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 "Good Work" for your smart phone.
	Your manager manages your time and will add the earned hours to your first week on the job to our time system (API) for completing the New Practitioner Orientation module (2 ½ hours) 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 pages 12-14 and 19-32)
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) - page 18
	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.

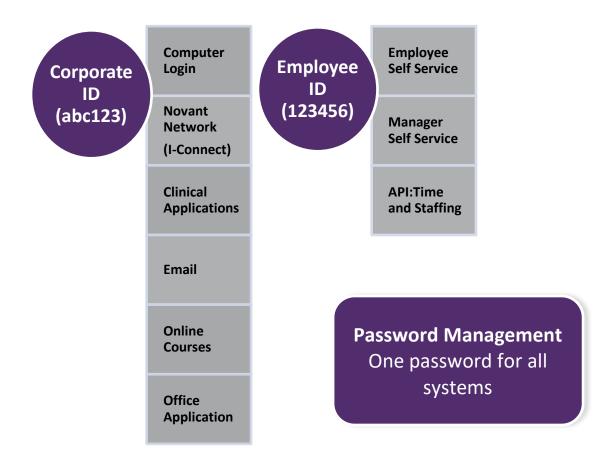
Novant Health computer system instructions

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 and it is not case sensitive.

To locate your Corporate ID, you must be on the Novant Health network. Go to I-Connect, click Directories (on right), and click Information Central. Type in your last/first name. Your Corporate ID is on the line with your full name in parentheses. Example: (ABC123) or (AB1234)

• **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.)



Need Help with a Computer/Software Problem?

Call the Support Center from work or home 365/24/7

Thomasville area 336-472-2597 Charlotte area 704-384-3100 Winston-Salem area 336-718-9000

Toll free 1-866-966-8268

MyPassword

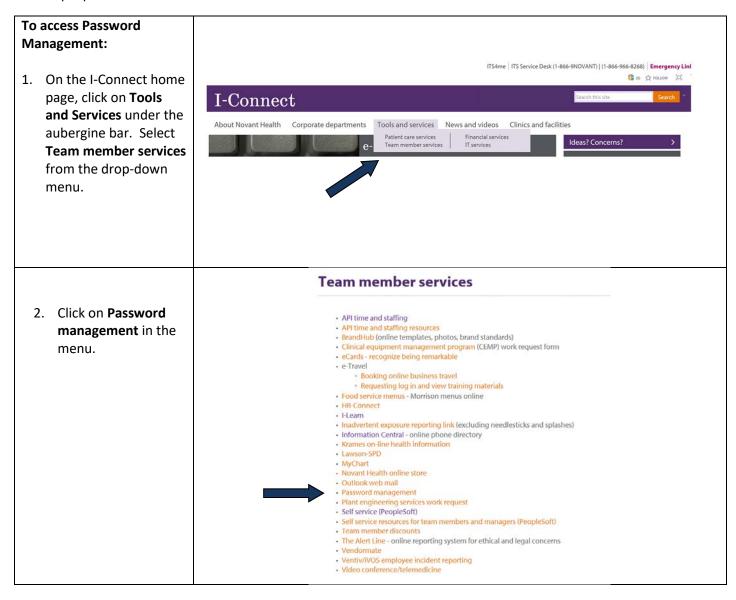
Password Management is an application that allows employees to synchronize and set their passwords. The directions for Password Management are shown below:

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.

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 ☐: Numeric Field ☐: Read Only Field ☐ logout

Welcome to MyPassword

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



Corporate ID (Such as ABC123)

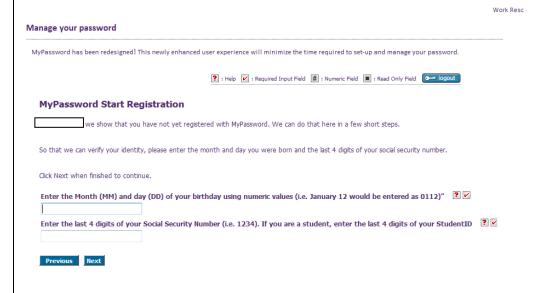


Please contact the ITS Service Desk at 1-866-9Novant (1-866-966-8268) for assistance.

© Copyright, Courion Corporation, All rights reserved.

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.
- 6. 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.

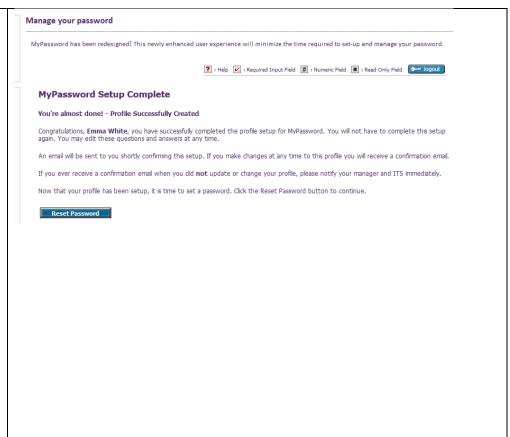


Once you have selected the security questions and answers, you will see the MyPassword Setup Complete screen. You have successfully set up your profile and will receive a confirmation email.

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.



Change/Synch

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.

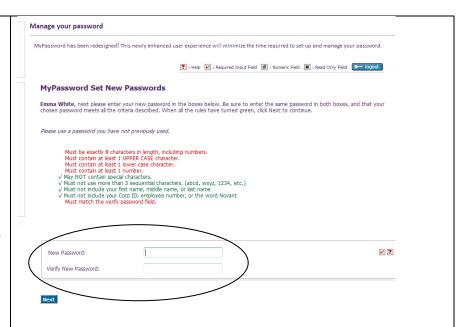
When the **MyPassword Results** screen appears, review the status of each of your accounts/applications listed in the Success Details table. If any of the applications failed to synchronize, please contact the:

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

Note: To finalize and verify that your password works:

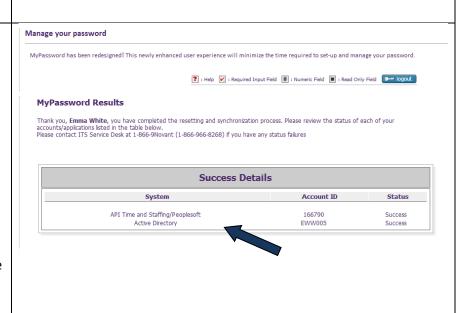
- Log off the computer
- Log back on using your Corporate ID and new password.

