

# UNC HEALTH<sup>®</sup> Southeastern

## Benefits Plans & Programs Resource Guide

January 1, 2023 – December 31, 2023



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This brochure summarizes the benefit plans that are available to UNC Health Southeastern eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.



## A Message to Our Team Members

At UNCHealth Southeastern, we firmly believe that our team is our greatest asset. Our success depends on you – our talented and dedicated workforce.

The contribution you make each and every day furthers our mission and vision in ways that are larger and more impactful than any one of us.

In recognition of the above, UNC Health Southeastern, continues to work diligently to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefit programs, we strive to support the needs of our team members and their dependents by providing a benefit package that is easy to understand, easy to access and affordable. This brochure will help you choose the type of plan and level of coverage that is right for you.

As always, it is our goal to provide you with a comprehensive total reward program that further crystalizes the fact that UNC Health Southeastern is “Here for you. Here for good”.

Thanks for all you do individually and collectively as “ONE GREAT TEAM”.

Sincerely,

Patrick Ebri, PhD  
Vice President & Chief Engagement Officer

# Eligibility

## Eligible Employees

You may enroll in the 2023 Employee Benefits Program if you are a regular full-time employee who is actively working a minimum of 30 hours per week.

## Eligible Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship.

## Spousal coverage

UNC Health Southeastern benefit coverage is not provided for any spouse whose employer provides medical coverage. The spouse will need to apply for coverage with his/her employer.

## When Coverage Begins

Newly hired employees and dependents will be effective in UHC Health Southeastern's benefit programs on the first day of the month following one (1) month of employment, unless otherwise indicated. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a qualifying event.

## Qualifying Event

A qualifying event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of Legal Marital Status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in Number of Dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in Employment or Job Status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in you r having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



## Medical Insurance Plan Options

UNC Health Southeastern will be moving our self-insured medical plan to UMR (a United Healthcare company). The chart on the following page provides a brief outline of the plan. Please refer to the Summary Plan Description (SPD) for complete plan details. There may be certain procedures or services requiring multiple providers. It is highly recommended that you verify all associated providers are participating in the network. This not only includes your doctor, but also anesthesiologists, lab facilities, etc. This will help you avoid incurring any unexpected out-of-network charges and ensure the most cost-effective use of your health plan.

### UMR Online Resources

If you choose medical insurance, then [www.umar.com](http://www.umar.com) is your online resource for personalized benefits and health information. You can make use of the interactive website to complete a variety of self-service transactions online or get access to health care information and resources. You can also download the UMR App or call (800)-207-3172 for customized plan information.

These platforms will give access to:

- ID Card
- Provider Lookup
- Medical Cost Estimator
- Claims History
- Explanation of Benefits (EOB)



# Medical Plan(s) Overview

Paid by: UNC Health Southeastern and Employee

A comprehensive plan that pays medical expenses for the employee and their enrolled dependents. Eligibility: Full-time employees, beginning the 1st of the month following one month of employment.

	PPO Plan				HDHP Plan			
	Tier 1 <sup>1</sup> UNC Health Southeastern	Tier 2 <sup>2</sup> UNC Health System	Tier 3 UHC ChoicePlus	Tier 4 Non-Network	Tier 1 <sup>1</sup> UNC Health Southeastern	Tier 2 <sup>2</sup> UNC Health System	Tier 3 UHC ChoicePlus	Tier 4 Non-Network
<b>Annual Deductible<sup>3</sup></b>								
Individual	\$0	\$2,000	\$4,000	\$8,000	\$1,500	\$3,000	\$5,000	\$9,000
Family	\$0	\$4,000	\$8,000	\$16,000	\$3,000	\$6,000	\$10,000	\$18,000
Coinsurance	100%	80%	70%	50%	100%	80%	70%	50%
<b>Maximum out of Pocket</b>								
Individual <sup>4</sup>	\$2,500	\$5,000	\$8,700	\$20,000	\$4,000	\$6,000	\$8,700	\$25,000
Family <sup>4</sup>	\$7,500	\$10,000	\$17,400	\$40,000	\$9,000	\$12,000	\$17,400	\$50,000
<b>Physician Office Visit – after deductible</b>								
Primary Care <sup>8,9,10</sup>	100%	80%	70%	50%	100%	80%	70%	50%
Specialist Care <sup>8,9</sup>	100%	80%	70%	50%	100%	80%	70%	50%
<b>Preventive Care</b>								
Adult Period Exams <sup>9</sup>	100%	100%	100%	100%	100%	100%	100%	100%
Well-Child Care <sup>9</sup>	100%	100%	100%	100%	100%	100%	100%	100%
<b>Diagnostic Services – after deductible</b>								
X-Ray and Lab Tests	100%	80%	70%	50%	100%	80%	70%	50%
Complex Radiology	100%	80%	70%	50%	100%	80%	70%	50%
Urgent Care Facility	100%	70%	70%	50%	100%	80%	70%	50%
Emergency Room Facility <sup>7</sup>	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay	100%	100%	100%	100%
Inpatient Facility <sup>5,6</sup>	100%	80%	70%	50%	100%	80%	70%	50%
Outpatient Facility and Surgical <sup>6</sup>	100%	80%	70%	50%	100%	80%	70%	50%
<b>Mental Health &amp; Substance Abuse<sup>9</sup> – after deductible</b>								
Inpatient	100%	80%	70%	50%	100%	80%	70%	50%
Outpatient	100%	80%	70%	50%	100%	80%	70%	50%

