

Plan Information

Preferred Provider Network

- ◆ The plan utilizes the Allegiance network.
- ◆ Preferred providers can be found on their website (www.askallegiance.com/CVMC)

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	\$100	\$300	\$300
Deductible - Family	\$300	\$900	\$900
Out-of-Pocket - Indiv.	\$1,000	\$1,500	Unlimited
Out-of-Pocket - Family	\$3,000	\$4,500	Unlimited
Out-of-Pocket - Rx-Ind	\$1,000	\$1,000	Unlimited
Out-of-Pocket-Rx-Fam	\$3,000	\$3,000	Unlimited

Telemedicine Services

- ◆ The plan includes a benefit for WellVia Telemedicine services for general medicine and behavioral health. 855-935-5842 / www.wellviasolutions.com

Hospital/Facility Services

- ◆ The plan utilizes the services of Catawba Valley Medical Center and other preferred facilities in the Allegiance network.

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
 - ◆ Plan Information: RxBIN - 003585; PCN ASPROD1; RxGRP - PHI25

Healthcare Provider Services

Primary Care Physician s	Benefit
◆ Preferred Providers (Tier 1 & 2)	◆ Payable at 100% after \$20 Employee Co-Pay Per Visit, if applicable*
◆ 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 (Tier2)	◆ 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 preventive services as outlined in the Summary Plan Description and at www.healthcare.gov.

Wellness Incentives

Wellness Incentive	Benefit
◆ Smoking Cessation Benefit	◆ Smoking cessation products prescribed by a Physician or Licensed Health Care Provider only when obtained through In-House Pharmacy are covered at 100%

Telemedicine

Facility	Benefit
◆ WellVia Consult	◆ \$100% after \$20 Copay

Benefit Coverage Exceptions

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

Exception	Benefit
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◆ Open Heart Surgery	◆ Payable at 80% after deductible
◆ Emergency Room	◆ \$100 Per Visit Co-Pay if not admitted; Payable at 90%; Unlimited Out of Pocket
◆ If admitted as an Inpatient after receiving treatment in the Emergency Room.	◆ \$50 Per Visit Co-Pay; Payable at 60%; Unlimited Out of Pocket

Hospital/ Facility Services (Inpatient/Outpatient)	
Facility	Benefit
◆ Preferred Provider (Tier 1)	◆ 90%
◆ Preferred Providers (Tier 2)	◆ \$200 Copayment Per Admission, 80% after Deductible
◆ Out-of-Network Providers (Tier 3)	◆ \$2,000 Copayment Per Admission, 60% after Deductible

Emergency Services	
Facility	Benefit
◆ Tier 1, 2 or 3	◆ \$100 copay, 90% (Waived if Admitted)

Urgent Care Services	
Facility	Benefit
◆ Urgent Care Providers (Tier 2/3)	◆ \$75 copay, 80%

Prescription Benefit for Medical Plan Participants									
Category	Employee Pharmacy Copay Rate			MedImpact-Retail Copay Rate			MedImpact Direct* Copay 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	◆ \$35.28	◆ \$80.00	◆ \$901.18
◆ Employee + Child	◆ \$94.82	◆ \$80.00	◆ \$1,502.29
◆ Employee + Children	◆ \$164.27	◆ \$80.00	◆ \$1,877.99
◆ Employee + Spouse/DP	◆ \$196.25	◆ \$160.00	◆ \$2,103.40
◆ Family	◆ \$220.50	◆ \$160.00	◆ \$2,403.96

Employees Working 30 or More 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	◆ \$75.28	◆ \$80.00	◆ \$901.18
◆ Employee + Child	◆ \$134.82	◆ \$80.00	◆ \$1,502.29
◆ Employee + Children	◆ \$204.27	◆ \$80.00	◆ \$1,877.99
◆ Employee + Spouse/DP	◆ \$276.25	◆ \$160.00	◆ \$2,103.40
◆ Family	◆ \$300.50	◆ \$160.00	◆ \$2,403.96

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