BENEFIT

Benefits Overview Presentation July 1, 2023 – June 30, 2024



Insurance Risk Management Consulting



Important Information



2023 Open Enrollment is 6/6 through 6/16

This year's Open Enrollment will be active, meaning your benefit elections will not rollover into 2023.

You will need to login to Employee Navigator to make your election.

FSA elections will not rollover, you must re-enroll during open enrollment.

Please review all beneficiary designations.

After this period, benefit changes can only be made if you experience a qualifying event:

Marriage

Adoption

Birth

Divorce

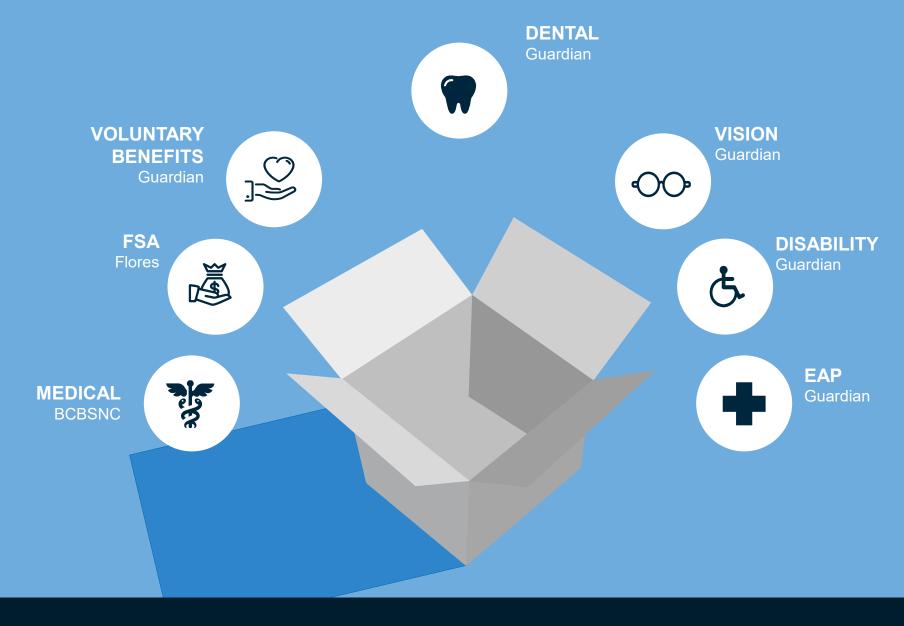
Change in other employer coverage

Regardless of reason, you must enroll within 30 days of the event!



What is New?

- Moving to Blue Cross and Blue Shield for Medical
- Your Prescription Drug Formulary is changing
 - ✓ Be sure to check your prescriptions online to note any changes to your coverage
- Things to note:
 - ✓ New ID cards will be mailed out. Watch your mail!
 - ✓ Make sure you share your new information with your providers and pharmacies. If you are on an auto-refill RX, this is especially important.
 - ✓ If you do not receive an ID card by 7/1/2023, you may download Blue Connect Mobile, which provides a digital member ID card for convenience.





Who is Eligible?

Eligibility Definition

EMPLOYEE



All full-time employees working 30+ hours/week who have completed 30 day waiting period

SPOUSE OR DOMESTIC PARTNER



Same & Opposite sex

DEPENDENTS



Your or your spouse's children to age 26 regardless of student or marital status

Medical Plans - BCBSNC





Open Access Plan In-Network

Office Visits	PCP: \$15 Copay ¹ Specialist: \$30 Copay Virtual: \$10 Copay	
Deductible	\$1,000 / \$2,000	
Prescription Drugs	Retail: \$4 / \$15 / \$35 / \$50 / 25% ² / 50% ³ Mail: 3 x Copay (Essential Formulary)	
Inpatient Services	10% after deductible	
Outpatient Services	10% after deductible	
Urgent Care	\$30 Copay	
Emergency Care	\$300 Copay	
Out of Pocket Maximum	\$3,000 / \$6,000	

¹PCP Copay is waived for the first 3 visits if PCP has been selected in Blue Connect.

²There is a \$50 per Drug Minimum and a \$100 per Drug Maximum for each 30-day supply of Tier 5 Drugs.

³There is a \$50 per Drug Minimum and a \$200 per Drug Maximum for each 30-day supply of Tier 6 Drugs.