1. Tier 1 – UNC Health Southeastern Network and local affiliates.
2. Tier 2 – All UNC Health System providers and facilities.
3. United Healthcare network members that are not Tier 1 & 2 providers.
4. The Tier 1&2 Facilities, United Healthcare-Network and Out-of-Network deductibles will integrate. The Tier 1&2 Facilities, United Healthcare-Network and Out-of-Network out of pocket amounts will integrate.
5. Pre-certification penalties, amounts over the usual, customary and reasonable charge and any ineligible expenses will not accumulate toward the Out-of-Pocket Maximum limitation.
6. Pre-certification of ALL Inpatient Admissions is required.
7. Providers of ancillary services related to a hospital confinement such as Anesthesia, Pathology, Radiology, etc. will be paid at the United Healthcare – network level only if they are contracted network providers.
8. Emergency Services for true emergencies are payable as shown until such time, when it is medically appropriate that the patient can be transferred to a Tier 1 Facility or an appropriate contracted provider.
9. Office visit includes all covered services provided during that visit in the physician's office. They do not include services prescribed by the physician and rendered elsewhere by another provider.
10. Includes routine physicals, mammograms, pap smear, prostate testing, well-childcare, immunizations and routine eye care if performed by an ophthalmologist. Includes wellness routine colonoscopy once every five years for plan participants Age 50 or over. Using a Tier 1 Network Provider is strongly recommended.
10. Mental Health providers for outpatient services are paid under the primary care physician office visit benefit.

# Prescription Drug Plan(s) Overview

## PPO Plan

	UNC Health Southeastern Pharmacies			All other pharmacies
	1-34 Day Supply	35-68 Day Supply	69-102 Day Supply	1-34 Day Supply
Tier 1 – Generic	20% (\$9 min - \$20 max)	20% (\$18 min - \$40 max)	20% (\$27 min - \$60 max)	20% (\$14 min - \$30 max)
Tier 2 - Preferred Brand	30% (\$20 min - \$30 max)	30% (\$40 min - \$60 max)	30% (\$60 min - \$90 max)	30% (\$35 min - \$55 max)
Tier 3 – Non- Preferred Brand	40% (\$30 min - \$40 max)	40% (\$60 min - \$80 max)	40% (\$90 min - \$120 max)	40% (\$55 min - \$75 max)
Tier 4 – Specialty	20% (\$40 min - \$150 max)	N/A	N/A	See Footnote 1

	Wellness Copayments <sup>2</sup> UNC Health Southeastern Pharmacies		
	1-34 Day Supply	35-68 Day Supply	69-102 Day Supply
Tier 1 - Generic	\$5 copayment	\$10 copayment	\$15 copayment
Tier 2 - Preferred Brand	\$10 copayment	\$20 copayment	\$30 copayment
Tier 3 – Non-Preferred Brand	\$15 copayment	\$30 copayment	\$45 copayment

## HDHP Plan

	UNC Health Southeastern Pharmacies	Retail pharmacies
	1-90 Day Supply	1-34 Day Supply
Tier 1 - Generic	10% after deductible	20% after deductible
Tier 2 - Preferred Brand	10% after deductible	20% after deductible
Tier 3 – Non-Preferred Brand	10% after deductible	20% after deductible
Tier 4 – Specialty	20% after deductible	See Footnote 1

	Wellness Copayments <sup>2</sup> UNC Health Southeastern Pharmacies		
	1-34 Day Supply	35-68 Day Supply	69-102 Day Supply
Tier 1 - Generic	\$5 copayment after deductible	\$10 copayment after deductible	\$15 copayment after deductible
Tier 2 - Preferred Brand	\$10 copayment after deductible	\$20 copayment after deductible	\$30 copayment after deductible
Tier 3 – Non-Preferred Brand	\$15 copayment after deductible	\$30 copayment after deductible	\$45 copayment after deductible

1. Eligible Specialty medications should be filled at a UNC Health Southeastern Pharmacy first. If the in-house cannot fill the script then the in-house will push the script out to an outside pharmacy of their choice.
2. Only member enrolled in the wellness program will receive the above listed copayments on the medications within the PHM program. Members must go to a UNC Health Southeastern Pharmacy for this benefit.

