



# 2022 Benefits Guide

Providers



BE WELL | BE PREPARED | BE CONNECTED



VIDANT HEALTH™



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# New Resources

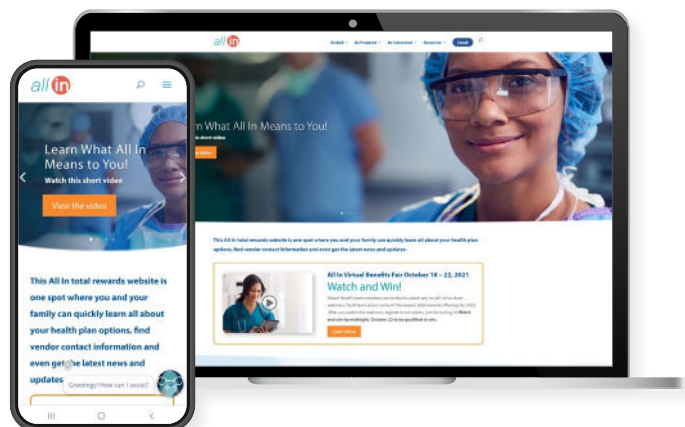
## Additional tools and resources for you and your family!

### All In Total Rewards Website

[allin.VidantHealth.com](http://allin.VidantHealth.com)

We know life is busy and you need to be able to find benefits information—24 hours a day, seven days a week—from any device, when you need it most. With that in mind, we created this site just for you as one access point for total rewards information.

Check out the site and share it with your family. Make sure to visit the website throughout the year to learn new information, including your health plan options and vendor contact information. You may even learn about a benefit you could be using at no cost. It's all there—and **all in**—for you and your family.

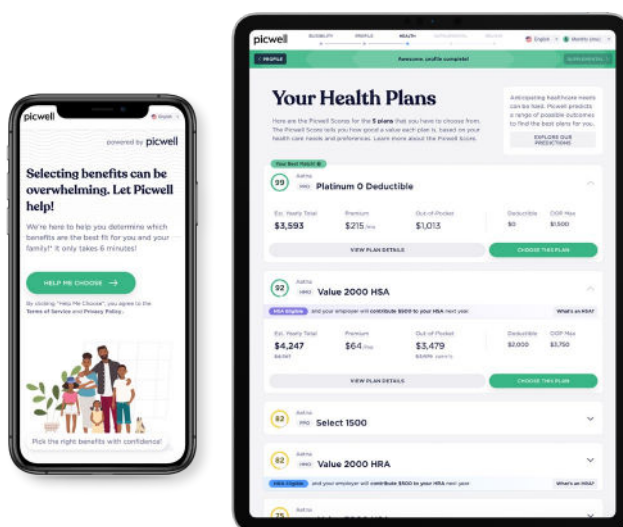


Scan this QR code using your smartphone to easily access the Vidant **All In** website.

### Choose Well with Picwell

#### Need help choosing the right plan?

Picwell, our new benefits decision support tool will help you make the very best decisions about your benefits for you and your family. Picwell offers personalized benefits guidance so you can **Be Well, Be Prepared and Be Connected**. It takes minutes—and it's simple to use! Picwell asks a few questions based on your past medical benefits usage and then crunches the numbers based on your unique health needs and preferences. You will get a personalized health cost prediction and ranking for each health plan Vidant offers. Find a link to Picwell on the **All In** website—and use it before you enroll.





## All In for You

**While you are **all in** for patient care during these extraordinary times, we are here for you. And, we carefully selected these benefits to be **all in** to help you navigate the coming year.**

### Welcome to your 2022 Benefits Guide

Use this guide to learn what is available and how to enroll in your benefits. This year we introduced a new **All In** website for you and your enrolled family members to access 24 hours a day, seven days a week. Visit **[allin.VidantHealth.com](https://allin.VidantHealth.com)** before you enroll and check back throughout the year.

Whether you are new to Vidant (Welcome!) or a team member (Thank you for your service!), in this guide and on the website, you will find a wide spectrum of plans and benefits for you and your family.

Take time to review, ask questions and make decisions that give you the best coverage to fit you and your family's needs.

Everything you need for enrollment is available in this guide and at **[allin.VidantHealth.com](https://allin.VidantHealth.com)**. If you need more details on a topic or benefit, visit AskPhin (**[AskPhin.com](https://AskPhin.com)**) to learn more. You can also call **252-816-PHIN (7446)**.

To make it easier to find important benefits in this guide and on [allin.VidantHealth.com](https://allin.vidanthealth.com), they are organized in three key categories: Be Well, Be Prepared and Be Connected.

► **Be Well**

- ▷ Medical
- ▷ Dental
- ▷ Vision

► **Be Prepared**

- ▷ Life Insurance
- ▷ Disability
- ▷ Spending Accounts
- ▷ Voluntary Benefits

► **Be Connected**

- ▷ Enrollment Online
- ▷ **All In** Benefits Extras
- ▷ Benefits Contacts

Visit the **All In** total rewards website for more details on other benefits.

These, and other benefits, such as Vidant's Retirement Program and your compensation, comprise your total rewards with Vidant. Each year, we invest more than \$500 million in team members through these plans and programs. We carefully study the market to ensure our benefits programs are the most competitive around. That's what it means to be **All In** for team members.

We are counting on you, too. You have a key role in this process. It's important to take the time now to get familiar with all your options, so you can be sure you have the coverage you need at a price that's right for you. Not sure where to begin? Use Picwell (page 3) to help guide your decisions. Ask HR Services your questions. While Vidant covers most of the expenses for the programs, you are responsible for some of those costs through bi-weekly premiums for coverage, copayments, deductibles and coinsurance.

**Take the time today to enroll in your Vidant benefits. We're All In for you.**

The details of the benefit plans are contained in official plan documents as well as insurance contracts. The benefit booklet will cover highlights of each plan and does not replace summary plan descriptions, official documents, or other policies about the benefit plan. If there is a question about one of the benefit plans or if there is a conflict between information in the benefits booklet and the formal language in official documents, the formal wording in the official documents will prevail.

Vidant Health Human Resources annual required notices are located at [allin.VidantHealth.com](https://allin.vidanthealth.com) > Document Library and are accessible from any workstation, personal computer or smartphone. The annual required notices contain general information about benefits with Vidant Health and you should take the opportunity to read and review them. You may also request at any time printed copies of these annual required notices by contacting Human Resources. By providing electronic access of annual required notices, Vidant Health can be a better steward of resources such as time, people and paper.



## New Hire Enrollment

As a new team member, you must enroll in benefits within 30 calendar days of your date of hire, or the date you become benefits eligible.

If eligible to enroll as a new hire/newly-benefit eligible team member, go to PeopleSoft Employee Self Service and click on “Benefit Details” and then click on “Benefits Enrollment” to begin your elections. If you need assistance, contact HR Services at **252-816-PHIN (7446)**.

For Annual Enrollment, go to the PeopleSoft Employee Self Service home page and click on the “Annual Enrollment” tile to begin your elections.

You can find more information about enrollment on the pages that follow, in addition to tools like Picwell to assist with your decision-making process. **Remember you need to take action to make sure you have the coverage that is right for you.**

Note: If you do not enroll, you will only have these company-paid benefits: Basic Life and AD&D and Short-term Disability.



