THRIVEMORE

FAITH • FAMILY • FULFILLMENT

Benefit Enrollment Guide

2023-2024

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A Message from ThriveMore

At ThriveMore, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

ThriveMore offers health, dental, vision, life and disability plans as well as flexible spending accounts, accident, critical illness, legal/ID theft, and pet insurance. This Benefit Summary Guide will give you information on your health & welfare benefit options for the 2023-2024 plan year. Please read this information carefully. For full details about our plans, please refer to the summary plan descriptions.

This document contains a very general description of the benefits to which you may be entitled as an employee of ThriveMore. This general explanation is not intended to provide you with all the details of these benefits. Your rights can be determined only by referring to the full text of the official plan documents, which are available for your examination by request to the HR Department. If any of the information contained in this document is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases. This document is not intended to be a Summary Plan Description.

Please note that nothing contained in the benefit plans described in this document shall be held or construed to create a promise of employment or future benefits, or a binding contract between the company and its employees or their dependents, for benefits or for any other purpose. All employees shall remain subject to discharge or discipline to the same extent as if these plans had not been put into effect and are also free to resign at any time. Benefits are for eligible employees only – part-time employees or employees of third-party staffing agencies are not eligible for employee benefits.

ThriveMore reserves the right to amend, modify or terminate, in whole or in part, any or all the provisions of the benefit plans described herein, including any health benefits that may be extended to dependents. Further, the company reserves the exclusive right, power and authority, in its sole and absolute discretion, to administer, apply and interpret the benefit plans described herein, and to decide all matters arising in connection with the operation or administration of such plans, including (but not limited to) the provision of benefits provided under the plans.

Eligibility

Employees are eligible for benefits 1st of the month following 30 days of continuous service

Eligible Employees:

You may enroll in the ThriveMore Employee Benefits Program if you are a regular, full-time employee working at least 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 or domestic partner, 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 or foster, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

Employees will be effective in ThriveMore's benefit programs the first of the month following 30 days of continuous, full-time, active work. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a qualifying family status change event.

When Coverage Ends:

If your employment terminates, your coverage will end at the end of the termination month. Coverage for dependents who age out of the plan will end at the end of the month in which they turn 26.

Family Status Change:

A change in family status 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 a spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of a 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 your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical Insurance

ThriveMore is pleased to offer the choice of two (2) medical plans, Core and Buy-Up, which are administered by Aetna.

Both plans utilize the Aetna Whole Health tiered network.

The Aetna Whole Health tiered network plan is a new way of looking at health care. This plan is designed to improve the quality of care, provide a better experience for you and your family, and save you money. You will have access to a special network of primary care doctors, specialists and hospitals focused on you. Led by a primary care doctor you choose; your care team will work with you to:

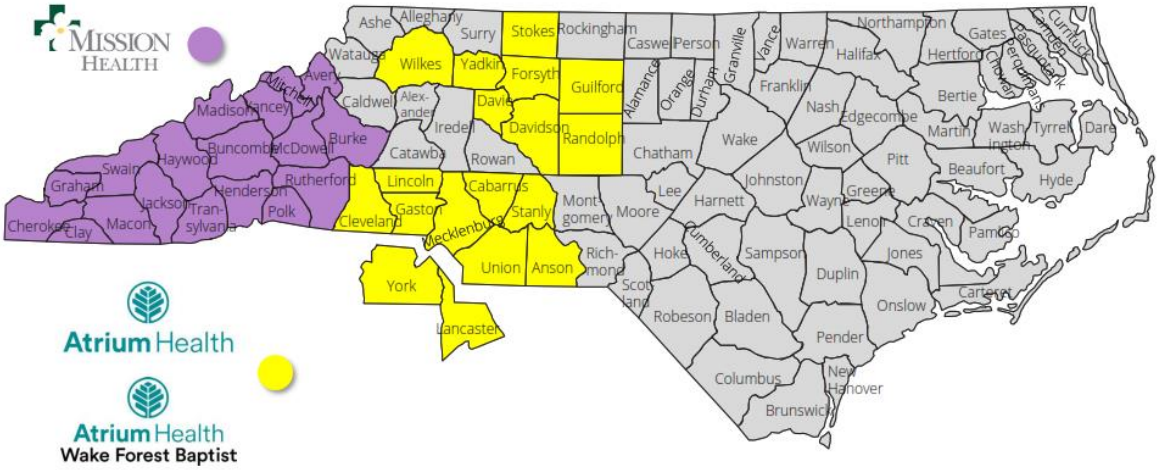
- Help keep you healthy or improve your health, not just treat you when you're sick or injured
- Better coordinate your care and keep tabs on lab results, health history and more
- Spot problems and build personalized care plans to treat you
- Encourage you to play an active role in your health and health care decisions

Aetna Whole Health has three tiers of coverage:

- Maximum Savings – Tier 1
- Standard Savings – Tier 2
- Out-of-Network – Tier 3

Both Aetna Whole Health network and the standard Aetna national network are listed at www.aetna.com/docfind or use your member website once enrolled at www.aetna.com. The Whole Health networks, as assigned by your home or work zip code, are:

- Atrium Health/Wake Forest Baptist Health
- Mission Health Partners



Medical Insurance

The following chart is a high-level overview of in-network coverage of the two plans offered through Aetna. Please refer to actual plan documents or contact Aetna customer service at 1-888-266-5519 for benefit verification.

In-Network Benefits	All Employees			
	Core Plan Aetna Whole Health		Buy-Up Plan Aetna Whole Health	
Annual Deductible	**Tier 1 – Maximum Savings**	**Tier 2 – Standard Savings**	**Tier 1 – Maximum Savings**	**Tier 2 – Standard Savings**
Individual	$3,000	$6,000	$1,000	$2,000
Family	$6,000	$12,000	$2,000	$4,000
Coinsurance	30%	50%	20%	40%
Maximum Out-of-Pocket (includes deductible & all copays)				
Individual	$6,600	$6,600	$5,000	$5,000
Family	$13,200	$13,200	$10,000	$10,000
Physician Office Visit				
Primary Care	$30 Copay	$60 Copay	$25 Copay	$35 Copay
Specialty Care	$60 Copay	$65 Copay	$50 Copay	$60 Copay
Convenience Care – CVS Minute Clinic	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Preventive Care	100% Covered per ACA Guidelines	100% Covered per ACA Guidelines	100% Covered per ACA Guidelines	100% Covered per ACA Guidelines
Chiropractic Care	$60 Copay 20 Visits per Year	$65 Copay 20 Visits Per Year	$50 Copay 20 Visits per Year	$60 Copay 20 Visits per Year
Facility				
Inpatient	30% after Deductible	50% after Deductible	20% after Deductible	40% after Deductible
Outpatient	30% after Deductible	50% after Deductible	20% after Deductible	40% after Deductible
Diagnostice X-ray / Lab Tests	30% after Deductible	50% after Deductible	20% after Deductible	40% after Deductible
Diagnostic Complex Radiology	30% after Deductible	50% after Deductible	20% after Deductible	40% after Deductible
Urgent Care Facility	$75 Copay	$75 Copay	$25 Copay	$25 Copay
Emergency Room	True Emergent: 20% after Deductible Non-Emergent: 50% after Deductible		$500 Copay	$500 Copay
Mental Health & Substance Abuse				
Inpatient	30% after Deductible	50% after Deductible	20% after Deductible	40% after Deductible
Office Visit	$60 Copay	$65 Copay	$50 Copay	$60 Copay

TELADOC	$0 Copay	$0 Copay	$0 Copay	$0 Copay

Prescription Coverage

Prescription drug coverage is also provided by Aetna/CVS. The network includes more than 68,000 pharmacies nationwide, including chain pharmacies, 20,000 independent pharmacies and 9,800 CVS Pharmacy stores. Please go to Aetna.com to find an in-network pharmacy near you.

