



HELPING YOU UNDERSTAND
Your Benefit Choices
2024-2025

Enrollment Checklist: CURRENTLY ENROLLED

Information You Need to Know:

- ☐ You can enroll in benefits during your initial enrollment period as a newly eligible employee, during Annual Open Enrollment, or if you experience a Qualifying Life Event (QLE).
- ☐ The plan year is November 1 through October 31.
- ☐ Contact Human Resources if you have questions on mid-year benefit election changes.
- ☐ Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- ☐ If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.

Current Employees: Open Enrollment Period and Changes that can be made

- ☐ Actively enroll between September 23, 2024 and October 4, 2024 on the Paycom Site.
- ☐ Enroll/ Change/ Terminate individual and/or dependent coverage in Medical /Dental / Vision.
- ☐ Enroll in the Healthcare and Dependent Day Care Flexible Spending Account.
- ☐ Enroll in or make changes to Voluntary Term Life—If you are currently enrolled, you may increase your election amount by an increase of \$50k, up to the Guarantee Issue (GI) amount (\$250,000 employee & \$25,000 spouse) without Evidence of Insurability (EOI). If you did not enroll when initially eligible, or, wish to increase your amount above the Guarantee Issue (GI), you will be required to complete and submit Evidence of Insurability (EOI). This is not a guarantee of coverage. You must be approved by Prudential before your new enrollment or increased amount above Guarantee Issue (GI) would go into effect.
- ☐ Evidence of Insurability (EOI) forms are required for amounts over the Guarantee Issue (GI) amount, late entrants (those who did not enroll when first eligible).
- ☐ Enroll in the Long-Term Disability plan—Evidence of Insurability (EOI) is required for those that did not enroll when first eligible.
- ☐ Update your beneficiary information for Life Insurance.
- ☐ Verify your 2024 benefits elections and deductions on the first paycheck you receive after your November 1 effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

We have included interactive videos in this guide to assist with a further understanding of your benefits. These videos are provided by “flimp”, you may see the name when opening the link

Enrollment Checklist: NEW HIRES

New Hires:

- ☐ Be sure to make your elections **before your benefits effective date**. If you do not make elections, then you may not be able to enroll until the next open enrollment period.
- ☐ When you elect certain benefits, you may receive an ID card in the mail. Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- ☐ If you need to replace your ID card, or need an additional card, you can request another by contacting the carrier or by visiting the carrier's website online to print another copy.
- ☐ Verify your 2024 benefits elections and deductions on the first paycheck you receive after your November 1 effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

Eligibility & Enrollment

VIA Health Partners is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. During each Annual Open Enrollment period, the benefits you elect will be effective November 1st. For new hires, benefits are effective the first of the month following 30 days of continuous employment. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference tool to help answer most of your basic questions. Please see each carrier's benefits Summary Plan Description or Certificate of Coverage for complete details of the benefits.

Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Individuals eligible for coverage under the plans include:

- Your legal spouse
- Your domestic partner
- Your dependent child(ren) up to age 26; Voluntary Life and Critical Illness require full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Once eligible, you will enroll in benefits using Paycom.

Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Gain or loss of eligibility for CHIP or Medicare*

*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

Please note: Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

Plan	Eligibility	New Hire Benefits Effective Date
Medical & Prescription	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective the first day of the month following 30 days of employment
Dental		
Vision		
Flexible Spending Accounts		
Health Saving Account		
Basic & Voluntary Life		
Short-Term & Voluntary Long-Term Disability		
Retirement Plan	All employees, including PRN, part time, full time, are eligible to participate upon hire.	
Paid Time Off	All part time (pro-rated) and full-time employees.	

PPO Medical & Prescription Drug Insurance

VIA Health Partners medical and prescription drug insurance is provided through BCBSNC. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits when appropriate.

Blue Cross Blue Shield NC PPO Medical Plan/ High Plan		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000
Plan Year Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000 (includes deductible, coinsurance and copays)	\$ 11,000/\$22,000 (includes deductible, coinsurance and copays)
Coinsurance	30%	70%
Preventive Care Services*	100% covered, no charge	30% after deductible
Primary Care Office Visit (in-person or virtual)	\$25 copay	70% after deductible
Specialist Office Visit	\$50 copay	70% after deductible
Virtual Visits through TelaDoc (Register on your Smart device before using.)	\$10 copay	N/A
Urgent Care Facility	\$135 copay	
Emergency Room	30% after deductible	
Lens & Frame Coverage	Member receives allowance up to \$130, then pays 10% of remaining charges. The Plan will pay for either one pair of prescription eyeglasses, one pair of hard or soft contact lenses, or a one-year supply of disposable contact lenses per Benefit Period.	
Prescription Drugs	Retail (up to 30-day supply)	
- Tier 1 (most generics)	\$10 copay	
- Tier 2	50% Coinsurance to \$100 per drug maximum	
- Tier 3	50% Coinsurance to \$100 per drug maximum	
- Tier 4	50% Coinsurance to \$100 per drug maximum	

Your Care Options and When to Use Them.

Primary Care Physician (PCP)

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms look a lot like the urgent care centers you are likely used to, but the costs and services are drastically different. In general, consider an urgent care center as an extension of your PCP, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns could save you hundreds of dollars.

