



**NC HEALTH\***

# 2023 Benefits & Enrollment Guide



Care for *Me*

**COVERAGE EFFECTIVE JANUARY 1, 2023**

RONC OE2023

*\*NC Health is the trade name or "doing business as" name for Rex Healthcare, Inc.*

**myHR**

 **Service Center**

Monday - Friday: 8 a.m. - 5 p.m.  
984-215-2800

 **Email**

[myHR@unhealth.unc.edu](mailto:myHR@unhealth.unc.edu)

 **Portal**

[myhr.unch.unc.edu](http://myhr.unch.unc.edu)

**UNC Health for Me is our commitment to teammates from recruitment to retirement that includes ways we welcome, engage, develop, care for, include and value our teammates. We're dedicated to providing you and your family with benefits that are as unique as you are. Use this guide to plan for your Carolina Care, and refer to the UNC Health for Me intranet for summary plan information.**

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**If you (and/or) your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 62-63 for more details.**

# CONTACT INFORMATION



**Service Center**  
Monday - Friday: 8 a.m. - 5 p.m.  
984-215-2800



**Email**  
myHR@unhealth.unc.edu



**Portal**  
myhr.unch.unc.edu

## Coverage Administrators

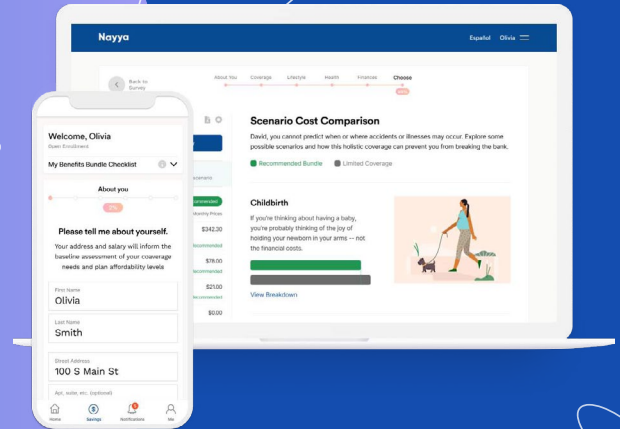
Coverage	Administrator	Contact Number	Website / Email / Information
Medical	UMR	877-265-9194	umr.com
UNC HealthLink		855-848-0424	
COBRA	UMR	800-207-1824	Email: mycobra@umr.com
Pharmacy	Magellan Rx	800-424-5892	unhealthcare.magellanrx.com
CAMP	UNC Pharmacy	984-215-6844	Email: CAMPClinic@unhealth.unc.edu
UNC Health Virtual Care Now	UNC Health	888-909-9681	virtualcarenow.unhealth.org
Health Savings Account	Optum Bank	866-234-8913 Opt. 1	optumbank.com
Flexible Spending Account & Dependent Care	P&A Group	800-688-2611	padmin.com
Well-being	Vitality	877-224-7117	Email: wellness@powerofvitality.com User login: PowerofVitality.com
Dental	Ameritas	800-487-5553	ameritas.com
Vision	EyeMed	866-800-5457	eyemed.com
Life/AD&D	Sun Life	800-SUN-LIFE	sunlife.com/us
Disability	Sun Life	800-SUN-LIFE	sunlife.com/us
Employee Assistance Program	ComPsych	866-726-3619	guidanceresources.com Web ID: NCHEALTH
Voluntary Benefits	UNC Health Benefit Specialists	855-888-UNC8	Email: bsprayberry@creativeworksitesolutions.com
Home & Auto	Farmers Insurance	800-438-6381	Discount Code: EEI
Legal Plan	MetLife	800-821-6400	info.legalplans.com
Home & Auto Insurance	Liberty Mutual	800-699-5298	libertymutual.com/unhealth
Pet Insurance	Liberty Mutual	844-250-9199	pet.libertymutual.com/unhealth

**When contacting any of the companies above, it is important to have the insurance card or ID number(s) of the subscriber for the coverage you are calling about as well as any appropriate paperwork, such as an explanation of benefits, provider invoice/billing statement, a denial letter, etc.**

## Nayya

# Selecting Your Benefits User Guide

**Nayya Choose**, our data-driven decision support platform, is designed to present you with your personalized benefits bundle recommendation so you can feel more confident in your benefits decisions.



## The support you deserve while you select your health and wellness benefits



### How does it work?

Nayya walks you through enrollment with a quick, step-by-step assessment to determine the right level of coverage based on your unique needs.



### We'll take care of the heavy lifting

Nayya provides a bundled recommendation that encompasses the full portfolio of your available benefits, such as medical, dental, and vision, as well as HSA investment support, providing a holistic view of your coverage.

## Let's get started

1. Your benefits enrollment experience kicks off with a welcome email from Nayya that provides access instructions. To access the Choose portal, please use the link you received via email or scan the QR code to your right.
2. Within the Choose assessment, you will have the option to connect to your medical insurance carrier. Once linked, Nayya will analyze your past insurance usage to determine the right level of benefits for you moving forward. You will then be asked to answer simple questions about your family, lifestyle, and any upcoming life changes you have planned, such as if you are getting married or having a baby.
3. After finishing the assessment, you will then be provided with your bundled benefits recommendations and directed to complete the enrollment process.



### Any questions? We're here to help!

For support, you can access the Nayya Help Center where you can search our knowledge base, browse FAQs, and chat with a customer service representative. Still can't find what you're looking for? Send us a note at [customersuccess@nayya.com](mailto:customersuccess@nayya.com) for more.



HIPAA and SOC 2 compliant

Learn more at [nayya.com](https://www.nayya.com)

# BENEFITS ENROLLMENT PORTAL

## To enroll in NC Health benefits for 2023, follow these instructions for using the Benefits Enrollment Portal:

- 1 At any computer with an internet connection, go to [secure-enroll.com/go/unchealth2](https://secure-enroll.com/go/unchealth2)
- 2 If you are logging in for the first time or during annual open enrollment, you will be prompted to create a username and password. If you previously logged in but do not remember your username or password, select “Can’t access your account” and follow the prompts.
- 3 Once you are successfully logged into [secure-enroll.com/go/unchealth2](https://secure-enroll.com/go/unchealth2), select the “Dependents” section to add dependents. (You need to confirm dependent coverage every year at Open Enrollment.)
- 4 Next, select the “Get Started” section on the homepage to begin the enrollment process.
- 5 At the completion of your enrollment, use the “Logout” button to exit the system.

For Open Enrollment, all passwords will be reset to the teammates Social Security Number, without dashes. Usernames will not be reset for anyone that has logged in previously.

**Benefitplace**

## Welcome to Benefitfocus!

Benefitfocus provides employers, insurance carriers and consumers a single Web-based platform for shopping, enrolling, managing and exchanging benefit information.

**Log in to your account**

**Username**

[Forgot username](#)

**Password**

[Reset password](#)

[Can't access your account? ▶](#)

[Create an account ▶](#)

**Supported Browsers**  
[Learn about Officially Supported Browsers](#)

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# BENEFITS ELIGIBILITY

## ELIGIBILITY

Rex Healthcare, Inc., d/b/a NC Health ("NC Health") is pleased to offer you health and welfare benefits that are designed to protect you and your family while you are employed with NC Health.

The following groups of NC Health teammates are eligible for the benefit programs described in this Guide:

- **Full-time ("FT") Teammates working 30 or more hours per week**
- **Part-time ("PT") Teammates working 20-29 hours per week (17.5-29 hours per week for physicians)**

## DEPENDENT ELIGIBILITY

Your dependents may also be covered under the benefit plans as described below.

Benefit	Legal Spouse	Dependent Children
Medical / Rx	Covered	Up to age 26
Dental	Covered	Up to age 26
Vision	Covered	Up to age 26
Voluntary Life	Covered	Up to age 26 if unmarried

Dependent children coverage terminates at the end of the month in which they turn 26.

You may be asked to provide proof of dependent eligibility in the form of:

- **Copy of your marriage certificate, and/or**
- **Copy of birth certificate(s) of your dependent(s)**

You must notify NC Health when your dependents no longer meet the eligibility criteria.

## COVERAGE FOR NEW TEAMMATES

As a new teammate, it is important you review the benefit information and enroll in benefits during your initial new hire eligibility period. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period unless you experience a qualifying event.

## BENEFITS EFFECTIVE

Medical, Dental, Vision, Flexible Spending Accounts, Basic Life, Long Term Disability, Voluntary Life, Voluntary AD&D and Voluntary Short Term Disability coverage are effective the first of the month following your date of hire. New teammates have up to 30 days after their eligibility date to enroll.

## QUALIFYING LIFE EVENT

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. Also, within the timeframes noted below, you must request the benefit change online at [secure-enroll.com/go/unchealth2](https://secure-enroll.com/go/unchealth2) and submit all required documentation, or you will need to wait until the next annual open enrollment period. Examples of qualifying events and the applicable deadlines to request benefit changes include:

Qualifying Event	Timeframe to Notify HR*
Marriage, divorce or legal separation	30 days
Birth, adoption or placement for adoption	30 days
Death of a dependent	30 days
Change in your spouse's employment status	30 days
Change in coverage under your spouse's plan	30 days
A loss of eligibility for other health coverage	30 days
Change in dependent child's status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them	30 days
Judgment, decree or court order allowing you to add or drop coverage for a dependent child	30 days
Change in eligibility for Medicare or Medicaid	60 days
Termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP)	60 days
Becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP	60 days

\* days from the qualifying event

## TERMINATION OF COVERAGE

If employment is terminated, most benefits will end the last day of the month. FSA & disability benefits end on your last day worked. HSA accounts go with you after termination.

## COBRA CONTINUATION COVERAGE

When you or any of your dependents no longer meet the eligibility requirements for a health plan, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

# YOUR COSTS FOR MEDICAL, DENTAL & VISION COVERAGE

	2023 PAYROLL DEDUCTIONS (PER PAY PERIOD)			
	TEAMMATE ONLY	TEAMMATE + SPOUSE	TEAMMATE + CHILD(REN)	TEAMMATE + FAMILY
<b>MEDICAL: FT Non Well-Being Deductions</b>				
PPO Copay Plan	\$87.12	\$182.99	\$156.73	\$279.77
High Deductible (HSA)	\$33.09	\$69.52	\$59.54	\$106.31
<b>MEDICAL: FT Well-Being Deductions</b>				
PPO Copay Plan	\$69.12	\$146.99	\$120.73	\$243.77
High Deductible (HSA)	\$15.09	\$33.52	\$23.54	\$70.31
<b>MEDICAL: PT Non Well-Being Deductions</b>				
PPO Copay Plan	\$172.80	\$277.86	\$237.31	\$412.70
High Deductible (HSA)	\$63.25	\$102.10	\$87.14	\$157.25
<b>MEDICAL: PT Well-Being Deductions</b>				
PPO Copay Plan	\$154.80	\$241.86	\$201.31	\$376.70
High Deductible (HSA)	\$45.25	\$66.10	\$51.14	\$121.25
<b>DENTAL: FT</b>				
Network Plan	\$6.54	\$19.64	\$22.60	\$32.45
Freedom of Choice Plan	\$7.76	\$23.42	\$26.95	\$38.71
<b>DENTAL: PT</b>				
Network Plan	\$13.08	\$26.20	\$30.14	\$43.26
Freedom of Choice Plan	\$19.42	\$39.03	\$44.90	\$64.52
<b>VISION: FT &amp; PT</b>				
Standard Plan	\$2.97	\$5.65	\$5.95	\$8.74
Premium Plan	\$4.54	\$8.62	\$9.07	\$13.33


**Spousal Surcharge:** If a working spouse has coverage available from his/her employer and is covered under our medical plan, a surcharge of \$115.38 per pay period will be added to the teammate contribution.

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## UNDERSTANDING YOUR PRE-TAX BENEFIT PAYROLL DEDUCTIONS

The UNC Health Affiliates Group Welfare Benefit Plan allows you to pay for many of the benefits we offer with “before-tax” dollars (e.g., medical, dental and vision coverage). By paying premiums with “before-tax” dollars, you may reduce your taxable income. Your annual elections are effective for the remainder of the plan year. Unless you experience a qualifying life event, you cannot make changes to your benefit elections (other than the amount you elect to contribute to your HSA if you are enrolled in the High Deductible (HSA) Plan option under the Network Health Plan) until the next open enrollment period. Refer to the preceding page of this guide for information on what constitutes a qualifying life event, and the associated timeframes you have to request the benefit change online at [secure-enroll.com/go/unchealth2](https://secure-enroll.com/go/unchealth2) and submit all required documentation. Teammates also have the opportunity to make HSA or FSA contributions on a pre-tax basis.

HIGH DEDUCTIBLE (HSA) PLAN OPTION

 Claims Administrator: UMR  
877-265-9194

The following is a summary of your **High Deductible (HSA) Plan** option under the UNC Health Network Health Plan. For a more detailed explanation of benefits, please refer to your benefits booklet and/or your Summary of Benefits & Coverage.

SUMMARY OF BENEFITS	DOMESTIC NETWORK <i>UNC Health Providers</i>	IN-NETWORK SERVICES <i>UHC Choice+ Providers</i>	NON-NETWORK SERVICES <i>Out-of-Network Providers</i>
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**DEDUCTIBLES & MAXIMUMS –**

**HRA Benefit covers 75% of cost share, after deductible, when you use UNC Providers (see page 12).**

<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Annual Deductible</b>	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family	\$3,500 Single \$7,000 Family
<b>Coinsurance</b>	85% / 15%	75% / 25%	60% / 40%
<b>Out-of-Pocket Maximum –</b> <i>Includes Calendar Year Deductible, Member Coinsurance &amp; Copays</i>	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family	\$7,500 Single \$15,000 Family

**THE DEDUCTIBLE AND OUT-OF-POCKET MAX AMOUNTS FOR THE DOMESTIC NETWORK (UNC HEALTH PROVIDERS) AND UHC CHOICE PLUS PROVIDERS CROSS FEED.**

**PREVENTIVE CARE & OFFICE VISITS**

<b>Physician Office Visit</b> <i>Primary Care &amp; Specialist</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Preventive Office Visit</b> <i>Primary Care or Specialist</i>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Well Baby Office Visit</b>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Routine Lab &amp; X-rays</b> <i>Primary Care or Specialist</i>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Vision Care</b> <i>One exam per year</i>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Prenatal Care</b> <i>Does not include Sonograms</i>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Postnatal Care</b>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible

**INPATIENT & OUTPATIENT SERVICES**

<b>Inpatient Facility</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Inpatient Maternity Admission</b>	Covered at 85% after deductible	Covered at 75% after deductible & \$500 copay	Covered at 60% after deductible & \$1,000 copay
<b>Inpatient Maternity Admission</b> <i>If Enrolled in UMR Maternity Management Program During 1st Trimester</i>	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Outpatient Hospital</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible <b>Note: Surgery is excluded</b>



SUMMARY OF BENEFITS	DOMESTIC NETWORK <i>UNC Health Providers</i>	IN-NETWORK SERVICES <i>UHC Choice+ Providers</i>	NON-NETWORK SERVICES <i>Out-of-Network Providers</i>
<b>DIAGNOSTIC SERVICES</b>			
<b>Outpatient Hospital</b> <i>Includes Lab &amp; X-ray Charges</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Independent Clinical Lab Facilities</b>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Outpatient Advanced Imaging</b> <i>(MRI, MRA, CT, CAT Scan)</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>URGENT CARE &amp; EMERGENCY SERVICES</b>			
<b>Urgent Care</b> <i>Includes Lab, X-ray &amp; Physician Charges</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Emergency Room</b> <i>Includes Facility &amp; Physician Charges</i>	Covered at 85% after deductible	Covered at 85% after deductible	Covered at 85% after deductible
<b>MENTAL HEALTH/SUBSTANCE DEPENDENCY</b>			
<b>Inpatient Facility</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Outpatient Hospital</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Physician Office Visit</b>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>OTHER SERVICES</b>			
<b>Chiropractic Care</b> <i>- 30 Visits per Calendar Year combined for all tier levels</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Durable Medical Equipment</b>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Occupational &amp; Physical Therapy</b> <i>- 30 Visits per Calendar Year for Occupational Therapy combined for all tier levels</i> <i>- 30 Visits per Calendar Year for Physical Therapy combined for all tier levels</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Speech Therapy</b> <i>- 30 Visits per Plan Year combined for all tier levels</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>PHARMACY INFORMATION</b>			
PRESCRIPTION DRUGS	UNC HEALTH IN-HOUSE PHARMACIES <i>30-day Supply</i>	UNC HEALTH IN-HOUSE PHARMACIES AND MAIL ORDER <i>90-day Supply</i>	MAGELLAN RX RETAIL PHARMACIES <i>30-day Supply</i>
<b>Generic</b>	Covered at 90% after deductible	Covered at 90% after deductible	Covered at 80% after deductible
<b>Preferred Brand/ Non-Preferred Generic</b>	Covered at 90% after deductible	Covered at 90% after deductible	Covered at 80% after deductible
<b>Non-Preferred Brand</b>	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 70% after deductible
<b>Specialty</b>	Covered at 80% after deductible	No Coverage	No Coverage
<b>Preventative Medications – ACA-Required* AND Expanded Preventive** Medications List */** see page 13</b>	Covered at 100% Deductible Waived	Covered at 100% Deductible Waived	<b>ACA-required</b> covered at 100%, <u>Deductible Waived</u> <b>Expanded List</b> covered at 80% / 70% (dependent on medication) after deductible

PPO COPAY PLAN OPTION

 Claims Administrator: UMR  
877-265-9194

The following is a summary of your **PPO Copay Plan** option under the UNC Health Network Health Plan. For a more detailed explanation of benefits, please refer to your benefit booklet and/or your Summary of Benefits & Coverage.