## Insurance Rates

PPO Plan – Per Pay Period (24 Semi-Monthly) Contributions		
Election	Non-Wellness	Wellness
Employee	\$107.50	\$57.50
Employee & Spouse	\$310.00	\$188.00
Employee & Child(ren)	\$218.00	\$140.00
Employee & Family	\$390.00	\$245.00

HDHP Plan – Per Pay Period (24 Semi-Monthly) Contributions		
Election	Non-Wellness	Wellness
Employee	\$62.50	\$19.50
Employee & Spouse	\$236.25	\$125.00
Employee & Child(ren)	\$167.25	\$91.00
Employee & Family	\$296.25	\$155.00

Tobacco-Free Program –

Will continue for 2023, a surcharge of \$25 per family, per pay period will be implemented for individuals who test positive and have not successfully completed a cessation class.

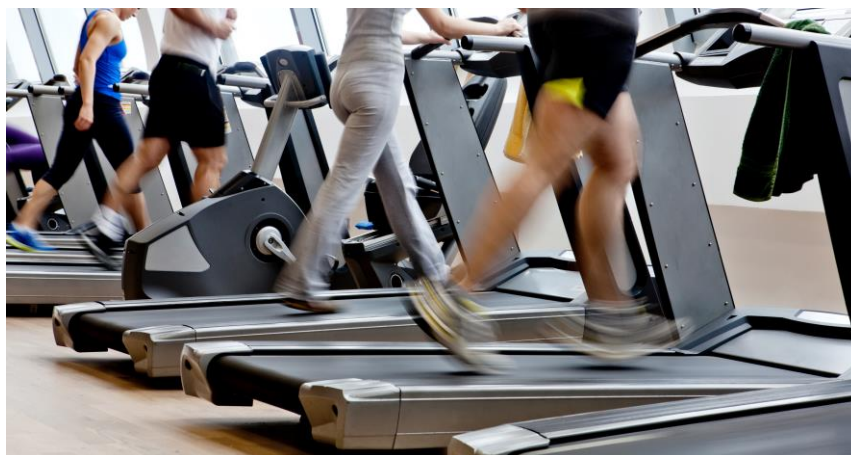
## Wellness

Healthy Living 4 Life (HL4L)

- Healthy Living 4 Life is designed to promote health and wellness by specifically helping people with Diabetes, High Blood Pressure, High Cholesterol, and Asthma.
- HL4L is open to anyone who signs up for medical insurance with UNC Health Southeastern.
- For employees that elect to cover a spouse, both the employee and spouse must participate in the HL4L in order to receive the HL4L premium discounts and any other HL4L program benefits.
- Premium discounts are not applied until after you pay one (1) month at the regular rate, complete lab work and visit with the care manager. (This is for those new or attempting to rejoin HL4L).

Other Requirements

- Biometric Analysis
- Health Risk Assessment
- Tobacco Free Program





## Dental Insurance

The UNC Health Southeastern Dental Plan gives you access to a network of dentists that have agreed to a discount payment schedule. You are not required to designate a Primary Care Dentist, and you have the choice to select any participating dentist. You may choose to obtain services from a non-network provider; however, your out-of-pocket costs will be higher, and your annual maximum benefit will be lower. Please refer to the Summary Plan Description (SPD) for complete plan details.

Find additional dental information and locate a participating dental care provider, visit to [www.umar.com](http://www.umar.com) or call (800)-207-3172.

**Paid By:** UNC Health Southeastern and Employee

**Eligibility:** Full-time employees, beginning the 1st of the month following one month of employment



Dental Plan Highlights		
	In-Network	Out-of-Network
<b>Deductibles</b>		
Preventive and Basic	\$0	\$0
Major Services	\$50 per member per benefit period	\$50 per member per benefit period
<b>Benefits</b>		
Annual Maximum per covered person	\$1,000	\$1,000
Preventive	100%	100%
Basic	100%	100%
Major	50%	50%
<b>Orthodontia</b>		
Deductible	None	None
Benefit Percentage	50%	50%
Lifetime Maximum	\$1,500	\$1,500
<b>Dental Plan – Per Pay Period (24 Semi-Monthly) Contributions Election</b>		
Employee		\$10.00
Employee & Spouse		\$18.63
Employee & Child(ren)		\$21.86
Employee & Family		\$29.49

# Vision Coverage

Paid By: UNC Health Southeastern and Employee

Eligibility: Full-time employees, beginning the 1st of the month following one month of employment

Vision Plan Highlights		
	Base Plan	Buy-Up Plan
<b>Copays</b>		
Exams	\$10	\$10
Materials <sup>1</sup>	\$25	\$10
Contact Lens Fitting (standard) <sup>2</sup>	\$25	\$10
Contact Lens Fitting (specialty)	\$50 retail allowance	\$50 retail allowance
<b>Benefits</b>		
Frames	\$150 Retail Allowance	\$200 Retail Allowance
<ul style="list-style-type: none"> <li>• Lenses</li> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Progressives (standard)<sup>3</sup></li> </ul>	100%	100%
Contact Lenses	\$150 Retail Allowance <sup>4</sup>	\$200 Retail Allowance
<b>Frequency</b>		
Exam	1 per calendar year	1 per calendar year
Frames/Contacts	1 per calendar year	1 per calendar year
Lenses	1 per calendar year	1 per calendar year

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

<sup>3</sup> If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

## Buy-Up Plan Enhancement

The Buy-up plan allows each enrolled member to obtain frames AND contact lenses each calendar year. With the buy-up plan, you will not have to choose between frames and contacts each year!

## Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

### Discounts on covered materials

Frames: 20% off amount over allowance 20% off retail

Lens options: 20% off amount over retail standard progressive lens, including lens options

Specialty contact lens fit: 10% off retail, then apply allowance

Vision Plan – Per Pay Period (24 Semi-Monthly) Contributions		
	Base Plan	Buy-Up Plan
Employee	\$4.54	\$9.00
Employee + Dependent	\$8.85	\$17.55
Employee + Family	\$13.15	\$26.09

### Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses: 30% off retail

Lens options, contacts, miscellaneous options: 20% off retail

Disposable contact lenses: 10% off retail

Retinal imaging: \$39 maximum out-of-pocket

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50% and are the best possible discounts available to Superior Vision.

# HEALTHCARE

## FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

### ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Prescribed over-the-counter items

## YOUR STEPS TO SAVINGS!

**1** **REALIZE THE TAX SAVINGS**  
You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for **\$2,600** you would save **\$650** in taxes.

**2** **ESTIMATE YOUR EXPENSES**  
Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).

**3** **ENROLL AND MANAGE YOUR ACCOUNT**  
Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this flyer.

# HEALTH CARE FSA FAQs

## FREQUENTLY ASKED QUESTIONS

### HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant Flores247 Web Portal, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

### WHAT MUST BE INCLUDED ON RECEIPTS?

All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

### WILL I HAVE A DEBIT CARD?

Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

### DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA EACH YEAR?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

### WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA?

After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

### HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

### CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA?

Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

### WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations, you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



### MOBILE APP

Download our mobile app from your app store



### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

## HOW DO I SUBMIT DOCUMENTS TO FLORES?

### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

### MOBILE

Download Flores Mobile app Available for Apple or Android devices

### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

### FAX

800.726.9982 or 704.335.0818

Revised 9/22

CUSTOMER SERVICE 1.800.532.3327



# DEPENDENT CARE

FLEXIBLE SPENDING ACCOUNT

## YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**  
You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.
- 2 ESTIMATE YOUR EXPENSES**  
Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).
- 3 ENROLL AND MANAGE YOUR ACCOUNT**  
Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

## ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

## INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

# DEPENDENT CARE FAQs

## FREQUENTLY ASKED QUESTIONS

### HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

### HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form.

### WILL I HAVE A DEBIT CARD?

No, there is no debit card associated with the Dependent Care FSA. This is considered a “No-Wait” account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

### DO I NEED TO RE-ENROLL IN THE DEPENDENT CARE FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

### WHAT EXPENSES ARE ELIGIBLE TO BE REIMBURSED FROM THE DEPENDENT CARE FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household and is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### WHAT HAPPENS TO MY DEPENDENT CARE FSA IF I TERMINATE FROM THE COMPANY?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. Please contact your Human Resource Department for further information.

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



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### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

## HOW DO I SUBMIT DOCUMENTS TO FLORES?

### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

### MOBILE

Download Flores Mobile smartphone app  
Available for Apple or Android devices

### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

### FAX

704.335.0818 or 800.726.9982

Revised 12/18

CUSTOMER SERVICE 1.800.532.3327

## Life and AD&D

UNC Health Southeastern provides company-paid Basic Life/Accidental Death & Dismemberment (AD&D) Insurance through The Standard to assist you and your family in the event of a loss.

Upon meeting eligibility requirements, you are automatically enrolled in Basic Life at no cost. Life insurance can protect your survivors from financial difficulty in the event of your death. AD&D insurance can provide assistance if you suffer accidental dismemberment or death resulting from an accident. Your basic life insurance benefit amount is one and a half (1.5) times your base salary and your AD&D benefit amount is one and a half (1.5) times coverage.

**Paid By:** UNC Health Southeastern for Basic Life and Basic AD&D coverage

**Eligibility:** Full-time employee's beginning on the 1st of the month following 1 month of employment

**Important Reminder!** Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

## Voluntary Life and AD&D Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through post-tax payroll deductions. You must purchase Voluntary Life Insurance for yourself to purchase Voluntary Life and AD&D Insurance for your spouse or children. You have the opportunity to build a benefits plan that meets your needs and the needs of your family. Southeastern Health is committed to providing a range of benefits from which you can choose. You are responsible for the total cost of these benefits.

