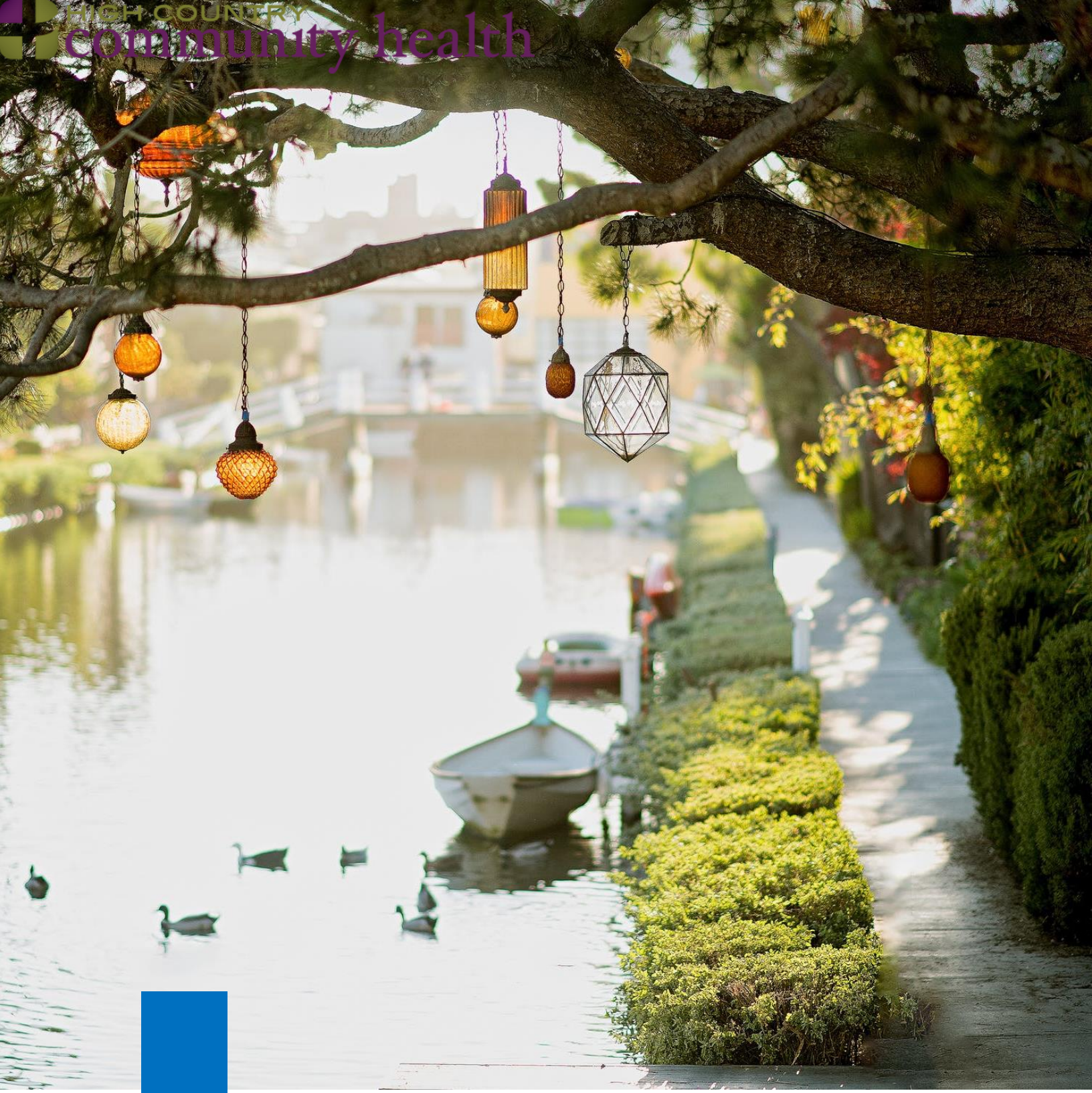
HIGH COUNTRY community health



2024 BENEFITS GUIDE

April 1, 2024 – March 31, 2025

HIGH COUNTRY community health

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ENROLLMENT CHECKLIST

Information You Need to Know

- ☐ You can enroll in benefits during your initial enrollment period as a newly eligible associate, during Annual Open Enrollment or if you experience a Qualifying Life Event (QLE).
- ☐ The plan year is April 1st through March 31st.
- ☐ Choose your elections carefully. Section 125 of the IRS Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. Employers may choose to permit mid-year elections based on specified Qualifying Life Events (QLE) defined by IRS regulations. After an employee has made an initial enrollment election, Section 125 permits changes outside of annual Open Enrollment for specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4). High Country Community Health has chosen to permit QLE changes as outlined in the benefit Summary Plan Descriptions and Certificates. High Country Community Health is required to follow the IRC consistently, or all High Country Community Health employees could become immediately responsible for paying taxes on benefits, therefore High Country Community Health adheres to the IRC for the protection of all employees. Contact Human Resources if you have questions on mid-year benefit election changes.
- ☐ Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- ☐ If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.