You will receive one ID card for both medical and pharmacy. There is a slight change to the formulary. You can review your medications on the online formulary at www.aetna.com/individuals-families/find-a-medication/2023-advanced-control-plan.html or call Aetna Member Services at 1-888-266-5519.

	All Employees	
Retail Pharmacy (30 Day Supply)	**Core Plan Aetna Whole Health**	**Buy-Up Plan Aetna Whole Health**
Pharmacy Deductible	$200 Individual / $400 Family (Waived for Generics)	N/A
Value Generic	$3 Copay	$10 Copay
Generic	$10 Copay	$10 Copay
Preferred Brand	$55 Copay	$40 Copay
Non-Preferred Brand	$75 Copay	$60 Copay
Specialty	25% to $500	25% to $250
Mail Order Pharmacy (90 Day Supply)		
Value Generic	$6 Copay	$20 Copay
Generic	$20 Copay	$20 Copay
Preferred Brand	$110 Copay	$80 Copay
Non-Preferred Brand	$150 Copay	$120 Copay
Specialty	25% to $500	25% to $250

Mandatory Maintenance Choice: After 2 refills, members are required to fill a 90-day supply of maintenance drugs at CVS Caremark Mail Service Pharmacy or at a CVS pharmacy. The member can opt-out of mandatory maintenance by contacting the number on your Aetna ID card.

Medical/Rx Bi-Weekly Premiums

Bi-Weekly Medical/Rx Premiums	Core Plan Aetna Whole Health	Buy-Up Plan Aetna Whole Health
Employee Only	$54.28	$118.43
Employee & Spouse	$345.41	$444.10
Employee & Child(ren)	$191.54	$311.40
Employee & Family	$394.76	$542.79

Specialty Copay Assistance

We all know that the cost of prescription medications is rising. This is especially true of specialty medications. As part of your prescription plan, The PrudentRx Copay Program allows you to get select specialty medications at no cost to you. That means $0 out-of-pocket (OOP) for any medications on your plan's exclusive Specialty Drug List when filled by CVS Specialty.

PrudentRx will work with manufacturers to get copay card assistance and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be $0 for as long as you are enrolled in the program.

If you currently take one or more medications included in your plan's exclusive Specialty Drug List, you will receive a welcome letter and phone call from PrudentRx that provides information about the program as it pertains to your mediation. All eligible members will be automatically enrolled in The PrudentRx Copay Program, but you can choose to opt out of the program by calling 1-800-578-4403.

If you or a covered family member are not currently taking, but will start a new medication covered under The PrudentRx Copay Program, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the program.

PrudentRx can be reached at 1-800-578-4403 to address any questions regarding The PrudentRx Copay Program.

Telemedicine

Teladoc is an innovative service available to any employee who is enrolled in ThriveMore's medical plan, and their covered dependents. Teladoc provides 24/7 access to qualified doctors and pediatricians through the convenience of phone or video consult at no cost to you!

Teladoc is not intended to replace your primary care physician but is a convenient option for quality non-emergency care. The Teladoc doctors can treat many conditions, including:

- Cold & Flu Symptoms
- Bronchitis
- Respiratory Infection
- Poison Ivy
- Ear Infection
- Allergies
- Urinary Tract Infection
- Sinus Problems
- Pink Eye
- And More!

After you 'visit' with Teladoc, they will be happy to provide information about your consult to your primary care physician, if you consent.

General medical and Behavioral Health consultations are covered at $0.

You can request a consult by calling 1-855-835-2362, via their website at www.teladoc.com/Aetna or by downloading the Teladoc mobile app.

Dental Insurance & Premiums

ThriveMore offers the choice of two (2) dental plans through MetLife. The chart below is a brief outline of the plans. Please refer to the summary plan description for complete plan details.

Dental benefits run from October 1 to September 30 each year. You are likely to save more money by visiting a dentist who is in the MetLife network. You can search for network dentists by visiting MetLife's website at metlife.com/dental or by calling 1-800-275-4638.

	Core Plan	Buy-Up Plan
Deductible		
Individual	$50	$50
Family	$150	$150
Dental Services		
Diagnostic & Preventive	100%	100%
Basic Care	80%	80%
Major Care	Not Covered	50%
Orthodontia Care (children up to age 19)	Not Covered	50%
Annual Maximums		
Dental Annual Maximum	$1,000	$2,000
Orthodontia Lifetime Maximum	N/A	$1,000
Out-of-Network		
UCR Fee Schedule	90%	90%

Bi-Weekly Dental Premiums	Core Plan	Buy-Up Plan
Employee Only	$9.03	$14.34
Employee & Spouse	$17.24	$27.55
Employee & Child(ren)	$19.40	$27.60
Employee & Family	$28.62	$41.95

Vision Insurance & Premiums

Vision insurance is provided through MetLife. The chart below is a brief outline of the plans. Please refer to the summary plan description for complete plan details. This vision plan utilizes the VSP network. You can search for network vision providers by visiting MetLife's website at metlife.com/vision or by calling 1-855-638-3931.

	All Employees	
	Member Cost	**Out-of-Network Reimbursements**
Copay		
Routine Exams (Annual)	$10 Copay	$45 allowance
Retinal Imaging	Up to $39 Copay	Applied to exam allowance
Vision Materials		
Materials Copay	$25 Copay	Included in Allowance
Lenses		
Single Lenses	100% Covered after $25 Copay	$30 allowance
Bifocal Lenses		$50 allowance
Trifocal Lenses		$65 allowance
Lenticular Lenses		$100 allowance
Frames		
Frames	$200 allowance after $25 Copay	$70 allowance
Contact Lenses		
Conventional	$200 allowance	$105 allowance
Disposable	$200 allowance	$105 allowance
Medically Necessary	Covered in full after eyewear copay	$210 allowance
Contact Fitting & Evaluation	Standard or Premium fit: Copay not to exceed $60	Applied to the contact lens allowance
Frequency		
Examination	12 Months	
Lenses or Contact Lenses	12 Months	
Frames	12 Months	

Bi-Weekly Vision Premiums	
Employee Only	$4.55
Employee & Spouse	$9.12
Employee & Child(ren)	$7.72
Employee & Family	$12.72

Flexible Spending Accounts

Flores
Better Benefits Partner.

Flexible Spending Accounts help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis. There are two types of Flexible Spending Accounts:

Health Care Flexible Spending Accounts (FSA)

Allows employees to set aside pre-tax dollars taken through a payroll deduction to pay for expenses not covered by any insurance plan in which you may be enrolled. These pre-tax dollars are set aside in a personal flexible spending account until needed. You may contribute up to $3,050 during the benefit plan year – October 1 through September 30.

