



CAPE FEAR VALLEY HEALTH

2023 – 2024 Benefit Guide



Table of Contents

Welcome	3
Medical	5
Health Savings Account.....	7
Flexible Spending Accounts	8
Dental.....	9
Vision	9
Life, AD&D, and Disability.....	10
Employee Resources	11
Additional Benefits.....	12



2023-2024 Benefits Enrollment

We are dedicated to providing you with unique benefits that meet the needs of you and your family. We understand the importance of a well-rounded benefits program, and because of that, we offer a range of plans that help protect you in the case of illness or injury. You can learn about the details of these plan options by reading through this Benefit Guide.

Starting with the basics of how to enroll, followed by the details of each plan, this guide is a go-to resource for all things benefits related. Once you understand the various options we offer, you can make an informed decision on which plans work best for you and your family.

We encourage you to read this booklet in its entirety. Included you will find details about:

- Who is eligible to participate
- How to enroll and how to make changes during the year, if applicable
- Each benefit offered and a summary of what is covered under the plan
- The Insurance Companies who administer our benefits and how to contact them if you need assistance
- And much more!

We appreciate the hard work and dedication you bring to our company. For this and many other reasons, we want to offer you competitive and cost effective benefits. It's one way we can say thank you for your contributions.

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents and insurance booklets or contact the Human Resources Department.

Sincerely,

Cape Fear Valley Health

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 page 28 for more details.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about your benefits, contact Human Resources.

Benefit Eligibility

- Full-time Employees and all other employees meeting the ACA Requirements of working an average of 30 hours per week for the last 12 months.
- Legal Spouses
- Children, up to age 26

All employees covering their spouse and/or child in any benefits **MUST** provide social security numbers.

IMPORTANT: CFVH requires employees who have a spouse on the health and/or dental plan to provide employment information. If the CFVH employee's spouse is employed and offered health and/or dental coverage from their employer, the spouse is not eligible to participate in the CFVH health and/or dental plan(s).

Employees adding coverage on a spouse must provide the following during enrollment:

- valid marriage certificate
- Affidavit of Spousal Health Care Coverage. If spouse is employed, their employer must complete the bottom part of the affidavit. (found on page 12)
- Date of birth and social security number

Employees adding coverage on a child must provide the following during enrollment:

- birth certificate
- social security number

New employees can enroll in benefits **during their first 30 days of employment**. If you do not enroll within 30 days of hire, you will be unable to elect any benefit options until the next annual enrollment time, except within 30 days of a qualified life event.

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to your benefit elections until next year's open enrollment period. Life events such as marriage, divorce, birth or adoption of a child, change in child's dependent status, death of qualified dependent, change in employment status or change in coverage under another employer-sponsored plan may qualify you for a special enrollment period. Please notify Human Resources within 30 days of your qualifying event.

Medical & Prescription Drug Benefits

We offer the EXTRA (PPO) and ECO (High Deductible Health Plan) health plans through Medcost.

	Cape Fear Valley & Harnett Health Facilities	MedCost In-Network	Dis-Incented* In-Network	Out-of-Network
EXTRA Deductible • Individual • Family	\$200 \$400	\$1,250 \$3,500	\$2,250 \$6,500	\$5,000 \$15,000
ECO Deductible • Individual • Family	\$2,000 \$4,000	\$3,250 \$6,500	\$4,250 \$8,500	\$6,000 \$12,000
EXTRA Preventive Care	100%	100%	100%	50%
ECO Preventive Care	100%	100%	100%	50%
EXTRA PCP Visit Specialist Visit	\$35 copay \$45 copay	\$35 copay \$45 copay	\$35 copay \$45 copay	50% after deductible
ECO PCP Visit Specialist Visit	90% after deductible	80% after deductible	60% after deductible	50% after deductible
EXTRA ED Visit	\$300 copay	\$300 copay	\$300 copay	\$300 copay
ECO ED Visit	80% after deductible	80% after deductible	80% after deductible	80% after deductible
EXTRA Inpatient & Outpatient	100% after deductible	80% after deductible	60% after deductible	50% after deductible
ECO Inpatient & Outpatient	90% after deductible	80% after deductible	60% after deductible	50% after deductible
EXTRA Mental Health & Substance Abuse	100% after deductible	80% after deductible	60% after deductible	50% after deductible
ECO Mental Health & Substance Abuse	90% after deductible	80% after deductible	60% after deductible	50% after deductible
EXTRA Pharmacy+ • Generic • Preferred • Non-Preferred • Specialty	\$5 copay \$40 copay \$80 copay \$250 copay		\$20 copay 50% after \$2,000 deductible 50% after \$2,000 deductible Not Applicable	
ECO Pharmacy+ • Preventive • Non-Preventive • Specialty	100% 90% after deductible 90% after deductible		100% 80% after deductible 90% after deductible	

