

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%.

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 WellViaTelemedicine services for general medicine and behavioral health. 855-935-5842 / www.wellviasolutions.com

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
- ◆ Network: Open Access Plus Medical Network

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 Physician s	Benefit
◆ Preferred Providers Tier 1	◆ Payable at 90%, after deductible, if applicable*
◆ Preferred Providers Tier 2	◆ Payable at 80% after deductible
◆ Out-of-Network Providers Tier 3	◆ Payable at 80%, after deductible
Specialist Physician s*	Benefit
◆ Preferred Providers Tier 1	◆ Payable at 90%, after deductible
◆ Preferred Providers Tier 2	◆ Payable at 80%, after deductible
◆ Out-of-Network Providers Tier 3	◆ Payable at 60%, after deductible

*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	◆ Smoking cessation products prescribed by a Physician or Licensed Health Care Provider payable at 100% only when obtained through In-House Pharmacy.

Benefit Coverage Exceptions (No benefit coverage at Frye Regional Medical Center & its affiliates)	
Exception	Benefit
◆ Open Heart Surgery	◆ Payable at 80%, after Deductible
◆ Emergency Room	◆ Payable at 90%, after Deductible
◆ If admitted as an Inpatient after receiving treatment in ED	◆ Payable at 60%; \$50 Copayment per occurrence, Unlimited Out of Pocket.

Facility Services (Inpatient/Outpatient)	
Facility	Benefit
◆ Preferred Provider (Tier 1)	◆ Payable at 90%, after Deductible
◆ Preferred Providers (Tier 2)	◆ Payable at 80%, after Deductible
◆ Out-of-Network Providers (Tier 3)	◆ Payable at 60%, after Deductible

Emergency and Urgent Care Services	
Facility	Benefit
◆ Preferred Provider- CVMC	◆ Payable at 90%, after Deductible
◆ Other Providers (Tier 2/3)	◆ Payable at 90%, after Deductible
◆ Urgent Care	◆ Payable at 80%, after Deductible

Telemedicine	
Facility	Benefit
◆ WellVia Consultations	◆ 90%, after Deductible

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.

Employee s 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	◆ \$772.43
◆ Employee + Child	◆ \$47.41	◆ \$80.00	◆ \$1,287.72
◆ Employee + Children	◆ \$82.69	◆ \$80.00	◆ \$1,609.75
◆ Employee + Spouse/DP	◆ \$98.12	◆ \$160.00	◆ \$1,802.99
◆ Family	◆ \$110.25	◆ \$160.00	◆ \$2,060.63

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	◆ \$772.43
◆ Employee + Child	◆ \$87.41	◆ \$80.00	◆ \$1,287.72
◆ Employee + Children	◆ \$122.69	◆ \$80.00	◆ \$1,609.75
◆ Employee + Spouse/DP	◆ \$178.12	◆ \$160.00	◆ \$1,802.99
◆ Family	◆ \$190.25	◆ \$160.00	◆ \$2,060.63

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