SUMMARY OF BENEFITS	DOMESTIC NETWORK <i>UNC Health Providers</i>	IN-NETWORK SERVICES <i>UHC Choice+ Providers</i>	NON-NETWORK SERVICES <i>Out-of-Network Providers</i>
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**DEDUCTIBLES & MAXIMUMS –**

**HRA Benefit covers 75% of cost share when you use UNC Providers (see page 12).**

<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Annual Deductible</b>	\$750 Single \$1,500 Family	\$2,500 Single \$5,000 Family	\$3,000 Single \$6,000 Family
<b>Coinsurance</b>	85% / 15%	75% / 25%	60% / 40%
<b>Out-of-Pocket Maximum – Includes Calendar Year Deductible, Medical &amp; Rx Copays, Member Coinsurance</b>	\$2,000 Single \$4,000 Family	\$6,000 Single \$12,000 Family	\$7,500 Single \$15,000 Family

**THE DEDUCTIBLE AND OUT-OF-POCKET MAX AMOUNTS FOR THE DOMESTIC NETWORK (UNC HEALTH PROVIDERS) AND UHC CHOICE PLUS PROVIDERS CROSS FEED.**

**PREVENTIVE CARE & OFFICE VISITS**

<b>Physician Office Visit</b> <i>Primary Care Providers</i>	\$15 Copay then 100%	\$40 Copay then 100%	Covered at 60% after deductible
<b>Specialist Office Visit</b>	\$40 Copay then 100%	\$65 Copay then 100%	Covered at 60% after deductible
<b>Preventive Office Visit</b> <i>Primary Care or Specialist</i>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Well Baby Office Visit</b>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Routine Lab &amp; X-rays</b> <i>Primary Care or Specialist</i>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Vision Care</b> <i>One exam per year</i>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Prenatal Care</b> <i>Does not include Sonograms</i>	Covered at 100%	Covered at 100%	Covered at 60% after deductible
<b>Postnatal Care</b>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible

**INPATIENT & OUTPATIENT SERVICES**

<b>Inpatient Facility</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Inpatient Maternity Admission</b>	Covered at 85% after deductible	Covered at 75% after deductible & \$500 copay	Covered at 60% after deductible & \$1,000 copay
<b>Inpatient Maternity Admission</b> <i>If Enrolled in UMR Maternity Management Program During 1st Trimester</i>	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Outpatient Hospital</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible <b>Note: Surgery is excluded</b>

SUMMARY OF BENEFITS	DOMESTIC NETWORK UNC Health Providers	IN-NETWORK SERVICES UHC Choice+ Providers	NON-NETWORK SERVICES Out-of-Network Providers
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### DIAGNOSTIC SERVICES

<b>Outpatient Hospital</b> <i>Includes Lab &amp; X-ray Charges</i>	\$15 Copay then 100%	Covered at 75% after deductible	Covered at 60% after deductible
<b>Independent Clinical Lab Facilities</b>	\$15 Copay then 100%	Covered at 75% after deductible	Covered at 60% after deductible
<b>Outpatient Advanced Imaging</b> <i>(MRI, MRA, CT, CAT Scan)</i>	\$15 Copay then 100%	Covered at 75% after deductible	Covered at 60% after deductible

### URGENT CARE & EMERGENCY SERVICES

<b>Urgent Care</b> <i>Includes Lab, X-ray &amp; Physician Charges</i>	\$30 Copay then 100%	\$50 Copay then 100%	\$50 Copay then 100%
<b>Emergency Room</b> <i>Includes Facility &amp; Physician Charges</i>	\$250 Copay then 100%	\$250 Copay then 100%	\$250 Copay then 100%

### MENTAL HEALTH/SUBSTANCE DEPENDENCY

<b>Inpatient Facility</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Outpatient Hospital</b> <i>Including Physician Services</i>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Physician Office Visit</b>	\$15 Copay then 100%	\$40 Copay then 100%	Covered at 60% after deductible

### OTHER SERVICES

<b>Chiropractic Care</b> - 30 Visits per Calendar Year combined for all tier levels	\$40 Copay then 100%	\$40 Copay then 100%	Covered at 60% after deductible
<b>Durable Medical Equipment</b>	Covered at 85% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
<b>Occupational &amp; Physical Therapy</b> - 30 Visits per Calendar Year for Occupational Therapy combined for all tier levels - 30 Visits per Calendar Year for Physical Therapy combined for all tier levels	\$40 Copay then 100%	<b>Outpatient Hospital</b> covered at 75% after deductible / <b>Office Setting</b> \$65 Copay then 100%	Covered at 60% after deductible
<b>Speech Therapy</b> - 30 Visits per Plan Year combined for all tier levels	\$40 Copay then 100%	<b>Outpatient Hospital</b> covered at 75% after deductible / <b>Office Setting</b> \$65 Copay then 100%	Covered at 60% after deductible

### PHARMACY INFORMATION

PRESCRIPTION DRUGS	UNC HEALTH IN-HOUSE PHARMACIES 30-day Supply	UNC HEALTH IN-HOUSE PHARMACIES AND MAIL ORDER 90-day Supply	MAGELLAN RX RETAIL PHARMACIES 30-day Supply
<b>Generic</b>	\$3 Copay	\$5 Copay	\$15 Copay
<b>Preferred Brand/ Non-Preferred Generic</b>	\$25 Copay	\$75 Copay	\$55 Copay
<b>Non-Preferred Brand</b>	\$60 Copay	\$180 Copay	\$80 Copay
<b>Specialty</b>	\$100 Copay	No Coverage	No Coverage
<b>Preventative Medications – ACA-Required* ONLY</b> *see page 13	Covered at 100%	Covered at 100%	Covered at 100%

# HRA BENEFIT PROGRAM

For teammates enrolled in the Network Health Plan (Copay or High Deductible (HSA) plan), when you use UNC Health and UNC Health Alliance medical providers, you already receive the highest level of coverage and the lowest out-of-pocket costs. The Network Health Plan Health Reimbursement Arrangement (HRA) Benefit Program reduces your out-of-pocket medical costs even more by covering a portion of some of those costs through an HRA.

If you enroll in either option under the Network Health Plan, you will also automatically be enrolled in the HRA Benefit Program. Because UMR is the administrator for both the Network Health Plan and the HRA Benefit Program, you will only need to present your UMR Network Health Plan ID card when you visit an HRA-Eligible Provider to use your HRA (Copay plan) or Post-Deductible HRA (High Deductible (HSA) plan). In most cases, at the time you pay an HRA-Eligible Provider for an eligible out-of-pocket expense (such as a copayment or coinsurance), your HRA benefit will apply automatically and cover 75% of the expense (for the High Deductible (HSA) plan, only after you satisfy the annual Deductible).

When an HRA-Eligible Provider submits a claim to UMR, first, UMR will first process the claim in accordance with the provisions of the Network Health Plan coverage option in which you are enrolled (Copay plan or High Deductible (HSA) plan). The Network Health Plan will cover and pay the provider for the eligible medical services and products to the same extent it covers all other eligible medical services and products. Then, because you used an HRA-Eligible Provider, UMR will next process the claim in accordance with the provisions of the HRA Benefit Program. Your HRA or Post-Deductible HRA will cover and pay the provider 75% of your eligible out-of-pocket expenses (for the High Deductible (HSA) Plan Option, only after you satisfy the annual Deductible). Please refer to the Plan Summary – General Provisions for additional details and limitations.

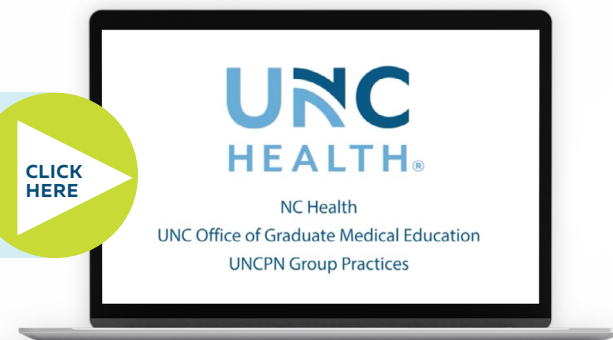
## HRA-Eligible Providers

- **UNC Health hospitals, facilities, and physicians** > [findadoc.unchealthcare.org](http://findadoc.unchealthcare.org)
- **UNC Health Alliance independent providers** > [unchealthcare.org/health-alliance](http://unchealthcare.org/health-alliance)
- **Key Physicians** > [keymedicalhome.com](http://keymedicalhome.com)
- **Unified Women’s Health** > [unifiedwomenshealthcare.com](http://unifiedwomenshealthcare.com)

### Please note the HRA Benefit Program:

- Excludes expenses for services and products not covered under the Network Health Plan
- Excludes expenses for prescription drugs
- If you are enrolled in the PPO Copay Option, excludes your \$250 copayment applicable to Emergency Department Facility Services & Physician Charges, unless the pertinent ED visit leads to the patient’s admission
- If you are enrolled in the High Deductible (HSA) Plan, cannot cover any out-of-pocket expenses before you satisfy your annual deductible

**Watch the following 5-minute video explaining the HRA Benefit Program!**



Video link: [youtu.be/WNvYw1Oi8nw](https://youtu.be/WNvYw1Oi8nw)

# PHARMACY BENEFIT DETAILS & NETWORK LISTING

## PHARMACY BENEFIT DETAILS

**Generic Specialty Medications:** Copays will be reduced to \$0 for select specialty medications without an available generic equivalent. Contact your pharmacy to determine if your medication has a generic available.

**Do You Need Diabetic Supplies?** Copays will be waived for all Contour Next diabetic supplies (meters, test strips, lancets) at UNC Health In-House Pharmacies. Continuous blood glucose monitoring supplies (Freestyle Libre) will also be available at retail pharmacies. Please note that prior authorization may be required for these products.

**Value Max:** The UNC Health Shared Services Pharmacy will be partnering with manufacturers of select high cost specialty medications to reduce out of pocket costs. If you are prescribed a high-cost medication, you can visit [unhealthcare.magellanrx.com](http://unhealthcare.magellanrx.com) to understand if your medication is impacted.

**High Cost Generics:** Copays are waived for all high cost generics at UNC Health in-house pharmacies. Please visit the UNC Health Pharmacy Benefits website if you are prescribed a medication and would like to know if your medication is eligible.

\*For **ACA-Required Preventive Medications List**, visit [unhealthcare.magellanrx.com](http://unhealthcare.magellanrx.com). (Click on Tools and Resources > Formulary and Clinical Documents > "Health Care Reform" List).

\*\*For **Expanded Preventive Medications List**, visit [unhealthcare.magellanrx.com](http://unhealthcare.magellanrx.com). (Click on Tools and Resources > Formulary and Clinical Documents > "Preventive Drug List (For HDHP Only)").

## NETWORK PHARMACY LISTING

MAIL ORDER AND SPECIALTY <sup>1</sup>			
UNC Specialty and Home Delivery Service (SCC)	specialtypharmacy@unhealth.unc.edu		984-974-6779 (option 3) 855-788-4101 (option 3)
UNC HEALTH REX			
Holly Springs Pharmacy	648 Holly Springs Road	Holly Springs	919-346-6689
Rex Pharmacy of Raleigh	4420 Lake Boone Trail	Raleigh	919-784-3242
UNC Pharmacy at Panther Creek	6715 McCrimmon Parkway	Cary	919-215-6368
UNC HEALTH JOHNSTON			
Johnston Health Outpatient Pharmacy	509 North Bright Leaf Boulevard	Smithfield	919-938-7386
UNC HOSPITALS AND EASTOWNE			
Ambulatory Care Center Pharmacy	102 Mason Farm Road	Chapel Hill	984-974-5770
Central Outpatient Pharmacy	101 Manning Drive (NC Cancer Hospital)	Chapel Hill	984-974-2374
Employee Pharmacy at UNC Hospitals	101 Manning Drive (NC Memorial Hospital)	Chapel Hill	984-974-5415
UNC Pharmacy at Eastowne	100 Eastowne Drive	Chapel Hill	984-215-6770
UNC Hillsborough Outpatient Pharmacy	430 Waterstone Drive	Hillsborough	984-215-2060
UNC HEALTH CALDWELL			
Community Pharmacy	321 Mulberry Street	Lenoir	828-757-5162
UNC HEALTH CHATHAM			
Siler City Pharmacy	202 East Raleigh Street	Siler City	919-663-5541
UNC HEALTH LENOIR			
Kinston Clinic Pharmacy	701 Doctors Drive, Suite P	Kinston	252-523-3187
Realo Discount Drugs	300 North Queen Street	Kinston	252-527-6929
Realo Discount Drugs	1320 West Vernon Avenue	Kinston	252-523-6069
NASH UNC HEALTH CARE			
Nash Hospital Employee Pharmacy	2460 Curtis Ellis Drive	Rocky Mount	252-962-3880
PARDEE UNC HEALTH CARE			
Pardee Outpatient Pharmacy	800 North Justice Street	Hendersonville	828-696-1078
UNC HEALTH ROCKINGHAM			
Eden Drug	103 West Stadium Drive	Eden	336-627-4854
Layne's Family Pharmacy	509 South Van Buren Road	Eden	336-627-4600
Mitchell's Discount Drugs	544 Morgan Road	Eden	336-623-7747
UNC HEALTH SOUTHEASTERN			
Southeastern Pharmacy	300 West 27th Street	Lumberton	910-735-8806
Southeastern Pharmacy Health Mall	2934 North Elm Street, Suite C	Lumberton	910-735-8858
UNC HEALTH WAYNE			
UNC Health Wayne Pharmacy	2700 Wayne Memorial Drive	Goldsboro	919-731-6801

<sup>1</sup> **Note about Specialty Prescriptions:** Network Health Plan participants must use a UNC Health In-House Pharmacy to fill Specialty Prescriptions. The Network Health Plan will not cover the cost of a Specialty Prescription filled at a pharmacy other than a UNC Health In-House Pharmacy. For questions about Specialty Prescriptions, call the UNC Health Pharmacy Benefits Team at 984-215-6943.



# Population Health Services

provided by UNC Health Alliance and Managed Pharmacy Solutions

**Teammates enrolled in the Network Health Plan have access to services to stay healthy. All services are voluntary and virtual.**



## Medication Management Services

The Carolina Assessment of Medications Program (CAMP) provides Medication Management Services. CAMP pharmacists and pharmacy technicians will be available to discuss your medications and any concerns that you may have including general medication information, side effects, drug interactions, and medication costs. The pharmacist will collaborate with you and your healthcare providers to help you achieve treatment goals for chronic conditions and ensure your medications are safe, effective and affordable.

When you enroll in CAMP, you may be able to receive some chronic condition medications for free or at a lower cost from a UNC Health pharmacy.

*For more information, please call (984) 215-6844 or email [CAMPclinic@unchealth.unc.edu](mailto:CAMPclinic@unchealth.unc.edu).*



## Complex Case Management

A Nurse or Social Worker works with your primary care provider to identify employees with complex health issues for outreach. During the initial call, a health assessment is performed and health goals for the next 90-days are agreed upon. The Nurse or Social Worker support connections to community resources such as meal assistance programs, transportation services, and behavioral health services as needed. The goal of the program is to promote self-management of your health conditions and prescribed medications.

*For more information, call (984) 215-4040 or email [personalhealthadvocate@unchealth.unc.edu](mailto:personalhealthadvocate@unchealth.unc.edu).*



## Transitional Case Management

With discharge from a UNC Health hospital, you may receive a call from Transitional Case Management staff. The Case Manager will ask questions about your recent hospital stay to help develop a care plan centered on your health goals. They also help you understand discharge instructions, coordinate resources, and promote self-management. Patients with certain chronic conditions are offered follow-up for up to 30-days. You may be eligible for a referral for continued case management services if you need additional support.

*For more information, call (984) 215-5882 or email [personalhealthadvocate@unchealth.unc.edu](mailto:personalhealthadvocate@unchealth.unc.edu).*

*Some eligibility requirements apply for certain services. Some services are available to support a limited number of health conditions. To learn if you are eligible, please call or email the contact information.*



### Living Healthy with Diabetes Group Classes

This free, online course helps those with diabetes and pre-diabetes manage their health. This class meets with two licensed Community Health Worker instructors twice a week for six weeks. The class includes information about exercise, healthy eating, and stress management.

*For more information, call (984) 974-8024 or email [CommHealth@unhealth.unc.edu](mailto:CommHealth@unhealth.unc.edu).*



### Brief Behavioral Health Treatment

This program offers up to 12 mental health sessions with a Licensed Clinical Social Worker to address short-term interventions and goal setting. If you need further counseling, you will be referred to a behavioral health provider.

*For more information, email [VirtualECM@unhealth.unc.edu](mailto:VirtualECM@unhealth.unc.edu).*



### Nutrition Counseling

This program offers one-on-one nutrition counseling with a Registered Dietitian (RD) and focuses on medical nutrition therapy for chronic conditions such as diabetes, hypertension, and high cholesterol. You can work with the RD to create an individualized plan that includes building and maintaining healthy eating habits, meal planning, smart shopping, reading food labels, choosing healthy options when dining out, and more.

*For more information, email [VirtualECM@unhealth.unc.edu](mailto:VirtualECM@unhealth.unc.edu).*

# Carolina Assessment of Medications Program (CAMP)

The CAMP Chronic Conditions Program is a special pharmacy program that connects you with a UNC Clinical Pharmacist who will support you in managing your medications and conditions. By participating in this voluntary program, you will be eligible to receive medications for certain chronic conditions free of charge or at a reduced cost at one of the UNC In-House Pharmacies.

### Program Elements

- Telephonic/Video Visit(s) with a CAMP Pharmacist
- Providing lab results (e.g., A1c, lipid panel) from your provider visit and sending them to the CAMP Clinic
- Monitoring your chronic conditions at home when appropriate (e.g. blood sugar and blood pressure)

### The Incentives

- Tier 1 Medications: \$0 copay/coinsurance (some exclusions apply)
- Tier 2 Medications: 50% copay/coinsurance discount

#### DIABETES:

##### TIER 1 – GENERICS

ACARBOSE\*  
 DIAZOXIDE  
 GLIMEPIRIDE  
 GLIPIZIDE\*  
 GLIPIZIDE ER  
 GLIPIZIDE XL  
 GLIPIZIDE-METFORMIN  
 GLYBURIDE\*  
 GLYBURIDE MICRONIZED  
 GLYBURIDE-METFORMIN  
 METFORMIN \*  
 METFORMIN ER  
 MIGLITOL  
 NATEGLINIDE  
 PIOGLITAZONE HCL\*  
 PIOGLITAZONE-GLIMEPIRIDE  
 PIOGLITAZONE-METFORMIN  
 REPAGLINIDE  
 REPAGLINIDE-METFORMIN  
 TOLBUTAMIDE

\*Some exclusions apply

#### DIABETES:

##### TIER 2 – PREFERRED

BAQSIMI 3 MG SPRAY  
 BYDUREON  
 BYETTA  
 FARXIGA 5/10 MG TABLET  
 FREE STYLE LIBRE  
 GLUCAGON EMERGEN- CY KIT  
 GLYXAMBI  
 GVOKE HYOPEN HUMALOG  
 HUMULIN  
 JANUMET  
 JANUMET XR  
 JANUVIA  
 JARDIANCE  
 JENTADUETO  
 JENTADUETO XR  
 LANTUS  
 LYUMJEV  
 OZEMPIC  
 OMNIPOD 5 G6 (GEN 5)  
 PODS AND INTRO KIT  
 RYBELSUS  
 SOLIQUA  
 SYMLINPEN  
 SYNJARDY  
 SYNJARDY XR  
 TOUJEO  
 TRAJENTA  
 TRIJARDY XR  
 TRULICITY  
 VICTOZA  
 XIGDUO XR

#### CHOLESTEROL:

##### TIER 1 – GENERICS

ATORVASTATIN  
 CHOLESTYRAMINE LIGHT  
 CHOLESTYRAMINE  
 COLESEVELAM T  
 COLESTIPOL TABLET  
 COLESTIPOL HCL  
 EZETIMIBE  
 EZETIMIBE-SIMVASTATIN  
 FENOFIBRATE  
 FENOFIBRIC ACID  
 FENOFIBRIC ACID DR  
 FLUVASTATIN ER  
 FLUVASTATIN  
 GEMFIBROZIL  
 ICOSAPENT ETHYL  
 LOVASTATIN  
 NIACIN ER  
 OMEGA-3 ETHYL ESTERS  
 PRAVASTATIN SODIUM  
 PREVALITE  
 ROSUVASTATIN  
 SIMVASTATIN  
 TRIKLO

#### CHOLESTEROL:

##### TIER 2 – PREFERRED

NEXLETOL  
 NEXLIZET  
 VASCEPA

**BLOOD PRESSURE:**

**TIER 1 – GENERICS**

ACEBUTOLOL  
ALISKIREN  
AMILORIDE  
AMILORIDE-HCTZ  
AMLODIPINE  
AMLODIPINE-BENAZEPRIL  
AMLODIPINE-OLMESARTAN  
AMLODIPINE-VALSARTAN  
AMLOD-VALSA-HCTZ  
ATENOLOL  
ATENOLOL- CHLORTHALIDONE  
BENAZEPRIL  
BENAZEPRIL-HCTZ  
BEXTAXOLOL  
BISOPROLOL  
BISOPROLOL-HCTZ  
BUMETANIDE  
CANDESARTAN  
CANDESARTAN-HCTZ  
CAPTOPRIL  
CAPTOPRIL-HCTZ  
CARTIA XT  
CARVEDILOL  
CARVEDILOL ER  
CHLOROTHIAZIDE  
CHLORTHALIDONE  
CLONIDINE TAB/PATCH  
DILT XR  
DILTIAZEM  
DOXAZOSIN  
ENALAPRIL  
ENALAPRIL-HCTZ  
EPLERENONE  
EPROSARTAN  
FELODIPINE ER  
FOSINOPRIL  
FOSINOPRIL-HCTZ  
FUROSEMIDE  
GUANFACINE  
HYDRALAZINE  
HCTZ  
INDAPAMINE  
IRBESARTAN  
IRBESARTAN-HCTZ  
ISOSORBIDE DN  
ISOSORBIDE MN  
ISOSORBIDE MN ER  
ISRADIPINE  
LABETALOL  
LISINOPRIL  
LISINOPRIL-HCTZ  
LOSARTAN  
LOSARTAN-HCTZ  
MATZIM LA  
METHYLDOPA  
METHYLDOPA-HCTZ