* Pharmacy benefits shown are for a 30-day supply

*Dis-Incented In-Network Providers

Southeastern | First Health | New Hanover | Columbus Regional | WakeMed | Rex

Your Cost for Medical Coverage

Per Paycheck Employee Deductions				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
EXTRA Plan	\$56.82	\$126.60	\$170.52	\$192.03
ECO Plan	\$6.48	\$32.42	\$64.84	\$97.25

Know Where To Go

If you need immediate medical attention, your first thought may be to go to the Emergency Room. However, if your condition is not serious or life threatening, you may have a less expensive choice. Use the chart below to identify where you should go for care!

Plan	Cost	When to Use
Primary Care	\$	Routine, Primary, Preventive Care Regular Health Screenings Non-urgent treatment Chronic disease management
Virtual Visits	\$	Cold, flu, fever, sore throat, diarrhea, rash, pink eye, sinus infections, cough, headache, stomach ache or ear ache
Convenience Care	\$\$	Common infections (ear, pink eye, strep, bronchitis), flu shots, vaccines, rashes, screenings
Urgent Care	\$\$\$	Sprains, small cuts, strains, sore throats, minor infections, mild asthma, back pain or strain, vomiting, flu, fever, sports injuries <i>After hours care & no appointments necessary</i>
Emergency Room	\$\$\$\$	Heavy bleeding, large open wounds, chest pain, spinal injuries, difficulty breathing, major burns, severe head injuries, seizures, unconsciousness, poisoning <i>Life threatening emergency</i>

If you believe you are experiencing a medical emergency, go to your nearest emergency room or call 911, even if your symptoms are not as described here.

Health Savings Account (HSA)

A HSA is a tax-advantaged account that you and your employer can put money into to save for future medical expenses and is yours to keep. HSA funds can be used to pay for eligible medical, dental and vision expenses.

Any adult can contribute to an HSA if they are covered under a HSA-qualified “high deductible health plan” (HDHP), do not have any other first-dollar medical coverage, are *not* enrolled in Medicare and are *not* claimed as a dependent on someone else’s tax return.

Your HSA is always yours, no matter what. Even if you leave the company, change health plans or retire. Unused money grows tax-free and can be invested with a minimum balance.

HSA Funding and Contributions:

The IRS imposes a maximum contribution limit to the HSA on a calendar year basis.

The 2023 maximums are:

- \$3,850 for individual
- \$7,750 for family
- \$1,000 catch up contribution for those 55 and older

Qualified Medical Expenses:

The IRS maintains a list of all eligible expenses, common qualified expenses include acupuncture, ambulance services, dental treatment, contact lenses, doctor’s fees and hearing aids.

View the complete list of qualified expenses at <https://www.irs.gov/publications/p502/index.html>.

Easy to Use:

Use your HSA debit card for qualified medical, dental, vision and prescription expenses. Your HSA funds can be spent for yourself and dependents!

Manage your HSA online at www.optumbank.com.

Flexible Spending Accounts (FSA)

FSAs provide you with an important tax advantage that can help you pay for expenses on a pre-tax basis. By anticipating your family's costs for the next year, you can actually lower your taxable income.

FSA enrolled employees receive a Flex Benefit Card to use for all eligible expenses for both spending accounts. The participant may pay for eligible expenses at the time of service with their Flex Benefit Card or they may pay out-of-pocket and file a paper claim form to be reimbursed. Substantiation is required per IRS guidelines, so keep copies of all Explanations of Benefits and/or itemized bills relating to services, as copies may be required by The Health Plan. The plan year runs October 1, 2023 through September 30, 2024.

You must enroll in your FSA every year to contribute. Your FSA plan options are shown below.

Dependent Care FSA

- Allows employees to use pre-tax dollars toward qualified dependent care such as caring for children under age 13 or caring for elders.
- **The annual contribution maximum is \$5,000** (or \$2,500 if married and filing separately).
- Examples of qualified expenses include:
 - Child care
 - Before or after school program
 - Elder care
- Funds must be deducted from your paycheck before they are eligible to be used for reimbursement.