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.



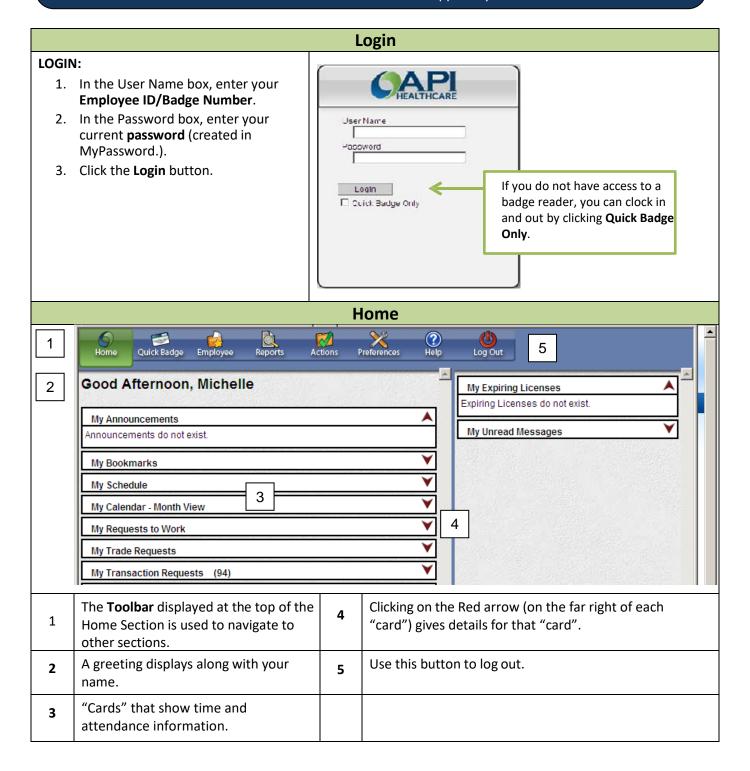
API Time & Staffing

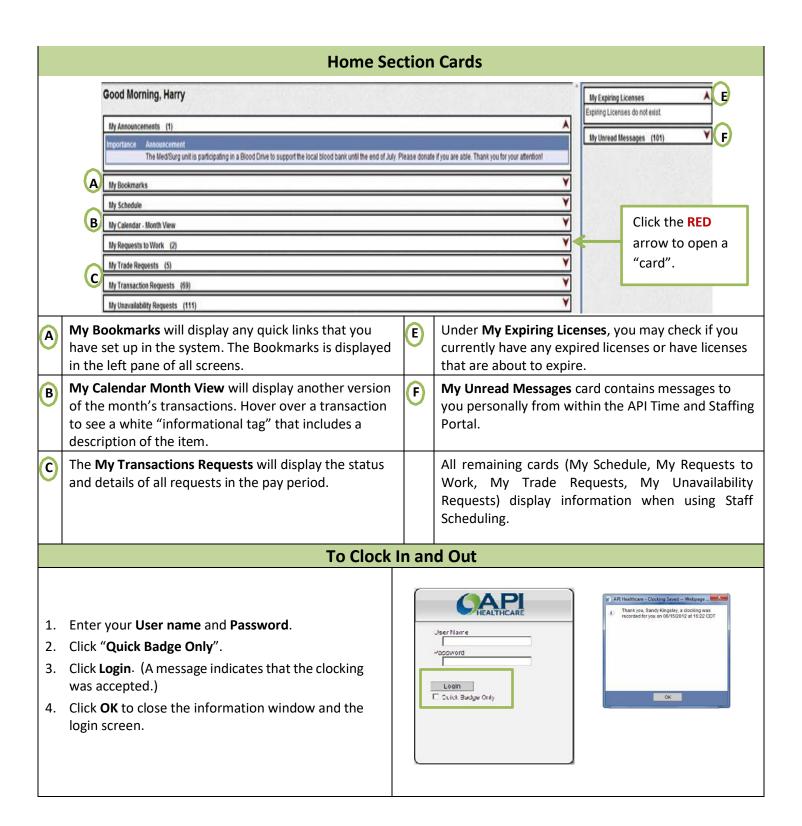
API Time and Staffing

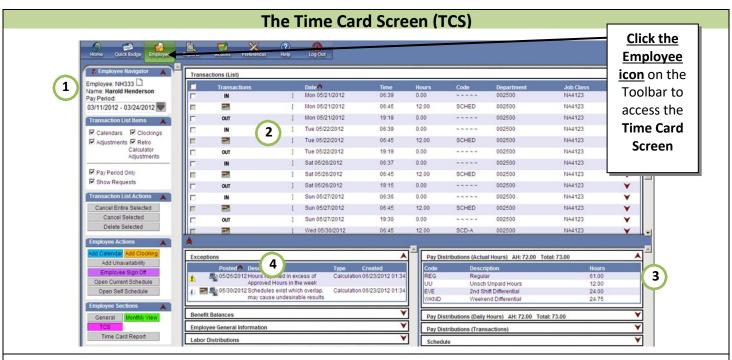
If you have difficulty logging in, please contact the Novant Health ITS Support Center by phone at 1-866-9Novant (866-966-8269) or by email to the Support Center in Outlook.

This guide helps you to:

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







The Time Card Screen (TCS) is where you would go to check timecard, pay period and personal information as well as view a breakdown of your worked hours and benefit balances.

- **Employee Navigator**: Displays the name, number 1 and date of the pay period information in the screen.
- Pay Distributions Actual Hours: Displays hour totals 3 by pay code for the pay period.

Pay Distributions Daily Hours: Breaks the pay period into weekly totals, as well as pay distribution totals, for each employee.

- Transaction List: Contains your clockings and 2 calendars as well as any clocking and calendar requests.
- **Exceptions**: Contains pay period exceptions, details of 4 pay period request, current benefit balances, labor distributions, etc.

Directions for Correcting a Missed Punch "Add Clocking"

Directions for Requesting Time Off "Add Calendar"

To add a missed in or out punch:

1. On the TCS (on left under Employee Actions), click Add Clocking.

- 2. Enter date and time.
- Click Save.