PPO Medical & Prescription Drug Insurance

[Click on image below for more information on the High Deductible Health Plan vs PPO Plan](#)



Blue Cross Blue Shield NC High Deductible Medical Plan/ Base Plan		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Deductible Individual / Family Family Deductible is	\$2,500/\$5,000 *Aggregate	\$5,000/\$10,000 *Aggregate
*If you elect coverage for your spouse or dependents the family Aggregate deductible will apply . This means that the \$5000 in-network deductible has to be met before the 30% coinsurance will apply.		
Plan Year Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000 (includes deductible, coinsurance and copays)	\$ 12,000/\$24,000 (includes deductible, coinsurance and copays)
Coinsurance	30%	70%
Preventive Care Services*	100% covered, no charge	70% after deductible
Primary Care Office Visit (in-person or virtual)	30% after deductible	70% after deductible
Specialist Office Visit	30% after deductible	70% after deductible
Virtual Visits through TelaDoc (Register on your Smart device before using.)	30% after deductible	N/A
Urgent Care Facility	30% after deductible	
Emergency Room	30% after deductible	
Lens & Frame Coverage	Member receives allowance up to \$130, then pays 10% of remaining charges. The Plan will pay for either one pair of prescription eyeglasses, one pair of hard or soft contact lenses, or a one-year supply of disposable contact lenses per Benefit Period.	
Prescription Drugs	Retail (up to 30-day supply)	
- Tier 1 (most generics)	30% after deductible	
- Tier 2	30% after deductible	
- Tier 3	30% after deductible	
- Tier 4	30% after deductible	

Health Savings Account

THE HEALTH SAVINGS (HSA) ACCOUNT CAN ONLY BE SELECTED IF THE HIGH DEDUCTIBLE PLAN IS SELECTED.

HDHP = HSA

FSA Dependent = both the HSA and FSA

[Click on image below for information on the Health Savings Account \(HSA\)](#)



Your Health Savings Account is administered by Flores.

- The Flores MasterCard provides a high level of fraud protection.
- Can be issued in spouse or dependent name (vs. employee only).
- Pay attention to communications received from Flores – via mail or email.

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver.** HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

If you elect to enroll in the High Deductible Health Plan (HDHP), VIA Health Partners will contribute into your HSA. This contribution is to assist with your health plan expenses.

Employer Contributions

If you enroll in the Base Plan (HDHP), VIA Health Partners will contribute \$500 annually into your HSA.

This contribution is to assist with your health plan expenses.

The annual seed money (VIA contribution) will be deposited into your account over the 24 pay periods.

This amount translates to \$20.83/ pay period

Health Savings Account (HSA) Continued

The maximum amount that you can contribute to an HSA in 2024 is \$4,150 for individual coverage and \$8,300 for family coverage.

***These limits are based on your medical plan coverage level, and they include any contributions from VIA Partners.**

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don’t exceed the annual maximum.

HSA CASE STUDY

- Justin is a 38-year-old single man who takes Generic Lipitor as a monthly prescription but has no other major health problems.
- He elected the HDHP and contributes \$62.50 into his HSA for a total of \$1,500 per Plan Year and receives the \$500 contribution match from his employer.
- His plan’s annual deductible is \$2,500 for individual coverage.
- Here is a look at the first two years of Justin’s HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

HSA Balance	\$2,000.00
Total Expenses:	
- 2 Office visits/Labs: \$450	-\$450.00
- Prescription drugs: \$108.72	-\$108.72
- Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 2	\$1,441.28
HSA Balance with Rollover	\$3,441.28
Total Expenses:	
- 3 Office visits/Labs: \$600	-\$600.00
- Prescription drugs: \$164.85	-\$164.85
- Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 3	\$2,674.43

Flexible Spending Accounts (FSA)

IF YOU ELECTED THE HIGH DEDUCTIBLE HEALTH PLAN YOU ARE NOT ELIGIBLE FOR THE MEDICAL FSA.

FSA = PPO OR NO MEDICAL PLAN SELECTED

FSA Dependent IS OPEN TO ALL

VIA Health Partners continues to offer Health Care and Dependent Care Flexible Spending Accounts (FSAs), administered by Flores. FSAs allow you to pay for eligible health care and dependent care expenses with pre-tax dollars which can increase your take-home pay. The Dependent Care FSA is offered to everyone, no matter what medical plan you may be covered under, through VIA Health Partners or elsewhere.

There are two types of FSAs to choose from:

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents.

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

2024 IRS Contribution Limits	Minimum	Maximum	Rollover
Health Care FSA	\$100	\$3,200	\$640
Dependent Care FSA	\$100	\$5,000 (or \$2,500 if married and filing separately)	N/A

FSA Rollover: VIA Health Partners allows participants to carry over up to \$640 in unused money in the Health Care FSA at the end of the plan year to be used to reimburse expenses incurred during the next plan year. Any amount in excess of \$640 will be forfeited, so plan accordingly.

[Click on images below for more information on Flexible Spending Account \(FSA\)](#)



IMPORTANT INFORMATION YOU NEED TO KNOW

- The Flores MasterCard provides a high level of fraud protection
- Can be issued in spouse or dependent name (vs. employee only)
- Pay attention to communications received from Flores – via mail or email
- Your current MasterCard will be reloaded with your 2024-2025 pledged amount. If expired, you will be mailed a new card.

Medical Costs – Effective November 1, 2024

Based on 24 payroll deductions

The benefits you receive as an employee of VIA HP are a significant part of your overall compensation package. VIA HP continues to contribute a substantial amount towards the cost of the medical premiums.

PPO Medical Plan	Employee Cost Non-Tobacco	Employee Cost Tobacco
Employee Only	\$94.00	\$144.00
Employee + Spouse	\$332.00	\$382.00
Employee + One Child	\$155.00	\$205.00
Employee + Child(ren)	\$200.00	\$250.00
Family	\$410.00	\$460.00

HDHP Medical Plan	Employee Cost Non-Tobacco	Employee Cost Tobacco
Employee Only	\$50.00	\$100.00
Employee + Spouse	\$240.00	\$290.00
Employee + One Child	\$114.00	\$164.00
Employee + Child(ren)	\$145.00	\$195.00
Family	\$292.00	\$342.00

Spousal Surcharge

- If your spouse or domestic partner is eligible for Medical insurance through their employer but you decide to enroll them into the VIA HP Medical Plan, you will pay a surcharge.
- The spousal surcharge will be an extra \$100 per pay period. Please add this amount, if applicable, to the cost listed in the table above to calculate the total cost including the surcharge.**

Tobacco Surcharge

- All tobacco users (employees) are required to pay a tobacco surcharge.
- The tobacco surcharge is \$50 per pay period for you as an individual employee.
- Employees who attest to being tobacco free will be subject to tobacco screening tests for reasonable suspicion and random selection (on a monthly basis).