Healthcare FSA

- Allows employees who are not enrolled in an HDHP or contributing to an HSA to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- **The annual maximum contribution of \$3,050 can be used for eligible health care related expenses, including medical, dental and vision expenses.**
- You can rollover a maximum of \$610 to the next plan year.
- Examples of qualified expenses include:
 - Prescriptions
 - Doctor visit copays
 - Contact lenses
 - Dental care
 - Certain over-the-counter products (feminine hygiene, pain relievers, etc.)
- Use your FSA debit card for qualified medical, dental, vision and prescription expenses.

Dental Plan

The chart below provides an overview of your available dental plan through Delta Dental. Find an in-network provider at www.deltadentalinc.com/findadentist.

	Base Plan	NEW Buy-Up Plan
Benefits	In-Network	In-Network
Annual Deductible • Individual / Family	\$50 / \$150	\$50 / \$150
Preventive Services Exams, Cleanings, X-rays, Fluoride	100%	100%
Basic Services Routine fillings, Simple extractions, Root canals	80% after deductible	80% after deductible
Major Services Crowns, Bridges, Dentures	50% after deductible	50% after deductible
Annual Maximum	\$1,500 per member	\$2,000 per member
Orthodontia	Not covered	50% up to \$2,000

Your Cost for Dental Coverage

Per Paycheck Employee Deductions				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Base Dental	\$11.79	\$21.34	\$24.32	\$30.27
Buy-Up Dental	\$20.83	\$30.38	\$33.36	\$39.31

Vision Plan

The chart below provides an overview of your available vision plan through The Health Plan.

Vision Plan Highlights		
Benefits	In-Network	Frequency
Exam	\$15 copay	Once every 12 months
Eyewear	\$200 allowance	Once every 12 months
Contact Lens Fitting	\$20 copay	Once every 12 months

Your Cost for Vision Coverage

Per Paycheck Employee Deductions			
	Employee Only	Employee + One	Employee + Family
Vision Plan	\$5.95	\$11.35	\$17.30

Basic Life and AD&D Insurance

Full-time employees receive group life and accidental death and dismemberment (AD&D) insurance from Lincoln Financial Group. **Coverage is provided at no cost to you.** Employees are covered at 1x your base annual salary, up to \$200,000. Don't forget to keep your beneficiaries up to date.

Voluntary Life and AD&D Insurance

Employees who want to supplement their group life and AD&D insurance benefits may purchase additional coverage through Lincoln Financial Group.

Voluntary Life & AD&D Insurance

Employee Coverage	<ul style="list-style-type: none"> Elect an additional 1x or 2x base annual salary, up to \$500,000
Spouse Coverage	<ul style="list-style-type: none"> Elect \$5,000 increments up to \$20,000
Child Coverage	<ul style="list-style-type: none"> Elect \$5,000 increments up to \$20,000
Age Reductions	At age 65 reduces to 65%; at age 70 reduces to 40%; at age 75 reduces to 25%

Disability Insurance

Full-time employees receive long-term disability insurance at no cost. Employees can elect short-term disability insurance on a voluntary basis.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

	Short-Term Disability	Long-Term Disability
Coverage Paid By	Employee-Paid	Company-Paid
Benefits Begin	On the 15 th day	On the 91 st day
Benefit Duration	Up to 9 weeks	Up to Social Security Normal Retirement Age*
Income Replaced	60%	50%
Maximum Benefit	\$750 per week	\$5,000 per month
Pre-Existing Condition Period	Conditions treated within last 3 months are not eligible for coverage for 6 months	Conditions treated within last 3 months are not eligible for coverage for 12 months

Voluntary Long-Term Disability Buy-Up

Full-Time Employees may elect an additional 10% in earnings for a total of 60% of earnings. Coverage is available up to a maximum monthly benefit of \$5,000 (combined with base plan).

Maximum Benefit Duration

Age at Total Disability	Maximum Duration	Age at Total Disability	Maximum Duration
Less than age 60	Greater of SSNRA or to age 65	65	2 years
60	5 years	66	21 months
61	4 years	67	18 months
62	3.5 years	68	15 months
63	3 years	69 and over	12 months
64	2.5 years		

Important Contact Information

For general questions or assistance with your Benefits Enrollment, contact Human Resources at 615-6646.

Benefit	Carrier	Contact Information
Medical	MedCost	800-795-1023 www.medcost.com
Prescription Coverage	RxBenefits	800-334-8134
Dental	Delta Dental	800-662-8856 www.deltadentalinc.com
Vision	The Health Plan	888-816-3096
Flexible Spending Account	The Health Plan	866-347-3640
Health Savings Account	Optum Bank	866-234-8913 www.optumbank.com
Voluntary Benefits	Allstate Benefits	800-521-3535 www.allstate.com/allstate-benefits/main.aspx
Pet Insurance	MetLife	1-800-Get-Met8 www.metlife.com/getpetquote

Important Terms

Use the terms below to understand your benefits better!

