

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 website will be paid at 100%.

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.

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

Teladoc Services

- ◆ The plan includes a benefit for Teladoc services for general medicine; dermatology; 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

- United Medical Resources (UMR)
- ◆ Customer Service: 844-368-6660
 - ◆ Website: www.umar.com
 - ◆ Network: United Healthcare Choice Plus Network (www.umar.com/oss/cms/UMR/Choice_Plus_Excl.html)

Rx Vendor

- MedImpact
- ◆ Customer Service: 888-741-4996
 - ◆ Website: 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*	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

Benefit Coverage Exceptions (No benefit coverage at Frye Regional Medical Center & its affiliates)

Exception	Benefit
◆ Open Heart Surgery	◆ Payable at 80%
◆ Emergency Room	◆ Payable at 60%; Unlimited Out of Pocket
◆ If admitted as an Inpatient after receiving treatment in ED	◆ Payable at 60%; Unlimited Out of Pocket.

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
◆ Preferred Provider- CVMC	◆ Payable at 90%
◆ Preferred Provider- CV Urgent Care	◆ Payable at 90%
◆ Out-of-Network Provider- 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 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	◆ \$720.43
◆ Employee + Child	◆ \$47.41	◆ \$80.00	◆ \$1,201.03
◆ Employee + Children	◆ \$82.69	◆ \$80.00	◆ \$1,501.39
◆ Employee + Spouse/DP	◆ \$98.12	◆ \$160.00	◆ \$1,681.62
◆ Family	◆ \$110.25	◆ \$160.00	◆ \$1,921.92

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	◆ \$720.43
◆ Employee + Child	◆ \$87.41	◆ \$80.00	◆ \$1,201.03
◆ Employee + Children	◆ \$122.69	◆ \$80.00	◆ \$1,501.39
◆ Employee + Spouse/DP	◆ \$178.12	◆ \$160.00	◆ \$1,681.62
◆ Family	◆ \$190.25	◆ \$160.00	◆ \$1,921.92

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