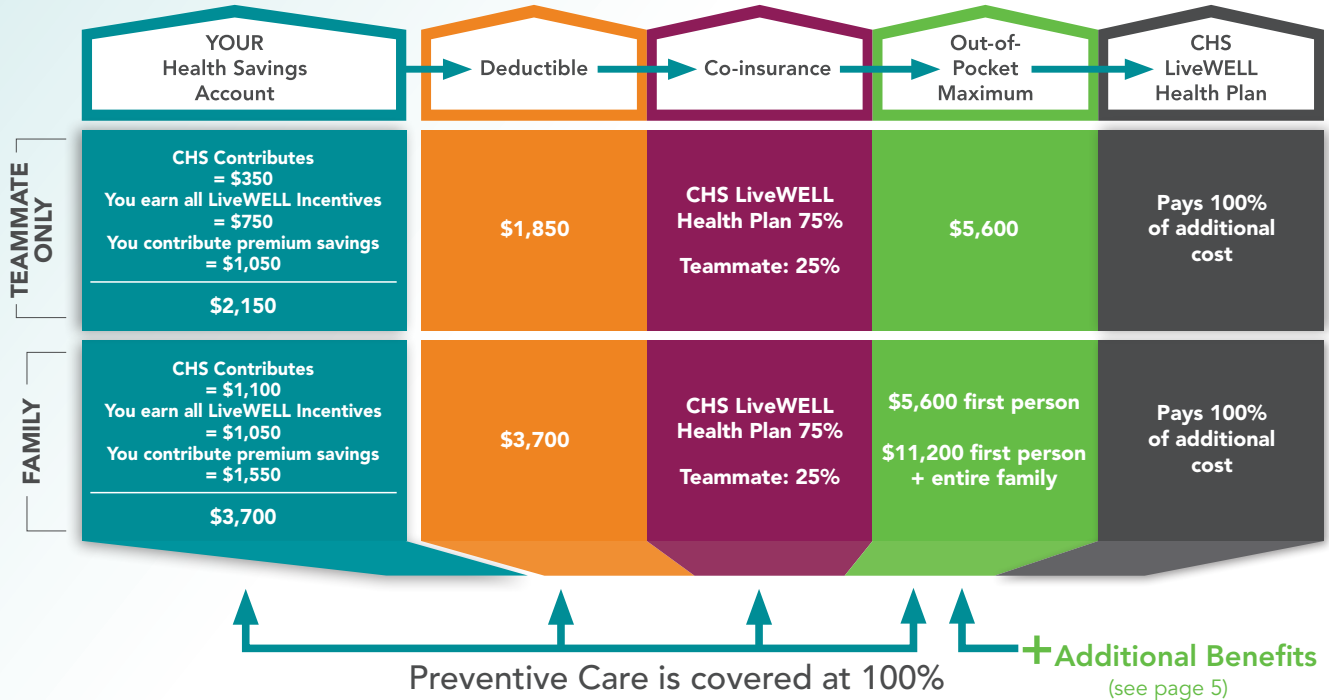




HOW THE 2017 CHS LIVEWELL HEALTH PLAN WORKS



HEALTH SAVINGS ACCOUNT (HSA)

The Health Savings Account (HSA) is yours to save for current and future healthcare related expenses, such as your deductible, co-insurance and prescription drugs.

	Maximum Contribution
Teammate Only	\$3,400
Family Plans	\$6,750

Teammates can make direct contributions into this account from their paycheck and one-time contributions.

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.

CHS ANNUAL CONTRIBUTION

To help fund your account, you will receive an annual contribution of:

- \$100 for Teammate-only Plans
- \$350 for Family Plans
- *Teammates in positions with annual base salaries less than \$30K will receive additional HSA contribution of \$100

The annual contribution is deposited into your account after your coverage becomes effective.

CHS MATCHING CONTRIBUTION

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

- \$250 for Teammate-only Plans
- \$750 for Family Plans

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

*Based on positions with 30 standard hours or more.

PREVENTIVE CARE

- The CHS LiveWELL Health Plan covers preventive care at 100%.
- Typically categorized as preventive and covered at 100% are: wellness office visits including Wellness Immunizations, PAP Smears, Mammograms, Colonoscopies.
- Review [The Preventive Care Guide](#) for information about recommended preventive services.





CHS LIVEWELL INCENTIVES

Participate in activities focused on prevention and education while using tools and resources that can help you become a savvy consumer of healthcare!

Fund your Health Savings Account (HSA) by earning up to **\$750 for teammate-only coverage** or **\$1,050 for family coverage**.

