

THRIVEMORE

FAITH • FAMILY • FULFILLMENT

Benefit Enrollment Guide **2024-2025**



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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 2024-2025 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

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.

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



Medical Insurance



ThriveMore offers employees a choice of two (2) medical plans through Blue Cross Blue Shield of North Carolina. You are eligible to enroll in the medical plan after the first of the month following 30 days of full-time employment. Eligible dependents include your spouse or domestic partner and your dependent children through the end of the month in which they turn 26. The following chart is a high-level overview of coverage. Please refer to actual plan documents or contact BCBS of NC customer service at 1-877-258-3334 for benefit verification.

	All Employees			
	Core Plan		Buy-Up Plan	
Annual Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$3,000	\$6,000	\$1,000	\$2,000
Family	\$6,000	\$12,000	\$2,000	\$4,000
Coinsurance	30%	50%	20%	50%
Maximum Out-of-Pocket (includes deductible & all copays)				
Individual	\$6,600	\$13,200	\$5,000	\$10,000
Family	\$13,200	\$26,400	\$10,000	\$20,000
Physician Office Visit				
Primary Care	\$30 Copay*	50% after Deductible	\$25 Copay*	50% after Deductible
Specialty Care	\$60 Copay	50% after Deductible	\$50 Copay	50% after Deductible
Preventive Care	100% Covered per ACA Guidelines	30% after Deductible	100% Covered per ACA Guidelines	30% after Deductible
Chiropractic Care	\$60 Copay	50% after Deductible	\$50 Copay	50% after Deductible
Facility				
Inpatient	30% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Outpatient	30% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Diagnostic X-ray / Lab Tests	30% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Diagnostic Complex Radiology	30% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Urgent Care Facility	\$75 Copay	\$150 Copay	\$30 Copay	\$60 Copay
Emergency Room	20% after Deductible		\$500 Copay	
Mental Health & Substance Abuse				
Inpatient	30% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Office Visit	\$10 Copay	50% after Deductible	\$10 Copay	50% after Deductible
TELADOC	\$0 Copay	Not Available	\$0 Copay	Not Available

***When you select a PCP in your Blue Connect member portal, the first 3 visits to that PCP will be free!**

Prescription Coverage



Prescription drug coverage is also provided by BCBSNC/Prime. You may request a copy of the most current Preferred Drug List and Formulary Exclusions List by contacting the BCBS of NC Customer Service Department at 1-877-258-3334. Please review the preferred drug list, as it may provide lower cost alternatives for your medications. If you find that your medication is excluded from the formulary, you should speak with your physician to discuss other covered alternatives.

Please visit <https://www.myprime.com/en/medicines.html#find-medicine> to look up your current medications to see what tier they fall in with Blue Cross Blue Shield call BCBS of NC. Choose the 'Essential C' Drug List. You can also call Member Services at 1-877-258-3334 with any pharmacy questions.

	All Employees	
Retail Pharmacy (30 Day Supply)	Core Plan	Buy-Up Plan
Pharmacy Deductible	\$200 Individual / \$400 Family (Waived for Generics)	N/A
Tier 1	\$3 Copay	\$3 Copay
Tier 2	\$10 Copay	\$10 Copay
Tier 3	\$55 Copay	\$40 Copay
Tier 4	\$75 Copay	\$60 Copay
Tier 5	25% to \$250	25% to \$250



Mail order prescriptions for a 90-day supply are available through Amazon Pharmacy for 3 times the retail copay. To sign up and learn more about mail order through Amazon Pharmacy, visit www.amazon.com/bluecrossNC and click on "Get Started". For questions, call Amazon Pharmacy Customer Care at 1-855-963-4546, Monday – Friday, 8am – 10pm ET, and Saturday & Sunday, 10am – 8pm ET.

Medical/Rx Bi-Weekly Premiums

Bi-Weekly Medical/Rx Premiums	Core Plan	Buy-Up Plan
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

Teladoc is an innovative service available to any employee who is enrolled in one of ThriveMore's medical plans, 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 for members enrolled in one of our medical plans.

