



2020



Benefits Enrollment Overview

Your Benefits Your Choice

We are glad to be able to provide this summary* of Novant Health's benefits program that, now or later, will be of real value to you and your family. For more detailed information, please visit the Benefit Resource Center at NovantHealth.org/benefits.

With Flexible Benefits, you make selections for medical, dental and life insurance coverage for yourself and your family. Short-term and long-term disability benefits add an extra measure of protection. You have the opportunity to save taxes on certain health care and dependent care expenses through Flexible Spending Accounts. And to help provide an income in your retirement years, there is a 403(b) retirement plan - Retirement Plus.

2020 Benefits enrollment

When and how to enroll:

New hires and/or team members experiencing a change in their employment status that allows for enrollment in, or a change to their benefits, **have 31-days to enroll** and submit required documentation if enrolling dependents in medical coverage. **Failure to enroll in benefits within 31-days will result in the default benefits package being assigned, which is basic life insurance and long term disability insurance. In addition, all other benefit elections will default to "waive."** Therefore, if you intend to have medical coverage with Novant Health, you **MUST "take action"** and actively elect a medical plan. Failure to elect a medical plan will result in you not having medical coverage with Novant Health.

There are two ways team members enroll in Flexible Benefits. The way you enroll will depend on your employment status. If you are a **new hire** to Novant Health, you will **enroll online** using self-service (Peoplesoft); and if you are a team member **experiencing a change in your employment status**, you will be provided with an **individualized enrollment form** that you will complete and return.

- **New hires - if completing your enrollment at work**
 - From the I-Connect homepage, select **Tools and Services > team member services > Self service (Peoplesoft)**
 - Enter your **User ID** (6-digit employee ID number)
 - Enter **Password** (previously created in Password Management)
 - The **Employee Service** page opens. Under Main Menu, select **Self service > Benefits > Benefits Enrollment**.
- **New hires - if completing your enrollment from home**
 - From the internet, enter **novanthealth.org** in your browser's address bar. Scroll to the bottom of the web page and select team member connections.
 - Under **Remote access**, select **Self service**. The **Novant Health Secure Access Service** screen appears.
 - **Note: When accessing Self service from home, you will need to Sign In on 2 different login screens.**
 - At the **1st login** screen, enter:
 - **User ID** - 6 digit Employee ID (i.e. 123456)
 - **Password** - your password created in Password Management
 - **Server** - select **Employee Self service** from the drop down menu
 - Click **Sign in**
 - At the **2nd login**, enter:
 - **User ID** - 6-digit employee ID (i.e. 123456)
 - **Enter Password** previously created in Password Management
 - **The Employee Service** page opens. Under Main Menu, select **Self service > Benefits > Benefits Enrollment**.

If you have questions or require assistance, please contact the DPS service desk at 1-866-966-8268.

Preparing for your enrollment:

Please be prepared with information for yourself, your dependents and your life insurance beneficiaries, including full names, dates of birth and Social Security numbers. Note: If you will be enrolling dependents in the Novant Health medical plan, you must provide documentation as noted below:

- **Spouse:** Copy of marriage certificate AND proof of joint debt/ownership. The proof of joint debt/ownership must show both the team member and spouse's names and be dated within the past 90 days.
 - **Spouse mandate for medical** (see call out box below)
 - Copy of current proof of receipt of unemployment benefits, or;
 - A letter from your spouse's employer validating they are not eligible for medical coverage through their employer, or;
 - 2018 or 2019 Federal Income tax return that verifies spouse is self-employed, retired, disabled or unemployed.
- **Children** (up to age 26)
 - Copy of front page of current federal tax return that includes the child(ren) being enrolled (you may black out/remove all financial information and all but the last 4 of the Social Security Number)
 - If child(ren) are not listed on your tax return, you must provide a copy of the birth certificate showing the team member's name.

Questions? You can submit a request via HR Connect, or call the HR Service Center at 1-800-890-5420.

When coverage begins

If a new hire: Flexible benefits begin on the first day of the month following one full month of employment.

If a team member with an employment status change or a new hire via a physician practice affiliation: Flexible benefits take effect on the date of the employment status change and/or practice affiliation.

Spouse mandate for medical coverage

If your spouse is employed, and where they work they **are eligible** for employer sponsored group medical coverage, they cannot be enrolled in the Novant Health medical plan. However, if your spouse is self-employed, unemployed/retired/disabled, or their employer does not offer group medical coverage to its employees, your spouse may be eligible for medical coverage with Novant Health. Satisfactory documentation that verifies a spouse is not eligible for group medical coverage somewhere else is required before a spouse is enrolled in Novant Health medical coverage. **The spouse mandate requirement only applies to medical.** A spouse can be enrolled in dental, vision and life insurance regardless of eligibility for these plans somewhere else.

Medical benefits

You can choose from three medical plan options – the Cigna premium and standard plans or the Bind medical plan. All three plans include prescription drug coverage through WellDyneRx and have out-of-pocket maximums that place a cap on what you pay for covered services in a plan year.

Cigna

The **Cigna premium and standard plans** require higher team member contributions per paycheck and have deductibles, copays, and coinsurance.

Premium plan participants in certain coverage tiers receive an initial employer-funded health reimbursement arrangement (HRA)* deposit; however, both plans include the opportunity to earn money in an HRA through the wellness incentive.

If you choose the Premium Plan, an amount of money is allocated to your HRA. The amount depends on the effective date of your coverage as well as the coverage tier.

Your Coverage Effective Date Falls Between	Employee Only	Employee / Child(ren)	Employee / Spouse	Family
Jan. 1 through Mar. 31	\$0.00	\$375.00	\$450.00	\$750.00
Apr. 1 through Jun. 30	\$0.00	\$281.25	\$337.50	\$562.50
Jul. 1 through Sept. 30	\$0.00	\$187.50	\$225.00	\$375.00
Oct. 1 through Dec. 31	\$0.00	\$93.75	\$112.50	\$187.50

Bind

Bind is a \$0 deductible health plan that is entirely copay based. The Bind plan keeps 31 plannable procedures out of its core coverage to keep paycheck contributions low, but you can add them at anytime during the year when and if you need them.

