



Randolph Health

2018 Employee Benefit Guide

Provided by: Marsh & McLennan Agency, LLC



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WELCOME TO YOUR BENEFITS GUIDE!

Our 2018 Employee Benefit Guide will provide you with an overview of the comprehensive and rewarding benefits package offered by Randolph Health. We value your service as an employee and our competitive benefits are one way that we thank you for all that you bring to Randolph Health. We are proud to offer you a benefits program designed to protect the health and financial security of you and your family.

Get Help Making Your Benefit Elections

If you have any questions about the benefit plans presented in this guide, contact the Employee Benefits Service Team or the Human Resources Department for assistance:

- **Employee Benefits Service Team**
 - ebservices@marshmma.com
 - 855-313-1075
- **Human Resources Department**
 - Benefits Team
 - 336-629-8893



ELIGIBILITY

Benefits Eligibility

You are eligible to enroll in benefits within the first 30 days following your date of hire. The following prefixes let you know which benefits you are eligible to choose from this guide. Elected benefits begin on the 31st day of your employment.

- **(FT)** Full-Time employees working at least 36 hours or more per pay week.
- **(FT WEO)** Full-Time Weekend Option employees working at least 2 shifts each weekend.
- **(PT FLEX)** Part-Time Flex employees working between 20 and 36 hours per pay week, but agree to have his/her scheduled hours increased or decreased based on department need.
- **(PT FIXED)** Part-Time Fixed employees working less than 20 hours per pay week; works in same job for the same number of hours each pay period.
- **(PRN)** PRN Employees who agree to be available to work “as needed.”

If you see your prefix next to a benefit choice, you are eligible for that benefit.

Dependents

Others in your family may be eligible for coverage under your benefit plans. Your eligible dependents include:

- ❖ Spouse as defined by federal law.
- ❖ Children under the age of 26, or who are disabled and incapable of self-support due to mental or physical disability.
 - Can be natural born child, stepchild, adopted child, child for whom you have been appointed legal guardianship by a court of law or a child for whom the Plan has received a Qualified Medical Child Support Order.
 - Children who are aging out of the medical plan will be removed from the insurance at the end of the month in which they turn age 26.

You must provide date of birth and Social Security number along with proper verification of dependent eligibility when requested by Randolph Health. Claims will be pending until verification of dependent eligibility is submitted.



ENROLLMENT

Access to Benefits Online

Benefit election are made online through PlanSource, here are instructions to access the portal:

- 1. Login – Enrollment** URL: <https://benefits.plansource.com>

Username: Your username is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN. For example, if your name is Jane Anderson and the last four of your SSN is 1234, your username would be janders1234.

Password: Your birthdate in YYYYMMDD format. For example, if your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password.

- 2. Launch Enrollment**

Click on “**Make a Change to My Benefits**” to begin, look for the link that says “**New Hire – Enroll**”.

- 3. Enroll**

Follow each step of the enrollment process from top to bottom. In making your elections, choose the plan option of choice or select the “Decline” option and then select “Continue” after each election has been made until you reach the confirm page.

- 4. Confirm Enrollment Selections**

Once you complete all coverage elections, you will land on the Confirmation Statement. Click the “Confirm Enrollment” button at the bottom of the page to complete your enrollment process.

Can I Make Changes?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status such as marriage, divorce, legal separation, birth or adoption of a child, change in child’s dependent status, death of a qualified dependent, change in employment status or change in coverage under another employer-sponsored plan.

MEDICAL & PHARMACY COVERAGE

Our medical plan provides a high value network administered by UMR. There are no out of network benefits available. The following chart shows the benefits of our medical plan for 2018.