VIA Health Partners is committed to helping you achieve your best health. If you think you might be unable to meet the standard for Non-Tobacco premiums, contact Human Resources at viquezr@hpccr.org or 704-602-0891 and we will work with you (and, if you wish, with your doctor) to find a program that is right for you in light of your health status.

[Click on image below for more information on Benefits Key Terms Explained](#)



Health Medical/Prescription Drugs

COMMON INSURANCE TERMS

A **PREMIUM** is the amount you pay for insurance, using pre-tax or post-tax dollars.

A **COPAYMENT (COPAY)** is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible. (e.g., \$25 for Primary Care Physician or \$50 for a Specialist for every visit) while your insurance company pays the rest.

A **DEDUCTIBLE** is the amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

COINSURANCE This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

OUT-OF-POCKET (OOP) MAXIMUM is the most you pay per Plan Year for health care expenses and applies to deductibles, flat-dollar copays and coinsurance for all covered services including cost-sharing amounts for prescription drugs.

Once this limit is met, the plan will cover all in-network services at 100% until the end of the plan year.

PPO HSA | In-Network & Out-of-Network Benefits Available

The HDHP is similar to the PPO Plan in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs.

All expenses are your responsibility until the deductible is reached, with the exception of preventive care, which is covered at 100% when you visit a physician in the network. Once the deductible is met, you are responsible for coinsurance for medical expenses and a copay for prescription drug expenses.

Enrolling in this plan allows you to contribute tax free dollars to a health savings account (HSA). Any dollars that you (and your employer) wish to contribute can be used towards any eligible medical, Rx, dental and vision expenses that you may incur while covered under the plan. See HSA section of this guide for additional details.

PPO | In-Network & Out-of-Network Benefits Available

The PPO option offers the freedom to see any provider when you need care. When you use providers from within the PPO network, you receive benefits at the discounted network cost. Most expenses, such as office visits, emergency room and prescription drugs are covered by a copay. Other expenses are subject to a deductible and coinsurance.

***OUT-OF-NETWORK** charges in the above plans are subject to reasonable and customary limitations, which means you are responsible for charges over this amount in addition to separate deductible and coinsurance. Any services received from an out-of-network provider, with the exception of a true emergency, will not be covered.

For a full glossary of terminology visit: <https://www.healthcare.gov/glossary/>



Did You Know?

- ✓ Preventive Services are covered at 100% In-Network and copays & deductibles do not apply.
- ✓ You pay less out of pocket if you receive care from an In-Network provider.



BlueCross BlueShield
of North Carolina

How do I find an In-Network Provider?

In-Network providers can be found on your provider's website www.blueconnectnc.com under "Find a Doctor". Select Group Health Plans (Blue Options).



General Medical

24/7 access to doctors from anywhere



Talk to a U.S.-licensed doctor for non-emergency conditions 24/7 from anywhere you are. We treat:

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more

How it works:

- 1 Download the app, go online or call us to set up your account or log in
- 2 Complete or update a brief medical history
- 3 Request a visit and talk to a doctor within minutes



Learn more
Teladoc.com



Mental Health

Confidential therapy
from wherever you are



Talk to a therapist or psychiatrist seven days a week (7 a.m. to 9 p.m. local time) from wherever you are. We treat:

- Anxiety
- Depression
- Not feeling like yourself
- Marital issues
- Stress
- And more

How it works:

- 1 Download the app or go online to set up your account or log in
- 2 Complete a brief mental health questionnaire
- 3 Schedule an appointment with the therapist or psychiatrist of your choosing



Learn more
Teladoc.com/Therapy

YOUR TELEHEALTH SERVICES

Common Questions About Dermatology

What is dermatology?

Teladoc's dermatology service gives you national access to board-certified dermatologists through a secure website or mobile device. You'll receive a diagnosis, personalized treatment plan and appropriate prescriptions — allowing you to avoid lengthy waits for appointments and time-consuming trips to the doctor's office.

How does the telehealth dermatology service work?

Simply choose Dermatology from the medical options on Teladoc's patient dashboard. After answering a few basic questions and providing a brief medical history, upload photos of your skin, nail or hair condition. In two days or less, you'll receive a diagnosis and treatment plan via email or secure message from a board-certified dermatologist, which will include prescriptions if necessary.

Can I ask follow-up questions?

Follow-up questions can be directed to the provider within seven days of the initial visit. All treatment plans will be communicated through email and your secure message center.

What types of images should I upload?

Appropriate image file types include JPEG, GIF and PNG (15MB max per image).

Can I address more than one condition when I request a visit with a dermatologist?

You should limit your request for a visit to one medical condition at a time.

Who can use telehealth dermatology services?

Any adult can use the service. Minors under the age of 18 can be seen with parent or guardian consent.

What conditions can be treated?

The dermatologists are trained to diagnose and treat over 3,000 medical conditions affecting the skin, hair and nails.

Can patients see a dermatologist for an emergency skin, hair or nail issue?

The dermatology services are not to be used in the event of an emergency. In case of a medical, life-threatening emergency, dial 911 immediately.

If the dermatologist has additional questions, how will I be notified?

The physician will send you a message via email and through your message center asking for further clarification. You can choose how you are alerted that a new message is in your message center (i.e., text or email).

How much will I have to pay per visit?

You will only be responsible for your vendor telehealth cost share at the time of service. Teladoc accepts most major credit and debit cards, and it's a qualified expense for HSAs, HRAs and FSAs.

Dermatology Consultation Fee

Dermatology Services Copay	\$10
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The fees noted are the most you will pay for a service. Some plans will have a copay or deductible and coinsurance based on what your employer has chosen. Once you register, your Teladoc portal will reflect the correct cost share for your plan.

I have a question that isn't listed here. What should I do?

For questions about Teladoc, visit [Teladoc.com](https://www.teladoc.com) or call **1-800-835-2362 (1-800-TELADOC)**.

Teladoc is an independent company that is solely responsible for the telehealth services it is providing. Teladoc does not offer Blue Cross or Blue Shield products or services. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations and exclusions. Telehealth services are not a substitute for emergency care.