Current Employees

- ☐ Actively enroll between March 6 and March 13, 2024.
- ☐ If you are currently enrolled in benefits and you do not wish to make any changes, you area still required to go in and make elections. However, Flexible Spending Account (FSA) and Health Savings Account (HSA) contributions **require active enrollment elections each year**.
- ☐ Verify your 2024 benefits elections and deductions on the first paycheck you receive after your April 1 effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

New Hires

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

ELIGIBILITY & ENROLLMENT

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

Am I Eligible?

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

Individuals eligible for coverage under the plans include:

- Your legal spouse (All plans except medical)
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Once eligible, you will enroll in benefits using an online portal called Employee Navigator. Human Resources can provide you with a Getting Started Flyer.

Qualifying Life Events (QLE)

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

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

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

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

Plan	Eligibility	Benefits Effective Date
Medical & Prescription	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective the first day of the month following date of hire
Dental		
Vision		
Flexible Spending Accounts		
Basic & Voluntary Life		
Short-Term & Long-Term Disability		
EAP/Travel Assistance		
Critical Illness & Accident		

MEDICAL INSURANCE – HDHP PLAN

High Country Community Health's medical and prescription drug insurance is provided through Blue Cross Blue Shield of North Carolina. Below is a brief summary of the High-Deductible Health Plan (HDHP). If you elect this plan option, you may also participate and contribute to a Health Savings Account (HSA). However, you may not participate in a Health Care FSA plan, unless it is a Limited Purpose FSA. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible and Urgent Care facilities instead of Emergency Room visits when appropriate.

Blue Cross Blue Shield of North Carolina HDHP Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Plan Year Deductible Individual/Family	$3,500 / $7,000	$7,000 / $14,000
Plan Year Out-of-Pocket Maximum Individual/Family	$7,000 / $14,000 (includes deductible and coinsurance)	$14,000 / $28,000 (includes deductible and coinsurance)
Coinsurance	20%	50%
Preventive Care Services*	100% covered, no charge	30% after deductible
Virtual Visits through Teledoc	Up to $49	Not Available
Retail Clinics	20% after deductible	50% after deductible
Primary Care Office Visit (in-person or virtual)	20% after deductible	50% after deductible
Specialist Office Visit	20% after deductible	50% after deductible
Urgent Care Facility	20% after deductible	50% after deductible
Emergency Room	20% after deductible	
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Prescription Drugs – Essential Broad Network Formulary	**Retail (up to 30-day supply)**	**Mail Order (up to 90-day supply)**
Tier 1	20% after deductible	20% after deductible
Tier 2	20% after deductible	20% after deductible
Tier 3	20% after deductible	20% after deductible
Tier 4	20% after deductible	20% after deductible
Tier 5	20% after deductible	20% after deductible

*You can find a list of preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

HEALTH SAVINGS ACCOUNT

If you enroll in a High-Deductible Health Plan (HDHP), you should consider contributing to a Health Savings Account (HSA), administered by HealthEquity. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. **This plan is not available for those enrolled in a PPO Plan, including one other than the High Country Community Health PPO Plan.**

Why Have an HSA?

- Contributions are pre-tax.
- Withdrawals to pay for eligible expenses are never taxed.
- Accumulated interest earnings are tax-deferred, and if used to pay for eligible expenses, are not taxed upon withdrawal.
- Use the money in the account to pay for eligible health care expenses throughout your life– including in retirement, there is no time limit on spending your HSA funds.
- The balance in your HSA account can be invested.

Eligibility Requirements for Contributing to an HSA

- Must be enrolled in a High-Deductible Health Plan (HDHP).
- Must not be enrolled in Medicare.
- Must not be covered by other medical insurance(s) which do not meet the definition of a HDHP such as a Health Care Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Tricare, VA benefits (including your spouse's).
- May not be claimed as a dependent on another individual's tax return.