# Eligibility

Vidant benefits are available to you if you're actively working, and assigned to a payroll classification of 0.5 FTE or higher.

Your effective date of coverage is the first day of the month following 30 days of continuous employment in a benefits-eligible position.

An enrollment window is provided each year so team members can review and change their coverage(s) for the following year's benefits plan, beginning Jan. 1. To take advantage of Vidant benefits in 2022, you must enroll by the applicable deadline.

## Eligible Dependents

- ▶ **Your spouse.** The term "spouse" means the individual lawfully married to you.
- ▶ **Your domestic partner.** Domestic partners must be 18 years of age or older and unmarried; not related by blood in any manner that would prohibit legal marriage; have assumed mutual obligations for the welfare and support of each other; share a common residence and live together as a couple in the same household; and each other's sole domestic partner.
- ▶ **Your qualified children under the age of 26.** This can be your biological son or daughter, stepson or stepdaughter, a legally adopted individual, an individual who is lawfully placed with you for legal adoption and eligible foster children.
- ▶ **Your unmarried child who is disabled, living with you, dependent on you for support and unable to support himself/herself due to a mental or physical disability.**

## Documentation Requirements for Dependents

If you enroll your spouse and/or eligible dependent child(ren), when asked, you will need to provide documentation (noted below) to Vidant's dependent verification center to confirm their eligibility for coverage. After you enroll, you will receive a packet from the dependent verification center to help guide you through the process. The first time you go through the verification, your packet will come through the U.S. mail. Subsequent information may be emailed at your discretion, or you can continue to receive a hard copy though the mail.

### Acceptable Forms of Documentation Include:

- ▶ Marriage license for spouse.
- ▶ Domestic partner attestation.
- ▶ Birth certificate for children.
- ▶ First page of your most recent tax return, listing eligible dependents (for spouse and/or children).
- ▶ Court-ordered guardianship papers, adoption papers or placement letter.
- ▶ Divorce decree to show parent/child relationship when names don't match or to identify responsibility for providing health coverage.

**Keep in mind that an individual may not be covered under the medical, dental, vision or life insurance plans as both a team member and a dependent. In addition, an individual may not be considered an eligible dependent for more than one team member.**

## Health Care Premiums

### Premiums for Coverage

Vidant provides medical, dental and vision care benefits. To access these benefits, you pay a premium, deducted before taxes, bi-weekly from your pay.

The amount you pay is determined by a few factors:

- ▶ Whether you want to include just yourself, your entire family or some combination in between.
- ▶ You have three choices for the medical plan: The Medical Savings Plan (MSP), the Basic Plan and the Choice Plan. More details about these plans can be found under the “Medical” section (starting on Page 10). While the premiums for each of these plans vary, so do the benefits covered. You should consider both the premium amount and the amount of benefits coverage under each plan before making your selection.
- ▶ You are free to choose any other health care coverage you wish and decline any coverage you do not want. For instance, you can select medical coverage, but decline dental and vision. Or select dental, but no medical or vision. Any combination is acceptable.
- ▶ For medical benefits, there are different rates for full-time versus part-time team members. For dental and vision, the rates are the same.

The team member contributions for 2022 are shown in the following tables:

### Full-Time Team Members—Bi-Weekly Deductions

Coverage	Medical Savings Plan	Basic Medical	Choice Medical	Basic Dental	Choice Dental	Vision
Single	\$35.00	\$40.00	\$53.00	\$9.00	\$17.50	\$2.71
+ Child(ren)*	\$130.00	\$152.00	\$176.00	\$16.50	\$30.50	\$4.46
+ Spouse*	\$204.00	\$238.00	\$267.00	\$19.00	\$35.50	\$4.07
Family*	\$224.00	\$261.00	\$292.00	\$27.00	\$50.50	\$6.80

### Part-Time Team Members—Bi-Weekly Deductions

Coverage	Medical Savings Plan	Basic Medical	Choice Medical	Basic Dental	Choice Dental	Vision
Single	\$98.00	\$113.00	\$125.00	\$9.00	\$17.50	\$2.71
+ Child(ren)*	\$222.00	\$259.00	\$282.00	\$16.50	\$30.50	\$4.46
+ Spouse*	\$281.00	\$329.00	\$359.00	\$19.00	\$35.50	\$4.07
Family*	\$332.00	\$387.00	\$417.00	\$27.00	\$50.50	\$6.80

\* Includes domestic partner/domestic partner's children.



## Other Premiums

### Wellness Premium

Team members enrolled in the medical plan who do not complete a Health Risk Assessment (HRA) will pay an additional \$25 per pay period. For 2022 benefits, the HRA consists of completing the Know Your Numbers Questionnaire and the Well-being Webinar when they are offered. If you have questions about the wellness premium, contact Vidant Wellness at **252-847-5590** or **vidantwellness@vidanthealth.com**.

### Spousal/Domestic Partner Premium

If your spouse is covered under one of the medical plan options offered by Vidant, and they are eligible for medical coverage through his or her employer, you will pay an additional \$50 premium per pay period. This extra premium is not necessary when:

- ▶ You and your spouse are both employed at Vidant.
- ▶ Your spouse has no group medical coverage available.
- ▶ Your spouse is enrolled for Medicare coverage.
- ▶ Your spouse is enrolled in TRICARE.

### Tobacco Use Premium

If you or a dependent use tobacco, there is an additional medical premium of \$40 per pay period. Tobacco includes smoking, chewing, dipping and e-cigarettes. If you or a family member use tobacco and enroll in a tobacco cessation program, you may apply to have the additional premium waived. Contact Vidant Wellness at **252-847-5590** or **vidantwellness@vidanthealth.com** for more details.



## Medical Plans and Pharmacy

You have options when it comes to your medical and pharmacy benefits, each with different levels of coverage. When you visit Vidant providers within the Vidant Integrated Care (VIC) network and Vidant facilities, your cost is less. When going outside of the VIC network, you will pay an increased portion of the costs.

To manage your costs most effectively, stay with in-network providers, like those in the Vidant Integrated Care (VIC) network or MedCost providers. Out-of-network providers are the most costly.

Our plans are administered by an outside company that specializes in managing claims, MedCost. If you need to request an ID card, print or view an explanation of benefits (EOB) or find a provider, visit [medcost.com](https://www.medcost.com). The Vidant group number for MedCost is 7488.

### VidantNow

You can use VidantNow to connect with a provider 24/7 by phone or online. If you enroll in the Basic or Choice medical plans, use the group code "Vidant" to receive services at no cost. If you are enrolled in the Medical Savings Plan, there is a \$49 fee for service until your deductible has been met. Visit [vidantnow.com](https://www.vidantnow.com) or download the VidantNow app from your app store.

## Comparing the Options

Before you review your medical plan options, you should understand how they work. Start with these terms:

- ▶ **Coinsurance:** A set percentage you pay of the cost of the care you receive, for example 25%.
- ▶ **Copay:** A set dollar amount you pay when you receive health care, for example \$35 when you see a specialist.
- ▶ **Deductible:** A set amount you must pay out of your pocket before the plan starts paying part of the cost, unless a copay applies.
- ▶ **Out-of-pocket maximum:** The most you will pay in a calendar year for provider visits, prescriptions, etc., for covered expenses and includes your deductible, copays and coinsurance. This "safety net" provides peace of mind for those who have a serious condition or illness.