Teladoc does not replace your primary care doctor and is not an insurance product. Teladoc is subject to state regulations. Teladoc does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc does not guarantee patients will receive a prescription. Health care professionals using the platform have the right to deny care if, based on professional judgment, a case is inappropriate for telehealth or for misuse of services. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. For complete terms of use, visit member.teladoc.com/terms/terms_of_use.

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**BlueCross BlueShield
of North Carolina**



VIA Health Partners dental plans will be administered by Blue Cross Blue Shield of North Carolina. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Please note: The Dental plan will continue to run on the Plan year.

(November 1st through October 31)

Services	BCBSNC LOW Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Deductible Individual / Family	(Type B Services) \$50 / \$150	
Plan Year Maximum	\$1,000 per covered member	
Usual, Customary & Reasonable (UCR)	Negotiated Fee	90th Percentile
Type A- Preventive Services (oral exams, bitewing x-rays, fluoride treatments (to age 14), sealants (to age 16), space maintainers and emergency palliative treatment)	Covered at 100%	100% covered UCR
Type B- Basic Services (X-rays, fillings, extractions, endodontics, periodontics, injections and genetic testing)	20% after deductible	20% UCR after deductible
Type C- Major Services	Not Covered	
Services	BCBSNC HIGH Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Deductible Individual / Family	(Type B Services) \$50 / \$150	
Plan Year Maximum	\$2,000 per covered member	
Usual, Customary & Reasonable (UCR)	Negotiated Fee	90th Percentile
Type A- Preventive Services (oral exams, bitewing x-rays, fluoride treatments (to age 14), sealants (to age 16), space maintainers and emergency palliative treatment)	Covered at 100%	100% covered UCR
Type B- Basic Services (X-rays, fillings, extractions, endodontics, periodontics, injections and genetic testing)	0% after deductible	20% UCR after deductible
Type C- Major Services (Crowns, veneers, dentures, implants)	40% after deductible	50% UCR after deductible
Type D- Orthodontia (to age 19)	50% (no deductible) Maximum- \$1,000Lifetime	

*Out of network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services with geographic areas for the insurance company.

VIA Health Partners vision plan is administered by Blue Cross Blue Shield of NC (BCBSNC) Blue 20/20. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Vision Plan		
Services	In-Network (You Pay)	Out-of-Network* (You Pay)
Comprehensive Eye Exam	\$10 copay	Up to \$39 allowance
Standard Lenses (instead of contacts) <ul style="list-style-type: none"> - Single - Bifocal - Trifocal - Lenticular 	\$25 copay \$25 copay \$25 copay \$90 copay	Up to \$25 allowance Up to \$39 allowance Up to \$63 allowance Up to \$63 allowance
Frames (instead of contacts)	Plan pays 100% up to \$130, then 20% discount off remaining balance	Up to 50% of in-network allowance
Contact Lenses (instead of glasses) <ul style="list-style-type: none"> - Elective (conventional) - Elective (disposable) - Medically Necessary** 	\$130 allowance, then 15% discount on remaining balance \$130 allowance Plan pays 100%	Up to 80% In-Network allowance Up to 80% In-Network allowance Up to \$200 allowance
Frequency <ul style="list-style-type: none"> - Exam - Lenses - Contacts - Frames 	Based on Date of Service 12 months 12 months 12 months 24 months	

*Out-of-network amounts are reimbursed to member.

** Contact lenses may be deemed medically necessary when vision cannot be corrected with glasses due to extreme vision problems, contact lenses will be deemed elective when vision can be corrected by glasses, but contacts are worn.



Dental and Vision Costs Per Pay Period

BCBSNC Dental Plan	Low Plan	High Plan
Employee Only	\$9.00	\$17.00
Employee + Spouse	\$18.00	\$32.00
Employee + One Child	\$23.00	\$37.00
Employee + Child(ren)	\$25.00	\$40.00
Family	\$34.00	\$52.00

BCBSNC Vision Plan	Employee Cost (Reduction)
Employee Only	\$3.03
Employee + Spouse	\$5.76
Employee + One Child	\$4.50
Employee + Child(ren)	\$7.58
Employee + Family	\$8.91

[Click on images below for more information on your dental and vision](#)



The Well Hub at VIA Health Partners



At VIA Health Partners, your overall health and well-being is our utmost concern and top priority. And it's why we take an extensive and holistic approach to employee wellness.

- We offer an extensive FREE and CONFIDENTIAL Employee Assistance Program (EAP) for you and your family.
- We devote a portion of our recognition and communication platform, **The Well Hub**, to all things wellness. Here you will find valuable information and resources to maintain or jump start your road to living a healthier you-- whether it is financial, mental, spiritual, or physical well-being.
- Throughout the year, you'll have the opportunity to participate in wellness challenges where you can feel better, win valuable prizes, and have the satisfaction of taking control of your overall wellbeing.

For more information, contact Rachel Viquez at ViquezR@hpccr.org

We are committed to helping you achieve your best health. Rewards for participating in the Well Hub programs/challenges are available to all employees. If you think you might be unable, at any time, to meet a standard for reward under this program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources at ViquezR@hpccr.org or 704-602-0891 and we will work with you (and if you wish, your physician) to find a wellness program or challenge with the same reward that is right for you.



EAP & Work-Life Services

An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. It's confidential and free to you and your household family members.

Help is available 24/7/365 at 800.633.3353.

Access Your EAP & Work-Life Services

There are two ways to access your EAP and work-life services: Call 800.633.3353 or Visit mygroup.com | Click on My Portal Login | Work-Life | Username: **hpccr** | Password: **guest**

Assessment and Counseling

Help is available 24/7/365 through our toll-free number. When employees and family members call the EAP, they are offered a face-to-face counseling session in which a thorough assessment can be conducted by a licensed, experienced clinician in their area. Reasons to use the EAP include: marital difficulties, parenting, stress, depression, work-related concerns, alcohol and drug use/abuse, grief and loss, or preventative.

