are paid after you submit an eligible claim to Prudential. Hospital confinement maximums apply. See plan document for more details.

Hospital Indemnity Plan

Plan Feature	Rates
Employee	\$6.64
Employee + Spouse	\$11.52
Employee + Child(ren)	\$9.88
Employee + Family	\$15.56

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.

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

Plan Feature	Base Plan Full-Time Employee	Base Plan Part-Time Employee	Buy-Up Plan Full-Time Employee	Buy-Up Plan Part-Time Employee
Employee	\$5.87	\$9.10	\$9.66	\$12.89
Employee + Spouse	\$19.48	\$22.40	\$26.69	\$29.61
Employee + Child(ren)	\$20.99	\$24.14	\$31.42	\$34.57
Employee + Family	\$34.47	\$41.36	\$49.90	\$56.80

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. Since CaroMont Health pays the entire cost for these services, 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 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"> • Eye exam once a year (\$10 copay) • \$150 annual eyewear allowance (\$20 copay) • Standard contact lens fitting for new fits, or re-fits as needed (\$20 copay) 	<ul style="list-style-type: none"> • Eye exam once a year (\$10 copay) • \$350 annual eyewear allowance (\$20 copay) • Standard contact lens fitting for new fits, or re-fits as needed (\$20 copay)

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
<p>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.</p>	<p>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 CHIP on the Human Resources page or by calling CEC at 1-888-254-4290.</p>

Vision Plans

Plan Feature	150 Plan Full-Time Employee	150 Plan Part-Time Employee	350 Plan Full-Time Employee	350 Plan Part-Time Employee
Employee	\$3.22	\$3.22	\$9.85	\$9.85
Employee + Spouse	\$6.76	\$6.76	\$20.70	\$20.70
Employee + Child(ren)	\$6.12	\$6.12	\$18.75	\$18.75
Employee + Family	\$9.97	\$9.97	\$30.00	\$30.00

How to Use Your Vision Benefits

1. Go to 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.

Three Ways to Save on Eyewear

1. **Get a written prescription.** If you get an eye exam at a retail store, you will be encouraged (but are not required) to purchase eyewear at the same place. If you wish to shop around for the best price on eyewear, simply ask for your prescription in writing.
2. **Save online.** Online retailers can save you a lot of money on eyewear. All you need to do is give them a prescription. Ask around and get recommendations from friends and family who are already getting their eyewear online.
3. **Reuse your old frames.** You don't need to get new frames when you get a new prescription. Just have your new lenses inserted into your old frames. This can save you hundreds of dollars.

Wellness Matters

Path-Weigh

Maintaining a healthy weight is work that requires a lifetime. 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:

- **First Stop:** Schedule and meet with your Clinical Health Coach (CHC) at **704-671-7855**. This visit is free! At this stop, you and the CHC will discuss your weight loss goals and devise your personalized weight loss itinerary.
- **Second Stop:** A Wellness Dietitian will develop a personalized approach to address your nutrition needs and establish healthy behaviors.
- **Third Stop:** 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.

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**. If you have any questions, call **704-834-3081**. For help with registration, please call WW customer service at **1-866-204-2885**.

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 **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 **704-671-7855**.

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 **704-834-3081** or visit the **Employee Well-Being** page on **CHIP**.

Step Up to Shape Up

This is a team walking program for employees at CaroMont Health. The goal of this program is to get moving and to have fun.

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.

Stress Less

This program teaches employees new ways to identify, reduce, and control stress by embracing a new outlook on stressors and reshaping our mindsets.

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.

Wellness Coaching

Meet with a Wellness Coach who can provide you with the education, coaching, and support you need to begin making lasting healthy lifestyle changes. The Wellness Coach is available to provide you one-on-one coaching for weight loss, stress reduction, time management, tobacco cessation, establishing healthy nutrition habits, starting and sticking to a fitness plan, and making overall healthier choices.

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

Flexible Spending Accounts (FSAs)

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

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.



Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

HEALTH
CARE
FSA

Go to www.irs.gov/publications and select 502 for a complete list of Health Care FSA expenses.
Go to www.irs.gov/publications and select 503 for a complete list of Day Care FSA expenses.

DAY
CARE
FSA



Babysitters, daycare, day camp, home nursing care, etc.

