

**Plan Information**

**Consumer Driven Health Plans**

- ◆ The Deductible must be met before any non-preventive benefits will be paid including prescriptions.
- ◆ Any preventive services listed as such on the [www.healthcare.gov](http://www.healthcare.gov) website will be paid at 100%.

Plan Details	Tier 1 CVMC	Tier 2 In- Network	Tier 3 Out-of- Network
Deductible - Individual	\$1,500	\$1,500	\$3,000
Deductible - Family	\$3,000	\$3,000	\$6,000
Out-of-Pocket -Indiv.	\$3,000	\$3,000	Unlimited
Out-of-Pocket - Family	\$6,000	\$6,000	Unlimited

**Spouse/Domestic Partner Eligibility**

- ◆ Spouses and domestic partners, who are eligible for medical insurance through their employer, must elect that coverage as primary in order to be covered under the CVMC medical plan as secondary. Only spouses and domestic partners with no access to other medical insurance will be considered primary.

**Telemedicine Services**

- ◆ The plan includes a benefit for Telemedicine services for general medicine and behavioral health.

**Health Spending Account**

- ◆ Our Consumer Driven Health Plan works with a Health Savings Account (HSA) to allow you to save for future medical expenses. Catawba Valley Medical Center will contribute each plan year \$500 for Employee Only, Employee + Child, Employee + Children and Employee + Spouse/DP coverage tiers; and \$1,000 for the Family coverage tier. Employees are allowed to contribute as allowed under current IRS regulations.

**Third Party Administrator**

- Allegiance
- ◆ Customer Service: 855-999-8874
  - ◆ Website: [www.askallegiance.com/CVMC](http://www.askallegiance.com/CVMC)
  - ◆ Network: Open Access Plus Medical Network

**Rx Vendor**

- MedImpact
- ◆ Customer Service: 888-741-4996
  - ◆ Website: [www.medimpact.com](http://www.medimpact.com)
  - ◆ Card Information: RxBIN - 003585; PCN - ASPROD1; RxGRP - PHI25

**Healthcare Provider Services**

Primary Care Physicians	Benefit
◆ Preferred Providers (Tier 1 & 2)	◆ Payable at 80%, if applicable*
◆ Out-of-Network Providers (Tier 3)	◆ Payable at 80%, if applicable*
Specialist Physicians s*	Benefit
◆ Preferred Providers (Tier 1 & 2)	◆ Payable at 80%
◆ Out-of-Network Providers (Tier 3)	◆ Payable at 60%

\*Note: Emergency Room Physicians are considered Specialist Physicians. There will be no cost sharing for certain wellness/preventive care services as outlined in the Summary Plan Description.

**Wellness Incentives**

Wellness Incentive	Benefit
◆ Smoking Cessation Benefit	◆ Chantix (filled at CVMC Employee Pharmacy) 2 cycles

**Facility Services (Inpatient/Outpatient)**

Facility	Benefit
◆ Preferred Provider (Tier 1)	◆ Payable at 90%
◆ Preferred Providers (Tier 2)	◆ Payable at 80%
◆ Out-of-Network Providers (Tier 3)	◆ Payable at 60%

**Emergency and Urgent Care Services**

Facility	Benefit
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◆ Preferred Provider- CVMC	◆ Payable at 90%
◆ Out-of-Network Provider/Urgent Care - Other Facilities	◆ Payable at 80%

**Prescription Benefit for Medical Plan Participants - After Deductible is Met**

Category	Employee Pharmacy Co-Pay Rate			MedImpact -Retail Co-Pay Rate			MedImpact Direct* Co-Pay Rate		
	30-Day	60-Day	90-Day	30-Day	60-Day	90-Day	30-Day	60-Day	90-Day
◆ Generic	\$5.00	\$10.00	\$15.00	\$15.00	N/A	N/A	\$5.00	\$10.00	\$15.00
◆ Formulary	\$15.00	\$30.00	\$45.00	\$40.00	N/A	N/A	\$15.00	\$30.00	\$45.00
◆ Name Brand	\$25.00	\$50.00	\$75.00	\$60.00	N/A	N/A	\$25.00	\$50.00	\$75.00
◆ Specialty	\$100.00	N/A	N/A	N/A	N/A	N/A	\$100.00	N/A	N/A

\*For more information about MedImpact Direct, go to [www.medimpactdirect.com](http://www.medimpactdirect.com) or call (855) 873-8739.

**Employees Working 30 or More Hours a Week  
Health4Us Participant Medical Plan Premium Rates (Bi-Weekly)**

Plan Category	Premiums Per Pay Period	Tobacco Surcharge Per Pay Period*	COBRA Monthly Premium Rates
◆ Employee Only	◆ \$17.64	◆ \$80.00	◆ \$745.10
◆ Employee + Child	◆ \$47.41	◆ \$80.00	◆ \$1,242.15
◆ Employee + Children	◆ \$82.69	◆ \$80.00	◆ \$1,552.78
◆ Employee + Spouse/DP	◆ \$98.12	◆ \$160.00	◆ \$1,739.19
◆ Family	◆ \$110.25	◆ \$160.00	◆ \$1,987.71

**Employees Working 30 Hours a Week  
NON-Health4Us Participant Medical Plan Premium Rates (Bi-Weekly)**

Plan Category	Premiums Per Pay Period	Tobacco Surcharge Per Pay Period*	COBRA Monthly Premium Rates
◆ Employee Only	◆ \$57.64	◆ \$80.00	◆ \$745.10
◆ Employee + Child	◆ \$87.41	◆ \$80.00	◆ \$1,242.15
◆ Employee + Children	◆ \$122.69	◆ \$80.00	◆ \$1,552.78
◆ Employee + Spouse/DP	◆ \$178.12	◆ \$160.00	◆ \$1,739.19
◆ Family	◆ \$190.25	◆ \$160.00	◆ \$1,987.71

\*For medical plan participants that were not compliant in their Health4Us tobacco usage agreement.