

2020 Benefits Guide



Carolinas HealthCare System
Blue Ridge

MESSAGE FROM LORINNSA BRIDGES-KEE

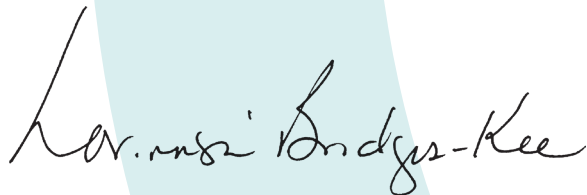
Dear Teammates,

We know it's our teammates who make Carolinas HealthCare System Blue Ridge. That's why we do everything we can to reward you and keep you fulfilled in your careers.

We are committed to providing comprehensive and competitive benefits as part of your total compensation package. These benefits are designed to assist you and your family in meeting the financial burdens that can result from illness, injury or death as well as help you plan for retirement and enhance your personal financial security.

The purpose of this document is to provide an overview of benefits so you can make informed choices. We have worked very hard to make the document easy to read so you can figure out which plan is best for you and your family.

Sincerely,



LORINNSA BRIDGES-KEE

VP, Human Resources
Human Resources



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YOUR BENEFITS



Benefits Provided
at No Cost



Benefits Provided at No Cost

- Employee Assistance Program
- Employee Emergency Fund
- Worker's Compensation
- Tuition Reimbursement
- Credit Union



Health & Wellness
Benefits



Health and Wellness Benefits

- Carolinas HealthCare System Blue Ridge Teammate Health Plan
- Dental
- Vision
- WELLWORxsm Incentives



Retirement
Plans



Retirement Plan

- 403(b) Basic and Matching Contributions



Income
Protection
benefits



Income Protection Benefits

- Short-Term and Long-Term Disability
- CHSBR Provided Life Insurance and Access to Group Rates for Additional Life Insurance

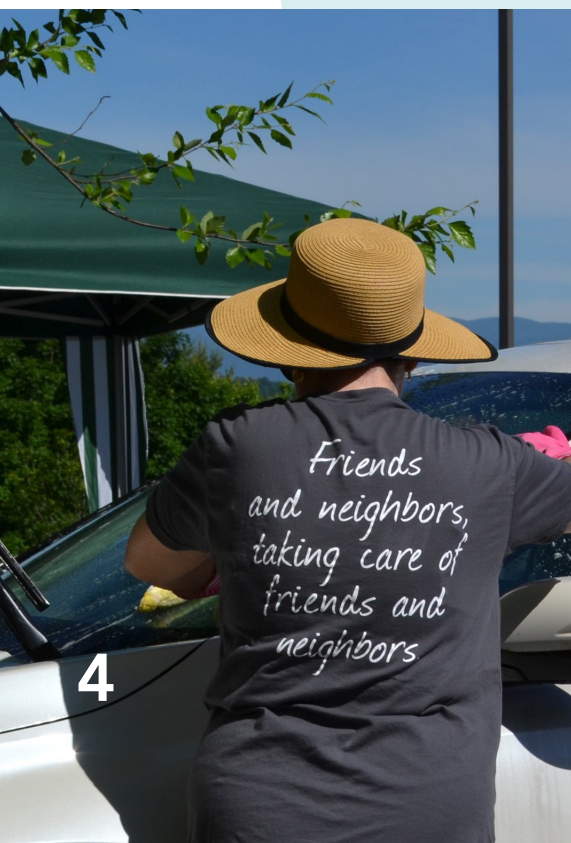


Time Away
from Work



Time Away from Work

- Paid Time Off
- Leave of Absence
- Maternity/ Paternity Leave
- Adoption Benefits



BENEFIT ELIGIBILITY

MEDICAL | DENTAL | VISION

WHO CAN ENROLL?

- Full-time and part-time teammates
- Eligible dependents including your spouse and children up to age 26, plus unmarried children of any age who are incapable of self-support due to a mental or physical disability which began before age 26 and who are primarily dependent upon you. (Contact MedCost at 800-795-1023 for required disability certification forms.)
- PRN Teammates can enroll in the 403(b) Retirement Savings Plan.

