Novant Health Employed Practitioner Onboarding Checklist

When you start at Novant Health, be sure you complete all of the following. The computer pages attached will give you directions on how to complete these items.

	Your recruiter will schedule a time for you to go to Employee Occupational Health (EOH) and a time to meet with a benefits department representative to enroll in benefits.					
	Your manager (or medical staff services at the hospital) will have your ID to give to you. They will setup your access to our computer systems, phone factor (to login from outside Novant Health) and provide you with a login and password for your smart phone.					
	Your manager accounts for your time and will add the appropriate hours for training duration to your first week on the job for the New Practitioner Orientation modules and the Dimensions training completed prior to starting.					
	Here are some online education modules that you may want to complete in I-Learn – mandatory courses are in bold:					
	 z0321 New Practitioner Orientation Part 1 (no test) z0322 New Practitioner Orientation Part 2 z2891 First Do No Harm for current practitioners and applicants 1 CME Z1911 First Do No Harm addendum for applicant practitioners only Z1909 Privacy and Information Security / Choices and Champions for practitioners 1 CME Dimensions (EMR system) courses (ask leader or medical staff services which ones to complete) z2083 API All Employees: Time & Attendance z1255 API Badge Reader Time Clock Training z2063 I-Perform for Employees (our performance review process) After employment: Enroll for a date to attend: z01039 Diversity for Staff-Succeeding class 6.5 CME 					
	Enroll in your benefits (medical, dental, etc.) in the Self Service system by the deadline – 31 days from your first day of employment (see Benefits information attached in this document)					
At a l	Novant Health facility/computer:					
	Ensure that your manager has added your department phone number to our online directory (Info Central)					
	Review policies and procedures online on I-Connect in the Document Manager system					
	Read emails (at least weekly) in the Outlook system (or use Outlook Web Mail)					
	Report possible conflict of interests (whenever they arise) online					
	If you need access (computer system, door, etc.) to something that you don't currently have, contact your system security liaison (or your manager) to request access.					

To review any of the orientation content in the future, go to I-Learn and click on the New Practitioner Orientation modules in your completed transcript.

Starting Line: Computer Resources Reference Guide for New Team Members

Startingine



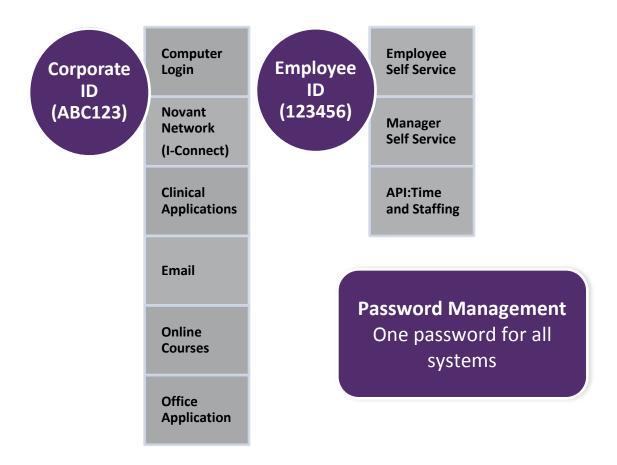
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Novant Health resources for team members

User IDs

- Corporate ID This is a 6-digit alpha-numeric number (ABC123) used to access
 programs/applications related to your job. Usually it is your initials plus three or four numbers.
 The Corporate ID is not case sensitive.
- **Employee ID** This is a 6-digit number used to access programs/applications related to you as an employee. (Found on the back of your ID badge.)
- To locate your Corporate ID, you must be on the Novant Health network. Go to *I-Connect*, click *Directories* (on right), then click *Information Central*. The reporting structure for your department will appear and your picture will be in the top left corner of the screen. Click *About Me* and a screen with your job information will open. Your Corporate ID (ABC123) is listed on the Employee ID line and your Employee ID is listed on the Employee Number line.



Need Help with a Computer/Software Problem? Call the Support Center from work or home 365/24/7

Toll free 1-866-966-8268 **Thomasville area** 336-472-2597

Charlotte area 704-384-3100 Winston-Salem area 336-718-9000

MyPassword

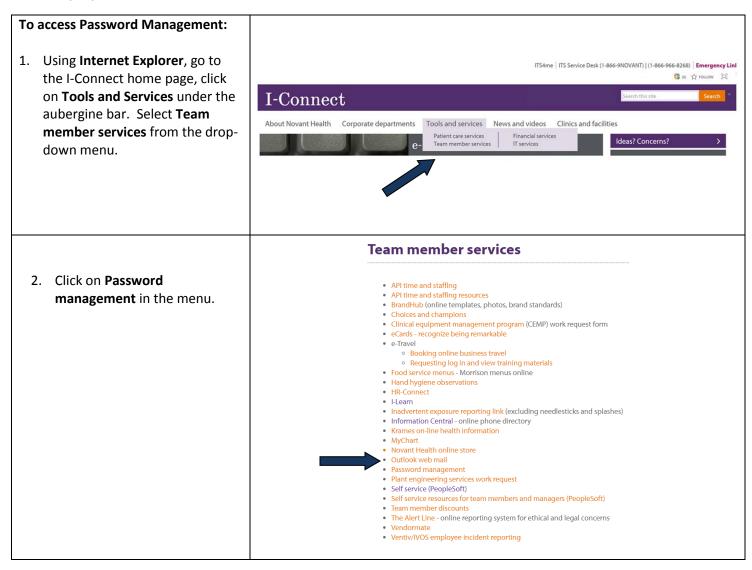
Password Management is an application that allows employees to synchronize and set their passwords. The directions for Password Management are shown below:

You must change your password every 90 days.

Note: you will receive an email prompting you to change your password in MyPassword.

Registration

- This is a ONE-TIME event Registering includes creating questions and answers that you will come back and answer each time you need to change your password
- Once you finish these instructions, be sure to continue with the "Change/Synchronize" Instructions to create a unique password



3. Enter your Corp ID (e.g. abc123) in the appropriate field on the Manage your password screen

Note that throughout the screens a red checkmark to the right of a field indicates required information. Also hovering on the red question mark will give helpful hints.

4. Click Next.

The **MyPassword Start Registration** screen appears.