Medical Plan

FT, FT WEO, PT FLEX

Network	Tier 1	Tier 2
	Randolph Health & Piedmont Integrated Health	UnitedHealthcare Choice Plus
Deductible		
Individual	\$1,500	\$2,000
Family	\$3,000	\$4,000
Out of Pocket Max		
Individual	\$4,000	\$5,000
Family	\$8,000	\$10,000
Preventive Care	No Charge	No Charge
Primary Care Office Visit	\$0 Copay	\$25 Copay
Specialist Office Visit	\$0 Copay	\$50 Copay
MD Live Video Visits	\$0 Copay	No Coverage
Rehabilitation Services	\$30 Copay	30% Coinsurance
Advanced Imaging	\$150 Copay	\$300 Copay, then 30% Coinsurance
Hospitalization		
Inpatient Facility	\$500 Copay	\$1,000 Copay, 30% after deductible
Outpatient Facility	\$200 Copay	\$400 Copay, 30% after deductible
Urgent Care	\$25 Copay	\$55 Copay, then 30% Coinsurance
Emergency Room	\$250 Copay	\$400 Copay, then 30% Coinsurance



Tips for Keeping Costs Down:

- Choose Randolph Health or Piedmont Integrated Health as your provider
- Take advantage of preventive care services
- Request generic prescriptions
- Use Urgent Care providers instead of the Emergency Room

Prescription Drug Coverage

FT, FT WEO, PT FLEX

The pharmacy benefits manager for the 2018 plan year is OptumRx. The portion of the drug cost that you are responsible to pay is listed in the table below.

Prescription Drug Coverage	
Tier 1 : Generic	\$ 10 Copay
Tier 2 : Preferred Brand	\$20 + 20% coinsurance
Tier 3 : Non-Preferred Brand	\$35 + 20% coinsurance
Tier 4: Specialty	\$125 + 20% coinsurance

Please note that if you insist on a brand name medication when there is a generic available, and the doctor's prescription allows for a generic to be dispensed, a penalty will be added to your applicable copayment. This penalty is the difference in price between the brand name medication and its available generic.

Diabetic medications and supplies are covered with a simplified copay structure, please see table below for details.

Diabetic Medication Coverage	
Tier 1 : Generic	\$ 10 Copay
Tier 2 : Preferred Brand	\$20 Copay
Tier 3 : Non-Preferred Brand	\$35 Copay

Our pharmacy plan requires participants on maintenance medications to use OptumRx mail order system for a 90-day supply. The Pharmacy program is intended to promote better utilization management and employee convenience. As a local community hospital, we desire to support other local providers. You have the **option** of filling maintenance medication scripts with a **select group** of local pharmacies. The local pharmacies included are:

- Prevo Drug - Asheboro
- Carolina Pharmacy – Asheboro & Seagrove locations
- Ramseur Pharmacy – Ramseur
- Carter's Family Pharmacy – Asheboro

It is important to review the formulary to determine which drugs may be excluded and the tier they fall under with OptumRx. If you have additional questions about your pharmacy benefits and prescriptions, please reach out to RxBenefits at 1-800-334-8134 or www.optumrx.com.

DENTAL

FT, FT WEO, PT FLEX

Randolph Health offers dental coverage administered by Lincoln Financial Group. Our plan allows you and your dependents to visit the dentist of your choice. Utilization of a Lincoln network provider may result in lower costs. Amount paid for dental services is made on the basis of usual and customary (UCR) fees. See an overview of the coverage below and view full details in your dental summary of benefits.



Find a Dentist

Visit www.lfg.com for a list of dentists near you

Services	Low	High
Deductible Applies to basic and major services	\$75 Individual / \$225 Family	\$50 Individual / \$150 Family
Benefit Maximum	\$1,000	\$1,500
Preventive Services Exams, cleanings, x-rays	20%	0%
Basic Services Fillings, simple extractions, root canal	20%	20%
Major Services Oral surgery, crowns	50%	50%
Orthodontia	Not Covered	50%, \$1,500 lifetime maximum



VISION

FT, FT WEO, PT FLEX

Randolph Health offers the opportunity to enroll in a vision insurance plan through Superior Vision. Our vision plan covers eye exams and helps offset the cost of corrective eyewear. An overview of the plan is provided below; please see your summary of benefits for complete details.