Dependent Care Flexible Spending Accounts (DCFSA)

Allows employees to set aside pre-tax dollars taken through a payroll deduction to pay for work-related childcare expenses or adult dependent care. DCFSAs may be used to pay for the care of dependent children under age 13 or any disabled dependent who lives with you and who you claim on your taxes. Your total savings will depend upon your family income, tax status, and total expenses. If you have Dependent Care expenses, you may choose to claim a tax credit when you file your Federal taxes rather than contribute to a Dependent Care FSA. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year. All DCFSA participants are required to complete IRS form 2441 when preparing their tax return

HOW AN FSA OR DCFSA WORKS

During Open Enrollment, you decide how much money to contribute to the FSA and/or DCFSA for the next plan year. This amount will be deducted in equal increments from your paycheck pre-tax.

Expenses must be incurred during the plan year (October 1 – September 30) and must not be eligible for reimbursement from insurance policies or any other source.

You will have 90 days after the end of the plan year to submit claims for reimbursement.

To find the appropriate forms such as the No-Wait Dependent Care, FSA Medical Reimbursement, or Direct Deposit, visit www.flores247.com

Eligible and Ineligible Expenses

For a complete listing of eligible and ineligible expenses, visit www.irs.gov and refer to Publication 502.

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

ThriveMore provides Basic Life and AD&D benefits to eligible employees at no cost to you. The Life insurance benefit will be paid to your designated beneficiary in the event of your death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Coverage is also provided for your eligible spouse and children.

MetLife All Employees	
You	
Benefit	1 x base salary
Benefit Maximum	$100,000
Guaranteed Issue	$100,000
Your Spouse	
Benefit Maximum	$5,000
Guaranteed Issue	$5,000
Your Child	
Benefit Maximum	15 Days to 6 Months: $100 6 Months to 26 years: $5,000
Guaranteed Issue	$5,000

Important Reminder!

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

Beneficiary

Remember to keep your beneficiary updated, which can be done anytime throughout the year. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue.

Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

MetLife

To supplement your basic life insurance benefits, you may purchase additional term life insurance coverage for yourself as well as your eligible dependents. You pay the premiums for voluntary life insurance with after-tax dollars. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Upon leaving ThriveMore, you have the option to either convert or port your basic life and/or supplemental life insurance to an individual policy.

Please note that any amount elected above the Guaranteed Issue limit will require Evidence of Insurability. If coverage is waived when first eligible, Evidence of Insurability will be required for future elections.

All Employees	
You	
Benefit Options	$25,000 Increments to the Lesser of 5x Earnings or $200,000
Guaranteed Issue	$150,000
Your Spouse	
Benefit Options	$5,000 Increments to the Lesser of 50% of the Employee Amount or $100,000
Guaranteed Issue	$50,000
Your Child	
Benefit Options	$1,000 / $2,000 / $4,000 / $5,000 / $10,000
Guaranteed Issue	$10,000

Age as of 10/1	EE & SP Monthly Rate per $1,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000
<30	$0.082	$2.05	$4.10	$6.15	$8.20	$10.25	$12.30	$14.35	$16.40
30-34	$0.092	$2.30	$4.60	$6.90	$9.20	$11.50	$13.80	$16.10	$18.40
35-39	$0.135	$3.38	$6.75	$10.13	$13.50	$16.88	$20.25	$23.63	$27.00
40-44	$0.221	$5.53	$11.05	$16.58	$22.10	$27.63	$33.15	$38.68	$44.20
45-49	$0.332	$8.30	$16.60	$24.90	$33.20	$41.50	$49.80	$58.10	$66.40
50-54	$0.496	$12.40	$24.80	$37.20	$49.60	$62.00	$74.40	$86.80	$99.20
55-59	$0.779	$19.48	$38.95	$58.43	$77.90	$97.38	$116.85	$136.33	$155.80
60-64	$1.256	$31.40	$62.80	$94.20	$125.60	$157.00	$188.40	$219.80	$251.20
65-69	$2.016	$50.40	$100.80	$151.20	$201.60	$252.00	$302.40	$352.80	$403.20
70+	$3.167	$79.18	$158.35	$237.53	$316.70	$395.88	$475.05	$554.23	$633.40
Child Life	Monthly Rate per $1,000	$1,000	$2,000	$4,000	$5,000	$10,000			
	$0.201	$0.20	$0.40	$0.80	$1.01	$2.01			

Short-Term Disability Insurance

ThriveMore provides core short-term disability through MetLife at no cost to you. This benefit covers 60% of your weekly base salary up to $350 a week. Coverage begins after 14 days of injury or illness and lasts up to 11 weeks. Please see the summary plan description for complete plan details.

Eligible employees may also purchase additional short-term disability that covers 60% of your weekly base salary up to $1,050 a week. This coverage also begins after 14 days of injury or illness and lasts up to 11 weeks. The premium for this plan will be based on your weekly salary and your age.

Short Term Buy-Up Disability Premium Calculation Example:

Let's assume an annual base salary of $30,000 for a 35-year-old employee.

1. $30,000 / 52 weeks = $576.92 weekly salary
2. $576.92 * 60% = $346.15 of covered benefit
3. $346.15 / 10 (rate calculated on $10 of covered benefit) = $34.62
4. $34.62 * $0.11 (age 35 monthly rate per chart) = $3.81 monthly
5. $3.81 x 12 months / 26 pay periods = $1.76 per paycheck

Please note that the full STD benefit between the Core and Buy-Up plans cannot exceed 60% of your weekly salary.

Short Term Disability	
Rates per $10 Covered Benefit	
Age	**Rate**
≤29	$0.11
30-34	$0.12
35-39	$0.11
40-44	$0.12
45-49	$0.14
50-54	$0.18
55-59	$0.22
60-64	$0.26
65+	$0.31

There is a 3/12 pre-existing limitation on the short-term disability plans. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines or followed treatment recommendations prior to the coverage effective date. If you have received treatment 3 months prior to the coverage effective date for a pre-existing condition, STD benefits will not be provided for that condition during the first 12 months of coverage.

Long-Term Disability Insurance

ThriveMore offers you the opportunity to purchase long-term income protection through MetLife in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $5,000 a month. Benefit payments begin after 90 days of disability and can last up to 24 months as long as you are not able to perform the duties of your own occupation. After 24 months, you will continue to receive payments as long as you cannot perform the duties of any occupation. Please see the summary plan description for complete plan details.

A pre-existing limitation of 12/12 is applied on this policy. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines or followed treatment recommendations prior to the coverage effective date. If you have received treatment 12 months prior to the coverage effective date for a pre-existing condition, LTD benefits will not be provided for that condition during the first 12 months of coverage.

Long Term Disability Premium Calculation Example:

Let's assume an annual base salary of $30,000 for a 35-year-old employee

1. $30,000 / 12 months = $2,500 monthly salary
2. $2,500 / 100 (rate calculated based on $100 of monthly payroll) = $25
3. $25 x $0.52 (age 35 monthly rate per chart) = $13.00 monthly
4. $13.00 x 12 months / 26 pay periods = $6.00 per paycheck

Please note if coverage is waived when first eligible, Evidence of Insurability will be required for a future election.