Online Services

- English and Spanish sites available
- 7 content divisions: Parenting, Aging, Balancing, Thriving, Living, Working, and International
- Monthly Online Seminars and eLearning courses with certificates of completion
- Searchable databases and resource links for child care providers, elder care and related services, adoption resources, attorneys, certified financial planners, pet sitting, private and public high schools and colleges, and volunteer opportunities
- Over 100 streaming audio files and 100 video files covering a range of health topics
- Savings Center: discount shopping program offering up to 25% discounts on name-brand items
- Relocation Center: an interactive program that allows users to preview communities across the U.S.

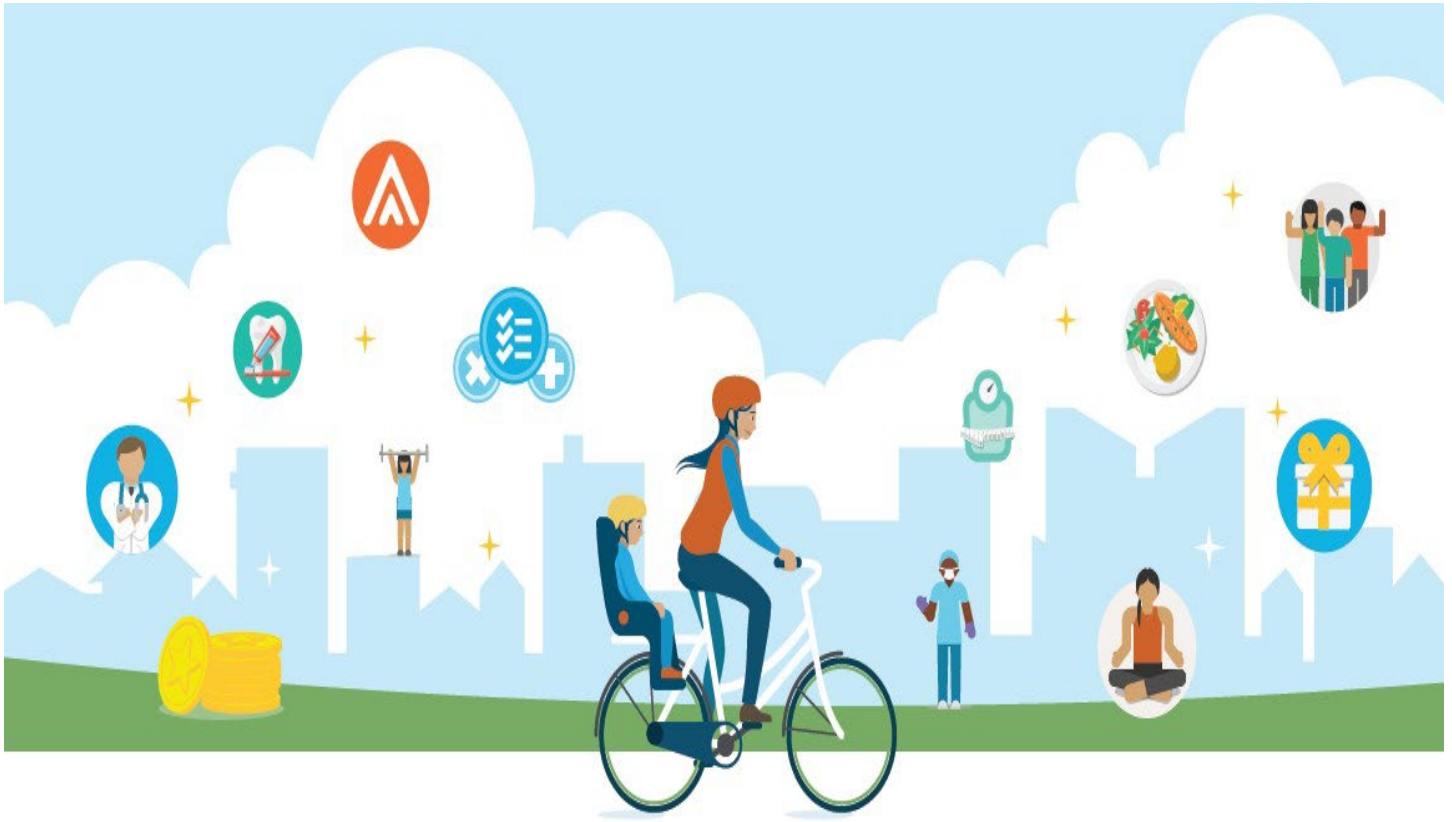
Legal Services

- Free telephonic legal advice
- Free 30-minute appointment for legal consultation with a local attorney
- In most cases, 25% discount on ongoing legal services
- Legal forms available to download (such as wills, request for death certificate, etc.)
- Online legal encyclopedia
- Does not cover disputes or actions involving employer, EAP or business issues

Financial Services

- Free financial counseling appointments
- Issues addressed include bankruptcy, budgeting, buying a home, college savings, retirement planning
- Educational materials and financial worksheets provided prior to appointments
- 40 financial calculators available online
- ID theft recovery through credit monitoring
- Discounted credit reports

mygroup.com | 800.633.3353



Your Journey to Better Health Begins Here

We're excited to welcome you to your new wellness portal, powered by Rally Health, which makes it easy to build lasting healthy habits through small, everyday steps.

Within the portal, you'll find personalized activities and resources tailored to help you hit your goals. Plus, you can earn sweet rewards along the way. But that's not all. You can also join in community-wide Challenges and conversations based on your interests, enjoy wellness on the go with the mobile app and track your progress.

Learn more about how to get started and make the most of your wellness experience ...



[BlueCrossNC.com](https://www.BlueCrossNC.com)



RALLY

Rally Health: Get Started

BlueConnect



1

Register on Blue Connect and create your Rally profile.

Once your plan begins, you'll start on Blue Connect, your health plan member site – a critical part of your health and wellness journey. From there, you'll sign up for the wellness portal on Rally and set up your profile.



2

Take the Health Survey.