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 \$2,850 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.
- You will receive an FSA card through PayFlex if you choose to elect. You may also view your FSA account balance, deposits, verify payments and file a claim online from your PayFlex account. Log in to mypayflex.com or access the PayFlex website from the Aetna member portal once logged in.
- For more information, contact the PayFlex Support team. Log in to your PayFlex account and click **Contact Us** under Help & Support or call **888-678-8242**.

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 PayFlex.**

**Please note: This is the 2021 Annual Maximum Limit for the Day Care FSA. Upon publication, 2022 Day Care FSA Annual Maximum Contribution was not yet available.*

***In 2021, highly-compensated employees were limited to an annual maximum contribution of \$995 to the Day Care FSA. If you are determined to be a highly compensated employee in 2022, you may be subject to a similar contribution maximum. If you anticipate your annual earnings to be \$125,000 or more for 2022, we recommend that you elect an annual amount of no greater than \$995.*

ANNUAL MAXIMUM CONTRIBUTION	
Health Care Flexible Spending Account	\$2,850
**Day Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)

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 2022, you may only contribute \$3,000 under the CaroMont plan for the remainder of the 2022 plan year.

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 PayFlex Card. Use your PayFlex Card to pay for health care expenses. To view a list of eligible expenses, log in to your PayFlex account by visiting mypayflex.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 PayFlex, log in to your PayFlex member website and click **Contact Us** under Help and Support or call **888-678-8242**. You can also access PayFlex 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 PayFlex 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 a PayFlex 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.

Day Care FSA

Please note: In 2021, highly compensated employees were limited to an annual maximum contribution of \$995 to the Day Care FSA. If you are determined to be a highly compensated employee in 2022, you may be subject to a similar contribution maximum. If you anticipate your annual earnings to be \$125,000 or more for 2022, we recommend that you elect an annual amount of no greater than \$995.

Access Your FSA Online

1. Go to www.mypayflex.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 Payflex 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 PayFlex 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 expenses are eligible for FSA? View this comprehensive list of FSA expenses.

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.

Life and Disability benefits are administered by Prudential. 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 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 Prudential at no cost to you.

BASIC TERM LIFE	The benefit is equal to 1x your base annual earnings to a maximum of \$500,000.
BASIC AD&D	The benefit is \$20,000.

Supplemental Life Insurance

Supplemental Life is in addition to Basic Life Insurance and is available to full-time employees for an additional cost. When you elect any additional coverage in excess of your current coverage level, you will be required to submit an Evidence of Insurability (EOI) form. Maximum coverage for Supplemental Life is \$750,000. You have the option to purchase Supplemental Life Insurance in the amount of 1x to 5x your annual salary.

Calculating Supplemental Life Insurance

Premiums for Supplemental 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 = \$19,200
Annual salary used to calculate insurance = \$20,000
Employee selected Option 2 (2x annual salary) supplemental benefit = \$40,000
Monthly Cost = $\$40,000 \div 1,000 \times 0.0950 = \3.80 per month
Biweekly Cost = $(\$3.80 \times 12) \div 26 = \1.75

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 21.

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.**

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 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. Prudential 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).

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 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; 60-day waiting period	60% of pay; 180-day waiting period	None
2	60% of pay; 30-day waiting period	60% of pay; 90-day waiting period	See formula*

* To compute the cost of Option 2, divide your monthly pay by 100 and multiply by \$0.28. Then multiply that number by 12 and divide by 26. This is your biweekly cost.

EXAMPLE: AN EMPLOYEE WITH A MONTHLY PAY OF \$2,041.67
$\$2,041.67 \div 100 = \20.4167
$\$20.4167 \times 0.28 = \5.7167
$\$5.7167 \times 12 = \68.6001
$\$68.6001 \div 26 = \2.6385

The employee's estimated biweekly cost would be \$2.64.