**Paid By:** Employee

**Eligibility:** All full-time employees

Voluntary Life and AD&D		
Employee	You	Your Spouse
Benefit Minimum	\$10,000	\$5,000
Benefit Maximum	\$500,000 (elected in \$10,000 increments)	\$250,000 (elected in \$5,000 increments)
Guaranteed Issue	\$100,000	\$50,000
Your Child <sup>1, 2</sup>		
Option 1	\$2,000	
Option 2	\$5,000	
Option 3	\$10,000	
Guaranteed Issue	\$10,000	

1. Child Coverage for 14 days – 6 months will pay \$1,000
2. 6 months – 20 years (to age 26 if full time student)



## Short Term Disability Insurance

UNC Health Southeastern provides company-paid short-term income protection through The Standard in the event you become unable to work due to a non-work-related illness or injury. Please see the Summary Plan Description (SPD) for complete plan details. In addition to the company provided benefit, employees will have the option to purchase a buy-up plan that could reduce the elimination period and/or increase the benefit percentage.

Base Plan Paid by: UNC Health Southeastern Employee

Buy-Up Option Paid by: Full-time employee's beginning the 1st of the month following 1 year of eligibility

Short Term Disability Plan Highlights				
	Base Plan	Buy-Up Option 1	Buy-up Option 2	Buy-Up Option 3
Elimination Period	14 Days	7 Days	7 Days	14 Days
Benefit Percentage	60%	60%	70%	70%
Maximum Weekly Benefit	\$1,500	\$2,000	\$2,000	\$2,000
Benefit Duration	11 weeks	12 weeks	12 weeks	11 weeks
Definition of Earnings	Base Salary			



## Long Term Disability Insurance

Southeastern Health provides company-paid long-term income protection through The Standard in the event you become unable to work due to a non-work-related illness or injury. Please see the Summary Plan Description (SPD) for complete plan details.

Paid by: UNC Health Southeastern

Eligibility: Full-time employee's beginning the 1st of the month following 1 month of employment

Long Term Disability Plan Highlights	
Elimination Period	90 Days
Benefit Percentage	60%
Maximum Monthly Benefit	\$20,000
Benefit Duration	Up to SSNRA (Social Security Normal Retirement Age)
Definition of Earnings	Base Salary



## Accident Plan – offered by Unum

Accident Insurance helps employees who are injured off-the-job cover the incurred costs of treatment and healing from their injury. This lump-sum benefit is paid to employees and can be used however the employee may need – whether it's help with hospital bills, doctor's appointments, physical therapy, and more. Accident Insurance is offered Guaranteed Issue, so no medical questions are needed to enroll.



## Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed issue, provided the applicant is eligible for coverage. There are no pre-existing condition limitations.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- No limit to the number of claims an insured can file. Premiums are paid by convenient post-tax payroll deduction.
- Immediate effective date - Coverage will be effective the date the employee signs the application.
- \$75 annual wellness screening benefit included.
- Plan is portable with certain stipulations. See certificate for details.
- This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

### Accident Plan Per Pay Period (24 Semi-Monthly) Contributions

Employee	\$6.64
Employee & Spouse	\$11.90
Employee & Child(ren)	\$14.58
Employee & Family	\$19.84



## Critical Illness – offered by Unum

Critical Illness insurance helps offset the financial effects of a catastrophic illness by paying a lump sum payment when employees or their family members are diagnosed with a covered illness. The benefit is based on the amount of coverage in-force, the illness diagnosed and all other terms a provision of the policy. During Open Enrollment, eligible employees may enroll in Critical Illness Insurance under Guaranteed Issue, meaning there are no medical questions to answer in order to enroll.

### Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient post-tax payroll deduction. There are no pre-existing condition limitations.
- Guaranteed-issue coverage available to employee, spouse, and children.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Benefit amounts are available from \$10,000 to \$30,000 for employees and spouses.
- \$100 annual wellness screening benefit included.
- Plan is portable under certain stipulations. See certificate for complete details.
- Covers: heart attack, stroke, major organ transplant, kidney failure (end stage), coronary artery bypass, coma, paralysis, severe burns, loss of speech, sight, hearing, ALS, Alzheimer’s Disease, Parkinson’s, Occupational HIV, Occupational Hepatitis, and other major diseases.

### Underwriting Guidelines - Guaranteed Issue

Guaranteed-issue coverage is offered during annual open enrollment and for new hires thereafter: Up to \$30,000 for employees and spouses. Children are offered guarantee issue up to \$15,000.

### Critical Illness – Rate Charts, Semi-Monthly Rates

Non-Tobacco: Employee and Spouse					
Age	Benefit Amount				
	\$ 10,000	\$ 15,000	\$ 200,000	\$ 25,000	\$ 30,000
25	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
35	\$5.70	\$7.15	\$8.60	\$10.05	\$11.50
45	\$8.30	\$11.05	\$13.80	\$16.55	\$19.30
55	\$12.60	\$17.50	\$22.40	\$27.30	\$32.20
65	\$23.50	\$33.85	\$44.20	\$54.55	\$64.90
75	\$52.20	\$76.90	\$101.60	\$126.30	\$151.00
85	\$120.40	\$179.20	\$238.00	\$296.80	\$355.60

Tobacco: Employee and Spouse					
Age	Benefit Amount				
	\$ 10,000	\$ 15,000	\$ 200,000	\$ 25,000	\$ 30,000
25	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
35	\$5.70	\$7.15	\$8.60	\$10.05	\$11.50
45	\$8.30	\$11.05	\$13.80	\$16.55	\$19.30
55	\$12.60	\$17.50	\$22.40	\$27.30	\$32.20
65	\$23.50	\$33.85	\$44.20	\$54.55	\$64.90
75	\$52.20	\$76.90	\$101.60	\$126.30	\$151.00
85	\$120.40	\$179.20	\$238.00	\$296.80	\$355.60

# Hospital Indemnity – offered by Unum

Unum’s group Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital.

Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

During Open Enrollment, eligible employees may enroll in Hospital Indemnity Insurance under Guaranteed Issue, meaning there are no medical questions to answer in order to enroll.



## Plan Features

- Benefits available for employees, spouse and/or dependent children
- Pays regardless of any other insurance programs. Premiums are paid by convenient post-tax payroll deduction.
- Covers both injuries and sickness.
- \$1,000 Hospital Admission Benefit and a \$100 per day Hospital Confinement Benefit included.
- Surgery & Anesthesia Benefits included.
- The plan is portable with certain stipulations.
- Coverage is offered on a guarantee issue basis. No pre-existing condition limitation.

### Hospital Plan Per Pay Period (24 Semi-Monthly) Contributions

Employee	\$18.40
Employee & Spouse	\$32.98
Employee & Child(ren)	\$25.76
Employee & Family	\$40.38

## Universal Life Plan – Trustmark

Universal Life is permanent life insurance that helps shield your family from financial hardship. With Universal Life, benefits can be paid as a Death Benefit, as Living Benefits, or as combination of both.

### Universal Life Events

Life Events is designed to match your needs throughout your lifetime it pays a:

- Higher Death Benefit during working years when expenses are high and your family needs maximum protection
- Consistent Level of Living Benefits throughout retirement when you are most likely to need long-term care services

### Plan Features

- Lifelong Protection - Provides coverage that will last your lifetime.
- Death Benefit - A death benefit puts money in your family's hands quickly when they need it most. It's money that can be used any way they want to help with expenses.
- Living benefits make it easy to advance part of your death benefit to help pay for home healthcare, assisted living, nursing home and adult day care services, should you ever need it.
- Family Coverage - Apply for your spouse, children and grandchildren even if you choose not to participate.
- Terminal Illness Benefit - Accelerates up to 75% of your death benefit if your doctor determines your life expectancy is 24 months or less.
- Portability - Take your coverage with you and pay the same premium if you change jobs or retire.
- Guaranteed Renewable - Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class change.
- Convenient Payroll Deduction - No bills to watch for. No checks to mail. A direct bill option available when you change jobs or retire.

### EZ Value Option

EZ Value automatically increases your benefits to keep pace with your increasing needs - without additional underwriting.



# Identity Theft and Legal Protection

Employees are financially stressed and unprepared for sudden expenses. When they are dealing with personal finances in the workplace, they lose productivity and your company loses money. Expected and unexpected legal issues arise every day. With Legal Shield Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 22 years' experience.

## Monitored Information

- Credit/Debit/Retail Cards
- Date of Birth
- Driver's License
- Email Addresses
- Home Address
- Medical ID
- Name
- Passport Number
- Phone Numbers
- Social Security Number

## Comprehensive Source Monitoring

- Global Black-Market Website
- Internet Relay Chat (IRC)
- Local, State and Federal Databases
- Online Chat Rooms Peer-to-Peer
- Sharing Networks
- Social Feeds

## Comprehensive Identity Restoration

- \$5 Million Service Guarantee
- Full-Service Restoration by Licensed Private Investigators
- Pre-existing identity
- Theft Restoration

## Privacy and Security Monitoring

- Court Record Monitoring
- Child Monitoring
- Credit Monitoring
- Criminal Record Monitoring
- Internet Monitoring
- Payday Loan Monitoring
- Social Media Monitoring
- And more

## Unlimited Consultation

- Assistance in Analyzing and interpreting Credit Reports
- Consultation on Common Trends and Scams
- Data Breach Safeguards
- Identity Theft
- Consultation
- Lost/Stolen Wallet Assistance

## General

- 24/7 Emergency Assistance
- Access to Licensed Private Investigators
- Live Participant Support
- Mobile App
- Monthly Credit Score Tracker
- Password Manager
- Credit and Identity Theft Alert



## Retirement and Savings Program

Tax Deferred Savings Plan (403b)

This long-term savings plan allows you to defer, on a pre-tax basis, a portion of your salary into the plan and UNC Health Southeastern will contribute \$0.25 for the first 5 years of service, \$0.50 for the next 5 years and \$1.00 for each year of service thereafter for each \$1.00 you defer in the plan year up to 4% of your compensation. Employee contributions and Employer matching contributions have immediate vesting. There is a maximum annual employee contribution limit.