METOLAZONE  
METOPROLOL SUCC ER  
METOPROLOL TARTRATE  
METOPROLOL-HCTZ  
MINITRA  
MINOXIDIL  
MOEXIPRI  
NADOLOL  
NADOLOL-ENDROFLU  
NICARDIPINE  
NIFEDIPINE  
NIFEDIPINE ER  
NIMODIPINE  
NISOLDIPINE ER  
NITROGLYCERIN PATCH  
NITROGLYCERIN SL  
NITROGLYCERIN SPRAY  
NITROGLYCERIN ER  
NITRO-TIME ER  
OLMESARTAN  
OLMESARTAN-HCTZ  
OLMSRTN-AMLDPN-HCTZ  
PERINDOPRIL  
PINDOLOL  
PRAZOSIN  
PROPRANOLOL  
PROPRANOLOL ER  
PROPRANOLOL-HCTZ  
QUINAPRIL  
QUINAPRIL-HCTZ  
RAMIPRIL  
SORINE  
SOTALOL  
SOTALOL AF  
SPIRONOLACTONE  
SPIRONOLACTONE-HCTZ  
TAZTIA XT  
TELMISARTAN  
TELMISARTAN-AMLODIPINE  
TELMISARTAN-HCTZ  
TERAZOSIN  
TIADYLT ER  
TIMOLOL  
TORSEMIDE  
TRANDOLAPRIL  
TRANDOLAPR-VERAPAM ER  
TRIAMTERENE  
TRIAMTERENE-HCTZ  
VALSARTAN  
VALSARTAN-HCTZ  
VERAPAMIL  
VEAPAMIL ER  
VERAPAMIL ER PM  
VERAPAMIL SR

**BLOOD PRESSURE:**

**TIER 2 – PREFERRED**

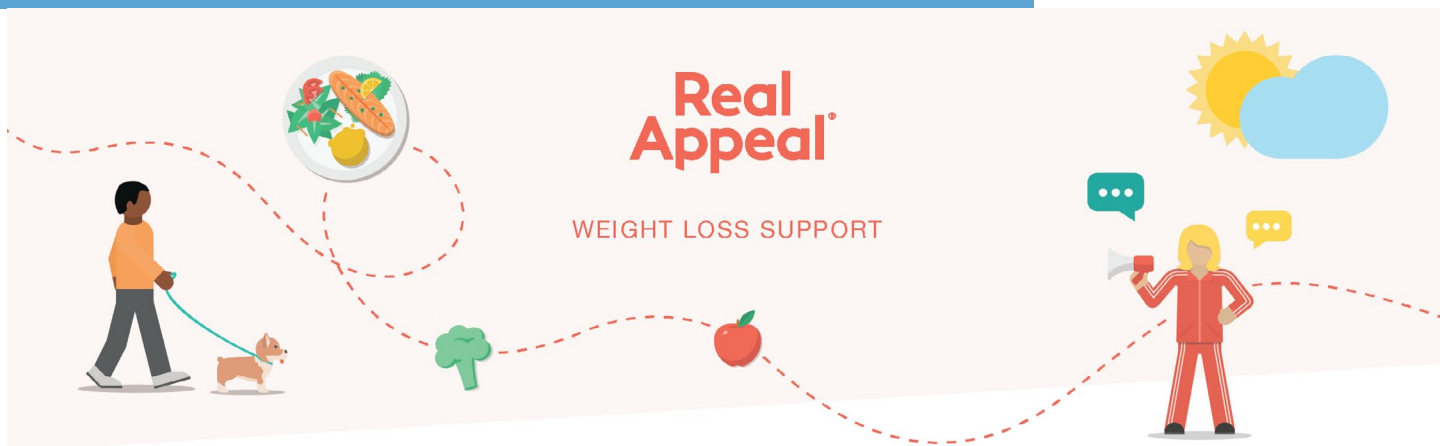
BYSTOLIC

**For More Information**

If you have questions or would like additional information on the CAMP Chronic Conditions Program, please contact the CAMP Chat at 984-215-6844.

**magellanrx.com**

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UNC\_CAMP\_0922



## Start Your Real Appeal Journey

Real Appeal® is a free\* online lifestyle program designed to help you lose weight, feel better, and improve your health – one small step at a time.

### Make the Change You've Always Wanted

Real Appeal is a program on Rally Coach™ available to you and eligible family members at no additional cost as part of your health plan benefits.



#### Live Online Sessions

Join weekly online group sessions led by a coach, with the flexibility to reschedule anytime.



#### Tailored to You

You are not visible in the online group sessions and can choose how you'd like to participate.



#### Stay on Track

Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.



#### Success Kit

Receive a Success Kit with food and weight scales, exercise tools, food guides and more.

Get Started Today at  
[enroll.realappeal.com](https://enroll.realappeal.com)

Please have your health insurance ID card handy when enrolling.

### With Real Appeal, You'll Learn Ways to

- Eat Healthier
- Stay Active
- Fit healthy choices into your lifestyle
- Stay motivated and energized
- Develop lasting, healthy habits

### What you need to Register

- ➕ Health Insurance Card
- 📅 Personal Calendar – to choose your weekly online session day and time
- 📦 Shipping Address – to receive a Success Kit after attending your first online session.

RALLY/COACH™

Real Appeal is provided at no additional cost to eligible members as part of their covered health insurance plan.  
© 2020 Real Appeal, Inc. All rights reserved.



# UMR MATERNITY CARE



## GET THE SUPPORT YOU DESERVE

Whether you are considering having a baby or are already expecting, UMR Maternity **CARE** can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.

## HOW WE CAN HELP

Healthier women are more likely to have healthy babies. If you are thinking about starting a family, our experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born. If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy coaching, or you'll be contacted and invited to participate if you're identified as pregnant through a clinical health risk assessment, utilization review or other program referrals.

## ONCE ENROLLED, YOU'LL RECEIVE ...

- **One-on-one phone calls with a nurse who:**
  - Provides comprehensive pre-pregnancy and prenatal assessments
  - Shares educational information before you become pregnant and throughout your pregnancy
  - Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing
  - Sends a courtesy letter informing your physician that you're in the program
- **Guidance for your support person:**

You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.
- **No-cost educational materials in the mail:**

You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breast-feeding and infant care.
- **CARE on the go:**

The CARE app, powered by Vivify Health, allows UMR to meet members where they are by connecting them to CARE nurses through their mobile device. Nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text, email or face-to-face via streaming video. It's free and confidential.
- **No cost:**

Maternity CARE is a valuable benefit provided by NC Health which includes an enhanced delivery benefit for enrollment during your first trimester. Refer to the summary of benefit pages for further details.

### ▶ GET STARTED

Your first step is to enroll in the Maternity CARE program. Call **1-888-438-8105** or **Scan the QR** code to complete the enrollment form online.



### IT PAYS TO PARTICIPATE!

You'll receive an incentive gift\* as a thank you for participating in the program, sent to you after your delivery.



**The Network Health Plan coverage options include enhanced benefits for enrollment during your first trimester and participation in the UMR Maternity Care program. See the summary of benefit pages for further details. Plus, you can receive free educational materials and an incentive gift direct from UMR.\***

*\*To be eligible for the free incentive gift you must enroll during your first trimester and continue to actively participate in the program each trimester of your pregnancy.*

*Confidentiality UMR takes confidentiality very seriously. It's important to know that UMR will not share any identifiable, personal health information with UNC Health or NC Health. UNC Health and NC Health receive group information only. UMR care management programs operate in compliance*

*This booklet is intended as a high level overview and is for informational purposes only. The plan documents, contribution schedules, insurance certificates and policies will serve as the governing documents to determine plan eligibility, benefits and payments. In the case of conflict between the information in this booklet and the official plan documents, the plan documents will always govern.*

# UMR

## Online Resources & Searching for Providers



### ONLINE RESOURCES

UMR is the administrator for the Network Health Plan. All NC Health teammates enrolled in medical coverage under the Network Health Plan should register online at [umr.com](http://umr.com) to have access to helpful information, including the ability to:

- View your medical claims and download copies of your Explanation of Benefits (EOBs)
- View your health plan benefit information such as copays and deductible amounts
- Find out how much you have paid towards your deductible and out-of-pocket maximum
- Order duplicate or replacement medical ID cards
- Search for network providers and medical facilities in your area
- Find a glossary of common health care terms

We strongly encourage you to use this resource. The key to controlling health care costs is your informed engagement in spending and treatment decisions. The information you need is at your fingertips.

Accident details



Other medical insurance



Health cost estimator



Health education library



Glossary



Health news



### SEARCHING FOR PROVIDERS

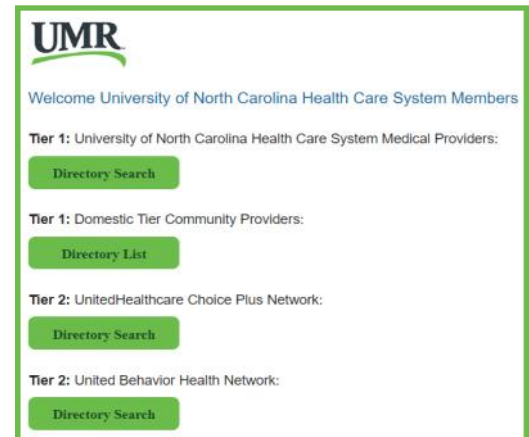
**Find a Provider (Including Behavioral Health Network) by using either option below.**

**1** Go to [fhs.umr.com/oss/cms/FHS.UMR.com/content/common/FindProvider/Medical/OPI\\_HUNC.html](https://fhs.umr.com/oss/cms/FHS.UMR.com/content/common/FindProvider/Medical/OPI_HUNC.html)

Click on the appropriate link (shown below) to search for Domestic Network or UHC Choice Plus providers, **OR:**

**2** Log into your UMR member portal > [umr.com](http://umr.com)

- Click on “Find a provider” on the left side of the screen
- Under “Provider network”, click the green box that says “View providers”
- Under the provider directories, click:
  - UNC Health Medical Providers—*Tier 1 Domestic Providers*
  - Domestic Tier Community Providers—*Additional Domestic Tier 1 Network Providers*
  - UHC Health Choice Plus—*Tier 2 In-Network Choice Plus Providers*
  - United Behavioral Health Network—*Tier 2 In-Network Providers*



**Compare provider costs and become a more educated consumer at [umr.com](http://umr.com)!**

**Health Education Library** – offers health education content including Care Guides, DrugNotes, Drug Interaction checker and Symptom Navigator.

**myHealthcare Cost Estimator** – provides fee schedule estimates of care costs and integrates health plan coverage to estimate patient responsibility. Includes UHC Choice Plus network data grading physician quality and efficiency. The tool allows you to comparison shop based on cost and quality before services are received.

**Health Center** – here you can search your health symptoms and find first aid information, utilize health education tool including healthy body apps and calculators, watch step-by-step recipe videos, read health articles and much more!

**Plan Cost Estimator** – compare estimated healthcare expenses between health plans so you can decide which health plan is most appropriate for you and your family.

# UMR App: Delivering an enhanced digital experience



## Summary of change

UMR is launching a new mobile app with a forward-looking user interface designed to deliver an enhanced member experience. The new dashboard offers a quick glance of information such as member ID card info, general and personal announcements, live chat, and more. The app will include a secure login process with HealthSafe ID to stay current with latest security protocols and provide a better user experience. The new app will be available for download through Google Play and Apple Store starting Dec. 2, 2022.

## Why are we creating this app?

Our new app will create a better user experience that supports our value proposition as a TPA and helps UMR members engage with their health benefits seamlessly.

## Q: When will the app be available?

**A:** The app will deploy on Dec. 1 and be available for download Dec. 2 on both Google Play and Apple Store.

## Q: What mobile devices will support the UMR app?

**A:** The app will be available for any mobile device that can access Google Play or Apple Store.

## Q: What features are available to members through the UMR app?

**A:** The UMR app provides members with a personalized dashboard where they can access benefits information, announcements, and alerts, along with live chat and phone support.

Other features include:

- Important plan information will be available on the dashboard for quicker access
- Receive both general and personal member-related announcements
- ID card info – Members can view, print and fax their current ID or order a new card
- Contact us – Members can receive assistance through chat, phone and email
- Secure login – Members can log in using their HSID. Biometric login available, based on device capability
- Features for eligible members – Wellness tools link and CARE app link
- Claim inquiry (medical, dental)
- Eligibility inquiry
- Benefits inquiry
- Online provider directory
- Account balances

*continued >>*

# UMR

## Online Resources & Searching for Providers

**Q: Will this app be available for employers, producers, and providers?**

**A:** The UMR app is only available to members.

**Q: Will there be new features added to the app in the future?**

**A:** The UMR Digital Solutions team maintains the app's roadmap and development plan that includes future enhancements scheduled for 2023 and later.

**Q: Can members use FaceID or thumbprint technology on their mobile device to login to app?**

**A:** Biometric login availability will be based on device capability.

**Q: How will the new UMR app release be communicated?**

**A:** The member communications plan to support the new app launch includes emails, site banners and videos. New UMR members and members who are receiving a new ID card will be prompted to download the app via a sticker on their ID cards.

**Q: How does a member obtain the app?**

**A:** The new app will be available for download through both Google Play and Apple Store. Once downloaded, members will complete registration process to access their personal plan information. The member's registration on the app via HealthSafe ID (HSID) will also register them to use the web portal on their desktop or via their mobile browser.

**Q: Is there a cost to UMR customers or their members to use the app?**

**A:** No. The UMR app is free to download and available to plans at no additional fee.

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A UnitedHealthcare Company

# New for UMR Health Plan Members and Covered Dependents

### UNC Health Virtual Care Now: On Demand Video Visits

When you need primary care that fits your busy life, UNC Health Virtual Care Now can help. You can see a UNC Health primary care provider without an appointment. Using your camera- and microphone-enabled phone, tablet or computer, Virtual Care Now lets you access convenient, secure and flexible care whenever it is most convenient for you.

#### Virtual Care Now Benefits:

- Top-notch care from UNC Health providers trained in primary care
- On-demand video visits at times that meet your needs from your mobile device or computer
- Access to labs, imaging and in-person visits within the UNC Health system, when clinically needed
- Medical records are immediately available to you and your UNC Health care team in My UNC Chart

#### Video Visit Cost Covered by your Medical Benefit

- UMR PPO Plan: No charge!
- UMR High Deductible plan: Covered service\*

*\*Once your annual deductible is met, the charge is waived for the remainder of the plan year.*

UNC Health Virtual Care Now is open extended hours seven days a week from 6 a.m. – 10 p.m.

Video visits are available for a range of conditions, including:

- Seasonal allergies
- Asthma
- Colds, coughs and the flu
- Diarrhea
- Female urinary problems
- Fever
- Insect bites
- Mild headache/migraine
- Mild stomachache
- Pink eye
- Rash
- Sinus infection
- Sore Throat

### + Get Started Today!

- Log into your My UNC Chart account. If you do not have a My UNC Chart account, you can create one quickly: [virtualcarenow.unchealth.org](https://virtualcarenow.unchealth.org).
- Complete eCheck-In and enter your insurance information to be used for the visit.
- From "My Menu," click on "Virtual Care Now" to complete the steps to join the virtual queue.
- Get notified when a provider is ready to see you and join the video visit in My UNC Chart.
- If you need assistance, please call the UNC Health Virtual Care Now team 984-215-6641.

Learn more at [virtualcarenow.unchealth.org](https://virtualcarenow.unchealth.org)

Revised: 10/7/2022



# ED vs URGENT CARE & PREVENTIVE CARE



## EMERGENCY DEPARTMENT (ED) VS. URGENT CARE

It's second nature for many of us to visit the Emergency Department (ED) if we're suddenly sick or injured – a sound idea, in many cases. But what if you have an urgent, but non-life-threatening medical issue like a sinus infection or ankle sprain?

A hefty ED wait time, and an even heavier hospital bill might not be your best option. Quicker, more affordable and more convenient treatment is closer than you think: your local urgent care center. Many of these facilities are open seven days a week, nights, weekends and even holidays with no appointments necessary.

Patients should be aware that their out-of-pocket cost is based on the facility they visit. It is usually much cheaper to go to urgent care centers than EDs. UNC Health operates urgent care centers in Chapel Hill, Hillsborough, Morrisville, Raleigh, Cary, Apex, and other locations in Chatham, Wake, Johnston and Rockingham Counties.

Visit [unhealthcare.org/unc-urgent-care](https://unhealthcare.org/unc-urgent-care) to find the UNC Health urgent care center closest to you, as well as the wait times at each location.

Being informed about the differences and similarities between these kinds of facilities is important. Whether you choose to receive care from an urgent care center or an emergency room, it is important to follow-up with additional treatments as necessary. ***Please be aware that some emergency department doctors are out-of-network for many insurance plans, even though the facility is in network. These doctors may balance bill you for their charges. If this occurs, please provide a copy of the bill to UMR to have the claim reviewed.***

## PREVENTIVE CARE

We are dedicated to helping people live healthier lives. We encourage you to obtain preventive care services and health screenings, as appropriate for your age, to help maintain or improve your health and achieve your health and wellness goals. Regular preventive care visits and health screenings may help to identify potential health risks for early diagnosis and treatment. Consult your doctor for your specific preventive care recommendations, as he or she is your most important source of information about your health. See the below sampling of preventive care services covered under your health plan.

### All Members at Appropriate

#### Age / Risk

- Preventive medication
- Obesity
- Cholesterol level & lipids
- Colorectal cancer for ages 50+
- Certain STDs including HIV
- High Blood Pressure
- Diabetes for certain populations
- Diet & Nutrition
- Alcohol Abuse
- Depression
- Well Exam
- Hep C screening
- And more

### Women's Health Services

- Screening mammography (film & digital)
- Cervical Cancer screening, pap smears
- Breast cancer genetic test (BRCA)
- Counseling/Screening for cancer & STDs
- Pregnancy screenings
- Contraception methods & counseling
- Breastfeeding support/supplies
- And more

### Children's Health Services

#### (varies by age)

Preventive visits, which may include measurements, blood screenings, newborn metabolic screenings, age appropriate immunizations, vision screening, hearing screening, oral health counseling, psychological and behavioral development assessment, various screenings for cholesterol, STDs, TB & more.

# VOLUNTARY WELL-BEING PROGRAM



## LEVEL UP to better health with Vitality

Vitality is more than just a wellness program. It's a 24/7 health resource that assesses where you are now and helps you reach higher for real change. Here's how it works:



Plan and complete healthy activities that you enjoy



Earn Vitality Points® and Increase your Vitality Status®



Get the rewards you deserve

### With Vitality you're in control.

The Points Planner on PowerofVitality.com puts you in control of how you earn Vitality Points. Complete online education activities, check in on your goals, exercise and have regular medical screenings. With the Points Planner, you can choose any activity and "Act Now" or you can add it to your Personal Pathway™ by selecting "Add to Pathway" and do it later. Either way, you're moving forward toward your healthiest life!

Need some help getting started? The Quick Points Planner asks a few questions on how active you are, and which status you'd like to achieve. Once you answer these questions you will instantly see a list of activities to help you reach your target status.

**Login at PowerofVitality.com**

or contact us for more information at  
877.224.7117 or [wellness@powerofvitality.com](mailto:wellness@powerofvitality.com).



Vitality Today mobile app

Privacy is a top priority at Vitality, and we are committed to maintaining the highest level of confidentiality with all the information we receive from our members.

# VOLUNTARY WELL-BEING PROGRAM



## PLAN YOUR PATHWAY TO GOLD

Vitality activities were designed to empower you with the tools necessary to reach your optimal health. Complete online education activities, check in on your goals, exercise and have regular medical screenings. Options vary and we recommend that you engage in as many as you can. Vitality Points make your wellness journey more fun.



Complete the **Vitality Health Review** and reach **Gold Status by September 30** to earn discounts on your medical premiums in 2024.



Visit the **Points Planner** on the Power of Vitality website, to view all the opportunities available to earn Vitality Points or get started with some of these suggestions.



UNC Health employees can earn **financial incentives** for participating in the Vitality Program.



Completing a Vitality Check can earn you 500 points, plus an **additional 3,525 points** for in-range results.



UNC Health employees hired after May 1 do not have any program requirements but are highly encouraged to complete the **Vitality Health Review**.