- 5. Enter your birthdate using MMDD format (e.g. January 12 would be entered 0112) in the appropriate field.
- Enter the last 4 digits of your Social Security Number (e.g. 1234) in the appropriate field.
- Click **Next** and follow directions on screen to create security questions and answers.

Manage your password

MyPassword has been redesigned! This newly enhanced user experience will minimize the time required to set-up and manage your password.

 ? : Help
 ✓ : Required Input Field
 III : Read Only Field

Welcome to MyPassword

To begin, please enter your Corp ID (i.e. abc123) to login to MyPassword. Click "Next" to continue.





Please contact the ITS Service Desk at 1-866-9Novant (1-866-966-8268) for assistance.

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Manage your password

MyPassword has been redesigned! This newly enhanced user experience will minimize the time required to set-up and manage your password.

?: Help ☑: Required Input Field 董: Numeric Field ■: Read Only Field

MyPassword Start Registration

we show that you have not yet registered with MyPassword. We can do that here in a few short steps.

So that we can verify your identity, please enter the month and day you were born and the last 4 digits of your social security number.

Click Next when finished to continue.

Enter the Month (MM) and day (DD) of your birthday using numeric values (i.e. January 12 would be entered as 0112)"

Enter the last 4 digits of your Social Security Number (i.e. 1234). If you are a student, enter the last 4 digits of your StudentID

Previous N

Next

Once you have selected the security questions and answers, you will see the MyPassword Setup Complete screen. You have successfully set up your profile and will receive a confirmation email.

Note: You do not need to do this setup again unless you want to edit your questions/answers in the future.

You are now ready to set up your Password which will synchronize your Corporate ID and your badge (employee) number for many of the applications you use.

Click on Reset
 Password and follow the prompts.

issword has been redesigned! This newly enhan	nced user experience will minimize the time required to set-up and manage your password.
	? : Help : Required Input Field : Numeric Field : Read Only Field : Read Only Field
yPassword Setup Complete	
u're almost done! - Profile Successfully Cre	sated
ngratulations, Emma White , you have successi ain. You may edit these questions and answers	fully completed the profile setup for MyPassword. You will not have to complete this setup at any time.
email will be sent to you shortly confirming this	s setup. If you make changes at any time to this profile you will receive a confirmation email.
you ever receive a confirmation email when you	did not update or change your profile, please notify your manager and ITS immediately.
w that your profile has been setup, it is time to	o set a password. Click the Reset Password button to continue.
Reset Password	

Change/Sync

To Change/Synchronize your Password

- Always create/change your password here so that it synchronizes (creates the same password for multiple systems within Novant Health).
- If you **forget** your password, come here and reset it.

Users will be able to:

- Login to the My Password application by authenticating their identity
- Create a unique password following the rules

You may reset your password at any time but you must reset it before it expires every 90 days.

If you have forgotten you Password, you use this same process to reset it yourself by authenticating your identity in MyPassword and then choosing a new password.

Create a password in the password field that meets the rules that appear on the screen.

You will know you have met a rule when the text turns green as you type.

Passwords must contain:

- EXACTLY 8 characters
- At least 1, no more than 5 UPPERCASE characters
- At least 1, no more than 7 lowercase characters
- At least 1, no more than 5 numbers
- Must NOT contain special characters (/,*,^,\$)
- Must NOT use more than 3 sequential characters (abcd, wxyz, 1234)
- Must match the Verify Password field

Re-enter your password in the Verify Password field

Click **Next** for the **MyPassword Results** screen.

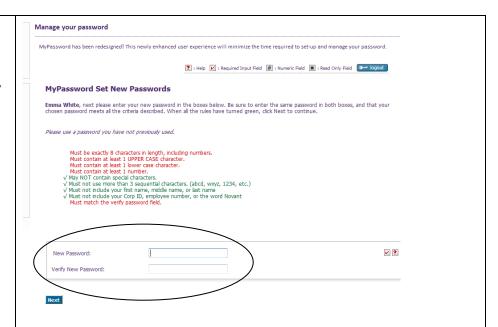
When the **MyPassword Results** screen appears, review the status of each of your accounts/applications listed in the Success Details table. If any of the applications failed to synchronize, please contact the:

ITS service desk - 1-866-9Novant (1-866-966-8268)

Note: To finalize and verify that your password works:

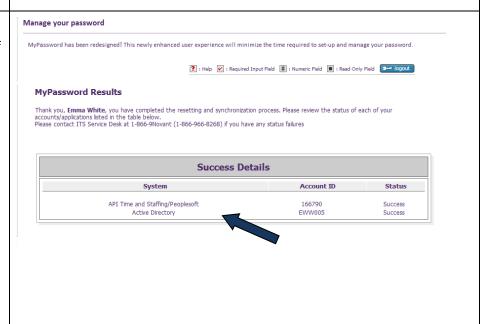
- Log off the computer
- Log back on using your Corporate ID and new password.

This ensures your password is setup properly.



You will know that you have met a rule when the text turns green as you type.

The last rule will turn green if you re-entered your password correctly.



API Time & Staffing by Centricity



If you have difficulty logging in, please contact the Novant Health DPS Support Center by phone at 1-866-9Novant (866-966-8268) or by email to the Support Center in Outlook.

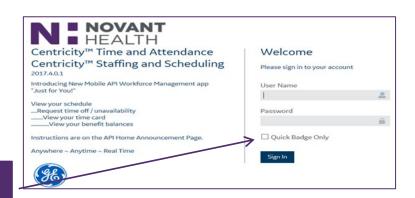
This guide helps you to:

- Clock in and out using a computer
- Submit requests for time off
- Correct missed clockings
- Approve your time

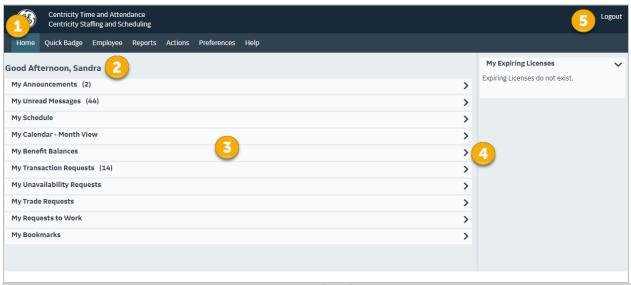
Login

- In the User Name box, enter your Employee ID/Badge Number.
- In the Password box, enter your current password (created in MyPassword.).
- 3. Click the Login button.