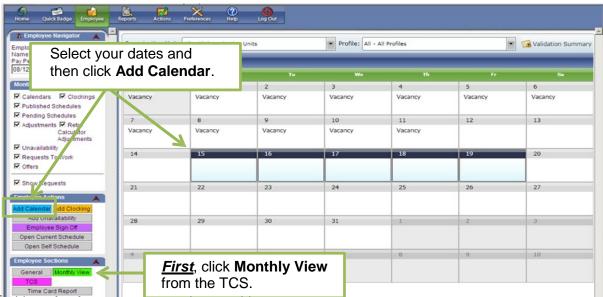
The request will appear on the Time Card Screen. It then needs to be reviewed and approved (or denied) by your timekeeper.

To ask for PTO or to record sick time:

- On the TCS (on left under Employee Actions), click Add Calendar.
- 2. Enter Hours/Units of time off (ie. 8.0)
- Enter a **Paycode** (ie PTOSE PTO scheduled excused)
- Enter the **Time** (start time of your shift) (ie 08:00)
- **Requested Reason** enter any addition information as needed
- 6. Click Save.

The request will appear on the Time Card Screen. It then needs to be reviewed and approved (or denied) by your leader.

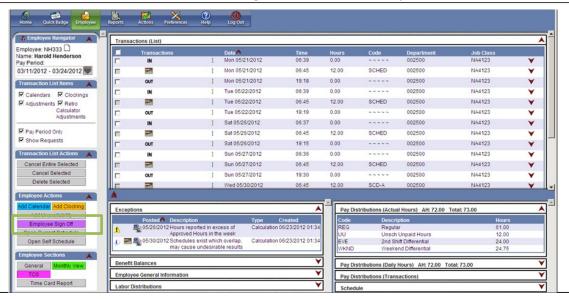
Use the Monthly View screen to add calendars for more than one day at a time.

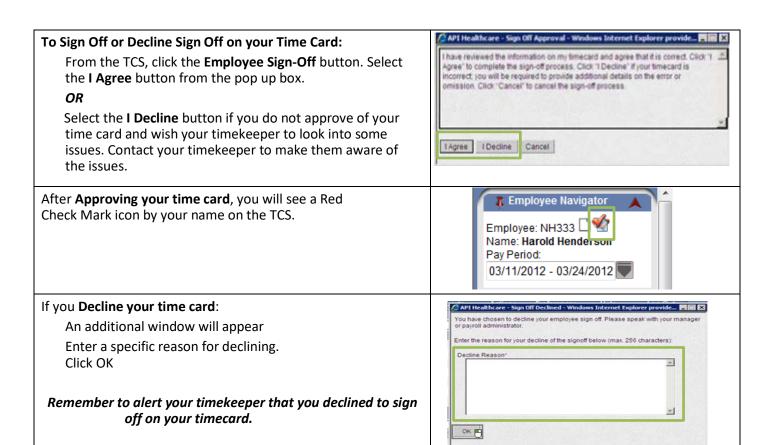


- To add a Calendar Request using the Monthly View screen:
 - 1. Click on the **Monthly View button** from the Time Card Screen (TCS).
 - 2. Select the dates you wish to request off. (For consecutive days, hold down SHIFT + click on date. For non-consecutive dates, hold down CTRL + click.)
 - 3. Click **Add Calendar**. Enter **Hours/Units** of time off (ie. 8.0). Enter a **Paycode** (ie PTOSE PTO scheduled excused) Enter the **Time** (start time of your shift) (ie 08:00) **Requested Reason** enter any addition information as needed.
 - 4. Click Save.

Employee Sign Off

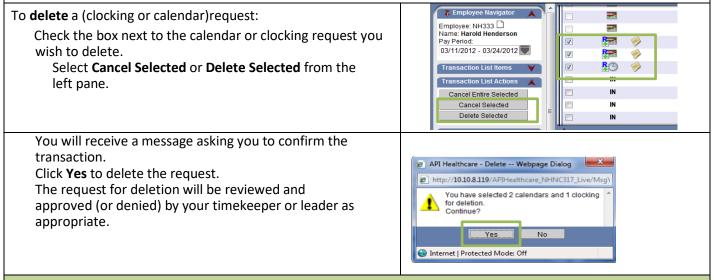
Employee Sign-Off allows you to alert your timekeeper to problems you see with your time card or to communicate that what you see is accurate. Team members must sign off on their time every two weeks.





Deleting Clocking and Calendar Requests

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



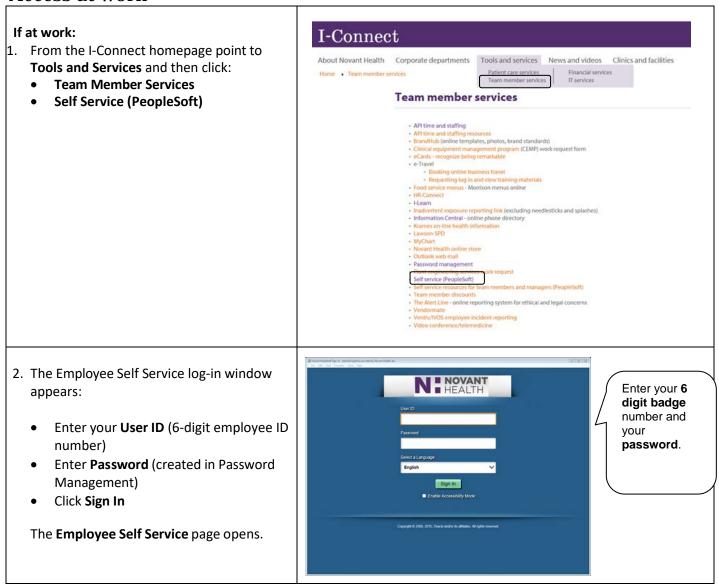
ALWAYS logout when you are done to ensure confidentiality.