DEPENDENT VERIFICATION

Documentation is required to verify eligibility of all dependents being enrolled in the medical, dental and vision plans. It is considered fraudulent to cover non-eligible individuals on your plans. Documentation is required upon enrollment.

- To qualify as an eligible dependent for a Health Savings Account (HSA) or Flexible Spending Account (FSA), dependents must be claimed as such on your tax return

MAKING CHANGES TO YOUR BENEFITS

You can make changes to your benefit elections upon new eligibility, when you have a qualifying event or during Open Enrollment.

A QUALIFYING EVENT INCLUDES:

- Marriage, separation, annulment, divorce or death of a spouse
- Birth, adoption or death of a child
- Employment change for you, your spouse or a dependent child that results in a loss or gain of healthcare coverage or other loss of health plan coverage
- Child loss of eligibility
- Enrollment or removal from daycare, which allows changes to your Dependent Care Flexible Spending Account (for eligible child and adult care)

Benefits Effective Date: Benefits begin on the first of the month after 30 days of employment for all staff. Directors, Vice Presidents and Physician benefits begin on the first of the month following date of employment.

MEDCOST ACCOUNT

ANY DEVICE
ANYWHERE

24/7

Activate Your Account Today



Use your digital ID card!

Get access to your benefits with your MedCost account at MedCost.com/MyMedCost and the My MedCost mobile app.

1

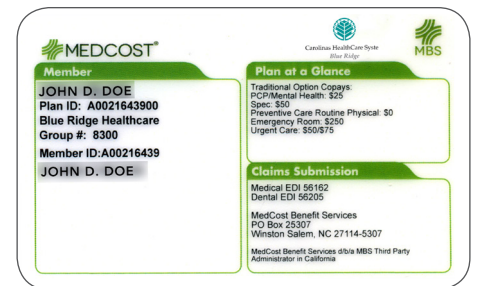
Go to MedCost.com/MyMedCost or download the My MedCost mobile app. Just search for My MedCost.

2

Follow the prompts. You'll need information from your health plan ID card to complete registration.

3

Confirm that the information you entered is correct to complete registration and sign in.



- ✓ Use your digital ID card - one less thing to carry in your wallet
- ✓ See your year-to-date deductible balances and out-of-pocket limits
- ✓ Check claims status and Explanation of Benefits (EOBs)
- ✓ Go paperless - update your EOB delivery preference.

BENEFIT PLAN DETAILS

Medical

Managing your healthcare expenses means you know where to find the most cost effective healthcare and prescription medications. In 2020, benefit eligible teammates have two medical plan options:

- Carolinas HealthCare System Blue Ridge (CHSBR) Traditional Health Plan (PPO)
- Health Savings Account (HSA) Health Plan

Please review the information below to learn more about the two and where to access prescription medication.

2020 Full-Time Biweekly Medical and Rx Contributions		
RATE TIER	Traditional Health Plan	HSA Health Plan
Teammate	\$92	\$30
Teammate and Spouse	\$351	\$222
Teammate and Child	\$164	\$88
Teammate and Children	\$283	\$164
Teammate and Family	\$367	\$237
2020 Part-Time Biweekly Medical and Rx Contributions		
RATE TIER	Traditional Health Plan	HSA Health Plan
Teammate	\$100	\$31
Teammate and Spouse	\$381	\$241
Teammate and Child	\$178	\$96
Teammate and Children	\$307	\$178
Teammate and Family	\$398	\$257

You can help lower your premium by choosing an in-network physician and other providers, facilities and laboratories within CHSBR or Atrium Health.

We have two tiers:

CHSBR/Atrium Health In-Network: The most cost-effective tier includes the exceptional network of primarily CHSBR and Atrium Health physicians and other providers, facilities and laboratories

MedCost Out of Network: Includes the MedCost network physicians and providers, facilities and laboratories



NOTE: A \$34 biweekly spousal surcharge will be added to your premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll. You can carry a dependent up to the age of 26 on our medical, dental, and vision.