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



Dental Insurance & Premiums



ThriveMore offers two dental plans through Delta Dental. The chart below is a brief outline of the plans. Please refer to the summary plan descriptions for complete plan details.

Dental benefits run from January 1 to December 31 each year. You are likely to save more money by visiting a dentist who is in the Delta Dental network for ThriveMore. You can search for network dentists by visiting Delta Dental’s website at www.deltadentalnc.com or by calling Delta Dental’s Customer Service Center at 1-800-662-8856. Customer Service is available Monday-Friday from 8:30 AM until 8:00 PM EST to help you.

	Core Plan	Buy-Up Plan
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Dental Services		
Diagnostic & Preventive* - oral examination, cleaning, all x-rays, topical application of fluoride solution for dependent children up to age 19, space maintainers, sealants for children up to age 16	100%	100%
Basic Care - extractions, fillings, oral surgery, lab services required for procedures, general anesthesia, periodontal care	80%	80%
Major Care – endodontics, crowns, inlays/onlays, bridges, dentures, implants	Not Covered	50%
Orthodontia Care (children through age 18)	Not Covered	50%
Annual Maximums per covered person		
Dental Annual Maximum	\$1,000	\$2,000
Orthodontia Lifetime Maximum	N/A	\$1,000
Out-of-Network		
UCR Fee Schedule	90%	90%

*Preventive Incentive – Diagnostic and Preventive Services do not count toward the annual maximum

Bi-Weekly Dental Premiums	Core Plan	Buy-Up Plan
Employee Only	\$10.83	\$17.22
Employee & Spouse	\$20.69	\$33.06
Employee & Child(ren)	\$23.28	\$33.12
Employee & Family	\$34.34	\$50.34



Vision Insurance & Premiums



Vision insurance is provided through BCBSNC. 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 EyeMed network. You can search for network vision providers by calling 1-855-400-3641 or visit www.Blue2020nc.com.

	All Employees	
	Member Cost	Out-of-Network Reimbursements
Copay		
Routine Exams (Annual)	\$10 Copay	Up to \$39
Retinal Imaging	\$39 Copay	Not Covered
Vision Materials		
Materials Copay	\$25 Copay	
Lenses		
Single Lenses	100% Covered after \$25 Copay	Up to \$25
Bifocal Lenses		Up to \$39
Trifocal Lenses		Up to \$63
Lenticular Lenses		Up to \$63
Frames		
Frames	\$200 allowance; 20% discount on balance	Up to \$100
Contact Lenses		
Conventional	\$200 allowance; 15% discount on balance	Up to \$160
Disposable	\$200 allowance; 15% discount on balance	Up to \$160
Medically Necessary	Covered in full after eyewear copay	Up to \$200
Contact Fitting & Evaluation	\$55 for Standard Fit 10% off Premium Fit	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	\$4.02
Employee & Spouse	\$7.65
Employee & Child(ren)	\$8.05
Employee & Family	\$11.83



Flexible Spending Accounts



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 \$3,200 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. DCFSA's 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.

Symetra 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 age 26: \$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



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 may be required for future elections.

All Employees	
You	
Benefit Options	\$25,000 Increments to the Lesser of 5x Earnings or \$500,000
Guaranteed Issue	\$150,000
Your Spouse – You must enroll in Employee Life to enroll in Spouse Life	
Benefit Options	\$5,000 Increments to the Lesser of 50% of the Employee Amount or \$100,000
Guaranteed Issue	\$50,000
Your Child – You must enroll in Employee Life to enroll in Child Life	
Benefit Options	\$10,000
Guaranteed Issue	\$10,000