Long Term Disability	
Rates per $100 Covered Payroll	
Age	**Rate**
≤29	$0.18
30-39	$0.52
40-44	$0.82
45-49	$1.12
50-54	$1.45
55-59	$1.48
60+	$1.19

Accident & Critical Illness Insurance

MetLife

As a benefit eligible employee with ThriveMore, you have the opportunity to purchase voluntary accident and critical illness insurance through MetLife.

Accident Insurance	• Pays a lump sum benefit for an injury or treatment received. • Pays based on a schedule of benefits • Coverage is available for you, your spouse and/or children • Policy is fully portable if you leave or retire • Includes a $75 health screening benefit, payable once per year
Critical Illness Insurance	• Pays a lump sum benefit directly to the insured upon initial diagnosis of a covered condition such as heart attack, stroke, or cancer • Coverage is available for you and your spouse • Dependent children are covered up to age 26 • Policy is fully portable if you leave or retire • Includes a $75 health screening benefit, payable once per year

Legal Plan & Identity Theft

Affordable legal and identity theft protection is available for purchase through LegalShield and IDShield

LegalShield Plan Benefits:

- Legal consultation and advice
- Court representation
- Dedicated law firm
- Legal documentation preparation and review
- Letters & phone calls made on your behalf
- Speeding ticket assistance
- Will preparation
- 24/7 emergency legal access
- Mobile app

IDShield Plan Benefits:

- Identity consultation and advice
- Dedicated licensed private investigators
- Identity and credit monitoring
- Social media monitoring
- Child monitoring (family plan only)
- Comprehensive identity restoration
- Identity and credit threat alerts
- 24/7 emergency access
- Mobile app

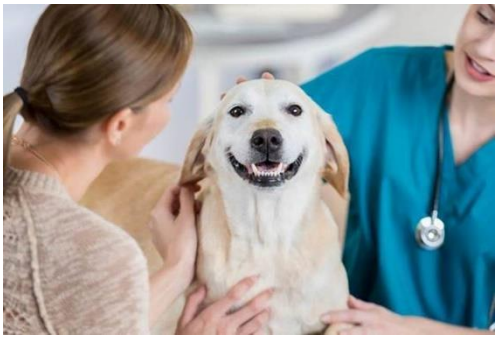
LegalShield	IDShield		LegalShield & IDShield	
Family	Individual	Family	Individual	Family
$18.50	$8.95	$16.95	$26.15	$32.95
Monthly	Monthly	Monthly	Monthly	Monthly

For more information, visit: benefits.legalshield.com/baptistretirement or call 1-888-807-0407.

Pet Insurance

My Pet Protection pet insurance from Nationwide has options to meet every budget and offers more choices and more flexibility to insure your beloved pets. Coverage is also available for exotic pets.

- Get cash back on eligible vet bills – choose your reimbursement level of 70% or 50%
- Available exclusively for employees of ThriveMore
- Use any vet, anywhere – no network, no pre-approvals
- Free 24/7 Veterinary Tele-Help Line
- Online claim submission via mobile app/website
- Direct deposit reimbursement through Chase Quick Pay
- Multi pet discount and more



Get a fast, no-obligation quote at benefits.petinsurance.com/brh.
To enroll your bird, rabbit, reptile, or other exotic pet, call 1-877-738-7874.

Enrollment in pet insurance can occur at any time throughout the year without a qualifying event.

Employee Assistance Program

Whether you sense that a life challenge is just ahead, or you're already knee-deep in it, the EAP, offered through TELUS Health, is here to help with top-notch providers, experts and offerings in these areas near you:

- Relationship and family challenges
- Life-changing events
- Legal or financial challenges
- Stress
- Excessive worry
- Feeling sad/blue
- Substance dependence or addiction
- Workplace challenges
- Up to 5 sessions of in person counseling per incident with licensed counselor

70% of employees who use the EAP find their stress levels improve

Help is available whenever employees need it, 24 hours a day, 7 days a week. Employee assistance services, provided through TELUS Health, provide immediate crisis resolution and referrals to counseling and support services through a national network of more than 30,000 highly trained practitioners.

Contact TELUS Health by calling 1-888-319-7819 or online at one.telushealth.com
(User ID: metlifeeap; Password: eap)

You can also download the TELUS Health mobile app on your Apple or Android smartphone.

Benefit Resource Center

Contact the USI Benefit Resource Center, or BRC, for free, confidential help navigating the complicated world of insurance. Representatives are available to help you with the following services. Please note that you may be required to complete an authorization form for a BRC representative to speak with Aetna on your behalf.

- Deciding which plan is best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status change elections
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

Contact the BRC via phone at 855-874-0835, Monday - Friday, 8:00am to 5:00pm EST or via email at BRCSouth@usi.com

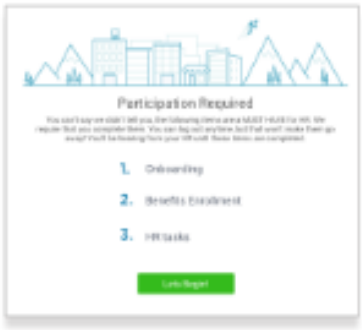
Enrolling in Benefit Elections

ENROLL IN YOUR BENEFITS: One step at a time

Step 1: Log In

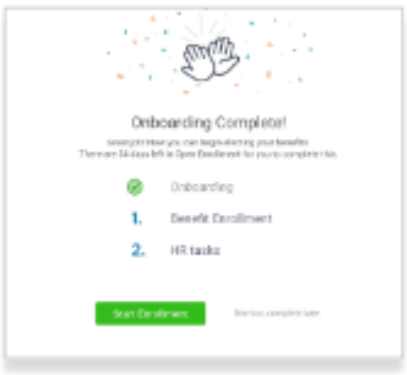
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users**: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

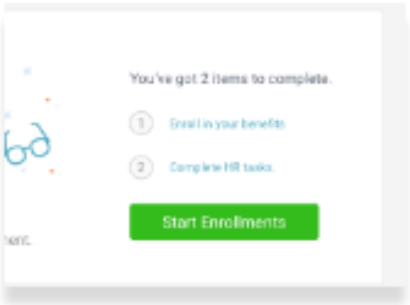


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

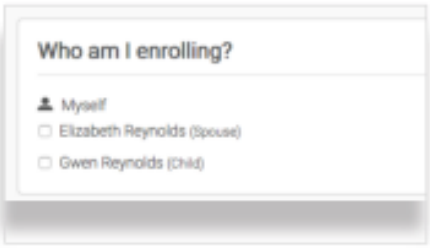
TIP

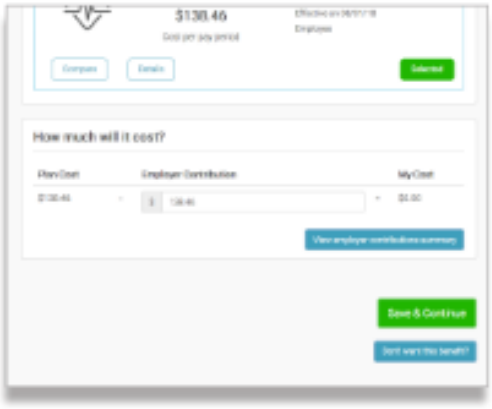
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