## Basic, Choice and Medical Savings Plans

The Basic and Choice Plans are Preferred Provider Organization (PPO) plans and the Medical Savings Plan works with a health savings account to help pay for your medical expenses. Which plan works best for you depends on many factors including your budget for health care coverage and the types of treatment and services you will likely need in the coming year. To help you determine which plan is the best fit for you and your family, use Picwell (see Page 3), which compares the plans for you and provides the optimum cost option based on your needs.

With the Basic and Choice Plans, you will pay a copay at the time of service for office visits or urgent care from a VIC or MedCost network provider. You will pay a copay for most covered prescription drugs, and for most other covered services, you will pay the deductible plus coinsurance. With the Medical Savings Plan you will pay a deductible and then a portion of the covered services.

The tables (see Pages 12 and 13) provide an overview of the benefits available from each plan. With all three plans, preventive care services performed by an in-network provider are covered at 100% with no charge to you. The VIC Tier includes Vidant providers and facilities and will always provide the highest benefit. Note that if you do not use the Vidant network or the MedCost network, your costs will be considerably higher.



### New for 2022

Last year we introduced the new Vidant Integrated Care (VIC) network tier to enhance the quality and continuity of care and improve your experience, all while lowering the overall cost.

For 2022, we consolidated the Tier A benefit level with the MedCost Network Tier. The VIC tier (the most cost-effective tier to you) will remain. See the medical plan charts on pages 12-13 for details.



## Medical Savings Plan

	In-Network—VIC	In-Network—MedCost Network	Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Plan pays 50%, you pay 50%
Plan Coinsurance	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.
PCP Visit	Ded., then 5% coins.	Ded., then 25% coins.	Ded., then 50% coins.
Specialty Visit	Ded., then 10% coins.	Ded., then 25% coins.	Ded., then 50% coins.
VidantNow	Ded., then \$0	N/A	N/A
Med Deductible (Single/Family)	\$2,000/\$4,000	\$2,500/\$5,000	\$6,000/\$12,000
Med Max OOP (Single/Family)	\$6,000/\$12,000	\$6,750/\$13,500	\$12,500/\$25,000
Rx Max OOP (Single/Family)	Included with medical OOP max	Included with medical OOP max	Included with medical OOP max
Combined OOP Max (Med + Rx)	\$6,000/\$12,000	\$6,750/\$13,500	\$12,500/\$25,000
Emergency Room	Ded., then 15% coins.	VIC ded., then 15% coins.*	VIC ded., then 15% coins.*
Urgent Care	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.
Inpatient/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

\* For these services, you first pay the VIC deductible, and then the coinsurance.

## Basic Plan

Basic Plan	In-Network—VIC	In-Network—MedCost Network	Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Ded., then 50% coins.
Plan Coinsurance	Plan pays 85%, you pay 15%	Plan pays 75%, you pay 25%	Plan pays 50%, you pay 50%
PCP Visit	\$10 copay	\$65 copay	Ded., then 50% coins.
Specialty Visit	\$25 copay	\$75 copay	Ded., then 50% coins.
VidantNow	Covered at 100%	N/A	N/A
Med Ded. (Single/Family)	\$1,200/\$2,400	\$1,500/\$3,000	\$4,500/\$9,000
Med Max OOP (Single/Family)	\$4,000/\$8,000	\$5,000/\$10,000	\$10,000/\$20,000
Rx Max OOP (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
OOP Max (Med + Rx)	\$6,500/\$13,000	\$7,500/\$15,000	\$12,500/\$25,000
Emergency Room	\$250 copay + ded./ 15% coins.	\$250 copay + VIC ded./ 15% coins.*	\$250 copay + VIC ded./ 15% coins.*
Urgent Care	\$50 copay	\$60 copay	Ded., then 50% coins.
In/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

\* For these services, you first pay the VIC deductible, and then the coinsurance.

## Choice Plan

Choice Plan	In-Network—VIC	In-Network—MedCost Network	Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Ded., then 50% coins.
Plan Coinsurance	Plan pays 85%, you pay 15%	Plan pays 75%, you pay 25%	Plan pays 50%, you pay 50%
PCP Visit	\$10 copay	\$45 copay	Ded., then 50% coins.
Specialty Visit	\$15 copay	\$65 copay	Ded., then 50% coins.
VidantNow	Covered at 100%	N/A	N/A
Med Deductible (Single/Family)	\$850/\$1,700	\$1,250/\$2,500	\$3,500/\$7,000
Med Max OOP (Single/Family)	\$3,300/\$6,600	\$4,500/\$9,000	\$8,000/\$16,000
Rx Max OOP (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
OOP Max (Med + Rx)	\$5,800/\$11,600	\$7,000/\$14,000	\$10,500/\$21,000
Emergency Room	\$200 copay + ded./ 15% coins.	\$200 copay + VIC ded./ 15% coins.*	\$200 copay + VIC ded./ 15% coins.*
Urgent Care	\$40 copay	\$50 copay	Ded., then 50% coins.
In/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

\* For these services, you first pay the VIC deductible, and then the coinsurance.

## Pharmacy

Pharmacy	Medical Savings Plan		Basic and Choice	
	Vidant Pharmacy	Retail Pharmacy	Vidant Pharmacy	Retail Pharmacy
Rx Deductible	Included w/medical	Included w/medical	None	None
Rx Max OOP (Single/Family)	Included w/medical	Included w/medical	\$2,500/\$5,000	\$2,500/\$5,000
Generic (30 days)	Ded., then 10% coins.	Ded., then 20% coins.	\$10 copay	\$25 copay
Preferred Brand (30 days)	Ded., then 20% coins.	Ded., then 30% coins.	\$25 copay	\$50 copay
Non-Preferred Brand (30 days)	Ded., then 30% coins.	Ded., then 40% coins.	\$50 copay	\$100 copay
Generic (90 days)	Ded., then 10% coins.	Ded., then 20% coins.	\$30 copay	\$75 copay
Preferred Brand (90 days)	Ded., then 20% coins.	Ded., then 30% coins.	\$75 copay	\$150 copay
Non-Preferred Brand (90 days)	Ded., then 30% coins.	Ded., then 40% coins.	\$150 copay	\$300 copay
Preferred Brand Specialty Rx	Ded., then 20% coins.	No coverage	\$100 copay	No coverage
Non-Preferred Specialty Rx	Ded., then 30% coins.	No coverage	\$300 copay	No coverage
If cost exceeds \$300 for all tiers and number of day supply	N/A	N/A	15% coins.	25% coins.

Once a covered family member meets the individual out-of-pocket maximum, the plan will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. The annual out-of-pocket maximum includes amounts paid toward your deductible.

## How to Find an In-Network Provider

To locate providers in the Vidant Health Plan Provider Directory, you can log on to [medcost.com](https://medcost.com) and click “Find a Doctor.” Select “Vidant Health Plan Provider Directory” as your Network for Care.

Select “Vidant Health Plan Provider Directory” for providers in the VIC network. Select “MedCost Network Provider Directory” for providers in the MedCost network. You will get the best cost savings by going to a provider listed in the Vidant Health Plan Provider Directory. If you choose the “MedCost Network Provider Directory,” you will still have benefit coverage but will pay slightly more out of pocket.