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

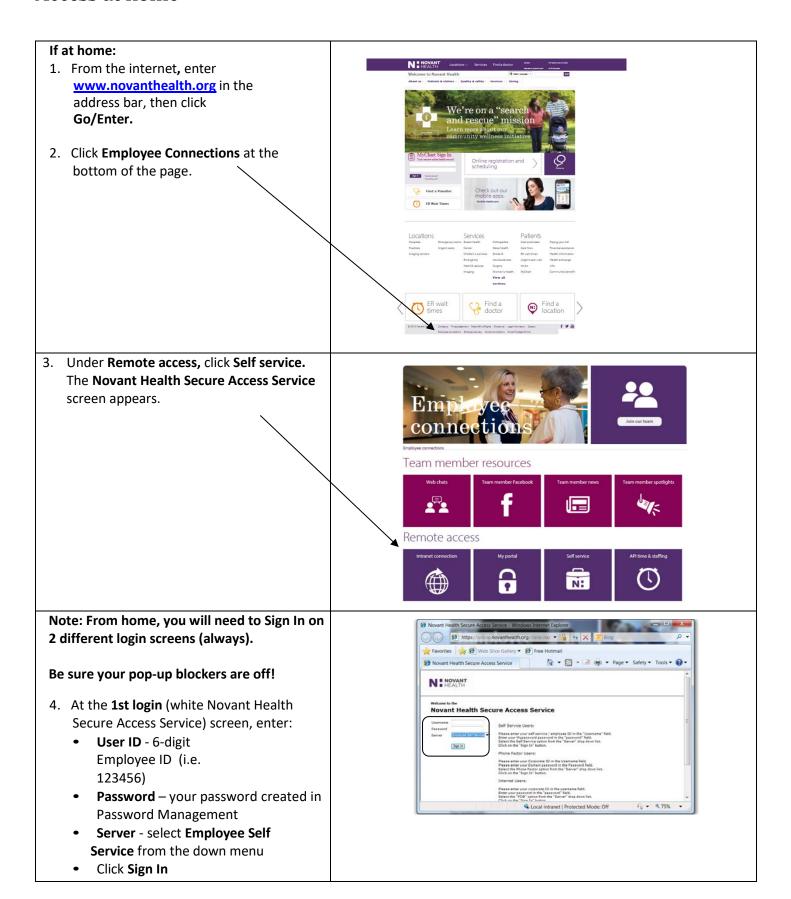
Self-Service (PeopleSoft) – Log In

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



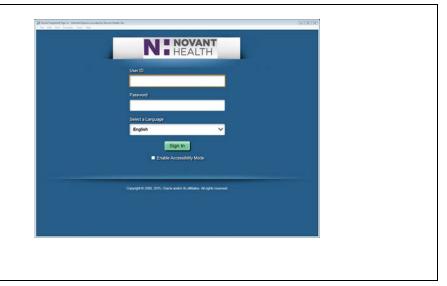
Access at home



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, or direct deposit information.
- Benefits Review health/dental insurance, update beneficiary information and enrollment
- **Learning and Development** –Review training summary, 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
- Recruiting Activities View job postings (posted internally 1 week prior to external posting).
- Campaign and Employee Forms Donating to charitable organizations, asking for FMLA, and to decline the Flu vaccine



How to login to 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.

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

When logging in from home:

- From novanthealth.org
- Navigate to for employees
- Scroll down to Online education classes
- A login window will appear
- Log in using: novant\Corporate ID

Example: novant\abc123

Enter your MyPassword



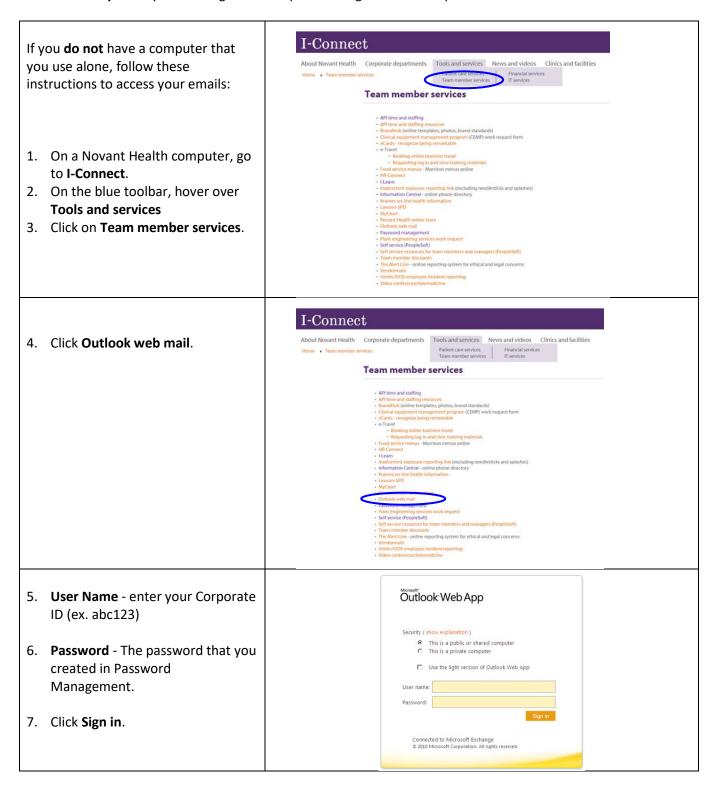
How Do I?	Quick Steps:
Log In (choose your computer/location)	
A. Log in using a Novant Health computer on the	I-Connect > click Team Member Resources (on right) > click I-Learn.
network	Note: There are tip sheets and quick reference guides on the right side of the page.
	Click Here on "Click <u>Here</u> to Launch I-Learn".
B. Log in using a computer that is a generic workstation	 Open and use Google Chrome! I-Connect http://iconnect.novanthealth.org/Pages/Home.aspx > click Team https://iconnect.novanthealth.org/Pages/Home.aspx > click Team
C. Log in using a computer from outside the Novant Health network	 From www.novanthealth.org >scroll to the bottom of the page and click "Employee connections" > click Online education classes (4th row, orange bar) Click on "Click Here to Launch I-Learn". Log in with User name: novant\your corporate ID (ex. novant\abc123) Password: Enter your password
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 Withdraw	
Un-enroll from a CBL or Curriculum	 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).
Withdraw from an ILT	 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	After launching the CBL, click forward/back to review all the pages of the CBL.			
course	pages or and each			
	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, go to the Self Service system and view your historic and recent education.			
Print my transcript	Click View My Transcript.			
, '	• In the upper right hand corner of transcript, click Options .			
	• Click Print.			
	1			

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.





4020 Kilpatrick Street Winston-Salem, NC 27104

To: Newly hired Benefits Eligible Team Member

From: HR/Benefits

Re: Your enrollment in Novant Health Benefits

Dear Team Member,

We would like to welcome you to the Novant Health family. As a new team member, your status makes you eligible for our extensive benefits program. Your benefits will be effective the first day of the month following one full month of employment.