Age as of 10/1	EE & SP* Biweekly Rate per \$1,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$300,000	\$400,000	\$500,000
<30	\$0.038	\$0.95	\$1.89	\$2.84	\$3.78	\$4.73	\$5.68	\$6.62	\$7.57	\$11.35	\$15.14	\$18.92
30-34	\$0.042	\$1.06	\$2.12	\$3.18	\$4.25	\$5.31	\$6.37	\$7.43	\$8.49	\$12.74	\$16.98	\$21.23
35-39	\$0.062	\$1.56	\$3.12	\$4.67	\$6.23	\$7.79	\$9.35	\$10.90	\$12.46	\$18.69	\$24.92	\$31.15
40-44	\$0.102	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$30.60	\$40.80	\$51.00
45-49	\$0.153	\$3.83	\$7.66	\$11.49	\$15.32	\$19.15	\$22.98	\$26.82	\$30.65	\$45.97	\$61.29	\$76.62
50-54	\$0.229	\$5.72	\$11.45	\$17.17	\$22.89	\$28.62	\$34.34	\$40.06	\$45.78	\$68.68	\$91.57	\$114.46
55-59	\$0.360	\$8.99	\$17.98	\$26.97	\$35.95	\$44.94	\$53.93	\$62.92	\$71.91	\$107.86	\$143.82	\$179.77
60-64	\$0.580	\$14.49	\$28.98	\$43.48	\$57.97	\$72.46	\$86.95	\$101.45	\$115.94	\$173.91	\$231.88	\$289.85
65-69**	\$0.930	\$15.12	\$30.24	\$45.36	\$60.48	\$75.60	\$90.72	\$105.84	\$120.96	\$181.44	\$241.92	\$302.40
70+**	\$1.462	\$18.27	\$36.54	\$54.81	\$73.08	\$91.36	\$109.63	\$127.90	\$146.17	\$219.25	\$292.34	\$365.42
Child Life	Biweekly Rate per \$1,000	\$10,000										
		\$0.093	\$0.93									

*Spouse supplemental life insurance rate is based on employee's age

**Coverage reduces to 65% at age 65 and 50% at age 70

Short-Term Disability Insurance



ThriveMore provides core short-term disability through Symetra 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 \text{ 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 * 12 \text{ months} / 26 \text{ pay periods} = \1.76 per paycheck

Short Term Disability	
Rates per \$10 Covered Benefit	
Age	Monthly 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

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

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 Symetra 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 3/12 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 3 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. $\$30,000 / 12 \text{ months} = \$2,500$ monthly salary
2. $\$2,500 / 100$ (rate calculated based on \$100 of monthly payroll) = \$25
3. $\$25 \times \0.52 (age 35 monthly rate per chart) = \$13.00 monthly
4. $\$13.00 \times 12 \text{ months} / 26 \text{ 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	Monthly 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



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

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, your spouse and/or children
- Dependent children are covered up to age 26
- Policy is fully portable if you leave or retire
- Includes a \$50 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
\$8.54	\$4.13	\$7.82	\$12.07	\$15.21
Biweekly	Biweekly	Biweekly	Biweekly	Biweekly

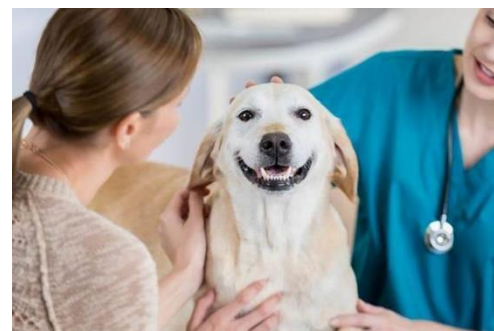
For more information, visit: benefits.legalshield.com/baptistretirement or call 1-888-807-0407.

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



When life gets tough, it's helpful to have someone in your corner to listen, offer advice and point you in the right direction for additional help. That's what you get from DisabilityGuidanceSM – an Employee Assistance Program that offers confidential counseling when you need it most.