There are additional directories for plan participants who reside outside of North Carolina, including South Carolina, Virginia and other states across the country. Checkout [medcost.com](https://medcost.com) for a full listing of directories.



## Wellness/Preventive Benefits

Treatment from in-network providers for most wellness and preventive care services are covered at 100% with no cost to you. If non-routine or non-preventive care is added at the time of treatment, such as additional tests, procedures or lab work, then the cost may be subject to copays, deductibles and coinsurance.

Using these benefits is an excellent way to take care of you! For additional details about preventive care coverages, see the summary plan description at [allin.VidantHealth.com](https://allin.vidanthealth.com) > Resources > Document Library.

To receive coverage, your provider will need to code preventive services as wellness and preventive care. If you have any questions about how your claims for preventive care are managed, contact MedCost at **800-795-1023** or visit [medcost.com](https://medcost.com).

## Prescription Drug Coverage

Prescription drug coverage for you and your covered dependents is included with the Vidant Medical Plan. MedImpact administers the prescription drug benefit for all Vidant Medical Plan participants. If you enroll in one of the medical plans, your prescription drug coverage is provided.

When you or a covered family member need a prescription filled, you may use your medical ID card at the Vidant Employee Pharmacy or a retail pharmacy that participates in the pharmacy network. You pay a share of the cost of your prescription in the form of a copay or coinsurance. The amount you pay depends whether you receive a generic, preferred brand or non-preferred brand name drug and which pharmacy you choose. Questions about Vidant prescription drug benefits? Contact MedImpact at **844-513-6009** or [medimpact.com](https://medimpact.com).



# Dental

You can choose between two dental options administered by Cigna. While you can visit any licensed dentist, your cost is lower when you visit a dentist in the Cigna network. See the chart below for the differences in coverage and benefit levels for in- and out-of-network services. To obtain a list of providers in the network, visit [my.cigna.com](https://my.cigna.com) or call **800-244-6224**.

Download the MyCigna app from your smartphone app store.

## Vidant Dental Plan

	Basic		Choice	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive	You pay 20% (deductible waived)	You pay 20% (deductible waived)	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
Deductible: Individual/Family	\$50/\$100	\$75/\$150	\$50/\$100	\$75/\$150
Basic	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 30% after deductible
Major	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
Annual Maximum Dental Benefit	\$1,000 per person	\$750 per person	\$2,000 per person	\$1,500 per person
Orthodontia (Under Age 19)	No coverage	No coverage	You pay 40% (deductible waived)	You pay 50% after deductible
Orthodontia Lifetime Maximum	No coverage	No coverage	\$1,000 per person	\$1,000 per person

If you, or any member of your family, are covered by another dental plan in addition to the Vidant Dental Plan, you should advise your dental office so that benefits can be coordinated between the plans. For more information, see the Vidant Dental Plan summary plan description on AskPhin.

## Vision

The Vision Care Plan is designed to encourage you to maintain your vision through regular exams and to help with expenses for prescription glasses and contact lenses. The vision care plan is administered by EyeMed. With this plan, you may use in- or out-of-network providers, but the level of benefit is higher when you receive care from a network provider. A listing of network providers can be found at [eyemed.com](https://eyemed.com) or by calling EyeMed directly at **844-409-3401**.

For more information, including plan limitations, exclusions and discounted services; please refer to the Vision Care summary plan description by visiting [allin.VidantHealth.com](https://allin.VidantHealth.com) > Resources > Document Library. Your provider will verify eligibility of vision benefits. Visit [eyemed.com](https://eyemed.com) for details.

EyeMed Benefit Coverage	In-Network	Out-of-Network
<b>Well Vision Exam</b> <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$20 copay	Covered up to \$44 retail
<b>Frames</b> <ul style="list-style-type: none"> <li>Every calendar year</li> </ul>	Included in Prescription Glasses <ul style="list-style-type: none"> <li>\$150 allowance</li> <li>20% off amount over your allowance</li> </ul>	Covered up to \$77 retail
<b>Lenses</b> <ul style="list-style-type: none"> <li>Single vision, lined bifocal and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	\$20 copay	Covered up to \$64 retail*
<b>Lens Option</b>	Scratch Coat: \$13 copay   Ultraviolet coat: \$15 copay Tints, solid or gradients: \$15 copay   Anti-reflective coat: \$45 copay Polycarbonate: \$40 copay   High index 1.6: \$55 copay Photochromic: \$75 copay	
<b>Contacts (instead of lenses)</b> <ul style="list-style-type: none"> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	<b>Fit &amp; Follow Up</b> <ul style="list-style-type: none"> <li>\$25 copay (Standard)</li> <li>\$25 copay; 10% off retail price, then apply \$40 allowance (Premium)</li> </ul> <b>Contact Lenses</b> <ul style="list-style-type: none"> <li>Conventional—15% off balance over \$150 allowance</li> <li>Disposable—\$150 allowance</li> </ul>	<b>Fit &amp; Follow Up</b> <ul style="list-style-type: none"> <li>Up to \$40 reimbursement</li> </ul> <b>Contact Lenses</b> <ul style="list-style-type: none"> <li>Up to \$100 reimbursement</li> </ul>
<b>Extra Savings and Discounts</b>	<ul style="list-style-type: none"> <li>40% off additional pairs of glasses once funded benefit is used</li> <li>20% off any item not covered including non-prescription sunglasses</li> <li>15% discount on conventional lenses once funded benefit is used</li> </ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price</li> <li>40% off hearing exams and a low price guarantee on discount hearing aids</li> </ul>	Discounts may not be available for out-of-network providers

\* Single covered up to \$34 retail; bifocal covered up to \$48 retail; trifocal covered up to \$64 retail.

## Savings and Spending Accounts

The Health Savings Account (HSA) and Flexible Spending Accounts (FSAs) help you save money on out-of-pocket expenses that you and your family incur during the calendar year. There are a number of different types of accounts that help to reduce your taxable income when paying for eligible expenses for yourself, your spouse and eligible dependents.

Note: You may only participate in the HSA and Limited Purpose FSA if you are enrolled in the Medical Savings Plan option.

### Flexible Spending Accounts (FSA)

The Flexible Spending Accounts are an easy way for you to keep more of your take-home pay by using “pre-tax” dollars for eligible expenses. Simply present your FSA debit card for the purchase of eligible services and goods. Using the debit card allows you to directly tap into your Healthcare and Dependent Daycare FSA, meaning better cash flow for you and no waiting period for reimbursement.

Eligible Expenses* and Guidelines	
Healthcare Flexible Spending Account	Dependent Daycare Flexible Spending Account
<ul style="list-style-type: none"><li>▶ \$2,750 annual maximum</li><li>▶ Medical plan office visit copays, deductibles and coinsurance</li><li>▶ Certain over-the-counter (OTC) items prescribed by your provider</li><li>▶ Dental plan copays, deductibles and coinsurance</li><li>▶ Orthodontia expenses</li><li>▶ Vision care expenses including contacts, glasses and LASIK surgery</li><li>▶ Expenses can be for you or anyone you claim as a dependent on your Federal tax return**</li><li>▶ Your entire election is available immediately regardless of actual payroll deduction amounts</li><li>▶ Carry over up to \$550 from 2021 into 2022</li><li>▶ Expenses must be incurred by December 31 and submitted for reimbursement by April 30 of the following year</li></ul>	<ul style="list-style-type: none"><li>▶ \$5,000 annual maximum</li><li>▶ Used for dependent day care expenses while you and your spouse work, look for work or attend school full-time</li><li>▶ Dependents include children under age 13 or dependents that are physically or mentally unable to care for themselves</li><li>▶ Can only be reimbursed up to what you have had payroll deducted (pay as you go)</li><li>▶ Expenses must be incurred by March 15 of the following year and submitted for reimbursement by April 30 of the following year</li></ul>

\* This is only an example of eligible expenses.

