Wanting You to... LiveLifeWell
A Message from Our CEO

Dear Cone Health Team Members:

At Cone Health, our most important resource is you. That’s why we think it’s vitally important to invest in a comprehensive and stable employee benefits package.

This year, I am proud to say that Cone Health will spend $206 million on employee benefits for our more than 11,000 employees and their family members. It is our way of Caring for Each Other, so that you can continue your exceptional efforts in Caring for Our Patients and Caring for Our Communities.

Within these pages, you will find information about the wide variety of options available to you in health and wellness, financial protection, retirement savings, time off, child care and more.

Some of the highlights this year include:

• Improvements to our Choice medical plan while continuing to offer no-cost office visits to Triad HealthCare Network primary care physicians.

• No changes and no premium increases in our dental, vision, or short- and long-term disability plans.

• No changes and no premium increases in our supplemental life plans for employees, spouses and children.

• No changes to our flex plans for health care and dependent care.

• New voluntary plan choices, based on requests from our employees. For 2015, this includes a new hospital indemnity plan that will help with costs if you are admitted, and an improved legal plan.

• Continued voluntary plans as requested by employees, including voluntary accident, critical illness and whole life plans.

• A new LiveLifeWell program, in which employees can earn health/wellness badges for cash.

As we practice Caring for Each Other, supporting you and your health and wellness is one of the most important investments we can make. Thank you for all you do in Caring for Our Patients, Caring for Each Other and Caring for Our Communities.

I wish you good health!

Terry Akin
President and Chief Executive Officer
OUR PURPOSE
Together we create unsurpassed health care experiences.

OUR INTENT
We are the leader in delivering integrated, innovative health care.

OUR VALUES
AT CONE HEALTH, WE VALUE AND ARE ACCOUNTABLE FOR:

Caring for Our Patients
We provide exceptional quality, compassionate care and service in a safe, respectful environment.

Caring for Each Other
We appreciate each other through honest communication and respect. We inspire ongoing learning, pride, passion and fun.

Caring for Our Communities
We engage our communities with integrity and transparency. We embrace our responsibility to promote health and well-being.
The information contained in this booklet outlines some of the major features of the benefit plans of Cone Health. It is intended to be a brief overview only. Full Summary Plan Descriptions (SPDs) are available on the Cone Health intranet homepage at connects.conehealth.com > Employee Services > Benefits, or call the Human Resources Service Center at 336-832-8777 between 1 and 5 p.m., Mondays through Fridays, or email us at benefits@conehealth.com. In the event the information in this booklet varies from the information in the SPDs, the SPD language and provisions will govern.

Benefit Services Now Offered On-Site In Some Locations

Visit a Benefits Specialist at our new on-site service locations for personalized help with your benefits.

Moses Cone Hospital - Stephany Nelson
is available in the Human Resources office every weekday morning from 8:30 a.m. to noon as well as on Tuesdays and Thursdays from 1 to 5 p.m.

Wesley Long Hospital - Debbie Shelton
is available on the Wesley Long Hospital campus in the Human Resources office on Mondays and Fridays from 8:30 a.m. to 5 p.m.

Women's Hospital - Debbie Shelton
is available right outside the Human Resources office across from the cafeteria on Wednesdays from 8:30 a.m. to 5 p.m.

Annie Penn and Behavioral Health Hospitals – Debbie Shelton
is available by appointment.

Alamance Regional – Gwynne Warren
is available in the Human Resources office, Mondays through Fridays from 8:30 a.m. to 5 p.m.
Our benefits program encourages the well-being of you and your family. Benefits include traditional health plans as well as programs focused on delivering financial and family security, and the flexibility you need to meet personal goals. Pre-tax benefits include health care coverage, dental, vision, supplemental accidental death and dismemberment and flexible spending accounts. After-tax benefits include short-term disability, life insurance and other voluntary benefits.

**HEALTH AND WELLNESS**

- Health Care Coverage
- Triad HealthCare Network
- Care Management
- LiveLifeWell Wellness Program
- Dental Coverage
- Vision Insurance

**FINANCIAL PROTECTION**

- Flexible Spending Accounts
- Health Savings Account
- Life and Accidental Death and Dismemberment Insurance
- Short- and Long-Term Disability Insurance
- Hospital indemnity Plan
- Accident Insurance
- Critical Illness Insurance

**RETIREMENT SAVINGS**

- 401(a) Retirement Plan
- 403(b) Retirement Savings Plan with Roth Option and Employer Match
- 457(b) Deferred Compensation Plan

**WORK-LIFE**

- Adoption Assistance
- Child Care Centers
- 529 College Savings
- UltimateAdvisor® Legal Protection Plan
- Auto and Home Insurance
- Pet Insurance
- Entertainment Benefits
- Credit Union
- Employee Discount Program

**TIME OFF**

- Paid Annual Leave (PAL)
- PAL Donation Program
- Leaves of Absence
Employees
You are eligible for benefits if you are:
• A regular, full-time employee working between 30 and 40 hours per week.
• A part-time employee scheduled to work between 12 and 29 hours per week.

Dependents
Others in your family may be eligible for coverage under your benefit plans.
Your eligible dependents include:
• Spouse as defined by federal law or Same-Sex Domestic Partner as verified by an affidavit process. (Please call Sheryl Thornton, Benefits Manager, at 336-832-8102 for questions about and to enroll in Same-Sex Marriage Benefits or Domestic Partner Benefits.)
• Same-Sex domestic partner benefits will be offered through the end of 2015. However benefits coverage will be provided for same-sex spouse only in 2016 and going forward.
• 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.

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

ALLOWABLE DOCUMENTS TO VERIFY DEPENDENT ELIGIBILITY

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Copy of your marriage certificate or first page of most recent tax return (income information can be deleted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same-Sex Domestic Partner</td>
<td>Copy of joint lease or mortgage</td>
</tr>
<tr>
<td></td>
<td>Copy indicating shared financial obligations such as joint ownership of a car or bank account</td>
</tr>
<tr>
<td></td>
<td>Signed affidavit (obtain a copy by contacting Human Resources)</td>
</tr>
<tr>
<td>Child</td>
<td>Copy of birth certificate that shows the names of both the parent and the child</td>
</tr>
<tr>
<td></td>
<td>Final adoption papers</td>
</tr>
<tr>
<td></td>
<td>Legal documentation (e.g., court order) substantiating placement for adoption or legal guardianship with financial dependency</td>
</tr>
<tr>
<td></td>
<td>Copy of Medical Child Support Order requiring employee to provide support and health coverage signed by the child support officer or judge</td>
</tr>
<tr>
<td></td>
<td>Copy of most recent tax return (income information can be deleted)</td>
</tr>
</tbody>
</table>
Do you both work at Cone Health?

If you and your spouse are both employees of Cone Health, there are unique rules for the coordination of medical, vision, dental and life insurance coverage.

• Neither you nor your spouse are permitted to elect additional coverage on each other.
• No two employees can elect to cover the same dependent children under any Cone Health benefit plan.

If you have questions about how to coordinate your coverage, please call the Human Resources Service Center at 336-832-8777 between the hours of 1 and 5 p.m., Mondays through Fridays. You may also email us at benefits@conehealth.com or visit your local Human Resources office for help.

Qualified Events/Status Changes

The one thing you can always count on in life is change. Whatever the events in your life, certain changes can affect your benefits.

After your initial enrollment, you may not make changes or add/remove dependents until the next annual enrollment period or qualified event/status change. Documentation of a qualified event or status change is required in order for you to make allowable changes to your benefits.

The benefits change must be directly related to and consistent with the qualified event, and not all plans are eligible for change for all events. The decision regarding whether a requested change meets applicable guidelines will be determined by Human Resources. Late notification will result in premiums refunded for a 30-day period only. In addition, late notification may result in a forfeiture of COBRA coverage rights. Call 336-832-8777 between 1 and 5 p.m., Mondays through Fridays, or visit your local Human Resources office to report your event and for information on which plans are eligible for change.

Qualified events/status changes include:

• Marriage or divorce.
• Termination of a same-sex domestic partner relationship.
• Birth, adoption or legal custody change of a child.
• Death of a spouse or dependent.
• Change in benefits eligibility status.
• Spouse’s employment change that affects benefits coverage.
• Qualified Medical Child Support Order.

Any coverage changes must be made within 31 days of the qualified event/status change. Changes will be effective the first day of the month following the event date except for health care coverage for newborns or newly adopted children, which begins on the date of birth or adoption.
When Coverage Begins
Benefits begin on the first of the month following your hire date or status change.

When Coverage Ends
Cone Health benefits coverage ends on the last day of the month that you terminate employment, retire or become ineligible for benefits. The exceptions are flexible spending accounts, life insurance and disability insurance, which end on your last day of employment. Coverage for dependent children ends at the end of the month following their 26th birthday.

If applicable, you have 60 days from the date on your COBRA election notice or from the loss of coverage date, whichever is later, to select medical and/or dental coverage through COBRA. See page 61 for information about your COBRA continuation rights.

You may be able to continue some of your other benefits after you leave Cone Health. Your individual policies such as whole life, critical illness or accident will go on direct bill and you can continue paying for them out of pocket at the same coverage levels and rates.

Some life insurance may be continued if you contact Lincoln at 1-855-818-2883 and complete continuation paperwork within 31 days of your termination date.

<table>
<thead>
<tr>
<th>Plan</th>
<th>ID Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>If you enroll in a Cone Health health care plan, you will receive two identification cards from UMR. You can request additional cards by calling UMR Customer Service at 1-800-826-9781 or the Human Resources Service Center at 336-832-8777 between 1 and 5 p.m., Mondays through Fridays. You may also email us at <a href="mailto:benefits@conehealth.com">benefits@conehealth.com</a> or visit your local Human Resources office.</td>
</tr>
<tr>
<td>Dental</td>
<td>MetLife does not issue identification cards because dentist offices know to verify your dental benefit with MetLife online. If you enroll in a Cone Health dental plan, you have the option to print cards online by registering at metlife.com/mybenefits. Your MetLife dental identification card highlights the toll-free numbers and web address that can be used to access benefit information about the plan. However, the card is not required to access your benefits.</td>
</tr>
<tr>
<td>Vision</td>
<td>If you enroll in one of the vision plans, you will receive two identification cards for yourself and your covered dependents. To request additional cards, you may call Superior Vision at 1-800-507-3800 or the Human Resources Service Center at 336-832-8777, email us at <a href="mailto:benefits@conehealth.com">benefits@conehealth.com</a> or visit your local Human Resources office.</td>
</tr>
<tr>
<td>Health Care Spending Accounts</td>
<td>If you enroll in the dependent care flexible spending account, health care flexible spending account or health savings account, you will receive a Benny Visa® payment card that can be used to pay for qualified expenses. If you lose your card or need additional cards, call Stanley Benefits at 336-271-4450.</td>
</tr>
</tbody>
</table>
Who Needs to Enroll?

**Newly Hired Employees During the Year**

If you are a new employee, you must enroll within 31 days of your date of hire. New hires are eligible for benefits the first day of the month following their hire date. You choose how to enroll!

**You can:**
- Schedule a one-on-one meeting for a complete explanation of benefits with an Enrollment Expert from Trion by calling 336-346-3500, ext. 635.
- Enroll by phone with Trion at 336-346-3500, ext. 635 if you know what plans you wish to enroll in and need limited information.
- Enroll online through Lawson Complete if you do not need further explanation of benefits.

**Annual Enrollment**

Annual enrollment is an opportunity in the fall of each year to enroll or make changes to benefits for the following calendar year. If you have a qualifying event or status change during the year (see page 7), you may be eligible to change some elections.

Flexible spending accounts (your Benny Card for eligible health care and/or dependent care) health savings accounts and pre-tax deductions for child care services at the Children’s Corner, Kids Connection, Woodmont Center or Family Enrichment Center must be elected each year.

**Newly Eligible Employees During the Year**

If you are newly eligible for coverage due to a qualified status change (such as changing from relief status to a benefits-eligible status), you will receive a letter from Human Resources outlining the benefits enrollment process. You must enroll within 31 days from the date of the status change. Benefits are effective the first day of the following month.

**If You Don’t Enroll**

If you don’t enroll in time, you may not get the benefits you want or need. All benefit-eligible employees will default to the free basic life insurance plan and if you are full-time for benefits (.75-1.0 FTE), you will also default to free basic long-term disability. You will not have the option to make changes until the next annual enrollment period or within 31 days of a status change.

**2015 Enrollment Steps**

- Read through this guide.
- Think about your needs and how Cone Health benefits can help with those needs.
- Decide what benefits are right for you and your family.
- Enroll in person, by phone or online.
- Complete your enrollment by the enrollment deadline.
Lawson Complete Employee Self-Service

Employees can enroll for benefits and access a variety of information in Lawson Complete, including paycheck stubs, PAL time accrual, verification of personal information and W2 forms. Also you can enroll in or change your direct deposit and your W-4 and NC-4 tax withholdings.

1. Pull up Cone Connects and Click on Lawson Complete under Quick Links.
2. You will be directed to a landing page where you must again choose Lawson Complete.

3. Enter your **User Name** (your Employee Number, i.e., the first 5 digits on the back of your ID badge).

   *Your Password is the same one you use to set up your direct deposit and access your paycheck.*
4. To enroll in Benefits, click on **Benefits** then click on **Benefits Enrollment**. New hires should click on **New Hire Enrollment**.

5. The first screen is the Welcome Screen where terms of enrollment are explained. If you agree, click **Continue**.

6. You will be asked to verify your address. Update if your address is not correct and click **Continue**.

7. You will be asked to verify dependents (spouse and children). This is where you should add dependents if you did not provide coverage for them in the past.

8. A list of Current Benefits is the next screen. Select **Benefits** on this screen that you want to change. Lawson Complete may have already pre-checked a box for you. The system will automatically require you to take actions for this plan. (An example would be a flexible spending account.)

9. If your spouse is covered by a Cone Health health care plan, you will also be asked to verify your spouse’s current employment status. If your spouse has an employment status of full-time or part-time, you will be required to answer if he/she is eligible for his/her employer’s health care plan. If your spouse is eligible for health care with his/her employer, you will be required to pay the $25 per pay period spousal surcharge in 2015.

   If your spouse does not have access to coverage through his/her employer, you will not be required to pay the surcharge.

   If your spouse is self-employed, unemployed, also an employee at Cone Health or retired, you will not be asked about a health care plan because the $25 per pay period spousal surcharge does not apply.

10. Lawson Complete will guide you through your selected benefits so you can make elections.
11. You will also be given the opportunity to list your beneficiaries in Lawson Complete. The beneficiaries can also be updated throughout the year when necessary.

The only required fields for beneficiary are percentage for each, Last and First Name and Relationship Code. Social Security number is not a required field. You can select from existing dependents if they are already listed in Lawson Complete.

Each life insurance plan will be listed and you can select different beneficiaries for each plan (if you wish).

12. At the end of your online enrollment session, you will get a 2015 Benefit Verification showing your 2015 enrollment. If no changes are needed, you can Click Continue. If you need to make changes, Click Make Changes.

13. New hires/status changes will not be required to complete Evidence of Insurability forms. However, during annual enrollment you have selected benefits that require an Evidence of Insurability form, you will maintain your current coverage until your requested coverage is approved. You will see your current coverage as part of your elections and you will see your requested coverage listed at the bottom as Pending Plans. When you are approved, your Pending Plans will replace your current coverage.

You have the option to print a confirmation once your enrollment is completed.

14. New this year... You will be asked to enter an email confirmation address. You can enter your Cone Health email or a home email address.

Your 2015 Benefit Confirmation Statement will be delivered to the email address provided immediately. You do not have to wait until after enrollment closes to get a list of your 2015 elections. (This will be your only Confirmation of Benefits for 2015.)

If you do not have an email address, enter benefits@conehealth.com and Human Resources will print your confirmation statement and mail it to you.

15. During annual enrollment, if you elect these plans that require an Evidence of Insurability form:

   a. Add or increase Supplemental Life Insurance
   b. Add or increase Dependent Life Insurance for your spouse
   c. Add or increase your Short-Term Disability coverage
   d. Increase your Long-Term Disability from Basic to a Major Plan

You will be required to submit an Evidence of Insurability form and apply for the coverage.