NEW EMPLOYEES

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

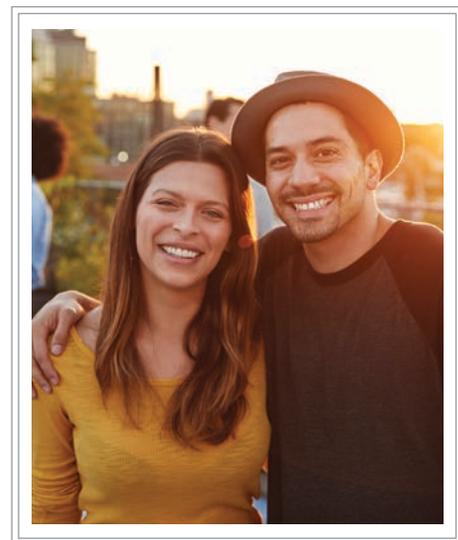


Benefit Extras

Prudential Services

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

- **Beneficiary Services.** This is a comprehensive service that offers financial counseling, bereavement, and legal counseling. Eligible to beneficiaries of a covered Life/AD&D employee or dependent.
- **Travel Assistance Services.** This service is provided to employees through IMG and offers: Medical Assistance, Emergency Medical Transport, Travel Assistance, and Security Services, as well as accessible technology through the IMG Travel Intelligence App
- **Will Preparation.** This online interactive tool helps you and your spouse prepare a will and other legal documents. Living Wills/Power of Attorney and Final Arrangements are also available to eligible employees covered by any of the Prudential plans. An additional cost may apply for some services. Your company Web ID: FPP311
- **Identity Theft Protection.** This benefit is offered through IDResources and includes: Assistance navigating the identity restoration process, notifying creditors and banks, contacting police to ensure police reports are filed, and more. IDResources also provides counseling to address emotional issues related to identity theft, financial info from staff CPAs or CFPs to address credit issues, and much more. Your company Web ID: FPP311



CaroMont Discount Program

Employees and their covered dependents on CaroMont's health plan are eligible for a prompt payment discount to reduce balances for healthcare 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 **704-834-2931**.

Education Reimbursement Program

Full-time and part-time employees are eligible. Employees need to complete an Application for Education Reimbursement Program. The application and more information on the reimbursement process can be found on the Learning & Development page on **CHIP**.

Scholarships are also available through the CaroMont Health Foundation and the Volunteer Auxiliary.

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 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 or at **1-800-234-3500** for questions regarding your account or to enroll.

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



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.

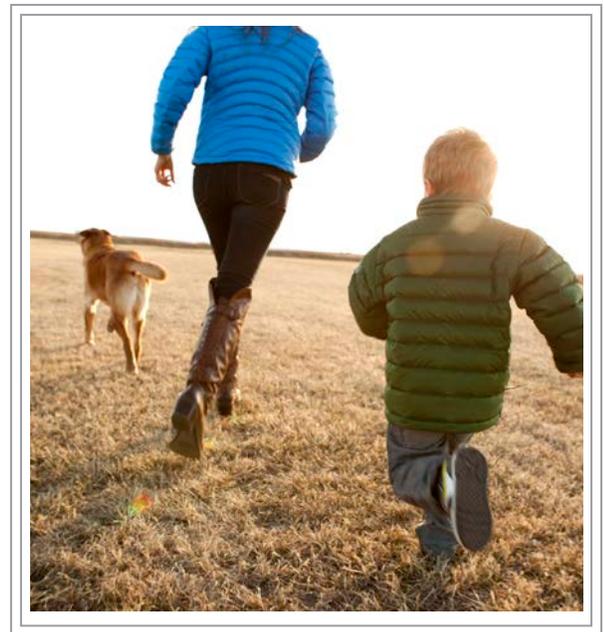
Nonexempt (hourly) employees are eligible to cash in PTO. Employees who choose to cash in PTO time will be subject to a 10% penalty due to IRS regulations. This means that PTO will be cashed out at 90% of its value. The 10% penalty applies to both PTO taken in cash and cashed-in PTO used to make CaroMont 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.

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.



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 Act of 1998), Medicare Creditable Prescription Drug Coverage, COBRA Coverage, and the Children's Health Insurance Program, please visit **CHIP** and view/print the 2022 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)	PayFlex	1-888-678-8242	mypayflex.com
403(b) Retirement Savings Plan	Lincoln Financial Group	1-800-234-3500	www.LFG.com
Hospital Indemnity & Accident Insurance	Prudential	1-844-455-1002	www.prudential.com/mybenefits
Life Insurance	Prudential	1-888-598-5671	www.prudential.com/mybenefits
Disability	Prudential	1-888-598-5671	www.prudential.com/mybenefits
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
WW Reimbursement Program		1-704-834-3787	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**



NOTE: This statement is intended to summarize the benefits you receive from CaroMont Health. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.