\*\* Visit [irs.gov](https://www.irs.gov) for definition of eligible tax dependent.



# BE PREPARED

## Limited Purpose Flexible Spending Account (Limited Purpose FSA)

The Limited Purpose FSA is for team members who are enrolled in the Medical Savings Plan and contributing to a Health Savings Account (or whose spouse is contributing to an HSA) in which case the regular Flexible Spending Account is not allowed.

### Eligible Expenses\* and Guidelines

#### Limited Purpose FSA

- ▶ \$2,750 annual maximum (medical expenses are not eligible for reimbursement)
- ▶ Dental plan copays, deductibles and coinsurance
- ▶ Orthodontia expenses
- ▶ Vision care expenses including contacts, glasses and LASIK surgery
- ▶ Expenses can be for you or anyone you claim as a dependent on your Federal tax return
- ▶ Your entire election is available immediately regardless of actual payroll deduction amounts
- ▶ Carry over up to \$550 for the following calendar year (this may increase each year due to IRS rulings)
- ▶ Expenses must be incurred by Dec. 31 and submitted for reimbursement by April 30 of the following year

\* This is only an example of eligible expenses.

### How it Works

- ▶ Estimate your expenses and make an annual election for the accounts that apply to you.
- ▶ Your annual election is calculated on a per pay period basis and deducted from your paycheck and deposited into your personal account. Payroll deductions begin from the effective date of your election and continue through the end of the calendar year.
- ▶ A debit card will be issued to new participants.
- ▶ When you incur expenses throughout the year, present your debit card for payment.
- ▶ Eligible expenses are only reimbursable if they occur on or after the date of benefit eligibility.

### Filing Claims and the Reimbursement Process

- ▶ Keep all receipts. IRS requires documentation for many expenses to confirm they are eligible under the plan.
- ▶ Use your debit card at the time of service or submit your receipts with a completed reimbursement claim form. Some debit card transactions may still require a receipt.

For more information on FSAs, including available balance, savings calculator, expense planning worksheets, reimbursement claim forms and IRS publications, visit [wexinc.com](http://wexinc.com) or call 866-451-3399.



## Health Savings Account (HSA)

The HSA is a savings account used to pay for qualified medical expenses directly with your HSA debit card or to reimburse yourself at any time for medical expenses paid out of pocket. There is no time limit to reimburse yourself.

You can contribute to an HSA only if you are enrolled in the Medical Savings Plan and are not covered by any other traditional medical plan (including your spouse's plan or Medicare) or flexible spending account.

If you enroll in the Medical Savings Plan and you choose to participate in the HSA, you will be required to contribute a minimum of \$25 to your HSA. To receive matching contributions from Vidant in your HSA, you will need to be actively contributing each pay period.

Vidant will make a quarterly matching contribution to your HSA in 2022: up to \$600 for single coverage or up to \$1,200 for "family" coverage, based upon your enrollment date. Note: Coverage that takes effect Oct. 2, 2022 or later will not receive employer contributions for the 2022 year. Family coverage for this plan is defined as any coverage other than single.

The HSA is administered by WEX. You can connect to WEX at [wexinc.com](https://www.wexinc.com) or call **866-451-3399**. Remember your money is saved pre-tax, grows tax-free and is withdrawn tax-free. You own your HSA. Your account carries over from year to year and goes with you if you take a job with another employer. In accordance with the USA Patriot Act, you may be asked to provide WEX with identification documentation to verify and establish your HSA. More information can be found on the WEX, IRS or AskPhin websites.

Maximum contributions are set by the IRS. For 2022, the maximum contribution is \$3,650 for single coverage, or \$7,300 per household. An annual catch-up amount of \$1,000 is available for team members ages 55-65.

In order to contribute to an HSA, you cannot maintain a Flexible Spending Account (FSA) except for a Limited Purpose FSA. If you have a balance of \$550 or less in your FSA as of Dec. 31, 2021, your account will be converted to a Limited Purpose FSA for 2022. Any amounts over \$550 in your FSA as of Dec. 31, 2021 will be forfeited.

If at any point you change medical plans and are no longer enrolled in the Medical Savings Plan, you cannot continue to contribute to your HSA. However, you may still use any funds in your HSA to pay for qualified medical expenses.



# BE PREPARED

## Income Protection

### Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) coverage can help you prepare for the unexpected. The chart below provides a summary of the coverage.

Plan	Benefit Amounts
Team Member Basic Life and AD&D	<ul style="list-style-type: none"><li>▶ No cost, just elect your beneficiaries for this benefit</li><li>▶ Full-time team members—coverage equal to one times annual base earnings rounded to the next higher \$1,000 (maximum \$150,000)</li><li>▶ Part-time team members—coverage equal to \$10,000</li><li>▶ Term life insurance policy</li><li>▶ At age 70, there are life insurance amount reductions</li><li>▶ Provides coverage in case of an accidental death or dismemberment</li><li>▶ Benefits are payable in the event of loss of life, limb, sight, speech or hearing</li><li>▶ Full-time team members with 10+ years of service will receive an additional \$25,000 in coverage</li></ul>
Team Member Optional Life and AD&D	<ul style="list-style-type: none"><li>▶ May purchase coverage in increments of your base salary</li><li>▶ Maximum coverage—up to 4 times your annual base salary (maximum \$500,000)</li><li>▶ Request to add coverage subject to completion and approval of evidence of insurability form if election not made when first eligible for coverage</li><li>▶ Term life insurance policy</li><li>▶ At age 70, there are life insurance amount reductions</li><li>▶ For AD&amp;D benefit, the amount matches your optional life coverage election</li><li>▶ Provides coverage in case of an accidental death or dismemberment</li><li>▶ Benefits are payable in the event of loss of life, limb, sight, and speech or hearing</li></ul>

Plan	Benefit Amounts
Spouse Life	<ul style="list-style-type: none"><li>▶ Coverage amount of \$50,000 available for spouse/domestic partner</li><li>▶ Request to add coverage subject to completion and approval of evidence of insurability form if election not made when first eligible for coverage</li><li>▶ Term life insurance policy</li><li>▶ At age 70, there are life insurance amount reductions</li><li>▶ If you and your spouse/domestic partner are Vidant team members, you are ineligible to cover your spouse/domestic partner</li><li>▶ Benefit is employer-paid for managers; if enrolling as a manager, evidence of insurability may be required</li></ul>
Child Life	<ul style="list-style-type: none"><li>▶ Coverage amount of \$10,000 available per eligible child</li><li>▶ Term life insurance policy</li><li>▶ Eligible until the child's 26th birthday</li><li>▶ Children can only be covered by one parent</li></ul>

The rates for optional insurance depend on the amount of coverage you select and your age. When you enter the enrollment system you will see the prices for coverage.