If you intend to have medical coverage, you MUST elect a medical plan. Failure to elect a plan will result in you NOT having medical coverage.

**Team members who select the Premium Plan and who have a base annual salary greater than \$150,000 do not receive a fixed contribution to the HRA.*

Accident insurance

Accident insurance pays a benefit directly to you if you or an eligible dependent suffer a covered injury. This benefit can help cover out-of-pocket expenses related to these injuries – such as hospitalization, physical therapy, transportation and more. There are no health questions or physical exams required.

Coverage is portable. You can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

For questions and to learn more, please call a You Decide Consumer Advisor at 1-800-923-4609.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

Critical illness insurance

Critical illness insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. You choose the benefit amount when you enroll. Coverage is portable. You can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions. For questions and to learn more, please call a You Decide Consumer Advisor at 1-800-923-4609.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

Dental benefits

The dental plan is administered by MetLife and offers in network and out-of-network coverage. Preventive care is covered at 100%, basic care at 80% and major restorative services at 50%. Orthodontia is covered at 50% for **children and adults** and provides a **lifetime orthodontia maximum of \$1,500** per covered patient.

Vision benefits

The vision plan is administered by MetLife and covers annual eye exams, lenses and frames, or contact lenses in lieu of eyeglasses. Many in-network services are covered in full or require a copay, and a plan allowance is associated with many out-of-network services. Discounts are available on laser vision correction, additional glasses and sunglasses and on lens enhancements.

Flexible spending accounts

Flexible spending accounts (FSAs) allow you to set aside pre-tax money to pay for eligible out-of-pocket health care or dependent care expenses. The health care FSA, administered by Discovery Benefits, allows you to set aside up to \$2,700 for eligible expenses, and the dependent care FSA allows you to set aside up to \$5,000 (\$2,500 if married and filing separately) for child care or adult dependent care expenses. Be sure to calculate your expenses conservatively. IRS regulations require that you forfeit any money left in the account after the claims submission deadline.

Basic life

Novant Health provides 1x your base pay in basic life insurance, at no cost to you, up to a maximum coverage amount of \$1,000,000. Enrollment is automatic. Please be sure to enter beneficiary information into self-service.

Supplemental life and AD&D insurance

You may choose to purchase supplemental life and AD&D insurance in addition to the company-paid life insurance benefit. Supplemental life insurance can be purchased in the following increments:

1x base pay, 2x base pay, 3x base pay, or 4x base pay. The maximum amount of supplemental life insurance is \$500,000.

Dependent life insurance coverage options for your spouse and children are also available.

Accidental death and dismemberment coverage is available as employee only or family coverage. Coverage options range from \$25,000 to \$500,000.

Whole life insurance

Whole life insurance is designed to provide a death benefit to your beneficiaries when you pass away, but it can also build cash value that you can use while you are still living. Whole life is permanent – it never expires as long as you make the payments, which means the premiums won't go up. You can take your policy with you if you change jobs or retire.

To learn more and to enroll, call the Enrollment Center at 1-855-874-0211 to speak with a Benefits Counselor who can answer your questions and/or take your enrollment elections.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

Important benefit resources

For information about...	Call this number
Novant Health's benefits program	HR Service Center / 1-800-890-5420
Bind (medical)	1-833-997-1078
Cigna (medical)	1-800-244-6224
WellDyneRX (pharmacy)	1-855-288-5206
Novant Health Pharmacy (pharmacy)	1-888-718-9044
MetLife (dental and vision)	1-855-638-8370
Discovery Benefits (flexible spending accounts and COBRA coverage)	1-866-451-3399
Fidelity (Retirement Plus)	1-800-343-0860
Hartford (group life and disability)	1-860-843-8957
Voya (voluntary whole life insurance)	1-855-874-0211
You Decide (critical illness and accident insurance)	1-800-923-4609 Client ID: NOV668
UNUM (voluntary long-term care insurance)	1-800-227-4165

Disability

Novant Health offers short term disability*, which pays a benefit of 60% of your base pay, up to \$1,500 per week. You can select the 30-day waiting period or the 15-day waiting period.

Novant Health provides long term disability at no cost to you. The plan pays a benefit of 60% of your base pay, after a 90-day waiting period, with a maximum benefit of \$15,000 per month.

** Directors and above do not elect short term disability.*

You pay the cost of these benefits through payroll deductions. All supplemental life, AD&D, whole life and disability insurance benefits are guaranteed issue if elected within the first 31 days of eligibility. Electing outside of your initial eligibility window will require evidence of insurability.

Long-term care insurance

Whether it's due to an accident or serious illness, you or a dependent may need assistance in performing basic activities of daily living. Long term care insurance provides benefits to help pay for care provided in a long term care facility, assisted living facility or professional home care.

For questions and to learn more, contact UNUM customer service at 1-800-227-4165 or at <http://unuminfo.com/Novant/index.aspx>.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

For plan details, plan rates, and all required compliance notices, visit NovantHealth.org/benefits.

NOTE: This statement is intended to summarize the benefits you receive from Novant Health. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact your Human Resources Department.