If you do not have access to a badge reader, you can clock in and out by clicking **Quick Badge Only**.

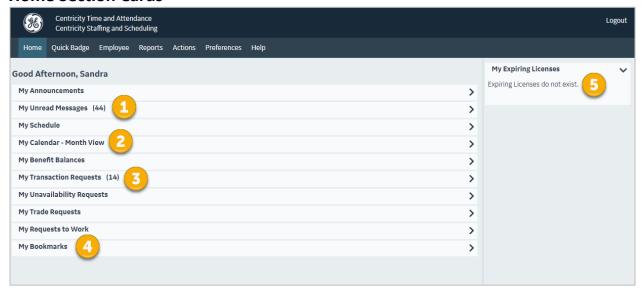


Home



1	The Toolbar is used to navigate to other sections.	4	Click the arrow to show details for that "card".
2	A greeting displays along with your name.	5	Use this button to log out.
3	"Cards" that show time & attendance information.		

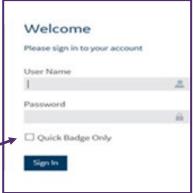
Home Section Cards

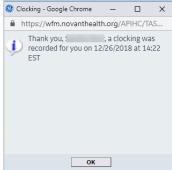


1 My Bookmarks will display any quick links My Unread Messages card contains messages that you have set up in the system. The to you personally from within the API Time and Bookmarks is displayed in the left pane of all Staffing Portal. screens. 2 My Calendar Month View will display another Under My Expiring Licenses, you may check version of the month's transactions. Hover over if you currently have any expired licenses or a transaction to see a white "informational tag" have licenses that are about to expire. that includes a description of the item. The My Transactions Requests will display the All remaining cards (My Schedule, status and details of all requests in the pay Requests to Work, My Trade Requests, My period. Unavailability Requests) display information when using Staff Scheduling.

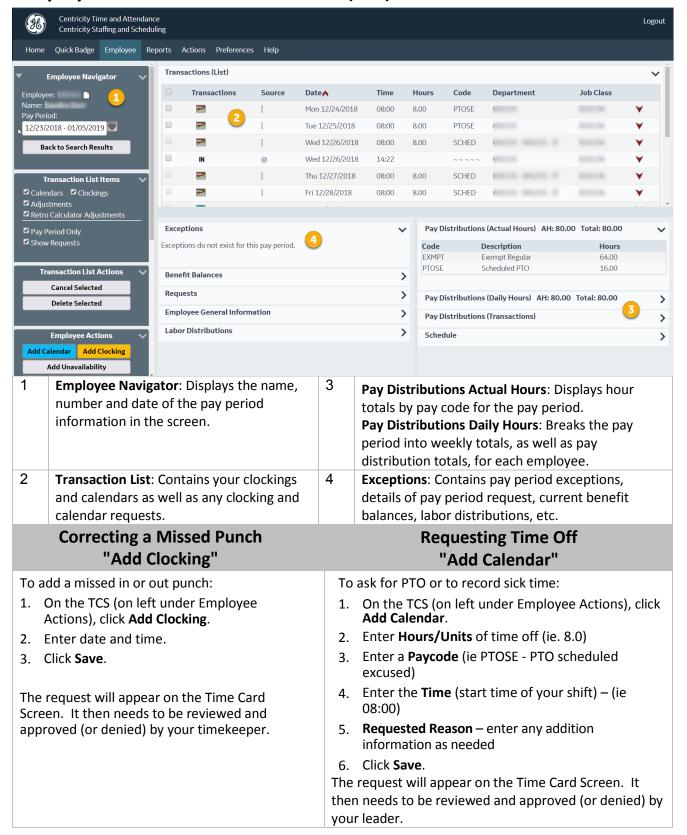
To Clock In and Out

- 1. Enter your User name and Password.
- 2. Click "Quick Badge Only".
- Click Login. (A message indicates that the clocking was accepted.)
- 4. Click OK to close the information window and the login screen.

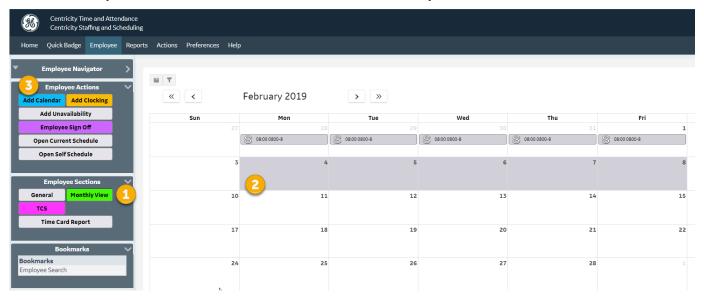




Employee tab: The Time Card Screen (TCS) view



Use the Monthly View screen to add calendars for more than one day at a time.



To add a Calendar Request using the Monthly View screen:

- 1. In the Employee tab, click on the **Monthly View button.**
- 2. Select the dates you wish to request off.
- 3. Click Add Calendar.
 - a. Enter Hours/Units of time off (ie. 8.0).
 - b. Enter a **Paycode** (ie PTOSE PTO scheduled excused)
 - c. Enter the **Time** (start time of your shift) (ie 08:00)
 - d. Requested Reason enter any addition information as needed.
 - e. Click Save.

Employee Sign Off

Employee Sign-Off allows you to alert your timekeeper to problems you see with your time card or to communicate that what you see is accurate. Team members must sign off on their time every two weeks.

To Sign Off or Decline Sign Off on your Time Card:

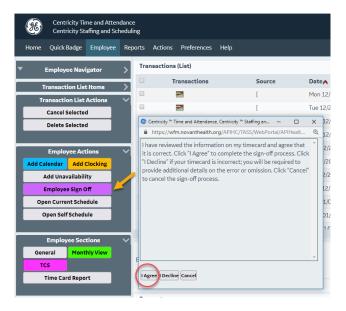
- From the TCS, click the Employee Sign-Off button. Select the I Agree button from the pop up box OR select the I Decline button if you do not approve of your time card and wish your timekeeper to look into some issues.
 - a. If you decline, contact your timekeeper to make them aware of the issues.

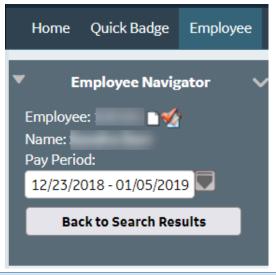
After **Approving your time card**, you will see a Red Check Mark icon by your name on the TCS.