2023 Monthly Payroll Deductions

Employee Only	\$0.00
Employee + Spouse	\$791.77
Employee + Child(ren)	\$673.00
Family	\$1,662.72



Preventive Care



PREVENTIVE CARE IS COVERED AT 100%

PREVENTIVE CARE SERVICES CAN INCLUDE MANY TYPES OF EXAMS (subject to age/gender guidelines)

- Routine physical exams
- Well baby & well child exams
- Screenings including mammograms and colonoscopies
- Some Over the Counter (OTC)
 Medications, Supplements and
 contraceptives when prescribed
 by a provider

Visit your carrier's website for a list of covered services and OTC medications.

Note: Preventive care is covered at 100% with a preventive primary diagnosis code. The service must be a covered preventive care benefit under healthcare reform.



BlueConnectNC.com

- Search for doctors, hospitals and pharmacies
- Select an in-network PCP for easy access to care
- See deductible, claims and benefits
- Access important documents like digital member ID cards and EOBs
- Compare estimated costs for providers, prescriptions and procedures
- Earn rewards for making healthy choices on the wellness portal





Blue Connect MobileSM



- Access your digital member ID Card
- View your claims
- See a summary of your benefits
- Track your deductibles and expenses
- Call/message customer service
- Use fingerprint/Touch ID sign-in





For more information, visit www.bcbsnc.com/mobile

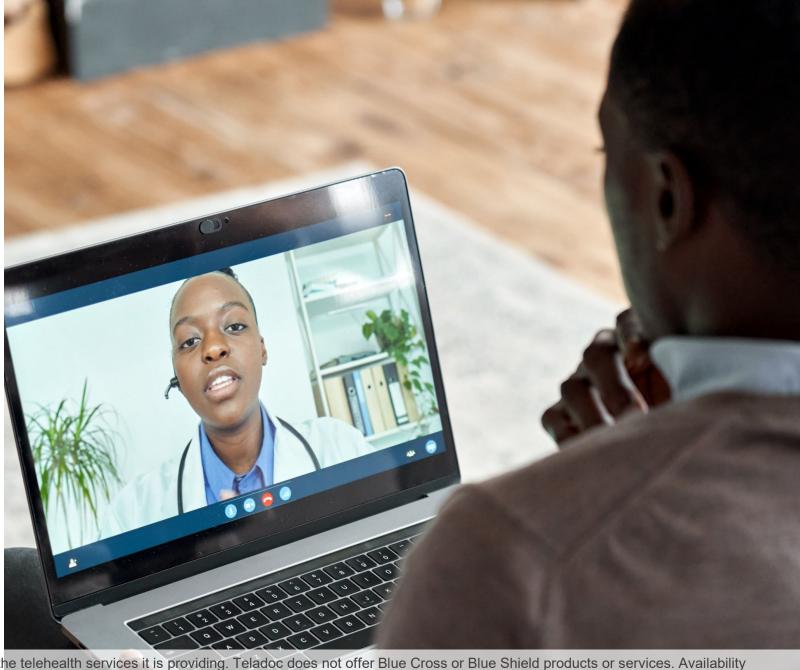
NOTE: Blue Connect Mobile is compatible with iPhone iOS 9.3 or later and Android 5.1 or later operating systems. iPhone® is a registered trademark of Apple Inc. AndroidTM is a trademark of Google Inc. Use of this trademark is subject to Google Permissions.



Telehealth with

O TELADOC_®

You can chat with a doctor on your smart phone, PC or tablet.



Teladoc is an independent company that is solely responsible for the telehealth services it is providing. Teladoc does not offer Blue Cross or Blue Shield products or services. Availability depends on location at the time of consultation. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations and exclusions. Telehealth services are not a substitute for emergency care.

Get Started Today





Download the Teladoc mobile app

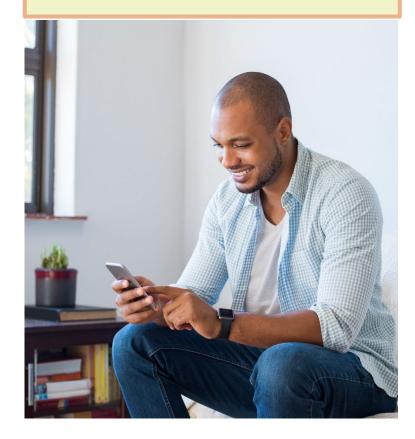
(iOS- / Android-supported)