Once you've logged in to the wellness portal, your experience begins with an easy, fun Health Survey designed to help you better understand your overall health. After you complete the survey, you'll receive your Rally Age, a number that indicates how your health age compares with your actual age and gives you a snapshot of your overall health.



3

Get personalized recommendations.

Your Health Survey helps tailor your wellness portal recommendations for programs, activities, resources and Communities that can help you achieve your goals.

Count on the name trusted for over 85 years



RALLY



4

Choose healthy activities to hit your goals.

Build good health habits by completing wellness activities available on Rally. The wellness portal also makes it easy to take your pick from a wide variety of Missions and Challenges to help improve your fitness, diet, even your mood. Compete against friends and others on the portal or set goals just for yourself.

5

Get rewarded for getting healthy.

By taking healthy actions and achieving your goals, you'll earn rewards in the form of Rally Coins – virtual currency that can be spent within the wellness portal on healthy discounts in the Marketplace, Sweepstakes, Auctions and Donations.

6

Dive into Communities.

Communities are one of the most popular features on the wellness portal, where you can interact with other members in a positive, friendly environment. From diet and fitness to sleep, back pain and even relationships, members can share their experiences and offer tips, motivation and support.

Count on the name trusted for over 85 years



RALLY



REWARD YOURSELF and improve your health

With the new wellness program from Blue Cross and Blue Shield of North Carolina (Blue Cross NC), you can now get rewarded with Rally® Coins on your journey to better health. Whether you're logging in to the wellness portal or participating in Missions and Challenges, you can earn this virtual currency to spend in the portal on lots of fun products and discounts.

How it works

Here's what happens when you have a rewardable activity waiting for you:

- 1 Get an alert when an activity is waiting.**
We'll notify you by mail, email and/or SMS (if opted in) about available activities.
- 2 View your available activities.**
Go to BlueConnectNC.com to access your wellness portal on Rally and see your available activities.
- 3 Select an activity to complete.**
Read each activity and how to complete it to qualify for Rally Coins.
- 4 Earn Rally Coins.**
Once we see the activity is completed, we'll deposit Rally Coins into your Coins Balance in the wellness portal. You can visit the Rewards page to check your Coins balance at any time.*
- 5 Enjoy your reward!**
Cash in your Coins for discounts on fitness trackers and more, bid on rewards at auctions, use them to enter a sweepstakes or help a charity – all from your wellness portal.



* Please allow up to 6 weeks for processing for some activities, especially when claims are involved. However, rewards often are deposited more quickly.

Rally Health is an independent company that is solely responsible for the services it provides. Rally Health does not offer Blue Cross or Blue Shield products or services.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the number on the back of your card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield symbols are registered marks of the Blue Cross and Blue Shield Association, an association of Blue Cross and Blue Shield plans. All other trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. UM0106, 4/22



BlueCrossNC.com



**BlueCross BlueShield
of North Carolina**

Life and AD&D Insurance

Basic Life Insurance

VIA Health Partners provides full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through Prudential. Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	\$50,000
Basic AD&D Amount	Matches Employee Life Amount
Age Reduction Schedule	35% at age 70 50% at age 75

Voluntary Life and AD&D Insurance

VIA Health Partners offers employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through Prudential. You may elect Voluntary Life & AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage to age 19 if unmarried or to age 26, if a full-time student and unmarried.

If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage now, or you are increasing your coverage to an amount that exceeds either \$50,000 or the guarantee issue amount, you will need to complete an Evidence of Insurability form. Coverage is subject to approval by Prudential and may be denied.

Benefit	Voluntary Life and AD&D Insurance	Voluntary Life and AD&D Insurance		
Employee	\$10,000 increments up to the greater of 7x annual earnings or \$500,000	Age	Employee (per \$10,000)	Spouse rate, based on EE age (per \$5,000)
Employee Guarantee Issue Amount	\$250,000	< 39	\$0.48	\$0.24
Spouse	\$5,000 increments not to exceed 100% of employee's life amount or \$500,000	40-44	\$0.93	\$0.465
Spouse Guarantee Issue Amount	\$25,000	45-49	\$1.18	\$0.59
Unmarried Child(ren) to age 19 or age 26 if Full Time Student	\$2,000 increments up to \$10,000	50-54	\$2.08	\$1.04
Age Reduction Schedule	35% at age 70 50% at age 75	55-59	\$3.78	\$1.89
		60-64	\$5.48	\$2.74
		65-69	\$8.98	\$4.49
		70-74	\$15.58	\$7.79
		75+	\$60.45	\$30.23
		Child Rate per	\$0.139	

Short-Term Disability

Short-Term Disability

VIA Health Partners provides all full-time eligible employees with Short-Term Disability Benefits administered through Prudential. There is no cost to you for this valuable coverage. Disability benefits protect a portion of your income in the event of any injury, accident or illness that keeps you from working.

Benefits are provided in the event of becoming disabled for more than 14 days due to a non-work-related injury or illness. The plan pays 60% of an eligible employees' pre-disability base weekly earnings, to a maximum of \$500 per week for a qualified disability.

Benefit Detail	Short-Term Disability
Benefits Begin	After 14 days for accident or illness
Benefits Duration	11 weeks
Benefit Percentage	60% of weekly income (pre-disability earnings to include base wages & shift differential pay)
Maximum Benefit	\$500 per week



[Click on images below for more information on Short-Term Disability \(STD\)](#)



Long-Term Disability

Voluntary Long-Term Disability

Voluntary Long-Term Disability (LTD) Benefits provide continued protection if you are still deemed disabled when STD benefits are exhausted.

Employees have the option to purchase Voluntary Long-Term Disability (LTD) Benefits through Prudential. Benefits are provided on the 91st day of disability. Income loss is replaced at 50% of your base monthly earnings, to a maximum of \$6,000 per month for a qualified disability.

If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage now you will need to complete an Evidence of Insurability form. Coverage is subject to approval by Prudential and may be denied.