Activity	Point Value
<b>Prerequisite Activities to Earn Incentive:</b>	
<b>Vitality Health Review</b>	<b>500</b>
<i>bonus Points for completing within the first 90 days of the program year.</i>	<b>250</b>
<b>Suggested Activities to reach Gold Status:</b>	
Vitality Check Screening	500
Two in-range biometrics	1200
Mental Well-being Reviews (3)	225
Physical Activity Review	250
Dental Check Up	200
Flu Shot	200
Interactive Tools (3)	225
Online Nutrition Courses (2)	600
Sleep Well Cycle	300
Health FYI Webcasts (3)	150
Vitality Goals (10 weekly check-ins)	300
Light workouts (25)	125
Standard workouts (25)	250
Advanced workouts (10)	150
Level 1 athletic event (such as a 5k)	250
Health Screening	400
<b>Total Points</b>	<b>6,000</b>



Remember, 10% of your total points earned at the end of the program year, will roll over into next!

# HEALTH SAVINGS ACCOUNTS

## WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account, commonly known as a “HSA,” is an individual account you can add money to and use for eligible health care expenses. If you elect the Network Health Plan’s High Deductible (HSA) Plan option, and you do not have other disqualifying coverage\*, then you are eligible for a HSA.

## OPENING YOUR HSA

Once you are covered by the High Deductible (HSA) Plan option, you may open your HSA. Set up your HSA right away because your HSA cannot reimburse expenses incurred before you open your account.

You will need to provide a physical address—not a P. O. Box—to open your HSA. After you open your HSA, any payroll deductions you have elected will begin.

**If, however, you had a regular Health Care FSA for the prior year and on 12/31, have funds remaining in your FSA for you to use during the FSA grace period (1/1-3/15 of the following calendar year), your HSA payroll deductions will not begin until after 3/15.**

## ADDING MONEY

The government sets the annual dollar maximum that can be contributed to a HSA depending on the level of coverage you have under your health insurance. Coverage of two or more people is considered family coverage. People who are age 55 or older can make additional catch-up contributions.

*\*For purposes of HSA eligibility, disqualifying coverage is any other coverage that pays or reimburses for medical expenses before the applicable deductible is satisfied. See IRS Publication 969.*

HSA Maximum 2023 Contribution Limits	
Teammate only	\$3,850
Teammate + Dependents	\$7,750
55+ Catch Up	\$1,000

## USING HSA MONEY

You decide when to use the money in your HSA. If you pay out-of-pocket for an eligible expense, you can choose not to reimburse yourself and let the money in your HSA build up or you can reimburse yourself for the expense from your HSA. If you use your HSA money for expenses that are not eligible, those amounts will be included in your taxable income and you will pay a 20% tax penalty on the amount. Once you turn age 65, you will not be subject to the 20% penalty, but amounts used for ineligible expenses will be included in your taxable income. To view the full list of eligible expenses, visit [irs.gov/publications](https://www.irs.gov/publications) and refer to Publication 969.

*Note: It is your responsibility to familiarize yourself with IRS regulations on HSAs and maintain records of all transactions pertaining to your HSA for audit purposes.*

## ELIGIBLE EXPENSES

To avoid the tax penalty and having to include the reimbursed amounts in your taxable income, you must use the money in your HSA for eligible medical, dental, vision and prescription drug expenses. In general, eligible health care expenses are those that qualify toward the deductible, copays, and coinsurance under the Network Health Plan. If you use money for an expense that is not covered by the Network Health Plan, it is important that you understand your medical plan deductible still needs to be met if an expense is incurred.

**NOTE: PLEASE SEE IRS REGULATIONS FOR OTHER HSA ENROLLMENT ELIGIBILITY REQUIREMENTS.**

PORTABILITY	FLEXIBILITY	TAX SAVINGS	PREMIUM SAVINGS
<ul style="list-style-type: none"> <li>You own 100% of the deposited funds, meaning if you change employers or retire, you do not lose the money in the account regardless of whether you contributed the money or it was an employer contribution.</li> </ul>	<ul style="list-style-type: none"> <li>You can choose whether to spend the money on current medical expenses or you can save your money for future use.</li> <li>Any unused funds will automatically roll over to the following year as there is no “use it or lose it” provision.</li> </ul>	<ul style="list-style-type: none"> <li>Contributions are tax free (pre-tax through payroll deductions).</li> <li>Earnings are tax free.</li> <li>Funds withdrawn for eligible expenses are tax free.</li> </ul>	<ul style="list-style-type: none"> <li>By choosing the High Deductible (HSA) Plan option, your premium cost is lower than the Copay Plan option.</li> </ul>

## HEALTH SAVINGS ACCOUNTS

**NC Health will participate with you in funding\* your HSA by making a contribution:**

**Teammate only coverage—\$500**

**Family coverage—\$1,000**

*\*NC Health will fund 50% of its contributions in January and the other 50% in July. If you are hired during the year, the HSA contribution will be prorated based on your hire date.*

**The Health Savings Accounts offered through the Network Health Plan are administered by Optum Bank. A Health Savings Account is a personal bank account in your name. You own the account and always have control of the funds in it. You may access your funds through a debit card provided by Optum Bank.**

**Below are highlights of the NC Health Health Savings Account Benefit Program:**

- For calendar year 2023, you may deposit up to \$3,850 if you have Teammate-only coverage, and up to \$7,750 if you cover dependents. Contributions made to your HSA by NC Health must be included in those limits. If you are age 55 or older you may also make “catch up” contributions up to an additional \$1,000 per calendar year.
- You may deposit funds to your HSA on a pre-tax basis through payroll deductions. NC Health will participate with you in funding your HSA. See table on prior page for more details.
- You may change, discontinue and resume HSA payroll deduction deposits at any time.
- You are not required to spend the funds in your account each year as you are with a flexible spending account (“FSA”). Unspent funds at the end of the year remain in your HSA to be spent as needed in the future.
- Your funds will earn interest tax-free while in your HSA. After a minimum balance is reached, you may invest your funds in a variety of mutual funds.
- If you elect a regular Health Care FSA, you cannot contribute to a HSA. You may, however, contribute to a HSA if you elect a Limited Health Care FSA covering dental and vision costs only.
- You may spend funds in your account tax-free for all eligible medical, dental and vision expenses for you and your family members, regardless of whether family members are covered by the High Deductible (HSA) Plan option. If you spend the funds for expenses that are not eligible, those amounts will be included in your taxable income and you will pay a 20% tax penalty if you have not yet reached Social Security retirement age. After you reach retirement age, expenditures that are not eligible will not be subject to the 20% tax penalty but will be included in your taxable income, the same as withdrawals from qualified retirement plans.
- You may also pay certain insurance premiums tax-free from your HSA such as COBRA premiums, qualified long term care insurance and Medicare premiums.
- You will not be required to provide documentation or receipts to Optum Bank. However, it is important to keep receipts in case the IRS audits your expenditures.
- **You can enroll in the HDHP, but you/UNC Health cannot contribute to a HSA if you are age 65 or over and covered by Medicare.**

**You can reach Optum Bank at 1-866-234-8913 or online at [optumbank.com](https://www.optumbank.com)**

# FLEXIBLE SPENDING ACCOUNTS

## WHAT IS A HEALTH CARE FSA?

A Health Care Flexible Spending Account ("FSA") allows you to set aside money from your paycheck before income taxes are withheld (Federal, Social Security, Medicare, state and local taxes, if applicable). This money is available to pay for eligible expenses, such as copayments, deductibles, eyeglasses, contact lenses, prescriptions, over-the-counter medications, menstrual care (feminine hygiene) products, and other health-related expenses that are not reimbursed by insurance.

## HOW DOES IT WORK?

You decide how much to contribute to your Health Care FSA on a plan year basis to the maximum allowable amount (\$3,050 for 2023). Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year. The entire contribution you have elected will be available immediately.

## DEBIT CARD AND CLAIM FILING

P&A Group will issue you a debit card to access your Health Care FSA (transactions are processed like a credit card; you will not need a PIN). Simply swipe your card at the provider's office, pharmacy, etc. It is still important when utilizing the debit card to request and keep an itemized receipt. You may receive a letter asking for a copy of the receipt. If you fail to submit the information requested, your debit card may be deactivated. Please contact P&A Group if this occurs. If you do not use the debit card and you have an eligible expense that needs to be reimbursed, simply complete a claim form, include a bill or itemized receipt from the provider, and submit this information for reimbursement.

## LIMITED PURPOSE HEALTH CARE FSA

If you elect the High Deductible (HSA) Plan option under the Network Health Plan, you may elect to have a Limited Health Care FSA. However, your FSA money may only be used to pay for dental and vision expenses, not medical expenses. For 2023, you could contribute up to \$3,050.

Our Health Care Flexible Spending Accounts are administered by P&A Group. You can contact a specialist at **800-688-2611** with any questions and track your balance and transactions at [padmin.com](http://padmin.com).

## SAMPLE ELIGIBLE EXPENSES

- Unreimbursed medical expenses (deductibles, coinsurance, copays, etc.)
- Dental services (excluding cosmetic services)
- Orthodontia
- Glasses, contacts and eye exams
- Lasik eye surgery

Annual FSA 2023 Maximum Contribution Limits	
Health Care FSA	\$3,050
Dependent Care FSA	\$5,000 (\$2,500 per person if married filing separate tax returns)

## THINGS TO CONSIDER BEFORE YOU CONTRIBUTE TO AN FSA

- Be sure to fund the account wisely as the funds are "use it or lose it". Any unused funds at the end of the year will automatically be forfeited.
- You cannot take income tax deductions for expenses you pay with your Health Care and/or Dependent Care FSA.
- You cannot stop or change contributions to your FSA during the year unless you have a change in family status consistent with your change in contributions.
- You may have a Health Savings Account and a Dependent Care FSA.

**You may incur 2022 FSA-eligible expenses through 3/15/2023, and you must submit all 2022 FSA reimbursement claims by 4/30/2023.**



# DEPENDENT CARE FSA OVERVIEW

## WHAT IS A DEPENDENT CARE FSA ACCOUNT?

A Dependent Care FSA is used to pay for eligible daycare, after-school care and senior care with pre-tax money, relieving some of the financial burden of caring for loved ones.

## DEPENDENT CARE FSA CONTRIBUTION LIMITS

Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

*Note: You can only be reimbursed up to the amount of money you have contributed into the account. For example: if you have contributed \$200 into your Dependent Care FSA, but your after school care was \$300 for the month, you can only be reimbursed for \$200.*

## THINGS TO CONSIDER BEFORE YOU CONTRIBUTE TO A DEPENDENT CARE FSA

- Consider carefully the amount you wish to contribute to your Dependent Care FSA because the account balance is “use it or lose it.”
- You must enroll in the Dependent Care FSA prior to the start of the plan year or during open enrollment (unless you experience certain life events, called Permitted Election Change Events that allow a special mid-year enrollment.)
- Save your receipts for each eligible expense you submit for reimbursement. Receipts should include:
  - Name (who received service)
  - Provider name & address (provider that delivered service)
  - Date of Service
  - Type of Service
  - Cost of Service

## SAMPLE ELIGIBLE EXPENSES

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature

For a full list of eligible expenses, visit [irs.gov/publications](https://www.irs.gov/publications) and refer to Publication 503.

***To receive reimbursement for in-home babysitting fees, the provider must record and report the fees as income.***

Our Dependent Care Flexible Spending Accounts are administered by P&A Group. Contact a specialist with your questions at **800-688-2611** and track your balance and transactions at [padmin.com](https://padmin.com).

**FREEDOM OF CHOICE DENTAL PLAN**

 **Claims Administrator: Ameritas**  
800-487-5553



We offer two dental coverage options from Ameritas: **Freedom of Choice Plan** & PPO Network Plan.

**FREEDOM OF CHOICE (“FOC”) PLAN**

The FOC Plan is intended to provide a high level of coverage when out-of-network dental providers are used. You should choose the FOC Plan if you intend to use out-of-network dentists.

See the Ameritas Plan Summary for additional benefit information.	FREEDOM OF CHOICE PLAN	
	IN-NETWORK	OUT-OF-NETWORK
<b>Type I: Preventive Services:</b> <i>Cleanings, Fluoride for Children, Sealants &amp; more</i>	100% of network fees*	100% of the 90th percentile of Usual & Customary*
<b>Type II: Basic Services:</b> <i>Restorative Amalgams, Periodontics, Extractions &amp; more</i>	80% of network fees after deductible	80% of U&C after deductible
<b>Type III: Major Services:</b> <i>Crowns, Endodontics, Implants &amp; more</i>	50% of network fees after deductible	50% of U&C after deductible
<b>PLAN YEAR DEDUCTIBLE</b> <i>Waived for Type I (Preventive Services)</i>		
<b>Individual</b>	\$50	\$50
<b>Family</b>	\$150	\$150
<b>MAXIMUM BENEFIT LIMITS</b>		
<b>Annual Limit</b>	\$1,500	\$1,500
<b>Reimbursement Level</b>	Network Fees	90th percentile of Usual & Customary

**Type I: Routine Exam** (2 per benefit period), **Bitewing X-rays** (2 per benefit period), **Full Mouth/Panoramic X-rays** (1 in 3 years), **Cleaning** (2 per benefit period), **Fluoride for Children 18 and under** (1 per benefit period), **Sealants** (age 16 and under), **Space Maintainers**

**Type II: Restorative Amalgams, Restorative Composites** (anterior & posterior teeth), **Periodontics (nonsurgical), Periodontics (surgical), Denture Repair, Simple Extractions, Complex Extractions, Anesthesia**

**Type III: Onlays, Crowns** (1 in 5 years per tooth), **Crown Repair, Endodontics (nonsurgical), Endodontics (surgical), Implants, Prosthodontics** (fixed bridge; removable complete/partial dentures) 1 in 5 years

*\*Please note benefit cost share percentages are based on the Network Fees in-network and the Usual and Customary charges out-of-network.*

**Orthodontia Summary—Adult and Child Coverage**

Plan Benefit: 50%  
Lifetime Maximum: \$1,500 (per person)  
Reimbursement Level: Usual & Customary

For additional information about dental coverage, contact Ameritas Customer Relations at **800-487-5553** (Monday through Thursday, 7 a.m. to midnight Central time; Friday 7 a.m. to 6:30 p.m. Central time) or visit [ameritas.com/group/olbc/UNCHCS](http://ameritas.com/group/olbc/UNCHCS)

**PPO NETWORK DENTAL PLAN**

 **Claims Administrator: Ameritas**  
800-487-5553



We offer two dental coverage options from Ameritas: Freedom of Choice Plan & **PPO Network Plan**.

**PPO NETWORK PLAN IMPORTANT NOTICE**

The PPO Network Plan pays out-of-network claims based on network provider fees for your geographic area. Out-of-network utilization will result in much higher out-of-pocket costs. You should choose the PPO Network Plan if you intend to use in-network dentists whenever possible.

See the Ameritas Plan Summary for additional benefit information.	PPO NETWORK PLAN	
	IN-NETWORK	OUT-OF-NETWORK
<b>Type I: Preventive Services:</b> <i>Cleanings, Fluoride for Children, Sealants &amp; more</i>	100% of network fees*	100% of the network fees*
<b>Type II: Basic Services:</b> <i>Restorative Amalgams, Periodontics, Extractions &amp; more</i>	80% of network fees after deductible	80% of network fees after deductible
<b>Type III: Major Services:</b> <i>Crowns, Endodontics, Implants &amp; more</i>	50% of network fees after deductible	50% of network fees after deductible
PLAN YEAR DEDUCTIBLE <i>Waived for Type I (Preventive Services)</i>		
<b>Individual</b>	\$50	\$50
<b>Family</b>	\$150	\$150
MAXIMUM BENEFIT LIMITS		
<b>Annual Limit</b>	\$1,500	\$1,500
<b>Reimbursement Level</b>	Network Fees	Network Fees

**Type I: Routine Exam** (2 per benefit period), **Bitewing X-rays** (2 per benefit period), **Full Mouth/Panoramic X-rays** (1 in 3 years), **Cleaning** (2 per benefit period), **Fluoride for Children 18 and under** (1 per benefit period), **Sealants** (age 16 and under), **Space Maintainers**

**Type II: Restorative Amalgams, Restorative Composites** (anterior & posterior teeth), **Periodontics (nonsurgical), Periodontics (surgical), Denture Repair, Simple Extractions, Complex Extractions, Anesthesia**

**Type III: Onlays, Crowns** (1 in 5 years per tooth), **Crown Repair, Endodontics (nonsurgical), Endodontics (surgical), Implants, Prosthodontics** (fixed bridge; removable complete/partial dentures) 1 in 5 years

*\*Please note benefit cost share percentages are based on the Network Fees in-network and out-of-network.*

**Orthodontia Summary—Adult and Child Coverage**

Plan Benefit: 50%  
Lifetime Maximum: \$1,500 (per person)  
Reimbursement Level: Usual & Customary

For additional information about dental coverage, contact Ameritas Customer Relations at **800-487-5553** (Monday through Thursday, 7 a.m. to midnight Central time; Friday 7 a.m. to 6:30 p.m. Central time) or visit [ameritas.com/group/olbc/UNCHCS](http://ameritas.com/group/olbc/UNCHCS)

# DENTAL BENEFITS OVERVIEW

## DENTAL REWARDS

The NC Health Dental Benefit Program includes a valuable feature that allows qualifying members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Teammates and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But the member can begin earning rewards again the very next year.

## PRETREATMENT

<b>Benefit Threshold</b>	\$500	Dental benefits received for the year cannot exceed this amount
<b>Annual Carryover Amount</b>	\$250	Dental Rewards amount is added to the following year's maximum
<b>Annual PPO Bonus</b>	\$100	Additional bonus is earned if the member sees a network provider
<b>Maximum Carryover</b>	\$1,000	Maximum possible accumulation for Dental Rewards & PPO Bonus combined

Ameritas does not require a pretreatment authorization form for any procedure, but it recommends pre-authorization for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information to Ameritas for a pretreatment estimate. Ameritas will inform you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for.

## DENTAL COST ESTIMATOR

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas Dental Cost Estimator tool located in its Secure Member Account portal. You can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, it is suggested that you confirm the applicable fee charged by their dentists, so you know what will be required for any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note that cost estimates do not reflect discounted rates available through provider networks and the estimator does not include Orthodontic estimates.

The Ameritas Secure Member Account Portal also allows you to:

- Go paperless with electronic EOB statements
- View your certificate of insurance and specific plan benefits information
- Access value added extras

## DENTAL HEALTH SCORECARD—*How would you rate your dental health?*

You can also obtain a Dental Health Report Card through the Secure Member Account portal also. Your assessment is based on claims submitted. The report card also offers suggestions for improving your dental health. You can access your personalized Dental Health Report card by going to [ameritas.com](http://ameritas.com), clicking Account Access in the top right corner and choosing the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

## AMERITAS RESOURCES

- Utilize the customized Ameritas website for NC Health teammates at [Ameritas.com/group/olbc/UNCHCS](http://Ameritas.com/group/olbc/UNCHCS)
- Create an online Secure Member account to view your dental benefit information, view or print your ID card, find a provider or use the Dental Cost Estimator tool to estimate out of pocket costs based on zip code and procedure
- Download the Ameritas Provider Locator app for your mobile phone to access a map of provider locations and call a provider's office to schedule an appointment

# EMPLOYEE ASSISTANCE PROGRAM

## Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



### Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



### Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



### Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



### Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



### Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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Online: [guidanceresources.com](https://guidanceresources.com)

App: GuidanceResources® Now

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Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

## 24/7 Support, Resources & Information

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# STANDARD VISION PLAN

 Claims Administrator: EyeMed  
866-804-0982



We offer two vision coverage options through EyeMed, **Standard Plan** and Premium Plan. Both options are designed to provide routine preventive care such as eye exams, eyewear and other vision services along with discounts on a second pair of glasses and balances over your allowances.