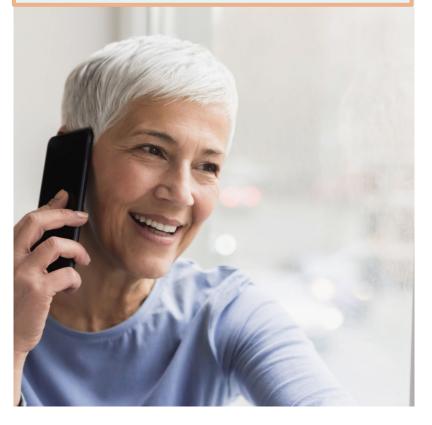
Go to *teladoc.com* and click "Set Up Account"



Call 1-800-835-2362 (1-800-Teladoc)









Get Care for Common Health Problems

Teladoc¹ can handle many non-emergency health problems:

- Allergies
- Asthma
- Constipation
- Cough, cold and flu
- Diarrhea
- Ear problems

- Fever²
- Headache
- Insect bite
- Joint aches and pains
- Nausea and vomiting
- Pink eye

- Sinus problems
- Sore throat
- Urinary problems²
- And more



1 Teladoc does not replace the primary care physician. Teladoc physicians reserve the right to deny care for potential misuse of services. 2 Children under 36 months who present with fever must be referred to their pediatrician (medical home), child-friendly urgent care center or emergency department for clinical evaluation and care. Teladoc doctors may not treat any children with urinary symptoms. Parent/guardian will be required to complete a different medical history disclosure form for children under the age of 36 months prior to making an appointment with a Teladoc doctor.



Flexible Spending Account – Flores

What You Should Know:

- Medical FSA \$3,050 plan year maximum
 - Carryover up to \$610
- Dependent Care FSA \$5,000 plan year maximum per household

- Medical FSA Pay for qualified medical/dental/vision expenses per IRS Section 213(d) tax free
- Dependent Care FSA Pay for qualified daycare expenses tax free
- Only limited funds roll over year to year
- These are "use it or lose it" accounts
- In most cases access to the FSA ends if you terminate employment

FSA Expenses







Eligible	Not Eligible		
Medical FSA: Annual Limit \$3,050			
Medical / Dental / Vision Visit Copays	Warranties & Protection Plans (for medical/dental/vision devices)		
Medical / Dental / Vision Deductibles/Co-Insurance	Cosmetic Procedures (Unless restorative)		
Eyeglasses/Contacts and Care Supplies	Diet Foods		
Orthodontics	Health/Fitness Memberships		
Prescription Drugs	Missed Appointment Fees		
Over the Counter (OTC) Drugs w/out an Rx	Toothpaste/ Teeth Whitening (unless designated as a deformity)		
Menstrual Products	Marriage Counseling		
Dependent Care: Annual Limit \$5,000			

Before/After Care Fees Overnight Camp Fees

Elder Care Fees Baby Sitting

Daycare and Preschool Fees Expenses taken as the Federal Credit

^{*} DCAP expenses are only eligible for reimbursement if they enable the employee and spouse to be gainfully employed, looking for employment, or a full-time student. DCAP Accounts are 'per household limits.' Consider this if your Spouse also has access to a DCAP through their employer.



Dental Plan - Guardian

In-Network

Plan Year	Based on Calendar Year 1/1 – 12/31
Deductible	\$0/\$0
Benefit Maximum	\$1,000 + \$250 up to \$1,000 Maximum Rollover
Preventive Care	100%
Basic Care (Endodontics & Periodontics)	80% after deductible
Major Care	50% after deductible
Orthodontia	50% (Child Only)
Lifetime Orthodontia Maximum	\$1,000

Dentist will not balance bill you Dentist will file your claims

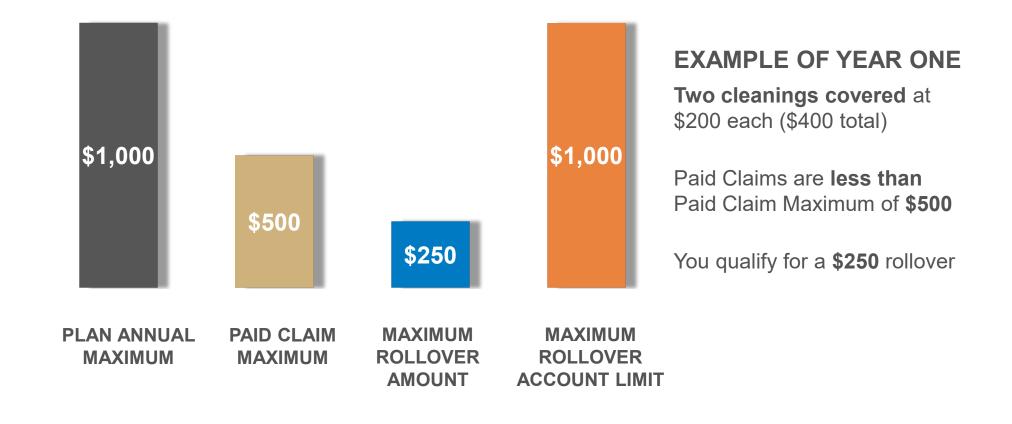
Why Use a Network Dentist?