Cigna Medical plans

	Premium plan 2020			Standard plan 2020		
Medical	Novant Health Network	Cigna Network	Out-of-network	Novant Health Network	Cigna Network	Out-of-network
Deductible — Copays do not apply to the deductible. Deductibles cross-accumulate.						
Employee only	\$680	\$1,925	\$1,925	\$850	\$2,200	\$2,200
Employee/child(ren)	\$1,000	\$2,900	\$2,900	\$1,275	\$3,300	\$3,300
Employee/spouse	\$1,200	\$3,400	\$3,400	\$1,500	\$3,850	\$3,850
Employee/family	\$1,360	\$3,850	\$3,850	\$1,700	\$4,400	\$4,400
Annual maximum	None			None		
Lifetime maximum	Unlimited			Unlimited		
Out-of-pocket maximum — Includes deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy OOP are separate limits.						
Employee only	\$2,550	\$3,600	\$6,700	\$4,200	\$4,700	\$7,800
Employee/child(ren)	\$4,000	\$5,600	\$8,700	\$6,500	\$7,300	\$10,400
Employee/spouse	\$4,500	\$6,300	\$9,400	\$7,400	\$8,200	\$11,300
Employee/family	\$5,100	\$7,200	\$10,300	\$8,400	\$9,400	\$12,500
Medical OOP limit any one member	\$2,550	\$3,600	N/A	\$4,200	\$4,700	N/A
Medical and pharmacy limit any one member	\$4,150	\$5,200	N/A	\$5,800	\$6,300	N/A
Employer-funded HRA	Fixed with salary <\$150,000	Fixed with salary >\$150,000	Wellness incentive up to	Fixed with salary <\$150,000	Fixed with salary >\$150,000	Wellness incentive up to
Employee only	\$0	\$0	\$900	\$0	\$0	\$900
Employee/child(ren)	\$375	\$0	\$900	\$0	\$0	\$900
Employee/spouse	\$450	\$0	\$1,175	\$0	\$0	\$1,175
Employee/family	\$750	\$0	\$1,175	\$0	\$0	\$1,175
All coinsurance amounts in-network and out-of-network are after the calendar year deductible, except where noted.						
Services	Novant Health Network	Cigna Network	Out-of-network	Novant Health Network	Cigna Network	Out-of-network
Hospital inpatient services	5%	20%	40%	10%	25%	40%
Hospital outpatient services	5%	20%	40%	10%	25%	40%
Physician inpatient visits	5%	20%	40%	10%	25%	40%
Physician surgery, office	\$75	20%	40%	\$85	25%	40%
Physician surgery, IP and OP	\$100	20%	40%	\$200	25%	40%
Hospital emergency room	15%	15%	15%	20%	20%	20%
Urgent care facility	\$20	20%	20%	\$35	25%	25%
PCP office services, excluding surgery	\$10	20%	40%	\$25	25%	40%
Specialist office services, excluding surgery	\$50	20%	40%	\$65	25%	40%
X-rays and lab services, including interpretation at office or OP lab facility	5% no deductible*	20%	40%	10% no deductible*	25%	40%
Advanced radiology (MRI, PET, CT), office	\$125	20%	40%	\$200	25%	40%
Anesthesia (IP or OP)	5%*	20%	40%	10%*	25%	40%
Preventive care	\$0	\$0	40%	\$0	\$0	40%
Hospital IP MH and SA	5%	5%	40%	10%	10%	40%
Physician office MH and SA	\$10	\$10	40%	\$25	\$25	40%
PT, OT and ST, no visit limit	\$10	\$25	40%	\$25	\$40	40%
Maternity, hospital	5%	20%	40%	10%	25%	40%
Maternity, physician global	\$100	20%	40%	\$200	25%	40%

For full plan information visit the benefits home page on I-Connect > Cigna summary benefit coverage

*Not all hospital-based providers at Novant Health facilities are in the Novant Health Network, so you will receive the Cigna network benefit if the hospital-based provider is not in the Novant Health Network. Novant Health is seeking to expand the number of hospital-based providers in the Novant Health Network.

2020 MotivateMe quick reference guide—all Cigna plans

Goal type	Description	Subscriber	Spouse	Timing
Health assessment	Complete a personalized health assessment on mycigna.com	\$100	\$30	4 days
Achieve a healthy outcome	BMI < 30 or improve by 10% Fasting blood sugar < 100 mg/dl LDL cholesterol ≤ 129 mg/dl Blood pressure ≤ 139/89	\$75 \$75 \$75 \$75	\$25 \$25 \$25 \$25	60-90 days
Complete preventive care appointments	Annual physical with NH network PCP Annual physical Annual OB/GYN visit Cervical cancer screen Colonoscopy (preventive or diagnostic) Mammogram (preventive or diagnostic)	\$175 \$125 \$75 \$50 \$50 \$50	\$60 \$40 \$20 \$20 \$20 \$20	30 days 30 days 30 days 30 days 2 months 2 months
Complete a screening	Skin cancer screening Prostate cancer screening	\$50 \$50	\$20 \$20	30 days 30 days
Get a flu shot	Receive flu vaccine in 2020	n/a	\$20	30 days
Telephonic lifestyle coaching	Talk to a health coach to improve: Stress Eliminate tobacco Lose weight	\$50 \$50 \$50	\$25 \$25 \$25	Varies based on goals set with the coach
Lifestyle management courses online or by phone	Complete courses: Improve your nutrition Quit tobacco Manage your stress Work towards a healthier you Maintain a positive mood Exercise for better health	\$50 \$50 \$50 \$50 \$50 \$50	\$25 \$25 \$25 \$25 \$25 \$25	10-15 days
Novant Health living healthy programs	Living healthy events —ex. wellness challenges or community walks (limit 4) Living healthy wellness webinars (limit 4)	\$75 \$75	n/a n/a	Updated quarterly

Team members can earn up to \$900 in HRA incentive dollars and spouses can earn up to \$275. Incentive awards are HRA dollars placed in your Novant Health medical plan. **To access your MotivateMe information visit myCigna.com > wellness > incentive awards.**

Biometrics—LDL values can be dated from 1/1/18 to 12/31/20 and fasting blood sugar values can be dated from 1/1/19 to 12/31/20 to apply towards 2020 incentives. BMI and BP must be submitted with a 2020 date for 2020 incentives.

Biometrics will be processed in one of the following ways:

1. If a team member and/or covered spouse sees a Novant Health provider and their information is documented in Dimensions the data will be transferred via file transfers monthly for processing.
2. If a non-Novant Health provider is seen the team member and/or covered spouse will need to have his or her provider complete a wellness screening form and submit it following the instructions on the form. The form can be located at mycigna.com > wellness > incentive awards.
3. If you do not meet a biometric outcome goal a reasonable alternative is available through myCigna.com. You can submit biometric values at any time during the 2020 calendar year.