Find an Eye Doctor

Visit www.SuperiorVision.com for a list of participating vision providers

Services	Benefit	Frequency
Vision Exam	\$20 Copay	Once every 12 months
Lenses (single, bifocal, trifocal, lenticular)	\$20 Copay	Once every 12 months
Frames	\$125 allowance	Once every 24 months
Contact Lenses (instead of lenses and frames)	\$125 allowance	Once every 12 months



EMPLOYEE CONTRIBUTIONS IN 2018

Below you will find your cost to enroll in the medical, dental or vision coverage depending on the tier in which you chose to enroll. These premiums will be deducted on a pre-tax basis from your paycheck.

Medical Coverage

Employee Biweekly Premium				
	FT – Wellness	FT – Non-Wellness	PT – Wellness	PT – Non-Wellness
Employee Only	\$39.23	\$62.31	\$58.85	\$81.92
Employee + Spouse	\$124.62	\$147.69	\$186.92	\$210.00
Employee + Children	\$85.38	\$108.46	\$128.08	\$151.15
Employee + Family	\$170.77	\$193.85	\$256.15	\$279.23

Dental Coverage

Employee Biweekly Premium			
	Employee Only	Employee + 1	Employee & Family
Low Plan	\$10.32	\$17.97	\$31.53
High Plan	\$12.63	\$24.02	\$42.58

Vision Coverage

Employee Biweekly Premium		
Employee Only	Employee + 1	Employee & Family
\$2.93	\$4.24	\$7.61



Key Terms

- A **premium** is the amount deducted from your paycheck for insurance coverage.
- A **deductible** is the amount you pay before the plan contributes to the cost for services.
- A **copay** is a fixed amount you pay for medical services or prescription drugs.
- **Coinsurance** is the percent of charges you pay after you reach the deductible.
- The **out-of-pocket maximum** is the most you will pay during the plan year for health care expenses, including your deductible, copays, and coinsurance.

FLEXIBLE SPENDING ACCOUNTS

FT, FT WEO, PT FLEX

Randolph Health provides the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through a Flexible Spending Account (FSA).

Contributions to your FSA are deducted from your paycheck before any taxes are taken out. You should contribute the amount of money you expect to spend on eligible expenses for the calendar year. Any remaining money at the end of the calendar year will be forfeited per IRS regulations.

Health Care FSA

The maximum you can contribute to a health care FSA for 2018 is \$2,650. The full amount you elect is available on the date this benefit becomes effective.

Examples of qualified expenses include:

- Prescriptions
- Doctor visit co-pays
- Contact lenses
- Dental care

Health Care Tax Savings Example

Prescription drugs	\$225
Doctor co-pays	\$80
Orthodontia (braces)	\$1,500
Suggested Plan Year Election	\$1,805
Taxes (30%)	x 0.30
Estimated Annual Savings	\$541.50

Dependent Care FSA

The maximum you can contribute to the dependent care FSA is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately. Funds are available only after they are deducted from your paycheck and services have been provided.

Examples of qualified expenses include:

- Child care
- Before or after school program
- Elder care

Dependent Care Tax Savings Example

Day care for child	\$3,500
Summer child care	\$1,500
Suggested Plan Year Election	\$5,000
Taxes (30%)	x 0.30
Estimated Annual Savings	\$1,500



Full List of Qualified Expenses

The IRS maintains a complete list of qualified medical and dental expenses eligible for FSA reimbursement. See the list at: <https://www.irs.gov/publications/p502/index.html>

*Tax savings examples are for illustrative purposes only and are not intended to reflect actual costs of care. 30% tax rate is used for illustration only and may be different than your rate.

DISABILITY INCOME BENEFITS

FT, FT WEO

Long term disability income benefits are provided to you at no cost and employees may purchase short term disability insurance. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Should you become unable to work due to a non-work related illness or injury, disability coverage acts as income replacement to protect you and your family from serious financial hardship.

Long-Term Disability Coverage

Administered by Lincoln Financial Group, long-term disability coverage pays 50% of your salary up to \$5,000 per month, after a waiting period of 180 days. Randolph Health provides full time employees with this coverage, and pays the full cost of the plan.

Long-Term Disability	
Benefits Begin	After 180 day waiting period
Maximum Benefits Duration	Social Security Normal Retirement Age
Percentage of Income Replaced	50%
Maximum Benefit	\$5,000 per month

Short-Term Disability Coverage

Administered by Lincoln Financial Group, short-term disability coverage pays 60% of your salary for up to 22 weeks, after a waiting period of 30 days.

