**PREVENTIVE CARE**

- The CHS LiveWELL Health Plan covers preventive care at 100%.
- Certain preventive healthcare is offered at no cost, with no copays or deductibles.
- Taking part in regular preventive care is one of the best ways to stay healthy. It is also a great way to catch problems early, when they are most treatable.

**DEDUCTIBLES**

Deductibles are the amount you owe for covered healthcare services before the CHS LiveWELL Health Plan begins to pay for reimbursements or “maximum” coverage, the deductible is $1,850. The CHS LiveWELL Health Plan will not pay until the deductible is met. The deductible may not apply to all services.

CO-INSURANCE

Co-insurance is your share of the costs of a covered healthcare service after your deductible is met. After the deductible is met, you share the cost with CHS. Below is the chart with the percentage you pay. The CHS LiveWELL Health Plan will pay 70-75% of your healthcare expenses and you will pay 25-30%.

OUT-OF-POCKET MAXIMUM

The Out-of-pocket maximum is the maximum amount you pay annually before the CHS LiveWELL Health Plan begins to pay. This maximum amount includes deductibles, co-insurance, copayments, coinsurance, pharmacy or similar charges for qualified expenses. This limit does not include premium, balance billing amounts for non-network providers and other out-of-network charges, or spending for non-essential health benefits.

OUT-OF-POCKET MAXIMUM

The Out-of-pocket maximum is the maximum amount you pay annually before the CHS LiveWELL Health Plan begins to pay. This maximum amount includes deductibles, co-insurance, copayments, coinsurance, pharmacy or similar charges for qualified expenses. This limit does not include premium, balance billing amounts for non-network providers and other out-of-network charges, or spending for non-essential health benefits.

ABOUT THIS GUIDE

This guide contains only highlights of your CHS LiveWELL Health Plan benefits for eligible teammates and is subject to review and modification. Every effort has been made to report information accurately, but the possibility of error exists. In addition, not every health plan detail of every benefit that may matter to you could be included in this guide. The Carolinas HealthCareSystem program is governed by the official plan documents. In case of any conflict between this guide and an official plan document, the plan document will be the final authority.

Please refer to your plan documents or Summary Plan Descriptions for a full explanation of covered services, exclusions and limitations. If there is a discrepancy between this guide and legal plan documents, the plan documents will control information about all of the benefits available.
### Prescriptions 2016

The CHS LiveWELL Health Plan will help pay the cost of certain prescriptions. The cost of medications depends on several factors listed below:

- The 2016 CHS Prevention Drug List has been expanded to include over 200 medications. The list represents preventive drugs included in the Affordable Care Act (ACA) and 40% of medications used by CHS LiveWELL Health Plan members.Copies for medications on the list range from $0 - $15.
- You may purchase medications that are not on the CHS Prevention Drug List from the pharmacy that works best for you and you have reached your deductible.

#### CHS LiveWELL Health Plan Prescription Medication Coverage

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>No. Daily Dose</th>
<th>CarolinaCARE / CMC Rx</th>
<th>Other Area Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Brand</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$10 copay</td>
<td>$15 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Generic</td>
<td>$15 copay</td>
<td>$20 copay</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Prescription Drugs - 30 Day Supply**

- **Preferred Brand**:
  - Maintenance medications for ACA Preventive
  - Meet deductible then $0 copay

- **Non-preferred Brand**:
  - Maintenance medications for ACA Preventive
  - Meet deductible then $15 copay

**Access Your Health and Retirement at CHS:**

- CarolinaCARE
- CMC Rx
- Other Area Pharmacies

### Health Savings Account (HSA)

The Health Savings Account (HSA) is yours to save for current and future healthcare related expenses, such as your deductible, co-insurance or prescription drugs.

**CHS ANNUAL CONTRIBUTION**

To help fund your account, you will receive an annual contribution of:
- **$100** for Teammate Only coverage
- **$150** for all other Family coverage

- **Teammate** earning less than $30,000 in annual base salary and working 30 or more standard hours each week will receive an additional HSA contribution of **$100**

**CHS MATCHING CONTRIBUTION**

If you choose to contribute to your HSA, CarolinaCoRe Health Plan members. Copays for medications on the list range from $0 - $15.

#### BI-WEEKLY MEDICAL PREMIUMS 2016

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Full-Time Teammate</th>
<th>Part-Time Teammate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teammate Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>$150.32</td>
<td>$109.53</td>
</tr>
<tr>
<td>Preferred Benefits</td>
<td>$220.32</td>
<td>$150.53</td>
</tr>
<tr>
<td>Total</td>
<td>$240.64</td>
<td>$159.86</td>
</tr>
</tbody>
</table>

**Prescriptions**

- **CarolinaCARE / CMC Rx**
- **Other Area Pharmacies**
- **Teammates earning less than $30,000 in annual base salary and working 30 or more standard hours each week will receive an additional HSA contribution of $100**

**KEY BENEFITS CONTACTS**

**Medical Plan - Group 300**

- Bank of America Health Plans at 1-888-326-8597
- CarolinaCare at 1-800-648-4607
- MedCost Benefit Services at 1-800-795-1023

**Prescription Drug**

- 1-866-669-3103
- CarolinaCare at 1-800-648-4607

**CHS Benefits Administration**

- 1-866-326-8597

**Flexible Spending Account**

- www.cbhallc.com
- Bank of America Health Plans at 1-888-326-8597
- CarolinaCare at 1-800-648-4607

**2016 Health Savings Account**

- Effective January 1, 2016, Bank of America Health Plans will administer the account on behalf of CHS

**CHS Matching Contributions**

- These matching contributions are made in addition to and in coordination with the contributions you make. Teammates may contribute up to an additional $1,000 investment in your account the pay period following your contribution.

- This annual contribution is deposited into your account and the pay period following your contribution to your account.

- The maximum deductible is $6,750.

**CHS LIVEWELL INCENTIVE / HEALTHY WEIGHT REWARD**

You can earn up to $400 with the CHS LiveWELL Incentive and an additional $300 with the Healthy Weight Reward for a total of $750 for your Health Savings Account (HSA.)

**Incentive Overview**

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Incentive</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS Health Care</td>
<td>$150</td>
<td>$150.00</td>
</tr>
<tr>
<td>CarolinaCare</td>
<td>$100</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Incentive Details**

- CHS Health Care members are not pre-approved for the incentive until health improvement is documented.
- Teammate will receive $150 for their Health Savings Account (HSA) and $100 for their Health and Retirement Account (HRA)

**Contact Information**

- CarolinaCare at 1-800-648-4607
- Bank of America Health Plans at 1-888-326-8597
- CHS Benefits Administration at 1-866-326-8597
- Flexible Spending Account at 1-888-326-8597
- 2016 Health Savings Account at 1-888-326-8597
- CHS Matching Contributions at 1-888-326-8597
- CarolinaCare at 1-800-648-4607
- Bank of America Health Plans at 1-888-326-8597
- CarolinaCare at 1-800-648-4607

**Teammate Only**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Earning < $30K**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Age 55 or older**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Performance Plus Incentive & PTO Cash-in**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Teammate Only**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Teammate Only + Spouse**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Teammate Only & Children**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Teammate Only + Spouse & Children**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Teammate Only + Spouse **

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Teammate Only & Spouse**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Dependency (Confidential)**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Teammate + Spouse**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Full-Time Teammate**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Part-Time Teammate**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Full-Time Teammate**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Part-Time Teammate**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution

**Full-Time Teammate**

- Tobacco
- Flex Spending Account
- CHS LiveWELL
- CarolinaCare
- CHS Matching Contribution