Preventive care—Annual physicals must be submitted by a primary care provider (PCP), ob-gyn visits must be submitted by an ob-gyn provider and cervical cancer screens can be submitted by either a PCP or OB/GYN provider.

Annual physical with a NH network PCP—this goal is awarded when you complete your annual physical with a Novant Health network PCP, general medicine or internal medicine provider.

Screening exams—these goals can be submitted from a preventive care appointment OR a specialist appointment. PCPs or a specialist can submit these claims for incentives.

Living healthy programs—these can be found in our well-being portal, livehealthynovanthealth.com, and are advertised on I-Connect and in newsletters.

Novant Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-890-5420

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-890-5420

Bind medical plan

Medical	Bind medical plan 2020		
	Novant Health Network	Bind Network	Out-of-network
Deductible — there are no deductibles with the Bind medical plan			
Out-of-pocket maximum (OOP) — includes all core and add-in copay costs. Add-in payroll deduction amounts do not accumulate towards OOP maximum amounts. OOP amounts accumulate between Novant Health and Bind networks. In-network accumulates to out-of-network, but out-of-network amounts do not cross accumulate with in-network. Medical and pharmacy OOP are separate limits.			
Individual	\$3,400	\$4,400	\$8,800
Family	\$6,800	\$8,800	\$17,600
Medical OOP limit any one member	\$3,400	\$4,400	\$8,800
Medical and pharmacy limit any one member	\$5,000	\$6,000	N/A
Core Services	Novant Health Network	Bind Network	Out-of-network
Video Visit	\$30	Not covered	Not covered
E-Visit Consultation	\$30	Not covered	Not covered
Hospital inpatient services	\$1,000	\$3,000	\$6,000
Hospital outpatient services	\$800	\$2,000	\$4,000
Transplant services, inpatient	\$1,000	\$3,000	Not covered
Transplant services, outpatient	\$800	\$2,000	Not covered
Physician inpatient visits (PCP / Specialist)	Included in Hospital inpatient services		
Physician surgery, office	Most surgical fees are covered in the copay for your place of service. There are some surgeries that need to be purchased as an add-in**		
Physician surgery, IP and OP	Most surgical fees are covered in the copay for your place of service. There are some surgeries that need to be purchased as an add-in**		
Hospital emergency room	\$400	\$400	\$400
Urgent care facility	\$75	\$200	\$400
Ambulance	\$500	\$500	\$500
PCP office services, excluding surgery	\$30	\$50-\$220	\$400
Specialist office services, excluding surgery	\$70	\$50-\$220	\$400
Complex office visit	\$175	\$500	\$1,000
Complex drug administration	\$1,000	\$2,400	\$4,800
X-rays and lab services, including interpretation at office or OP lab facility	\$0	\$0	\$0
Advanced radiology (MRI, PET, CT)	\$200	\$500-\$1,500	\$3,000
Anesthesia (IP or OP)	\$0	\$0	\$0
Preventive care	\$0	\$0	\$300
Non-screening colonoscopy	\$0	\$800-\$2,000	\$4,000
Hospital IP MH and SUD	\$1,000	\$3,000	\$6,000
Physician office MH and SUD	\$30	\$30	\$400
PT, OT and ST, 60 visit limit each	\$25	\$50-\$300	\$600
Maternity, care and delivery	\$1,000	\$1,500-\$3,000	\$6,000

For full plan information visit the benefits home page on I-Connect > Bind summary benefit coverage

** "Add-in" is short for "additional insurance", which can be purchased separately and paid for via a combination of copay and payroll deductions. Add-in copay and payroll deductions are outlined in a separate schedule