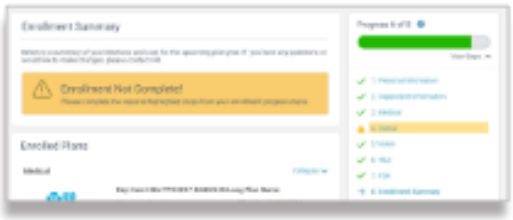


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

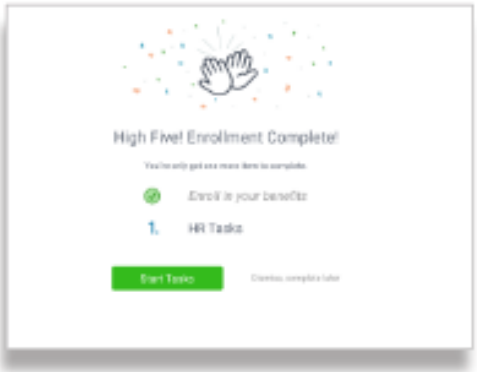


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (If applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

Holidays

ThriveMore provides the following paid holidays to all full-time employees:

- Easter
- Memorial Day
- Independence Day
- Thanksgiving
- Christmas

Paid Time Off (PTO)

Paid time off benefits are intended to provide employees with an annual rest and change of activities in order to promote optimal physical and mental well-being. All employees are encouraged to take their full accrued vacation time each year.

Paid time off eligibility and accrual is based on years of service.

Years of Service	Annual Hours	Days
0-1 Year Accrual begins on first day of employment	80	10
2-5 Years Accrual begins on employment date	120	15
6-10 Years Accrual begins on 5th anniversary date	144	18
10 years and up Accrual begins on 10th anniversary date	160	20

Retirement Plan

ThriveMore offers employees the opportunity to contribute to a tax deferred annuity through Guidestone. After 2 years of service, enrolled employees will receive a company match based upon the employee's level of contribution.

Employee Contribution	BRH Match
3.0%	3.0%
4.0%	3.5%
5.0%	4.0%

Additional Benefits

EMPLOYEE DISCOUNT MARKETPLACE - LIFEMART

LifeMart is an online discount marketplace where you can save money on all types of products and services such as flowers, computers, theme park tickets, and much more. It is a one-stop shopping resource with hundreds of discount partners and thousands of discount offers. To access LifeMart, go to: discountmember.lifecare.com and enter the registration code: USI.

CREDIT UNION

Employees have the opportunity to enroll in a savings account at Baptist Employees' Credit Union. This account is funded through payroll deductions.

JURY DUTY

Jury duty pay is available for all full-time employees.

BEREAVEMENT LEAVE

We realize that a death within your immediate family is a time of sorrow. Full time employees are granted up to two (2) consecutive scheduled workdays, without loss of pay, in the case of a death in the immediate family of the employee. Immediate family is defined as spouse, mother, father, daughter, son, sister, brother, mother-in-law, father-in-law, grandparent, or grandchildren.

Carrier Contact Information

LINE OF COVERAGE	CARRIER	PHONE NUMBER	WEBSITE
Medical Member Services	Aetna	1-888-266-5519	www.aetna.com
24 Hour Nurse Line	Aetna	1-800-556-1555	www.aetna.com
Prescription Member Services	Aetna	1-888-792-3862	www.aetna.com
Phamarcy Mail Order	CVS Caremark	1-888-792-3862	www.aetna.com/individuals-families/pharmacy/rx-home-delivery.html
Specialty Copay Program	PrudentRx	1-800-578-4403	Prudentrx.com
Flexible Spending Accounts	Flores	1-800-532-3327	www.flores247.com
Telemedicine	Teladoc	1-855-835-2362	www.teladoc.com/Aetna
Dental	MetLife	1-800-275-4638	metlife.com/dental-insurance
Vision	MetLife	1-855-638-3931	metlife.com/vision-insurance
Life and AD&D	MetLife	1-800-638-6420	Email: lifeclaimsubmit@metlife.com
Short & Long Term Disability	MetLife	1-800-438-6388	mybenefits.metlife.com
Accident Insurance	MetLife	1-800-438-6388	mybenefits.metlife.com
Critical Illness Insurance	MetLife	1-800-438-6388	mybenefits.metlife.com
Employee Assistance Program	TELUS Health	1-888-319-7819	one.telushealth.com User ID: metlifeEAP Password: eap
Legal & ID Theft	LegalShield	1-888-807-0407	benefits.legalshield.com/baptistretirement
Pet Insurance	Nationwide	1-877-738-7874	benefits.petinsurance.com/brh
Benefit Resource Center	USI	1-855-874-0835	Email: BRCSouth@usi.com

REQUIRED NOTIFICATIONS

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.

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).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Human Resources
1912 Bethabara Road
Winston Salem, NC 27106
336-725-0202

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.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date of this Notice – October 1, 2023
- Human Resources

Important Notice from ThriveMore About Your Prescription Drug Coverage and 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 ThriveMore 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:

1. **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.**

2. **ThriveMore has determined that the prescription drug coverage offered by ThriveMore 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. Because 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 15th to December 7th.

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.

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 ThriveMore coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current ThriveMore coverage, be aware that you and your dependents will only be able to get this coverage back at the next open enrollment opportunity or as the result of a qualifying life event.

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 with ThriveMore 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 nineteen 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…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ThriveMore 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 www.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 about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 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 (a penalty).

Date:	October 1, 2023
Name of Entity/Sender:	ThriveMore
Contact--Position/Office:	Human Resources
Address:	1912 Bethabara Road, Winston-Salem, NC 27106
Phone Number:	336-725-0202

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**.

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** 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** 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 January 31, 2023. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

aetna

BAPTIST RETIREMENT HOMES OF NORTH CAROLINA INCORPORATED : Aetna Whole Health Choice® POS II