Short-Term Disability	
Benefits Begin	After 30 day waiting period
Maximum Benefits Duration	22 weeks
Percentage of Income Replaced	60%
Maximum Benefit	\$800 per week

Short-Term Disability Rate Calculation Example:

$$\frac{\text{Weekly Earnings}}{\text{(Max earnings is \$1,333)}} \times \$0.01592 = \text{Cost per pay period}$$

When you enroll in Short Term Disability in the online portal, your rate will be automatically calculated for you. The short term disability plan is a "post-tax" benefit.

LIFE INSURANCE

Basic Life and AD&D Insurance

FT, FT WEO

Randolph Health provides full-time employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost. Employees are automatically covered at 1.5 times their annual base salary, up to \$250,000. Randolph Health also provides life insurance for your spouse and child(ren) 6 months—19 years in the amount of \$5,000. You must provide your dependent's date of birth and SSN to obtain dependent coverage. Beneficiary information may be updated through the online portal.

Benefits Reduction Schedule

Employee basic life insurance benefits reduce as follows:

- At age 65 – benefits reduce by 35% of the original amount
- At age 70 – benefits reduce by an additional 25% of the original amount
- At age 75 – benefits reduce by an additional 15% of the original amount

Employee benefits end upon termination of employment; spouse benefits terminate when they reach age 70 or upon your employment termination.

Voluntary Life and AD&D Insurance

FT, FT WEO, PT FLEX

You are also eligible to elect Voluntary Life and AD&D Insurance for yourself and your dependents. You pay the full cost for this plan; premiums will be deducted from your paycheck.

This plan allows employees to elect \$10,000 increments of coverage up to 5 times their annual salary, to a maximum of \$300,000. As a new hire, employees are able to obtain \$200,000 on a guaranteed acceptance basis. Any amount over the guarantee issue will be subject to evidence of insurability. Employees who enroll in the supplemental plan can also elect coverage for their dependents in the following amounts:

Spousal Coverage

- ❖ \$5,000 increments up to 50% of coverage elected for the employee to a maximum of \$50,000.

Child Coverage

- ❖ Dependent child coverage is available on a guaranteed issue basis in the amount of \$10,000
- ❖ Children 14 days to 6 months are eligible for a benefit of \$250

Benefits Reduction Schedule

Voluntary life insurance benefits for yourself and your spouse reduce as follows:

- At age 65 – benefits reduce by 35% of the original amount
- At age 70 – benefits reduce by an additional 25% of the original amount
- At age 75 – benefits reduce by an additional 15% of the original amount

Employee benefits end upon termination of employment; spouse benefits terminate when they reach age 70 or upon your employment termination.

403(b) RETIREMENT SAVINGS PLAN

FT, FT WEO, PT FLEX

Saving for your future is important. Randolph Health Retirement Savings Plan offers an easy way to save for retirement. You are eligible to contribute up to \$18,500 per year on a before tax basis and an additional \$6,000 if you are over the age of 50.



Vesting

You are 100% vested in your 403(b) contributions beginning with your first contribution.

Who to Contact for More Information

You may contact BB&T directly at: 800-228-8076. You may also access your account information via the Internet by logging on to: www.bbt.com/planlink

Note: You will need your Social Security Number (SSN) and Personal Identification Number (PIN) to access your personal account information. If you have forgotten your PIN number simply follow the guidelines under Forgotten your Personal Identification Number (PIN) on the web.

VOLUNTARY BENEFITS

FT, FT WEO, PT FLEX

Group Accident Insurance

Group Voluntary Accident Insurance, offered by Voya, can help cover the unexpected costs related to accident expenses. Employees, employee spouse, and employee dependent children are eligible for this coverage. This policy pays a specific benefit amount for:

- Initial care such as ambulance, emergency room, or initial doctor visit
- Follow-up care such as outpatient doctor's treatments and medical devices
- Injuries, including burns, dislocations, and fractures
- Catastrophic accidents
- Accidental death

Additional features include:

- Benefits paid for accidents that occur on and off the job
- Premiums are paid through payroll deductions
- The coverage is individually owned, so you may be able to take it with you if you leave employment
- Annual Wellness Visit reimbursement up to \$50 for employee and spouse and \$25 for children

Critical Illness Insurance

Employees are eligible for Group Critical Illness Insurance, offered by Voya. This benefit pays a lump sum when you are diagnosed with a covered critical illness. The benefit payment may be used for medical expenses, transportation cost or other bills.