Bind add-ins

Bind add-ins		Minimum member obligation				Maximum member obligation			
Category	Add-ins	*Total cost of add-in =	Copay +	Total payroll deduction	Payroll deduction amount and duration	*Total cost of add-in =	Copay +	Total payroll deduction	Payroll deduction amount and duration
Musculoskeletal	Ankle Arthroscopy and Ligament Reconstruction	\$ 850 =	\$0 +	\$850	\$50 for 17 pay periods	\$ 4,750=	\$2,200 +	\$2,550	\$150 for 17 pay periods
	Back Surgery, Cervical Spine Disc Decompression	2,500 =	0 +	2,500	100 for 25 pay periods	7,400 =	2,400 +	5,000	200 for 25 pay periods
	Back Surgery, Cervical Spine Fusion	2,400 =	0 +	2,400	100 for 24 pay periods	7,100 =	2,300 +	4,800	200 for 24 pay periods
	Back Surgery, Lumbar Spine Disc Decompression	1,700 =	0 +	1,700	100 for 17 pay periods	5,800 =	2,400 +	3,400	200 for 17 pay periods
	Back Surgery, Lumbar Spine Fusion	3,750 =	0 +	3,750	150 for 25 pay periods	7,400 =	2,400 +	5,000	200 for 25 pay periods
	Bunionectomy and Hammertoe Surgery	850 =	0 +	850	50 for 17 pay periods	3,700 =	2,000 +	1,700	100 for 17 pay periods
	Carpal Tunnel Procedure	800 =	0 +	800	50 for 16 pay periods	3,800 =	2,200 +	1,600	100 for 16 pay periods
	Ankle and Foot Bone Fusion	900 =	0 +	900	50 for 18 pay periods	4,900 =	2,200 +	2,700	150 for 18 pay periods
	Ganglion Cyst Surgery	800 =	0 +	800	50 for 16 pay periods	3,700 =	2,100 +	1,600	100 for 16 pay periods
	Hip Arthroscopy and Repair	900 =	0 +	900	50 for 18 pay periods	4,900 =	2,200 +	2,700	150 for 18 pay periods
	Hip Replacement and Revision	2,400 =	0 +	2,400	100 for 24 pay periods	5,800 =	2,200 +	3,600	150 for 24 pay periods
	Knee Arthroscopy and Repair	800 =	0 +	800	50 for 16 pay periods	4,600 =	2,200 +	2,400	150 for 16 pay periods
	Knee Replacement and Revision	2,400 =	0 +	2,400	100 for 24 pay periods	5,800 =	2,200 +	3,600	150 for 24 pay periods
	Morton's Neuroma Surgery	700 =	0 +	700	50 for 14 pay periods	3,200 =	1,800 +	1,400	100 for 14 pay periods
	Plantar Fasciitis Surgery	800 =	0 +	800	50 for 16 pay periods	3,500 =	1,900 +	1,600	100 for 16 pay periods
Cardio-vascular	Shoulder Arthroscopy and Repair	1,900 =	0 +	1,900	100 for 19 pay periods	5,050 =	2,200 +	2,850	150 for 19 pay periods
	Shoulder Replacement and Revision	2,400 =	0 +	2,400	100 for 24 pay periods	5,800 =	2,200 +	3,600	150 for 24 pay periods
	Carotid Endarterectomy and Stents	\$ 4,800 =	\$0 +	\$4,800	\$200 for 24 pay periods	\$ 7,100=	\$2,300 +	\$4,800	\$200 for 24 pay periods
	Coronary Artery Bypass Graft Surgery	5,200 =	0 +	5,200	200 for 26 pay periods	7,700 =	2,500 +	5,200	200 for 26 pay periods
	Coronary Catheterization and Percutaneous Coronary Interventions	800 =	0 +	800	50 for 16 pay periods	5,500 =	2,300 +	3,200	200 for 16 pay periods
ENT	Ear Tubes	\$ 800 =	\$0 +	\$800	\$50 for 16 pay periods	\$ 4,600=	\$2,200 +	\$2,400	\$150 for 16 pay periods
Gastro- intestinal	Sinus and Nasal Septum Surgery	900 =	0 +	900	50 for 18 pay periods	5,900 =	2,300 +	3,600	200 for 18 pay periods
	Tonsillectomy and Adenoidectomy	800 =	0 +	800	50 for 16 pay periods	4,400 =	2,000 +	2,400	150 for 16 pay periods
	Bariatric Surgery	\$ 2,300 =	\$0 +	\$2,300	\$100 for 23 pay periods	\$ 5,650=	\$2,200 +	\$3,450	\$150 for 23 pay periods
Women's Health	Hernia Repair	750 =	0 +	750	50 for 15 pay periods	4,450 =	2,200 +	2,250	150 for 15 pay periods
	Reflux and Hiatal Hernia Surgery	1,700 =	0 +	1,700	100 for 17 pay periods	4,750 =	2,200 +	2,550	150 for 17 pay periods
	Upper GI Endoscopy	600 =	0 +	600	50 for 12 pay periods	4,000 =	2,200 +	1,800	150 for 12 pay periods
	Sling Surgery for Female Urinary Incontinence	\$ 850 =	\$0 +	\$850	\$50 for 17 pay periods	\$ 4,650=	\$2,100 +	\$2,550	\$150 for 17 pay periods
	Breast Reduction Surgery	850 =	0 +	850	50 for 17 pay periods	4,750 =	2,200 +	2,550	150 for 17 pay periods
Copay	Hysterectomy	800 =	0 +	800	50 for 16 pay periods	4,500 =	2,100 +	2,400	150 for 16 pay periods
	Hysteroscopy and Endometrial Ablation	850 =	0 +	850	50 for 17 pay periods	3,700 =	2,000 +	1,700	100 for 17 pay periods
	*The total cost of an add-in is comprised of the copay (if applicable) plus the cost of the add-in which is paid through payroll deduction. Only copays (core and copays when an add-in is purchased, if applicable) count towards the out-of-pocket maximum. The cost of an add-in does not count towards the out-of-pocket maximum.								
Paycheck Deduction	Min \$0 - Max \$200 for 1 Add-in / Max \$300 for >1 Add-in								
Paycheck Duration	Min 12 pay periods - Max 26 pay periods								

Have questions? We have answers.

Who is Bind?

Bind is a company that helps your employer administer health benefits. Bind is also a health plan and experience created by a close-knit team of veteran health insurance innovators passionate about making health insurance work for the people to whom it belongs—you and us. We formed Bind by asking people—a lot of people—what they wanted, needed and were missing from health insurance. They told us—affordability, simplicity, flexibility and partnership. So, we took health insurance apart. And we built that.

What is on-demand health insurance?

Our lives are on-demand. And with the Bind plan, now your health insurance is, too. You have immediate coverage answers, clear costs and can flex elements of your coverage to your own health needs as they change.

The Bind plan also goes to work for you immediately. You don't have to chip away at a deductible (ours is \$0) before your coverage ramps up. With Bind on-demand health insurance, you get the power on your benefit every time you use it—from day one to day 365.

How does the Bind Plan work?

The Bind plan is simple. No deductible. No coinsurance. It's a copay plan, and you can find out your complete cost of care before you step foot in the doctor's office. No waiting weeks or months for the bill to arrive.

Not having a deductible means you don't have to chip away at a deductible before your plan kicks into action.

When you're dealing with chronic conditions or a life-changing health crisis, or if your family is welcoming a newborn, you tap the power of your benefit when you need it and use it. Every time.

With Bind, you're automatically covered for the care 95% of people need annually—from preventive to emergency, from colds to cancer. And you can add coverage for a small list of plannable treatments and tests fewer people need, if and when you do (as long as you purchase the Add-In coverage at least three business days before obtaining the service).

Does the Bind experience differ from other health plans?

Quite a bit—yes. We designed Bind to work like other useful services of our modern daily lives:

- Treatment costs are clear and simple
- You can compare your options easily
- We show you where and when you can save
- You pay less for cost-effective treatments
- The MyBind app or website give you clear answers in real-time

The Bind plan makes people the center of our design. Not doctors, clinics and drugs. With Bind, people shape their cost and coverage around their own health needs—and the health care marketplace becomes their marketplace.