Health Savings Account	
Coverage Level	**IRS 2024 Contribution Limits***
Employee Only	$4,150
Employee + Spouse	$8,300
Employee + Child(ren)	$8,300
Family Coverage	$8,300

*If you are married and your spouse is enrolled in an HDHP and has an HSA, the combined total of you and your spouse's HSA cannot exceed the federal maximum for family level coverage.
**If you are age 55 or older, you may make an additional pre-tax catch-up contribution of $1,000 per year.

All HSA participants will receive an HSA debit card from HealthEquity. Use your debit card for doctor's office visits, prescription drug copays or any other valid medical, dental or vision expenses. Please retain all receipts to verify expenses, if required.

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

MEDICAL INSURANCE – PPO PLAN

High Country Community Health's medical and prescription drug insurance is provided through Blue Cross Blue Shield of North Carolina. Below is a brief summary of the PPO Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency Room visits when appropriate.

Blue Cross Blue Shield of North Carolina 1-2-3 PPO Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Plan Year Deductible Individual/Family	$3,500 / $7,000	$7,000 / $14,000
Plan Year Out-of-Pocket Maximum Individual/Family	$7,000 / $14,000 (includes deductible, coinsurance and copays)	$14,000 / $28,000 (includes deductible, coinsurance and copays)
Coinsurance **Level 2** **Level 3**	 20% 40%	 50% 50%
Preventive Care Services*	100% covered, no charge	30% after deductible
Virtual Visits through Teledoc	$10 copay	Not Available
Retail Clinics	$35 copay	50% after deductible
Primary Care Office Visit (in-person or virtual)	$35 copay (1st 3 visits waived if PCP selected)	50% after deductible
Specialist Office Visit	40% after deductible	50% after deductible
Urgent Care Facility	$100 copay	$200 copay
Emergency Room	40% after deductible	
Inpatient Services	$250 copay per admission, then 20% after deductible	$500 copay per admission, then 50% after deductible
Outpatient Services	40% after deductible	50% after deductible
Prescription Drugs – Essential Limited NC Network Formulary	**Retail (up to 30-day supply)**	**Mail Order (up to 90-day supply)**
Tier 1	$10 copay	$30 copay
Tier 2	$25 copay	$75 copay
Tier 3	$40 copay	$120 copay
Tier 4	$80 copay	$240 copay
Tier 5	25% up to a maximum of $200	25% up to a maximum of $600

*You can find a list of preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

MEDICAL INSURANCE – PPO PLAN

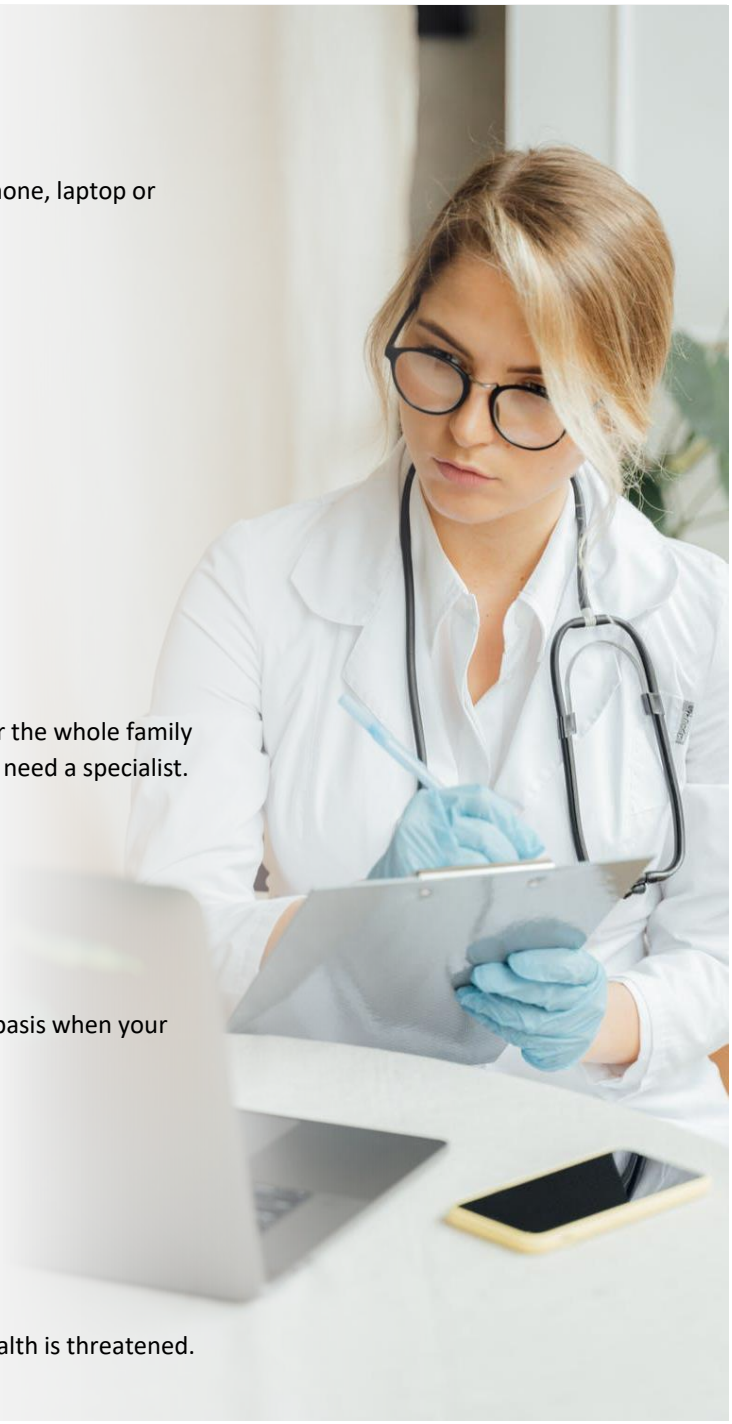
High Country Community Health's medical and prescription drug insurance is provided through Blue Cross Blue Shield of North Carolina. Below is a brief summary of the PPO Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency Room visits when appropriate.