You and eligible family members can meet face-to-face with a counselor, financial planner or attorney for expert, confidential information and guidance. Your household is eligible for a total of five (5) sessions per calendar year, plus an additional five (5) sessions with a covered disability claim. These services are included at no cost to you. Services include the following:

Confidential Counseling

- Stress, anxiety and depression
- Credit card or loan problems
- Difficulties with children
- Job pressures
- Grief and loss
- Substance abuse

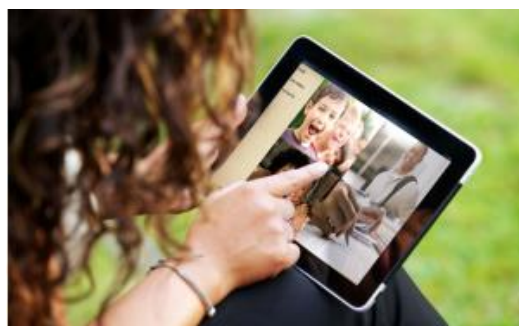
Legal Support

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

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

Financial Information and Resources

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college



Contact DisabilityGuidanceSM EAP by calling 1-888-327-9573 or online at guidanceresources.com (Web ID: SYMETRA). When talking on the phone, mention Symetra as your employer sponsor.

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

Holidays

ThriveMore provides the following paid holidays to all full-time employees, plus three (8) hour floating holidays. Employees are not allowed to use their floating holidays until they have been with the company for at least 90 days.

- 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 5 th anniversary date	144	18
10 years and up Accrual begins on 10 th 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. See Human Resources for detailed plan information.

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/EMAIL
Medical Member Services	BCBSNC	1-877-258-3334	www.blueconnectnc.com
Prescription Member Services	BCBSNC/Prime	1-877-258-3334	www.blueconnectnc.com
Pharmacy Mail Order	Amazon Pharmacy	1-855-963-4546	www.amazon.com/bluecrossNC
Flexible Spending Accounts	Flores	1-800-532-3327	www.flores247.com
Telemedicine	Teladoc	1-855-835-2362	www.teladoc.com
Dental	Delta Dental	1-800-662-8856	deltadentalnc.com
Vision	BCBSNC	1-855-400-3641	www.blue2020.com
Life and AD&D	Symetra	1-877-377-6773	LADCLA@symetra.com
Short & Long Term Disability	Symetra	1-877-377-6773	LADCLA@symetra.com
Accident Insurance	Symetra	1-800-497-3699	SYMSBA@symetra.com
Critical Illness Insurance	Symetra	1-800-497-3699	SYMSBA@symetra.com
Employee Assistance Program	DisabilityGuidance	1-888-327-9573	guidanceresources.com Web ID: SYMETRA
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, 2024
- 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, 2024
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.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>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</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>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</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>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</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>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</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>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)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>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)</p>
<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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

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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 & Coverage

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services **Coverage Period:** 10/1/2024 - 9/30/2025
Blue Cross and Blue Shield of North Carolina: PPO Copay Core Plan **Coverage for:** Individual + Family **Plan Type:** PPO

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, visit www.bluecrossnc.com/booklets. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other undefined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-258-3334 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: \$3,000 Individual/\$6,000 Family. Out-of-Network: \$6,000 Individual/\$12,000 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> and most services that may require a <u>copayment</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$6,600 Individual/\$13,200 Family. Out-of-Network: \$13,200 Individual/\$26,400 Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing charges</u> , health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-258-3334 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> 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
		Network Provider (You will pay the least)	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 <u>copayment</u>	50% <u>coinsurance</u>	-Log in to Blue Connect to select your Primary Care Provider (PCP). Your copay is waived for your first 3 visits to your selected PCP.
	Specialist visit	\$60 <u>copayment</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge	30% <u>coinsurance</u>	-You may have to pay for services that aren't preventive. Ask your provider if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. -Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition	Tier 1 Drugs	\$3 <u>copayment</u>	\$3 <u>copayment</u>	-Prior authorization may be required or services will not be covered - Copayment applies to a 30-day supply -For Infertility dosage limits
	Tier 2 Drugs	\$10 <u>copayment</u>	\$10 <u>copayment</u>	
	Tier 3 Drugs	\$55 <u>copayment</u>	\$55 <u>copayment</u>	