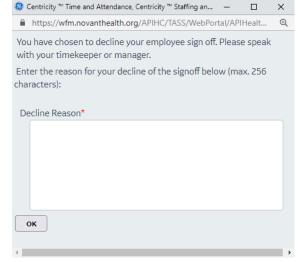
If you Decline your time card:

- 1. An additional window will appear
- 2. Enter a specific reason for declining.
- 3. Click OK

Remember to alert your timekeeper that you declined to sign off on your timecard.







Deleting Clocking and Calendar Request

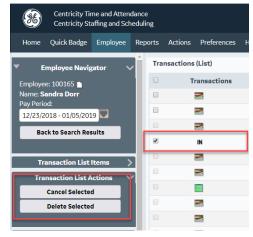
If the current pay period is still open, you can request to delete a PTO request or a clocking in error. The process is the same for a clocking or calendar request.

- Requests for deletion of clockings are reviewed and approved (or denied) by timekeepers as appropriate.
- Requests for deletion of calendars are reviewed and approved (or denied) by the employee's leader.

Note: Talk to your leader about the procedure for deleting a calendar request <u>after</u> the current pay period is closed.

To **delete** a (clocking or calendar)request:

- Check the box next to the calendar or clocking request you wish to delete.
- Select Cancel Selected or Delete Selected from the left pane.

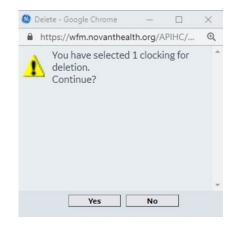


You will receive a message asking you to confirm the transaction.

Click **Yes** to delete the request.

The request for deletion will be reviewed and approved (or denied) by your timekeeper or leader as appropriate.

ALWAYS logout when you are done to ensure confidentiality



Complete online modules

NH Computer, I-Connect/I-Learn

Located at I-Connect>Tools and Services>Team Member Services>I-Learn:

- z2088 API All Employees: Introduction to Time & Staffing
- z2083 API All Employees: Time & Attendance
- z1255 API Badge Reader Time Clock Training
- z2089 API All employees: Introduction to Staff Scheduling (only if applicable in your dept.)

API Mobile App: Centricity Workforce

Download the Centricity Workforce app to your mobile device.

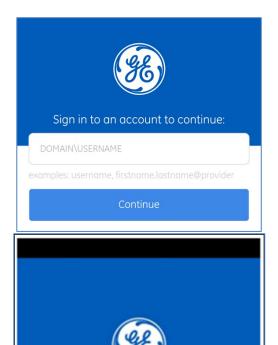


The **DOMAIN\USERNAME** = DN\badge number

• Example: DN\123456

Password = Your NH password (created in Password Management)

Company code = AP001270 (for everyone)



Sign in to an account to continue:

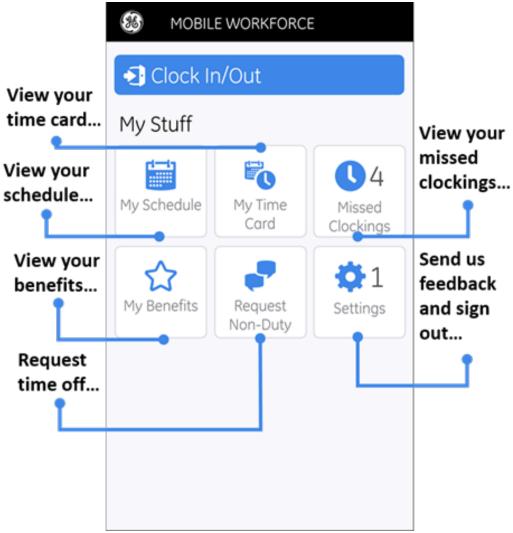
AP001270 - Novant Health, Ir >

Sign In

DN\badge number

PASSWORD

Main Screen of App



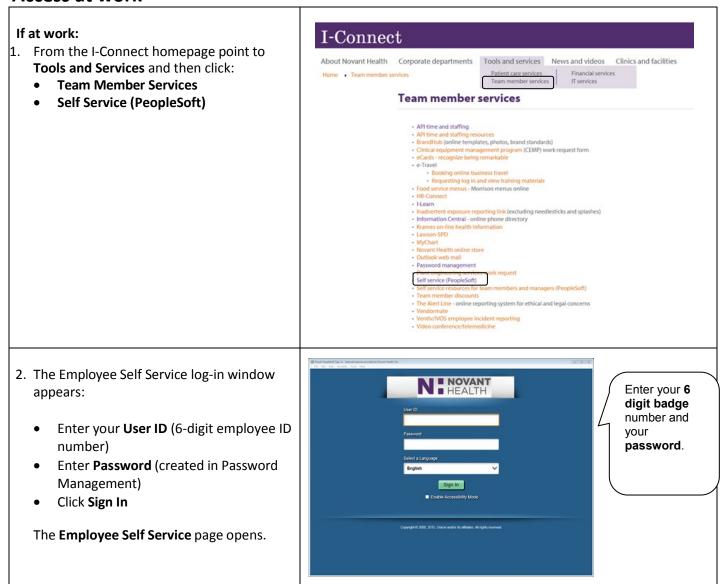
For more detailed instructions, use the following pathway to visit the API time and staffing resources page on I-Connect.

I-Connect >Tools and services > Team member services > API time and staffing resources > Time and Attendance Documentation (on the left side of the page) > Team Member Quick start guide with healthcare system code.pdf