At the end of enrollment, you will automatically get an Evidence of Insurability form for your enrollment (except for the medical questionnaire). Print the form, complete the medical questionnaire, sign and date the forms. Either fax or mail the forms to Lincoln Financial Services. The deadline for submission of this form to Lincoln is February 15, 2015.

Your Evidence of Insurability form will also be sent to you via email at the address you provide.

16. If you need to make changes after you have completed the enrollment process, you can revisit Lawson Complete and when your 2015 elections are displayed, you can simply click on Make Changes to update an election.
Access to Lawson Complete From the Convenience of Your Home

Cone Health offers you remote access to Lawson Complete from your home computer or other locations. If you have a problem with remote access, there are computers and kiosks available on each campus. To access the system from your home, you must have a computer with an Internet connection and Internet Explorer 6.0 (or higher version) installed.

1. For remote access, open a web browser and enter remote.conehealth.com
2. A login screen will appear asking for user ID and password. Your user ID is your employee number. Your password is the same password you use for e-Pay. (See instructions on page 14 if you need to reset your password.)
3. When the connection has been established, click on the MCHS Homepage icon.
4. You will need to install the Citrix Online Plug-in. Follow instructions on the web page.
5. On Cone Connects, click on Employee Services.
6. Click on Lawson Complete under Quick Links. You will be directed to a landing page where you will click on Lawson Complete again.
7. A box will appear asking for user ID and password. Your user ID is your employee number. Your password is the same one you use for e-Pay. Click Enter.
8. Click on Benefits; then click on Benefits Enrollment for annual enrollment or New Hire Enrollment if you are a new hire. The Welcome Screen will appear with important legal information. Click Continue.
9. You will be asked to verify your address. Please make changes as appropriate.
10. You will be asked to verify or change your dependents.
11. A list of all types of benefits will appear. During annual enrollment, you will be able to select the benefits you need to change. The benefits you have selected will be displayed during the enrollment process as well as all benefits in which you are not currently enrolled. Click Continue to proceed with enrollment.
12. Select your plan choices for each screen. If you do not want coverage, make sure you choose the no coverage plan.
13. The online enrollment is very intuitive and will guide you through the enrollment.
14. Continue the process until you have no more choices to make.
15. Review the confirmation at the end of your enrollment and either Continue or Make Changes. If you are connected to a printer, you will be able to print your confirmation statement. Additionally, if you enrolled in a benefit that requires an Evidence of Insurability form, you can also print the form at this time.
16. You will be asked for an email address so that we can send a confirmation of your benefits and any required Evidence of Insurability forms. If you do not have an email address, please enter benefits@conehealth.com. Your confirmation will be routed to the Benefits mailbox and we will print and mail your confirmation to you.
17. When your enrollment is complete and you have printed your confirmation statement, you may close the confirmation/summary and log out of Lawson Complete. You also need to close your Internet browser.

Important Reminder

Hourly employees are not allowed to access the Cone Health computer system from home, and perform actual work or complete required education programs without being paid. Please report any time you spend working from a remote location to your supervisor and discuss options for doing required functions while at work.
Need to Reset Your Password?

1. Go to the Cone Connects at connects.conehealth.com.
2. Click Tools and Applications.
3. Click IT Self Service.
4. Click Password Self Service.
5. **Username** is your employee number.
6. Enter your **Last Name**.
7. Enter the last 4 digits of your Social Security number.
8. Enter your **month** and **date of birth**.
9. You can **choose your own password** using the requirements listed or use the random one provided.
10. Click **Submit**. Your password has been changed!

You also can call Assist at 336-832-7242 or Trion at 336-346-3500, ext. 635, to help reset your password.
Cone Health offers several important types of health and wellness coverage:

- Health Care, medical, vision and dental coverage to protect you and your family from the expenses of illness or injury.
- Our LiveLifeWell programs to promote healthy behaviors and managing health conditions.

Who pays for coverage?

As an eligible employee, you and Cone Health share the cost of medical and dental coverage. Cone Health health care and dental plans are self-funded, which means you and Cone Health (and not an insurance company) pay the cost of claims and administrative expenses. Cone Health contracts with UMR (health care) and MetLife (dental) to provide plan administration, customer service and claims processing.

Cone Health Health Care Options

Cone Health offers two health care plans – the Choice Plan and the High Deductible Health Plan. The latter can be paired with a Health Savings Account. The plans are different but have several things in common:

- All of your current medical conditions are covered. There are no exclusions for pre-existing conditions in either plan.
- Your preventative services are covered at 100 percent.
- The United HealthCare Choice Plus Network is the network of providers you would use. If you want the lowest out-of-pocket costs, you also would use Cone Health facilities and Triad HealthCare Network Primary Care Physicians.
- Neither plan has out-of-network benefits.
- You must get your maintenance medications from a Cone Health Outpatient Pharmacy or the Catamaran mail order pharmacy. Prescriptions for single use or short term use can be filled at Cone Health Outpatient Pharmacies or at many other retail locations.

Because Cone Health is a self-funded plan, we use the services of several different companies to offer integrated and affordable health care coverage for you and your dependents. Because a single company does not provide all services, it is important for you to read this information carefully so you will understand each part of the health care coverage.

How It Works

1. **Claims Processor** – UMR is the company that administers all claim payments and issues your ID cards.

2. **Cone Health Network of Providers** – There are three different types of health care providers that are covered in the Cone Health plans.

- **Cone Health Facilities** – If you have an inpatient admission, an outpatient procedure, rehab services and other select services offered by Cone Health providers, you will have the lowest out-of-pocket costs. It is important to remember to check with Human Resources in advance so you can get services at the lowest cost.

- **United HealthCare Choice Plus Network** – Receiving services from providers in the Choice Plus Network, operated by United HealthCare, offers you services at the In-Network rate. The Choice Plus Network covers the vast majority of health care providers in our service area and also has a wide national network. To find out which providers are in the Choice Plus Network, you can go online to umr.com and click on Find a Provider, Medical, and, under the index letter “U,” choose United HealthCare Choice Plus. You also can call 800-826-9781.

Please make sure that your providers are in the United HealthCare Choice Plus Network because there is no Out-of-Network coverage in either the Choice or the High Deductible Health Plan.

- **Triad HealthCare Network (THN)** – Cone Health has partnered with local physicians to support the development of the Triad HealthCare Network (THN). This consortium of more than 700 physicians in Guilford, Rockingham, Randolph and Alamance counties has come together to demonstrate how collaboration will allow them to markedly improve the quality and value of the care provided to patients. One initiative of THN is to encourage patients to identify one doctor who is their Primary Care Physician (PCP), Family Practice, General Medicine, Internal Medicine and Pediatric physicians are all considered PCPs. Cone Health is encouraging employees in the Choice plan to choose one of the THN PCPs as their PCP and we are providing an incentive – no copay for PCP visits! All you need to do to take advantage of this program is to choose a PCP from the list of THN physicians.

For a list of THN PCPs, go to Cone Connects > Employee Services > Benefits > Healthcare Coverage > Triad HealthCare Network. You can also contact benefits@conehealth.com or call 336-832-8777, email us at benefits@conehealth.com or visit us at your local Human Resources office.
Prescription Coverage

There are three ways you can get your prescriptions filled through the Cone Health medical plans:

1. **Cone Health Outpatient Pharmacies** - Cone Health operates four conveniently located retail pharmacies where you can maximize your prescription dollars and get great buys on over-the-counter medications. Prescriptions are also delivered daily to the fourth floor pharmacy at Annie Penn Hospital from the Moses Cone Outpatient Pharmacy. Anyone covered under the Cone Health health care plan is eligible to use the pharmacies, including spouses and dependent children. Employees not covered by Cone Health, covered by Medicare plans, contract workers and/or temporary workers are also eligible to use the pharmacies. However, the pharmacies must honor the copays and co-insurance of the insurance coverage used.

   **Locations include:**
   - **The Moses H. Cone Memorial Hospital Campus** - 1131-D Church Street in Greensboro located on the north side of the long-term care facility. Pharmacy hours are 7:30 a.m. to 6 p.m., Mondays through Fridays. The phone number is 336-832-6279.
   - **Wesley Long Hospital Campus** - 515 N. Elam Avenue in Greensboro. Pharmacy hours are 7:30 a.m. to 6 p.m., Mondays through Fridays. The phone number is 336-218-5762.
   - **MedCenter High Point** - 2630 Willard Dairy Road in High Point. Pharmacy hours are 7:30 a.m. to 6 p.m., Mondays through Fridays. The phone number is 336-884-3838.
   - **Alamance Regional** - 1238 Huffman Mill Rd in Burlington. Pharmacy hours are 7:30 a.m. to 5:30 p.m., Mondays through Fridays. The phone number is 336-586-3900.
   - **Annie Penn Hospital** - Prescriptions are delivered daily to the fourth floor pharmacy at Annie Penn from the Moses Cone Hospital campus. Simply call the Moses Cone Outpatient Pharmacy at 336-832-6279, and your prescriptions will be filled and sent to the fourth floor pharmacy at Annie Penn – generally by 10 a.m. the next day.

2. **Retail Pharmacy** - Catamaran, our pharmacy benefit management company, offers prescription drug benefits through a national network of retail pharmacies. Your UMR ID card and your prescription are all you need to receive benefits through this network. Please check prescription costs ahead of time. Costs may be significantly higher at a retail pharmacy versus the Cone Health Outpatient Pharmacies.

   To locate an in-network retail pharmacy, visit [catamaranrx.com](http://www.catamaranrx.com) and click on **Locate Pharmacies** or **Price and Save Drug Pricing Center**. There also is a mobile application for your smartphone. Visit the website via your phone and download the app. You will need information from your medical ID card to register.

3. **Prescriptions by Mail** - You can have your long-term medications mailed directly to your home by Catamaran. Please check prescription cost ahead of time. Cost may be significantly higher for mail-order versus the Cone Health Outpatient Pharmacies.
Health Care Options At-a-Glance

The Choice Plan

The Choice Plan is a point-of-service plan that provides benefits based, in part, on where you receive services. The plan has no deductibles, but does have copays for office visits and copays plus co-insurance for major services. Please note that copays and co-insurance costs and out-of-pocket maximums are significantly lower when Cone Health facilities and THN providers are used. Please refer to the Summary Plan Description for a complete description of benefits, exclusions, limitations and more.

Quick Facts About Health Care Coverage

Options

1. Choice Plan
2. High Deductible Health Plan

Your eye exam is included with each option.

Coverage Tiers

• Employee only
• Employee plus spouse/same-sex domestic partner
• Employee plus children
• Employee + spouse/same-sex domestic partner and children

Enrollment/Changes

• New hires: Within 31 days of hire
• Current employees: Annual enrollment period or within 31 days of a qualified status change

Resources

• Call UMR 1-800-826-9781
• For Summary Plan Descriptions, go to Cone Connects > Employee Services > Benefits > Healthcare Coverage > Medical and select plans
• Contact the Human Resource Service Center at 336-832-8777 or benefits@conehealth.com to discuss a qualified status change during the year
### SUMMARY OF 2015 CHOICE PLAN HEALTH CARE COVERAGE

<table>
<thead>
<tr>
<th>Service</th>
<th>United Health Care Choice Plus Network</th>
<th>Cone Health Network - These improved benefits are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible (Individual / Family)</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Individual / Family)</td>
<td>$6,450 / $12,900</td>
<td>$4,000 / $8,000</td>
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</tbody>
</table>

(Patients who cannot be treated at Cone Health or are seen in an out-of-network emergency manner use the Cone Health OOP max)

<table>
<thead>
<tr>
<th>Service</th>
<th>United Health Care Choice Plus Network</th>
<th>Cone Health Network - These improved benefits are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Preventive Care - Physical Exams, Screening Mammograms, Pap Test, First Colonoscopy in the Calendar Year, Sigmoidoscopy, Bone Density, Vision Care (Eye Exam)</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Mammograms - Diagnostic</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Hospital Admission*</td>
<td>$1,000 copay and 40%</td>
<td>$500 copay and 20%</td>
</tr>
<tr>
<td>Outpatient Services*</td>
<td>$500 copay and 40%</td>
<td>$250 copay and 20%</td>
</tr>
<tr>
<td>Radiology Services (except CT and MRI scans)* - regardless of where they are done including physician offices</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Select Radiology Services* CT Scan and MRI - regardless of where they are done including physician offices</td>
<td>$500 copay and 40%</td>
<td>$250 copay and 20%</td>
</tr>
</tbody>
</table>

Cone Health facilities include Moses Cone Hospital, Wesley Long Hospital, Women’s Hospital, Annie Penn Hospital, Behavioral Health Hospital, Alamance Regional, MedCenter High Point, MedCenter Kernersville, MedCenter Mebane and all Cone Health Surgical Centers

* Services that cannot be provided at Cone Health or are provided as an out-of-network emergency have 20% cost.

<table>
<thead>
<tr>
<th>Service</th>
<th>United Health Care Choice Plus Network</th>
<th>Cone Health Network - These improved benefits are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Office Visit (Includes Family Practice and Internal Medicine Physicians and Pediatricians)</td>
<td>$25 copay</td>
<td>No cost if seeing a THN PCP</td>
</tr>
<tr>
<td>Specialist Office Visit (includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)</td>
<td>$40 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Chiropractic Office Visit</td>
<td>$40 copay 12 visits per year maximum</td>
<td>Only available in the United Healthcare Choice Plus Network</td>
</tr>
<tr>
<td>Inpatient or Outpatient Physician Services</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$200 copay</td>
<td>$200 copay</td>
</tr>
<tr>
<td></td>
<td>$300 copay if non-emergency</td>
<td>$300 copay if non-emergency</td>
</tr>
<tr>
<td>Urgent Care*</td>
<td>$75 copay</td>
<td>$25 copay</td>
</tr>
</tbody>
</table>

Cone Health Urgent Care facilities include Church Street, MedCenter Kernersville and MedCenter Mebane

<table>
<thead>
<tr>
<th>Service</th>
<th>United Health Care Choice Plus Network</th>
<th>Cone Health Network - These improved benefits are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Health Services - Burlington</td>
<td>N/A</td>
<td>No cost in Burlington</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>20% or no cost if part of an office visit (must be 7 days before or after office visit)</td>
<td>20% or no cost if part of an office visit (must be 7 days before or after office visit)</td>
</tr>
</tbody>
</table>
### SUMMARY OF 2015 CHOICE PLAN HEALTH CARE COVERAGE continued

<table>
<thead>
<tr>
<th>Service Description</th>
<th>United Health Care Choice Plus Network</th>
<th>Cone Health Network - These improved benefits are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Services (Physical, Occupational, Speech, Cardiac and Pulmonary Rehab office visits)</td>
<td>$40 copay 24 visit max per year</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Holistic Treatment</td>
<td>$40 copay with $500 max benefit per year</td>
<td>$40 copay with $500 max benefit per year</td>
</tr>
<tr>
<td>Maternity Services (see detailed description of Maternity Services)</td>
<td>$1,000 copay and 10% to 20% (see Maternity Services details)</td>
<td>$100 copay if pre-natal program completed and delivery at Women’s Hospital or Alamance Regional</td>
</tr>
<tr>
<td>Infertility</td>
<td>20%</td>
<td>Only available in the United Healthcare Choice Plus Network</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse Inpatient or Outpatient Services</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Individual or Group Therapy</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Cone Health Outpatient Pharmacies</th>
<th>Other Retail Pharmacies</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your Cost for 30/60/90 Day Supply</td>
<td>Only 30-Day Fills Available at Retail Pharmacies</td>
<td>Your Cost for a 90-Day Supply</td>
</tr>
<tr>
<td>Free Generic List</td>
<td>$0</td>
<td>Only Available at Cone Health Outpatient Pharmacies</td>
<td>Only Available at Cone Health Outpatient Pharmacies</td>
</tr>
<tr>
<td>Preferred Generic List</td>
<td>$4/$8/$12</td>
<td>$15(^1)</td>
<td>$45</td>
</tr>
<tr>
<td>Non-preferred Generics</td>
<td>$15/$30/$45</td>
<td>$20(^1)</td>
<td>$45</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$25/$50/$75</td>
<td>30% with $40 min and $150 max(^1)</td>
<td>$200</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$75/$150/$225</td>
<td>50% with a $100 minimum and $250 maximum(^1)</td>
<td>$300</td>
</tr>
<tr>
<td>Specialty</td>
<td>$200 - Ask Your Pharmacist How to Reduce This!</td>
<td>Only Available at Cone Health Outpatient Pharmacies</td>
<td>$200 for 30-Day Only for Drugs Not Available at Cone Health Outpatient Pharmacies</td>
</tr>
</tbody>
</table>

\(^1\) Please note that maintenance drugs (drugs that you take routinely) are only available through the Cone Health Outpatient Pharmacies or Catamaran Mail Order. In 2015, refills of maintenance drugs obtained at retail stores are limited to two thirty day fills. Remember Cone Health Outpatient Pharmacies offer the lowest out-of-pocket cost.
Formulary Advantage Program

Prescriptions for some drug classes are covered by a program that requires members to use preferred drugs or obtain prior authorization. This program only applies to prescriptions filled at pharmacies not belonging to Cone Health. The goal of the program is formulary compliance. You and Cone Health both benefit by using preferred drugs versus nonpreferred drugs.