Does Bind have an easy-to-use app?

Absolutely, we do! We designed the digital Bind

Have questions? We have answers.

experience to fit your life and your pocket. Download the MyBind app. Drive it around the block. And get used to having a health insurance partner on your side, and in your pocket.

Because we're all about on-demand, you get helpful information in real-time—immediate coverage answers, precise treatment costs, nearby doctors and clinics and important savings opportunities. When you can, we encourage you to check MyBind before you get care.

Is it really true I don't have a deductible with Bind? Or coinsurance? Ever?

Yes, it's true. Health insurance was meant to be a benefit—we redesigned it so it is. The Bind Plan has \$0 deductible and no coinsurance. We make it easy for you to know your full cost of care in advance. And for most treatments, your cost is a single copay—and some copays are \$0.

When you need clear and immediate cost and coverage answers, just tap the MyBind app, log on to MyBind.com or call Bind Help. Find out what things cost and explore your options before you step foot in the doctor's office.

Is the Bind Plan a “skinny” plan?

Quite the opposite. The Bind plan was designed to give you **more** coverage from day one for the things you may need, from routine visits to major emergencies, from common colds to cancer. We began by getting rid of the **deductible**, which under a traditional plan usually means you pay several thousand dollars out of your pocket before your plan helps offset your out-of-pocket costs. It also means your coverage might kick in the first few months of the year, or not until the final few weeks, depending on when you pay off your deductible. That's a skinny plan.

With Bind, you don't chip away at anything before your plan powers up. It's ready to go to work day one, dollar one, claim one—and all the way to day 365.

Does Bind cover the same things as my current plan does?

Yes, probably. We might not know all the things your current plan covers, but chances are the Bind plan covers those same things, and maybe more. With the Bind plan, you're automatically covered for the care 95% of people need annually—from preventive visits to emergency care, from colds to cancer. And you can add coverage for

plannable procedures fewer people need—at least three business days before the procedure—if and when you do.

With Bind, you can personalize your coverage so it fits your health needs.

Can I keep my same primary care doctor? Am I required to have a primary?

With the Bind plan, you choose your doctors. And you're not required to designate a primary doctor. The Bind plan has a broad national network. Use our Search tool to find the network doctors who meet your needs.

Do I need a referral to see a specialist?

No. You don't need a referral to see a specialist. You select the network doctors who best meet your needs. And the Bind network is broad, not narrow. Use our Search tool to find the network specialist doctors you need.

Can my dependents be covered if they live in different state than me?

Yes. Bind partners with national and regional provider networks to give you broad access to doctors, clinics, hospitals and pharmacies—including those in different states. Use our Search tool to find network providers in any state.

Does the Bind Plan have an out-of-pocket maximum? How do my costs apply to it?

Yes, the Bind plan has an out-of-pocket max that provides you with a safety net for your annual copay costs for care—should you or your family have an unusually high health cost year. All copays for in-network covered services, including routine care, inpatient, outpatient, Add-In treatments, etc., count toward your in-network out-of-pocket max. Similarly, copays for covered out-of-network services count toward your out-of-network, out-of-pocket max. Your premium payments and out-of-pocket costs for any non-covered services do not count toward your out-of-pocket maximums.

Have questions? We have answers.

I can't find my condition, treatment or provider using the Search tool. Does that mean it isn't covered?

Not necessarily! Contact the Bind Help Team for more support. We can help you confirm the options available to you. Or, help you find other options you may not know about.

What's an Add-In, or Add-In coverage?

Add-In coverage is optional coverage you can literally “add in” to your plan if you need it during the year for additional premium. Add-Ins cover a small set of plannable treatments and tests few people need annually, if at all—like knee replacements or upper GI endoscopies. It's simple—keep the coverage out of your plan, and your premium lower, without the Add-In coverage. Add it if and when you do. Please note: Add-In coverage must be purchased at least three business days prior to the covered procedure.

Can I purchase an Add-In after I've received the Add-In covered service?

No. You can't purchase Add-In coverage for a treatment or test you've already received, because insurance doesn't work in reverse. Add-In coverage must be purchased at least three business days in advance of the Add-In covered treatment or service. Call the Bind Help Team if you have questions about how Add-In coverage works.

What's a virtual visit?

Virtual visits are online or phone visits with treating providers. Virtual visits are performed as a standalone service, not to be confused with a follow-up or related service your treating provider may complete with you online or by phone in tandem with an office visit.

What's a retail clinic?

Retail clinics are clinics located within a retail setting or store such as a drug store or “big box” store. Retail clinics, also known as convenience care clinics, provide a select set of primary care services.

Does Bind cover pre-existing conditions?

Yes. Bind offers you coverage regardless of any pre-existing medical conditions you may have. Whatever your health care needs, use our Search tool and quickly see your cost and coverage options.

Can I submit my copay expenses to my HRA, FSA or HSA for reimbursement?

Yes. You can submit your copay expenses to your HRA, FSA or HSA for reimbursement. Because Bind is a copay plan without a deductible, neither you nor your employer can contribute to an HSA with the Bind plan.

The Bind Plan almost sounds too good to be true. Is there a catch?

We don't think so. Bind was developed out of our own health care experiences and the desire to make the system work better for the people it's meant to serve—all of us. That means giving everyone more opportunity to define their health and health care choices with clear costs in advance of care, easy ways to compare options and the ability to adjust coverage when needs change. You'll likely get more out of Bind by checking on things through the MyBind app before you get treatment for yourself or your family. If there absolutely has to be a catch, maybe it's that. But we think that's a good catch. Take us with you, and we'll be there for you. How's that for a positive “catch”?

Pharmacy benefits: Cigna

Prescription drug benefits are provided through WellDyne Rx. Call toll-free 1-855-288-5206.