Incentive		Reward
LiveWELL Health Survey	Learn about your health risks and opportunities for improvement	\$100
Health Coaching	Speak with a coach to identify and stay on track with your health goals	\$100
Know Your Numbers	Know Your Numbers to maintain or improve your health	\$100
Financial Health and Virtual Tools	Take advantage of the education, tools and resources available to help you become an informed healthcare consumer.	\$100
▲ COMPLETE ALL 4 ABOVE AND RECEIVE A \$50 BONUS ▲		
Healthy Weight Reward	Maintain or achieve a healthy weight to reduce health risks	\$300
Family Health Incentive*	Be healthy together with your family by participating in wellness and prevention activities	\$300

*For teammates with family coverage under the CHS LiveWELL Health Plan

DEADLINES AND HSA DEPOSIT DATES*

Healthy Weight Reward Goal and Family Health Incentive completed by:		Deposited into the 2017 HSA after pay period dated:
March 3, 2017	→	April 7, 2017
June 9, 2017	→	July 14, 2017
September 15, 2017	→	October 20, 2017
Know Your Numbers completed by:		Deposited into the 2018 HSA:
September 15, 2017	→	January, 2018
Health Survey, Health Coaching, Financial Health and Virtual Tools completed by:		Deposited into the 2018 HSA:
Last day of Open Enrollment in the fall of 2017	→	January, 2018

*Each incentive payout is rewarded one time per calendar year.

If you are enrolled in the CHS LiveWELL Health Plan, but do not have a Health Savings Account, you will receive your CHS LiveWELL Incentive as a one-time paycheck contribution.

DEDUCTIBLES

A deductible is the amount you owe for covered healthcare services before the CHS LiveWELL Health Plan begins to pay. The CHS LiveWELL Health Plan will not pay until the deductible is met.

	CHS Provider	MedCost Provider	Out-of-Network
Teammate Only	\$1,850	\$2,600	\$4,000
Family Plans	\$3,700	\$5,200	\$8,000

Virtual Visits:
\$35 per visit before deductible is met

CHS On-Site Care:
\$40 - \$120 per visit before deductible is met





CO-INSURANCE

Co-insurance is your share of the costs for a covered healthcare service after your deductible is met. After the deductible is met, you share the cost with CHS. Below is the chart with the percentage you pay. The CHS LiveWELL Health Plan will pay 70-75% of your healthcare expenses and you will pay 25-30%.

	CHS Provider	MedCost Provider	Out-of-Network
PCP Office Visit	25%	30%	50%
Specialist Visit	25%	30%	50%
MRI,CT & PET Scans	25%	25%	50%
Urgent Care	25%	25%	50%
ER Visits	25%	25%	25%
In/Out Patient - Physician	25%	30%	50%
In/Out Patient - Facility	30%	40%	50%

Virtual Visits:

\$5 per visit after deductible is met

CHS On-Site Care:

\$10 per visit after deductible is met

Infertility Treatment: (covered only at Carolinas HealthCare System Reproductive Medicine and Infertility) is 100% after deductible with a \$25,000 lifetime maximum. Benefits are available after the covered teammate has been employed by CHS for one or more years.

OUT-OF-POCKET MAXIMUM

Out-of-pocket maximum is the maximum amount you pay annually before the CHS LiveWELL Health Plan pays 100% for covered healthcare services. This maximum amount includes deductibles, co-insurance, copayments, pharmacy or similar charges for qualified expenses. This limit does not include premiums, balance-billed changes, healthcare not covered by the plan and penalties.

	CHS Provider	MedCost Provider	Out-of-Network
Teammate Only	\$5,600	\$6,450	\$11,000
Family Plans	\$11,200*	\$12,900	\$22,000

Please note:

There is no yearly or lifetime benefit maximum for your health coverage. In addition, there is no pre-existing condition limitation.

*Maximum of \$11,200, but no more than \$5,600 for any individual covered on the plan.

BI-WEEKLY MEDICAL PREMIUMS 2017

	FULL-TIME TEAMMATE		FULL-TIME TEAMMATE Earning < \$30K		PART-TIME TEAMMATE	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Teammate Only	\$19.67	\$23.06	\$9.52	\$12.91	\$27.78	\$32.58
Teammate + Spouse	\$156.53	\$185.26	\$146.38	\$175.11	\$192.92	\$227.93
Teammate + Working Spouse	\$189.53	\$218.26	\$179.38	\$208.11	\$225.92	\$260.93
Teammate + Children	\$126.56	\$150.11	\$116.41	\$139.96	\$156.39	\$185.08
Teammate + Spouse, Children	\$220.65	\$260.44	\$210.50	\$250.29	\$271.04	\$319.52
Teammate + Working Spouse, Children	\$253.65	\$293.44	\$243.50	\$283.29	\$304.04	\$352.52

Monthly Rate

Monthly Teammates multiply premium by 26 and divide by 12,
or see monthly rate schedule on healthandretirement.carolinashealthcare.org/open-enrollment





PRESCRIPTIONS

The CHS LiveWELL Health Plan will help pay the cost of your prescriptions.