**THE FOLLOWING DRUG CLASSES ARE AFFECTED:**

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Hepatitis</th>
<th>Nasal Allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>High Triglycerides/Cholesterol</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Depression</td>
<td>Infertility</td>
<td>Sleep Aids</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Mental Health Conditions</td>
<td>Testosterone Replacement</td>
</tr>
<tr>
<td>Growth Hormones</td>
<td>Migraine</td>
<td>Ulcer</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Multiple Sclerosis</td>
<td></td>
</tr>
</tbody>
</table>

Each of these classes has a list of preferred and nonpreferred medications. The prescription drug plan covers all the preferred drugs. However, if you take a nonpreferred medication, you have three choices:

1. Move your prescription to the Cone Health Outpatient Pharmacies. You can have any prescription filled at the Cone Health Outpatient Pharmacies and pay the appropriate copay without this program affecting you.

2. Fill your prescriptions at a pharmacy that does not belong to Cone Health and get a new prescription from your health care provider for one of the recommended alternative medications.

3. Get prior authorization for your current medication. If you have previously tried a recommended alternative and it did not work for you, then you, your pharmacist or your health care provider can contact Catamaran to request a prior approval. Once authorized, your plan will cover your medication at the nonpreferred co-insurance. Contact Catamaran at 800-997-3784.

### 2015 CHOICE PLAN PAYROLL DEDUCTIONS (PER PAYCHECK)

<table>
<thead>
<tr>
<th></th>
<th>Full-time (.75 - 1.0 FTE)</th>
<th>Part-time (.30 - .74 FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$68</td>
<td>$118</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$122</td>
<td>$172</td>
</tr>
<tr>
<td><strong>Employee + Spouse/Same-Sex Domestic Partner</strong></td>
<td>$153</td>
<td>$203</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$200</td>
<td>$250</td>
</tr>
</tbody>
</table>

**Important notes to remember:**

If you make less than $12.22 per hour, you will pay 15 percent less than the listed rates.

The rates do not include the $25 per pay period spousal surcharge, if appropriate. If your spouse has access to health care coverage through another employer and you choose to cover him or her under a Cone Health plan, you must pay the surcharge. If your spouse is not employed, self-employed, on Medicare or is also a Cone Health employee, the surcharge would not apply.
The High Deductible Health Plan

The High Deductible Health Plan can be combined with a Health Savings Account to provide coverage with lower monthly premiums and greater risk sharing for those who are in good health or who can financially afford the risk.

The deductibles are much higher than the Choice plan – $2,000 for single coverage and $4,000 for family coverage when using Cone Health facilities, and $3,000 and $6,000 when using United HealthCare Network providers. The out-of-pocket maximum is $6,450 for single coverage and $12,900 for family coverage.

It is important to note that in this plan, you will pay 100 percent of the cost of all services (except eligible preventative services including prescription drugs) until the plan deductible is met. After the deductible is met, the plan pays according to the chart on page 22.

In order to offset these higher out-of-pocket costs, participants may choose to contribute up to $3,350 for single coverage or $6,650 for family coverage to a Health Savings Account*. These pre-tax contributions can be used for eligible health care expenses and can be carried forward from year-to-year and even after termination of employment. If you are considering this option, please read the additional detail on page 38.

*If you will be age 50 before the end of 2015, you may contribute $1,000 more per year for individual or family coverage.
### SUMMARY OF 2015 HIGH DEDUCTIBLE HEALTH CARE PLAN

<table>
<thead>
<tr>
<th>Category</th>
<th>United Health Care Choice Plus Network</th>
<th>Cone Health Network - These improved benefits are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible (Individual/Family)</td>
<td>$3,000/$6,000</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Individual/Family)</td>
<td>$6,450 / $12,900</td>
<td>$6,450/$12,900</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Preventive Care - Physical Exams, Screening Mammograms, Pap Test, First Colonoscopy in the Calendar Year, Sigmoidoscopy, Bone Density, Vision Care</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Mammograms - Diagnostic</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Hospital Admission*</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Outpatient Services*</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Radiology Services (except CT and MRI scans)* - regardless of where they are done including physician offices</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Select Radiology Services* CT Scan and MRI - regardless of where they are done including physician offices</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Cone Health facilities include Moses Cone Hospital, Wesley Long Hospital, Women’s Hospital, Annie Penn Hospital, Behavioral Health Hospital, Alamance Regional, MedCenter High Point, MedCenter Kernersville, MedCenter Mebane and all Cone Health Surgical Centers</td>
<td>Services that cannot be provided at Cone Health or are provided as an out-of-network emergency have 30% cost.</td>
<td>Services that cannot be provided at Cone Health or are provided as an out-of-network emergency have 30% cost.</td>
</tr>
<tr>
<td>Primary Care Office Visit (Includes Family Practice and Internal Medicine Physicians and Pediatricians)</td>
<td>40% after deductible</td>
<td>Zero cost after deductible if seeing a THN PCP</td>
</tr>
<tr>
<td>Specialist Office Visit (includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Chiropractic Office Visit</td>
<td>40% after deductible with a maximum of 12 visits per year</td>
<td>Only available in the United Healthcare Choice Plus Network</td>
</tr>
<tr>
<td>Inpatient or Outpatient physician services</td>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>30% after deductible; 40% after deductible if non-emergency</td>
<td>30% after deductible; 40% after deductible if non-emergency</td>
</tr>
<tr>
<td>Urgent Care*</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Cone Health Urgent Care facilities include Church Street, MedCenter Kernersville and MedCenter Mebane</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Employee Health Services - Burlington</td>
<td>N/A</td>
<td>No cost in Burlington</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Therapeutic Services (Physical, Occupational, Speech, Cardiac and Pulmonary Rehab office visits)</td>
<td>40% after deductible with a maximum of 24 visits per year</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Holistic Treatment</td>
<td>40% after deductible with a $500 per year benefit max</td>
<td>30% after deductible with a $500 per year benefit max</td>
</tr>
</tbody>
</table>
If you enroll in the High Deductible Health Plan, you will pay 100 percent of your prescription costs until the plan deductible is met ($2,000 for single coverage and $4,000 for any coverage other than single coverage). After the plan deductible is met, you will pay the copays and co-insurance amounts that are listed below.

### Type of Drug

<table>
<thead>
<tr>
<th>Cone Health Outpatient Pharmacies</th>
<th>Other Retail Pharmacies</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Free Preventative Drugs</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Preferred Generic List</strong></td>
<td>$4/$8/$12 after CYD</td>
<td>$15&lt;sup&gt;1&lt;/sup&gt; after CYD</td>
</tr>
<tr>
<td><strong>Non-preferred Generics</strong></td>
<td>$15/$30/$45 after CYD</td>
<td>$20&lt;sup&gt;1&lt;/sup&gt; after CYD</td>
</tr>
<tr>
<td><strong>Preferred Brand</strong></td>
<td>$25/$50/$75 after CYD</td>
<td>30% with $40 min and $150 max&lt;sup&gt;1&lt;/sup&gt; after CYD</td>
</tr>
<tr>
<td><strong>Non-preferred Brand</strong></td>
<td>$75/$150/$225 after CYD</td>
<td>50% with a $100 minimum and $250 maximum&lt;sup&gt;1&lt;/sup&gt; after CYD</td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td>$200 - Ask Your Pharmacist How to Reduce This! after CYD</td>
<td>Only Available at Cone Health Outpatient Pharmacies after CYD</td>
</tr>
</tbody>
</table>

<sup>1</sup> Please note that maintenance drugs (drugs that you take routinely) are only available through the Cone Health Outpatient Pharmacies or Catamaran Mail Order. In 2015, refills of maintenance drugs obtained at retail stores are limited to two. Remember Cone Health Outpatient Pharmacies offer the lowest out-of-pocket cost.
Formulary Advantage Program

Prescriptions for some drug classes are covered by a program that requires members to use preferred drugs or obtain prior authorization. This program only applies to prescriptions filled at outpatient pharmacies not belonging to Cone Health. The goal of the program is formulary compliance. You and Cone Health both benefit by using preferred drugs versus nonpreferred drugs.

THE FOLLOWING DRUG CLASSES ARE AFFECTED:

- Asthma
- Blood Pressure
- Depression
- Glaucoma
- Growth Hormones
- Hepatitis
- Hepatitis C
- Infertility
- Mental Health Conditions
- Migraine
- Multiple Sclerosis
- Nasal Allergy
- High Triglycerides/Cholesterol
- Sleep Aids
- Testosterone Replacement
- Ulcer

Each of these classes has a list of preferred and nonpreferred medications. The prescription drug plan covers all the preferred drugs. However, if you take a non-preferred medication, you have three choices:

1. Move your prescription to the Cone Health Outpatient Pharmacies. You can have any prescription filled at the Cone Health Outpatient Pharmacies and pay the appropriate copay without this program affecting you.

2. Fill your prescriptions at an outpatient pharmacy that does not belong to Cone Health and get a new prescription from your health care provider for one of the recommended alternative medications.

3. Get prior authorization for your current medication. If you have previously tried a recommended alternative and it did not work for you, then you, your pharmacist or your health care provider can contact Catamaran to request a prior approval. Once authorized, your plan will cover your medication at the nonpreferred coinsurance. Contact Catamaran at 800-997-3784.

2015 HIGH DEDUCTIBLE HEALTH PLAN PAYROLL DEDUCTIONS (PER PAYCHECK)

<table>
<thead>
<tr>
<th></th>
<th>Full-time (.75 – 1.0 FTE)</th>
<th>Part-time (.30 – .74 FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$37</td>
<td>$87</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$64</td>
<td>$114</td>
</tr>
<tr>
<td><strong>Employee + Spouse/Same-Sex Domestic Partner</strong></td>
<td>$72</td>
<td>$122</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$104</td>
<td>$154</td>
</tr>
</tbody>
</table>

Please do not select this plan simply because it has the lowest premium. The savings in premium costs do not outweigh the increased deductible if you have a claim. You will not save any money unless you have no claims.
Important notes to remember about the High Deductible Health Plan:

• If family coverage is chosen, the entire family deductible and out-of-pocket maximum must be satisfied, not an amount per person. For example, if family coverage is chosen and only one family member has expenses, the expenses for that family member must exceed $4,000 (Cone Health facilities) or $6,000 (United Healthcare network) before the deductible is satisfied for the year.

• All expenses (except preventive services), including prescription drugs, apply to the deductible.

• If you make under $12.22 per hour, you will pay 15 percent less than the listed rates before applying surcharges.

• The rates do not include the $25 per pay period spousal surcharge, if appropriate. If your spouse has access to health care coverage through another employer, and you choose to cover him or her under a Cone Health plan, you must pay the surcharge. If your spouse is not employed, self-employed, on Medicare or is also a Cone Health employee, the surcharge would not apply.

• The Health Savings Account can only be used with this plan.

• There are some restrictions on a flexible spending account with this plan.

Additional Health Care Resources

Do you ever wish you had someone you could call to get help with a difficult health care issue? Cone Health offers you someone to turn to for help. Cone Health partners with Triad HealthCare Network Care Management, which provides free services as an added benefit for you.

Triad HealthCare Network Care Management may be able to help you if:

• Your health status negatively impacts your daily life.

• You have difficulty affording medications and supplies.

• You feel overwhelmed with your current health condition.

• Your health condition requires daily management.

• You do not take your medications as prescribed.

• Your personal circumstances keep you from following your doctor’s instructions and/or dealing with your health problems.

• You have chronic health problems.

Triad HealthCare Network Care Management provides a confidential assessment of your individual needs, including hands-on health education, chronic disease management, help navigating the health care system and your benefits, referrals to local resources and programs, and help transitioning to Medicare.

Link To Wellness

Link to Wellness programs are free and are offered for the following conditions:

• Asthma

• Diabetic or Pre-Diabetic

• Heart Disease

• High Blood Pressure

• High Cholesterol

Chronic Care Coordinators will assist you in managing your health. Enrolled employees can receive certain free medications, certain free diabetic testing supplies, free health education and class completion incentives. Regular meetings with a Chronic Care Coordinator are required.
$100 Healthy Pregnancy Program

*Have a baby for $100!*

This program rewards employees on the Cone Health Choice Plan for attending a series of classes on prenatal care. Attendance at these classes, a normal delivery at Women’s Hospital or Alamance Regional, and coverage by the Cone Health Choice Plan qualify you for this program. (You must also enroll your newborn within 31 days on the Cone Health health care plan for infant coverage). To enroll in the Healthy Pregnancy Program, go to conehealth.com > for employees.

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**How Do I Get Help?**

Email: LinktoWellness@conehealth.com  
Telephone: 336-852-3871

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**Travel Medicine**

If you are traveling out of the country and are covered under the Cone Health Choice Plan, you may visit Cone Health Employer Health Services for a travel consultation and required shots. Employer Health Services bills the health care plan directly so there is no charge to you.
Cone Health Employee Wellness

LiveLifeWell is Cone Health’s employee wellness program that acts as the umbrella for all employee wellness services. Our goal is to build upon the Cone Health value of “Caring for Each Other” by caring for ourselves. The mission of the LiveLifeWell program is to improve the health and well-being of Cone Health employees and their families through education, programs and a culture that supports positive lifestyle choices.

THE LIVELIFEWELL EMPLOYEE WELLNESS PROGRAMS AND SERVICES INCLUDE:

- Healthy Pregnancy Program
- Link to Wellness Disease Management Programs: High Cholesterol, High Blood Pressure and Diabetes Management
- BELT Program
- Employee Pharmacy
- Massage Therapy
- Tobacco Cessation
- Medical Nutrition Therapy/Nutritional Counseling
- Weight Watchers
- Fitness Centers and On-site Fitness Rooms
- Group Exercise Classes
- 5K Walk/Run Training
- Personal Training
- Health Coaching
- LiveLifeWell Healthy Rewards Program
- … and More!

LiveLifeWell Healthy Rewards Program

Find out how you can earn up to $350 in cash by maintaining a healthy lifestyle! For more information about any of these programs, please visit our website at livelifewell.conehealth.com or contact your employee wellness department:

- Becca Jones - becca.jones@conehealth.com, 336-832-2590
- Megan Norriss - mnorriss@armc.com, 336-538-8120
- Jamie Athas - jathas@armc.com, 336-538-8470

If it is unreasonably difficult for you to achieve the standards for the reward under this program due to a medical condition, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call 336-832-2590 or 336-538-8120 and we will work with you to develop another way to qualify for the reward.
Dental Plans

Quick Facts About Dental Coverage

Options

1. Basic Dental Plan
2. Major Dental Plan

Coverage Tiers

- Employee only
- Employee plus spouse/same-sex domestic partner
- Employee plus child(ren)
- Employee plus spouse/same-sex domestic partner plus child(ren)

Enrollment/Changes

- New hires: Within 31 days of hire
- Current employees: Annual enrollment period or within 31 days of a qualified status change
- You do not have to be enrolled in a health care plan in order to select dental benefits. Your coverage tier for dental may be different from the choice you made for health care.