Benefit Detail	Voluntary Long-Term Disability
Elimination Period	90 days
Benefits Duration	5 years (age schedule)
Benefit Percentage	50% of monthly income
Maximum Benefit	\$6,000 per month
Definition of Disability	2 years own occupation, thereafter any occupation
Pre-Existing Conditions	3/12

A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the **3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first **12 consecutive months** of coverage.*

Voluntary Long-Term Disability	
Employee Age	Rate per \$100 of
< 25	\$0.08
25-29	\$0.08
30-34	\$0.15
35-39	\$0.15
40-44	\$0.32
45-49	\$0.43
50-54	\$0.57
55-59	\$1.13
60-64	\$1.54
65-69	\$0.95
70+	\$0.95

[Click on images below for more information on Long Term Disability \(LTD\)](#)



Voluntary Critical Illness

VIA HP provides eligible full-time employees with the opportunity to purchase Critical Illness Insurance through Prudential. You pay the full cost of this coverage. Critical Illness insurance helps you cover the costs associated with being diagnosed with a specified condition. The table below outlines some of the conditions that are covered, as well as the benefit amount. The benefit is paid as a lump sum to you. Wellness benefits \$75 benefit, payable once per Plan Year for each covered person if person receives one of the specified health screening tests while not confirmed in a hospital. Refer to certificate for details. Contact HR for wellness claim form. *Note: If you have both Critical Illness and Accident coverages you may file for the Wellness Benefit under each of the plans.*

Insurance Schedule	
Employee	Units of \$1,000; \$5,000 minimum; \$50,000 maximum
Spouse	Units of \$1,000; \$5,000 minimum; \$30,000 maximum
Child: eligible for coverage to age 19 if unmarried or to age 26, if a full-time student and unmarried	25% of Employee Coverage Amount (Automatic coverage with EE coverage and no Health Questions)
Guaranteed Issue Limits	
Employee	\$20,000
Spouse	\$5,000 or 60% of the Employee amount, whichever is less

Plan Detail	Coverage Percentage	Max Coverage/Category
Heart Attack	100%	100%
Cancer in Situ (partial benefit)	25%	
Invasive Cancer	100%	
Child Conditions (Structural defects, genetic disorders, congenital metabolic disorders)	Down Syndrome, Cerebral Palsy, Cystic Fibrosis, Spina Bifida, Cleft Lip/Palate	100%

Rates per \$1,000 (based on 24 pay periods) Spouse rate is based on EE Age	Employee/Spouse Non-Tobacco User	Employee/Spouse Tobacco User
Under Age 24	\$0.190 / \$0.215	\$0.194 / \$0.221
25-29	\$0.224 / \$0.231	\$0.233 / \$0.245
30-34	\$0.268 / \$0.257	\$0.290 / \$0.292
35-39	\$0.352 / \$0.319	\$0.403 / \$0.404
40-44	\$0.496 / \$0.450	\$0.611 / \$0.651
45-49	\$0.690 / \$0.688	\$0.946 / \$1.118
50-54	\$0.919 / \$1.001	\$1.423 / \$1.775
55-59	\$1.197 / 1.439	\$2.061 / \$2.729
60-64	\$1.646 / 2.085	\$3.103 / \$4.216
65-69	\$2.259 / NA	\$4.514 / NA

Voluntary Accident

VIA Health Partners provides eligible full-time employees with the opportunity to purchase Accident Insurance through Prudential. You pay the full cost of this coverage. Accident Insurance helps you cover the costs associated with being in a covered accident. The table below highlights some of the accidents and conditions that are covered, as well as the benefit amount. This benefit is paid as a lump sum to you.

Wellness benefits \$75 benefit, payable once per Plan Year for each covered person if person receives one of the specified health screening tests while not confirmed in a hospital. Refer to certificate for details. Contact HR for wellness claim form.

Note: If you have both Accident and Critical Illness coverages you may file for the Wellness Benefit under each of the plans.

Benefit Category	Condition	Payout
Emergency Care	Ambulance / Air Ambulance	\$400 / \$1,500
	Emergency Room	\$150
Treatment Care	Hospital Admission	\$1,000
	Hospital Confinement (Daily)	\$200
	Intensive Care Unit (Daily)	\$200
Fractures (Per Fracture)	Per Fracture	Up to \$7,500
Dislocations	Dislocations (Separated Joints)	Up to \$6,000
Surgery	Knee Cartilage– torn with surgical repair	\$750
	Abdominal	\$1,500

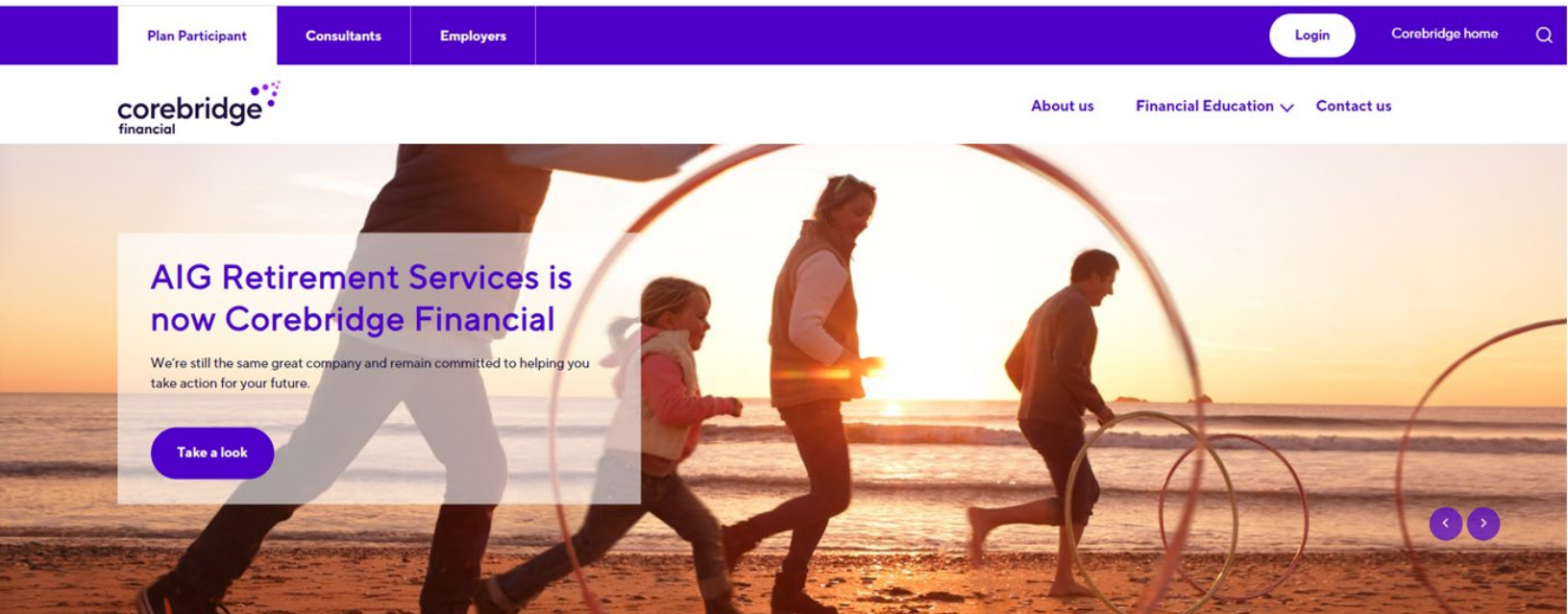
Rates (based on 24 pay periods)	
Employee Only	\$5.46
Employee + Spouse	\$8.70
Employee + Child(ren) *	\$9.94
Employee + Family	\$15.60