<p>The below is a brief summary. See the full Plan Summary for additional benefit information.</p>	STANDARD VISION PLAN BENEFIT SUMMARY	
	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT*

Look for a participating provider in the **INSIGHT NETWORK** at [eyemed.com](http://eyemed.com)

<p><b>Eye Exams</b> Covered Once Every Calendar Year</p>	\$10 copay	Up to \$30
<p><b>Frames</b> Covered Once Every Other Calendar Year</p>	\$10 copay, up to \$150 allowance. 20% off balance over \$150	Up to \$75
<p><b>Lenses</b> Covered Once Every Calendar Year</p> <p>Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens</p>	\$25 copay	
	100% after copay	Up to \$25
	100% after copay	Up to \$40
	100% after copay	Up to \$60
	100% after copay	Up to \$60
	90% copay	Up to \$40
<p><b>Contact Lenses (Medically Necessary)</b> Covered Once Every Calendar Year</p>	Covered in full	Up to \$210
<p><b>Contact Lenses (Elective)</b> Covered Once Every Calendar Year</p>	Up to \$150 allowance	Up to \$120

*\*Member Reimbursement Out-Of-Network will be the lesser of the listed amount or your actual cost from the out-of-network provider. See EyeMed’s online provider locator to determine which participating providers have agreed to the discounted rate.*

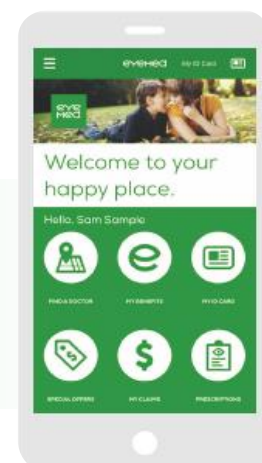
## KNOW BEFORE YOU GO

EyeMed’s out-of-pocket cost estimator can help you get a feel for what you might pay:

1. Log into [eyemed.com](http://eyemed.com), find the out-of-pocket cost estimator
2. Pick the type of exam you need
3. Choose from a variety of lens types, options and add-ons
4. You’ll get a range of costs based on your choices and applied vision benefits

## Download EyeMed’s app –

Check out your benefits, search for a provider, view your ID card and more!





PREMIUM VISION PLAN

Claims Administrator: EyeMed  
866-804-0982



We offer two vision coverage options through EyeMed, Standard Plan and **Premium Plan**. Both options are designed to provide routine preventive care such as eye exams, eyewear and other vision services along with discounts on a second pair of glasses and balances over your allowances.

<p>The below is a brief summary. See the full Plan Summary for additional benefit information.</p>	PREMIUM VISION PLAN BENEFIT SUMMARY	
	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT*

Look for a participating provider in the **INSIGHT NETWORK** at [eyemed.com](http://eyemed.com)

<p><b>Eye Exams</b> Covered Once Every Calendar Year</p>	\$0 copay	Up to \$32
<p><b>Frames</b> Covered Once Every Calendar Year</p>	\$0 copay, up to \$200 allowance. 20% off balance over \$200	Up to \$100
<p><b>Lenses</b> Covered Once Every Calendar Year</p> <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Standard Progressive Lens</li> </ul>	\$20 copay	
	100% after copay	Up to \$25
	100% after copay	Up to \$40
	100% after copay	Up to \$60
	100% after copay	Up to \$60
	\$85 copay	Up to \$40
<p><b>Contact Lenses (Medically Necessary)</b> Covered Once Every Calendar Year</p>	Covered in full	Up to \$210
<p><b>Contact Lenses (Elective)</b> Covered Once Every Calendar Year</p>	Up to \$200 allowance	Up to \$160

*\*Member Reimbursement Out-Of-Network will be the lesser of the listed amount or your actual cost from the out-of-network provider. See EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.*

▶ For LASIK Providers, call 855-450-3937



**BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**

Life insurance provides a monetary benefit to your beneficiary in the event of your death while you are employed at NC Health. AD&D insurance is equal to your life insurance benefit amount and is payable to your beneficiary in the event of your death as a result of an accident and may also pay benefits in certain injury instances. It is important to keep your beneficiary information up to date.

<b>Cost of Coverage:</b> Paid by NC Health	
<b>Life Insurance</b>	1.5x annual earnings up to \$750,000 (Executives & Physicians) 1.5x annual earnings up to \$400,000 (all other teammates)
<b>Accidental Death &amp; Dismemberment</b>	100% of the Base Life Amount
<b>Benefit Reduction Schedule</b>	67% at age 65 50% at age 70

*A percentage of this benefit may be withdrawn when diagnosed with a terminal illness. Coverage may be converted or ported by contacting Sun Life within 30 days of termination of employment.*

**SUPPLEMENTAL LIFE AND SUPPLEMENTAL AD&D INSURANCE**

You have the opportunity to elect Supplemental Life Insurance and/or Supplemental AD&D Insurance. Each benefit election is independent. Contributions for these premiums are 100% teammate paid. If you have existing Supplemental Life Insurance, you can add up to \$20,000 at each open enrollment without EOI as long as your total coverage does not exceed the guarantee issue amount.

<b>Cost of Coverage:</b> Paid by Teammate	<b>Rates for both supplemental plans can be found at <a href="https://secure-enroll.com/go/unchealth2">secure-enroll.com/go/unchealth2</a></b>	
	<b>SUPPLEMENTAL LIFE</b>	<b>SUPPLEMENTAL AD&amp;D</b>
<b>Teammate Coverage</b>	\$10,000 increments to lesser of 5x pay or \$1,000,000	\$10,000 increments to lesser of 5x pay or \$1,000,000
<b>Spouse Coverage</b>	\$5,000 increments up to the lesser of 100% of teammate's coverage or \$250,000	\$5,000 increments up to the lesser of 100% of teammate's coverage or \$500,000
<b>Child(ren) Coverage</b>	\$5,000 or \$10,000 for each child up to the lesser of 100% of teammate's coverage or \$10,000	\$2,000 increments up to the lesser of 100% of teammate's coverage or \$10,000
<b>Benefit Reduction Schedule</b>	Teammate and Spouse coverages reduce to 67% at age 65 and to 50% at age 70	
<b>Additional Information</b>	Coverage may be converted or ported by contacting Sun Life within 30 days of termination of employment	Not Applicable
<b>Guarantee Issue</b>	\$350,000 for teammates, \$25,000 for spouse, \$10,000 for children. For amounts higher than the Guarantee Issue, Evidence of Insurability (EOI) is required. Coverage is subject to carrier's approval. You must buy coverage on yourself in order to buy coverage for your dependents.	All amounts

*\*If you waive voluntary life coverage when you are initially eligible you will be required to provide Evidence of Insurability (EOI) when enrolling at a later date. EOI is the documentation of good health in order to be approved for coverage. The carrier will review and determine approval based on EOI documentation. Benefits may be limited and/or denied based on EOI results. EOI not required for dependent children. Claims incurred prior to the approval of your coverage will not be covered. It is important to keep your beneficiary information up to date.*



**To watch a brief video about the importance of life insurance!**

Video link: [share.vidyard.com/watch/WizWR4M27knWzpq8ozpze](https://share.vidyard.com/watch/WizWR4M27knWzpq8ozpze)

# DISABILITY INSURANCE

Claims Administrator: Sun Life  
800-SUN-LIFE



## SHORT TERM DISABILITY INSURANCE (STD)

Short term disability insurance provides income protection in the event you become disabled and are unable to work due to sickness or non-occupational injury, including pregnancy, for a short period of time. Sun Life, the short term disability insurance carrier for NC Health, offers STD plans that provide a weekly benefit of up to \$2,800 (specific amount depends on your weekly earnings).

<b>Cost of Coverage:</b> Paid by Teammate	<ul style="list-style-type: none"> <li>All Full-time &amp; Part-time Caldwell, Chatham and Rockingham teammates (excluding executives)</li> <li>All Part-time Rex &amp; UNCPN teammates (excluding physicians)</li> <li>All other Full-time Rex (hired 12/15/19 and after) and UNCPN teammates with less than 12 months of employment (after 12 months of employment, see chart with core and buy-up benefits)</li> </ul>	
	VOLUNTARY COVERAGE OPTION 1	VOLUNTARY COVERAGE OPTION 2
<b>Benefits Begin After</b>	28 days for injury or sickness	14 days for injury or sickness
<b>Benefit Amount</b>	50% of weekly earnings	60% of weekly earnings
<b>Max. Weekly Benefit</b>	\$2,800	\$2,800
<b>Max. Benefit Period</b>	Up to 9 weeks	Up to 11 weeks
<b>Pre-Existing Condition Limitation</b>	No coverage for disabilities which begin during the first 12 months insured if treatment for a disabling condition was received within 3 months prior to effective date.	

<b>Cost of Coverage:</b> <b>CORE PLAN</b> paid by NC Health <b>BUY-UP PLAN</b> paid by teammate	<ul style="list-style-type: none"> <li>All Caldwell, Chatham and Rockingham executives effective date of hire</li> <li>All Rex Physicians and Executives (hired 12/15/19 and after) and UNCPN Physicians and Executives effective date of hire</li> <li>All Full-time Rex (hired 12/15/19 and after) and UNCPN teammates with 12 months of employment</li> </ul>	
	CORE PLAN	BUY-UP PLAN
<b>Benefits Begin After</b>	28 days for injury or sickness	14 days for injury or sickness
<b>Benefit Amount</b>	50% of weekly earnings	60% of weekly earnings
<b>Max. Weekly Benefit</b>	\$2,800	\$2,800
<b>Max. Benefit Period</b>	Up to 9 weeks	Up to 11 weeks
<b>Pre-Existing Condition Limitation</b>	None	No coverage for disabilities which begin during the first 12 months insured if treatment for a disabling condition was received within 3 months prior to effective date.

Watch the following brief video about the importance of STD insurance!



Video link: [share.vidyard.com/watch/F7SaDbpkJDLB1EWKgNWgYX?](https://share.vidyard.com/watch/F7SaDbpkJDLB1EWKgNWgYX?)

**DISABILITY INSURANCE**

 **Claims Administrator: Sun Life**  
800-SUN-LIFE



**STD INSURANCE CONTINUED**

Short term disability insurance provides income protection in the event you become disabled and are unable to work due to sickness or non-occupational injury, including pregnancy, for a short period of time. Sun Life, the short term disability insurance carrier for NC Health, provides a weekly benefit of up to \$2,800 (specific amount depends on your weekly earnings).

<b>Cost of Coverage</b>	<b>Paid by NC Health</b>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• <b>All Full-time Rex teammates (and Part-time Rex Physicians) hired before 12/14/19</b></li> </ul>
<b>Benefits Begin After</b>	14 days of disability
<b>Benefit Amount</b>	60%
<b>Benefit Maximum</b>	\$2,800
<b>Max. Benefit Period</b>	11 weeks
<b>Pre-Existing Condition Limitation</b>	None



**LONG TERM DISABILITY INSURANCE**

Long term disability (“LTD”) insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.

<b>Cost of Coverage</b>	<b>Paid by NC Health</b>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• <b>Physicians &amp; Executives effective date of hire</b></li> <li>• <b>All other teammates effective first of the month following date of hire</b></li> </ul>
<b>Benefits Begin After</b>	90 days of disability
<b>Benefit Amount</b>	60% of monthly earnings
<b>Max. Monthly Benefit</b>	\$12,000 per month
<b>Max. Benefit Period</b>	Two years if unable to perform the duties of your own occupation, and to Social Security Normal Retirement Age if unable to perform the duties of any occupation. Physician & Executives-extended Own Occupation to SSNRA.
<b>Pre-Existing Condition Limitation</b>	No coverage for disabilities which begin during the first 12 months insured if treatment for a disabling condition was received within 3 months prior to effective date.





# SUN LIFE VALUE-ADDED BENEFITS



Sun Life offers value added benefits to its covered members. These benefits include Identity Theft Protection and Emergency Travel Assistance through Assist America. Below are additional details about these benefits.

SERVICES	BENEFIT INFORMATION
<p><b>Emergency Travel Assistance</b></p>	<ul style="list-style-type: none"> <li>• If you have a medical emergency while you are more than 100 miles away from home, you can receive assistance from Assist America’s medically trained staff</li> <li>• Free Assist America Mobile App (download, and log in with your reference number 01-AA-SUL-100101.) You can view a list of services, download a membership card, call Assist America’s Operations Center for assistance</li> <li>• Medical consultation, evaluation &amp; referral</li> <li>• Foreign hospital admission assistance</li> <li>• Emergency medical evacuation</li> <li>• Lost prescriptions, luggage or document assistance</li> <li>• If you or a family member has a medical emergency while traveling more than 100 miles from home, contact Assist America’s Emergency Travel Assistance at <b>1-800-872-1414</b> or <b>301-656-4152</b> outside of the U.S. You can email them at <a href="mailto:medservices@assistamerica.com">medservices@assistamerica.com</a></li> </ul>
<p><b>Identity Theft Protection Services from Assist America’s SecurAssist Identity Protection Program</b></p>	<ul style="list-style-type: none"> <li>• 24/7 telephone support and step by step guidance by anti-fraud experts</li> <li>• Expert case worker assigned to you will help you notify your credit bureaus and file paperwork to correct your credit reports</li> <li>• Help canceling stolen cards and reissuing new cards</li> <li>• Help notifying police, financial institutions and government agencies</li> <li>• If you or your family member are the victim of financial or medical identity fraud, call <b>1-877-409-9597</b></li> </ul>



# CANCER INSURANCE



Current coverage will continue as previously elected. If you have questions about your existing coverage or coverage you are thinking of adding, call our UNC Health Voluntary Benefit Specialists at 855-888-UNC8.

**CancerSelect Plus cancer insurance can help provide extra protection in the event of a cancer diagnosis.**

**Good medical insurance helps, but is it enough?**

Health insurance may cover some of the cost of cancer treatment but individuals could still face substantial out-of-pocket costs.

**If cancer is the disease you worry about most, you are not alone.**

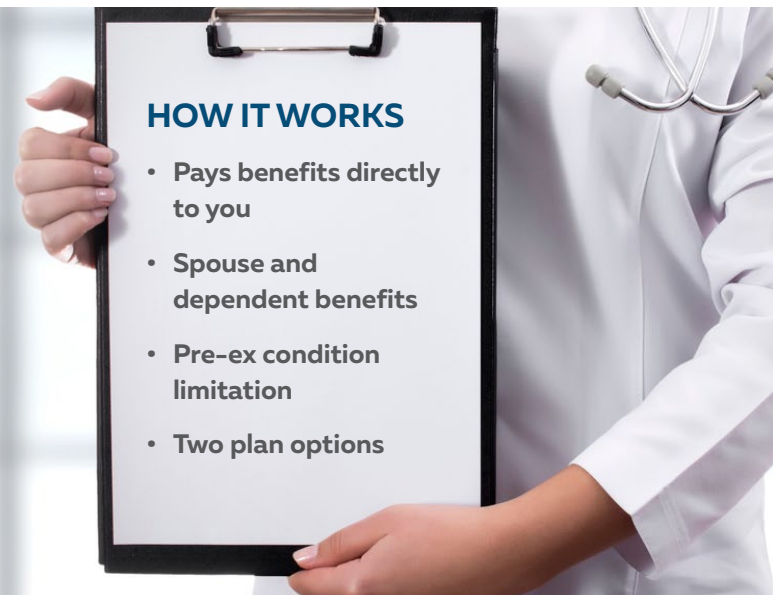
If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

With this supplemental benefit, you'll have more resources to cope with a diagnosis of cancer and wellness benefits to help you detect it early, when it's most treatable.

**You can insure yourself or add your eligible spouse and children.**

If you are 18 years of age or older, you can purchase this valuable supplemental benefit. You can also choose to insure your eligible family members, including your spouse age 18 or older and your children from birth through age 25.

**For a complete listing of benefits, maximums, limitations and exclusions, see the plan summary and/or contact our Voluntary Benefit Specialists.**



## HOW IT WORKS

- Pays benefits directly to you
- Spouse and dependent benefits
- Pre-ex condition limitation
- Two plan options

## VALUABLE BENEFITS

Fighting cancer can be challenging both financially and emotionally, and the more resources you have, the better prepared you and your family will be.

Sample benefits include, but are not limited to:

- **Initial Diagnosis benefit** pays \$10,000 for High Plan or \$3,000 for Low Plan
- **Inpatient Surgery benefit** pays maximum of \$1,000
- **Outpatient Surgery benefit** pays maximum of \$1,500
- **Radiation and Chemotherapy benefit** pays \$10,000 max benefit per 12-month period
- **Cancer Maintenance Therapy benefit** pays \$1,000 max benefit per 12-month period
- **Annual wellness cancer screening benefit** \$100 (per calendar year, per covered person)

**Contact our UNC Health Voluntary Benefit Specialists at 855-888-UNC8 for any questions on coverage or claims assistance.**



# CRITICAL ILLNESS WITH CANCER INSURANCE



Current coverage will continue as previously elected. If you have questions about your existing coverage or coverage you are thinking of adding, call our UNC Health Voluntary Benefit Specialists at 855-888-UNC8.

## What is critical illness with cancer insurance?

Critical illness with cancer insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical illness insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

## What benefits are available?

Covered illnesses/conditions are broken out into groups called "modules." Benefits are payable at 100% of the Critical illness benefit amount unless otherwise stated. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

**BASE MODULE:** Heart Attack, Cancer, Stroke, Major Organ Transplant, Coronary Artery Bypass (25% of critical illness benefit payable) & Carcinoma in situ (25% of critical illness benefit)

**ENHANCED CANCER MODULE:** Benign brain tumor, Skin Cancer (10% of critical illness benefit), Bone Marrow transplant (25% of critical illness benefit) & Stem Cell transplant (25% of critical illness benefit)

**QUALITY OF LIFE MODULE:** Polio, Rabies, Meningitis, Lyme's Disease, Bovine spongiform encephalopathy, Flesh eating bacteria, Methicillin-resistant Staphylococcus aureus (MRSA), Sepsis, Tuberculosis, Bacterial pneumonia, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Tetanus and Ebola Virus Disease (25% of critical illness benefit payable); Addison's Disease, Myasthenia Gravis, Systemic Lupus Erythematosus (SLE) and Systemic Sclerosis (Scleroderma) (10% of critical illness benefit)

**CHILDHOOD CONDITIONS:** Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down Syndrome, Gaucher Disease, Type II or III, Infantile Tay Sachs, Niemann-Pick Disease and Pompe Disease (50% of critical illness benefit)

## Features of critical illness insurance include:

**GUARANTEED ISSUE:** No medical questions or tests are required for coverage.

**FLEXIBLE:** You can use the benefit payments for any purpose you like.

**PORTABLE:** If you leave your current employer or retire, you can take your coverage with you.

## WHO IS ELIGIBLE FOR CRITICAL ILLNESS INSURANCE AND WHAT ARE THE COVERAGE AMOUNTS?

**YOU:** You may elect a critical illness insurance benefit amount of \$5,000-\$30,000 in \$5,000 increments.

**YOUR SPOUSE:** Coverage is available only if you elect coverage for yourself. You may elect a spouse critical illness benefit amount of 50% of your benefit amount.

**YOUR CHILDREN UP TO AGE 26:** Coverage is available only if you elect coverage for yourself. A children's critical illness benefit amount of 50% of your benefit amount is included at no additional cost to you.

Contact our UNC Health Voluntary Benefit Specialists at 855-888-UNC8 for any questions on coverage or claims assistance.

# ACCIDENT INSURANCE



**Current coverage will continue as previously elected. If you have questions about your existing coverage or coverage you are thinking of adding, call our UNC Health Voluntary Benefit Specialists at 855-888-UNC8.**

## What is accident insurance?

Accident insurance pays you benefits for specific injuries and events resulting from a covered accident. The benefit amount depends on the type of injury and care received. Accident Insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

## What benefits are available?

Accident insurance pays you benefits based on treatment and diagnosis of your injury.

**NEW!** An **additional 25%** is payable when a **UNC HEALTH FACILITY (or provider)** is used. The 25% is applied to the eligible payment included in the benefit schedule; limited to \$1,500.

You can use that benefit in numerous ways, such as to cover:

- **Medical expenses, such as deductibles and copays**
- **Home healthcare costs**
- **Lost income due to lost time at work**

## Who is eligible for accident insurance?

- **You**
- **Your spouse:** If you enroll in coverage for yourself, then you may enroll your spouse, as long as your spouse is not covered under the plan as a teammate. Your covered spouse will have the same level of accident insurance coverage as you do.
- **Your children up to age 26:** If you enroll in coverage for yourself; then you may enroll your children. Your covered children will have the same level of accident insurance coverage as you do, and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as teammates, then only one, but not both, of you may cover the same children for accident insurance. If the parent who is covering the children stops being insured as an teammate, then the other parent may apply for children's coverage.