Cost of services are less

2023 Monthly Payroll Deductions

Employee Only	\$0.00
Employee + Spouse	\$32.56
Employee + Child(ren)	\$37.79
Family	\$75.39

Dental Maximum Rollover





Vision Plan- Guardian (VSP Network)

Your In-Network Benefits Include:

- Eye Exams \$10 copay, once every 12 months
- Frames \$25 copay, covered up to a \$200 allowance, once every 24 months
- Lenses \$25 copay, once every 12 months
- Contacts (in lieu of lenses & frames) Copay will not exceed \$60, covered up to a \$200 allowance, once every 12 months

Save Money!

Exclusive Member Extras
Special Offers
Mail-In Rebates on Contact Lens Brands
Save on LASIK

2023 Monthly Payroll Deductions

Employee Only	\$0.00
Employee + Spouse	\$4.53
Employee + Child(ren)	\$4.78
Family	\$12.34



Disability - Guardian

Employee Paid Disability – At Low Cost to You

Short-term

Voluntary, 100% Employee paid

- Benefit begins after 14 days of disability for injury or illness
- You may choose a weekly benefit of \$400, \$500, \$600, \$700, \$800, \$900, or \$1,000, not to exceed 60% of weekly earnings
- Benefit period is 13 weeks including 14 day elimination period
- Your cost is based on your age and benefit election amount
- Pre-existing condition exclusions apply
- Evidence of Insurability (EOI) may be required

Long-term

100% Employer paid

- Benefit begins after 90-day elimination period
- Monthly benefit is 60% of your earnings to a maximum of \$7,000
- Benefit period is 5 years
- Pre-Existing condition exclusions apply
- Evidence of Insurability (EOI) may be required







Employee Paid Life Insurance - Low Cost To You

- Purchase up to \$250,000 for yourself, with \$100,000 guaranteed (under Age 65)
- **Spouse** benefits are covered up to the lesser of \$250,000 or your amount, with \$25,000 guaranteed (under Age 65)
- **Dependents** benefit of \$500 (birth to 14 days) then \$1,000 increments up to a guaranteed \$10,000 (ages 14 days to Age 26)
- Evidence of Insurability (EOI) may be required

Voluntary Benefits – Guardian



ACCIDENT INSURANCE

Accident insurance pays benefits when you're injured.

Accident insurance provides coverage for medical and out-of-pocket expenses that may not be covered by your major medical insurance.



CRITICAL ILLNESS INSURANCE – with Cancer

Insurance that pays a lump-sum benefit upon diagnosis of a critical illness or condition.

A critical illness insurance payout helps you avoid the financial strain a major illness can create so you can focus on your recovery. It helps give you the freedom to get the treatment you want and spend time with loved ones. Children are automatically provided coverage when employee enrolls.

CANCER INSURANCE



Insurance that pays benefits for the diagnosis of cancer, along with the treatments that are associated.

Along with an initial diagnosis benefit, this plan also pays benefits for anti-nausea medication, radiation/chemotherapy, hospital confinement, lodging, experimental treatments and more – giving you the freedom to get the treatment you want and need.



Accident - Guardian

ACCIDENT COVERAGE









Help cover the costs associated with unexpected bills due to an accident Benefits provided for (but not limited to):

- Hospital admission and/or confinement
- Doctor/urgent care treatment
- Emergency dental work
- X-rays
- Bone fractures
- Emergency room treatment
- Lodging

\$50 Health ScreeningBenefit payable if you have preventative testing done

Accidental Death and Dismemberment benefit of \$25,000 included



Critical Illness with Cancer – Guardian



LUMP SUM BENEFIT PAYABLE IF THE FOLLOWING CONDITIONS ARE DIAGNOSED

Cancer

Heart attack/ stroke
Major organ transplant
End stage renal failure
And many others...