You choose the level of coverage with benefit amounts of \$10,000 or \$20,000. Guarantee issue up to \$20,000 is available during your initial eligibility period. Your spouse and children, if you elect family coverage, are covered at 50% of your benefit. During your new hire enrollment period, you may purchase coverage for you, your spouse, and your children with no medical examination or health questions asked.

Covered Diagnoses include:

- | | |
|--------------------|---------------------------|
| • Heart Attack | • End Stage Renal Failure |
| • Stroke | • Coma |
| • Organ Transplant | • Permanent Paralysis |
| • By-Pass Surgery | |

Annual Wellness Visit reimbursement up to: \$100 per year for the employee and spouse and \$50 for children.

ADDITIONAL BENEFITS

FT, FT WEO, PT FLEX, PT FIXED, PRN

Fitness Center Membership

In an effort to promote a culture of wellness and health improvement, we are pleased to offer reduced rate gym memberships at **Randolph Health Fitness Center - 600-A W. Salisbury Street, Asheboro.**

Our 7000 square foot, hospital-owned fitness center boasts machine and free weights, aerobic equipment, specialized equipment, a variety of group classes, and highly trained and certified personnel to guide you. Our goal is to assist you in achieving a lifestyle of comprehensive wellness.

Employee Assistance Program (EAP)

When you find yourself with personal challenges, EAP has the resources to help sort things out. Help is available for you or any member of your immediate family living in your household. All employees and their eligible dependents are allowed and up to 4 face to face visits per issue and unlimited phone counseling through Compsych with Lincoln Financial.

Payroll Deductions

Payroll deductions can be arranged for the Cafeteria, Commons and Gift Shop purchases, as well as other special purchases such as jewelry, uniform, and book sales.

Leave of Absence

A leave of absence policy is offered to employees when time away from work is needed for medical leave (non-FMLA), personal or educational. Per federal requirements military leave is also available.

Family & Medical Leave

You may be eligible for up to 12 weeks of job-protected leave under the Family and Medical Leave Act after 12 months of service and 1,250 worked hours during the previous 12 month period. Leave is available for your own serious health condition, care for an immediate family member with a serious health condition, birth of a child, care for a newborn and placement of adopted or foster child.

Tuition Reimbursement

Randolph Health offers opportunities to help you meet your professional educational needs.

Discounts

Discount tickets, memberships, and special offers available at many times throughout the year to:

- Area amusement parks
- Biltmore Estate
- NC Zoo Annual Membership discounts
- Summit Credit Union
- Costco

CONTACT INFORMATION

Benefit	Provider	Phone	Website
Medical	UMR	800-826-9781	www.umar.com
Pharmacy	OptumRx/ RxBenefits	800-334-8134	www.optumrx.com
Dental	Lincoln Financial	800-423-2765	www.lfg.com
Vision	Superior	800-507-3800	www.superiorvision.com
Flexible Spending Account	PlanSource	888-266-1732	www.mywealthcareonline.com/PlanSource[mywealthcareonline.com]
Basic Life and AD&D Supplemental Life and AD&D Short-Term Disability Long-Term Disability	Lincoln Financial	800-423-2765	www.lfg.com
Employee Assistance Program	Compsych Through Lincoln Financial	888-628-4824	www.GuidanceResources.com
403(b) Retirement Savings	Branch Banking & Trust (BB&T)	800-228-8076	www.bbt.com/planlink
Accident & Critical Illness	Voya	800-955-7736	www.claimscenter.voya.com
Employee Benefits Center	Marsh & McLennan Agency	855-313-1075	ebservices@senndunn.com

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