Blue Cross Blue Shield of North Carolina PPO Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Plan Year Deductible Individual/Family	$2,500 / $5,000	$5,000 / $10,000
Plan Year Out-of-Pocket Maximum Individual/Family	$5,000 / $10,000 (includes deductible, coinsurance and copays)	$10,000 / $20,000 (includes deductible, coinsurance and copays)
Coinsurance **Level 2** **Level 3**	20%	50%
Preventive Care Services*	100% covered, no charge	30% after deductible
Virtual Visits through Teledoc	$10 copay	Not Available
Retail Clinics	$25 copay	50% after deductible
Primary Care Office Visit (in-person or virtual)	$25 copay (1st 3 visits waived if PCP selected)	50% after deductible
Specialist Office Visit	$50 copay	50% after deductible
Urgent Care Facility	$50 copay	$100 copay
Emergency Room	$500 copay	
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Prescription Drugs – Essential Broad Network Formulary	**Retail (up to 30-day supply)**	**Mail Order (up to 90-day supply)**
Tier 1	$10 copay	$30 copay
Tier 2	$25 copay	$75 copay
Tier 3	$35 copay	$105 copay
Tier 4	$60 copay	$180 copay
Tier 5	25% up to a maximum of $100	25% up to a maximum of $300

*You can find a list of preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

WHEN & WHERE TO GET HEALTH CARE



1

Telehealth Virtual Visits

- **Average wait time:** 5 minutes.
- Available 24/7/365.
- Basic physician care from your PC, phone, laptop or tablet.

2

Retail Health Clinics

- **Average wait time:** 15 minutes.
- Available extended hours.
- Basic care from a nurse practitioner.

3

Primary Care Physician

- Scheduled visits.
- Diagnose & treat a range of issues for the whole family
- Refer you to the right care when you need a specialist.

4

Urgent Care Clinic

- **Average wait time:** 45 minutes.
- Immediate quality care on a walk-in basis when your doctor is unavailable.

5

Emergency Room

- **Average wait time:** 4 hours.
- Available 24/7/365.
- Emergency care when your life or health is threatened.

Things to Think About

- Non-emergency care delivered in the Emergency Room (ER) costs 5 times more than in a doctor's office or clinic.
- Research studies indicate that between 8-27% of ER visits could have been treated in a less expensive care setting.
- ER doctors do not typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.

PRESCRIPTION DRUG PLAN HIGHLIGHTS

National Preferred Formulary Drug List
A preferred drug list helps keep healthcare costs down for everybody. It's a list of medicines that have been reviewed and approved for safety, effectiveness and cost by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medicines become available.

Generic Drug Program
At Wal-Mart, Sam's Club, Target, and Walgreens you can get generic drugs that are on their "approved" list for a lower cost than your normal drug copay. Some of them offer $4.00 per prescription, per month. This list is available on each of their respective websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com) for further information.

Mail Order Program
The mail order program offers the convenience of obtaining home delivery of certain covered maintenance Prescription Drugs and Related Supplies through designated mail order pharmacies. You can save money and take advantage of 24/7 access to a pharmacist. Order refills online, on the phone, or register for auto-refills. For more information contact Amazon Home Delivery at 1-855-745-5722 or www.amazon.com/bluecrossnc.