In addition to the New Hire Orientation benefits presentation, you can view more detailed benefits information on the Benefits Resource Center. The Benefits Resource Center can be accessed from home or work.

Access from Work: I-Connect > Benefits > Benefit Resource Center Access from Home: www.novanthealth.ora/benefits

Once you receive your Novant Health employee ID number, you are ready to begin your benefits enrollment. At Novant Health, you will enroll for your benefits via Employee Self Service which you can access from home or work.

You have 31 days from your hire date to sign up for your benefits and submit required documentation to enroll your dependents on your plan(s). If Employee Benefits does not receive the required documentation for your dependents within your 31 day enrollment period, they will not be added to your benefit plan(s). You may submit your documentation by uploading it to Employee Self-Service. After signing into self-service you'll select 'Benefits' 'Dependent Verification'.

You can access the benefits enrollment page as many times as you would like during this 31 day time period. However, after your 31 days has ended the page will be closed and you will not be allowed to make any further changes. If you do not enroll or waive coverage, you will be automatically enrolled into the CIGNA Standard medical plan (employee only). Please refer to the Benefits Resource Center for all of your benefits information before making your benefit decisions. If you have any questions you are encouraged to make use of HR-Connect which allows team members to find answers to frequently asked benefits questions. If you don't find the answer to your question, simply submit an HR request and an HR team member will respond to you. If you need to contact the Human Resources Service Center the toll-free phone number is 1 (800) 890 5420.

Welcome! Novant Health HR/Benefits

Your Medical Plan Options

For 2018, the medical plans at Novant Health consist of two separate parts that, together, provide important protection for you and your family. The two parts are:

- A benefit for covered medical expenses, such as office visits, diagnostic tests and care provided at an inpatient or outpatient facility, through your medical plan coverage; and
- A benefit for prescription drugs.

Novant Health has chosen CIGNA to administer the medical benefits and OptumRx to administer the prescription drug benefit.

Your Medical Options: The CIGNA Premium and Standard Plans

You have two medical plan options from which to choose:

- The CIGNA Premium Plan
- The CIGNA Standard Plan

The CIGNA Medical Plans

The CIGNA Medical Plan options blend traditional health coverage with a unique account to help you pay covered medical expenses. The plans work this way:

If you choose the Premium Plan, an amount of money is allocated to your Health Reimbursement Account (HRA). The amount depends on the effective date of your coverage and whether you select Single, Employee & Spouse, Employee & Child(ren) or Family Coverage.

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

- You can earn additional HRA dollars thru our Motivate Me program (see program summary page 3.
- If you don't fully spend your HRA dollars, unused dollars roll over for you to use next year.
- It's important to note that *preventive care* (i.e. annual checkups, immunizations) by network providers is covered at 100% and is not counted against your HRA.
- The plan features an out of pocket maximum a cap limiting the amount you pay out-of-pocket each year.
 When your spending reaches this amount, your remaining eligible expenses are covered by the plan at 100% the rest of the year.
- If you obtain services within the Novant Health Network, you will have a lower cost either in the form of a copay or reduced deductible and co-insurance.

For a detailed review of the Novant Health medical plans, go to the Benefits Resource Center at www.novanthealth.org/benefits and view Cigna's 'Medical Plan Basics' presentation.