Pharmacy	Tier 1 retail pharmacies up to 30-day supply	Tier 2 retail pharmacies up to 30-day supply	Home delivery up to 90 day supply
Deductible - Applies to RX OOP	None	\$150 applies to brand drugs	None
Tier 1 – generic	\$5 (minimum \$3)	\$10 (minimum \$3)	\$12 (minimum \$7)
Tier 2 – preferred brands	\$25	\$30 + 20%	\$65
Tier 3 – brands	\$45	\$55 + 40%	\$135
Tier 4 – value specialty	\$70	Not covered	\$70 (30-day limit)
Tier 5 – preferred specialty	\$100	Not covered	\$100 (30-day limit)
Tier 6 – non-preferred specialty	\$200	Not covered	\$200 (30-day limit)
OOP maximum per claim	N/A	\$145	N/A

Mandatory generics with a DAW waiver. Difference between cost of brand and generic is not covered under the copay limit or the out-of-pocket limit. Infertility drugs must be purchased from a tier 1 retail pharmacy or through home delivery and are limited to a 30-day supply. There is a \$10,000 lifetime maximum benefit for infertility drugs.

OOP maximum per calendar year – \$1,600 employee only; \$3,200 family (\$1,600 OOP limit for any one member).

Pharmacy benefits: Bind

Prescription drug benefits are provided through WellDyne Rx. Call toll-free 1-855-288-5206.

Pharmacy	Tier 1 retail pharmacies up to 30-day supply	Tier 2 retail pharmacies up to 30-day supply	Home delivery up to 90-day supply
Deductible — Applies to RX OOP	None	None	None
Tier 1 - generic	\$5	\$10	\$15
Tier 2 - preferred brands	\$25	\$30	\$65
Tier 3 - brands	\$100	\$160	\$250
Tier 4 - value specialty	\$200	Not covered	\$200 (30-day limit)
Tier 5 - preferred specialty	\$250	Not covered	\$250 (30-day limit)
Tier 6 - non-preferred specialty	\$300	Not covered	\$300 (30-day limit)

Mandatory generics with a DAW waiver. Difference between cost of brand and generic is not covered under the copay limit or the out-of-pocket limit. Infertility drugs must be purchased from a Tier 1 retail pharmacy or through Home delivery and are limited to a 30-day supply. There is a \$10,000 lifetime maximum benefit for infertility drugs.

OOP maximum per calendar year - \$1,600 employee only; \$3,200 family (\$1,600 OOP limit for any one member).

2020 Health plan bi-weekly premiums

Your premiums for medical, dental and vision care are made on a before-tax basis. This means your contributions are automatically deducted from your paycheck before taxes are withheld. As a result, you save money on taxes.

Full-time employees – classified as 30 hours or more per week

Cigna Premium plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Cigna Premium plan	Total cost	\$349.25	\$782.28	\$729.90	\$1,103.58
	Minus NH dollars	-293.46	-596.28	-590.89	-859.81
	Your net cost	\$55.79	\$186.00	\$139.01	\$243.77
Cigna Standard plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Cigna Standard plan	Total cost	\$322.02	\$721.31	\$673.01	\$1,017.57
	Minus NH dollars	-292.07	-588.79	-583.59	-849.96
	Your net cost	\$29.95	\$132.52	\$89.42	\$167.61
Bind	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Bind	Total cost	\$317.70	\$711.62	\$663.96	\$1,003.89
	Minus NH dollars	-293.86	-606.19	-592.82	-870.54
	Your net cost	\$23.84	\$105.43	\$71.14	\$133.35

Part-time employees – classified as 24 to 29 hours or more per week

Cigna Premium plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Cigna Premium plan	Total cost	\$349.25	\$782.28	\$729.90	\$1,103.58
	Minus NH dollars	-227.20	-465.38	-459.73	-671.26
	Your net cost	\$122.05	\$316.90	\$270.17	\$432.32
Cigna Standard plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Cigna Standard plan	Total cost	\$322.02	\$721.31	\$673.01	\$1,017.57
	Minus NH dollars	-233.11	-472.35	-466.89	-682.21
	Your net cost	\$88.91	\$248.96	\$206.12	\$335.36
Bind	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Bind	Total cost	\$317.70	\$711.62	\$663.96	\$1,003.89
	Minus NH dollars	-246.96	-513.55	-499.97	-737.08
	Your net cost	\$70.74	\$198.07	\$163.99	\$266.81

Dental

Coverage level	Employee only	Employee/spouse	Employee/child(ren)	Family
Total cost	\$17.90	\$37.19	\$38.69	\$63.18
Minus NH dollars	-10.12	-12.17	-13.12	-29.30
Your net cost	\$7.78	\$25.02	\$25.57	\$33.88

Vision

Coverage level	Employee only	Employee/spouse	Employee/child(ren)	Family
Your cost	\$4.39	\$6.89	\$7.05	\$11.34

For 2020, your deductions will be taken over 26 pay periods.



Novant Health Retirement Plus Plan

Your benefits package at Novant Health includes the Novant Health Retirement Plus Plan. The Plan is recordkept by Fidelity Investments so you can contact them for assistance or with any questions. **You will be automatically enrolled in the Plan starting with your first full bi-weekly paycheck* at a pretax contribution rate of 4% of your gross pay.** Your contributions will be directed to a State Street Target Retirement Fund** based on your date of birth unless you direct otherwise. **You have 90 days in which to opt out of the Plan** by contacting Fidelity and changing your deferral rate to 0%. If you opt out within 90 days, any contributions, adjusted for market gains and losses while deferred to the Plan, can be requested to be returned to you.

You can access your account at Fidelity by logging on to Fidelity NetBenefits® at www.netbenefits.com/novanthealth. Click *Register* at the top of the screen to establish your Username and Password.

A screenshot of the Fidelity NetBenefits login interface. It features a dark grey header with the text 'Username ?' and 'Password ?' above two white input fields. To the right of the fields are three buttons: 'Log in' (blue), 'Remember Me' (white with a checkbox), and 'Register' (white with a red circle around it). Further right is a link 'Need Help?'.