* Dependent children are eligible for coverage to age 19 if unmarried or to age 26, if a full-time student and unmarried.

Retirement Plan Highlights

VIA Health Partners has adopted the VIA Health Partners Savings and Incentive Partnership Plan to help its employees save for retirement. If you are an employee of VIA Health Partners, whether you are Full Time, Part Time or PRN, you are entitled to participate in the Plan.

It is also important to note that you can enroll at any time (and manage your account), simply by logging onto corebridgefinancial/rs.com.



You have been provided a Summary Plan Description (“SPD”) which is designed to help you understand the retirement benefits provided under the Plan and your rights and obligations with respect to the Plan. The SPD contains a summary of the major features of the Plan, including the amount of benefits you are entitled to as a Plan participant, when you may receive distributions from the Plan, and other valuable information you should know to understand your Plan benefits. We encourage you to read your SPD and contact Human Resources if you have any questions regarding your rights and obligations under the Plan.

Type of Plan. This Plan is a special type of retirement plan commonly referred to as a 403(b) plan. Under the Plan, you may elect to have a portion of your salary deposited directly into a 403(b) account on your behalf. This pre-tax contribution is called a “Salary Deferral.” As a pre-tax contribution, you do not have to pay any income tax while your Salary Deferrals are held in the Plan, and any earnings on your Salary Deferrals are not taxed while they stay in the Plan.

This Plan is a defined contribution plan, which is intended to qualify under Section 403(b) of the Internal Revenue Code. As a defined contribution plan, it is not covered under Title IV of ERISA and, therefore, benefits are not insured by the Pension Benefit Guaranty Corporation.

Retirement Plan Highlights - continued

Matching Contributions

VIA Health Partners is authorized under the Plan to make a Matching Contribution on behalf of eligible Plan participants. A Matching Contribution is an Employer Contribution that is made to participants who make Salary Deferrals to the Plan. If you satisfy all of the eligibility requirements described in Article 5 of your SPD for Matching Contributions and you make Salary Deferrals to the Plan, you will receive an allocation of any Matching Contributions we make to the Plan, in accordance with the matching formula described below.

Employer Matching Contribution shall be made at a rate of \$0.50 for each dollar of Employee Contribution up to 6% of earnings.

Limit on Eligible Contributions

In determining the amount of Matching Contributions, you are entitled to under the Plan, only a certain amount of your contributions are taken into account. For this purpose, any contributions you make above 6% of Plan Compensation will not be eligible for a Matching Contribution. Thus, if you make contributions in excess of 6% of Plan Compensation, you will not receive a Matching Contribution with respect to those contributions.

[Click on images below for more information on the 403b](#)



Paid Time Off (PTO)

VIA Health Partners offers a generous Paid Time Off (PTO) benefit. This benefit is available to all full-time and part-time staff. Employees will accrue PTO for hours paid which include regular, jury duty, PTO, and funeral leave.

The benefit is based on your years of service. The PTO benefit is outlined below.

Years of Service	PTO Days Earned Per Year (at 40 hours per week)	PTO Hours Earned Per Hour Paid
Up to 5 years	28	0.1077
5-9 years	33	0.1269
10-14 years	37	0.1423
15+ years	40	0.1538

Company Holidays

VIA Health Partners is pleased to observe the following six Holidays **on the actual day of the holiday**:

New Year's Day

Memorial Day

Independence Day (Fourth of July)

Labor Day

Thanksgiving Day

Christmas Day

Contact Information

Service	Contact	Phone Number	Website
Human Resources	Jennifer Phillips Margaret Harris Cindy Tilley	704-335-4321 704-887-6415 704-335-3503	phillipsj@hpccr.org harrism@hpccr.org tilleyc@hpccr.org
Medical Plan or Prescription Drugs	BlueCross BlueShield of North Carolina Grp # 14164342	888-206-4697	www.blueconnectnc.com
Flexible Spending Account (FSA) Health Savings Account (HSA)	Flores	800-532-3327	www.flores247.com
Dental	BCBSNC Grp # 14164342	888-532-3327	www.blueconnectnc.com
Vision	BCBSNC Blue 20/20 Grp# 14164342	855-400-3641	www.blue2020nc.com or www.eyemedvisioncare.com/bsbsnc (Access Network)
Life or Disability	Prudential Disability	800-842-1718	www.prudential.com/personal/workplace-benefits
	Prudential Life Insurance	800-524-0542	
	Voluntary Critical Illness	877-920-4778	
	Voluntary Accident	877-920-4778	
Retirement Plan	CoreBridge	800.448.2542	Corebridge Financial

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