Resources

- Call MetLife 800-GET-MET8 (800-438-6388)
- Check the Summary Plan Descriptions at Cone Connects > Employee Services > Benefits > 2015 Benefits Info > Dental
- Contact the Human Resources Services Center at 336-832-8777. benefits@conehealth.com or visit a Benefits Specialist at your local Human Resources office to discuss a qualified status change during the year.

Cone Health provides two dental plans: Basic and Major. Both plans cover diagnostic, preventive and maintenance services, but the Major plan has an increased annual maximum benefit and also covers major restorative services and orthodontics.

The plans are administered by MetLife. MetLife also provides a network of dentists that will offer you several advantages such as no “upfront” payments and no balance to pay after your coverage pays. You do not have to use a network dentist for the plan to pay according to the schedule.
## DENTAL PLAN COMPARISON

<table>
<thead>
<tr>
<th>Benefit Highlight</th>
<th>Basic Option</th>
<th>Major Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong> (calendar year)</td>
<td>$50 Single/$150 Family</td>
<td>$50 Single/$150 Family</td>
</tr>
<tr>
<td><strong>Maximum</strong> (calendar year)</td>
<td>$750 Per Person</td>
<td>$1,750 Per Person</td>
</tr>
<tr>
<td><strong>Maximum Orthodontic</strong></td>
<td>Benefit Not Covered</td>
<td>$1,750 Per Person, Lifetime</td>
</tr>
<tr>
<td><strong>Diagnostic and Preventive</strong></td>
<td>100% Covered (No Deductible)</td>
<td>100% Covered (No Deductible)</td>
</tr>
<tr>
<td><strong>Maintenance Services</strong></td>
<td>80% Covered (After Deductible)</td>
<td>80% Covered (After Deductible)</td>
</tr>
<tr>
<td><strong>Surgical Dentistry</strong></td>
<td>80% Covered (After Deductible)</td>
<td>80% Covered (After Deductible)</td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td>Not Covered</td>
<td>80% Covered (After Deductible)</td>
</tr>
<tr>
<td><strong>Prosthetic Services</strong></td>
<td>Not Covered</td>
<td>50% Covered (After Deductible)</td>
</tr>
<tr>
<td><strong>Complex Restorative Services</strong></td>
<td>Not Covered</td>
<td>50% Covered (After Deductible)</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>Not Covered</td>
<td>50% Covered (After Deductible)</td>
</tr>
<tr>
<td><strong>Dental Implants</strong></td>
<td>Not Covered</td>
<td>50% Covered (After Deductible)</td>
</tr>
</tbody>
</table>

## 2015 DENTAL PLANS PAYROLL DEDUCTIONS (PER PAYCHECK)

<table>
<thead>
<tr>
<th>FTE .75 - 1.00</th>
<th>Basic Option</th>
<th>Major Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$10.00</td>
<td>$17.00</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$20.00</td>
<td>$35.00</td>
</tr>
<tr>
<td><strong>Employee + Spouse/Same-Sex Domestic Partner</strong></td>
<td>$15.00</td>
<td>$27.00</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$27.00</td>
<td>$48.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FTE .30 - .74</th>
<th>Basic Option</th>
<th>Major Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$12.00</td>
<td>$21.00</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$23.00</td>
<td>$41.00</td>
</tr>
<tr>
<td><strong>Employee + Spouse/Same-Sex Domestic Partner</strong></td>
<td>$18.00</td>
<td>$32.00</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$32.00</td>
<td>$57.00</td>
</tr>
</tbody>
</table>
Vision Insurance

Cone Health offers a Vision Plan to cover the cost of lenses, frames and contacts.

Annual eye exams are covered under the health care plans. If you have Cone Health health care coverage, then you would not need to enroll in the plan that includes the eye exam.

Quick Facts About Vision Insurance

Options

1. Superior Vision Plan 1 – Without Eye Exam
2. Superior Vision Plan 2 – Includes Eye Exam

Coverage Tiers

• Employee only
• Employee plus spouse/same-sex domestic partner
• Employee plus child(ren)
• Employee plus spouse/same-sex domestic partner plus child(ren)

Enrollment/Changes

• New hires: Within 31 days of hire
• Current employees: Annual enrollment period or within 31 days of a qualified status change
• You do not have to be enrolled in a health care plan in order to select dental benefits.

Resources

• Contact Superior Vision at superiorvision.com or 800-507-3800.
• Contact the Human Resources Services Center at 336-832-8777 or at benefits@conehealth.com, or visit a Benefits Specialist at your local Human Resources office for questions.

Superior Vision covers the purchase of contact lenses or standard frames and lenses, but not both, within a calendar year. To find participating care providers for Superior Vision, visit superiorvision.com, click “Members/Future Members” and continue to “Locate A Provider” on the next screen, or call 800-507-3800.
## Vision Plan Comparison

Benefits shown below assume use of in-network providers.

<table>
<thead>
<tr>
<th>Benefit Highlight</th>
<th>Superior Without Eye Exam In-Network</th>
<th>Superior With Eye Exam In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam</strong> (Every 12 months)</td>
<td>Covered under health care plan - Must be a United Healthcare Provider</td>
<td>$0 Co-Pay at a Superior Vision Provider</td>
</tr>
<tr>
<td><strong>Frames</strong> (Every 12 months)</td>
<td>$150 Retail Allowance</td>
<td>$150 Retail Allowance</td>
</tr>
<tr>
<td><strong>Lenses</strong> - Standard Per Pair <strong>Single, Bifocal, Trifocal, Lenticular</strong> (Every calendar year)</td>
<td>Covered In Full</td>
<td>Covered In Full</td>
</tr>
<tr>
<td><strong>Lenses</strong> - Progressive</td>
<td>Covered at Lined Trifocal Level</td>
<td>Covered at Lined Trifocal Level</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong> (Every 12 months)</td>
<td>$200 Retail Allowance</td>
<td>$200 Retail Allowance</td>
</tr>
<tr>
<td><strong>Medically Necessary Contact Lenses</strong> (Every 12 months)</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
</tr>
<tr>
<td><strong>Contact Lenses Fitting</strong> (Every 12 months)</td>
<td>Standard - $25 Co-Pay Then Covered in Full Specialty - $50 Retail Allowance</td>
<td>Standard - $25 Co-Pay Then Covered in Full Specialty - $50 Retail Allowance</td>
</tr>
</tbody>
</table>

## 2015 Vision Plans Payroll Deductions (Per Paycheck)

<table>
<thead>
<tr>
<th>All Employees</th>
<th>Superior Vision Without Exam</th>
<th>Superior Vision With Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$3.37</td>
<td>$5.59</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$7.22</td>
<td>$12.00</td>
</tr>
<tr>
<td><strong>Employee + Spouse/Same-Sex Domestic Partner</strong></td>
<td>$5.45</td>
<td>$9.08</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$9.91</td>
<td>$16.51</td>
</tr>
</tbody>
</table>
Health Care Flexible Spending Account

Would you like to get a “Benny” Visa® card with enough money on it to pay for some of your annual out-of-pocket health care, dental and vision expenses such as office visit copays, prescription copays and deductibles? This money would be loaned to you by Cone Health, and you would pay it back, interest free, through payroll deduction throughout the year. This benefit is called a Health Care Flexible Spending Account. It lets you pay for eligible health care, dental and vision expenses with before-tax dollars using a convenient “Benny” Visa® card. The most you can contribute in 2015 is $2,550.

You do not have to pay taxes on your Health Care Flexible Spending Account payroll deductions, which could save you hundreds of dollars each year - between 15 percent and 40 percent of your contributions, depending on your tax bracket.

Whose expenses are eligible?
Expenses for anyone you claim as a dependent (or are eligible to claim) on your federal income taxes (your spouse and children). It doesn’t matter if the dependent is on the Cone Health health care plan as long as he or she is a qualified dependent for IRS purposes.

What expenses are eligible?
You can use the account to pay for office visits or other copays, deductibles (health care, vision and dental), and prescription copays.

Note: Not all health care expenses qualify. Refer to section 213 of the Internal Revenue Service code for restrictions and limitations or visit stanleybenefits.com or call 336-271-4450.
Your Flexible Spending Account dollars can be used for a variety of out-of-pocket health care expenses. Take a look at the following lists for a better understanding of what is and is not eligible.

### Baby/Child to Age 13
- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby Care

### Dental
- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia and Braces
- Crowns and Root Canals
- Periodontal Services

### Eyes
- Artificial Eyes
- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy/LASIK

### Hearing
- Hearing Devices and Batteries
- Hearing Examinations

### Lab Exams/Tests
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiographs
- Laboratory Fees
- X-Rays

### Medical Equipment/Supplies
- Air Purification Equipment*
- Arches, Orthotic Inserts and Orthopedic Shoes
- Contraceptive Devices
- Crutches and Wheel Chairs
- Exercise Equipment*
- Hospital Beds
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

### Medical Procedures/Services
- Acupuncture
- Alcohol and Drug Addiction (inpatient and outpatient treatment)
- Ambulance
- Hospital Services
- Fertility Enhancement and Treatment
- In Vitro Fertilization
- Physical Examination (not employment related)
- Reconstructive Surgery (due to a congenital defect or accident)
- Service Animals*
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*
- Vaccinations and Immunizations

### Medication
- Insulin
- Prescription Drugs

### Obstetrics
- Lamaze Class
- Midwife Expenses
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments
- Breast Pumps and Lactation Supplies

### Practitioners
- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath or Naturopath*
- Osteopath
- Physician
- Psychiatrist or Psychologist

### Therapy
- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise*
- Hypnosis
- Massage*
- Occupational
- Physical
- Speech
- Weight Loss Programs*
- Smoking Cessation Programs*

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**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, contact Stanley Benefits.
The IRS allows certain over-the-counter (OTC) medicines to be reimbursed using your FSA dollars. Here is a brief listing of some of those items:

<table>
<thead>
<tr>
<th>Category</th>
<th>Eligible Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Electrolytes</td>
<td>• Pedialyte, Enfalyte</td>
</tr>
<tr>
<td>Contraceptives/Family Planning</td>
<td>• Nonmedicated condoms</td>
</tr>
<tr>
<td>Denture Adhesives, Repair and Cleansers</td>
<td>• PoliGrip, Benzodent, Efferdent</td>
</tr>
<tr>
<td>Diabetes Testing and Aids</td>
<td>• Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products</td>
</tr>
<tr>
<td>Diagnostic Products</td>
<td>• Thermometers, blood pressure monitors, cholesterol testing</td>
</tr>
<tr>
<td>Ear Care (non-medicated)</td>
<td>• Ear drops, syringes, ear wax removal</td>
</tr>
<tr>
<td>Elastics/Athletic Treatments</td>
<td>• ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts Unless classified as “sport” or “athletic”</td>
</tr>
<tr>
<td>Family Planning</td>
<td>• Pregnancy and ovulation kits</td>
</tr>
<tr>
<td>Foot Treatment</td>
<td>• Unmedicated corn and callus treatments, e.g., callus cushions, devices, therapeutic insoles</td>
</tr>
<tr>
<td>First Aid Dressings and Supplies</td>
<td>• Band-Aid, 3M Nexcare, nonsport tapes</td>
</tr>
<tr>
<td>Glucosamine and/or Chondroitin (arthritis treatment)</td>
<td>• Osteo-Bi-Flex, Cosamin D, Flex-a-min</td>
</tr>
<tr>
<td>Hearing Aid/Medical Batteries</td>
<td></td>
</tr>
<tr>
<td>Incontinence Products</td>
<td>• Attends, Depends, GoodNites for juvenile incontinence, Prevail</td>
</tr>
<tr>
<td>Prenatal Vitamins</td>
<td>• Stuart Prenatal, Nature’s Bounty prenatal vitamins</td>
</tr>
<tr>
<td>Reading Glasses and Maintenance Accessories</td>
<td></td>
</tr>
<tr>
<td>Sunscreen</td>
<td>• 30 SPF or greater</td>
</tr>
</tbody>
</table>
### Prescription Required Over-the-Counter Items

Note: These products may only be purchased using the Benny Card if the pharmacy assigns a Rx number. A dispensing fee (which is flex eligible) may be added. Otherwise, send the prescription and receipt to Stanley Benefits for manual reimbursement. Stanley will retain the prescription on file for refills.

<table>
<thead>
<tr>
<th>Acne Medications</th>
<th>Denture Pain Relief</th>
<th>Laxatives (nonfiber)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clearasil, OXY</td>
<td>Digestive Aids</td>
<td></td>
</tr>
<tr>
<td>Acid Controllers/Digestive Aids</td>
<td>Ear Care</td>
<td>Motion Sickness</td>
</tr>
<tr>
<td>Allergy and Sinus Medicine</td>
<td>Eye Care</td>
<td>Nasal Sprays, Drops and Inhalers</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>Feminine Anti-Fungal/Anti-Itch</td>
<td>• Afrin Spray, Ocean Nasal Spray</td>
</tr>
<tr>
<td>Anti-Diarrhea Medicine</td>
<td>Fiber Laxatives (bulk forming)</td>
<td>Oral Remedies or Treatments</td>
</tr>
<tr>
<td>Antifungal (foot)</td>
<td>First Aid Burn Remedies</td>
<td>• Mouth sore treatments</td>
</tr>
<tr>
<td>• Lamisil, Lotrimin</td>
<td>• Dermoplast, Solarcaine</td>
<td>Pain Relievers</td>
</tr>
<tr>
<td>Anti-Gas Products</td>
<td>Hemorrhoidal Preps</td>
<td>Respiratory Treatments</td>
</tr>
<tr>
<td>Anti-Itch and Insect bite</td>
<td>Foot Care Treatments</td>
<td>Skin Treatments (for eczema, psoriasis, rosacea, etc.)</td>
</tr>
<tr>
<td>• Corn and callus treatments, wart removers, devices</td>
<td>• Baby Orajel, Anbesol Baby Oral Gel</td>
<td>• Psoriasin, MG217, Dermarest Eczema</td>
</tr>
<tr>
<td>Anti-Parasitic Treatments</td>
<td>Homeopathic Remedies (products that treat an illness or condition)</td>
<td>Sleep Aids and Sedatives</td>
</tr>
<tr>
<td>Antiseptics, Wound Cleansers</td>
<td>• Boiron and Hyland products</td>
<td>• Nicoderm, Nicorette</td>
</tr>
<tr>
<td>• Alcohol, peroxide, Epsom salt, Betadine</td>
<td>Incontinence protection and treatment products</td>
<td>Stomach Remedies</td>
</tr>
<tr>
<td>Baby Teething Pain</td>
<td>Cold, Cough and Flu</td>
<td></td>
</tr>
<tr>
<td>• Baby Orajel, Anbesol Baby Oral Gel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold, Cough and Flu</td>
<td>FINANCIAL PROTECTION</td>
<td></td>
</tr>
<tr>
<td>The IRS does not allow the following expenses to be reimbursed under Flexible Spending Accounts as they are not prescribed by a physician for a specific ailment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Ineligible Expenses

<table>
<thead>
<tr>
<th>Baby-sitting and Child Care*</th>
<th>Personal Trainers</th>
<th>Marriage Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Premiums (Eyewear)</td>
<td>Hair Loss Medication</td>
<td>Maternity Clothes</td>
</tr>
<tr>
<td>Cosmetic Surgery/Procedures</td>
<td>Hair Transplant</td>
<td>Sunscreen (less than SPF 30)</td>
</tr>
<tr>
<td>Dancing/Exercise/Fitness Programs*</td>
<td>Health Club Dues*</td>
<td>Swimming Lessons</td>
</tr>
<tr>
<td>Diaper Service</td>
<td>Insurance Premiums and Interest</td>
<td>Teeth Bleaching or Whitening</td>
</tr>
<tr>
<td>Electrolysis</td>
<td>Long-Term Care Premiums (FSA)</td>
<td>Nutritional Supplements*</td>
</tr>
</tbody>
</table>

Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk (*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.
**How do I access my money?**

After you enroll for 2015, you will receive a “Benny” Visa® card from the plan’s administrator, Stanley Benefit Services. This card arrives shortly before the first of the year (or shortly before the effective date for new hires). Re-enrolling participants will use the same card in 2015. Cards will be replaced as they expire like other credit cards. It works similarly to a gift card. It contains your entire annual balance, and you can spend the funds throughout the year by presenting the card when you make your eligible purchases.