MedCost Benefit Services (MBS) is the administrator of the CHSBR Teammate Medical and Dental Benefit Plan. For more information on your claims or benefit coverage as of January 1, 2020, please contact MBS at 1-800-795-1023.

DEDUCTIBLE

Your deductible is the amount you owe for covered healthcare services and most prescription medications before the CHSBR Traditional Health Plan begins to pay. The family deductible must be met by one or more enrolled family members before any individual deductible is considered to be met.

DEDUCTIBLE Calendar Year	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
Teammate Only	\$1,250	\$2,400	\$2,000	\$3,000
Family Plans	\$3,750	\$7,200	\$4,000	\$6,000

HEALTHCARE SERVICES	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
PCP Office Visit	\$25 Co-pay	\$25 Co-pay	25% after deductible	25% after deductible
Specialist Visit	\$50 Co-pay	\$50 Co-pay	25% after deductible	30% after deductible
Virtual Visit	\$15 Co-pay		\$35 before deductible is met; \$5 after deductible is met	
Urgent Care	\$25	\$75 Co-pay	25% after deductible	
ER Visits	\$250 Co-Pay		30% after deductible	
CHSBR ER Physician	0% no deductible		30% after deductible	
Inpatient Hospital & Facility	20% no deductible	\$750 then 50% after deductible	25% after deductible	30% after deductible
Outpatient Hospital & Facility	20% no deductible	\$750 then 50% after deductible	25% after deductible	30% after deductible
Co-insurance	20%	40%	varies	varies



Preventive Care is covered at 100%. Typically categorized as preventive and covered at 100% are wellness office visits including wellness immunizations, Pap smears, mammograms and colonoscopies.

OUT-OF-POCKET MAXIMUM

This is the most you will have to pay in a calendar year for medical expenses before CHSBR Teammate Health Plan or HSA Health Plan begins to pay. Out-of-Pocket-Maximum includes your co-pays, deductibles and coinsurance for medical and pharmacy. No individual member under any plan will ever have an annual out-of-pocket greater than \$6,450. (For the HSA Health Plan, the “family” out-of-pocket maximums are applicable to Employee plus Child, Employee plus Spouse or Family coverage and is a combined or aggregate cap for all members in the covered family.)

OUT-OF-POCKET MAXIMUM	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
Teammate Only	\$5,500	\$5,500	\$4,500	\$6,450
Family Plans	\$11,000*	\$11,000	\$9,000	\$12,900

*Maximum of \$12,900, but not more than \$6,450 for any individual covered on the plan.



NOTE: There are certain services offered under the CHSBR Traditional Health Plan that require pre-certification. It is your responsibility to ensure that any facility stay or designated services is pre-certified.

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is an account that includes contributions from both CHSBR and you. You use funds from your HSA to pay for your eligible healthcare, dental, vision, and prescription expenses throughout the year.

- Money in your HSA is not taxed when you put it in or when you take it out for healthcare-related expenses
- The money in your HSA is yours – what you do not use will roll over year after year
- Your HSA is portable. If you leave CHSBR, you will take your HSA funds with you
- Any savings over \$1,000 can be invested

ELIGIBILITY

- Teammates may contribute to an HSA pretax until they enroll in Medicare. For help in understanding how Medicare and your healthcare costs fit into your retirement goals, call N.C. Seniors’ Health Insurance Information Program (SHIIP) at 855-408-1212.
- To participate in an HSA, you must be enrolled in a consumer-directed health plan – not covered by other health insurance, and you cannot be claimed as a dependent on someone else’s tax return.

HSA CONTRIBUTIONS

You can contribute to or increase your contribution amount to the HSA at any time during the year. Contributions do not have to be set during Open Enrollment. Additional information about your HSA options is available from Human Resources. The maximum IRS contribution for the year includes the sum of all teammate and employer contributions, including incentives. Teammates age 55 or older are allowed an additional “catch-up” contribution of \$1,000.