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com/booklets

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
More information about <u>prescription drug coverage</u> is available at www.bluecrossnc.com/rxinfo	Tier 4 Drugs	\$75 copayment	\$75 copayment	apply - *See <u>Prescription Drug</u> section.
	Tier 5 Drugs	25% coinsurance	25% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	50% coinsurance	None
	Physician/surgeon fees	30% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$75 copayment	\$150 copayment	None
	Facility fee (e.g., hospital room)	30% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
If you have a hospital stay	Physician/surgeon fees	30% coinsurance	50% coinsurance	None
	Outpatient services	\$10/office visit; 30% coinsurance/ outpatient	50% coinsurance	-Prior authorization may be required or services will not be covered
If you need mental health, behavioral health, or substance abuse services	Inpatient services	30% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
	Office visits	30% coinsurance	50% coinsurance	*-See Family Planning section.

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com/booklets

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Childbirth/delivery professional services	<u>30% coinsurance</u>	<u>50% coinsurance</u>	None
	Childbirth/delivery facility services	<u>30% coinsurance</u>	<u>50% coinsurance</u>	-Prior authorization may be required or services will not be covered
	<u>Home health care</u>	<u>30% coinsurance</u>	<u>50% coinsurance</u>	-Prior authorization may be required or services will not be covered
	<u>Rehabilitation services</u>	\$60 copayment/office; 30% coinsurance/outpatient	<u>50% coinsurance</u>	*See Therapies section , visits with mental illness diagnoses don't apply
	<u>Habilitation services</u>	\$60 copayment/office; 30% coinsurance/outpatient	<u>50% coinsurance</u>	-Habilitation services are combined with the <u>Rehabilitation service</u> limits listed above.
If you need help recovering or have other special health needs	<u>Skilled nursing care</u>	<u>30% coinsurance</u>	<u>50% coinsurance</u>	-Coverage is limited to 60 days . - Prior authorization may be required or services will not be covered
	<u>Durable medical equipment</u>	<u>30% coinsurance</u>	<u>50% coinsurance</u>	-Prior authorization may be required or services will not be covered -Limits may apply
	<u>Hospice services</u>	<u>30% coinsurance</u>	<u>50% coinsurance</u>	-Prior authorization may be required or services will not be covered
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Excluded Service
	Children's glasses	Not Covered	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Not Covered	Excluded Service

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com/booklets

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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.)

- Cosmetic surgery
- Routine eye care (Adult)
- Dental care (Adult)
- Routine foot care other than palliative or cosmetic.
- Long-term care
- Weight loss programs

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

- Acupuncture
- Hearing aids
- Private duty nursing
- Bariatric surgery
- Infertility treatment
- Chiropractic care
- Non-emergency care when traveling outside the U.S.

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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or contact Blue Cross NC at 1-877-258-3334 or www.BlueConnectNC.com. 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: Blue Cross NC at 1-877-258-3334 or www.BlueConnectNC.com. You may also contact N.C. Department of Insurance at 1201 Mail Service Center, Raleigh, NC 27699-1201, or Toll free (855) 408-1212. You may also receive assistance from the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, if applicable.

Additionally, a consumer assistance program can help you file your appeal. Contact Health Insurance Smart NC, N.C. Department of Insurance, at 1201 Mail Service Center, Raleigh, NC 27699-1201, 855-408-1212 (toll free).

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.

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com/booklets

Does this plan meet the 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.

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al 1-877-258-3334.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-258-3334.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-258-3334.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-258-3334.

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

*For more information about limitations and exceptions, see plan or policy document at www.bluecross.com/booklets

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 prenatal 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	\$2,520
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$5,590

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	\$1,320
Copayments	\$410
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,750

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	\$1,870
Copayments	\$360
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,230

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

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
Blue Cross and Blue Shield of North Carolina: PPO Copay Buy Up Plan

Coverage Period: 10/1/2024 - 9/30/2025
Coverage for: Individual + Family Plan Type: PPO