Another option is to pay for expenses out-of-pocket and get reimbursed by completing a reimbursement form available on Cone Connects or at stanleybenefits.com. Please note that direct deposit is mandatory when getting reimbursement money from Stanley Benefits.

**Use It or Lose It:**

Under IRS regulations, the money in your Health Care Flexible Spending Account is for expenses incurred from Jan. 1, 2015, to March 15, 2016. You have until June 15, 2016, to submit these expenses for reimbursement. (Direct deposit is mandatory for reimbursement.) Any unused money in your account is lost. For this reason, we suggest that you be conservative in estimating your expenses for each year. Please note that money cannot be used for past expenses (2014 or prior to the Health Care Spending Account effective date).

**Can I have a Health Care Flexible Spending Account and a Health Savings Account?**

If you are in the High Deductible Health Plan, you will use a Health Savings Account (which is different from a Health Care Flexible Spending Account) to pay for your health care and prescription drug expenses until the federal deductible is met ($1,300 for single coverage and $2,600 for family coverage). If you have the Health Savings Account, you can also choose a Health Care Flexible Spending Account. However, it will have a limited use (dental and vision expenses only) until the federal deductible is met. After the federal deductible is met, your Health Care Flexible Spending Account is no longer considered limited use and you may use it for health care and prescription drug expenses.

For employees in the Choice plan, the Health Care Flexible Spending Account works as it always has.

If you terminate employment or move into a position that is not eligible for benefits (a status change), you are no longer eligible to participate in the Health Care Flexible Spending Account. Your “Benny” Visa® card will be deactivated, and no more deductions will be taken from your paycheck. You may still file for claims with dates of service before your termination/status change date, and you will be paid up to your annual election less any claims previously paid. No claims with dates of service after your termination/status change date will be paid unless you elect to continue participation in the Health Care Flexible Spending Account through COBRA.

You will be offered COBRA if the amount that has been deducted from your pay is greater than the amount of claims paid, so that you can use the money that is left. If you decline COBRA, any remaining money in your account will be forfeited.
How do I get started in the Health Care Flexible Spending Account plan?

• Estimate your eligible expenses for 2015. (See worksheet below.)
• Actively enroll in benefits for 2015 and select the Health Care Flexible Spending Account for the amount you’ve determined is appropriate for you. You must actively enroll in this plan each year. Cone Health is not allowed to carry this benefit forward for you.
• The Health Care Spending Account funds will be deducted from your check each pay period.

Health Care Flexible Spending Account Worksheet

This worksheet will help you calculate how much you may want to deposit in the Health Care Flexible Spending Account to reimburse yourself for eligible health care expenses.

Just follow these steps:
• Based on your records for the past few years, fill in your anticipated expenses for 2015.
• If the expense is paid by insurance, enter your copay, deductibles and co-insurance amounts only.
• If the expense is not covered by insurance, enter the entire cost.

<table>
<thead>
<tr>
<th>Your Cost For:</th>
<th>You</th>
<th>Your Spouse</th>
<th>Your Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor or clinic visit copays</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Health care plan deductible</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Surgical expenses</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Prescription drug copays</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Routine dental care</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Vision care</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Other eligible expense</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$_____________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

Total = $_____________

The most you can deposit is $2,550 per year. You will lose any unused balance, so be conservative.
Health Savings Account

A Health Savings Account can only be used with the High Deductible Health Plan. The Health Savings Account offers tax advantages like the Health Care Flexible Spending Account in that it comes out of your paycheck pre-tax and can be used for qualified health care expenses. It is also like an individual retirement account because it offers tax-advantage savings and investment earnings as well as a variety of investment options. There are many reasons to consider taking advantage of a Health Savings Account:

• You may contribute $3,350 for single coverage or $6,650 for family coverage in the High Deductible Health Plan. If you will be age 55 by the end of 2015, you may contribute $4,350 for single coverage or $7,650 for family coverage.

• While the Affordable Care Act allows parents to add their adult children up to age 26, the IRS has not changed its definition of dependents for the Health Savings Accounts. If account holders can’t claim their child as a dependent on their tax return, then they can’t spend Health Savings Account dollars on services provided to that child.

• The contributions you make are always your money. Balances carry forward from year to year and there is no “use it or lose it.”

• You decide when and how to spend it.

• It is completely portable, meaning you can keep your Health Savings Account even if you change jobs or change your health care coverage.

• The cash is always available in an emergency. You can spend the money in your Health Savings Account on nonqualified expenses if you are willing to pay the tax plus a 20 percent penalty. The 20 percent penalty does not apply if you are age 65 or older.

• It’s an investment opportunity with federal nontaxable accumulation and earnings that are not taxed.

• You can use your accumulated funds for long-term care, Medicare premiums, COBRA payments and supplemental retirement income.

Your Health Savings Account comes with the “Benny” card. However, you do not use your Benny card to pay for health care expenses until after UMR has processed your claims, accumulated the amounts toward your deductible and applied any available discounts. Once you receive your explanation of benefits showing the amount you are required to pay the provider, you can pay the balance due with your Health Savings Account Benny card. It is very important that you keep all receipts for qualified health care expenses that are paid using your Health Savings Account. If you have a Health Savings Account and a Health Care Flexible Spending Account, your Flexible Spending Account will have a limited-use until the federal deductible is met. For single coverage, the 2015 federal deductible is $1,300 and for any option other than single coverage, the federal deductible is $2,600. Until your federal deductible is met, your Health Care Flexible Spending Account can be used ONLY for dental and vision expenses.

Once you meet the federal deductible of $1,300 (single coverage) or $2,600 (other options), you should contact Stanley Benefits and let them know you have met the federal deductible. You will be required to provide Stanley Benefits with copies of your expenses - both pharmacy receipts and Explanation of Benefits from UMR.

At that time, your Flexible Spending Account is no longer considered limited use and you may begin to use money from the Flexible Spending Account to cover medical and all other eligible expenses. This approach preserves the money in your Health Savings Account for future use.
Life, and Accidental Death and Dismemberment (AD&D)

Cone Health recognizes the importance of life insurance for you at all ages and stages in life. You will be enrolled in a basic term life plan (1x annual base salary) up to a maximum of $400,000, which is paid for by Cone Health. You are also automatically covered for an additional one times your annual base salary in Accidental Death and Dismemberment insurance.

Quick Facts About Life Insurance

Options

1. 1x to 4x annual base pay

2. Evidence of Insurability will be required after new hire enrollment/status change for supplemental life insurance for yourself and dependent life insurance for your spouse.

Enrollment/Changes

- New hires: Within 31 days of hire
- Current employees: Annual enrollment period or within 31 days of a qualified status change

Resources

- Contact the Human Resource Service Center at 336-832-8777 or benefits@conehealth.com for questions.
- Go to Cone Connects > Departments > Human Resources > Benefits > 2015 Benefits > SPD Lincoln Life insurance.

Additional Life Insurance Available

The amount of coverage you need is a personal decision. It depends on many factors such as age, whether or not you have dependents, your other financial resources and your financial commitments. You may buy a supplemental term life policy with an additional one, two or three times your annual salary up to a maximum of $600,000. Your premium is based on the amount of insurance you choose. Since this is term insurance, it does not accumulate cash value, you cannot keep this insurance at your current premium if you leave Cone Health, and rates are not guaranteed to remain the same.

Supplemental Term Life insurance costs $.115 a month for every $1,000 of benefit. You pay the full cost of supplemental term life insurance with after-tax premiums.
Important notes to remember:

- Changes in FTE or salary will change your coverage and deductions.
- Your life insurance coverage ends on your termination date or the last day you are a benefits-eligible employee.
- If you leave Cone Health or change status to a position that is not eligible for benefits, you may be eligible to continue some of your life insurance coverage by submitting an application to the Lincoln Financial Group and paying premiums directly to Lincoln, provided you contact them within 31 days of losing coverage. Rates will be different from employee contributions. You may reach Lincoln by calling 855-818-2883.
- To assign or update a beneficiary, obtain a Beneficiary Form by calling the Human Resources Service Center at 336-832-8777 or list your beneficiaries in Lawson Complete.
- All life insurance will decrease to a 50 percent benefit at age 75.
- The IRS allows you to receive employer-paid life insurance up to $50,000 tax free. If your basic life insurance is greater than $50,000, IRS regulations require a tax on “imputed income” for the premium cost of the coverage amount above $50,000. It is important to note that you are not taxed on the additional amount of insurance above $50,000. You are only taxed on the cost of providing that amount of coverage.

Calculating the Cost of Supplemental Term Life

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Salary</td>
<td>$20,800.00</td>
<td></td>
</tr>
<tr>
<td>Annual Salary Rounded Up</td>
<td>$21,000.00</td>
<td></td>
</tr>
<tr>
<td>Divide by 1,000</td>
<td></td>
<td>$21.00</td>
</tr>
<tr>
<td>Multiply by .115</td>
<td></td>
<td>$2.42</td>
</tr>
<tr>
<td>Multiply by 12</td>
<td></td>
<td>$29.04</td>
</tr>
<tr>
<td>Divide by 26</td>
<td></td>
<td>$1.12</td>
</tr>
</tbody>
</table>

Whole Life Insurance

You may be able to buy a permanent whole life insurance policy on you, your spouse and dependent children. Whole life insurance builds cash value, which can earn interest. Over time, you could borrow from the net cash value accumulated in your policy or you could use the cash to purchase a paid-up policy. Premiums or coverage will not change for the life of the insured and, if you leave Cone Health, you take this policy with you. You pay the full cost of whole life insurance with after-tax dollars. Payroll deductions begin with the first payday after your coverage is in force and continue through the last payday of the month your coverage is in force. All claims for whole life insurance plans should be made to Unum. You may call them directly at 800-635-5597. For rates and more information, contact Trion at 336-346-3500, ext. 635.

Evidence of Insurability

If you enroll in or add to your supplemental life insurance after your initial eligibility period, you will be required to submit an Evidence of Insurability. You will not have coverage or deductions at the increased level until Lincoln Financial Group approves the application for increased coverage. Coverage and deductions will continue at the current level until approved.
**Supplemental Accidental Death and Dismemberment Insurance (AD&D)**

You may buy $25,000, $50,000, $100,000 or $200,000 of AD&D coverage for yourself or your covered dependents. This benefit is payable if you have a covered accidental injury that causes death or dismemberment (please refer to the Summary Plan Description for details). You can purchase additional AD&D insurance for your spouse at 50 percent of your coverage up to a maximum of $100,000. You can cover your dependent children at 15 percent of your coverage level up to a $25,000 maximum. You pay the full cost of supplemental AD&D with pre-tax premiums.

### SUPPLEMENTAL AD&D RATES PER PAY PERIOD

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee-Only Cost</th>
<th>Employee Plus Family Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,000</td>
<td>$.17</td>
<td>$.24</td>
</tr>
<tr>
<td>$50,000</td>
<td>$.35</td>
<td>$.48</td>
</tr>
<tr>
<td>$100,000</td>
<td>$.69</td>
<td>$.97</td>
</tr>
<tr>
<td>$200,000</td>
<td>$1.38</td>
<td>$1.94</td>
</tr>
</tbody>
</table>

**Important notes to remember:**

- If you add or increase coverage for your spouse/same-sex domestic partner during annual enrollment, you must complete an Evidence of Insurability and mail it directly to Lincoln Financial. Coverage and deductions will continue at their current levels until your application for added or increased coverage is approved (This does not apply to new hires.)
- If you want to add a newly eligible spouse/same-sex domestic partner, you must do so within 31 days of the qualifying event.
- Spouse/same-sex domestic partner coverage will reduce to 50 percent at age 75.

**Life Insurance for your Spouse/Same-Sex Domestic Partner and/or Children**

You may buy life insurance for your spouse/same-sex domestic partner and children older than 6 months of age. Dependent children from birth to 14 days are covered for $100 or 14 days to 6 months for $1,000. The plan works the same as the employee life plan except you are the beneficiary. You pay the full cost of dependent life insurance with after-tax premiums.

### Spouse/Same-Sex Domestic Partner

<table>
<thead>
<tr>
<th>Option Coverage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$5.2</td>
</tr>
<tr>
<td>$10,000</td>
<td>$10.4</td>
</tr>
<tr>
<td>$15,000</td>
<td>$15.6</td>
</tr>
<tr>
<td>$20,000</td>
<td>$20.9</td>
</tr>
<tr>
<td>$25,000</td>
<td>$25.6</td>
</tr>
</tbody>
</table>

### Child

<table>
<thead>
<tr>
<th>Option Coverage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$3.8</td>
</tr>
<tr>
<td>$10,000</td>
<td>$7.6</td>
</tr>
</tbody>
</table>
Short-term Disability Insurance

If you became ill or injured for an extended time and were unable to work, how would you pay your bills?

Short-term disability is offered through Lincoln Financial, and provides income replacement during extended absences due to illness, hospitalization, inpatient/outpatient surgery, pregnancy disability and invasive medical procedures. If you become disabled and your claim for disability is approved, the plan pays a weekly benefit of 60 percent of your base salary up to a maximum of $1,000 per week or $2,000 per week for 10 to 12 weeks depending on the option that you choose. Since you pay for the premiums with after-tax dollars, the benefit you receive is not considered taxable income.

Quick Facts About Short-Term Disability

Options

1. First-Day Accident/Eight-Day Illness
   Waiting Period Up To $2,000 Per Week

2. Twenty-First Day Accident and Illness
   Waiting Period Up To $1,000 Per Week

Enrollment/Changes

• New hires: Effective the first of the month after hire date
• Current employees: Annual enrollment period or within 31 days of a qualified status change and effective the first of the month following the status change

Resources

• Call Lincoln Financial claims at 855-818-2883.
• Go to Cone Connects > Employee Services > Benefits and find the Summary Plan Descriptions at Departments > Human Resources > Benefits > 2015 Benefits > SPD Short-Term Disability
• Contact the Human Resource Services Center at 336-832-8777 or at benefits@conehealth.com or visit your Benefits Specialist at your local Human Resources office to discuss a qualified status change during the year.

Important notes to remember:

• Employees with an FTE of .30 or greater are eligible for the group short-term disability plan.
• Short-term disability is effective the first of the month following hire date or status change.
• Coverage and deductions increase or decrease with FTE and salary changes.
• During your initial enrollment (new hire or status change), you can choose short-term disability insurance without proof of good health and with no limitations for pre-existing health care conditions.
• If you are adding short-term disability coverage or increasing coverage from the 21-day to the eight-day plan during annual enrollment, you must complete an Evidence of Insurability form for Lincoln Financial. You will not have increased coverage or deductions until you are approved, and Lincoln may deny coverage based on the information you submit.
• Your benefit may be reduced by the amount of other income replacement benefits you receive for the same disability, including workers’ compensation and Social Security. If you are age 65 or older, your disability benefits will be limited substantially by the Social Security offset. Please consider this carefully when you are making your decision to enroll in this disability program.

Cost for eight-day waiting period plan:

To calculate your cost, follow the example below. Calculate your annual salary (multiply your hourly rate times 2,080 hours times your FTE). For example, a 1.0 FTE employee with an hourly rate of $10 has an annual salary of $20,800.

<table>
<thead>
<tr>
<th>Annual Salary</th>
<th>Multiply by .6</th>
<th>Multiply by .72</th>
<th>Multiply by 12</th>
<th>Divide by 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,800.00*</td>
<td>$1,248.00</td>
<td>$1,516.80</td>
<td>$20,736</td>
<td>$798</td>
</tr>
</tbody>
</table>

Estimated cost per paycheck = $7.98 with an annual salary of $20,800.