Core Plan

Coverage Period: 10/01/2023-09/30/2024

Coverage for: Individual + Family | Plan Type: POS

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.HealthReformPlanSBC.com or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Plan Year, Maximum (Max) Savings: Individual (IND) $3,000/Family (FAM) $6,000. Standard Savings: (IND) $6,000/(FAM) $12,000. Out-of-Network: (IND) $12,000/(FAM) $24,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. RX drugs; plus max & standard office visits & max & standard preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	Yes. RX drugs-(IND) $200/(FAM) $400. Doesn't apply to generic RX standard savings. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	Max: (IND) $6,600/(FAM) $13,200. Standard Savings: (IND) $6,600/(FAM) $13,200. Out-of-Network: (IND) $13,500/(FAM) $27,000.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.aetna.com/docfind or call 1-888-982-3862 for a list of Maximum Savings providers.	You pay the least if you use a provider in Maximum Savings. You pay more if you use a provider in Standard Savings. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Maximum Savings (You will pay the least)	Standard Savings (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$30 copay/visit, deductible doesn't apply	$60 copay/visit, deductible doesn't apply	50% coinsurance	None
	Specialist visit	$60 copay/visit, deductible doesn't apply	$65 copay/visit, deductible doesn't apply	50% coinsurance	None
	Preventive care /screening /immunization	No charge	No charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	30% coinsurance	50% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	30% coinsurance	50% coinsurance	50% coinsurance	None
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.aetnapharmacy.com/standard	Generic drugs & Value Drugs Tier 1A	Not applicable	Copay/prescription, deductible doesn't apply: Tier 1A $3 (retail), $6 (mail order); Generic $10 (retail), $20 (mail order)	20% coinsurance after copay/prescription, after specific deductible: Tier 1A $3 (retail); Generic $10 (retail)	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written. Maintenance drugs- after two retail fills, members are required to fill a 90-day supply at CVS
	Preferred brand drugs	Not applicable	Copay/prescription, after specific deductible: $55 (retail), $110 (mail order)	20% coinsurance after copay/prescription, after specific deductible: $55 (retail)	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Maximum Savings (You will pay the least)	Standard Savings (You will pay more)	Out-of-Network Provider (You will pay the most)	
	Non-preferred brand drugs	Not applicable	Copay/prescription, after specific deductible: $75 (retail), $150 (mail order): deductible doesn't apply to non-preferred generic drugs	20% coinsurance after copay/prescription, after specific deductible: $75 (retail)	Caremark® Mail Service Pharmacy or CVS Pharmacy.
	Specialty drugs	Not applicable	25% coinsurance, after specific deductible	20% coinsurance after copay/prescription, after specific deductible: 25%	All prescriptions must be filled through the Aetna Specialty Performance Pharmacy Network. Precertification required for coverage. $500 maximum copay for each 30 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	50% coinsurance	50% coinsurance	None
	Physician/surgeon fees	30% coinsurance	50% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	20% coinsurance	Out-of-network emergency use paid the same as in-network. 50% coinsurance for non-emergency use.
	Emergency medical transportation	20% coinsurance	20% coinsurance	20% coinsurance	Out-of-network emergency use paid the same as in-network. Non-emergency transport: not covered, except if pre-authorized.
	Urgent care	$75 copay/visit, deductible doesn't apply	$75 copay/visit, deductible doesn't apply	50% coinsurance	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	50% coinsurance	50% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Physician/surgeon fees	30% coinsurance	50% coinsurance	50% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Maximum Savings (You will pay the least)	Standard Savings (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: $30 copay/visit, deductible doesn't apply; other outpatient services: 30% coinsurance	Office: $60 copay/visit, deductible doesn't apply; other outpatient services: 50% coinsurance	Office & other outpatient services: 50% coinsurance	None
	Inpatient services	30% coinsurance	50% coinsurance	50% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
If you are pregnant	Office visits	No charge	No charge	50% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) Penalty of $400 for failure to obtain pre-authorization for out-of-network care may apply.
	Childbirth/delivery professional services	30% coinsurance	50% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	30% coinsurance	50% coinsurance	50% coinsurance	
If you need help recovering or have other special health needs	Home health care	30% coinsurance	50% coinsurance	50% coinsurance	60 visits/plan year combined with private-duty nursing. Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Rehabilitation services	$60 copay/visit, deductible doesn't apply	$65 copay/visit, deductible doesn't apply	50% coinsurance	20 visits/plan year for Physical, Occupational & Speech Therapy combined.
	Habilitation services	30% coinsurance	50% coinsurance	50% coinsurance	None
	Skilled nursing care	30% coinsurance	50% coinsurance	50% coinsurance	60 days/plan year. Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Durable medical equipment	30% coinsurance	50% coinsurance	50% coinsurance	Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.
	Hospice services	30% coinsurance	50% coinsurance	50% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Maximum Savings (You will pay the least)	Standard Savings (You will pay more)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Not covered	1 routine eye exam/24 months.
	Children's glasses	Not covered	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs - Except for required preventive services.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care - 20 visits/plan year.
- Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition.
- Private-duty nursing - Included as part of home health care.
- Routine eye care (Adult) - 1 routine eye exam/24 months for maximum & standard savings only.

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol/gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol.gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html.

Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$3,000
Specialist copayment	$60
Hospital (facility) coinsurance	30%
Other coinsurance	30%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles*	$3,000
Copayments	$10
Coinsurance	$2,600
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$5,670**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$3,000
Specialist copayment	$60
Hospital (facility) coinsurance	30%
Other coinsurance	30%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles*	$3,000
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$3,520**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$3,000
Specialist copayment	$60
Hospital (facility) coinsurance	30%
Other coinsurance	30%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles*	$1,900
Copayments	$300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,200**

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 866-393-0002.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY: 711

Language Assistance:

For language assistance in your language call 1-888-982-3862 at no cost.

Albanian -	Për asistencë në gjuhën shqipe telefononi falas në 1-888-982-3862.
Amharic -	ለቋንቋ እገዛ በ አማርኛ በ 1-888-982-3862 በነጻ ይደውሉ
Arabic -	للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 1-888-982-3862
Armenian -	Լեզվի ցուցաբերած աջակցության (հայերեն) զանգի 1-888-982-3862 առանց գնով:
Bahasa Indonesia -	Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-888-982-3862 tanpa dikenakan biaya.
Bantu-Kirundi -	Niba urondera uwugufasha mu Kirundi, twakure kuri iyi nomero 1-888-982-3862 ku busa
Bengali-Bangala -	বাংলায় ভাষা সহায়তার জন্য বিনামূল্যে 1-888-982-3862-তে কল করুন।
Bisayan-Visayan -	Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-888-982-3862 nga walay bayad.
Burmese -	ငွေကုန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား)ဖြင့် ဘာသာစကားအကူအညီရယူရန် 1-888-982-3862 ကို ခေါ်ဆိုပါ။
Catalan -	Per rebre assistència en (català), truqui al número gratuït 1-888-982-3862.
Chamorro -	Para ayuda gi fino' (Chamoru), ågang 1-888-982-3862 sin gåstu.
Cherokee -	ᎾᏍᎩᎾ ᏕᏫᏂᎯᏍᏗ ᏗᏂᏍᏕᎵᏍᎩ ᎾᎿᎢ (ᏣᎳᎩ) ᏫᏓᏔᏫᏒ 1-888-982-3862 ᎤᎾᎢ Ꮳ ᎪᎱᏍᏗ ᏧᎬᏓᏗ ᏂᎨᏒᎾ.
Chinese -	欲取得繁體中文語言協助，請撥打1-888-982-3862，無需付費。
Choctaw -	(Chahta) anumpa ya apela a chi I paya hinla 1-888-982-3862.
Cushite -	Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokko fsa bilbilaa 1-888-982-3862 irratti bilisaan bilbilaa.
Dutch -	Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-888-982-3862.
French -	Pour une assistance linguistique en français appeler le 1-888-982-3862 sans frais.
French Creole -	Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-888-982-3862 gratis.
German -	Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-888-982-3862 an.
Greek -	Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-888-982-3862 χωρίς χρέωση.
Gujarati -	ગુજરાતીમાં ભાષામાં સહાય માટે કોઈ પણ ખર્ચ વગર 1-888-982-3862 પર કૉલ કરો.
Hawaiian -	No ke kōkua ma ka 'ōlelo Hawai'i, e kahea aku i ka helu kelepona 1-888-982-3862. Kāki 'ole 'ia kēia kōkua nei.