CHOOSE YOUR BENEFIT AMOUNT

Choose your own lump sum benefit amount from \$5,000 or \$10,000

Standalone critical illness coverage or critical illness with cancer coverage options available



FAMILY COVERAGE AVAILABLE

Spouse covered at 50% of the employee benefit up to \$5,000 & children under the age of 26 covered at 25% of the employee benefit up to \$2,500

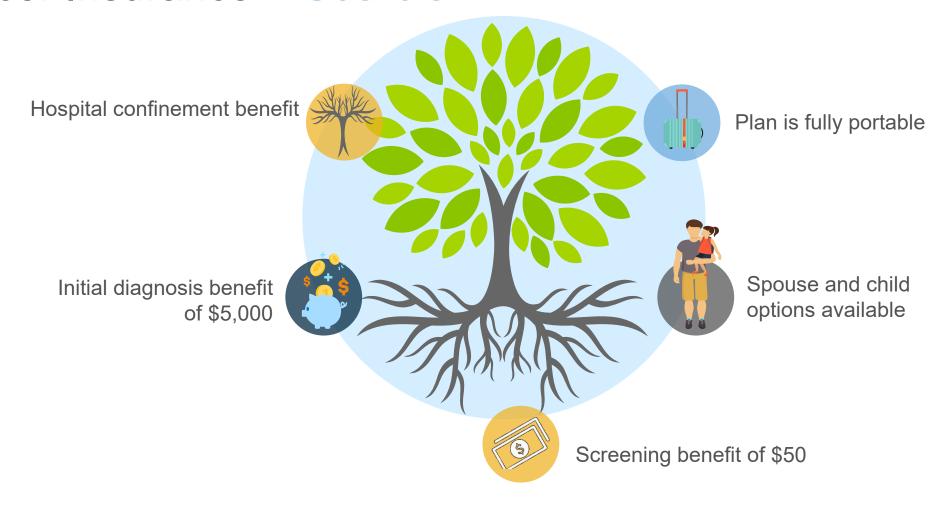


\$50 HEALTH SCREENING BENEFIT

Per year, per covered person on the plan



Cancer Insurance – Guardian





Health Screening Benefits - Guardian

- Accident Plan: \$50 Health Screening Benefit
- Critical Illness Plan: \$50 Health Screening Benefit
- Cancer Plan: \$50 Health Screening Benefit



Payable once per covered member, per year.

Eligible covered screenings include (but are not limited to):

- Blood test for triglycerides
- Stress test on a bicycle or treadmill
- Chest x-ray
- Fasting blood glucose test
- Colonoscopy
- Thermography
- Mammography
- Pap smear
- And many more...



If you are enrolled in multiple plans and have **one** qualifying preventative exam, you are eligible for benefit payments from each policy. For the full list of covered screenings please see your policy information.



Accident and Cancer Deductions

	Accident Plan Monthly rates	Cancer Plan Monthly rates
Employee	\$14.82	\$29.32
Employee + Spouse	\$22.61	\$60.25
Employee + Child(ren)	\$23.82	\$33.30
Family	\$31.61	\$64.32

Critical Illness with Cancer rates are based on your age and coverage election amount.

Employee Assistance Program – Guardian



Tension in Household?

Seeking Legal Assistance?

Having Financial Issues?

Grieving a Loss?

3 face-to-face meetings and **UNLIMITED** phone support

No Cost to you & Confidential

Call 800-386-7055

www.worklife.uprisehealth.com





How to Enroll



All enrollment and changes are done in our employee self-service system, Employee Navigator.

2

We are having an active enrollment, meaning your benefit elections will not rollover into the 2023/2024 plan year. You will need to login to make your election.

- You can elect or increase STD benefit; however you may be required to complete an Evidence of Insurability (EOI) form before benefits are approved.
- This is your opportunity to update your personal information such as home address, email and beneficiary designation

3

You will receive a new Medical ID card.



Important Notes

- Medical FSA accounts have funds available on the first date of the benefit year. Dependent Care FSA accounts have funds available as deductions occur throughout the year.
- Evidence of Insurability may be required if enrolling after first eligible for coverage.
- Late entrant penalties may be required if enrolling after first eligible for coverage.
- Individuals who are not considered employees are not eligible for pre-tax deductions, even though they may be eligible
 for benefits.
- The description in this document is intended to provide a general overview of your health & welfare benefit plans. For a
 complete description, please consult your policy.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.