## Designate Your Beneficiary

When you enroll online for benefits, look for the prompts to designate a beneficiary for your Vidant Health-provided life insurance coverage and/or your optional life insurance plans. If a beneficiary is not designated, benefits will be paid according to the carrier policy. It is not necessary to add a beneficiary for your spousal life or child life insurance coverage since you are automatically the beneficiary for any spouse or dependent coverage you elect.

### Evidence of Insurability

You may be asked to provide Evidence of Insurability (EOI) or proof of good health, if:

- ▶ You do not enroll for coverage when first available and choose to enroll at a later date.
- ▶ You want to increase your coverage after your initial enrollment.





# BE PREPARED

## Disability

The disability benefits consist of a Short-term Disability (STD) Plan, Long-term Disability (LTD) Plan, and a Sick Leave bank for certain eligible providers. The plans work together to replace a portion of your income when you are on an approved absence from work for your own serious health condition.



Plan	Benefit Amounts and Guidelines
Sick Leave	<ul style="list-style-type: none"><li>▶ Full-time and part-time members receive a benefit for income replacement based on accumulated hours prior to 12/14/2014</li><li>▶ Income replacement at 100%</li></ul>
Short-term Disability (STD)	<ul style="list-style-type: none"><li>▶ Two plan options available: 15/11 and 30/09</li><li>▶ 15/11 has a 15-day elimination period and pays up to 11 weeks of benefits</li><li>▶ 30/09 has a 30-day elimination period and pays up to 9 weeks of benefits</li><li>▶ Pre-existing conditions apply*</li><li>▶ Contact Lincoln Financial to file your STD claim at <b>800-213-3805</b></li><li>▶ Replaces 50% of your pre-disability pay (\$1,000 per week maximum)</li></ul>
Long-term Disability (LTD)	<ul style="list-style-type: none"><li>▶ Provides coverage after a 90 day elimination period</li><li>▶ Replaces 50% of your pre-disability pay (\$5,000 monthly maximum)</li><li>▶ Pre-existing conditions apply*</li><li>▶ Contact Lincoln Financial to file your LTD claim: <b>800-213-3805</b></li></ul>
Physician Individual Disability Insurance (IDI)	<ul style="list-style-type: none"><li>▶ Bi-annual enrollment opportunity for newly eligible providers</li><li>▶ Covers more of your compensation, above LTD plan benefit maximums</li><li>▶ Discounted premiums</li><li>▶ Policy belongs to you and is portable</li><li>▶ Premiums are rate-locked</li></ul>

\* NOTE: If you become disabled during the first 12 months of coverage due to a pre-existing condition, the disability plans may not pay benefits.

Your effective date of coverage is the first day of the month following 30 days of employment or the first day of the month following 30 days of transferring into a benefit eligible classification.

For more detailed information, please see the summary plan descriptions available on [allin.VidantHealth.com](http://allin.VidantHealth.com)  
> Resources > Document Library.

# Voluntary Benefits

Voluntary benefits provide an additional layer of financial protection for you and your family. These benefits will help cover any extra out-of-pocket expenses if you suffer an unexpected, serious illness or qualifying accident.

## Accident Insurance

Injuries occurring off the job can be protected with Voya Accident Insurance. This plan is designed to pay cash directly to you. This additional cash support can be used to help pay any out-of-pocket expenses related to the injury. Payments are made tax free, to be used at your discretion.

Accident Insurance Wellness Benefit: \$50 per insured team member or covered spouse per year for completing routine wellness screenings. The child(ren)'s wellness benefit is \$25 per child, up to a \$100 maximum for all covered children.



The tables below highlight some of the key benefits covered under this plan and give an example of how this plan would pay out for a broken ankle.

Some Covered Benefits	Benefit Amount
Hospital Admission	\$1,550
Daily Hospital Confinement (up to 365 days)	\$275
Daily ICU Confinement (up to 15 days)	\$450
Burns	Up to \$20,000
Ambulance (ground/air)	\$400/\$2,000
Torn Knee Cartilage	\$900

Accident Insurance Plan	Bi-Weekly Deduction
Team Member	\$3.44
Team Member and Spouse	\$6.00
Team Member and Child(ren)	\$7.13
Family	\$9.68

Example: Broken Ankle	Example Benefit Amount
Emergency Room with X-Ray	\$315
Broken Ankle, Closed Reduction (no surgery)	\$2,250
Crutches	\$250
Physical Therapy (6 sessions)	\$360
Physician Follow-Up (per visit)	\$100
<b>Total Dollars Payable to Team Member</b>	<b>\$3,275*</b>

\* This is an example only.



# BE PREPARED



## Critical Illness Insurance

There can be a lot of expenses associated with a critical illness and a major medical plan may not cover them all. Critical Illness coverage with Voya pays cash directly to you upon a diagnosis.

You have the option to select the tiered coverage amount of your choice, and with no pre-existing condition limitations. Team members can elect up to \$30,000 of coverage on a guarantee issue basis. Spouse and child(ren) coverage is automatically included at 50% of the team member's benefit amount. A team member must elect coverage for dependents to have coverage.

Wellness Benefit: \$50 per insured team member or covered spouse per year for completing routine wellness screenings. The child(ren)'s wellness benefit is \$25 per child, up to a \$100 maximum for all covered children.

### Below is an example of how the Critical Illness plan works:

Donna's life is turned upside down when she suffered a heart attack which was followed by a stroke only a month later. Not only did she miss work, but so did her husband to help her during her recovery. Their income took a hit and bills piled up. Donna had enrolled in Voya's Critical Illness plan with a \$30,000 benefit amount per diagnosis. She received a total benefit payment of \$60,000 in her family's greatest time of need.

Example: Amount Paid to Donna	
Heart Attack	\$30,000
Stroke	\$30,000
<b>Total Direct Benefit Payment to Donna</b>	<b>\$60,000*</b>

\* This is an example.

## Hospital Indemnity Insurance

Hospital Indemnity Insurance with Voya is designed to provide financial assistance for an event that results in a hospital confinement, to supplement your current coverage. Team members can use the benefit shown below, to meet any out-of-pocket expenses and extra bills that can occur. Benefits are paid directly to you, regardless of the actual cost of treatment. Vidant Team members will receive a 50% additional benefit if treatment is sought at a Vidant facility.

Covered Benefits	Benefit Amount
Hospital Admission Benefit	\$1,000
ICU Admission Benefit (pays in addition to Hospital Admission)	\$1,000
Daily Hospital Confinement (up to 30 days per confinement)	\$200
Daily ICU Confinement (up to 15 days per confinement)	\$400

Hospital Indemnity Plan	Bi-Weekly Deduction
Team Member	\$11.38
Team Member and Spouse	\$19.65
Team Member and Child(ren)	\$19.31
Team Member and Family	\$27.58

## Whole Life Insurance

Whole Life Insurance provides you with a fixed death benefit and locks premiums in at the age you purchase coverage. You can choose to add long-term care coverage to this plan as well, combining two important benefits into one affordable product.

Whole Life Insurance also builds cash value at a guaranteed rate of 4.5%. You can borrow from that cash value or you can buy a smaller, paid-up policy—with no additional premium due.