HEALTH SAVINGS ACCOUNT (HSA)	Maximum Contributions
Teammate Only	\$3,550
Family Plans	\$7,100

CHSBR MATCHING CONTRIBUTION

If you choose to contribute to your HSA, CHSBR will make matching contributions dollar for dollar up to:

- \$350 for Teammate Only Plans
- \$850 for Family Plans

The matching contributions are made dollar-for-dollar based on your contributions.

If you carry insurance through CHSBR, don't forget to include your WELLWORxSM Incentives. See Page 15 for more details:

Health Survey	\$100
Health Coaching	\$100
Know Your Numbers	\$100
Healthy Weight	\$150
Preventive Screenings	\$100
Classes/Groups	\$25 per class up to \$100

Maximum WELLWORxSM Incentives is \$650.



How to figure your contribution

Maximum Allowed for Individuals: \$3,550
 CHSBR Contributions: minus \$350
 Your contribution: equals \$3,200

(Divide \$3,200 by 26 pay periods for \$123.00 deducted each pay period.)

If you participate in WELLWORxSM and earn the maximum incentive of \$650, your deduction would be \$98.05 per pay period.

SPENDING ACCOUNT OPTIONS

Limited Purpose Flexible Spending Account (LPFSA):

If you enroll in the HSA Plan, you can also participate in a Limited Purpose Health Care FSA to set aside additional pretax dollars to cover eligible dental and vision expenses.

MAXIMUM ANNUAL DEFERRAL AMOUNT PERMITTED IN 2020 IS \$2,700.

Dependent Care Reimbursement Account

You can use the Dependent Care Reimbursement Account to pay expenses for any eligible, work-related dependent daycare expenses you incur – such as licensed daycare centers for your dependent children or adults, summer day camps, nursery schools or after-school care. Your funds must be in your account before they can be reimbursed.

MAXIMUM ANNUAL DEFERRAL AMOUNT PERMITTED IN 2020 IS \$5,000.

Flexible Savings Account (FSA) | Traditional Plan

You may set aside pre-tax dollars to reimburse yourself for qualified health care expenses and/or dependent day care or elder care expenses not covered under your group Medical, Dental, or Vision Plan. Over-the-counter drugs are not eligible for reimbursement without a prescription.

MAXIMUM ANNUAL DEFERRAL AMOUNT PERMITTED IN 2020 IS \$2,700.

During Open Enrollment, all benefits-eligible teammates must elect to participate or waive participation in the FSA. If you choose to participate in FSA, your annual deferral amount will be payroll deducted in equal amounts each pay period throughout the year.



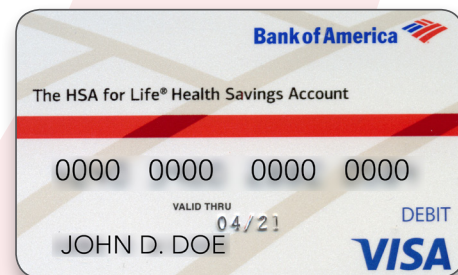
NOTE: You may not participate in the health care FSA if you elect the HSA plan for your medical coverage. However, you may participate in the Limited Purpose FSA if you enroll in the HSA.

- Must make an election during Open Enrollment
- HSA, FSA and Dependent FSA election will not roll over from year to year

USING YOUR HSA AND FSA

CHSBR partners with Bank of America to administer all HSAs and FSAs, making it easy to access your account information in one place. If you are not adding or closing an account in 2019, please keep your existing card. If you are closing or adding an FSA or HSA, you will receive a new card from Bank of America that you can easily track, manage and pay for eligible expenses.

When you initially enroll, you receive a Visa debit card which can be used to access your HSA contributions. When you use your HSA dollars for health-related expenses, you use the card just like you would use a regular debit card. Your card is good for four years unless you add or close any of your accounts.



PRESCRIPTION MEDICATIONS

CHSBR and CarolinaCARE continue to partner with OptumRx, a nationwide pharmacy benefit management company, to handle all the details of your prescription claims so all you have to do is take care of yourself. Together, CarolinaCARE and OptumRx assist the pharmacist in processing your prescription quickly and efficiently, consulting with your physician and pharmacist when needed so you receive the safest, most cost-efficient drug therapy available.