Coinsurance	A percentage of a health care cost that the covered employee pays after meeting the deductible.
Copayment (Copay)	A fixed dollar amount for each doctor visit that the covered employee pays for a health care service, usually when the service is received. For example, a primary care doctor may charge a nominal copay per visit.
Deductible	A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses.
Explanation of Benefits (EOB)	A record of a person's past and current health events. A "detailed receipt." Ask for this whenever you have a medical service performed for your records. FSAs, HSAs and HRAs will sometimes need this additional verification.
Evidence of Insurability (EOI)	A questionnaire about the state of a person's health. Insurance companies use EOI questions to verify whether a person meets the definition of good health.
Guarantee Issue (GI)	A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, GI doesn't limit how much you can be charged if you enroll.
In-Network	Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
Out-of-Network	A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than in-network providers.
Out-of-Pocket Maximum	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
Preventive Care	Most health plans must cover a set of preventive services like shots and screening tests at no cost to you.
Premium	The amount the employee pays for your health insurance.

Hybrid Universal Life Insurance

Cape Fear Valley Health is offering the opportunity to elect Hybrid Universal Life Insurance from Trustmark.

This hybrid solution combines permanent life insurance with protection for long-term care. Long-term care benefits can help you afford things like:

- Home health aides to provide care in your home
- Adult day care programs
- Residency in an assisted living community

Trustmark's Universal Life combines two benefits – life and long-term care – with permanency and portability. Scan the QR code to the right to learn more about this plan.

Schedule your meeting to sign up at <https://calendly.com/cfvh-ltc/benefits>.



403(b) Retirement Plan

All employees may have a 403(b) arrangement through the health system's approved vendor.

The health system match for full-time employees is 50% of the first six percent of the employee's contributed compensation per pay period subject to the IRS limits. On each paycheck, for every dollar you contribute up to six percent of your salary, the health system will contribute 50 cents until the maximum employee contribution is met. Employees are able to contribute with pre-tax and/or after-tax (Roth) dollars. The IRS mandates the maximum contribution each year.

Example: Annual salary of \$30,000

$\$30,000 \times 6\% = \$1,800$ employee contribution

$\$1,800 \div 2 = \900 CFVH match

Employees may begin a 403(b) contribution at any time with immediate CFVH matching contributions. Employees hired after Jan. 1, 2009, will be subject to a three year vesting schedule on the CFVH matching contributions.

Your Lincoln Financial retirement consultants are available to help you make the most of your plan so you can pursue the retirement you envision.

- Lydia Piersall 704-737-7099 (Lydia.Piersall@LFG.com)
- Paige Lowry Leonard 910-256-4220 (Paige.LowryLeonard@LFG.com)

Employees may contact one of their dedicated Retirement Consultants, or if you prefer, you can schedule an appointment for them to call you via: www.lfg.com/cfvschedule.

MetLife Pet Insurance

No matter what unpredictable antics your furry family member gets into, your family isn't complete without them. With MetLife Pet Insurance, you can feel confident that their health and your wallet are protected if you're faced with an unexpected trip to the vet.

Why MetLife Pet Insurance?

- Flexible coverage with up to 90% reimbursement and freedom to visit any U.S. licensed vet
- Only provider to offer family plans, covering multiple cats and dogs on one policy
- 24/7 access to Telehealth Concierge Services – because accidents and illnesses don't always wait for your vet to be open
- Discounts up to 30% and additional offers on pet care, where available
- Optional Preventive Care coverage
- Coverage of previously covered pre-existing conditions when switching providers
- MetLife Pet mobile app to submit and track claims, manage your pet's health and wellness and find nearby pet services

Essential Needs

- Accidents / illness
- Diabetes
- Ear infections
- Pancreatitis
- Cancer
- Hip dysplasia

Sophisticated Care

- Laser therapy
- Holistic care
- Acupuncture
- Hydrotherapy
- And more

Policy Features where available

- Telehealth
- Mortality benefits
- Discounts / rewards
- Deductible savings

Optional Preventive Care Coverage

- Flea and tick
- Spay and neuter
- Heartworm
- Behavioral training
- Teeth cleaning

Get a quote or enroll today.

- Visit www.metlife.com/getpetquote
- Call 1-800-Get-Met