**This plan requires a special enrollment process outside of the PeopleSoft portal. Below is the link to the website with more information as well as the phone number for the call center that can assist you with enrollment or answer any questions you may have:**

- **Website:** [benmanage.info/vidanthealth](https://benmanage.info/vidanthealth)
- **Phone Number:** 888-778-6817





# BE PREPARED

## Identity Theft

LifeLock helps provide you peace of mind with comprehensive identity theft protection. If a potential threat is detected, you are notified via email, text, phone or mobile app alerts. Should you become a victim of identity theft, LifeLock provides a dedicated restoration specialist to help restore your identity. The plan coverage details are outlined below:

Summary of Coverage	
LifeLock Identity Theft Protection	
Home Title Monitoring	X
LifeLock Skill for Amazon Alexa	X
Credit, Bank and Utility Account Freezes	X
Identity Verification Monitoring	X
LifeLock Identity Alert System	X
Payday—Online Lending Alerts	X
Credit Alerts and Social Security Alerts	X
LifeLock for Norton360 mobile app (Android and iOS)	X
Dark Web Monitoring	X
LifeLock Privacy Monitor	X
USPS Address Change Verification	X
Stolen Wallet Protection	X
Reduced Pre-Approved Credit Card Offers	X
Fictitious Identity Monitoring	X
Data Breach Notifications	X
Bank and Credit Card Activity Alerts	X
Checking and Savings Account Application Alerts	X
Bank Account Takeover Alerts	X
401(k) and Investment Account Activity Alerts	X
File Sharing Network Searches	X
Sex Offender Registry Reports	X
Prior Identity Theft Remediation	X
U.S.-Based Identity Restoration Specialists	X
24/7 Live Member Support	X
Million Dollar Protection Package	Up to \$1 million each
Credit Application Alerts	One-Bureau
Credit Monitoring	Three-Bureaus
Annual Credit Report and Credit Score	Three-Bureaus
Monthly Credit Score Tracking	One-Bureau

Summary of Coverage	
Norton Device Security	
Secures PCs, Macs and mobile devices	Up to 5 devices (family gets 10 devices)
Online Threat Protection	X
Password Manager	X
Parental Control	X
Smart Firewall	X
Cloud Backup	50 GB
Online Privacy	
SafeCam	X

Bi-Weekly Deduction	
Team Member	\$4.61
Family	\$8.76



# Legal Insurance

## Pre-Paid Legal with ARAG

You can protect yourself with Legal Insurance offered through ARAG. Your plan covers things such as will preparation, traffic tickets and real estate property protection. Your ARAG Legal plan also covers some more complex legal issues such as divorce and trusts.

Talk to an attorney without worrying about the high hourly cost.

- ▶ For a majority of legal matters, if an in-network attorney is used, the hourly fee is paid in full.
- ▶ If an out-of-network attorney is used, their fee will be discounted through the plan.

ARAG Plan	Bi-weekly Deduction
Team Member + Family	\$9.12

Key services covered by ARAG:

- ▶ Will & Estate Planning
- ▶ Real Estate Property Protection
- ▶ Minor Traffic Tickets
- ▶ Personal Bankruptcy
- ▶ Document Review and Preparation
- ▶ Landlord/Tenant Issues
- ▶ Adoption
- ▶ Divorce
- ▶ Financial Education & Counseling
- ▶ Tax Services
- ▶ Child Custody/Support Enforcement
- ▶ Services for Parents/Grandparents



## Enrollment

### Paying for Coverage

You and Vidant contribute to the cost of your benefits. For health benefits that require a team member contribution (and FSAs and HSAs, if enrolled), your share is deducted from your paycheck on a before-tax basis, and the money is taken out of your pay before the following taxes have been deducted:

- ▶ Federal income taxes
- ▶ State income taxes
- ▶ Social Security taxes

This means your current taxable income is lower, and you pay less in taxes.

Your contributions for all other benefits where you purchase coverage, such as optional life insurance, spousal and/or child life insurance, short- and long-term disability coverage are all post-tax.

The following chart provides an overview of who pays for your benefits and if they are paid before-tax or post-tax:

Benefit	Who pays the cost?	Pre-Tax or Post-Tax
Medical and Prescription Drug Coverage*	Shared	Pre-tax
Dental Coverage*	Shared	Pre-tax
Vision Coverage*	You	Pre-tax
Life Insurance—Basic	Vidant	No cost to team members
Life Insurance—AD&D	Vidant	No cost to team members
Life Insurance—Optional	You	Post-tax
Life Insurance—Optional AD&D	You	Post-tax
Life Insurance—Spouse	You	Post-tax
Life Insurance—Child	You	Post-tax
Flexible Spending Accounts—(Heath and Dependent Care)	You	Pre-tax
Health Spending Account (HSA)	Shared	Pre-tax**
Short-term Disability (STD)	You	Post-tax
Long-term Disability (LTD)	You	Post-tax
Individual Disability Insurance (IDI)	You	Post-tax
Retirement Savings Plans: 401(k) Plans	Shared	Pre-tax and Post-tax
Employee Assistance Program (EAP)	Vidant	No cost to team members
Adoption Assistance	Vidant	No cost to team members
Accident Insurance	You	Post-tax
Critical Illness Insurance	You	Post-tax
Hospital Indemnity Insurance	You	Post-tax
Whole Life Insurance	You	Post-tax
Identity Theft	You	Post-tax
Legal Insurance	You	Post-tax

\* IRS-imputed guidelines may apply.

\*\* Shared only when contributions are through Vidant payroll deductions.

## Enroll Online

To enroll, go to PeopleSoft ([myhr.VidantHealth.com](https://myhr.VidantHealth.com)). Enter your provider ID and password. Choose “Annual Enrollment” to start electing your benefits. You will be required to either elect or waive each benefit.

### Enrollment is Easy...and Just a Click Away

Below are a few reminders and helpful hints to help you through the process:

- ▶ All benefit-eligible team members need to enroll to receive benefits in 2022.
- ▶ Don't want benefits? You still need to log in and assign beneficiaries when prompted as well as decline coverages.
- ▶ New hires must enroll within 30 days of their hire date. And newly benefit-eligible team members must enroll within 30 days of the date they become benefit eligible. Keep in mind that once benefit elections have been submitted, changes to selections cannot be made until the next annual enrollment period.
- ▶ Once you are ready to enroll, you will need:
  - ▷ Your Vidant provider ID and password.
  - ▷ Social Security numbers and dates of birth for any covered dependents.
  - ▷ Beneficiary information, such as names, date of births, addresses and Social Security numbers.
- ▶ Your selections are complete once you click the “Submit” button.





# BE CONNECTED

## Making Changes During the Year

Once enrolled, you can make mid-year changes to your benefits during the plan year only within 30 days of a change in life status (qualified life event). Note: The mid-year changes you are eligible to make depend on the type of life-status change you have experienced. If you miss this 30-day deadline, you will not be able to enroll yourself or your dependents until the next annual enrollment window. Qualified life events include:

- ▶ You marry or divorce.
- ▶ You or your spouse give birth or adopt a child.
- ▶ Your spouse has a change in employment status, causing gain or loss of coverage for you or your dependents.
- ▶ You lose your current coverage under a different plan.
- ▶ Your spouse or a dependent dies.
- ▶ Your dependent child is no longer eligible or is newly eligible.