## FEATURES OF ACCIDENT INSURANCE INCLUDE:

**GUARANTEED ISSUE:** No medical questions or tests are required for coverage.

**FLEXIBLE:** You can use the benefit payments for any purpose you like.

**PORTABLE:** If you leave your current employer or retire, you can take your coverage with you.

**24-HOUR COVERAGE:** Covered accidents or injuries that occur on or off the job.

### SAMPLE BENEFIT COVERAGE:

- **Accident Hospital Care**
  - **Rehabilitation Facility Confinement** (\$225 per day, up to 365 days)
  - **Family Care** (\$30 per child per day, up to 45 days)
- **Accident Care**
  - **Urgent Care Facility Treatment** (\$300)
  - **Emergency Room Treatment** (\$300 )
  - **Ground Ambulance** (\$600)
  - **Air Ambulance** (\$2,500)
  - **Chiropractic Treatment** (\$75 - up to 6 per incident)
  - **Medical Equipment** (\$500)

**Additional enhancements can be discussed by contacting our Voluntary Benefit Specialists.**

**Contact our UNC Health Voluntary Benefit Specialists at 855-888-UNC8 for any questions on coverage or claims assistance.**

# NEW! UNIVERSAL LIFE INSURANCE



**TransElite Universal Life Insurance**, underwritten by Transamerica Life Insurance Company, can help protect the ones you love now while building a cash value you can use later.

TransElite is a flexible premium universal life insurance policy designed to help provide financial protection for your family in the event of death. The policy also builds a cash value that can be borrowed from if needed.

TransElite allows employees to choose coverage in \$10,000 increments up to \$125,000 with no physical exams or blood tests.

## KEY FEATURES

- SIMPLIFIED ENROLLMENT
- PAYROLL-DEDUCTED PREMIUMS
- ACCUMULATES CASH VALUE
- GUARANTEED 3% INTEREST RATE
- LOAN AND WITHDRAWAL OPTIONS
- LIVING BENEFIT RIDER

	Eligibility	Benefit Amount
<b>Employee</b>	Ages 16 through 80	\$10,000–\$125,000 - Guarantee Issue
<b>Spouse</b>	Ages 16 through 65	\$15,000 - Guarantee Issue
<b>Child(ren) / Grandchild(ren)</b> (Universal Life*)	Ages 0 through 25	\$25,000 - Guarantee Issue
<b>Child(ren)</b> (Optional Term Rider)	Ages 15 days through 25	\$20,000 - Guarantee Issue

\*Contact a UNC Health Voluntary Specialist to elect this coverage (via direct pay only).



## LIVING BENEFIT (LBR) AND EXTENSION OF BENEFITS (EXT) RIDERS

- Accelerates the life insurance death benefit if the insured person needs assistance with at least two of the six activities of daily living (ADL's)
- After a 90-day waiting period, provides a 4% per month benefit up to 25 months. The EXT pays an additional 4% of the policy value for an additional 25 months. Combined, the LBR and EXT riders provide a 50-month benefit.
- Benefits can be paid to the family or a facility
- The Riders allow for a potential benefit equal to 225% of the life insurance face amount

**Contact our UNC Health Voluntary Benefit Specialists at 855-888-UNC8 with any questions on coverage or claims assistance.**

# HOSPITAL INDEMNITY INSURANCE



**Current coverage will continue as previously elected. If you have questions about your existing coverage or coverage you are thinking of adding, call our UNC Health Voluntary Benefit Specialists at 855-888-UNC8.**

## What is hospital confinement indemnity Insurance?

Hospital confinement indemnity insurance pays a daily cash benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. The benefit amount is determined by the type of facility and the number of days you stay. Hospital confinement indemnity insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

## What benefits are available?

Hospital confinement indemnity insurance pays you a daily lump sum cash benefit. You have the option to purchase a daily benefit amount of \$100 or \$200. The benefit amounts paid depend on the type of facility and the number of days of confinement. Any combination of confinement benefits payable will not exceed a total of 30 days during a period of confinements.

**HOSPITAL DAILY CONFINEMENT:** The benefit payable is 1x the daily benefit amount, up to 30 days of confinement  
**CRITICAL CARE UNIT (CCU):** The benefit payment is 2x the daily benefit amount, up to 15 days per confinement  
**REHABILITATION FACILITY:** The benefit payment is one-half of the daily benefit amount, up to 30 days per confinement  
**INITIAL CONFINEMENT BENEFIT/HOSPITAL ADMISSION:** This benefit provides an additional payment of 6x the daily benefit amount after confinement in a hospital, critical care unit or rehabilitation facility. This benefit is limited to a maximum of four initial confinement benefits per calendar year for all covered persons, but no more than one for each covered person.

**NEW! UNC Health Benefit:** Additional 25% benefit payable for Hospital Admission and Daily Confinement when received at a UNC HEALTH Facility. The 25% is applied to the eligible payment included in the benefit schedule; limited to \$1,500.

You can use those benefits in numerous ways, such to cover:

- **Medical expenses, such as deductibles and copays**
- **Travel, food and lodging expenses for family members**
- **Child care**
- **Everyday expenses like utilities and groceries**

## Features of hospital confinement indemnity insurance include:

**GUARANTEED ISSUE:** No medical questions or tests are required for coverage.

**FLEXIBLE:** You can use the benefit payments for any purpose you like.

**PORTABLE:** If you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans.

## WHO IS ELIGIBLE FOR HOSPITAL CONFINEMENT INDEMNITY INSURANCE?

**YOU:** All teammates pay the same rate, regardless of age.

**YOUR SPOUSE:** If you enroll in coverage for yourself, then you may enroll your spouse, as long as your spouse is not covered under the plan as an teammate. Your covered spouse will have the same level of hospital confinement indemnity insurance coverage as you.

**YOUR CHILDREN UP TO AGE 26:** If you enroll in coverage for yourself, then you may enroll your children. Your covered children will have the same level of hospital confinement indemnity insurance coverage as you do. One premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as teammates, then only one, but not both, of you may cover the same children for hospital confinement indemnity insurance. If the patient who is covering the children stops being insured as a teammate, then the other parent may apply for children's coverage.

**Contact our UNC Health Voluntary Benefit Specialists at 855-888-UNC8 with any questions on coverage or claims assistance.**



# NEW! IDENTITY THEFT PROTECTION



LifeLock™ with Norton™ Benefit Plans help protect your digital life by combining leading identity theft protection, device security, and more, in an always-connected world. These plans are enhanced and exclusive, with features and pricing only available through your employer.

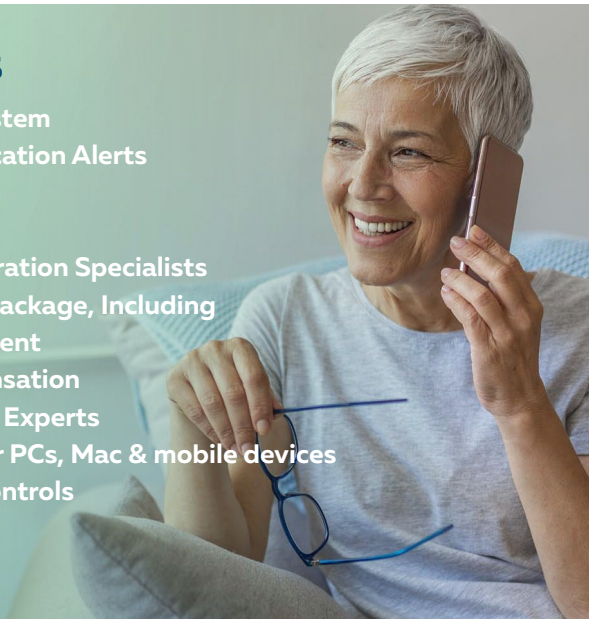
## What if I already have identity protection through a different provider?

Not all identity theft protection plans are the same. Many provide basic credit monitoring and scores, but lack the ability to help with restoration. Years ago, that may have been enough but not with the sophisticated criminals we face today. If you are a victim of identity theft, having the ability to turn over the problems and have professionals work to fix on your behalf is truly important. In addition to full restoration services, Norton LifeLock adds extra layers of protection.

**WE PROVIDE MUCH MORE.**

## BENEFIT HIGHLIGHTS

- LifeLock Identity Alert System
- Credit Monitoring + Application Alerts
- Secure VPN
- Dark Web Monitoring
- U.S.-based Identity Restoration Specialists
- Million Dollar Protection Package, Including Stolen Funds Reimbursement
- Personal Expense Compensation
- Coverage for Lawyers and Experts
- Norton Device Security for PCs, Mac & mobile devices
- Norton Family Parental Controls
- Password Manager
- AND MUCH MORE!



### 2 PLAN OPTIONS!

Bi-weekly Rates	ESSENTIAL	PREMIER
Employee Only (18+)	\$2.53	\$4.61
Employee + Family	\$5.07	\$8.76

In a digital world, it's reassuring to have real, dedicated people behind your employee benefit.

**EMPLOYEE BENEFITS MEMBER SUPPORT: 800-607-9174**

### Specialty Trained Agents

Dedicated agents available to answer questions Monday through Friday, from 9 a.m. to 7 p.m. EST

**URGENT AFTER-HOURS SUPPORT: 800-543-3562**

### Member Service & Support Agents

Real, live agents are available to answer questions 24/7.

### Identity Restoration Specialists

If an employee has an identity theft issue, a dedicated U.S.-based specialist will work from start to finish to fix it.

## REVIEW AND MANAGE YOUR ALERTS ON-THE-GO

- Credit, Checking & Savings Accounts Activity Alerts
- 401k & Investment Account Activity Alerts
- Identity & Social Security Number Alerts
- Bank & Credit Card Activity Alerts
- Unsafe website and compromised Wi-Fi network notifications

**DISCLAIMER:** No one can prevent all identity theft or cybercrime.

Contact our UNC Health Voluntary Benefit Specialists at 855-888-UNC8 with any questions on coverage or claims assistance.

# FARMERS INSURANCE HOME & AUTO

Farmers GroupSelect<sup>SM</sup>

## AUTO AND HOME INSURANCE THAT FITS YOUR UNIQUE NEEDS.



### Take advantage of special Farmers GroupSelect<sup>SM</sup> savings.

#### Program Description:

As a UNC Health Care Employee you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service and a full suite of products to meet your diverse insurance needs. In addition to auto and homeowners insurance, we offer a variety of other policies including:

- Condo/renters
- Personal excess liability
- Boat
- Motorcycle
- RV
- Personal property

#### Program Discounts and Features:

Take advantage of special Farmers GroupSelect discounts and benefits that could save you hundreds.

- A group discount of up to 15%
- Automatic payment discount
- Good driving rewards
- A loyalty discount for your years of service
- Multi-policy discounts
- Multi-vehicle savings
- 24/7 superior service

#### Switch & Save Today!

You may apply for group auto and home insurance at any time. Take advantage of these savings today and call 800-438-6381 and mention your discount code EEI.

**Call 800-438-6381**

Advertisement produced on behalf of the following specific insurers and seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance (a MA & MN licensee) and certain of its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company (a MN licensee), Farmers Direct Property and Casualty Insurance Company (CA Certificate of Authority: 6730; Warwick, RI), Farmers Group Property and Casualty Insurance Company (CA COA: 6393; Warwick, RI), or Farmers Lloyds Insurance Company of Texas, all with administrative home offices at 700 Quaker Lane, Warwick, RI 02886. Company names approved in domiciliary states; approval pending non-domiciliary states. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. Policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your local representative or the company. © 2021 Farmers Insurance





## LEGAL EXPERTS ON YOUR SIDE, WHENEVER YOU NEED THEM

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. Through the Group Prepaid Legal Services Benefit Program, you can have a team of top attorneys ready to help you take care of life’s planned and unplanned legal events.

MetLife Legal Plans, formerly known as Hyatt Legal Plans, gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. These needs could arise when you’re buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

### Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

#### HOW IT WORKS

Our service is tailored to your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move – we make it easy to get legal help. And, you will always have a choice in what attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.<sup>1</sup> Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, experts are on your side as long as you need them. When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier. **For added protection, your spouse and dependent children are also covered.**

#### LEGAL PLANS – Helping you navigate life’s planned and unplanned events.

For **\$17.00 per month for the Base Plan, or \$23.00 per month for the Plus Parents Plan**, you get legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, this benefit provides four hours of network attorney time and services per year.<sup>2</sup>

Services below highlighted in **bold** are available to parents and parents-in-law.

<b>Money Matters</b>	<ul style="list-style-type: none"> <li>Debt Collection Defense</li> <li>Identity Management Services<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>Identity Theft Defense</b></li> <li>Negotiations with Creditors</li> <li>Personal Bankruptcy</li> </ul>	<ul style="list-style-type: none"> <li><b>Promissory Notes</b></li> <li>Tax Audit Representation</li> <li>Tax Collection Defense</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>Boundary &amp; Title Disputes</li> <li><b>Deeds</b></li> <li>Eviction Defense</li> <li>Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>Home Equity Loans</li> <li><b>Mortgages</b></li> <li>Property Tax Assessments</li> <li>Refinancing of Home</li> </ul>	<ul style="list-style-type: none"> <li>Sale or Purchase of Home</li> <li>Security Deposit Assistance</li> <li>Tenant Negotiations</li> <li>Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li><b>Codicils</b></li> <li><b>Complex Wills</b></li> <li><b>Healthcare Proxies</b></li> <li><b>Living Wills</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</b></li> </ul>	<ul style="list-style-type: none"> <li>Revocable &amp; Irrevocable Trusts</li> <li><b>Simple Wills</b></li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>Adoption</li> <li><b>Affidavits</b></li> <li>Conservatorship</li> <li><b>Demand Letters</b></li> <li>Garnishment Defense</li> <li>Guardianship</li> <li>Immigration Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Juvenile Court Defense, Including Criminal Matters</li> <li>Name Change</li> <li>Parental Responsibility Matters</li> <li>Personal Property Protection</li> <li>Pre-nuptial Agreement</li> </ul>	<ul style="list-style-type: none"> <li>Protection from Domestic Violence</li> <li><b>Review of ANY Personal Legal Document</b></li> <li>School Hearings</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>Administrative Hearings</li> <li>Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>Disputes Over Consumer Goods &amp; Services</li> <li>Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>Pet Liabilities</li> <li>Small Claims Assistance</li> </ul>
<b>Elder-Care Issues</b>	<ul style="list-style-type: none"> <li><b>Consultation &amp; Document Review for your parents:</b></li> <li><b>Deeds</b></li> <li><b>Leases</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Medicaid</b></li> <li><b>Medicare</b></li> <li><b>Notes</b></li> <li><b>Nursing Home Agreements</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Powers of Attorney</b></li> <li><b>Prescription Plans</b></li> <li><b>Wills</b></li> </ul>
<b>Vehicle &amp; Driving</b>	<ul style="list-style-type: none"> <li>Defense of Traffic Tickets<sup>4</sup></li> <li>Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>License Suspension Due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>Repossession</li> </ul>

To learn more, visit [info.legalplans.com](http://info.legalplans.com) and enter access code **9904179** for the **Base Plan** or **9904180** for the **Plus Parents Plan** or call **800-821-6400**

1. You will be responsible to pay the difference, if any, between the plan’s payment and the out-of-network attorney’s charge for services.

2. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.

3. This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.

4. Does not cover DUI.

# LIBERTY MUTUAL – AUTO & HOME INSURANCE

We customize.  
You could save \$947.<sup>†</sup>



Switch to customized insurance and only pay for what you need. As an employee of UNC Health, you could save \$947 by bundling your auto and home insurance.<sup>†</sup>

## More benefits you'll love:



### Violation-Free Discount<sup>§</sup>

Customers can earn a discount for three years of violation-free driving. Get an even larger discount when you reach five years.



### Better Car Replacement<sup>™||</sup>

If your car is totaled, we'll give you the money for a model that's one year newer.



### 24-Hour Roadside Assistance<sup>†</sup>

If your car breaks down, we won't leave you stranded. From a jump-start to a tow, our optional 24-Hour Roadside Assistance will get you moving again.



### Multi-Policy Discount<sup>§</sup>

When you insure both your car and your home with Liberty Mutual, you qualify for comprehensive protection and additional savings.



### Loss Forgiveness<sup>#</sup>

Your price won't increase because of the first qualified loss in your home.



### Inflation Protection

Automatically adjust your coverage limits at your policy's renewal to keep pace with inflation and you will also receive a discount on your policy premium.



### Payroll Deduction

Simplify your life by having your monthly premium payment automatically deducted from your paycheck.



For a free quote, call 1-800-699-5298  
or visit [www.libertymutual.com/unchealth](http://www.libertymutual.com/unchealth)

Client #136953

AUTO | HOME | RENTERS | UMBRELLA | MOTORCYCLE | CONDO | WATERCRAFT

<sup>†</sup>Savings validated by new customers who switched to Liberty Mutual between 1/2020-10/2020 and participated in a countrywide survey. Savings may vary. Comparison does not apply in MA. <sup>§</sup>Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten, not all applicants may qualify. <sup>¶</sup>Optional coverage in some states; availability varies by state. Eligibility rules apply. <sup>\*</sup>Coverage is provided on the optional Towing & Labor Coverage endorsement. May vary by state. Applies to mechanical breakdowns and disablements only, and may be subject to limits. <sup>#</sup>Subject to eligibility requirements. Benefits and eligibility requirements may vary by state. Coverage provided and underwritten by Liberty Mutual Insurance Company or its subsidiaries or affiliates, 175 Berkeley Street, Boston, MA 02116. In Texas, coverage provided and underwritten by one or more of the following companies: Liberty Insurance Corporation, Liberty Lloyds of Texas Insurance Company, Liberty Mutual Fire Insurance Company, Liberty Mutual Personal Insurance Company, Peerless Indemnity Insurance Company, and Liberty County Mutual Insurance Company. Learn more about our privacy policy at [libertymutual.com/privacy](http://libertymutual.com/privacy). ©2021 Liberty Mutual Insurance 14918930

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# LIBERTY MUTUAL – PET INSURANCE

Pet Insurance



## What is Pet Insurance?

Pet Insurance can help your pet get the best veterinary care available when they need it by reducing the financial burden of unexpected medical costs due to illness or injuries. Plus, preventative wellness options could help you stay ahead of any potential issues altogether.



## Why Pet Insurance?



One in three pets needs unexpected veterinary care every year.<sup>1</sup>



The cost of veterinary care has more than doubled in the past decade.<sup>2</sup>



Veterinary medicine is advancing with more specialists and treatment options available.



Every six seconds a pet parent is handed a bill for more than \$3,000.<sup>3</sup>



Fetch a quote at [pet.libertymutual.com/unhealth](https://pet.libertymutual.com/unhealth). Enter your last name and employee ID to apply your discount. Or call 844-250-9199 and use promo code unhealth to apply your discount.





# LIBERTY MUTUAL – PET INSURANCE



## Choose what's right for you.

We have multiple policy options to choose from spanning accidents, illnesses, and wellness coverage. Plus, you can select the right reimbursement payout, deductible, and annual maximum for your needs and budget.

Liberty Mutual offers three types of coverage so you can choose what best fits your needs.