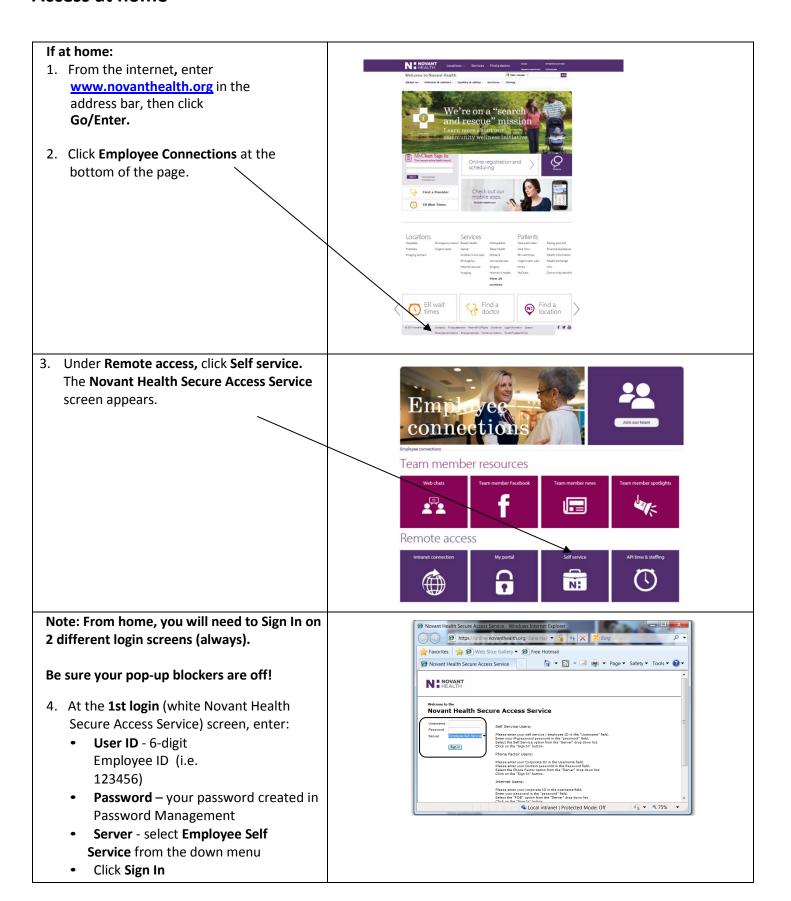
Self-Service (PeopleSoft) - Log In

Every employee has access **from work and home** to manage personal information, look at paycheck, enroll in benefits, complete tax forms, etc.

Access at work



Access at home



Access at home (cont.)

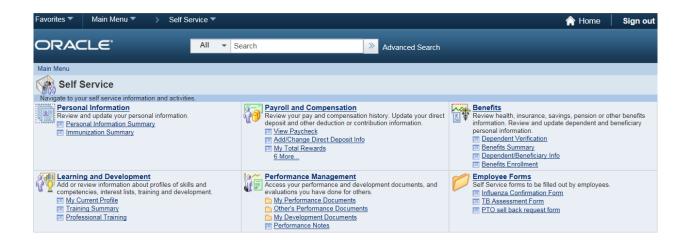
5. At 2nd login, enter your:

- User ID 6-digit
 Employee ID (i.e.
 123456)
- Password type in the password you created in Password Management
- Click Sign In



Self-service (PeopleSoft) topics include:

- Personal Information Review and update address, phone numbers, emergency contacts, and personal e-mail address. (Name is view only)
- **Payroll and Compensation** View paychecks, compensation history and change W-4 and state tax information.
- Benefits Review health/dental insurance, update beneficiary information and enrollment
- Learning and Development Update licenses and certifications; add personal professional training, education and memberships
- Performance Management Access to performance evaluation documents to complete your evaluations or give feedback to coworkers
- Employee Forms Forms to decline the flu vaccine, TB assessment and PTO sellback



I-Learn

I-Learn is the learning management system (LMS) that houses training events for Novant Health. A variety of events are available, including: webinars, instructor-led and online courses. I-Learn tracks completions and provides a dynamic connection to education required for your continued employment.

How to Log In

When logged in to the network, click on the Chrome browser



Go to the I-Connect homepage. You may land on the Google search page and not I-Connect. If you do, click in the address bar at the top of the page and type http://iconnect.novanthealth.org

Follow this path:

- Work Resources
- Team member resources
- I-Learn
- Select "Click Here to Launch I-Learn". If prompted, log in with: novant\corporate ID (for example;

novant\abc123)

Enter your MyPassword

When accessing from a generic workstation, you must use the Chrome browser



Go to the I-Connect homepage. You may land on the Google search page and not I-Connect. If you do, click in the address bar at the top of the page and type http://iconnect.novanthealth.org

Follow this path:

- Work Resources
- Team member resources
- I-Learn
- Select "Click Here to Launch I-Learn"
- Log in using: novant\Corporate ID

Example: novant\abc123

Enter your MyPassword

I-Connect Source from the Company of the Analysis of the Connect of the Connect

When logging in from home:

- From novanthealth.org
- Navigate to Employee Connections at the bottom of the page
- Scroll down to Online education classes
- A login window will appear
- Log in using: novant\Corporate ID

Example: novant\abc123

Enter your MyPassword

How Do I?	Quick Steps:
Course Enrollment	
To start a computer based learning (CBL) or enroll in an instructor-led training (ILT)	 From the I-Learn home screen, click in the Search box (top, right of page) and enter the course code or a keyword associated with the topic. Click on the title. Click Request to enroll (for ILT, click beside the preferred date/location). For CBL, click Open Curriculum. Beside the name, click Launch to begin (if multiple parts, start each one by clicking Launch beside the name).
Course Withdrawal	
Un-enroll from a CBL or Curriculum Withdraw from an ILT	 Note: I-Learn does not allow you to withdraw from a CBL, but the training can be archived. See steps below: Click View My Transcript. Beside the course name, click the down arrow beside Launch/Open Curriculum and then click View Training Details. Click Move to Archived Transcript (upper right side of screen). Click View My Transcript.
	 Beside the name of the course, click the down arrow next to View Training Details and click Withdraw. Select the reason for the withdrawal. Click Submit.
CBL Completion	
Complete an online CBL course	 After launching the CBL, click forward/back to review all the pages of the CBL. Note: If screen is stuck saying "loading title", disable or turn off pop-up blockers; if unsure of steps, google directions for your browser type (Internet Explorer, Google Chrome, or MAC) At end of course, locate and click in the blue box. A swirling starburst will
	 appear. Click Submit. Close the window (click "x" in upper right corner or red stop light on MAC computers). Wait for screen to close (10 second delay).
Test Completion	
Complete the test for the course	 After closing the window (by clicking the "x" in upper right corner or red stop light on MAC computers), wait for screen to close (10 second delay) and the test will auto-launch with instructions showing first. If test does not auto-launch, return to your transcript and click Launch test. Click Continue. Click in the circle to the left of the correct answer for each test question. Click Summary to ensure all questions have been answered.