Qualified life event changes will be effective on the date of notification of the qualified life event, except for the birth or adoption of a child, which will be effective on the date of the event.

- ▶ Your dependent is eligible for the Children's Health Insurance Program Reauthorization Act of 2009 (CHIP). Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

To make a change to your benefits following a qualified life event, visit PeopleSoft Employee Self Service and click "Benefit Details" and then on "Life Events" to begin the process.



## Continuing Coverage After Termination

Under certain circumstances, after you terminate employment or no longer meet benefit-eligibility requirements, you and your dependents may continue to participate in some Vidant benefit plans through COBRA continuation coverage. If you have a COBRA-qualifying event, you will receive information from WEX regarding your specific coverage rights.

## Imputed Income for Domestic Partner Coverage

If you enroll a domestic partner or your partner's child(ren) under your medical, dental or vision plan, and that individual does not meet the IRS definition of a qualified tax dependent, the IRS considers the fair market value of the additional coverage as "imputed income."

Unlike health coverage for other family members, the value of the additional coverage is a taxable benefit. This means that the imputed income increases your taxable gross income for purposes of federal income and FICA taxes (Social Security and Medicare). Federal and FICA taxes on imputed income are withheld from each paycheck. Imputed income is separate from, and in addition to, your other benefit deductions.

The amount of your imputed income depends on:

- ▶ The plan option(s) in which you are enrolled.
- ▶ The level of coverage you elect.

Imputed income is reported on your annual W-2 form.





# BE CONNECTED



## All In Benefits Extras

Vidant offers additional benefits for team members, including:

- ▶ Retirement Program (with a Pre-tax 401(k) plan and a Roth 401(k) plan)
- ▶ Tuition Reimbursement
- ▶ Adoption Assistance
- ▶ NC 529 Plan (NC College Savings Plan)
- ▶ BenePlace Team Member Discounts

To find additional details about these benefits, visit [allin.VidantHealth.com](https://allin.VidantHealth.com).

# Benefits Contacts

## Got a question about benefits?

- ▶ Go to the **All In** website at **[allin.VidantHealth.com](https://allin.VidantHealth.com)**
- ▶ Ask a question at **[AskPhin.com](https://AskPhin.com)**

For additional resources, use the chart below for contact information for each of the benefits offered in this guide.

Benefit	Provider	Phone #	Website	Description
NC 529 College Savings Plan	CFNC	<b>866-866-2362</b>	<b><a href="https://cfnc.org/save/save.jsp">cfnc.org/save/save.jsp</a></b>	Enrollment in the NC 529 College Savings Plan
Dental Plan	CIGNA	<b>800-244-6224</b>	<b><a href="https://my.cigna.com">my.cigna.com</a></b>	Dental claims, EOB, Provider, ID Card
Dependent Eligibility Vendor	Alight	<b>800-725-5810</b>	<b><a href="https://yourdependentverification.com/plan-smart-info">yourdependentverification.com/plan-smart-info</a></b>	Verification of dependent eligibility
Disability—Short- and Long-term	Lincoln Financial	<b>800-213-3805</b>	<b><a href="https://mylincolnportal.com">mylincolnportal.com</a></b>	Disability claims and covered benefits
Discount Page	BenePlace	<b>800-683-2886</b>	<b><a href="https://beneplace.com/vidanthealth">beneplace.com/vidanthealth</a></b>	Discounts for a variety of merchants
Employee Assistance Program (EAP)	Vidant Health	<b>877-843-7207 or 252-847-4357</b>	<b><a href="https://myvidanthealth.com/Employee_Assistance_Program">myvidanthealth.com/Employee_Assistance_Program</a></b>	Counseling Services, Behavioral health, Legal advice and Substance abuse issues
FSA—Flexible Spending (Health and Dependent Day Care)	WEX	<b>866-451-3399</b>	<b><a href="https://wexinc.com">wexinc.com</a></b>	Flexible spending claims and covered benefits
Health Savings Account (HSA)	WEX	<b>866-451-3399</b>	<b><a href="https://wexinc.com">wexinc.com</a></b>	Flexible spending claims and covered benefits
Life Insurance	Lincoln Financial	<b>800-213-3805</b>	<b><a href="https://mylincolnportal.com">mylincolnportal.com</a></b>	Life claims and covered benefits
Medical Plan	MedCost	<b>800-795-1023</b>	<b><a href="https://medcost.com">medcost.com</a></b> Plan Group Number: 7488	Medical claims, EOB, Provider Network, Temporary ID Card
Pharmacy—Prescription Drug Benefit	MedImpact	<b>844-513-6009</b>	<b><a href="https://medimpact.com">medimpact.com</a></b>	Pharmacy claims and covered benefits
Retirement—Pension	VidantPension Center	<b>866-261-3573</b>	<b><a href="https://myvidantpension.penproplus.com/login">myvidantpension.penproplus.com/login</a></b>	Pension information for eligible team members
Retirement Savings Plans: 401(k)	Fidelity Investments	<b>800-343-0860</b>	<b><a href="https://netbenefits.com">netbenefits.com</a></b>	Online enrollment and customer service assistance
SmartStarts Pregnancy Wellness Program	MedCost	<b>800-795-1023</b>	<b><a href="https://medcost.com/CareManagement/MaternityManagement">medcost.com/CareManagement/MaternityManagement</a></b>	Assigns experienced prenatal nurses to work with expectant mother's physician
Vision	EyeMed	<b>888-581-3648</b>	<b><a href="https://eyemed.com">eyemed.com</a></b>	Vision claims and covered benefits



# BE CONNECTED

Benefit	Provider	Phone #	Website	Description
<b>Voluntary Benefits</b>				
Critical Illness Insurance Accident Insurance Hospital Indemnity	VOYA	<b>877-236-7564</b>	<b><a href="http://voya.com/claims">voya.com/claims</a></b>	Cover any extra out-of-pocket expenses if you suffer an unexpected, serious illness or qualifying accident
Whole Life Insurance	UNUM	<b>800-635-5597</b>	<b><a href="http://unum.com/employees">unum.com/employees</a></b>	Provides you with a fixed death benefit and locks premiums in at the age you purchase coverage
Physician Individual Disability Insurance (IDI)	UNUM	<b>888-226-7959</b>	<b><a href="http://unum.com/employees">unum.com/employees</a></b>	IDI covers more of your compensation, above LTD plan benefit maximums
ID Theft Protection	NortonLifeLock	<b>800-607-9174</b> 9:00 am-7:00 pm Eastern Time	<b><a href="http://lifelockbusinesssolutions.com/EmployeeBenefits/BenefitPremier">lifelockbusinesssolutions.com/EmployeeBenefits/BenefitPremier</a></b>	Helps provide peace of mind with comprehensive identity theft protection
Legal Services	ARAG	<b>800-247-4184</b> Monday-Friday 8:00 am-8:00 pm Eastern Time	<b><a href="http://ARAGlegal.com/myinfo">ARAGlegal.com/myinfo</a></b> Access Code: 18778vh	Plan covers things such as will preparation, traffic tickets and real estate property protection and even more complex legal issues such as divorce and trusts





**VIDANT HEALTH™**

This benefits guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.