Medical plans

P-00-1	Pre	mium plan 201	8		Standard plan 2018	3
Medical	Novant Health	Cigna	Out-of-	Novant Health	Cigna Network	Out-of-network
	Network	Network	network	Network		
Deductible — Copays do not	apply to the deduc	tible. Deductibl	es cross-accumu	ulate.		
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 — Ir	cludes deductible,	coinsurance and	copays. All out-	of-pocket tiers cross	s-accumulate. Medi	cal 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	\$2,550	\$3,600	N/A	\$4,200	\$4,700	N/A
one member	7 = 7 = 1	7-,	,	, ,,===	, ,,	,
Medical and pharmacy limit	\$4,150	\$5,200	N/A	\$5,800	\$6,300	N/A
any one member	7 1,200	40,200	,	42,000	4 0,000	,
Employer-funded HRA	Fixed with	Fixed with	Wellness	Fixed with	Fixed with	Wellness
Employer-runded HKA	salary	salary	incentive up	salary	salary	incentive
	<\$150,000	>\$150,000	to	<\$150,000	>\$150,000	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-n				· ·		V 1,170
	Novant Health	Cigna	Out-of-	Novant Health	Cigna Network	Out-of-network
Services	Network	Network	network	Network	Cigila Network	Out-of-fletwork
Hospital inpatient services	5%	20%	40%	10%	25%	40%
Hospital outpatient services	5%	20%	40%	10%	25%	40%
Physician inpatient visits	5%	20%	40%	4.00/		
Physician surgery, office		2070	4070	10%	25%	40%
Physician surgery, IP and OP	\$75			10% \$85	25% 25%	
	\$75 \$100	20%	40%	\$85	25%	40%
	\$100	20% 20%	40% 40%	\$85 \$200	25% 25%	40% 40%
Hospital emergency room	\$100 15%	20% 20% 15%	40% 40% 15%	\$85 \$200 20%	25% 25% 20%	40% 40% 20%
Hospital emergency room Urgent care facility	\$100 15% \$20	20% 20% 15% 20%	40% 40% 15% 40%	\$85 \$200 20% \$35	25% 25% 20% 25%	40% 40% 20% 40%
Hospital emergency room Urgent care facility PCP office services,	\$100 15%	20% 20% 15%	40% 40% 15%	\$85 \$200 20%	25% 25% 20%	40% 40% 20%
Hospital emergency room Urgent care facility PCP office services, excluding surgery	\$100 15% \$20 \$10	20% 20% 15% 20% 20%	40% 40% 15% 40% 40%	\$85 \$200 20% \$35 \$25	25% 25% 20% 25% 25%	40% 40% 20% 40% 40%
Hospital emergency room Urgent care facility PCP office services, excluding surgery Specialist office services,	\$100 15% \$20	20% 20% 15% 20%	40% 40% 15% 40%	\$85 \$200 20% \$35	25% 25% 20% 25%	40% 40% 20% 40%
Hospital emergency room Urgent care facility PCP office services, excluding surgery Specialist office services, excluding surgery	\$100 15% \$20 \$10	20% 20% 15% 20% 20%	40% 40% 15% 40% 40%	\$85 \$200 20% \$35 \$25	25% 25% 20% 25% 25% 25%	40% 40% 20% 40% 40%
Hospital emergency room Urgent care facility PCP office services, excluding surgery Specialist office services, excluding surgery X-rays and lab services,	\$100 15% \$20 \$10 \$50	20% 20% 15% 20% 20%	40% 40% 15% 40% 40%	\$85 \$200 20% \$35 \$25 \$65	25% 25% 20% 25% 25%	40% 40% 20% 40% 40%
Hospital emergency room Urgent care facility PCP office services, excluding surgery Specialist office services, excluding surgery X-rays and lab services, including interpretation at	\$100 15% \$20 \$10	20% 20% 15% 20% 20%	40% 40% 15% 40% 40%	\$85 \$200 20% \$35 \$25	25% 25% 20% 25% 25% 25%	40% 40% 20% 40% 40%
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	\$100 15% \$20 \$10 \$50 5% no deductible*	20% 20% 15% 20% 20% 20%	40% 40% 15% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no deductible*	25% 25% 20% 25% 25% 25%	40% 40% 20% 40% 40% 40%
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,	\$100 15% \$20 \$10 \$50	20% 20% 15% 20% 20%	40% 40% 15% 40% 40%	\$85 \$200 20% \$35 \$25 \$65	25% 25% 20% 25% 25% 25%	40% 40% 20% 40% 40%
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	\$100 15% \$20 \$10 \$50 5% no deductible*	20% 20% 15% 20% 20% 20%	40% 40% 15% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no deductible*	25% 25% 20% 25% 25% 25% 25%	40% 40% 20% 40% 40% 40%
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)	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%*	20% 20% 15% 20% 20% 20%	40% 40% 15% 40% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no deductible* \$200	25% 25% 20% 25% 25% 25% 25%	40% 40% 20% 40% 40% 40%
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	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0	20% 20% 15% 20% 20% 20% 20% 20% 20% 20% 50	40% 40% 15% 40% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no deductible* \$200	25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 300	40% 40% 20% 40% 40% 40% 40%
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	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0 5%	20% 20% 15% 20% 20% 20% 20% 20% 20% 20%	40% 40% 15% 40% 40% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no deductible* \$200 10%* \$0 10%	25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25%	40% 40% 20% 40% 40% 40% 40% 40% 40%
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	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0 5% \$10	20% 20% 15% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20	40% 40% 15% 40% 40% 40% 40% 40% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no ded uctible* \$200 10%* \$0 10% \$25	25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25% 25	40% 40% 20% 40% 40% 40% 40% 40% 40% 40%
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 ABA therapy from	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0 5%	20% 20% 15% 20% 20% 20% 20% 20% 20% 20%	40% 40% 15% 40% 40% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no deductible* \$200 10%* \$0 10%	25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25%	40% 40% 20% 40% 40% 40% 40% 40% 40%
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 ABA therapy from licensed/credentialed	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0 5% \$10	20% 20% 15% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20	40% 40% 15% 40% 40% 40% 40% 40% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no ded uctible* \$200 10%* \$0 10% \$25	25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25% 25	40% 40% 20% 40% 40% 40% 40% 40% 40% 40%
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 ABA therapy from licensed/credentialed providers	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0 5% \$10 5%	20% 20% 15% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20	40% 40% 15% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40	\$85 \$200 20% \$35 \$25 \$65 10% no ded uctible* \$200 10%* \$0 10% \$25 10%	25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25% 25	40% 40% 20% 40% 40% 40% 40% 40% 40% 40% 40% 40% 4
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 ABA therapy from licensed/credentialed	\$100 15% \$20 \$10 \$50 5% no deductible* \$125 5%* \$0 5% \$10	20% 20% 15% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20	40% 40% 15% 40% 40% 40% 40% 40% 40% 40% 40%	\$85 \$200 20% \$35 \$25 \$65 10% no ded uctible* \$200 10%* \$0 10% \$25	25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25% 25	40% 40% 20% 40% 40% 40% 40% 40% 40% 40%

^{*}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.

myCIGNAplans.com UserID: NovantHealth2018 password: cigna (case sensitive)

Flexible Benefits For You and Your

Family 2018 Pharmacy

	Benefits are the same for both of the CIGNA Plans Call 1-(866)-230-8130 for assistance					
Pharmacy	Novant Health Retail Pharmacies Up to 30 days supply	Non-Novant Health Retail Pharmacies (Up to 30 days supply)	Novant Health Home Delivery Up to 90 days supply			
Deductible*	None	\$150 Applies to Brand Drugs	None			
Tier 1- Generic	\$5 (minimum \$3)	\$10 (minimum \$3)	\$12 (minimum \$7)			
Tier 2 - Preferred Brand	\$25	\$30+20%	\$65			
Tier 3 – Brand	\$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			
OOP Maximum per calendar year						
Infertility Drugs	Infertility drugs must be purchased from a Novant Health retail pharmacy or through Novant Health Home Delivery and are limited to a 30 day supply. There is a \$10,000 lifetime maximum benefit for infertility drugs.					
*Deductible does apply to pha	rmacy OOP maximum.					

2018 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 en	ıployees – class	sified as 30 hou	ırs or more pe	r week	
Cigna Premium plan	Coverage level	Employee only	Employee/ spouse	Employee/ child(ren)	Family
	Total cost	\$330.22	\$739.68	\$690.14	\$1,043.48
	Minus NH dollars	-278.70	-567.90	-561.77	-818.36
	Your net cost	\$51.52	\$171.78	\$128.37	\$225.12
Cigna Standard plan	Coverage level	Employee only	Employee/ spouse	Employee/ child(ren)	Family
	Total cost	\$304.48	\$682.02	\$636.34	\$962.14
	Minus NH dollars	-276.81	-559.64	-553.76	-807.35
	Your net cost	\$27.67	\$122.38	\$82.58	\$154.79

Part-time employees – classified as 24 to 29 hours per week					
Cigna Premium plan	Coverage level	Employee only	Employee/ spouse	Employee/ child(ren)	Family
	Total cost	\$330.22	\$739.68	\$690.14	\$1,043.48
	Minus NH dollars	-217.50	-447.02	-440.64	-644.22
	Your net cost	\$112.72	\$292.66	\$249.50	\$399.26
Cigna Standard plan	Coverage level	Employee only	Employee/ spouse	Employee/ child(ren)	Family
	Total cost	\$304.48	\$682.02	\$636.34	\$962.14
	Minus NH dollars	-222.37	-452.10	-446.00	-652.44
	Your net cost	\$82.11	\$229.92	\$190.34	\$309.70

Dental				
Coverage level	Employee only	Employee/ spouse	Employee/ child(ren)	Family
Total cost	\$16.76	\$34.81	\$36.22	\$59.14
Minus NH dollars	-9.47	-11.40	-12.28	-27.42
Your net cost	\$7.29	\$23.41	\$23.94	\$31.72

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

For 2018, your deductions will be taken over 26 pay periods.