- The CHS Preventive Drug List includes approximately 200 medications ranging in price \$0 - \$15. Prescriptions on the CHS Preventive Drug List are filled through CarolinaCARE regardless of whether you have met your deductible.
- You may purchase medications that are not on the CHS Preventive Drug List from the pharmacy of your choice until you have reached your deductible. After you have met your deductible, prescriptions must be filled by CarolinaCARE.

To manage the cost of prescription drugs:

1. Check to see if your medication is on the Preventive Drug List
2. Talk to your doctor to find out if there is a lower-cost generic alternative available
3. Make an appointment with CHS One-on-One Rx at carolinacarerx.org to review prescriptions and maximize savings

CHS LIVEWELL HEALTH PLAN PRESCRIPTION MEDICATION COVERAGE

Prescription Drugs – 30 Day Supply	CarolinaCARE / CMC Rx	Retail Pharmacies
Affordable Care Act (ACA) Preventive Drugs ¹	\$0 copay	\$0 copay
Preventive Generic ¹	\$4 copay	\$15 copay
Other Generic ²	Meet deductible then \$10 copay	Meet deductible then \$15 copay
Preferred Brand ²	Meet deductible then \$35 copay	Meet deductible then 30% co-insurance; not less than \$35 or more than \$100
Non-preferred Brand ²	Meet deductible then 40% co-insurance; not less than \$50 or more than \$150	Meet deductible then 50% co-insurance; not less than \$60 or more than \$250
Specialty Drugs ³	Meet deductible then 20% co-insurance; not more than \$125	N/A
Prescription Drugs – 90 Day Supply	CarolinaCARE	CMC Rx and Retail Pharmacies
ACA Preventive Drugs	\$0 copay	N/A
Preventive Generic	\$12 copay	N/A
Other Generic	Meet deductible then \$25 copay	N/A
Preferred Brand	Meet deductible then \$85 copay	N/A
Non-preferred Brand	Meet deductible then 40% co-insurance; not less than \$125 or more than \$375	N/A
Specialty Drugs	N/A	N/A

¹ Maximum of one fill allowed at retail on Affordable Care Act (ACA) preventive maintenance medications (\$0 copay) and CHS LiveWELL Health Plan and preventive generic medications (\$4/\$12 List). Plan requires transition to CarolinaCARE. Preventive Generic Copays do not apply toward deductible. They do apply toward out-of-pocket max.

² Maximum of one fill for maintenance medications after deductible is met. Plan requires transition to CarolinaCARE or member will pay full cost, which will not apply to deductible or annual out-of-pocket expense.

³ Specialty drugs required at CarolinaCARE. Some exceptions may apply to limited distribution drugs.





CHS ADDITIONAL BENEFITS

CHS provides you with convenient access to cost-effective group rates on a wide range of Additional Benefits. The following Additional Benefits can help pay deductibles, co-insurance or out-of-pocket medical expenses, or simply replace lost earnings due to being out of work.

Hospital Admission:

Provides payment(s) for expenses that arise if you or an insured dependent are admitted to the hospital, including costs related to the birth of a child.

Eligibility: Teammates with 16 or more standard hours per week

Enrollment: Teammates may enroll when newly eligible, during the annual Open Enrollment period, or due to a qualifying life event

Cancellation: Teammates may cancel their policy at any time

Policy Highlights:

- No waiting period
- No Lifetime Maximum
- \$1,500 one-time payment for hospitalization (once per year)
- \$100 each day an insured person is admitted to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as a result of a covered accident or sickness (maximum benefit of 31 days per event)
- \$200 each day an insured person is admitted to an intensive care unit as the result of a covered accident or sickness. (Pays on top of the \$100 daily benefit, maximum benefit of 10 days per calendar year)
- Insurance is portable. You can take the benefit with you if your eligibility or employment ends

Critical Illness:

Provides a lump sum directly to you if you are diagnosed with a covered illness.