CarolinaCARE: is the mail order and specialty medication pharmacy for CHSBR. Plan members access CarolinaCARE for Affordable Care Act (ACA) medications, preventive generic, maintenance and specialty medications.

Retail Pharmacy: Any pharmacy outside of CarolinaCARE.

PRESCRIPTION MEDICATIONS	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
Rx Retail (30-day)				
CHSBR Preventive List	\$25 Co-pay		\$25 Co-pay	
Generic	\$25 Co-pay		Meet deductible then \$25 Co-pay	
Preferred Brand	30%; Not less than \$50, Not more than \$150		Meet deductible then 30%; Not less than \$50, Not more than \$150	
Non-Preferred Brand	50%; Not less than \$100, Not more than \$350		50% after deductible; Not less than \$100, Not more than \$350	
Specialty	Not Covered		Not Covered	
*After one retail refill, you must get them from CarolinaCARE or pay full cost of prescription.				
Rx CarolinaCARE (30-day)				
CHSBR Preventive List	\$10 Co-pay		\$10 Co-pay before deductible	
Generic	\$20 Co-pay		After deductible then \$20 Co-pay	
Preferred Brand	\$50 Co-pay		After deductible then \$50 Co-pay	
Non-Preferred Brand	40% minimum, Not less than \$75, not more than \$200		After deductible then 40%; Not less than \$75, not more than max \$200	
Specialty	20% minimum, Not more than \$150		After deductible then 20%; Not more than \$150	
Rx Mail Order (90-day)				
CHSBR Preventive List	\$25 Co-pay		\$25 Co-pay before deductible	
Generic	\$50 Co-pay		Meet deductible then \$50 Co-pay	
Preferred Brand	\$125 Co-pay		Meet deductible then \$125 Co-pay	
Non-Preferred Brand	40%; Not less than \$225, not more than \$500		Meet deductible then 40%; Not less than \$225, not more than \$500	
Specialty	Not Covered		Not Covered	



NOTE:

- Affordable Care Act (ACA) medications are covered at 100%.
- ACA, Preferred Generic and CHSBR Preventive List medications may be filled once at a retail pharmacy and then must be transferred to CarolinaCARE to receive lowest cost.
- Preferred Generic medications do not apply toward the deductible but do apply toward the out-of-pocket maximum.
- Maintenance medications may be filled once at a retail pharmacy after the deductible is met and then transferred to CarolinaCARE.

VISION BENEFITS

CHSBR offers benefits-eligible teammates an opportunity to participate in a voluntary Vision Plan.

2020 Biweekly Voluntary Vision Contributions	
Teammate Only	\$4.75
Teammate+ 1	\$9.00
Teammate & Family	\$13.50

VOLUNTARY VISION BENEFITS

	Plan Pays
Annual eye exam	\$20 Co-pay, then 100%
Eyewear (frames, lenses or contact lenses non-prescription sunglasses are included)	Up to \$150 every 12 months



Voluntary Vision Plan is insured by Community Eye Care, cevision.com or 888-254-4290. Please visit cevision.com for participating providers.



DENTAL BENEFITS

Benefits-eligible teammates may participate in the CHSBR Dental Plan, which allows you to select any dentist of your choice. You may elect dental coverage independent of your medical election. Calendar Year Deductible is \$100 per person.

2020 Full-Time Biweekly Dental Contributions	
Teammate Only	\$11.76
Teammate & Family	\$38.17
2020 Part-Time Biweekly Dental Contributions	
Teammate Only	\$13.76
Teammate & Family	\$40.17

DENTAL PLAN BENEFITS	
Calendar Year Deductible	\$100
Preventive & Diagnostic Care Oral Exams, Cleanings, Full mouth X-rays, Bitewing X-rays, Panoramic X-rays, Fluoride application, Sealants, Space maintainers, Emergency care to relieve pain	100%, no deductible
Basic Services Fillings, Cleanings, Root canal therapy, Osseous surgery, Periodontal scaling and root planning, Denture adjustments and repairs, Extractions, Anesthetics, Oral surgery	Meet deductible then 80%
Major Services Crowns, dentures, bridges, implants	Meet deductible then 50%
Annual Maximum	\$1,000 per covered person
Orthodontic Services Orthodontic Lifetime Maximum : \$1,000 per covered dependent child up to age 19 only	Meet deductible then 50%

*Once calendar year maximum is met, any additional dental services are paid out-of-pocket for the remainder of the plan year.