Dispense as Written
When your doctor writes a prescription for you or a covered family member, unless the doctor specifically designates "DAW" (Dispense As Written), the pharmacist will dispense a generic medication, if one is available. Your doctor must write DAW on your prescription to avoid incurring a higher cost. Always talk to your doctor about what is right for you and your family.

Prior Authorization (PA)
The PA Program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications in the PA Program can be covered under your benefit plan, your doctor will need to receive approval. If you are already taking or are prescribed a drug from the PA listing, your doctor must submit a request for consideration for coverage. Be sure to visit www.website for a listing of the drugs requiring PA.

Step Therapy
Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. The first step in the step therapy process, "first-line therapy," is usually a simple, inexpensive treatment that is known to be safe and effective for most people. First-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try second-line therapy.

Specialty Pharmacy
A Specialty Pharmacy provides medicine and therapy for patients with serious, chronic conditions like cancer, rheumatoid arthritis and hepatitis C. These medications normally have to be stored or handled in special ways. Your Specialty Pharmacy offers specialized teams of pharmacists, nurses and clinicians who are specially trained on your condition. This level of specialization gives you the most comprehensive and customized care available. Specialty medications must be filled through the specialty pharmacy.

Mobile Apps for Prescription Savings
There are free mobile apps available on most smart phones. These apps will compare prescription drug costs in your area. You provide the drug name and quantity and it compares the costs at various pharmacies in your area. Rx Saver and GoodRx are just two available mobile apps.

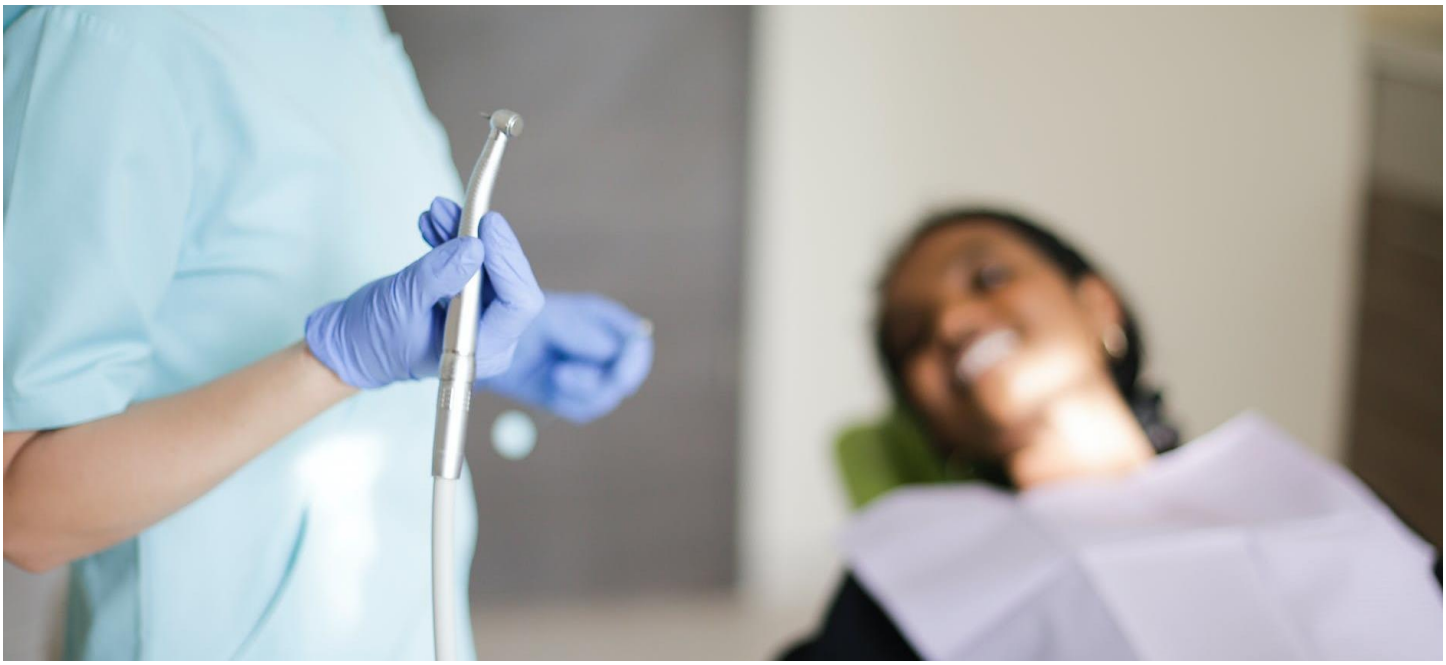
Partnership for Prescription Assistance
As the cost of prescription drugs rise, Partnership for Prescription Assistance (PPA) is a free service that connects individuals with payment assistance programs for prescriptions and other medical supplies. PPA provides a single point of access to more than 475 patient assistance programs. For a full list of patient assistance programs visit www.pparx.org/.