	Click Submit.
	To see the questions missed:
	Beside review test, click Review .
	 Click the box beside Show Details to view all questions, the answers chosen and the other choices.
	Note: If the test was failed, review questions missed and CBL content before retaking
	test. You may retake the test as many times as necessary to pass.
	Click Close.
	Beside the name of the test, click Retake .
Completion Verification	
Verify completion	Click View My Transcript.
	Beside the word Active, click the down arrow and click Completed .
	Course will be in list and will remain there until archived (for future review if
	needed)
Course Evaluation	
Complete evaluation	 Click View My Transcript. Beside the word Active, click the down arrow and click Completed.
	Locate course name, click Evaluate (or click the down arrow beside Course Details and click Evaluate).
	Type in feedback.
View/Print Transcript	
View my transcript	Click View My Transcript (Active transcript – lists current courses in progress or to be taken soon).
	Beside the word Active, click the down arrow and click Completed .
	Note: The completed transcript lists courses completed since August 2016. To view all
	education completed prior to 1/1/19, go to the Self Service system and view your historic education.
Drint my transcript	
Print my transcript	Click View My Transcript. In the upper right hand corner of transcript, alich Options (designated by 2 data).
	• In the upper right hand corner of transcript, click Options (designated by 3 dots)
	Click Print Transcript.

I-Learn Mobile App (Cornerstone Learn)

Supported Devices

Apple devices: iPad, iPhone and iPod Touch running iOS 10+ or later Android devices: Tablets and phones running Marshmallow (ver. 6+)

* Courses will resize based on the device. Tablets are recommended for the best viewing experience. Future courses will be optimized for smartphones.

Download Instructions

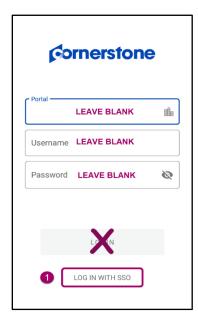
Screens may vary based on device and software version installed Once installed, the app will be listed as Learn in your list of apps.



Install the Cornerstone Learn app from the Apple Store or Google Play

Note: There are 2 apps for Cornerstone, make sure to select **Cornerstone Learn**, not Cornerstone Mobile.

- 1. On the Cornerstone Learn Log In screen, leave all fields blank and select **LOG IN WITH SSO** on the bottom of the screen.
- 2. On the 2nd screen, enter **novanthealthlearning** for the Portal name. (*.csod.com* will be added automatically).
- 3. Enter your **Corporate ID** for the User Name (ex. ABC123)
- 4. Tap **LOGIN** (Future login will open this screen)
- 5. On the **Sign in with your organizational account** screen, enter your **Novant Health email** address
- 6. Enter your Novant Health Password
- 7. Tap Sign In







Note:

- Once installed, the app will be listed as Learn in your list of apps.
- Courses will resize based on the device. Tablets are recommended for best viewing experience. (Future classes will be optimized for smartphones.)

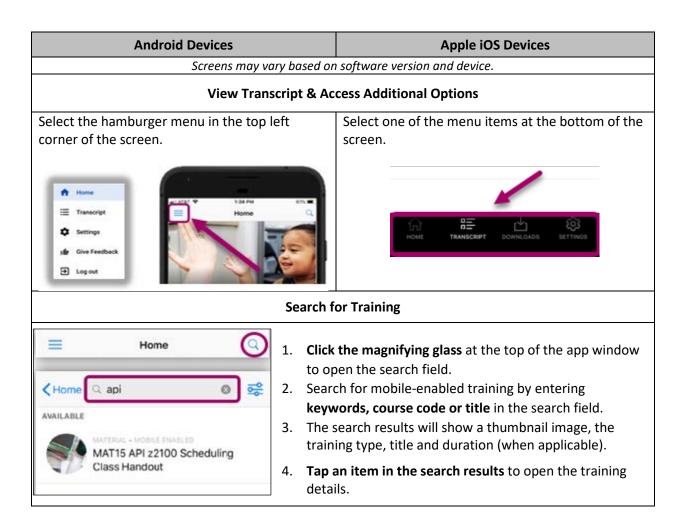
Learner Home Page / Search for and Launch Training

The Learner Home Page will display as the landing page for the app, allowing mobile learners to browse, search for and request training.

 Training metrics detail mobile Trainings Past Due, Due Soon and training Assigned / No Due Date. Select one of the choices to see the items on your mobile transcript.



 Below the training metrics, several carousels display mobileenabled training. These sections populate and change based on use. Swipe left in each section to view more training.

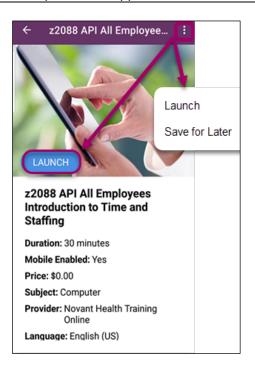


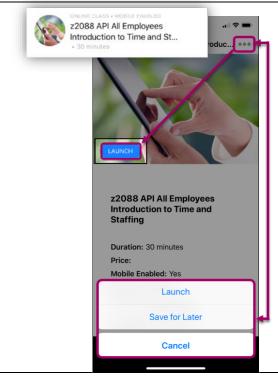
Android Devices

Apple iOS Devices

Launch Training

- 1. **Tap course** in the search results
- 2. **Tap Launch** on the image or click the ellipsis in the top right corner and choose **Launch**.
- 3. **To Save for Later**, click the ellipsis in the top right corner and select Save for Later from the menu options that appear.