* Maximum annual covered pay is $173,333. If you earn more than this amount, enter the maximum amount only.
Long-term Disability Insurance

Quick Facts About Long-Term Disability Options

1. Benefits of 60 percent of base pay (Basic).
2. Benefits of 70 percent of base pay (Major).

Enrollment/Changes

• New hires: Within 31 days of hire
• Current employees: Annual enrollment period or during the year if you have a qualified status change

Resources

• Call Lincoln Financial claims at 855-818-2883.
• Go to Cone Connects to see Summary Plan Descriptions.
• Call the Human Resources Service Center at 336-832-8777 to enroll after a qualified status change during the year or for general questions, or email benefits@conehealth.com or visit a Benefits Specialist at your local Human Resources office.

How It Works

Long-term disability insurance replaces a portion of your salary if you are disabled and unable to work for more than 90 days. Benefits are provided if injury or sickness prevents you from performing all the material duties of your own occupation or qualified alternatives for up to two years, and in any occupation until age 65, subject to limitations and restrictions. Benefits are provided by Lincoln Financial Group.

Annual Salary

\[
\begin{align*}
\text{Annual Salary} & \quad $20,800.00^* \\
\text{Divide by 1,200} & \quad $17.33 \\
\text{Multiply by .45} & \quad $7.80 \\
\text{Multiply by 12} & \quad $93.58 \\
\text{Divide by 26} & \quad $3.60 \\
\end{align*}
\]

The estimated cost per paycheck for major long-term disability for someone with an annual salary of $20,800 is $3.60.

* Maximum annual covered salary is $257,142. If you earn more than this amount, enter the maximum amount only.

Important notes to remember:

• Employees with an FTE of .75 or greater are eligible for these plans.
• Long-term disability is effective the first of the month following hire date or status change.
• Long-term disability is a monthly benefit with a maximum monthly benefit of $15,000.
• You must be disabled for 90 calendar days before benefits become payable. (Cone Health Leadership and Physicians have different Long-Term Disability plans. See Human Resources for details.)
• Lincoln will not pay a monthly benefit if your disability is due to a pre-existing condition and you become disabled during the first 12 months your insurance is in effect.
• Your coverage and costs increases or decreases with FTE and salary changes.
• Cone Health pays the full cost for the Basic option.
• You pay the extra cost of the Major option with a before-tax payroll deduction.

Long-Term Disability Deductions Per Paycheck For Those Who Choose The Major Plan

Major long-term disability insurance costs $.45 for every $100 of covered monthly salary. Cone Health pays for the 60 percent coverage and you pay the incremental cost of the 10 percent additional coverage.

To calculate your cost for the buy-up plan, follow the example below. To begin, calculate your annual salary (multiply your hourly rate times 2,080 hours times your FTE). For example, a 1.0 FTE employee with an hourly rate of $10 has an annual salary of $20,800.

Definition of Disability

You are disabled when the insurance company determines that you are limited in performing the material and substantial duties of your regular occupation because of sickness or injury, or you have a 20 percent or more loss in weekly earnings because of the same sickness or injury.
<table>
<thead>
<tr>
<th>Benefit Highlight</th>
<th>LTD - 60%</th>
<th>LTD 70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE Eligibility</td>
<td>0.75</td>
<td>0.75</td>
</tr>
<tr>
<td>New Eligibility Waiting Period</td>
<td>1st of the month following hire date</td>
<td>1st of the month following hire date</td>
</tr>
<tr>
<td>Percent of Income Covered</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$15,000 Monthly</td>
<td>$15,000 Monthly</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>90 days</td>
<td>90 days</td>
</tr>
<tr>
<td>Pays Up to</td>
<td>2 years if disabled from own occupation; up to age 65 or Social Security Normal Retirement Age if disabled from any occupation</td>
<td>2 years if disabled from own occupation; up to age 65 or Social Security Normal Retirement Age if disabled from any occupation</td>
</tr>
<tr>
<td>Enrollment Stipulations</td>
<td>Pre-existing conditions apply to increased coverage amounts</td>
<td>Pre-existing conditions apply to increased coverage amounts</td>
</tr>
<tr>
<td>Cost</td>
<td>Paid by Cone Health</td>
<td>60% paid by Cone Health Extra 10% of coverage paid by employee - .45 Per $100</td>
</tr>
</tbody>
</table>
Hospital Indemnity Plan – New for 2015!

When you are admitted to the hospital, you have immediate out of pocket costs due to copays and deductibles, along with a host of other expenses.

Our new hospital indemnity plan offered through Allstate Benefits helps you cope with a hospital admission by providing cash benefits paid directly to you as follows:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First day confinement</strong></td>
<td>$1,100</td>
</tr>
<tr>
<td><strong>Additional days of confinement</strong></td>
<td>$100</td>
</tr>
<tr>
<td>(10 days maximum)</td>
<td></td>
</tr>
<tr>
<td><strong>Intensive care confinement</strong></td>
<td>$100</td>
</tr>
<tr>
<td>(10 days maximum)</td>
<td></td>
</tr>
</tbody>
</table>

This plan pays a benefit if you are confined to a hospital, or a drug or alcohol rehabilitation center. It also pays a benefit for maternity confinement. There are no pre-existing condition limitations.

Coverage is available for you, your spouse, you and your children or your entire family. You can review this plan with an enrollment counselor, or you may enroll through Lawson Complete.

If you are worried about out-of-pocket costs that you will incur due to a hospital stay, this plan will provide you cash to meet your obligations.

The cost per pay period is:

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$8.16</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14.10</td>
</tr>
<tr>
<td>Employee + Spouse/Same-Sex</td>
<td>$18.36</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$24.30</td>
</tr>
</tbody>
</table>

Travel Assistance

When you’re traveling and an emergency occurs, you can call Lincoln Travel Connect toll free or at the collect call access number 24 hours a day, seven days a week to help with many of your immediate needs.

**Services include:**

- **Emergency Medical Assistance** such as medical referrals, medical case monitoring, medical evacuation, family member transportation, emergency medical payments, return of mortal remains, replacement of eyeglasses and prescription assistance.

- **Emergency Personal Services** such as sending and receiving emergency messages, emergency travel arrangements, locating lost or stolen items, legal assistance and/or bail bond, and interpretation/translation assistance.

- Pre-trip information is also included, such as weather conditions, foreign exchange rates, travel advisories and international “hot spots.”

These services are available to you, your spouse and your dependents at no cost when you are traveling 100 miles or more from your primary residence. To use Travel Connect Services, call MEDEX at 800-527-0218 or 410-453-6330 and provide them with ID number 322541.
Accident Insurance

The cost of an accident can take a toll on you with health care deductibles, copays and emergency room expenses. Unum’s accident insurance can help with this added burden because it provides a lump-sum benefit payment directly to you if you have an accident on or off the job. These dollars can help pay your health care expenses while you are on the road to recovery. All of your family members can be covered in the plan. The benefit amount you receive depends on the type of injury. For example, if your child falls and breaks an arm, you will receive numerous payouts for the services received at the hospital as well as the initial follow-up appointment. Another example is if you have to use an ambulance due to an accidental injury, the plan will pay you a benefit.

Highlights of the plan

- The plan covers accident-related expenses such as hospitalization, physical therapy, emergency dental work, transportation, lodging and a wide variety of injuries, including fractures and dislocations.
- Coverage for accidental death insurance and catastrophic coverage is included.
- This is an individual policy that you own and can keep even if you leave Cone Health.
- This plan provides coverage until age 65.

<table>
<thead>
<tr>
<th>Accident Rates Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Employee + Spouse/Same-Sex Domestic Partner</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

Critical Illness Insurance

Critical illness insurance from UNUM is designed to help you pay for the financial burdens of a catastrophic illness or disease, in addition to any other health care or disability benefits you may have. Upon the diagnosis of a specified covered illness, you would receive a lump-sum payment (up to $50,000) for each covered condition.

Highlights of the plan

- Covered conditions include cancer, heart attack, coronary bypass surgery, stroke, end stage renal (kidney) failure, major organ failure, permanent paralysis, blindness, benign brain tumor and coma.
- Employee benefits available from $5,000 to $50,000. Spouse benefits (ages 17-64) available from $5,000 to $30,000.
- Automatic coverage for dependent children, ages birth to 25 years, at 25 percent of employee benefit amount. Children are covered for all the same critical illnesses as the employee, plus specific and named childhood conditions.
- Multiple payouts of chosen benefit amount, if diagnosed with different illnesses.
- Complete portability should you leave Cone Health with no changes in benefits or costs.
- Rates are based on age and smoking status, and are available individually at open enrollment.

For more information, call Trion at 336-346-3500, ext. 635.
Unum’s accident insurance offers you and your family the following benefits. Please refer to the chart below for the benefit amounts payable for covered accidents and accident-related expenses.

**Accident/Injury** | **Benefit Amount** | **Accident/Injury** | **Benefit Amount**
--- | --- | --- | ---
Accidental death | | Fractures |
employee | $100,000 | open | up to $10,000 |
spouse | $40,000 | closed | up to $5,000 |
child | $20,000 | chips | 25% of closed amount |
The accidental death benefit doubles if the insured is injured as a fare-paying passenger on a common carrier. Employee – $200,000; Spouse – $80,000; Child – $40,000 |

| Benefit Amount | | |
| --- | --- |
| Ambulance | $600 |
| air ambulance | $2,500 |
| Appliance | $200 |
Blood, plasma and platelets | $600 |
Burns | |
2nd degree for 36% or more of body surface | $1,500 |
3rd degree covering at least 9 but less than 35 square inches of body surface | $3,000 |
3rd degree for 35 or more square inches of body surface | $20,000 |

| Benefit Amount | | |
| --- | --- |
| Catastrophic accident | |
loss of use of sight, hearing, speech, arms or legs | 25% of burn benefit |
employee <65 years | $150,000 |
spouse or child <65 years | $75,000 |
age 65-69 | Amount reduced 50% |
age 70+ | Amount reduced 75% |
Chiropractic Treatment (up to 3 treatments per calendar year) | $25 |
Coma | $10,000 |
Concussion | $200 |
Dental work, emergency extraction | $150 |
crown | $450 |
Dislocations | |
open | up to $8,000 |
closed | up to $4,000 |
Doctor’s office initial visit | $150 |
Emergency room treatment | $150 |
Eye injury requires surgery or removal of foreign body | $400 |
Follow-up treatment for accident initial follow-up visit | $150 |

*Catastrophic accident benefit exceptions: Catastrophic accident benefits are payable after fulfilling a 365-day elimination period. See policy for details.*

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**Underwritten by:**

Provident Life and Accident Insurance Company  
1 Fountain Square, Chattanooga, TN 37402  
unum.com  
AE-1023-NC (10/13)
Dependent Care Flexible Spending Account

Maximum Election

The maximum amount that can be elected is limited to the lesser of:

• $5,000 for single individuals or married couples filing joint returns
• $2,500 for married couples filing separate returns
• The employee’s earned income (if less than $5,000/$2,500) or the spouse’s earned income (if less than $5,000/$2,500).

What expenses are eligible for reimbursement?

• Child care services for dependent children under age 13
• Child and adult care services for any dependent who is mentally or physically incapable of self-care

The care must be necessary for you and your spouse to work, look for work or go to school full time.

Examples of eligible expenses include:

• Before and after-school care.
• Child care at a day camp, nursery school or by a private sitter.
• Early drop-off and late pick-up fees.
• Summer or holiday day camps, including registration fees.
• Expenses for a housekeeper whose duties include caring for an eligible dependent.
• Activities in lieu of day care when the fees associated with the activity are incidental to, or cannot be separated from, the cost of care (swimming lessons, arts and crafts, music lessons, etc.).
• Care of an incapacitated adult who lives with you at least eight hours a day.
• Placement fees for a dependent care provider, such as an au pair.

What expenses are not eligible for reimbursement?

Examples of ineligible DCA expenses include:

• Education or tuition fees for kindergarten and above.
• Expenses for children age 13 and older.
• Late payment fees.
• Overnight camps.
• Payment for services not yet provided (payment in advance).
• Field trips, clothing and food.
• Transportation to and from the dependent care provider.
Dependent Care Flexible Spending Account Eligible Expense Q&A

Q Can I use a Dependent Care Flexible Spending Account to pay for a babysitter in my home rather than using a day care center?

A Yes. You can include expenses paid to a babysitter if the services are necessary in order for you and your spouse, if married, to work, look for work, or for your spouse to attend school full-time.

Q Can I be reimbursed for dependent care expenses if the provider is not an adult?

A Yes, if the provider is between ages 13-19, and you do not claim them on your taxes as a dependent and they do not live in your home.

A No, if the dependent care provider is someone you can claim as your dependent on your federal income tax return or if the dependent care provider is your child who is under age 19.

Q My 13-year-old child goes to private school. Are tuition payments considered qualified child care?

A No. School tuition is not child care. But before/after school care is a qualified expense.

Q My 13-year-old child goes to day camp during the summer. Is that qualified child care?

A Yes, if attendance at that camp allows you and your spouse to work, look for work, or for your spouse to attend school full-time. Overnight camp is not an eligible expense.

Dependent Care Flexible Spending Account Reimbursement

Your Dependent Care Flexible Spending Account funds are available to use as you make pre-tax payroll contributions to the Dependent Care Flexible Spending Account. You may access funds via:

- Dependent Care Flexible Spending Account Debit Card - Dependent care provider must have ability to accept credit/debit cards as payment. Save receipts to document card transactions per IRS regulations.

- Submit a reimbursement request form - For dependent care reimbursement you may either:
  1. Fill out all items in the Dependent Care Expenses section and attach a receipt of your payment, or
  2. Fill in your dependent’s name, age, date of service and the requested amount, and have your day care provider fill out the Affidavit of Dependent Care Provider.

- Submit online at www.stanleybenefits.com

We are unable to accept cancelled checks, credit card receipts and balance due statements as proof of service.

Perpetual Claims for Dependent Care Reimbursement may be filed once a year or in advance of service that is received if the payment is sent directly to the provider of the day care service. The IRS does not allow payment of day care services. Payment will be disbursed to the provider as services are rendered and funds are available. To request this form, please contact flex@stanleybenefits.com or call us at 877-727-3539.
Cone Health offers you several ways to build a financially secure retirement:

- **Cone Health’s 401(a) Retirement Plan** provides annual discretionary contributions by Cone Health (for those who qualify).

- **Cone Health’s 403(b) Voluntary Savings Plan** lets you reduce your current taxes while saving for retirement as well as providing an opportunity for you to receive matching contributions per pay period after becoming eligible. A Roth option is also available for after-tax savings.

- **Cone Health’s 457(b) Plan** offers additional pre-tax savings opportunities for qualifying highly compensated individuals, physicians and executives.

- **Cone Health’s Health Savings Account** used in combination with the High Deductible Health Plan can be used like a flexible spending account in that it offers tax advantages and can be used for any qualified health care expense. It is also like an individual retirement account because it offers tax-advantage savings and investment earnings.

### 401(a) Retirement Plan

All employees are eligible for participation in this plan. Cone Health makes an annual discretionary contribution to your retirement account normally calculated as 2 percent of your gross wages capped at the federal limit. You must have one year of service, have worked 1,000 hours in the plan year and be employed on the last day of the calendar year in order to meet eligibility for the contribution. Other restrictions may apply. This contribution is normally made in the first half of the following calendar year.

There are high-quality investment options available through VALIC. Your account balance will vary based on the gains or losses of the investment choices that you make. You can estimate how much you will have in the future based on your salary growth and how much you expect to earn based from your investments. You become fully vested, which means that you take ownership of the contributions, after three qualifying years of service. Please contact your VALIC financial advisor for details about your retirement account.

### 403(b) Voluntary Savings Plan

Cone Health helps you save for retirement by offering a 403(b) Voluntary Savings Plan. This 403(b) plan allows you to make pre-tax or after-tax (Roth) contributions into an account, and Cone Health matches what you contribute. Effective Jan. 1, 2015, Cone Health will match 50 cents on the dollar up to 8 percent (a 4 percent match) each pay period for employees who were hired prior to Jan. 1, 2015. Employees hired after Jan. 1, 2015, will be eligible for the match the first quarter after their employment anniversary in which they worked 1,000 hours.