DENTAL INSURANCE

High Country Community Health's dental plan is administered by Delta Dental of North Carolina. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

	Dental Plan	
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Calendar Year Deductible Individual/Family	$50 / $150	$50 / $150
Calendar Year Maximum	$1,500	$1,000
Preventive Care Services (Covered services include oral exams, cleanings, x-rays, fluoride treatments, space maintainers, sealants,brush biopsy)	10%	10% after deductible*
Basic Services (Emergency pallative treatment, fillings, periodontal maintenance, simple extractions, crown repair, relines of bridges, implants and dentures).	40% after deductible	40% after deductible*
Major Services (Endodontics, periodontics, oral surgery, crowns, bridges, implants, dentures).	50% after deductible	50% after deductible*
Orthodontia child(ren) up to age 26	50% with a lifetime maximum of $1,000	50% with a lifetime maximum of $1,000

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



VISION INSURANCE

High Country Community Health's vision plan is administered by Delta Dental of North Carolina, utilizing the VSP Choice network of providers. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Vision Plan		
Services	**In-Network (You Pay)**	**Out-of-Network***
Eye Exam	$10 copay	Up to $45
Standard Lenses (instead of contacts)		
• Single	$25 copay	Up to $30
• Bifocal	$25 copay	Up to $50
• Trifocal	$25 copay	Up to $65
• Lenticular	$25 copay	Up to $100
• Progressive	No Charge	Up to $50
Frames (instead of contacts)	$130 allowance, then 20% discount	Up to $70
Contact Lenses (instead of glasses)		
• Elective	$130 allowance	Up to $105
• Medically Necessary**	$25 copay	Up to $210
Frequency	Based on Date of Service	
• Exam	12 months	
• Lenses	12 months	
• Contacts	12 months	
• Frames	24 months	

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

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

FLEXIBLE SPENDING ACCOUNTS

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

There are three types of FSAs to choose from

Health Care FSAs
May be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents. If you are enrolled in the HDHP Plan, you are not eligible to participate in the Health Care FSA.

Limited Purpose FSAs
Are available to those who are enrolled in a qualified High-Deductible Health Plan (HDHP). Limited Purpose FSAs can only be used for eligible dental and vision expenses. When coordinated with an HSA, this account can further reduce your taxable income while allowing you to allocate your HSA funds to other purposes, including medical costs.

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

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

2024 IRS Contribution Limits	Minimum	Maximum	Rollover
Health Care FSA	$100	$3,200	$640
Limited Purpose FSA	$100	$3,200	$640
Dependent Care FSA	$100	$5,000 (or $2,500 if married and filing separately)	Not Available

FSA Rollover
High Country Community Health allows participants to carry over up to $640 in unused money in the Health Care and/or Limited Purpose FSA at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of $640 will be forfeited, so plan accordingly.

FSA	Expense Incurred*	Submit Expense for Reimbursement*
Health Care FSA	April 1, 2024—March 31, 2024	April 1, 2024—July 15, 2025
Limited Purpose FSA	April 1, 2024—March 31, 2024	April 1, 2024—July 15, 2025
Dependent Care FSA	April 1, 2024—March 31, 2024	April 1, 2024—July 15, 2025

COST OF COVERAGE

BCBSNC Medical – HDHP Plan	Bi-Weekly Deduction
Employee Only	$34.24
Employee + 1 Child	$220.11
Employee + 2 or more Children	$289.05

BCBSNC Medical – 1-2-3 PPO Plan	Bi-Weekly Deduction
Employee Only	$54.44
Employee + 1 Child	$230.28
Employee + 2 or more Children	$302.76

BCBSNC Medical – PPO Plan	Bi-Weekly Deduction
Employee Only	$156.44
Employee + 1 Child	$365.91
Employee + 2 or more Children	$481.50

Delta Dental of NC Dental Plan	Bi-Weekly Deduction
Employee Only	$6.23
Employee + Spouse	$17.76
Employee + Child(ren)	$26.88
Family	$40.89