Eligibility: All employees are eligible to contribute to the plan. Paid by: Employee and UNC Health Southeastern.

## Employee Assistance Program (EAP)

Provides employees with a professional source of confidential assessment and referral for personal/family problems.

ComPsych® 800-272-7255

[www.guidanceresources.com](http://www.guidanceresources.com) Company ID: COM589

Paid by: UNC Health Southeastern Eligibility: All Employees

## Educational Assistance

Tuition and book reimbursements for qualified external educational endeavors by employees up to \$2,000 a year. For assistance, call: 910-671-5081.

Paid by: UNC Health Southeastern and Employee

Eligibility: Full time employees who have at least one year of service

## Employee Health Assistance

Diagnostic health screening upon employment and periodically thereafter.

Paid by: UNC Health Southeastern Eligibility: All Employees



## Leave Time

### Paid Time Off

Paid leave for vacation and holidays earned is based on hours paid, type of position and length of service. Holidays recognized for use of paid leave include: New Years, Easter Monday, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas. These 7 holidays are added to the regular PTO accrual rates.

Eligibility: All full-time and part time employees

Eligible Team Members with a balance of 88 hours or higher may participate in the PTO sellback program. This will be paid out at 75% of the value.

ANNUAL ACCRUAL RATES – NON-LEADERSHIP						
CLASSIFICATION	LENGTH OF SERVICE	VACATION	HOLIDAY	HRS PER YEAR	MAX ACCR	ACCR PER HR
NON-LEADERSHIP	Up to 5 years	10 days	7 days	136	204	0.06539
	5 – 25 years	15 days	7 days	176	264	0.08462
	> 26 years	20 days	7 days	216	324	0.10385

ANNUAL ACCRUAL RATES – LEADERSHIP						
CLASSIFICATION	LENGTH OF SERVICE	VACATION	HOLIDAY	HRS PER YEAR	MAX ACCR	ACCR PER HR
LEADERSHIP	Up to 5 years	15 days	7 days	176	264	0.08462
	> 5 years	20 days	7 days	216	324	0.10385

Employees can accrue up to a maximum of 324 hours.

## Jury Duty Leave

Regular pay less any jury duty pays received for scheduled hours missed due to jury duty. Eligibility: All full-time employees

## Funeral Leave

Up to three (3) paid days off for immediate family members. Eligibility: All full-time employees

## Leave of Absence

Unpaid leave that may be granted for extended periods of sickness, educational, or personal reasons. Eligibility: All full-time employees

# 2023 Calendar

**Holidays**    **Orientation Dates**    **Payroll Start Date**    **Payroll End Date**    **Pay Dates**

**New Grad Orientation June 26, July 17**

**Medical Resident Orientation (June 19th)    Medical Student Orientation (July 17-23)**

January '23						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February '23						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March '23						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April '23						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May '23						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June '23						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July '23						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August '23						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	29	29	30	31		

September '23						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October '23						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November '23						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December '23						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



# Purchases and Discounts

Payroll deductions are available for most purchases.

## Gift Shop Purchases

Large selection of items available for home, office or gifts.

Paid by: Employee

Eligibility: All Employees, Payroll Deduction is available

## Employee Cafeteria

A delicious, nutritious breakfast, lunch or supper is available while the employee is on duty.

Eligibility: All Employees

## Medical Supply and Uniform Purchase

Medical equipment and supply items are available from our durable medical equipment subsidiary and uniforms can be special ordered.

Eligibility: All Employees

## Other Benefits

### Employee Credit Union

Optional plan providing checking and savings accounts competitive interest rates on loans and savings.

Eligibility: Full and Part-Time Employees

### Fitness Center Membership

UNC Health Southeastern pays initiation fee for Fitness membership when employee joins and offers discount on monthly membership fee.

### Parking

Convenient, free parking in well-lighted lots.

### Service Awards

Recognition of employees who have achieved greater than 5 years of service at their 5-year increment.



# Glossary

**1095-C** – The health care law outlining which employers must offer health insurance to their employees. The law refers to them as “applicable large employers,” or ALEs. A company or organization is an ALE if it has at least 50 full-time employees or full-time equivalents. It also provides information needed to do a federal tax return.

**Coinsurance** – a type of health insurance in which the insured individual contributes a specified percentage of the total cost of the medical expense after the deductible has been reached.

**Copay** – The fixed amount paid by the insured for health care services or prescriptions received.

**Deductible** – The amount the insurer pays for health care services before the health insurance or plan sponsor (employer) begins to pay its portion. A deductible may not apply to all services, including preventive care.

**Employee Contribution** – The amount paid by an employee for insurance coverage.

**Explanation of Benefits (EOB)** – A statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

**Flexible Spending Accounts (FSAs)** – An option that allows individuals to save pre-tax dollars to pay for particular qualified expenses during a specific time period (typically a 12-month period). There are two types of FSAs: the Health Care FSA and the Dependent Care FSA.