### New Hire Employees

All newly hired employees are automatically enrolled in the Voluntary Savings Plan. A 4 percent contribution will be deducted each pay period beginning with your second paycheck, unless you choose not to participate and cancel the deduction through valic.com, by contacting your VALIC financial advisor or by calling VALIC customer service at 800-448-2542. Automatic contributions will be assigned to a default investment option (the moderate target date portfolio based on the date you turn 65) unless you contact VALIC to change your investment option.

### Vesting

You are always 100 percent vested in your contributions to the plan. You become vested in Cone Health’s matching contributions according to the following schedule:

- Less than 3 eligible years........................................0 percent
- 3 or more eligible years........................................100 percent

An eligible year is one when you work 1,000 hours or more in the calendar year.
Auto-Escalation
In January of each year, your 403(b) account contribution will increase by 1 percent until you reach 10 percent. This increase will happen automatically unless you opt out of the increase. You will have plenty of notice to opt out of the increase each year.

Investment Choices
Your investment choices include individual mutual funds managed by well-known investment management firms, Target Date Portfolios and a fixed-interest option. You will find all of the information on investment choices in the materials provided to you by VALIC.

Distributions
Because this is a retirement plan, your money is taxed when you access it and your ability to withdraw this money is limited to the following:

• Beginning at age 59 ½, you can withdraw any amount of money without any penalties.
• You can withdraw your money when you terminate employment. If you are younger than age 59 ½, you will have to pay an early distribution penalty of 10 percent unless you roll the money over into another qualified plan or IRA.
• You may be able to take a loan from the plan. You may be able to access a portion of your retirement savings account without permanently reducing your account balance or incurring federal tax penalties for early withdrawal. Loans can be made from your contributions only, not from Cone Health’s matching contributions. The minimum loan amount is $1,000. A $50 loan fee may be applied to new loans and will be considered part of the loan amount. Also, a $30 annual maintenance fee is charged to your account as long as you have a loan balance.

Loans are paid through automatic payments from your checking or savings account, not through payroll deduction. If you fail to repay your loan as required, your balance will be reported to the IRS as taxable income and the penalty will apply if less than age 59½.

There are also provisions for withdrawing your money as the result of financial hardship. Examples of permitted withdrawals include: the purchase of a principal residence, payment of college tuition, payment of health care or dental expenses, to prevent eviction from or foreclosure on your principal residence, funeral or burial expenses and casualty expense for the repair of damage to the principal residence (if repairs would qualify for the casualty deduction under Code Section 165 and are determined without regard to whether the loss exceeds 10 percent of gross income).

To request a distribution, loan or hardship withdrawal, call VALIC at 1-800-448-2542.
Roth 403(b)

Cone Health enhances the 403(b) Voluntary Savings Plan by adding a Roth feature to this valuable retirement plan benefit. Employees have the option to defer income to the Roth with after-tax dollars.

Advantages include: tax-free distribution from the Roth, provided certain requirements are met; maximum contributions are set by the 403(b) limit; account balances are portable to other Roth IRA or Roth accounts upon meeting a distributable event.

The Roth feature is an attractive complement to other retirement benefits. Unlike the 401(a), 403(b), 457(b) and pension account balances that are taxable upon distribution, the Roth contributions and earnings can be withdrawn without taxation if done correctly. For more information, please contact your VALIC advisor.

457(b) Tax Deferred Compensation Plan

Cone Health’s 457(b) Deferred Compensation Plan, available to certain classes of employees, may afford you an excellent opportunity to help qualifying, highly compensated employees, physicians and executives accumulate money for a secure retirement. You can contribute pre-tax dollars automatically by convenient payroll deduction, which would lower current income taxes.

You can contribute to both the 403(b) and 457(b) plans. However, employer matching contributions and age-based catch-up provisions do not apply to the 457(b) plans.

Please contact your VALIC financial advisor to see if you qualify to participate in this plan.

Financial Planning

We want you to be financially secure throughout all of the stages of your life. We encourage you to meet with one of our VALIC financial advisors to help you reach your goals. Additional services provided are financial planning and education, income lock for investors 75 years or younger, Section 529 College Savings plan and managed income programs. These services are free and the advisors are not compensated based on the investment options you choose.

On-Site Financial Advisors

David Dupont – 832-7995

David Dupont is responsible for assisting those who work at The Moses H. Cone Memorial Hospital and surrounding areas such as Family Practice Center, Moses Cone Surgery Center, Outpatient Rehab Center, Nutrition and Diabetes Management Center, Administrative Services Building, and Cone Health Medical Group.

Kevin Hanner – 832-0090

Kevin Hanner is responsible for assisting those who work at Wesley Long Hospital, Women’s Hospital, Annie Penn Hospital, Behavioral Health Hospital, Developmental and Psychological Center, Penn Nursing Center, Regional Cancer Center, Reidsville Community Physicians, The Center for Pain and Rehabilitative Medicine, Wesley Long Surgery Center, MedCenter High Point, MedCenter Kernersville.

Jan Walker – 538-7667

Jan Walker will be available to assist those who work at Alamance Regional Medical Center, The Village at Brookwood, MedCenter Mebane and surrounding practices and facilities in the Burlington area.

If you are not sure which financial advisor you should contact, please call the Human Resources Services Center at 336-832-8777.
Adoption Assistance

In the spirit of Caring for Each Other, Cone Health will provide all benefit-eligible employees with financial assistance to help offset the costs of child adoption. Cone Health recognizes and respects that families are formed in many different ways and all people should have the ability to enrich their personal lives by adopting a child or children.

For full-time employees (budgeted FTE of .75 to 1.0), Cone Health will provide reimbursement of $5,000 of allowable adoption expenses per adoption. (Maximum lifetime benefit is $10,000.)

For part-time employees (budgeted FTE of .30 - .74), Cone Health will provide reimbursement of $2,500 of allowable adoption expenses per adoption. (Maximum lifetime benefit is $5,000.)

The FTE status at the time of reimbursement will determine the employee’s reimbursement limit.

In the event that an employee leaves Cone Health at any time and for any reason within 12 months from receipt of adoption assistance, any monies paid to the employee in the prior 12 months must be repaid in full in accordance with the following guidelines:

- A specific repayment schedule, not to exceed six months, must be made and agreed to by the Human Resources Department; or the entire amount owed may be deducted from the employee’s final payroll check(s).
- Unmet financial obligations will be forwarded to a collection agency. Resignation or termination of an employee after reimbursement is filed will immediately terminate any benefits under this policy.

The following qualified expenses will be eligible for reimbursement, as defined by the Internal Revenue Service (IRS):

- Placement fees.
- Agency fees.
- Medical and hospital services provided to the child, provided these expenses are not reimbursed through a medical plan.
- Legal and court fees.
- Temporary foster care charges.
- Travel expenses associated with the adoption may include, but are not limited to airfare, mileage, hotel, parking, tolls, etc. Mileage will be reimbursed at the Federal Standard Mileage Rate set by the IRS.
- Counseling fees related to the adoption of the child including pre-adoption counseling.

The following expenses are not eligible for reimbursement as defined by the IRS:

- The adoption of stepchildren.
- Prenatal or maternity costs of the birth mother of the adoptive child.
- Any expenses incurred in violation of federal or state law.
- Any expenses incurred in carrying out any surrogate parenting arrangement.

Reimbursement requests may be made once allowable expenses have been incurred, and can be made prior to the placement of a child(ren).

The Adoption Assistance benefit is not subject to federal or state tax withholding. It is subject to Social Security (FICA) and Medicare withholding tax.

Employees who receive reimbursement may be required to complete additional forms required by the IRS with their personal income tax return.

The employee’s W-2 form will report the reimbursement in the year in which the money is provided to the employee.
Child Care Centers

The Children’s Corner, Kids Connection, Woodmont Child Development Center and the Family Enrichment Center are child care centers provided for the benefit of Cone Health employees. The Children’s Corner, located at The Moses H. Cone Memorial Hospital, is open from 6 a.m. to 8 p.m., Mondays through Fridays. Kids Connection, located at Wesley Long Hospital, is open from 6 a.m. to 6 p.m., Mondays through Fridays. The Woodmont Child Development Center* located in Reidsville is open from 6:30 a.m. to 5:30 p.m., Mondays through Fridays. The Family Enrichment Center in Burlington is open Mondays through Fridays from 6 a.m. to 6 p.m.

Your contribution for child care at these centers is paid through payroll deduction, and a portion of it can be paid on a pre-tax basis (up to the federal limit). During Open Enrollment, deductions may be spread over the entire year or during the period of time in which your child(ren) will be in the center (e.g., if your child will be leaving for school in the middle of the year, we will adjust your contribution rate to match the time your child(ren) will be in our center). Based on your election at the time of enrollment, you must keep the same deductions unless you have certain employment or family status changes. You must contact Human Resources within 30 days of such an event to see if the event qualifies for a change in your deduction.

You may be able to increase or decrease your dependent care deduction if your tuition increases or decreases during the year. For more information, see the following “Answers to Common Questions About Pre-Tax Child Care Issues.”

### 2015 Tuition Rates**

<table>
<thead>
<tr>
<th>The Children’s Corner and Kids Connection</th>
<th>Age Group</th>
<th>Weekly Rates</th>
<th>Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$192</td>
<td>$833</td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td>$192</td>
<td>$833</td>
<td></td>
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<tr>
<td>Twos</td>
<td>$190</td>
<td>$824</td>
<td></td>
</tr>
<tr>
<td>Pre-School</td>
<td>$184</td>
<td>$796</td>
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</table>

<table>
<thead>
<tr>
<th>The Family Enrichment Center</th>
<th>Age Group</th>
<th>Weekly Rates</th>
<th>Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$164</td>
<td>$712</td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td>$164</td>
<td>$712</td>
<td></td>
</tr>
<tr>
<td>Twos</td>
<td>$152</td>
<td>$658</td>
<td></td>
</tr>
<tr>
<td>Pre-School</td>
<td>$152</td>
<td>$658</td>
<td></td>
</tr>
</tbody>
</table>

*For information on the Woodmont Child Development Center, please call 336-342-5597.
**For part-time rates, please contact the Center Director.
Answers To Common Questions About Pre-Tax Child Care Issues at Cone Health Facilities – Internal Revenue Service (IRS) Regulations

Q The parent decides to move the child during the year to another qualifying child care provider. Can the pre-tax deduction be changed?

A The pre-tax amount selected can be changed to the amount at the new facility and continued as a Dependent Care Spending Account.

Q The parent decides to remove the child during the year from any qualifying child care provider, or the child reaches school age and no longer requires child care. Can the pre-tax deduction be changed?

A The amount can be changed consistent with the new cost of qualifying care, including after-school care.

Q A child is placed on a waiting list until a vacant position in a Cone Health child care facility is available. Can the parents wait until a position becomes vacant before beginning their pre-tax deduction?

A Yes.

Q An employee (parent) who enrolls a child in a Cone Health child care facility has a change in employment status (full-time to part-time). Can the amount of the pre-tax deduction be reduced or stopped?

A Yes. The change in employment status is a qualifying event that allows a change to be made. The pre-tax deduction change must be consistent with the status change. For example, if an employee reduces hours from 40 to 20 per week, he or she could reduce the child care expense related to having the child in child care for 20 hours less per week. If an employee changes from a benefit-eligible to a benefit-ineligible status (less than 12 hours per week), he or she could discontinue the pre-tax deduction because he or she no longer qualifies for the benefit. This also applies to a change in your spouse’s employment.

Q A second child enrolls in child care during the year. Can the pre-tax deduction be increased?

A Yes, if the child is newly eligible. But if the second child was in another child care arrangement and there is not a family or employment status change accompanying the change, the pre-tax amount cannot increase when the second child is enrolled if pre-tax deductions were not already being made for that child under the dependent care spending account.

NC 529 College Savings Plan

A NC 529 plan is an education savings plan designed to help families save money for future college costs. If you are interested in learning more about the NC 529 Plan, call 800-600-3453 or visit the website at cfnc.org/nc529. The code to enroll is 02541.
ARAG® UltimateAdvisor® Legal Insurance

You never know when legal issues can create serious problems in your life or even threaten everything you’ve worked so hard for...your home, your income, your assets and more. As a legal plan member, you have the professional legal help you need to protect yourself and your loved ones from legal difficulties.

Here are the kinds of situations where you could use the help of an attorney:

• You realize you need to create or update a will.
• There’s a charge that’s not yours on your credit card bill.
• You’re thinking of adopting a child.
• You want to sell your house, and build or buy another one.
• You have a legal dispute with a neighbor.
• Your child is in trouble with the law.
• You need to collect child support.

You can rely on affordable and reliable legal counsel for everyday life matters. When you enroll in the legal insurance plan, some examples of your benefits will include:

• Affordable, reliable legal counsel.
• 100% paid-in-full network attorney fees for most covered legal matters.
• Family law including divorce, post decree matters.
• Real estate matters including purchase and sale of primary residence.
• Debt-related matters.
• Wills and estate planning.
• Tax issues with the IRS.
• Traffic matters including speeding tickets.
• Small claims court.
• Telephonic attorney legal advice and consultation.
• Online legal tools and resources, including do-it-yourself legal documents, where you can create more than 300 documents such as a health care power of attorney or a living will.
• Identity theft services with access to identity theft case managers.
• Identity theft protection with restoration and lost wallet services.
• Financial education and counseling services.

For additional questions and plan details go to araglegalcenter.com and enter Access Code **18023ch**, or contact ARAG at 800-247-4184.

The cost is $9.46 per pay period and covers your spouse and eligible dependent children.
MetLife Auto & Home®

MetLife Auto & Home’s group insurance program is available to you as a voluntary benefit from Cone Health. As part of the program, you have access to value-added features and benefits for auto and home insurance, as well as a variety of other insurance policies. And as part of your workplace benefits program, you could receive hundreds of dollars in savings, combined with our special group discounts.

You may apply for group auto and home at any time throughout the year. Your local agent is George Smith, and you can reach him at his office at 336-288-7600, or call his cell at 336-312-0487 or contact him via e-mail at gsmith1@metlife.com. George will provide you with free, no obligation premium quotes. Please have your current policy with you when you call.

Pet Insurance

Pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer. A veterinary pet insurance policy covers diagnostic tests, X-rays, prescriptions, hospitalization and more. With veterinary pet insurance you can provide year-round coverage for your pet and select any vet worldwide, including specialists and emergency providers. For more information on pet insurance, call MetLife at 800-438-6388.

Entertainment Benefits

Cone Health has secured discounts from World of Discovery, which includes Busch Gardens Williamsburg or Tampa, and Sea World in Orlando. Tickets can be purchased online. Access World of Discovery by signing into Lawson Complete and going to Benefits > Employee Discounts > World of Discovery.

There are also many local merchants who offer discounts to employees simply by showing your employee ID badge. An Employee Appreciation and Discount Program is available. Check out the discounts at conehealthemployeediscounts.com. You may also view discounts provided through this program in Lawson Complete. Click on Benefits > Employee Discount > Employee Discounts On-Line.
HealthShare Credit Union

Health Share Credit Union is here to serve ALL of your financial needs. Branches are located inside The Moses H. Memorial Cone Memorial Hospital, Wesley Long Hospital, Women’s Hospital and Alamance Regional Hospital to conveniently serve you. As a member of Health Share Credit Union, you are an owner of a financial institution. That’s right! You own the credit union. Your membership equals one vote at our annual membership meeting held in March to select members to sit on the voluntary Board of Directors.

The minimum balance is only $5 in savings, and there is no minimum balance for the checking account. There are no monthly fees on savings or checking accounts. All deposits are federally insured up to $250,000 by the National Credit Union Share Insurance Fund, a U.S. government agency.