Delta Dental of NC VSP Vision Plan	Bi-Weekly Deduction
Employee Only	$1.05
Employee + Spouse	$3.41
Employee + Child(ren)	$3.74
Family	$6.73

LIFE AND AD&D INSURANCE

Basic Life Insurance

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

Benefit	Basic Life and AD&D Insurance
Employee Life	$100,000
Basic AD&D Amount	Matches Employee Life amount
Age Reduction Schedule	35% at age 65 50% at age 70
Waiver of Premium	Yes, if disabled prior to age 60
Conversion and Portability Options	Included (must apply within 31 days of termination date)

Voluntary Life and AD&D Insurance

High Country Community Health is offering employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through Unum. You may elect Voluntary Life & AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage up to age 26.

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

Benefit	Voluntary Life and AD&D Insurance
Employee Life and Matching AD&D Amount	$10,000 increments up to the lesser of 5x annual earnings or $300,000
Employee Guarantee Issue Amount	$110,000
Spouse Life and Matching AD&D Amount	$5,000 increments up to the lesser of 100% of employee amount or $100,000
Spouse Guarantee Issue Amount	$25,000
Dependent Child and Matching AD&D Amount	$500—live birth to age 14 days $1,000—age 14 days to 6 month $2,000 increments to $10,000 max—6 months to age 26
Age Reduction Schedule	35% at age 65 50% at age 70
Waiver of Premium	Yes, if disabled prior to age 60
Conversion and Portability Options	Included (must apply within 31 days of termination date)

Voluntary Life and AD&D Insurance	
Employee Age	**Monthly Premiums (per $1,000)**
<30	$0.091
30 – 34	$0.099
35 – 39	$0.138
40 – 44	$0.211
45 – 49	$0.313
50 – 54	$0.498
55 – 59	$0.771
60 – 64	$1.063
65 – 69	$1.945
70 +	$3.233
Child Rate per $1,000	$.457

*Spouse rate based on Employee's age

SHORT-TERM DISABILITY

Short-Term Disability

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

Benefits are provided in the event of becoming disabled for more than 14 days due to a non-work related illness, non-work related accident or injury. The plan pays 60% of an eligible employee's pre-disability base weekly earnings, to a maximum of $1,000 per week for a qualified disability.

Benefit	Short-Term Disability
Elimination Period	14 days for accident or illness
Benefits Duration	Up to 24 weeks
Benefits Percentage	60% of weekly income
Maximum Benefit	$1,000 per week
Pre-Existing Conditions	Pre-existing conditions may not be covered by this plan

LONG-TERM DISABILITY

Long-Term Disability

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

High Country Community Health provides all full-time eligible employees with Long-Term Disability Benefits administered through Unum. There is **no cost** to you for this valuable coverage. Benefits are provided on the 181st day of disability, payable up to Social Security Normal Retirement Age (SSNRA). Income loss is replaced at 60% of your base monthly earnings, to a maximum of $6,000 per month for a qualified disability.

Benefit	Long-Term Disability
Waiting Period	180 days
Benefits Duration	Benefits are paid up to Social Security Normal Retirement Age (SSNRA)
Benefits Percentage	60% of monthly income
Maximum Benefit	$6,000 per month
Definition of Disability	24 months own occupation, thereafter any occupation
Pre-Existing Conditions*	Pre-existing conditions may not be covered by this plan

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

ADDITIONAL BENEFITS

Employee Assistance Program (EAP)

We all face difficulties in our life. During those times, having outside help can make the difference between solving a problem and continuing to struggle through periods of confusion, indecision and personal crisis. High Country Community Health is pleased to offer an Employee Assistance Program (EAP) administered by Unum. Your EAP gives you confidential access to a licensed professional counselor who will provide short-term assistance with issues impacting your life and ability to focus on work. Some highlights of the EAP include:

- Unlimited confidential telephone access to EAP professionals 24/7.
- Face-to-face sessions with a counselor may be available.
- Legal assistance and financial services.
- Access to an online library of educational articles and resources.

Your Licensed Professional Counselor can help address:

- Anger, grief, loss, depression.
- Job stress, burnout, work conflicts.
- Marital relationships, family and parenting issues.
- Addiction, eating disorders, mental illness.
- And much more!

Website
www.unum.com/lifebalance

Phone
1-800-854-1446

Travel Assistance Program

Our Travel Assistance program through Unum can provide assistance if an employee or eligible family member has an emergency while traveling. Assistance from a multi-lingual professional is just a toll-free phone call away. Services are available to employees and family members on any single trip up to 90 days in duration. Be sure to understand the plan coverage and limitations.