Service type	Benefit
Preventive/diagnostic services (Type A)	100%, no deductible
Basic restorative services (Type B)	80%, no deductible
Major restorative services (Type C)	50%, after \$50 Individual / \$150 Family calendar year deductible
Orthodontia services (Type D)- child only	50% after \$100 lifetime deductible
Annual maximum	\$1,700 for in-network; \$1,300 for out-of-network
Lifetime orthodontia maximum	\$1,500

^{*}MetLife's Preferred Dentist Program allows you to select from a network of participating dentists who have agreed to charge MetLife's negotiated fees. You may still elect to receive services from a non-network dentist at the benefit coverage listed above. However, these dentists have not agreed to the negotiated fees, so you may have a higher out of pocket cost

Understanding the types of care covered

Preventive services (Type A) Oral exams, cleanings, X-rays, space maintainers, sealants. These services help prevent or limit more serious and costly problems in the future, which is why the coinsurance level is 100 percent and there is no deductible.

Basic restorative services (Type B) Fillings, extractions, endodontics (root canal therapy), periodontics (treatment of gums), oral surgery. These services are subject to the 80 percent coinsurance level.

Major restorative services (Type C) Inlays, onlays, crowns, bridges, dentures. These services are subject to the deductible and 50 percent coinsurance.

Orthodontics - child only coverage (Type D) Straightening of teeth. Orthodontia is covered at a 50 percent coinsurance level and is subject to a \$100 lifetime deductible. A lifetime orthodontia maximum of \$1,500 per dependent child applies, and treatment has to begin prior to age 18.

Frequently Asked Questions & Important Information

Who is a participating Preferred Dentist Program dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in full for services provided to plan participants. Negotiated fees typically range from 15-45 percent* below the average fees charged in a dentist's community for the same or substantially similar services.

Try visiting a MetLife network dentist for your next visit.

To find a dentist who participates in MetLife's Preferred Dentist Program, visit www.metlife.com/mybenefits or call toll-free 1-855-638-8370 Monday through Friday from 8 a.m. to 11 p.m., eastern time.



^{*}Based on Internal analysis by MetLife. Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

Vision

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage.
 Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco[®]
 Optical, Sam's Club, Visionworks and Walmart.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction: ²
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

Have questions?

Call MetLife at 1-855-638-8370,

Monday - Friday, 8 a.m. – 11 p.m. ET, Saturday, 10 a.m. – 11 p.m. ET & Sunday, 10 a.m. – 10 p.m. ET

In partnership with



ADF# V1130.16

In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Frequency

Eye exam

Once every Calendar Year

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after \$15 copay.
- Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice.

Frames

Once every 2 Calendar Years

- Allowance: \$150 after \$15 eyewear copay
- Costco, Walmart & Sam's Club: \$85 allowance after \$15 eyewear copay

You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart & Sam's Club.

Standard corrective lenses

Once every Calendar Year

• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$15 eyewear copay.

Standard lens enhancements¹

Once every Calendar Year

- Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full.
- Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.

Contact lenses (instead of eye glasses)

Once every Calendar Year

- Contact fitting and evaluation: Covered in full with a maximum copay of \$60.
- Elective lenses: \$150 allowance
- · Necessary lenses: Covered in full after eyewear copay.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit **www.metlife.com/mybenefits** for detailed out-of-network benefits information.

• Eye exam: up to \$45	Single vision lenses: up to \$30	 Lined trifocal lenses: up to \$65
Frames: up to \$70	 Lined bifocal lenses: up to \$50 	 Progressive lenses: up to \$50
	Contact lenses:	 Lenticular lenses: up to \$100
	- Elective up to \$105	
	- Necessary up to \$210	

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- · Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.

- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.

- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- · Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eve(s).

MEDICATIONS

Prescription and non-prescription medications.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

In-network	Out-of-Network
Computer vision care (CVC)	- Computer de la comp
Provides benefits to help correct and identify vision problems related to regular computer and digital device use. Dependents are not covered. Not available at retail chains including Costco	 Computer vision care: Exam: \$14 Frames: \$45 Lenses: \$30-\$100
Once every Calendar Year	Lenses: \$30-\$100Vision Therapy: \$200
 CVC exam: Prior to your exam, you will need to give your eye doctor a completed Computer Vision Care Questionnaire, which can be found at www.metlife.com/mybenefits. Covered in full. 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Once every 2 Calendar Years	
CVC frames: \$90 allowance. You also get 20% off any amount over your allowance.	
Once every Calendar Year	
 CVC lenses: single vision, bifocal, trifocal, lenticular and specific computer vision lenses. Covered in full after \$15 eyewear copay. 	
Once every Calendar Year	
 CVC lens enhancements: polycarbonate, anti-reflective, scratch-resistant, near variable focuses lenses, occupational progressive lenses. Coverage is the same as the benefit for "Standard lens enhancements" listed previously. 	
Once every Calendar Year	
 Associated Vision Therapy (specific to computer use): Includes one annual supplemental evaluation up to \$200 allowance. 	
CVC Disclaimer The following are not allowed. If these items are provided, the patient's benefit for lenses and frames will not be covered: photochromic, plano lenses, polarized, clip on lenses, didymium lenses, mirror coating, sunglasses, any tint greater than 20% absorption and	
progressive lenses other than those listed.	
Diabetic Eyecare Plus Program Once every Calendar Year Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco.	
Diabetic Eyecare Plus Program Once every Calendar Year Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco. Exam: Covered in full after \$20 copay.	Program: - Exam and other ophthalmological services - The lesser of the provider's usual fee or 80% of the Medicare
Diabetic Eyecare Plus Program Once every Calendar Year Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco.	Program: - Exam and other ophthalmological services - The lesser of the provider's usual fee or
Diabetic Eyecare Plus Program Once every Calendar Year Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco. Exam: Covered in full after \$20 copay.	Program: - Exam and other ophthalmological services - The lesser of the provider's usual fee or 80% of the Medicare allowable charge.
Diabetic Eyecare Plus Program Once every Calendar Year Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco. Exam: Covered in full after \$20 copay. Special Ophthalmological services: Covered in full.	Program: - Exam and other ophthalmological services - The lesser of the provider's usual fee or 80% of the Medicare allowable charge.
Diabetic Eyecare Plus Program Once every Calendar Year Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco. Exam: Covered in full after \$20 copay. Special Ophthalmological services: Covered in full. Conce every 2 Calendar Years Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Not available at retail chains including Costco. Supplemental testing: Maximum of two (2) tests covered in full within a two (2) year period	Program: - Exam and other ophthalmological services - The lesser of the provider's usual fee or 80% of the Medicare allowable charge. - Low vision: - Supplemental evaluation and aids: Same as in-network
Diabetic Eyecare Plus Program Once every Calendar Year Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco. Exam: Covered in full after \$20 copay. Special Ophthalmological services: Covered in full. Conce every 2 Calendar Years Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Not available at retail chains including Costco.	Program: - Exam and other ophthalmological services - The lesser of the provider's usual fee or 80% of the Medicare allowable charge. - Low vision: - Supplemental evaluation and aids: Same as in-network
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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 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