▲ 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, visit www.bluecrossnc.com/booklets. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other undefined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-258-3334 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: \$1,000 Individual/\$2,000 Family. Out-of-Network: \$2,000 Individual/\$4,000 Family.	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. <u>Preventive care</u> and most services that may require a <u>copayment</u> .	This plan covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> 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?	In-Network: \$5,000 Individual/\$10,000 Family. Out-of-Network: \$10,000 Individual/\$20,000 Family.	The <u>out-of-pocket limit</u> 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 <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing charges</u> , health care this plan doesn't cover and penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-258-3334 for a list of <u>network providers</u> .	This plan uses a <u>provider network</u> . You will pay less if you use a provider in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> 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
		Network Provider (You will pay the least)	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 <u>copayment</u>	50% <u>coinsurance</u>	-Log in to Blue Connect to select your Primary Care Provider (PCP). Your copay is waived for your first 3 visits to your selected PCP.
	Specialist visit	\$50 <u>copayment</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge	30% <u>coinsurance</u>	-You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. -Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Tier 1 Drugs	\$3 <u>copayment</u>	\$3 <u>copayment</u>	-Prior authorization may be required or services will not be covered - Copayment applies to a 30-day supply -For Infertility dosage limits
If you need drugs to treat your illness or condition	Tier 2 Drugs	\$10 <u>copayment</u>	\$10 <u>copayment</u>	
	Tier 3 Drugs	\$40 <u>copayment</u>	\$40 <u>copayment</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
More information about prescription drug coverage is available at www.bluecrossnc.com/rxinfo	Tier 4 Drugs	\$60 <u>copayment</u>	\$60 <u>copayment</u>	apply - *See <u>Prescription Drug</u> section.
	Tier 5 Drugs	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$500 <u>copayment</u>	\$500 <u>copayment</u>	None
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	\$30 <u>copayment</u>	\$60 <u>copayment</u>	None
	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you have a hospital stay	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Outpatient services	\$10/office visit; 20% <u>coinsurance</u> /outpatient	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need mental health, behavioral health, or substance abuse services	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Office visits	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-*See Family Planning section.

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com/booklets

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	<u>Rehabilitation services</u>	\$50 copayment/office; 20% coinsurance/outpatient	50% <u>coinsurance</u>	-*See Therapies section , visits with mental illness diagnoses don't apply
	<u>Habilitation services</u>	\$50 copayment/office; 20% coinsurance/outpatient	50% <u>coinsurance</u>	-Habilitation services are combined with the <u>Rehabilitation service limits</u> listed above.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Coverage is limited to 60 days . - Prior authorization may be required or services will not be covered
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered -Limits may apply
If your child needs dental or eye care	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Children's eye exam	Not Covered	Not Covered	Excluded Service
	Children's glasses	Not Covered	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Not Covered	Excluded Service

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossinc.com/booklets

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.)

- Cosmetic surgery
- Routine eye care (Adult)
- Dental care (Adult)
- Routine foot care other than palliative or cosmetic.
- Long-term care
- Weight loss programs

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

- Acupuncture
- Hearing aids
- Private duty nursing
- Bariatric surgery
- Infertility treatment
- Chiropractic care
- Non-emergency care when traveling outside the U.S.

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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or contact Blue Cross NC at 1-877-258-3334 or www.BlueConnectNC.com. 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: Blue Cross NC at 1-877-258-3334 or www.BlueConnectNC.com. You may also contact N.C. Department of Insurance at 1201 Mail Service Center, Raleigh, NC 27699-1201, or Toll free (855) 408-1212. You may also receive assistance from the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, if applicable.

Additionally, a consumer assistance program can help you file your appeal. Contact Health Insurance Smart NC, N.C. Department of Insurance, at 1201 Mail Service Center, Raleigh, NC 27699-1201, 855-408-1212 (toll free).

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.

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com/booklets

Does this plan meet the 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.

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al 1-877-258-3334.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-258-3334.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-258-3334.

Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-258-3334.

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

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com/booklets

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 prenatal 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	\$2,080
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,150

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
Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$360
Coinsurance	\$60
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,440

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	\$1,000
Copayments	\$300
Coinsurance	\$170
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,470

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



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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.