Hindi -	हिन्दी में भाषा सहायता के लिए, 1-888-982-3862 पर मुफ्त कॉल करें।
Hmong -	Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 1-888-982-3862.
Ibo -	Maka enyemaka asụsụ na Igbo kpọọ 1-888-982-3862 na akwụghị ụgwọ ọ bụla
Ilocano -	Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-888-982-3862 nga awan ti bayadanyo.
Italian -	Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-982-3862.
Japanese -	日本語で援助をご希望の方は、1-888-982-3862 まで無料でお電話ください。
Karen -	လၢတၢ်မၤစၢၤတၢ်ကတိၤကျိာ်အဂီၢ် ကိးဘ် 1-888-982-3862 လၢတအိၣ်ဒီးတၢ်လၢာ်ဘူၣ်လၢာ်စ့ၢ်ဘၣ်
Korean -	한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-982-3862 번으로 전화해 주십시오.
Kru-Bassa -	Ɓɛ́ m̀ké gbo-kpá-kpá dyé pídyi ɖé Ɓásɔ́ɔ̀-wùɖùǔn wɛ́ɛ, ɖá 1-888-982-3862
Kurdish -	برای راهنمایی به زبان فارسی با شماره 1-888-982-3862 به خورایی پەیوەندی بکەن.
Laotian -	ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໂທຫາ 1-888-982-3862 ໂດຍບໍ່ເສຍຄ່າໃຊ.
Marathi -	कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा.
Marshallese -	Ñan bōk jipañ ilo Kajin Majol, kallok 1-888-982-3862 ilo ejjelok wōnān.
Micronesian-Pohnpeyan -	Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais.
Mon-Khmer, Cambodian -	សម្រាប់ជំនួយភាសាជាភាសាខ្មែរ សូមទូរស័ព្ទទៅលេខ 1-888-982-3862 ដោយឥតគិតថ្លៃ។
Navajo -	T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862
Nepali -	(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् ।
Nilotic-Dinka -	Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc.
Norwegian -	For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt.
Panjabi -	ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।
Pennsylvania Dutch -	Fer Helfe in Deitsch, ruf: 1-888-982-3862 aa. Es Aaruf koschtet nix.
Persian -	برای راهنمایی به زبان فارسی با شماره 1-888-982-3862 بدون هیچ هزینه ای تماس بگیرید. انگلیسی
Polish -	Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 1-888-982-3862.
Portuguese -	Para obter assistência linguística em português ligue para o 1-888-982-3862 gratuitamente.
Romanian -	Pentru asistență lingvistică în românește telefonați la numărul gratuit 1-888-982-3862

Russian -	Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-888-982-3862.
Samoan -	Mo fesoasoani tau gagana I le Gagana Samoa vala'au le 1-888-982-3862 e aunoa ma se totogi.
Serbo-Croatian -	Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj 1-888-982-3862.
Spanish -	Para obtener asistencia lingüística en español, llame sin cargo al 1-888-982-3862.
Sudanic-Fulfude -	Fii yo on hebu balal e ko yowitii e haala Pular noddee e oo numero ɗoo 1-888-982-3862. Njodi woo fawaaki on.
Swahili -	Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa 1-888-982-3862 bila malipo.
Syriac -	ܐܢ ܐܢܬ ܗ ܡܡܠܠ ܠܫܢܐ ܐܬܘܪܝܐ ܗܘܝܬ ܕܡܥܕܪܢܘܬܐ ܒܠܫܢܐ 1-888-982-3862 ܩܪܝ.
Tagalog -	Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-888-982-3862 nang walang bayad.
Telugu -	భాషతో సాయం కోరకు ఎలాంటి ఖర్చు లేకుండా 1-888-982-3862 కు కాల్ చేయండి. (తెలుగు)
Thai -	สำหรับความช่วยเหลือทางด้านภาษาเป็น ภาษาไทย โทร 1-888-982-3862 ฟรีไม่มีค่าใช้จ่าย
Tongan -	Kapau 'oku fiema'u hā tokoni 'i he lea faka-Tonga telefoni 1-888-982-3862 'o 'ikai hā ōtōngi.
Trukese -	Ren áninnisin chiakú ren (Kapasen Chuuk) kopwe kékkééri 1-888-982-3862 nge esapw kamé ngonuk.
Turkish -	(Dil) çağrısı dil yardım için. Hiçbir ücret ödemeden 1-888-982-3862.
Ukrainian -	Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером 1-888-982-3862.
Urdu -	بلاقیمت زبان سے متعلق خدمات حاصل کرنے کے لیے ، 1-888-982-3862 . پر بات کریں۔
Vietnamese -	Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 1-888-982-3862.
Yiddish -	פאר שפראך הילף אין אידיש רופט 1-888-982-3862 פריי פון אפצאל.
Yoruba -	Fún irànlọwọ nípa èdè (Yorùbá) pe 1-888-982-3862 lái san owó kankan rárá.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Buy-Up Plan

Coverage Period: 10/01/2023-09/30/2024

aetna®

BAPTIST RETIREMENT HOMES OF NORTH CAROLINA INCORPORATED : Aetna Choice® POS II - AWH

Coverage for: Individual + Family | Plan Type: POS

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.HealthReformPlanSBC.com or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Plan Year, Maximum Savings: Individual $1,000/ Family $2,000. Standard Savings: Individual $2,000/ Family $4,000. Out-of-Network: Individual $5,000/ Family $10,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Emergency care & prescription drugs; plus in-network office visits & preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Maximum Savings: Individual $5,000/ Family $10,000. Standard Savings: Individual $5,000/ Family $10,000. Out-of-Network: Individual $10,000/ Family $20,000.	The out–of–pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out–of–pocket limits until the overall family out–of–pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.aetna.com/docfind or call 1-888-982-3862 for a list of Maximum Savings providers.	You pay the least if you use a provider in Maximum Savings Provider. You pay more if you use a provider in Standard Savings Provider. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Maximum Savings Provider (You will pay the least)	Standard Savings Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copay/visit, deductible doesn't apply	$35 copay/visit, deductible doesn't apply	50% coinsurance	None
	Specialist visit	$50 copay/visit, deductible doesn't apply	$60 copay/visit, deductible doesn't apply	50% coinsurance	None
	Preventive care /screening /immunization	No charge	No charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	50% coinsurance	None
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.aetnapharmacy.com/advancedcontrol	Generic drugs	Not applicable	Copay/prescription, deductible doesn't apply: $10 (retail), $20 (mail order)	20% coinsurance after copay/prescription, deductible doesn't apply: $10 (retail)	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your formulary for prescriptions requiring precertification for coverage. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written. Maintenance drugs- after two retail fills, members are required to fill a 90-day supply at CVS Caremark® Mail Service Pharmacy or CVS Pharmacy.
	Preferred brand drugs	Not applicable	Copay/prescription, deductible doesn't apply: $40 (retail), $80 (mail order)	20% coinsurance after copay/prescription, deductible doesn't apply: $40 (retail)	
	Non-preferred brand drugs	Not applicable	Copay/prescription, deductible doesn't apply: $60 (retail), $120 (mail order)	20% coinsurance after copay/prescription, deductible doesn't apply: $60 (retail)	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Maximum Savings Provider (You will pay the least)	Standard Savings Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
	Specialty drugs	Not applicable	25% coinsurance, deductible doesn't apply	20% coinsurance after copay/prescription, deductible doesn't apply: 25%	All prescriptions must be filled through the Aetna Specialty Performance Pharmacy Network. $250 maximum copay for each 30 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	$500 copay/visit, deductible doesn't apply	$500 copay/visit, deductible doesn't apply	$500 copay/visit, deductible doesn't apply	Out-of-network emergency use paid the same as in-network. No coverage for non-emergency use.
	Emergency medical transportation	No charge	No charge	No charge	Out-of-network emergency use paid the same as in-network. Non-emergency transport: not covered, except if pre-authorized.
	Urgent care	$25 copay/visit, deductible doesn't apply	$25 copay/visit, deductible doesn't apply	50% coinsurance	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	50% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: $25 copay/visit, deductible doesn't apply; other outpatient services: 20% coinsurance	Office: $35 copay/visit, deductible doesn't apply; other outpatient services: 40% coinsurance	Office & other outpatient services: 50% coinsurance	None
	Inpatient services	20% coinsurance	40% coinsurance	50% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
If you are pregnant	Office visits	No charge	No charge	50% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Maximum Savings Provider (You will pay the least)	Standard Savings Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	50% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Penalty of $400 for failure to obtain pre-authorization for out-of-network care may apply.
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	50% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	50% coinsurance	60 visits/plan year combined with private-duty nursing. Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Rehabilitation services	$50 copay/visit, deductible doesn't apply	$60 copay/visit, deductible doesn't apply	50% coinsurance	20 visits/plan year for Physical, Occupational & Speech Therapy combined.
	Habilitation services	20% coinsurance	40% coinsurance	50% coinsurance	None
	Skilled nursing care	20% coinsurance	40% coinsurance	50% coinsurance	60 days/plan year. Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Durable medical equipment	20% coinsurance	40% coinsurance	50% coinsurance	Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.
	Hospice services	20% coinsurance	40% coinsurance	50% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Not covered	1 routine eye exam/12 months.
	Children's glasses	Not covered	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs - Except for required preventive services.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture - 10 visits/plan year for disease, injury & chronic pain.
- Chiropractic care - 20 visits/plan year.
- Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition.
- Private-duty nursing - Included as part of home health care.
- Routine eye care (Adult) - 1 routine eye exam/12 months for in-network only.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol/gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general number at 1-888-982-3862. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol/gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP,

TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? **Yes.**
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$1,000
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$1,000
Copayments	$10
Coinsurance	$2,100
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,170**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$1,000
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Diabetic supplies *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$100
Copayments	$1,200
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,320**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$1,000
Specialist copayment	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$800
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$800**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 866-393-0002.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

TTY: 711

Language Assistance:

To access language services at no cost to you, call 1-888-982-3862.

Albanian -	Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862.
Amharic -	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ።
Arabic -	للحصول على لخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-982-3862
Armenian -	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով:
Bahasa Indonesia -	Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-888-982-3862 tanpa dikenakan biaya.
Bantu-Kirundi -	Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862.
Bengali-Bangala -	আপনাকে বিনামূকযে ভাষা পবিকষিা পপকে হকয এই নম্বকি পেবযক ান েরুন: 1-888-982-3861
Bisayan-Visayan -	Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862.
Burmese -	သင့္အေနျဖင့္ အခေၾကးေငြေပးရပဲ ဘာသာစကားဆိုင္ရာ ဝန္ေဆာင္မႈမ်ား ရရွိႏိုင္ရန္ 1-888-982-3862 သို႔ ဖုန္းေခၚဆိုပါ။
Catalan -	Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862.
Chamorro -	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-982-3862.
Cherokee -	ᏩᏯᎢ ᏚᏫᏂᏲᎢ ᎤᏳᎾᏓᏛᏁᎢ Ꮳ ᎪᏢᎢ ᏗᏤᎬᏔᏅᎢ ᏱᏁ, ᎣᏥᏲᏏᏔᏍᏓ 1-888-982-3862.
Chinese -	如欲使用免費語言服務，請致電 1-888-982-3862.
Choctaw -	Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862.
Cushite -	Tajaajiiloota afaanii garuu bilisaa ati argaachuuf, bilbili 1-888-982-3862.
Dutch -	Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.
French -	Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.
French Creole -	Pou jwenn sèvis lang gratis, rele 1-888-982-3862.
German -	Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.
Greek -	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.
Gujarati -	તમારેકોઇ જાતના ખર્ચવિના ભાષાની સેવાઓની પહોંચ માટે, કૉલ કરો 1-888-982-3862.

Hawaiian -	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1-888-982-3862. Kāki 'ole 'ia kēia kōkua nei.
Hindi -	आपकेलिए बिना ककसी कीमत केभाषा सेवाओंका उपयोग करनेकेलिए,1-888-982-3862 पर कॉल करें।
Hmong -	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862.
Igbo -	Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ 1-888-982-3862
Ilocano -	Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862.
Indonesian -	Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862.
Italian -	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862.
Japanese -	言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。
Karen -	လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတအိဉ်ဒီးအပ្ပၤလၢကဘဉ်ဟ့ဉ်အီၤအဂီၢ်ဘဉ်နှဉ် ကိး 1-888-982-3862 တက့ၢ်.
Korean -	무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오.
Kru-Bassa -	M̀ dyi wuɖu-dù kà kò ɖò ɓě dyi moù ń nì Pídyi ní, nìi, ɖá nɔ̀ ɓà nìà kɛ: 1-888-982-3862
Kurdish -	1-888-982-3862 بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی
Laotian -	ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ1-888-982-3862
Marathi -	कोणत्याही शलुकालशवाय भाषा सेवा प्राप्त करण्यासाठी,, 1-888-982-3862 वर फोन करा.
Marshallese -	Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1-888-982-3862.
Micronesian-Pohnpeyan -	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862.
Mon-Khmer, Cambodian -	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-888- 982-3862។
Navajo -	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó kojį' hólne' 1-888-982-3862.
Nepali -	निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् ।
Nilotic-Dinka -	Të kɔɔr yïn wɛɛ̈r de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1-888-982-3862.
Norwegian -	For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862.
Pennsylvania Dutch -	Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862.
Persian -	برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید.
Polish -	Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862.
Portuguese -	Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862.

Punjabi -	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian -	Pentru a accesa gratuit serviciile de limbă, apelați 1-888-982-3862.
Russian -	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862.
Samoan -	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862.
Serbo-Croatian -	Za besplatne prevodilačke usluge pozovite 1-888-982-3862.
Spanish -	Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862.
Sudanic-Fulfude -	Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862.
Swahili -	Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862.
Syriac -	ܟܪܝ ܗܡܒܩܐ ܪܗܘ ܚܠ ܒܠܚܕܐ ܬܘܬܐ ܚܠܩܐ ܟܫܒܗܐ ܡܒܗܐ: 1-888-982-3862
Tagalog -	Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862.
Telugu -	మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, 1-888-982-3862 కు కాల్ చేయండి.
Thai -	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862.
Tongan -	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862.
Trukese -	Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862.
Turkish -	Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın.
Ukrainian -	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862.
Urdu -	بلقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، 1-888-982-3862 پر بات کریں.
Vietnamese -	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862.
Yiddish -	צו צוטריט שפראך באדינונגען אין קיין פרייז צו איר, רופן 1-888-982-3862
Yoruba -	Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862.

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This brochure summarizes the benefit plans that are available to ThriveMore 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.