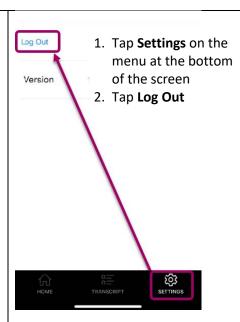




Log Out



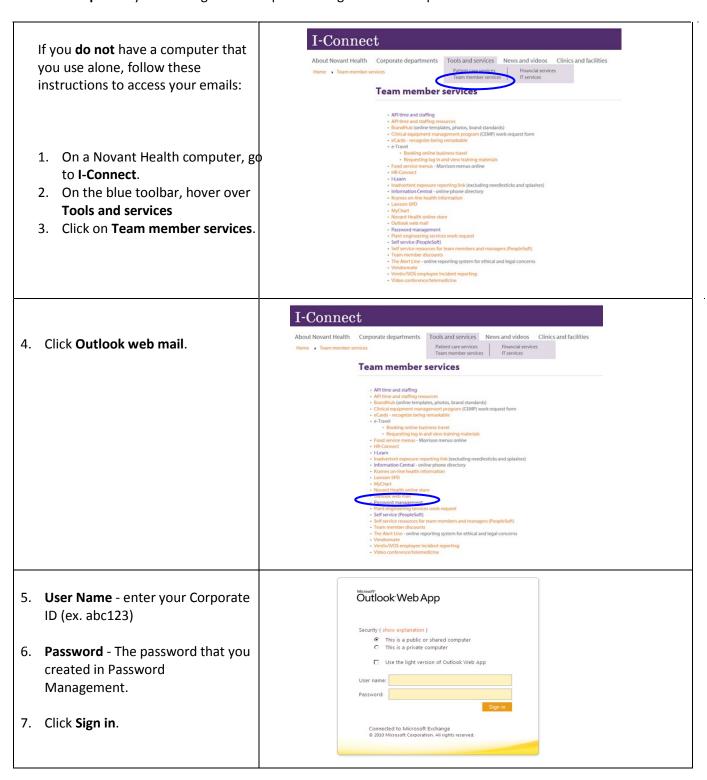
- 1. Tap the **hamburger menu** in the top left corner of the screen
- 2. Tap Log out



Outlook emails

Outlook Web Mail is the system that allows to you to send and receive emails from within the Novant Health system.

- If you are assigned a Novant Health computer at your work site that you alone use, you will have the system **Outlook** on your computer and will use that system to access your emails.
- If you are in a manager role or above, you can get access to the Novant Health systems from your smart phone or home computer by submitting a work request through the ITS4Me portal.





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 <u>novanthealth.org</u> 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.

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.

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

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

	Pre	emium plan 202	0	Standard plan 2020			
Medical	Novant Health	Cigna	Out-of-	Novant Health	Cigna Network	Out-of-network	
	Network	Network	network	Network			
Deductible — Copays do not a							
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 — In	cludes deductible,	coinsurance and	l copays. All out-	of-pocket tiers cros	s-accumulate. Medi	cal and pharmacy	
OOP are separate limits.	62.550	¢2.600	¢6.700	Ć4 200	Ć 4 700	¢7.000	
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	\$2,550	\$3,600	N/A	\$4,200	\$4,700	N/A	
one member	4	1		4			
Medical and pharmacy limit	\$4,150	\$5,200	N/A	\$5,800	\$6,300	N/A	
any one member				1 to 1			
Employer-funded HRA	Fixed with	Fixed with	Wellness	Fixed with	Fixed with	Wellness	
	salary	salary	incentive up	salary	salary	incentive	
Employee only	<\$150,000 \$0	>\$150,000 \$0	to \$900	<\$150,000 \$0	> \$150,000 \$0	up to \$900	
Employee only 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-n		· ·		<u>'</u>		\$1,175	
	Novant Health	Cigna	Out-of-	Novant Health	Cigna Network	Out-of-network	
Services		Network	network	Network	Cigila Network	Out-or-network	
Hospital inpatient services	Network 5%		40%		25%	40%	
Hospital inpatient services Hospital outpatient services	5% 5%	20% 20%		10% 10%	25% 25%	40% 40%	
Hospital outpatient services	5%	20%	40%	10%			
Hospital outpatient services Physician inpatient visits	5% 5% 5%	20% 20%	40% 40%	10% 10% 10%	25%	40%	
Hospital outpatient services Physician inpatient visits Physician surgery, office	5% 5%	20% 20% 20%	40% 40% 40%	10% 10%	25% 25%	40% 40%	
Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP	5% 5% 5% \$75 \$100	20% 20% 20% 20% 20%	40% 40% 40% 40% 40%	10% 10% 10% \$85 \$200	25% 25% 25% 25%	40% 40% 40%	
Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP Hospital emergency room	5% 5% 5% \$75 \$100 15%	20% 20% 20% 20% 20% 20%	40% 40% 40% 40% 40% 15%	10% 10% 10% \$85 \$200 20%	25% 25% 25% 25% 25% 20%	40% 40% 40% 40% 20%	
Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP Hospital emergency room Urgent care facility	5% 5% 5% \$75 \$100 15% \$20	20% 20% 20% 20% 20%	40% 40% 40% 40% 40%	10% 10% 10% \$85 \$200 20% \$35	25% 25% 25% 25% 25% 20% 25%	40% 40% 40% 40%	
Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP Hospital emergency room Urgent care facility PCP office services,	5% 5% 5% \$75 \$100 15%	20% 20% 20% 20% 20% 15% 20%	40% 40% 40% 40% 40% 15% 20%	10% 10% 10% \$85 \$200 20%	25% 25% 25% 25% 25% 20%	40% 40% 40% 40% 20% 25%	
Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP Hospital emergency room Urgent care facility PCP office services, excluding surgery	5% 5% 5% \$75 \$100 15% \$20 \$10	20% 20% 20% 20% 20% 15% 20%	40% 40% 40% 40% 40% 15% 20%	10% 10% 10% \$85 \$200 20% \$35 \$25	25% 25% 25% 25% 25% 20% 25% 25%	40% 40% 40% 40% 20% 25%	
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Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP Hospital emergency room Urgent care facility PCP office services, excluding surgery Specialist office services, excluding surgery	5% 5% 5% \$75 \$100 15% \$20 \$10	20% 20% 20% 20% 20% 15% 20% 20%	40% 40% 40% 40% 40% 15% 20% 40%	10% 10% 10% \$85 \$200 20% \$35 \$25	25% 25% 25% 25% 25% 20% 25% 25%	40% 40% 40% 40% 20% 25% 40%	
Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP Hospital emergency room Urgent care facility PCP office services, excluding surgery Specialist office services, excluding surgery X-rays and lab services,	5% 5% 5% \$75 \$100 15% \$20 \$10 \$50	20% 20% 20% 20% 20% 15% 20%	40% 40% 40% 40% 40% 15% 20% 40%	10% 10% 10% \$85 \$200 20% \$35 \$25 \$65	25% 25% 25% 25% 25% 20% 25% 25%	40% 40% 40% 40% 20% 25% 40%	
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Hospital outpatient services Physician inpatient visits Physician surgery, office Physician surgery, IP and OP Hospital emergency room Urgent care facility PCP office services, excluding surgery Specialist office services, excluding surgery X-rays and lab services, including interpretation at office or OP lab facility Advanced radiology (MRI, PET, CT), office Anesthesia (IP or OP) Preventive care Hospital IP MH and SA Physician office MH and SA	5% 5% 5% 5% \$75 \$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0 5% \$10	20% 20% 20% 20% 20% 15% 20% 20% 20% 20% 20% 50% \$0 5% \$10	40% 40% 40% 40% 15% 20% 40% 40% 40% 40%	10% 10% 10% \$85 \$200 20% \$35 \$25 \$65 10% no deductible* \$200 10%* \$0 10% \$25	25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25% 25	40% 40% 40% 40% 20% 25% 40% 40% 40% 40% 40% 40% 40%	
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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 Motivate Me quick reference guide—all Cigna plans