- **Health Care FSA** – A pre-tax benefit account which pays for eligible medical, dental, and vision care expenses not covered by the insurance plan or elsewhere.
- **Dependent Care FSA** – A pre-tax benefit account which pays for eligible dependent care services, such as preschool, before or after school programs, summer day camp, and child or adult daycare.

Each account has a “use it or lose it,” meaning any remaining funds in the account when the plan year ends, will be lost. Some plans allow for a predetermined amount to rollover into the next plan year.

**In-Network** – Discounted rates for health care services provided by doctors, hospitals, and other providers that contract with the insurance company.

**Out-of-Network** – Out-of-network providers are doctors, hospitals and other providers that do not offer their health services at a discounted rate because they are not contracted with the insurance company.

**Out-of-Pocket Maximum** – The total you will pay for covered health care services during the plan year (typically a 12-month period) before the health insurance or plan starts to pay 100% of the allowed amount. This does not include the monthly premium or services not covered by the plan.

**Over-the-Counter (OTC) Medications** – Medications available without a prescription.

**Prescription Medications** – Doctor prescribed medications. The medications costs is determined by their specified tier: Generic, Preferred, Non-Preferred or Specialty.

**Summary of Benefits and Coverage (SBC)** – Documents required through health care reform, an easy to follow summary of the insurance carrier or plan benefits and plan coverage offered.

## Important Contact Information

<b>Benefits</b>	UNC Health Southeastern	910-671-5081
<b>Dental Coverage</b>	UMR/TPA PO Box 30541 Salt Lake City, UT 84130	(800)-207-3172 (Customer Service) <a href="http://www.umar.com">www.umar.com</a>
<b>Employee Assistance Program</b>	ComPsych®	800-272-7255 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
<b>Employee Credit Union</b>	Members Credit Union	910-738-2100
<b>Employee Pharmacy</b>	UNC Health Southeastern- In-House UNC Health Southeastern- Health Mall	910-671-5174 910-735-8858
<b>Employee Services Main Office</b>	UNC Health Southeastern	910-671-5281
<b>FMLA</b>	UNC Health Southeastern	910-671-5081
<b>Life Insurance</b>	The Standard	800-628-8600 <a href="http://www.standard.com">www.standard.com</a>
<b>Short Term Disability</b>	The Standard	800-368-2859 <a href="http://www.standard.com">www.standard.com</a>
<b>Long Term Disability</b>	The Standard	800-368-1135 <a href="http://www.standard.com">www.standard.com</a>
<b>Medical Coverage</b>	UMR/TPA PO Box 30541 Salt Lake City, UT 84130	(800)-207-3172 (Customer Service) <a href="http://www.umar.com">www.umar.com</a>
	Network: United Healthcare	<a href="http://www.umar.com">Providers complete form online- www.umar.com</a>
<b>Medical &amp; Dependent Reimbursement Accounts</b>	Flores & Associates, LLC PO Box 31397 Charlotte, NC 28231	800-532-3327
<b>Payroll Services</b>	UNC Health Southeastern	910-671-5063
<b>Prescription Drug Coverage</b>	MAXOR Plus	800-687-0707 (Customer Service) <a href="http://www.maxorplus.com">www.maxorplus.com</a>
<b>Retirement (403(b))</b>	VALIC PO Box 15648 Amarillo, TX 79105-5648	800-448-2542 (Customer Service) <a href="http://www.valic.com">www.valic.com</a>
<b>Supplemental Benefits</b>	EFP	844-751-7236
<b>Unum</b>		800-635-5597
<b>Legal Shield/Identity Theft</b>		888-494-8519
<b>Vision Coverage</b>	Superior Vision	800-507-3800 (Customer Service) <a href="http://www.superiorvision.com">www.superiorvision.com</a>
<b>Worker's Compensation/ Employee Health</b>	UNC Health Southeastern	910-671-5162 (Worker's Comp.) 910-272-1475 (EH/Wellness)

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: See plan summary for full description.

## NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## CONTACT INFORMATION

### CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Kaitlin Thomas

Benefits Representative

300 West 27<sup>th</sup> Street, Lumberton, NC 28359 (910)-671-5081

[meares11@srmc.org](mailto:meares11@srmc.org)

## 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 [www.healthcare.gov](http://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 [www.insurekidsnow.gov](http://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 [www.askebsa.dol.gov](http://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	CALIFORNIA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<p align="center"><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HHSHIPProgram@mt.gov">HHSHIPProgram@mt.gov</a></p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPROGRAM@ky.gov">KIHIPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.mediicaid.la.gov">www.mediicaid.la.gov</a> or <a href="http://www.lahipp.la.gov">www.lahipp.la.gov</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>
<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>	<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>
<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>

SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 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  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

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

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OMB Control Number 1210-0137 (expires 1/31/2023)









*This brochure summarizes the benefit plans that are available to UNC Health Southeastern eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.  
Information provided in this brochure is not a guarantee of benefits.*