Eligibility: Teammates with 16 or more standard hours per week

Enrollment: Teammates may enroll when newly eligible, during the annual Open Enrollment period, or due to a qualifying life event*

Cancellation: Teammates may cancel their policy at any time

Examples of Covered Illnesses:

- Heart Attack
- Stroke
- Alzheimer's Disease
- Loss of sight, speech, or hearing
- Cancer
- End stage renal failure

Policy Highlights:

- No waiting period
- No Lifetime Maximum
- Benefits payable for each covered critical illness
- Individual and family options available
- Guaranteed Issue, no Evidence of Insurability is required to qualify for insurance
- Insurance is portable, you can take the benefit with you if your eligibility or employment ends

Annual Wellness Benefit:

- This benefit can help pay the costs for a screening for early signs of disease and lead to earlier intervention. The annual benefit is \$100 for completing an eligible health test and is available to each insured person. Some examples are: biopsy, chest x-ray, stress test and fasting blood glucose test

*Critical Illness rates are based on age, tobacco usage and elected amount

HOSPITAL INDEMNITY INSURANCE

	Bi-Weekly Premium	Monthly Premium
Teammate Only	\$12.94	\$28.04
Teammate + Spouse	\$27.90	\$60.44
Teammate + Child(ren)	\$19.17	\$41.54
Teammate, Spouse + Child(ren)	\$31.63	\$68.54

healthandretirement.carolinashealthcare.org

For a full explanation of covered services, exclusions and limitations, please refer to your plan documents or summary plan description.





CHS ADDITIONAL BENEFITS

Accident:

Provides a benefit for injuries and accident-related expenses.

Eligibility: Teammates with 16 or more standard hours per week

Enrollment: Teammates may enroll when newly eligible, during the annual Open Enrollment period or due to a qualifying life event

Cancellation: Teammates may cancel their policy at any time

Examples of Covered Injuries from Accidents:

- Fractures
- Concussions
- Dislocations
- Lacerations
- Burns

Policy Highlights:

- No waiting period
- Individual and family options available
- Guaranteed Issue, no Evidence of Insurability is required to qualify for insurance
- Insurance is portable, you can take the benefit with you if your eligibility or employment ends

Annual Wellness Benefit:

- You may receive a maximum of \$50 for teammate and insured spouse screening during a routine preventive care appointment with your doctor. Covered health screening tests include: mammography, colonoscopy, pap smear, chest x-ray, bone marrow testing, fasting blood glucose test, and blood test for triglycerides

ACCIDENT INSURANCE	Bi-Weekly Premium	Monthly Premium
Teammate Only	\$7.14	\$15.48
Teammate + Spouse	\$9.16	\$19.84
Teammate + Child(ren)	\$10.85	\$23.50
Teammate, Spouse + Child(ren)	\$13.00	\$28.16

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Short-Term Disability Buy-Up*:

Teammates have the opportunity to shorten the waiting period for Short-Term Disability benefits to begin.

Carrier: The Hartford
Claims are filed directly with The Hartford

Eligibility: Teammates with 30 or more standard hours per week

Enrollment: Teammates may enroll when newly eligible, during the annual Open Enrollment period, or due to a qualifying life event

Cancellation: Teammates can cancel during Open Enrollment or due to a qualifying life event

Policy Highlights:

- Provides a reduction of the normal waiting period from 14 to 7 days
- Coverage is 60% of base salary during the buy-up week
- Teammates who enroll in the Buy-Up option when they are newly eligible, will not have to complete Evidence of Insurability
- Premiums are calculated on base salary

*Not available for monthly-paid teammates

KEY BENEFIT CONTACTS

Questions About	Web Address/Resource	Vendor	Contact
CHS LiveWELL Health Plan	medcost.com	MedCost	800-795-1023
Prescription Drug Benefits	carolinacarex.org	CarolinaCARE	866-697-6800
CHS Benefits	email: hrbenefitsonline@carolinashealthcare.org	CHS	704-631-0263
Health Savings Account/Flexible Spending Accounts	bankofamerica.com/benefitslogin	Bank of America	866-731-4206
CHS LiveWELL	livewell.carolinashealthcare.org	CHS	704-355-8136
Mental Health/Chemical Dependency (Confidential)	cbhallc.com	Carolinas Behavioral Health Alliance	800-475-7900
CHS Cost Estimator Tool powered by Castlight	mycastlight.com/carolinashealthcare.com	Castlight	866-960-1471
Dental Benefits	deltadentalinc.com/chs	Delta Dental	800-662-8856
Vision Benefits	communityeyecare.net	Community Eye Care	888-254-4290

ABOUT THIS GUIDE

This guide contains only highlights of your CHS LiveWELL Health Plan 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 health plan detail of every benefit that may matter to you could be included in this guide. The Carolinas HealthCare System 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 Descriptions for a full explanation of covered services, exclusions and limitations. If there is a discrepancy between this guide and legal plan documents the plan documents will control information about all of the benefits available.

Carolinas HealthCare System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or veteran status.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-368-1019 (TTY: 1-800-537-7697).
注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-368-1019 (TTY: 1-800-537-7697)



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