WELLWORxSM

CHSBR provides you with a comprehensive wellness program because your health matters. WELLWORxSM helps you so you can enjoy a healthy life today and in the future. The program provides many resources to help you lead a healthy lifestyle that will give you purpose, confidence, and energy in your personal and work life.

You and your spouse are eligible to participate in WELLWORxSM and receive a reward for your efforts to achieve your wellness goals. The maximum incentive amount is \$650 per calendar year.

The following resources are some of the services offered to you free as part of WELLWORxSM :

- Personal Health Survey - on line at <http://tinyurl.com/wellworxsurvey>
- Know your numbers - Biometric Screenings
- Wellness Coaching/Personal Care Management - High Risk Only
- Wellness Physical/Age and Gender Appropriate Preventative Screenings
- Various classes
- Healthy Weight
- WELLWORxSM non-insured participants may still complete the screenings to gain free access to Phifer Wellness Center, but you will not be eligible for the incentive program.



If you do not participate now, it's easy to join later. Call 828-580-8026 for more information. See the next page for incentives!



WELLWORxSM INCENTIVES

Get rewarded for taking healthy measures! Participate in the following activities to qualify for incentives. Maximum reward total is \$650. Payouts are quarterly. The first payout will be in April. If you have the HSA insurance, the money will be deposited into your account non-taxed. If you have the traditional plan you will receive a check (taxed).

WHAT TO DO	WHEN TO DO IT	REWARD	HOW TO DO IT
Personal Health Survey	DURING OPEN ENROLLMENT	\$100 for teammates only who carry CHSBR insurance	Online at http://tinyurl.com/wellworxsurvey . Or you can go through our main WELLWORx SM page and click on complete your personal health survey.
Know Your Numbers Biometric Screenings: <i>Body Mass Index, Waist Measurement, Blood Pressure, Fasting Cholesterol, Blood Sugar</i>	Jan. 1–Dec. 31, 2020	\$100 for teammates only who carry CHSBR insurance	Two options: 1. Complete at physician office and turn in to WELLWORx. 2. Complete in person at the WELLWORx Office. Low Risk can schedule a 15-minute “Biometric Screening Only” appointment. High Risk can complete during their Wellness Coaching appointment.
Wellness Coaching/ Personal Care Management	Jan. 1–Dec. 31, 2020 High Risk only	\$100 for teammates only who carry CHSBR insurance ONLY HIGH RISK TEAMMATES	First session in person scheduled through our WELLWORx page by participant; second session by phone.
Wellness Physical/ Age and Gender Appropriate Preventive Screenings	Jan. 1–Dec. 31, 2020	\$100 for teammates only who carry CHSBR insurance	Physician documentation turned in to WELLWORx Health Coach
Classes	Jan. 1–Dec. 31, 2020	\$25 per class up to \$100 for teammates only who carry CHSBR insurance	Sign up for classes via email or phone call to health coach.
Healthy Weight	Jan. 1–Dec. 31, 2020	\$150 for teammates only who carry CHSBR insurance	Healthy weight, healthy waist and weight loss rewards are available to teammates enrolled in the CHSBR insurance



NOTE: If a teammate carries a spouse on their insurance plan, the spouse must complete the requirements of the biometric screening with blood work as well as physical/preventative screening in order for the teammate to qualify for the incentive. The incentive will be rewarded to the teammate only.

RETIREMENT

2020 403(b) Retirement Savings Plan

All CHSBR Teammates (including PRN) are eligible to contribute to the 403(b) Retirement Savings Plan. After one year of service and 1,000 hours worked, CHSBR will match 80 cents for each dollar contributed, a minimum 3 percent and a maximum 5 percent of your gross salary. The match is calculated on a per pay period basis.