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Need Help?

Contact your Consumer Advisor for support. (M-F, 8am - 7pm EST) or email advisor@youdecide.com (800) 923-46 Client ID: NOV668



Take a look at what your employer is offering

Group Long Term Care

What is long term care?

Whether it's due to an accident or a serious illness, it is the type of care you may need if you couldn't independently perform two or more of the following basic activities of daily living:



- Eating
- Dressing
- Bathing
- Toileting
- Continence Transferring
- Severe Cognitive Impairment

How does this coverage help?

Long Term Care Insurance provides benefits to help you pay for care provided in a long term care facility, assisted living facility or professional home care.



Won't my other insurance pay for long term care?

Unfortunately, no.

- Medical Insurance and Medicare are designed to pay for specific care for acute conditions—not for long term help with daily living.
- Medicaid only helps with long term care expenses after you have depleted virtually all of your assets. The exact amount varies by state but usually leaves just a few thousand dollars in total assts.

How to enroll:

You can learn more about coverage for you and your eligible family members by visiting the enrollment site: http://unuminfo.com/novant

To enroll in coverage, please fill out all applications on the enrollment site and turn in the forms to your HR Contact.

If you have questions about this Long Term Care Offer, contact Unum Customer Service at 800-227-4165.



Welcome New Team Member

A Special Enrollment Opportunity for Novant Health Associates

As a newly eligible Team Member, this is your opportunity to enroll in permanent life insurance coverage for yourself, your spouse and your children.

Novant Health is making available to employees this guaranteed issue Premier Whole Life Insurance offered by Voya Employee Benefits. Insurance products are issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. We have also made arrangements with iBenefit Communication to assist you with enrolling for these benefits. Spouse and child coverage is also available with some required health questions.

GUARANTEED ISSUE THROUGH YOUR INITIAL ELIGIBILITY PERIOD

Guaranteed issue means that employees can apply for coverage without having to answer any health questions. Employees issue age 15-50 can apply for up to \$125,000 without having to answer health questions. Employees issue age 51-65 can apply for up to \$40,000 in coverage without having to answer any health questions. Amounts above these guaranteed issue limits will require underwriting. Coverage is also available for your spouse and children with some required health questions*.

- You can purchase coverage for yourself, your spouse, and your children
- Rates start at \$4 per week, you choose the amount of coverage that best fits your needs
- . No physical exams are required for employees to apply for coverage within the guaranteed issue limits
- You own the policy, so you can take it with you if you change jobs or retire. There is no increase in premium and no decrease in benefits

HOW TO ENROLL!

Novant Health has arranged three easy options to help you learn more about this benefit and enroll for coverage:

Whole Life Hotline	855-297-7740 To speak directly with a Licensed Benefit Specialist
Email	nhwholelife@ibenefitcommunication.com Include full name and telephone number with area code. A Licensed Benefit Specialist will contact you within 24 hrs.
Text Message	Text "LIFE" at 336-600-1789 A Licensed Benefit Specialist will contact you within 24 hrs.

Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya family of companies. This is a brief summary. See the product brochure and certificate and riders for complete provisions, conditions on eligibility and benefit determination, exclusions and limitations. Product availability and specific provisions may vary by state.

**See reverse side for UNUM Long-Term Care Insurance Offering **

^{*}Amounts above guaranteed/contingent issue are available with additional underwriting.





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® atwww.netbenefits.com/novanthealth. Click Register at the top of the screen to establish your Username and Password.



Screenshots 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.



Screenshots 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 (1,000 hours in a calendar year). 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 own employee payroll-deducted 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.

^{**}The State Street Target Retirement Funds (Class K in the TDSP and Non-Lending Series Class M in the SSRP) are designed for investors expecting to retire around the year indicated in each fund's name. Except for the State Street Target Retirement Income Fund, the funds' asset allocation strategy becomes increasingly conservative as it approaches the target date and beyond. Ultimately, the funds are expected to merge with the State Street Target Retirement Income Fund. The investment risk of each Fund changes over time as the funds' asset allocations change. The funds are subject to the volatility of the financial markets, including equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity- linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the target dates.

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:







John Halley Winston-Salem/Manassas



Joshua Lopez Charlotte/ Brunswick



JaredMcVey Charlotte/ Brunswick



James Simon Winston-Salem/Manassas

For advice on choosing your investments or distribution options that are right for you, call 800-642-7131 to speak with a Fidelity Representative. Advice services are provided directly from Fidelity and not through the Novant Health Retirement Plus Plan.

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<u>www.netbenefits.com/novanthealth</u>. 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 591/2, 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.

This information is intended to be educational and is not tailored to the investment needs of any specific investor.

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.

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