This program is available at **no cost** to you and can help with:

- Required documentation information (i.e. passport or visa).
- Health hazards advisory for worldwide destinations.
- Assistance finding local medical care.
- Assistance locating hotels and securing reservations.
- 24-hour access to translators or interpreters.

Email
medservices@assistamerica.com

Phone
Within the U.S. 1-800-872-1414

Outside of the U.S. (U.S. access code) +609-986-1234

WORKSITE INSURANCE OPTIONS

High Country Community Health offers employees the option of purchasing Accident and Critical Illness through Unum. Coverages are available for you, your spouse and/or dependent children.

With the Open Enrollment period for your 2024 plan year benefits comes opportunities to enroll in Unum's additional insurance coverages as listed below.

Here are a few high-level highlights but be sure to review the information provided separately from this guide for details and pricing.

- You may enroll in the Accident Insurance during annual enrollment.
- You may enroll in the Critical Illness option, which includes cancer coverage during the annual enrollment.

Critical Illness

- **Wellness Benefit Included:** $50 per insured person per calendar year.
- **Employee Benefit Options:** $10,000, $20,000 or $30,000.
- **Spouse Benefit Options: 50% of employee amount** $5,000, $10,000 or $15,000.
- **Child Benefit Options:** 50% of the employee's benefit. $5,000, $10,000 or $15,000.
- **Guarantee Issue:** All Amounts
- Portable.
- **Examples Of Covered Conditions:** cancer, heart failure, stroke, coronary by pass graft surgery, end stage renal failure, major organ failure, brain tumor, and many more...

Accident Insurance

- 24-hour Coverage (off job only).
- **Wellness Benefit Included:** $50 per insured person per calendar year.
- Pays a set amount based on the injury and treatment received.
- No medical questions or exams in order to be covered.
- **Coverage Options:** Employee, Employee & Spouse, Employee & Child(ren) or Family.
- Portable.

Wellness Screenings for $50 reimbursement include but are not limited to:

- Cholesterol screenings
- Diabetes screenings
- Cancer screenings
- Cardiovascular function screenings
- Imaging studies
- Annual examinations by a physician
- Immunizations

For a full list of covered tests, please log in to www.unum.com

TERMINOLOGY TIP SHEET

Annual Limit
A cap on specific benefits your insurance plan will pay for services in a year while you're enrolled in a particular health insurance plan. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for that particular service for the rest of the year.

Brand Formulary Drugs
The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance
Your share (a percentage) of costs of a covered health care service you must pay after you have met your deductible.

Copayment
A fixed amount ($20, for example) you pay for a covered health care service.

Deductible
The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for in-network preventive care before you meet your deductible or may pay the balance for a service, after you pay a copayment, prior to satisfying the deductible. Some of your dental options also have a deductible.

Generic Drugs
These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs
Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

In-Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. These providers agree to accept pre-determined rates when servicing members, and will cost you the least out-of-pocket.

Non-Formulary Drugs
These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost to you.

Out-of-Pocket Maximum
The most a plan member must pay towards covered medical expenses in a benefit period for both in-network and out-of-network services. Once you meet this out-of-pocket maximum, the plan pays 100% of the cost of covered services for the remainder of the benefit period.

Patient Protection and Affordable Care Act (ACA)
The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Primary Care Physician (PCP)
The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Qualifying Life Event (QLE)
An occurrence that qualifies the subscriber to make an insurance coverage change, most often to pre-tax benefits, outside of Open Enrollment.

Specialty Drugs
Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions. Injectable drugs are an example of Specialty Drugs.

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

CONTACT INFORMATION

Service	Vendor	Phone Number	Website
Human Resources	Vicki Smith	828-262-3886	vickismith@hcchmail.org
Medical Plan or Prescription Drugs	Blue Cross Blue Shield of North Carolina	1-877-258-3334	www.bluecrossnc.com
Health Savings Account (HSA)	HealthEquity	1-866-346-5800	www.healthequity.com
Flexible Spending Account (FSA)	HealthEquity	1-866-346-5800	www.healthequity.com
Dental	Delta Dental of North Carolina	1-800-662-8856	www.deltadentalnc.com
Vision	VSP	1-800-877-7195	www.vsp.com
Life or Disability	Unum	1-800-275-8686	www.unum.com
Accident or Specified Disease	Unum	1-800-275-8686	www.unum.com

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


HIGH COUNTRY
community health