\$1.00 = \$0.80 so if you contributed \$20 biweekly, CHSBR would match \$16.00.

(For example, your salary is \$25,000 and you want to get the minimum company match of 3% and 3% of \$25,000 is \$750 – your yearly contribution. Since we have 26 pay periods, your biweekly contribution would be \$28.85. The company’s match would be \$600. If you want to get the best match of 5%, your yearly contribution would be \$1,250 or \$48.08 per pay period with the company contributing \$1,000 to your retirement account.)

CONTRIBUTIONS

CHSBR will help you fund your retirement by contributing dollars to your 403(b) and HSA accounts.

TEAMMATE CONTRIBUTIONS		
	403(b) Plan	HSA
Limit	Up to 75% of eligible compensation (\$19,000 max)	\$3,500 - Single \$7,000 Family (Includes teammate and CHSBR contributions)
Pretax	Yes	Yes
Roth/After-Tax	Yes	Yes
Catch-up	\$6,000 (at age 50 for 2020)	\$1,000 (at age 55 for 2020)
Earnings	Not taxed until distribution	Not taxed if used for qualified health expenses
CHSBR CONTRIBUTIONS		
	403(B) Plan	HSA
Total Contributions	Basic: 3% of eligible pay Matching: up to 5%	Match up to: \$350 for Teammate Only \$850 Family Coverage WELLWORx Incentives Maximum: \$650
Vesting	100%	100%



CHSBR 403(b) Retirement Savings Plan is administered by VALIC, valic.com or 800-448-2542.

INCOME PROTECTION

Life and Accidental Death & Dismemberment (AD&D)

Basic Life and AD&D – CHSBR provides all benefits-eligible teammates with company paid Basic Life and Accidental Death & Dismemberment (AD&D) insurance coverage equal to 1 times your annual salary. The maximum benefit is \$300,000. **(For example, if your annual salary is \$25,000 then CHSBR will provide \$25,000 in case of AD&D.)**

Voluntary Employee Life - Benefits-eligible teammates may purchase additional life insurance equal to 1, 2 or 3 times your annual earnings, not to exceed the lesser of 3 times earnings or \$500,000. **(For example, if your annual salary is \$25,000, you can purchase additional life insurance equal to \$25,000 (1x), \$50,000 (2x) or \$75,000 (3x) paid to your designated beneficiaries upon your death. Maximum purchase is \$500,000.)**

VOLUNTARY LIFE FOR TEAMMATES	
Age	Rate per \$1,000 of coverage
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.115
45-49	\$0.185
50-54	\$0.295
55-59	\$0.46
60-64	\$0.66
65-69	\$1.27
70 & Over	\$2.573

Voluntary Life for Dependents - Benefits-eligible teammates may purchase life insurance for their spouse and child(ren) and may elect one of the three options listed below.

VOLUNTARY LIFE FOR DEPENDENTS		
		Bi-Weekly Rate
Option I	\$50,000 Spouse + \$10,000 Child(ren)	\$3.80
Option II	\$25,000 Spouse + \$5,000 Child(ren)	\$1.80
Option III	\$10,000 Spouse + \$2,000 Child(ren)	\$0.72



NOTE: If you are 70 or older or the person you are insuring is 70 or older, the amount of Supplemental Life Insurance is reduced by 50 percent.

Life and AD&D coverage is insured by Lincoln Mutual. Please contact Human Resources if you have questions regarding your life insurance coverage.

Long-Term Disability (LTD)

Long-Term Disability is a company-paid benefit for full-time teammates that provides partial income protection if a serious illness or injury causes you to be on a medical leave of absence from work for more than six months. After 180 days (known as Elimination Period), the LTD benefit pays you 60 percent of your base monthly earnings up to a maximum monthly benefit of \$10,000.

(For example, if your annual salary is \$25,000 or roughly \$2,083 per month before taxes, then after the 180 days you would draw \$1,249 a month before taxes.)