Accident	Accident & Illness	Accident, Illness & Wellness
<ul style="list-style-type: none"><li>• Accidental injuries (including to permanent teeth)</li><li>• Euthanasia or anesthesia</li><li>• Cremation and burial expenses</li><li>• Ingestion of a foreign object (up to two treatments max per policy year)</li><li>• Accidental death</li></ul>	<p><b>Everything covered under the Accident policy, plus:</b></p> <ul style="list-style-type: none"><li>• Illnesses (e.g., cancer, influenza, and kennel cough)</li><li>• Alternative medicine</li><li>• Behavioral therapy</li><li>• Hereditary and congenital conditions</li></ul>	<p><b>Everything covered under the Accident &amp; Illness policy, plus fixed payment amounts for the following (not subject to deductible and annual maximum):</b></p> <ul style="list-style-type: none"><li>• Wellness exams</li><li>• Intestinal deworming</li><li>• Routine dental cleaning</li><li>• Spaying / neutering</li><li>• Flea and tick prevention</li><li>• Heartworm tests and medication</li><li>• Dietary food and supplements</li><li>• Prescription medications</li><li>• Boosters and vaccinations</li></ul>

Choose the right level for your needs and budget:

Reimbursement:  
**70%, 80%, or 90%**

Deductible:  
**\$250, \$500, or \$1K**

Annual maximum:  
**\$5K, \$10K, or \$15K**

## Why Liberty Mutual?

- Stackable discounts that could save you up to 20%
- Built by a company with more than 100 years of insurance experience
- Flexibility to use any vet, anywhere
- No cancellations due to age
- No monthly transaction or admin fees



## How do I sign up?

Visit [pet.libertymutual.com/unchealth](https://pet.libertymutual.com/unchealth) to learn more. Enter your last name and employee ID to apply your discount. Or call 844-250-9199 and use promo code unchealth to apply your discount.

<sup>1</sup>American Pet Products Association, 2018. <sup>2</sup>American Veterinary Medical Association, 2019. <sup>3</sup>PetPlan, 2017

Pre-existing conditions are not covered. Waiting periods, deductibles, benefit limits and exclusions may apply. For policy terms, limitations, and conditions, please visit [pet.libertymutual.com/unchealth](https://pet.libertymutual.com/unchealth). Wellness coverage reimbursements are based on a schedule. Products, rates, and discounts may vary by state and are subject to change.

Products are underwritten by Liberty Mutual Insurance Company or its subsidiaries or affiliates, 175 Berkeley Street, Boston, MA 02116 and administered by C&F Insurance Agency, Inc. (NPN3974227), a Crum and Forster company. C&F and Crum and Forster are registered trademarks of the United States Fire Insurance Company.

Coverage provided and underwritten by Liberty Mutual Insurance and its affiliates, 175 Berkeley Street, Boston, MA 02116. Learn more about our privacy policy at [libertymutual.com/privacy](https://libertymutual.com/privacy). ©2020 Liberty Mutual Insurance 14931633

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# PAID TIME OFF (PTO)

## PAID TIME OFF ACCRUAL RATES

All regular full-time and part-time teammates (.5 FTE or greater) are eligible to accrue PTO hours from the first day of employment. Per Diem and temporary teammates are not eligible to accrue PTO hours. PTO may be used for vacation, holiday, sick and personal time away from work as requested by the teammate with proper approval, as well as for the reduction of scheduled work hours based on business need. PTO accrual rates are based on years of service and are prorated to reflect the actual number of hours an teammate is paid (up to the teammate’s appointed hours or FTE status) per pay period.

Years of Service	FULL TIME			PART TIME (e.g., 0.5 FTE)		
	Hours per Pay Period	Annualized Hours	Annualized Days	Hours per Pay Period	Annualized Hours	Annualized Days

**Below Manager\*\***

Up to 3 years	7.692	200.0	25.0	3.846	100.0	12.5
After 3 years	9.231	240.0	30.0	4.615	120.0	15.0
After 8 years	10.769	280.0	35.0	5.385	140.0	17.5
After 14 years	12.308	320.0	40.0	6.154	160.0	20.0

**Execs, Dept Heads, Managers & APPs\*\***

Up to 3 years	9.231	240.0	30.0	4.615	120.0	15.0
After 3 years	10.769	280.0	35.0	5.385	140.0	17.5
After 8 years	12.308	320.0	40.0	6.154	160.0	20.0

For PTO accrual schedules for physicians, please see the NC Health PTO Paid Time Off policy.

\* The accrual is based on teammates’ years of service plus the actual hours the teammate is paid (up to their appointed hours or FTE status) per pay period.

\*\* If you are employed pursuant to a written agreement, and your written agreement and this policy conflict, your written agreement will control.

## PTO BUYBACK

NC Health teammates (excluding physicians who receive a frontloaded PTO allotment) who have completed their probationary periods and who have at least 88 hours of banked PTO are eligible for PTO buyback. Teammates can elect to sell back PTO on a quarterly basis at 75% cash value. At least 80 hours must be left in the banked PTO, but amounts over 80 hours can be sold back each quarter. Applicable taxes are withheld. For example, if a teammate earning \$15.00/hour has a PTO bank of 120 hours, the teammate is eligible to sell up to 40 hours of PTO (120 total PTO - 80 hours banked PTO = 40 hours of PTO sell back). The value of the sell back would be \$450 less taxes (40 hours x \$15.00 x .75).



## RETIREMENT 403(b) PLAN

The **NC Health 403(b) Plan**, administered by Transamerica Retirement Solutions, allows you to save for retirement making voluntary pre-tax salary and Roth deferral contributions to the Plan. When you contribute to your 403(b) Plan account, NC Health will make an employer matching contribution based on your length of service (based on your adjusted date of hire).

You are immediately eligible to join the 403(b) Plan. If you're a new hire, unless you elect otherwise by contacting Transamerica, you will automatically begin deferring and investing 3% of your pay (pre-tax). Unless you elect otherwise by contacting Transamerica, your pre-tax deferral will increase by 1% each successive year until you reach 10%. Unless you elect otherwise by contacting Transamerica, your contributions and NC Health's employer matching contributions will be invested in one of the Vanguard Institutional Target Retirement Funds, based on the year you attain age 65.

You may contribute up to 100% of your salary, not to exceed the annual limit of \$22,500 for 2023; if you are age 50 or older, you may make an additional "catch-up" contribution of \$7,500.

You are fully vested in your contributions immediately, and you become fully vested in NC Health's matching after completing 3 years of service in which you work at least 1,000 hours per plan year. The NC Health matching contribution increases based upon your length of service (based on your adjusted date of hire) as shown below.

Length of Service	Matching Contribution
Less than 3 years	50% of the first 6%
3+ but less than 8 years	50% of the first 8%
8+ years	50% of the first 10%

You decide how to invest your contributions and NCHHealth's matching contributions. The 403(b) Plan offers a variety of professionally managed funds for the investment of your Plan account balance. For an additional charge, you may choose to invest in the Charles Schwab Personal Choice Retirement Account brokerage window (requires a minimum investment). Also available to you is Transamerica's PortfolioExpress® asset allocation and account rebalancing feature.

## WHY PARTICIPATE IN THE NC HEALTH 403(B) PLAN?

**Below are some other advantages to participating in the 403(b) Plan:**

- You may make both pre-tax and Roth deferral contributions through convenient payroll deduction.
- You can choose from a variety of investment options designed to meet your retirement savings objectives as well as a brokerage window.
- No minimum investment is required (minimum investment is required for Personal Choice Retirement Account brokerage window).
- Your pre-tax salary deferral contributions reduce your current tax obligation because federal and most state income taxes on your contributions are deferred until you withdraw the money from your account.
- Interest and earnings on your account accumulate on a tax-deferred basis.
- You receive quarterly account statements which show the current status of your 403(b) Plan account as well as all account activity.
- If you have an existing retirement plan account with a prior employer, you may transfer or roll over that account into the 403(b) Plan at any time.
- You can access your account information 24 hours a day at [transamerica.com/portal/nchealth](https://transamerica.com/portal/nchealth) or by calling **800-755-5801**.

**Through the participant website at [transamerica.com/portal/nchealth](https://transamerica.com/portal/nchealth) you can:**

- Set your retirement goals
- Create or fine-tune your retirement planning strategy
- Monitor activity and conduct transactions involving your 403(b) Plan account
- Check investment performance
- Stay informed about economic conditions, tax regulations and Social Security
- Rebalance your investments (automatically if you sign up)
- Choose an appropriate distribution option when you retire or leave your job
- Create a plan for investing during retirement
- First time users go to [transamerica.com/portal/nchealth](https://transamerica.com/portal/nchealth) to create an account.

**The NC Health 403(b) Plan rewards you financially at retirement for your hard work and long-term commitment.**

# WELLNESS PROGRAM PRIVACY & ADA NOTICE

Vitality is a voluntary well-being program available to all NC Health teammates enrolled in the Network Health Plan. The well-being program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve teammates' health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary well-being assessment (Vitality Health Review) that asks questions about your health results, activity, habits, nutrition, lifestyle, mental well-being, and work and home life to better understand where you are doing well and where you may need some additional help in becoming the healthiest person you can be.

Although participation in the well-being program is not required, teammates who choose to participate (*by completing the Vitality Health Review and achieving Gold Status*), will receive a well-being incentive.

Additional incentives may be available for teammates who participate in certain health-related activities like a walking challenge. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Vitality Customer Support.

The information from your Vitality Health Review will be used to provide you with a personalized Points Planner filled with recommended activities to help you reach your goals.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information.

Although Vitality and the UNC Health Affiliates Group Welfare Benefit Plan may use aggregate information they collect to design a program based on identified health risks in the workplace, Vitality will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the well-being program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the well-being program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the well-being program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are Hylant (the UNC Health Affiliates Group Welfare Benefits Plan's benefits consultant), Benefits Science Technologies (a healthcare analytics company) and Vitality in order to provide you with services under the well-being program.

In addition, all medical information obtained through the well-being program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the well-being program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the well-being program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the well-being program, nor may you be subjected to retaliation if you choose not to participate.

**If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the myHR Service Center at 984-215-2800.**

# IMPORTANT DISCLOSURES

## NOTE TO ALL TEAMMATES

Certain Federal Regulations require employers to provide disclosures of these regulations to all teammates. The remainder of this document provides you with the required disclosures related to our teammates benefits plan. If you have any questions or need further assistance please contact your Plan Administrator as follows:

### UNC Health Human Resources

Attn: Plan Administrator, Benefits

5221 Paramount Parkway, Suite 210

Morrisville, NC 27560

myHR Service Center 984-215-2800 | myHR Portal [myhr.unch.unc.edu](https://myhr.unch.unc.edu)

## NOTICE REGARDING SPECIAL ENROLLMENT RIGHTS

If you do not timely or properly complete the enrollment process, you and your Eligible Dependents generally will not be covered under the applicable Plan for the remainder of the Plan Year, except as described below. Also, if you fail to specifically enroll your Eligible Dependents on the enrollment form, your Eligible Dependents will not be covered under the applicable Plan for the remainder of the Plan Year, except as otherwise provided below.

(a.) If you decline enrollment for yourself or your dependents because you or your dependent had other health insurance or group health plan coverage, either through COBRA or otherwise, you may enroll yourself and Eligible Dependents in the Health Program within 30 days of the loss of that coverage. For this purpose, "loss of coverage" will occur if the other group health plan coverage terminates as a result of: (i) termination of employer contributions for the other coverage; (ii) exhaustion of the maximum COBRA period; (iii) legal separation or divorce; (iv) death; (v) termination of employment; (vi) reduction in hours of employment; or (vii) failure to elect COBRA coverage.

However, a loss of coverage will not be deemed to occur if the other coverage terminates due to a failure to pay premiums or termination for cause. At the time you enroll in the Employer's Plan, you must provide a written statement from the administrator of the other health plan that you no longer have that coverage.

(b.) You are eligible to enroll yourself and your Eligible Dependent in the Health Program within 30 days of the date you acquire a new Eligible Dependent through marriage, birth, adoption or placement for adoption. (Note pre-tax payments may not be made for retroactive coverage due to marriage.)

(c.) You are eligible to enroll yourself and your Eligible Dependent in the Plan within 60 days after either:

(1.) You or your Eligible Dependent's Medicaid coverage under title XIX of the Social Security Act or CHIP coverage through a State child health plan under title XXI of the Social Security Act is terminated as a result of loss of eligibility for such coverage; or

(2.) You or your Eligible Dependent is determined to be eligible for employment assistance under Medicaid or CHIP to help pay for coverage under the Plan.

## NOTICE REGARDING WOMEN'S HEALTH AND CANCER RIGHTS ACT

On October 21, 1998, Congress passed a Federal Law known as the Women's Health and Cancer Rights Act. The law includes important new protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and patient, for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan.

**If you would like more information on WHCRA benefits, please call your plan administrator.**

# IMPORTANT DISCLOSURES

## **NOTICE REGARDING PATIENT PROTECTION RIGHTS**

The UNC Health Network Health Plan does not require members to designate a Primary Care Provider. The following paragraphs outline certain protections under the Patient Protection and Affordable Care Act (Affordable Care Act) and only apply when the Network Health Plan requires or allows the designation of a Primary Care Provider.

You will have the right to designate any primary care provider who participates in the Network Health Plan's network and who is available to accept you and/or your Eligible Dependents. For children, you may designate a pediatrician as the primary care provider. You also do not need prior authorization from the Plan or from any other person (including your primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Network Health Plan's network. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals or notifying primary care provider or Plan of treatment decisions.

If you do not make a provider designation, the Network Health Plan may make one for you. For information on how to select or change a primary care provider, and for a list of the participating primary care providers, pediatricians, or obstetrics or gynecology health care professionals, please contact UMR at 877-265-9194.

## **HOW TO REQUEST A CERTIFICATION OF CREDITABLE COVERAGE FROM THIS PLAN**

HIPAA also requires any medical program offered by the employer to provide certificates of such creditable coverage to you after you lose coverage under such medical program. This certificate allows you to use your coverage under the medical program to reduce or eliminate an pre-existing condition exclusion period that might otherwise apply to you when you change health care plans. You also may request a certificate of creditable coverage for periods of coverage on or after July 1, 1996, within 24 months of your loss of coverage.

To request a HIPAA Certificate of Creditable Coverage, please contact UMR by calling the phone number on your healthcare identification card. If you are unable to obtain the certificate of coverage through UMR, or have other questions regarding Pre-existing Conditions, please contact the Plan Administrator for assistance at the address below.

### **UNC Health Human Resources**

**Attn: Plan Administrator, Benefits**

**5221 Paramount Parkway, Suite 210**

**Morrisville, NC 27560**

**myHR Service Center 984-215-2800**

**myHR Portal [myhr.unch.unc.edu](http://myhr.unch.unc.edu)**

# NOTICE OF PRIVACY PRACTICES

## NOTICE OF PRIVACY PRACTICES

### of the UNC HEALTH AFFILIATES GROUP WELFARE BENEFIT PLAN

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**This version is effective: October 1, 2021**

### WHO FOLLOWS THIS NOTICE

Rex Healthcare, Inc., d/b/a NC Health ("NC Health" or the "Plan Sponsor"), in its capacity as sponsor of the UNC Health Affiliates Group Welfare Benefit Plan; UNC Health Care System ("UNC Health"), in its capacity as administrator of the UNC Health Affiliates Group Welfare Benefit Plan; and the following UNC Health affiliates, in their capacities as affiliates of the Plan Sponsor who have agreed to make employer contributions toward group health benefit plans under the UNC Health Affiliates Group Welfare Benefit Plan (collectively, the "Participating Affiliates") follow the privacy practices described in this Notice with respect to the use and disclosure of health information about you in order to provide you with medical, flexible spending account ("FSA"), employee assistance program ("EAP"), wellness, dental, and vision benefits under the UNC Health Affiliates Group Welfare Benefit Plan. These group health benefits are collectively called the "Plan" in this Notice. All of these benefits are self-insured, except for the EAP and vision benefits.

**Rex Hospital, Inc.**

**Caldwell Memorial Hospital, Incorporated**

**Chatham Hospital, Incorporated**

**UNC Physicians Network, LLC**

**UNC Rockingham Health Care**

The Plan operates as an Organized Health Care Arrangement ("OHCA"), which means that the Plan, the Plan Sponsor, and the Participating Affiliates may share information about you with each other for the purpose of administering the Plan and providing the benefits of the Plan to you. This Notice does not describe the health information policies or practices of your health care providers (including the policies and practices of UNC Health and the Participating Affiliates in their capacities as health care providers) or the insurers of any fully insured benefits (such as vision and EAP).

### PLAN SPONSOR'S OBLIGATIONS REGARDING HEALTH INFORMATION PRIVACY

We protect confidential information that identifies Plan participants or could be used to identify Plan participants and relates to a physical or mental health condition or the payment of participant health care expenses. This individually identifiable health information created, received, maintained, or transmitted by the Plan, regardless of form (oral, written or electronic) is known as "Protected Health Information" or "PHI." PHI includes genetic information about you or a family member such as genetic tests, manifestations or a disease or disorder, or requests for (or the receipt of) genetic services or participation in clinical research which includes genetic services. Plan participant PHI will not be used or disclosed without a written authorization from the Plan participant, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.



# NOTICE OF PRIVACY PRACTICES

In some situations, federal and state laws provide privacy protections to PHI in addition to the protections described in this Notice. Examples of PHI that sometimes receives additional protection include PHI related to mental health, HIV/AIDS, reproductive health or chemical dependency. The Plan may refuse to disclose such PHI, or the Plan may contact you to obtain an express written authorization before disclosing it.

## Health Information Held by Plan Sponsor in Employment Records is Not PHI

The privacy policy and practices described in this notice do not apply to health information that we hold in employment records or in records relating to pre-employment screenings, disability benefits or claims, on-the-job injuries, workers' compensation claims, medical leave requests, return-to-work reports, life insurance, retirement benefits, accommodations under the Americans with Disabilities Act, or any records not pertaining to PHI from the Plan.

## THE PLAN'S RESPONSIBILITIES

### The Plan is required by law to:

- Maintain the privacy and security of your PHI;
- Give you this notice of the Plan's legal duties and privacy practices with respect to PHI;
- Follow the terms of the notice currently in effect;
- Inform you if certain breaches of your PHI occur.

## YOUR RIGHTS

### You have the right to:

- Inspect and copy your PHI the Plan maintains in a designated record set, such as claims and appeals records. If the information is maintained electronically, the Plan will provide you (or someone you designate in writing) with an electronic copy. The Plan will provide a copy or a summary of your records, usually within 30 days of your request. The Plan may charge a reasonable, cost-based fee.
- Amend the PHI the Plan maintains in a designated record set if it is incorrect or incomplete. You must provide reasons supporting the amendment request, and the Plan may deny your request if the Plan determines the information is accurate and complete. The Plan will notify you within 60 days of your request.
- Request confidential communication by asking the Plan to communicate with you in a certain way or at a certain location. For example, you can ask the Plan to contact you in a specific way (home or office phone) or to send mail to a different address. The Plan will make every attempt to accommodate all reasonable requests if it is administrative practicable to do so; however, the Plan is not required to agree to the request unless you state you would be in danger if the request is not granted.
- Ask the Plan to limit the information the Plan uses or discloses about you for treatment, payment or health care operations purposes and also to limit the PHI shared to someone who may be involved in your care or payment for your care. The Plan is not required to agree to the request unless the disclosure restriction is to a health plan for purposes of payment or health care operations and the PHI pertains to a product or service for which the health care provider has been paid out-of-pocket in full.
- Get a list (called an "accounting") of disclosures of your PHI that the Plan has made to others for six years prior to the date of your request, except disclosures for treatment, payment or health care operations purposes; disclosures to you; or disclosures in certain other circumstances. The Plan must provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for more than one within 12 months.
- Receive a paper copy of this privacy notice upon request.

# NOTICE OF PRIVACY PRACTICES

- File a complaint with the Plan or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You can file the complaint with the Secretary by sending it to:  
**U.S. Department of Health & Human Services, Office for Civil Rights**  
**200 Independence Avenue, S.W.**  
**Washington, D.C. 20201**  
Or online at: [hhs.gov/hipaa/filing-a-complaint/index.html](https://hhs.gov/hipaa/filing-a-complaint/index.html) *(please copy and paste link into your internet browser)*

**The Plan will not retaliate against you for filing a complaint.**

## EXERCISING YOUR RIGHTS

To exercise any of your HIPAA rights, including filing a complaint, please contact the Plan Privacy Officer in writing at the following address:

**UNC Health Human Resources**  
**Attn: Plan Administrator, Benefits**  
**5221 Paramount Parkway, Suite 210**  
**Morrisville, NC 27560**

## OUR USES AND DISCLOSURES

The following is a list of ways the Plan may use and disclose PHI without obtaining an authorization.