Screen shots are for illustrative purposes.

If you already have other accounts with Fidelity, you can use your existing log in information to access your Novant Health account. After logging in, choose *Contribution Amount* from the Quick Links menu for your Plan and change your deferral rate to 0% if you do not wish to participant in the Plan.

A screenshot of the 'Quick Links' dropdown menu on the Fidelity NetBenefits site. The menu is green with white text. The options listed are 'Summary', 'Transaction History', 'Statements', 'Contribution Amount' (which is circled in red), and 'Investment Performance and Research'.

Screen shots are for illustrative purposes.

You can also contact the Fidelity Retirement Service Center at 800-343-0860. Service Representatives are available from 8:30a.m. to midnight ET Monday through Friday except for New York Stock Exchange holidays excluding Good Friday.

While you are not required to participate in the Plan, we hope you will choose to remain enrolled and take an active role in your retirement planning.

Here are some features of the Plan:

Contributions: You can contribute 1-60% of your salary on a pretax basis to the Plan in 0.1% increments. Novant Health contributes to your retirement through a dollar for dollar match of the first 6% you contribute to the Plan. You are eligible for the matching contribution after completing one year of service from your date of hire. Match is contributed to the Novant Health Savings and Supplemental Retirement Plan. We encourage you to contact Fidelity and consider increasing your contribution rate to 6% to take full advantage of the matching contribution.

Vesting: When you are "vested" in your savings, it effectively means the money is yours to keep. You are always 100% vested in your contributions to the Plan. The matching contribution is vested after 3 years of service. You earn one year of vesting service for each calendar year in which you are paid for at least 1,000 hours.

Auto Increase Program: An optional program that automatically increases your contribution rate by 1 - 3% on an annual basis. You choose the amount and the date of the increase and can opt out at any time.

Investment options: The Plan offers a full range of investment options to help you reach your retirement savings goals.

Online planning tools: Fidelity offers a wide variety of investment analysis and retirement planning tools on NetBenefits. Click the *Planning* link at the top right of the NetBenefits homepage to access the Fidelity Planning and Guidance Center.

*To make a contribution election that is different than the automatic enrollment contribution rate of 4% of your gross pay, contribution rate changes must be entered into Fidelity NetBenefits. Contact the Fidelity Retirement Service Center at 800-343-0860 if you have questions, or if you require additional information.

**Target Date Funds are an asset mix of stocks, bonds and other investments that automatically becomes more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.



Other information about your Plan:

Fidelity Retirement Planners: Fidelity offers one-on-one consultations if you have any questions about retirement planning or would like help determining which investment options may be right for you. You can contact the Fidelity Retirement Planning Team at 800-642-7131 or schedule an appointment online at www.fidelity.com/reserve. Here are the Retirement Planners for Novant Health and their locations.



Lucas Bourne
Winston-Salem



John Halley
Winston-Salem
Manassas/Charlotte



Joshua Lopez
Charlotte/ Brunswick

For help on choosing your investments or distribution options that are right for you, call 800-642-7131 to speak with a Fidelity Representative.

Online Beneficiaries Service: It is important to designate your beneficiaries for the Plan. You can designate, review, or update your beneficiary elections using Fidelity's secure online election tool located under the *Profile* link after logging into NetBenefits at www.netbenefits.com/novanthealth. You can also contact the Fidelity Retirement Service Center for a beneficiary form at 800-343-0860.

Loans and withdrawals: Although the Plan is intended for the future, you may borrow from your account for any purpose. Generally, the Plan allows you to borrow up to 50% of your vested account balance. The minimum loan amount is \$1,000 and a loan must not exceed \$50,000. You then pay the money back into your account, plus interest, through deductions from your pay check. You may have a maximum of one loan at a time.

Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59½, or become permanently disabled, as defined by your plan.

Rollovers: You are permitted to roll-over eligible pre-tax assets from another 401(k), 403(b) plan, 401(a) plan, or governmental 457(b) retirement plan. The Plan also accepts rollovers from a conduit IRA.

We hope you will take full advantage of the Retirement Plus Plan to help you reach your retirement saving goals. If you have any questions about the Plan or need assistance in performing a transaction, please call the Fidelity Retirement Service Center at 800-343-0860.

Sincerely

Fidelity Retirement Service Center

Before investing in any investment option, consider the investment objectives, risks, charges, and expenses. Contact Fidelity for a mutual fund prospectus or, if available, a summary prospectus containing this information. Read it carefully.

Investing involves risk, including risk of loss.

Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.



The Team Member Advantages platform provides you with a single destination for enrolling in voluntary benefits and accessing hundreds of valuable corporate discounts on brands you know and love.

TEAM MEMBER ADVANTAGES

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VOLUNTARY BENEFIT PROGRAMS

Programs available with the convenience of payroll deduction.



ACCIDENT INSURANCE pays cash directly to you to cover out-of-pocket expenses you may incur as a result of an accident, such as insurance deductibles, copays, transportation to/from medical centers, childcare and more.



CRITICAL ILLNESS INSURANCE designed to pay you cash when you or a covered member of your family experiences or is diagnosed with a heart attack, stroke, cancer, kidney failure, or any other covered condition.



GROUP AUTO & HOME INSURANCE Get the best for less. Side-by-side comparison quoting allows you to compare estimates from top-rated providers and select the one that's best for you. With the convenience of payroll deduction, you never have to worry about missing a payment.



NATIONWIDE PET INSURANCE helps to offset the cost of illnesses, injuries and routine wellness care for your furry family members. Cover yourself from unexpected vet bills and routine care.

CONSUMER DISCOUNTS



Log in to: www.youdecide.com/novant

Register to create your unique YouDecide username and password.

Need Help?

Contact your Consumer Advisor for support.
(M-F, 8am - 7pm EST) or email advisor@youdecide.com

(800) 923-4609

Client ID: NOV668