LTD benefits are insured by Lincoln Financial and are offset by unemployment and any such acts or laws, as well as benefits received by a Pension Plan. Your disability must be certified by a physician and approved by the disability administrator. Please contact Human Resources if you have questions regarding disability benefits.

Voluntary Short-Term Disability (STD)

If you are a benefits-eligible teammate, you may purchase a Short-Term Disability benefit that provides partial income protection if you are unable to work due to an illness or injury. This benefit covers 60 percent of your base weekly earnings. Benefits for Option I and II begin on the 14th day of approved disability caused by an illness or injury, and are payable for up to 26 weeks. Benefits for Option III and IV begin on the 7th day of approved disability. You have a choice of two maximum weekly benefit options: \$500 (Option I and Option III) or \$750 (Option II and Option IV). However, Option II and Option IV are only available to teammates who earn over \$25 per hour.

2020 Voluntary Short Term Disability for Teammates		
PLAN	BENEFIT	PER PAY PERIOD RATE
Option I - 14 Day EP	60% to \$500	\$17.63
Option II - 14 Day EP	60% to \$750	\$21.12
Option III - 7 Day EP	60% to \$500	\$24.52
Option IV - 7 Day EP	60% to \$750	\$28.43



STD benefits are administered by Lincoln Financial.

TIME OFF FROM WORK

Paid Time Off (PTO)

Certain eligible teammates earn PTO based on length of service and FTE standard. The following chart lists the PTO benefit available to you. Total accrual may not exceed 240 hours. Unused PTO hours may be carried over to the following year. PTO may be used for vacation, holidays, sick leave or personal leave.

Years of Service	Accrual (40-hr max work week)	Hours/Biweekly Pay Period (per 80 hours paid)
0-5 Years	26 days/year for full-time (.10000/scheduled hour)	8.0000 Hours
6-9 Years	31 days/year for full-time (.11923/scheduled hour)	9.5384 Hours
10+ Years	34 days/year for full-time (.13077/schedule hour)	10.4616 Hours

Family/Medical Leave Act

Teammates are eligible for 12 weeks of job-protected Family/Medical Leave if employed for one year and working at least 1,250 hours in the previous rolling 12-month period.

Key Teammates (defined as the highest paid 10% of all teammates) may or may not be reinstated following FMLA. Key teammates will be notified in writing as soon as practicable if deemed a key teammate and if reinstatement to their job may be denied.

Maternity and Paternity Leave and Adoption Benefits

CHSBR provides Maternity/Paternity Benefits for full-time and part-time teammates. Eligible teammates have six weeks of paid leave for new mothers and fathers immediately following the birth of a child. Paid leave begins at the date of birth. To be eligible for this benefit you must meet the requirements of FMLA



CHSBR provides pay for two weeks following adoption and cover up to \$15,000 lifetime toward adoption expenses. *Please contact Human Resources for more details.*

OTHER BENEFITS

Employee Assistance Program (EAP)

CHSBR offers a company-paid Employee Assistance Program to all teammates and their immediate families. The EAP provides professional and confidential counseling by an EAP counselor approved by Human Resources. You and your family members are eligible to receive a total of five visits in a 12-month period, at no cost to you. Teammates who are terminated due to performance issues or downsizing are also eligible for up to five visits in a 12-month period.



Our EAP is administered by LifeWorks at 828-433-9190 with two office locations 205 E. Union St. Morganton, NC 28655 and 1146 Lenoir-Rhyne Blvd. Hickory, NC 28602.







Carolinan HealthCare System
Blue Ridge

This Guide contains only highlights of your 2018 Carolinas HealthCare System Blue Ridge benefits for eligible teammates and is subject to review and modification. Every effort has been made to report information accurately, but the possibility of error exists. In addition, not every plan detail of every benefit that may matter to you could be included in the Guide. The Carolinas HealthCare System Blue Ridge program is governed by the official plan documents. In case of any conflict between this Guide and an official plan document, the plan document will be the final authority. Please refer to your plan documents or Summary Plan Description for a full explanation of covered services, exclusions and limitations. If there is a discrepancy between this Guide and the legal plan documents, the plan documents will control.