- **For payment.** The Plan may use and disclose PHI so that claims for health care treatment, services, and supplies received from health care providers may be paid according to the Plan's terms. For example, the Plan may use PHI to determine a dependent's eligibility for benefits, or it may disclose PHI to individuals or a group involved in deciding an appeal of a denied medical claim or adjudication of benefits.
- **For health care operations.** The Plan may use and disclose PHI to enable it to operate, to help it operate more efficiently, or to ensure that all Plan participants receive consistent and complete health benefits. For example, the Plan may use PHI for case management or to perform studies designed to reduce health care costs. The Plan may also use or disclose PHI to conduct compliance reviews, audits or actuarial studies, as well as for fraud and abuse detection, business management purposes or general administrative activities.
- **For treatment.** The Plan may use or disclose PHI to facilitate treatment by providers. The Plan may disclose medical information to providers such as doctors, nurses, technicians, medical students or hospital personnel involved in caring for you.
- **To a Business Associate.** Certain services are provided to the Plan by third parties known as "Business Associates." For example, third party administrators that process claims for the Plan are Business Associates of the Plan. The Plan requires its Business Associates, through contract, to appropriately safeguard the PHI. In addition, Business Associates are directly subject to HIPAA as a matter of law with respect to PHI in electronic form.
- **As required by law.** The Plan will disclose PHI when required to do so by federal, state or local laws, including the reporting of certain types of wounds or physical injuries.

The Plan may use and disclose PHI **after providing the individual with an opportunity to object in advance of the use or disclosure and the individual declines to prohibit the use and disclosure** to a close friend or family member who is involved in or helps to pay for a participant's health care. The Plan may also advise a family member or close friend about the participant's condition, location (for example, that a participant is in a hospital), or death.

# NOTICE OF PRIVACY PRACTICES

The Plan may also use and disclose PHI without a participant's authorization in the following instances:

- **Lawsuits and disputes.** The Plan may disclose PHI in response to a court order or administrative order, a subpoena, a warrant, a discovery request, or another lawful due process, but only if certain conditions designed to notify the participant about the disclosure and to safeguard the PHI are in place.
- **Law enforcement.** The Plan may release PHI if asked by a law enforcement official, for example, to identify or locate a suspect, material witness or missing person, or to report a crime, the crime's location or victims, or the identity, description or location of the person who committed the crime.
- **Workers' compensation.** The Plan may disclose PHI to the extent authorized by, and to the extent necessary to comply with, workers' compensation laws or other similar programs.
- **Military and Veterans' Administration.** If a Plan participant becomes a member of the U.S. armed forces, the Plan may release medical information about him/her as deemed necessary by military command authorities.
- **Abuse, Neglect or Domestic Violence.** When authorized by law, the Plan may report information about abuse, neglect or domestic violence to the appropriate public authorities if there is a reasonable belief that the participant may be a victim of abuse, neglect or domestic violence. If the Plan does make such a disclosure, the participant will be notified of the disclosure unless the notice would cause a risk of serious harm.
- **Public Health Risks.** The Plan may disclose health information about the participant for public health activities. These activities include preventing or controlled disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people or recalls or products they have been using.
- **Health Oversight Activities.** The Plan may disclose participant PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances the Plan may use and disclose participant PHI for medical research purposes.
- **National Security, Intelligence Activities and Protective Services.** The Plan may release participant PHI to authorize federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law, and (2) to enable them to provide protection to members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If the participant is an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** The Plan may release participant PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release participant PHI to a funeral director, as necessary for him/her to carry out his/her duty.

# NOTICE OF PRIVACY PRACTICES

## HOW MUCH PHI THE PLAN DISCLOSES

When using or disclosing PHI or, when requested, PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses by or disclosures to the individual participant;
- disclosures to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; or
- uses or disclosures that are required for the Plan's compliance with the Privacy Rule.

For the purpose of obtaining premium bids or modifying, amending or terminating the Plan, the Plan may use or disclose "summary health information" to the Plan Sponsor that summarizes the claims history, claims expenses or types of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan, and from which identifying data has been deleted in accordance with HIPAA. However, the Plan may not use or disclose PHI that is genetic information of an individual for underwriting purposes.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Uses and disclosures of health information not covered by this Notice or by the laws that apply to the Plan will be made only with the participant's written authorization. If the participant authorizes the Plan to use or disclose his/her PHI, the participant may later revoke the authorization, in writing, at any time. If the participant revokes his/her authorization, the Plan will no longer use or disclose the participant's PHI for the reasons covered by the written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on the participant's prior authorization.

## CHANGES TO THIS NOTICE

The Plan reserves the right to change this Notice at any time and to make the revised or changed Notice effective for participant PHI the Plan already has, as well as any information the Plan receives in the future. Changes in the group health plans covered by the Notice will not be treated as a material modification of the Notice, which would give rise to a change to this Notice. This Notice will be posted on the Plan Sponsor's benefits enrollment website.

## PLAN CONTACT INFORMATION

If you need more information about our privacy practices or have questions about this Notice, if you think we have violated your privacy rights, or if you want to complain to us about our privacy practices, you can contact the person listed below:

**UNC Health Human Resources**

**Attn: Plan Administrator, Benefits**

**5221 Paramount Parkway, Suite 210**

**Morrisville, NC 27560**

# MEDICARE PART D COVERAGE NOTICE

## MEDICARE NOTICE

You must notify NC Health when you or your dependents become Medicare eligible. NC Health is required to contact UMR to inform it of your Medicare status. Federal law determines whether Medicare or the group health plan is the primary payer. You must also notify Medicare directly that you have group health insurance coverage. Privacy laws prohibit Medicare from discussing coverage with anyone other than the Medicare beneficiary or their legal guardian. The toll-free number to Medicare Coordination of Benefits is **1-855-798-2627**.

## MEDICARE PART D COVERAGE NOTICE – IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

*Please note that the following notice only applies to individuals who are eligible or will become eligible for Medicare in the next 12 months.*

Medicare eligible individuals may include co-workers, spouses or dependent children who are Medicare eligible for one of the following reasons.

- Due to the attainment of age 65
- Due to certain disabilities as determined by the Social Security Administration
- Due to end-stage renal disease (ESRD)

If you are covered by Medicare, please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with NC Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- NC Health has determined that the prescription drug coverage offered under the UNC Health Network Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. If your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### ***When Can You Join a Medicare Drug Plan?***

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

*Continued on the following page.*



# MEDICARE PART D COVERAGE NOTICE

## ***What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?***

If you decide to join a Medicare drug plan, your current coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. The prescription drug coverage is part of the Medical Benefit Program and cannot be separated from the medical coverage. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. You have the option to waive the coverage provided under the Group Health Plan due to your eligibility for Medicare. If you decide to waive coverage under the Group Health Plan due to your Medicare eligibility, you will be entitled to re-enroll in the plan during the next open enrollment period.

## ***When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?***

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE**

myHR Service Center 984-215-2800

myHR Portal [myhr.unch.unc.edu](http://myhr.unch.unc.edu)

*You will receive this notice each year and again, if this coverage through NC Health changes.*

*You also may request a copy of this notice at any time.*

## **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](http://medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE** (1-800-633-4227). TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit the U.S. Social Security Administration's website at [socialsecurity.gov](http://socialsecurity.gov) or call **1-800-772-1213** (TTY 1-800-325-0778).

***Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (penalty).***

# HEALTH INSURANCE MARKETPLACE NOTICE

## HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

There is an additional way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace.

### ***What is the Health Insurance Marketplace?***

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

### ***Can I Save Money on my Health Insurance Premiums in the Marketplace?***

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### ***Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?***

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12 percent of your household income for 2023 or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by NC Health, then you will lose the employer contribution to the employer-offered coverage. Also, this employer contribution—as well as your co-workers contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### ***How Can I Get More Information?***

For more information about your coverage offered by NC Health, please check your summary plan descriptions, including Plan Summary-General Provisions, or contact:

#### **UNC Health Human Resources**

**Attn: Plan Administrator, Benefits**

**5221 Paramount Parkway, Suite 210**

**Morrisville, NC 27560**

**myHR Service Center 984-215-2800**

**myHR Portal [myhr.unch.unc.edu](https://myhr.unch.unc.edu)**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [healthcare.gov](https://healthcare.gov) for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

## **PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [insurekidsnow.gov](https://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](https://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –**

### **ALABAMA-Medicaid**

Website: [myalhipp.com](https://myalhipp.com)  
Phone: 1-855-692-5447

### **ALASKA-Medicaid**

The AK Health Insurance Premium Payment Program Website: [myakhipp.com](https://myakhipp.com)  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: [dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](https://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx)

### **ARKANSAS-Medicaid**

Website: [myarhipp.com](https://myarhipp.com)  
Phone: 1-855-MyARHIPP (855-692-7447)

### **CALIFORNIA**

Health Insurance Premium Payment (HIPP) Program: [dhcs.ca.gov/hipp](https://dhcs.ca.gov/hipp)  
Phone: 916-445-8322  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### **COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website: [healthfirstcolorado.com](https://healthfirstcolorado.com)  
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
CHP+: [colorado.gov/pacific/hcpf/child-health-plan-plus](https://colorado.gov/pacific/hcpf/child-health-plan-plus)  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI): [colorado.gov/pacific/hcpf/health-insurance-buy-program](https://colorado.gov/pacific/hcpf/health-insurance-buy-program)  
HIBI Customer Service: 1-855-692-6442

### **FLORIDA-Medicaid**

Website: [flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html](https://flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html)  
Phone: 1-877-357-3268

# MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

## GEORGIA-Medicaid

A HIPP Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://www.medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)

Phone: 678-564-1162, Press 1

GA CHIPRA Website: [medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](https://www.medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)

Phone: 678-564-1162, Press 2

## INDIANA-Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: [in.gov/fssa/hip](https://www.in.gov/fssa/hip)

Phone: 1-877-438-4479

All other Medicaid

Website: [in.gov/medicaid](https://www.in.gov/medicaid)

Phone: 1-800-457-4584

## IOWA-Medicaid and CHIP (Hawki)

Medicaid Website: [dhs.iowa.gov/ime/members](https://www.dhs.iowa.gov/ime/members)

Medicaid Phone: 1-800-338-8366

Hawki Website: [dhs.iowa.gov/Hawki](https://www.dhs.iowa.gov/Hawki)

Hawki Phone: 1-800-257-8563

HIPP Website: [dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](https://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)

HIPP Phone: 1-888-346-9562

## KANSAS-Medicaid

Website: [kancare.ks.gov](https://www.kancare.ks.gov)

Phone: 1-800-792-4884

## KENTUCKY-Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

[chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)

Phone: 1-855-459-6328

Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP Website: [kidshealth.ky.gov/Pages/index.aspx](https://www.kidshealth.ky.gov/Pages/index.aspx)

Phone: 1-877-524-4718

Kentucky Medicaid Website: [chfs.ky.gov](https://www.chfs.ky.gov)

## LOUISIANA-Medicaid

Website: [medicaid.la.gov](https://www.medicaid.la.gov) or [ldh.la.gov/lahipp](https://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE-Medicaid

Enrollment Website: [maine.gov/dhhs/ofi/applications-forms](https://www.maine.gov/dhhs/ofi/applications-forms)

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: [maine.gov/dhhs/ofi/applications-forms](https://www.maine.gov/dhhs/ofi/applications-forms)

Phone: 1-800-977-6740

TTY: Maine relay 711

## MASSACHUSETTS-Medicaid and CHIP

Website: [mass.gov/info-details/masshealth-premium-assistance-pa](https://www.mass.gov/info-details/masshealth-premium-assistance-pa)

Phone: 1-800-862-4840

TTY: 617-886-8102

## MINNESOTA-Medicaid

Website:

[mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp](https://www.mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp)

Phone: 1-800-657-3739

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## MISSOURI-Medicaid

Website: [dss.mo.gov/mhd/participants/pages/hipp.htm](https://dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005

## MONTANA-Medicaid

Website: [dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA-Medicaid

Website: [ACCESSNebraska.ne.gov](https://ACCESSNebraska.ne.gov)  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

## NEVADA-Medicaid

Medicaid Website: [dhcftp.nv.gov](https://dhcftp.nv.gov)  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE-Medicaid

Website: [dhhs.nh.gov/oii/hipp.htm](https://dhhs.nh.gov/oii/hipp.htm)  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

## NEW JERSEY-Medicaid and CHIP

Medicaid Website: [state.nj.us/humanservices/dmahs/clients/medicaid](https://state.nj.us/humanservices/dmahs/clients/medicaid)  
Medicaid Phone: 609-631-2392  
CHIP Website: [njfamilycare.org/index.html](https://njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710

## NEW YORK-Medicaid

Website: [health.ny.gov/health\\_care/medicaid](https://health.ny.gov/health_care/medicaid)  
Phone: 1-800-541-2831

## NORTH CAROLINA-Medicaid

Website: [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov) *(please copy and paste link into your internet browser)*  
Phone: 919-855-4100

## NORTH DAKOTA-Medicaid

Website: [nd.gov/dhs/services/medicalserv/medicaid](https://nd.gov/dhs/services/medicalserv/medicaid)  
Phone: 1-844-854-4825

## OKLAHOMA-Medicaid and CHIP

Website: [insureoklahoma.org](https://insureoklahoma.org)  
Phone: 1-888-365-3742

## OREGON-Medicaid

Website: [healthcare.oregon.gov/Pages/index.aspx](https://healthcare.oregon.gov/Pages/index.aspx)  
[oregonhealthcare.gov/index-es.html](https://oregonhealthcare.gov/index-es.html)  
Phone: 1-800-699-9075

## PENNSYLVANIA-Medicaid

Website: [dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx](https://dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx) *(please copy and paste link into your internet browser)*  
Phone: 1-800-692-7462

## RHODE ISLAND-Medicaid and CHIP

Website: [eohhs.ri.gov](https://eohhs.ri.gov)  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)



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## **SOUTH CAROLINA-Medicaid**

Website: [scdhhs.gov](https://www.scdhhs.gov) (please copy and paste link into your internet browser)

Phone: 1-888-549-0820

## **SOUTH DAKOTA-Medicaid**

Website: [dss.sd.gov](https://www.dss.sd.gov)

Phone: 1-888-828-0059

## **TEXAS-Medicaid**

Website: [gethipptexas.com](https://www.gethipptexas.com)

Phone: 1-800-440-0493

## **UTAH-Medicaid and CHIP**

Medicaid Website: [medicaid.utah.gov](https://www.medicaid.utah.gov)

CHIP Website: [health.utah.gov/chip](https://www.health.utah.gov/chip)

Phone: 1-877-543-7669

## **VERMONT-Medicaid**

Website: [greenmountaincare.org](https://www.greenmountaincare.org)

Phone: 1-800-250-8427

## **VIRGINIA-Medicaid and CHIP**

Website: [coverva.org/en/famis-select](https://www.coverva.org/en/famis-select)

[coverva.org/hipp](https://www.coverva.org/hipp)

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-432-5924

## **WASHINGTON-Medicaid**

Website: [hca.wa.gov](https://www.hca.wa.gov)

Phone: 1-800-562-3022

## **WEST VIRGINIA-Medicaid and CHIP**

Website: [mywvhipp.com](https://www.mywvhipp.com) and [dhhr.wv.gov/bms](https://www.dhhr.wv.gov/bms)

Medicaid Phone: 304-558-1700

CHIP Toll-free Phone: 1-855-MyWVHIP (1-855-699-8447)

## **WISCONSIN-Medicaid and CHIP**

Website: [dhs.wisconsin.gov/badgercareplus/p-10095.htm](https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)

Phone: 1-800-362-3002

## **WYOMING-Medicaid**

Website: [health.wyo.gov/healthcarefin/medicaid/programsand-eligibility](https://www.health.wyo.gov/healthcarefin/medicaid/programsand-eligibility)

Phone: 1-800-251-1269

**To see if any other states have added a premium assistance program since July 31, 2022 or for more information on special enrollment rights, contact either:**

U.S. Department of Labor  
Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](https://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[cms.gov](https://www.cms.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# IMPORTANT DISCLOSURES

## **NOTICE REGARDING NEWBORNS AND MOTHERS HEALTH PROTECTION ACT**

Group health plans and health insurance issuers offering group health insurance may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for less than 48 hours following normal vaginal delivery, or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the plan or insurance issuer to prescribe a length of stay not in excess of the above periods.

## **SUMMARY OF BENEFITS & COVERAGE (SBC)**

The Summary of Benefits & Coverage (SBC) is a document intended to help people understand their health coverage and compare health plans when shopping for coverage.

The federal government requires all healthcare insurers and group health care sponsors to provide this document to plan participants. Group health plan sponsors must provide a copy of the SBC to each teammate eligible for coverage under the plan.

### **The SBC includes:**

- A summary of the services covered by the plan
- A summary of the services not covered by the plan
- A glossary of terms commonly used in health insurance
- The copays and/or deductibles required by the plan, but not the premium
- Information about members' rights to continue coverage
- Information about members' appeal rights
- Examples of how the plan will pay for certain services

The SBCs are available electronically on your employer intranet site. A paper copy is also available, free of charge, by calling myHR Service Center at **984-215-2800**.

## **NOTICE OF RESCISSION OF COVERAGE**

Under Health Care Reform, your coverage may be rescinded (i.e., retroactively revoked) due to fraud or intentional misrepresentation regarding health benefits or due to failure to pay premiums. A 30 day advance notice will be provided before coverage can be rescinded.

# IMPORTANT DISCLOSURES

## **YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS**

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

### ***What is "balance billing" (sometimes called "surprise billing")?***

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### **You are protected from balance billing for:**

- Certain services at an in-network hospital or ambulatory surgical center  
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.
- If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

### **When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization)
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

# COBRA CONTINUATION COVERAGE NOTICE

## INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan Summary—General Provision or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

**If you're a teammate you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:**

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

**If you're the spouse of a teammate you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:**

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

**Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:**

- The parent-teammate dies;
- The parent-teammate's hours of employment are reduced;
- The parent-teammate's employment ends for any reason other than his or her gross misconduct;
- The parent-teammate becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

# COBRA CONTINUATION COVERAGE NOTICE

## WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. **The employer must notify the Plan Administrator of the following qualifying events:**

- The end of employment or reduction of hours of employment;
- Death of the teammate ;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The teammate 's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the teammate and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

**UNC Health Human Resources**

**Attn: Plan Administrator, Benefits**

**5221 Paramount Parkway, Suite 210**

**Morrisville, NC 27560**

**myHR Service Center 984-215-2800**

**myHR Portal [myhr.unch.unc.edu](http://myhr.unch.unc.edu)**

Notification should be in writing and include official documentation of qualifying event (i.e. divorce decree, marriage certificate, birth certificate).



# COBRA CONTINUATION COVERAGE NOTICE

## HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

## There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

- Disability extension of 18-month period of COBRA continuation coverage  
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Please provide Social Security disability determination confirmation to:  
**UMR COBRA Administration**  
**P. O. Box 1206**  
**Wausau, WI 54402-1206**  
**800-207-1824**
- Second qualifying event extension of 18-month period of continuation coverage  
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the teammate or former teammate dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP) or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [healthcare.gov](https://www.healthcare.gov).

## CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period\* to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

\*[medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods](https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods)

# COBRA CONTINUATION COVERAGE NOTICE

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit [medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you).

## IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact of contacts identified below. For more information about the Marketplace, visit [healthcare.gov](https://www.healthcare.gov).

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan Contact Information

Plan Administrator:

**UNC Health**

**Human Resources**

**5221 Paramount Parkway, Suite 210**

**Morrisville, NC 27650**

**myHR Service Center 984-215-2800**

**myHR Portal [myhr.unch.unc.edu](https://myhr.unch.unc.edu)**

Plan Administrator:

**UMR COBRA Administration**

**P. O. Box 1206**

**Wausau, WI 54402-1206**

**800-207-1824**

**NC HEALTH\***

**myHR**

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 **Service Center**

Monday - Friday: 8 a.m. - 5 p.m.  
984-215-2800

 **Email**

[myHR@unhealth.unc.edu](mailto:myHR@unhealth.unc.edu)

 **Portal**

[myhr.unch.unc.edu](http://myhr.unch.unc.edu)