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

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

		Bind medical plan 2020	
Medical	Novant Health Network	Bind Network	Out-of-network
Deductible — there are no deductibles with the Bi	nd medical plan		
Out-of-pocket maximum (OOP) — includes all core towards OOP maximum amounts. OOP amounts a out-of-network amounts do n	ccumulate between Novant He	alth and Bind networks. In-	network accumulates to
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
/ideo 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
ransplant services, inpatient	\$1,000	\$3,000	Not covered
ransplant services, outpatient	\$800	\$2,000	Not covered
Physician inpatient visits (PCP / Specialist)	Inclu	ded in Hospital inpatient se	vices
Physician surgery, IP and OP	Most surgical fees are cov	s that need to be purchased vered in the copay for your part that need to be purchased	place of service. There are
Hospital emergency room	\$400	\$400	\$400
Jrgent 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
C-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	' '
		ŞU	\$0
	\$0	\$0	\$0 \$300
Non-screening colonoscopy	\$0	\$0 \$800-\$2,000	\$0 \$300 \$4,000
Non-screening colonoscopy Hospital IP MH and SUD	\$0 \$1,000	\$0 \$800-\$2,000 \$3,000	\$0 \$300 \$4,000 \$6,000
Preventive care Non-screening colonoscopy Hospital IP MH and SUD Physician office MH and SUD PT, OT and ST, 60 visit limit each	\$0	\$0 \$800-\$2,000	\$0 \$300 \$4,000

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

^{** &}quot;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

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Maximum member obligation

Minimum 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
	Ankle Arthroscopy and Ligament Reconstruction	= 058 \$	+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+	2,000	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+	2,000	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	= 008	+0	008	50 for 16 pay periods	3,800 =	2,200+	1,600	100 for 16 pay periods
	Ankle and Foot Bone Fusion	= 006	+0	006	50 for 18 pay periods	4,900 =	2,200+	2,700	150 for 18 pay periods
Musculoskeletal	Ganglion Cyst Surgery	= 008	+0	800	50 for 16 pay periods	3,700 =	2,100+	1,600	100 for 16 pay periods
	Hip Arthroscopy and Repair	= 006	+0	006	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	= 008	+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	= 008′5	2,200+	3,600	150 for 24 pay periods
	Morton's Neuroma Surgery	700 =	+0	200	50 for 14 pay periods	3,200 =	1,800+	1,400	100 for 14 pay periods
	Plantar Fascitis Surgery	= 008	+0	800	50 for 16 pay periods	3,500 =	1,900+	1,600	100 for 16 pay periods
	Shoulder Arthroscopy and Repair	1,900 =	+0	1,900	100 for 19 pay periods	= 020′2	2,200+	2,850	150 for 19 pay periods
	Shoulder Replacement and Revision	2,400 =	+ 0	2,400	100 for 24 pay periods	= 008′5	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
Cardio- vascular	Coronary Artery Bypass Graft Surgery	5,200 =	+0	5,200	200 for 26 pay periods	1,700 =	2,500 +	5,200	200 for 26 pay periods
	Coronary Catheterization and Percutaneous Coronary Interventions	= 008	+0	800	50 for 16 pay periods	5,500 =	2,300 +	3,200	200 for 16 pay periods
	Ear Tubes	= 008 \$	+ 0\$	008\$	\$50 for 16 pay periods	\$ 4,600=	\$2,200+	\$2,400	\$150 for 16 pay periods
ENT	Sinus and Nasal Septum Surgery	= 006	+0	006	50 for 18 pay periods	= 006′5	2,300+	3,600	200 for 18 pay periods
	Tonsillectomy and Adenoidectomy	= 008	+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
:	Hernia Repair	750 =	+0	750	50 for 15 pay periods	4,450 =	2,200+	2,250	150 for 15 pay periods
Gastro- intestinal	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 Gl Endoscopy	= 009	+0	009	50 for 12 pay periods	4,000 =	2,200+	1,800	150 for 12 pay periods
	Sling Surgery for Female Urinary Incontinence	= 058 \$	+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
Women's Health	Hysterectomy	= 008	+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
Copay	Min \$0 - Max \$2,500	*The total cost	of an add-in	is comprised	*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	le) plus the cost	of the add-i	in which is pa	id through payroll
Paycheck Deduction	Min \$0 - Max \$200 for 1 Add-in / Max \$300 for >1 Add-in	deduction. Only	copays (core	e and copays	deduction. Only copays (core and copays when an add-in is purchased, if applicable) count towards the out-of-pocket maximum.	iased, if applicat	ole) count to	wards the ou	t-of-pocket maximum.
Paycheck Duration	Min 12 pay periods - Max 26 pay periods	I ne cost or an a	da-ın aoes n	ot count tow	The cost of an add-in does not count towards the out-of-pocket maximum.	naxımum.			



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 lifechanging 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 preexisting 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 spply	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		
	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		
	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		
	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	
	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	
	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	
	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





Novant Health Retirement Plus Plan

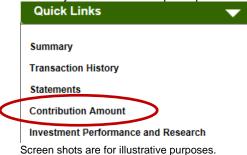
Your benefits package at Novant Health includes the Novant Health Retirement Plus Plan. The Plan is recordkept by Fidelity Investments so you can contact them for assistance or with any questions. You will be automatically enrolled in the Plan starting with your first full bi-weekly paycheck* at a pretax 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.



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.



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

Powered by YouDecide

VOLUNTARY BENEFIT PROGRAMS

Programs available with the convenience of pauroll 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 you 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



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





























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