<table>
<thead>
<tr>
<th>Types of Accounts:</th>
<th>Convenient Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Savings club</td>
<td>• Internet banking</td>
</tr>
<tr>
<td>• Christmas club</td>
<td>• Account alerts</td>
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<tr>
<td>• Money market</td>
<td>• Text banking</td>
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<tr>
<td>• Certificate of deposit</td>
<td>• Mobile banking</td>
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<tr>
<td>• Individual retirement account</td>
<td>• Online bill pay</td>
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<tr>
<td>• Checking</td>
<td>• Payroll deduction</td>
</tr>
<tr>
<td>• Savings club</td>
<td>• Visa® debit cards</td>
</tr>
<tr>
<td>• Christmas club</td>
<td>• Audio response system</td>
</tr>
<tr>
<td>• Money market</td>
<td>• E-statements and receipts</td>
</tr>
<tr>
<td>• Certificate of deposit</td>
<td>• Visa® gift cards</td>
</tr>
<tr>
<td>• Individual retirement account</td>
<td>• Official checks</td>
</tr>
<tr>
<td>• Checking</td>
<td>• Money orders</td>
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<tr>
<td>• Line of credit</td>
<td>• Wire transfers</td>
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<tr>
<td>• Overdraft protection loans</td>
<td>• Notary services</td>
</tr>
<tr>
<td>• Mortgage loans</td>
<td></td>
</tr>
<tr>
<td>• Home equity line of credit</td>
<td></td>
</tr>
</tbody>
</table>

**Direct Payroll Deposit and E-Pay**

It is fast and convenient to have your paychecks deposited directly into your bank account. All employees must receive their paychecks by direct deposit. You may access your pay information through Lawson Complete either from your computer or one of the Employee Self-Service one-stop kiosks. This is a secure and convenient way to view your pay information anytime on or after the pay date, and you may print the stub anytime.

Electronic W-2’s are also available in Lawson Complete if you opt-in to get them electronically.

**QuickCharge**

Forgot to bring cash for your lunch? No problem! QuickCharge is a system that allows you to make purchases with cafeterias, Subway, Jazzman Cafe and some volunteer sales by just swiping your ID badge. The purchase costs are then deducted from your next paycheck(s).

Sign up for QuickCharge by completing an enrollment form and turning it into payroll. The enrollment forms have information on charging limits. Remember if you sign up to protect your name badge and notify security if you lose your badge.
Paid Annual Leave (PAL)

If you are a full-time or part-time employee (FTE of .30 or greater), you will earn time off with pay to use for vacation, holidays and sick time. Paid Annual Leave is most commonly referred to as PAL. Employees of Cone Health Medical Group practices must be at least .75 FTE to earn PAL.

You begin earning PAL the first hour that you work. You are eligible to use PAL the first 60 days of employment for departmental closings or called-off times only. PAL is earned each pay period, including the time while you are on PAL. If you are asked not to work because of departmental workload, PAL will accrue on all scheduled hours. PAL is not earned for hours designated as on-call.

PAL is paid at your base rate (without differentials or premium pay). PAL can be converted to a cash payout once a year in the fall of each year. All PAL is paid out on termination of employment or if you move into a position that is not eligible for PAL, subject to restriction by policy. Cone Health may designate minimum annual usage requirements.

### SOME FACTS ABOUT PAL

<table>
<thead>
<tr>
<th>Key PAL Provision</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accrual rates</strong></td>
<td>• Employees earn between .0846 and .1352 X hours paid each pay period based on years of service.</td>
</tr>
<tr>
<td><strong>Maximum PAL accrual</strong></td>
<td>• You can accrue up to a maximum of 320 hours. Accrual will stop when your bank reaches 320 hours and no additional PAL will be earned until you use or donate some hours.</td>
</tr>
<tr>
<td><strong>Annual use requirement</strong></td>
<td>• All staff are required to use 65 percent of PAL earned during FY 2015. New hires with less than two years of service or employees with recent status changes will not have a requirement in 2015.</td>
</tr>
<tr>
<td><strong>Value of PAL hours for employees terminating before completing two years of PAL-eligible service</strong></td>
<td>PAL is paid out upon termination as described below: • Terminations from 0 to 60 days = 0 percent value. • Terminations 61 days to two years = 50 percent value. • Terminations greater than two years = 100 percent.</td>
</tr>
<tr>
<td><strong>Use of PAL to supplement short- and long-term disability</strong></td>
<td>• You may use enough PAL when combined with disability earnings to receive 100 percent of pre-disability income (after benefit costs).</td>
</tr>
</tbody>
</table>

**Paid Annual Leave (PAL) Donation**

You may donate earned PAL to another employee who is having financial difficulties resulting from illness, disability or personal tragedy. PAL donations will count toward your 65 percent requirement in 2015. Some restrictions and limitations apply. For more information, please review the PAL policy.

**Leaves of Absence (LOA)**

A leave of absence is a means of bridging service if you must be absent for an extended period of time due to health care or personal issues. Applicable laws and policies will govern these leaves. All leaves, other than workers’ compensation, Family and Medical Leave Act, or military leaves, may be granted at the discretion of your management.

If you are requesting any authorized absence for an extended period of time, it is extremely important for you to contact Human Resources before you stop working (except in emergency situations) to make arrangements concerning your leave and benefits.
Family and Medical Leave (FMLA)

The Family and Medical Leave Act (FMLA) of 1993 provides qualified employees with unpaid leave for certain qualifying reasons and guarantees that your position or an equivalent one will be held for you once you are able to return to work.

Specifically FMLA leave will be granted to eligible employees for up to 12 weeks in a rolling 12-month period for the following reasons:

• The birth of a child and care of that child.
• The placement of a child for adoption or foster care.
• The care of a seriously ill spouse, your own child or parent.
• Your own serious health condition that makes you unable to perform your job.
• Certain qualifying exigencies as the result of an employee having a spouse, child or parent on active duty or recently called to active duty in the military.

Additionally FMLA will be granted to eligible employees for up to 26 weeks in a 12-month period to care for a member of the Armed Forces who is undergoing medical treatment or care due to a service-related injury, provided the service member is the employee’s spouse, child, parent or next of kin.

If the FMLA is for a serious health condition, due to qualified exigency, or to care for a covered service member, the leave may be taken intermittently or on the basis of reduced hours, but only if such leave is medically or otherwise necessary.

You must use PAL according to your FTE while on leave but can retain 24 hours for use following your leave.

For questions about FMLA, please call Human Resources.
Cobra Continuation Coverage

A federal law known as The Consolidated Omnibus Reconciliation Act (COBRA) requires that most employers sponsoring group health care plans offer employees and their families the opportunity for a temporary extension of health care coverage (called continuation coverage) at group rates in certain instances where coverage under the terms of the plan would otherwise end. This notice is intended to inform you of your rights and obligations under the continuation coverage provisions of the law.

If you are an employee of Cone Health and are covered by its group health care plan, you have a right to choose this continuation coverage if you lose your group health care coverage under the terms of the plan because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part). If you are the spouse of an employee and are covered by the group health care plan, you have the right to choose this continuation coverage if you lose your group health care coverage under the terms of the health care plan for any of the following reasons:

- The death of your spouse.
- Divorce or legal separation from your spouse.
- Your spouse becomes entitled to Medicare.

If you choose continuation coverage, the employer is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the Plan to similarly situated employees or family members. Any changes made to the health care plan for similarly situated employees or family members will also apply to the individual who chooses COBRA continuation coverage. The terms of the coverage are governed by the plan documentation, which is available upon request from the Plan Administrator in the same manner as for similarly situated employees or family members.

You have the right to choose continuation coverage if you lose your group health care coverage under the terms of the health care plan for any of the following reasons:

- The death of a parent.
- A parent’s divorce or legal separation.
- A parent becomes entitled to Medicare.
- The dependent ceases to be a dependent child under the terms of the health plan.
- A termination of a parent’s employment (for reasons other than gross misconduct) or reduction in a parent’s hours of employment.
- The death of a parent.
- A termination of a child’s employment (for reasons other than gross misconduct) or reduction in a child’s hours of employment.
- The child becomes entitled to Medicare.

Under the law, the employee or a family member has the responsibility to inform the Plan Administrator of a divorce, legal separation or a child losing dependent status under the terms of the health care plan. This information must be provided within 60 days of the later of the event or the date on which the event would end under the terms of the Plan because of the event. If the information is not provided within 60 days, rights to continuation coverage under COBRA will end.

You have the right to choose continuation coverage if you lose your group health care coverage under the terms of the Plan because of the event. If you do not choose continuation coverage in a timely manner, your group health care coverage will end. COBRA continuation coverage is not available to any covered individual if coverage is lost due to termination of employment for gross misconduct.

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If you choose continuation coverage, the employer is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the Plan to similarly situated employees or family members. Any changes made to the health care plan for similarly situated employees or family members will also apply to the individual who chooses COBRA continuation coverage. The terms of the coverage are governed by the plan documentation, which is available upon request from the Plan Administrator in the same manner as for similarly situated employees or family members.

You have the right to choose continuation coverage if you lose your group health care coverage under the terms of the Plan because of the event. If you do not choose continuation coverage in a timely manner, your group health care coverage will end. COBRA continuation coverage is not available to any covered individual if coverage is lost due to termination of employment for gross misconduct.

If you choose continuation coverage, the employer is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the Plan to similarly situated employees or family members. Any changes made to the health care plan for similarly situated employees or family members will also apply to the individual who chooses COBRA continuation coverage. The terms of the coverage are governed by the plan documentation, which is available upon request from the Plan Administrator in the same manner as for similarly situated employees or family members.

You have the right to choose continuation coverage if you lose your group health care coverage under the terms of the Plan because of the event. If you do not choose continuation coverage in a timely manner, your group health care coverage will end. COBRA continuation coverage is not available to any covered individual if coverage is lost due to termination of employment for gross misconduct.
Notice of HIPAA Privacy Practices

SPECIAL ENROLLMENT RIGHTS UNDER HIPAA

During the enrollment period, if you decline enrollment for yourself or your dependents (including your spouse/same-sex domestic partner) because of other health care insurance coverage, you may in the future be able to enroll yourself or your dependents in the health care plan, provided that you request enrollment within 31 days after your coverage ends. To retain your rights for special enrollment, you may be required to certify during enrollment, in writing, that you are covered by another health care plan. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after marriage, birth, adoption or placement for adoption.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Effective Date: April 14, 2004

INTRODUCTION

As part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required by law to:

- Make sure that protected health information is kept private;
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the notice that is currently in effect.

This notice will tell you about the ways in which the Plan (medical coverage third party administrator), Cone Health and their respective agents may use and disclose protected health information about you without authorization. These persons and entities may share medical information with each other for purposes of treatment, payment or health care operations as described in this notice. This notice also describes your rights and certain obligations the Plan and Cone Health have regarding the use and disclosure of your medical information.

The term “Protected Health Information” means any individually identifiable health information relating to the physical or mental health or condition of an individual, the provision of health care to an individual, or payment for the provision of health care to an individual. Protected Health Information does not include health information that is public or that has been identified in accordance with the standards for de-identification provided for in the HIPAA Privacy Rule.

Cone Health maintains a self-insured medical benefit Plan and thus receives de-identified patient health information in an aggregate format via Human Resources in order to make decisions about services offered. The summary information is stripped of any employee identifiers and serves only to assist in assessing the plan benefits.

CHANGES TO THIS NOTICE

Cone Health reserves the right to change this notice. Any changes in the notice will apply to medical information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the facilities of the Cone Health. The notice will contain on the first page, in the top right-hand corner, the effective date.

HOW THE PLAN MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The Plan may use or disclose your protected health information for purposes of treatment, payment and health care operations without your authorization.

Treatment means the provision, coordination or management of your health care, including referrals for health care from one health care provider to another. For example, a provider may need to know health care information in Plan files that might assist in your treatment.

Payment means activities relating to reimbursement for the health care provided to you, including eligibility and benefit determination and other utilization review activities. This would also include other benefit plans to which you are entitled to payment for some or all of your health care services so that the Plan can coordinate its benefits with those plans. For example, the Plan may need information about your medical condition to determine if a proposed course of treatment is covered.

Health care operations mean administrative functions necessary to operate the Plan. These functions include, but are not limited to, quality assurance activities, case management, claim audits and reviews, and business planning. For example, the Plan may use your medical information to evaluate the Plan’s performance and to determine how to best provide benefits under the Plan.

Plan Sponsor. The Plan may share information about you with Cone Health (in this case, the management of Cone Health). In the vast majority of circumstances, the Plan shares only summary information with Cone Health about the types and frequency of claims, the total cost for those claims, and other related information that does not identify any particular beneficiary. This summary information is used for the purposes of determining levels of excess insurance or reinsurance Cone Health should purchase, setting or adjusting levels of contributions required of participants to become or remain eligible to participate in the Plan, making decisions on amendments or modifications to the Plan, and making decisions whether to continue the Plan. The Plan does not need your permission to share this information with Cone Health.

The Plan retains a third party administrator to assist it in administering the claims processing, claim review and claim payment functions conducted by the Plan. As a result, the administrator will receive the majority of health information involving you and your health benefit claims and has agreed to be bound by the same restrictions as the Plan in its use and disclosure of your health information.
In some cases, however, Cone Health may receive specific information about particular Plan participants. For example, re-insurers and other benefit providers may need information on certain chronic or catastrophic illnesses and injuries in order to quote premiums or to continue coverage under some or all of Cone Health's insurance policies, including those that insure a portion of the Plan. In these cases, the following rules will apply:

- Cone Health will not use this information in a way that violates HIPAA or other state and federal laws.
- Cone Health will ensure that any third parties who receive this information (such as the administrator, insurance brokers, benefits consultants and the like) agree to the same restrictions on the use of this information as those required of Cone Health.
- Cone Health will not use or disclose this information for employment-related actions against you or for decisions regarding your eligibility for or participation in any other benefit or benefit plan of Cone Health.
- Cone Health will permit only people in the following positions to have access to this information:
  1. Chief Human Resources Officer
  2. Vice President, Human Resources
  3. Director, Total Rewards
  4. Benefits Manager
  5. Benefits Specialist
  6. LOA Specialist
- Cone Health will discipline any employee or partner that violates the Plan's provisions regarding health information privacy or the other requirements of HIPAA.
- Cone Health will, if feasible, return this information to the Plan or destroy it once it is no longer needed for the purposes for which it was obtained. If it is not feasible to return or destroy this information, Cone Health will limit the use of the information to those purposes that make return or destruction not feasible.

You may also request that Cone Health employees intervene on your behalf in addressing claims payment issues or to resolve coverage questions under the Plan (for example, whether a particular requested service is experimental or medically necessary). Should you make such a request, you will be deemed to have consented to the Plan sharing all of the information about your medical condition or your claim with Cone Health. Cone Health will use and disclose this information only in accordance with the restrictions outlined above.

**Health-Related Benefits and Services.** The Plan may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you based on your previous or ongoing medical conditions.

**As Required By Law.** The Plan will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Special Situations.** The plan and/or Cone Health may also use or disclose your medical information in the following situations without your authorization.

- Organ and Tissue Donation. If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veterans.** If you are a member of the Armed Forces, the Plan may release medical information about you as required by military command authorities. The Plan may also release medical information about foreign military personnel to the appropriate foreign military authority. The Plan may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

- **Public Health Risks.** The Plan may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability
  - To report deaths
  - To report reactions to medications or problems with products
  - To notify people of recalls of products they may be using
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - To notify the appropriate government authority if the Plan believes a Plan participant has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose medical information about you in response to a court or administrative order.

- **Law Enforcement.** The Plan may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, warrant, or similar process
  - To identify or locate a suspect, fugitive, material witness or missing person
  - About the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person’s agreement
  - About a death the Plan believes may be the result of criminal conduct
  - About criminal conduct at Cone Health’s workplace
  - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime

- **Coroners and Medical Examiners.** The Plan may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

- **National Security and Intelligence Activities.** The Plan may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

- **Protective Services for the President and Others.** The Plan may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
Your Rights Regarding Protected Health Information

Right to Inspect and Copy. You have the right to inspect and copy certain medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances.

To inspect and copy medical information, you must submit your request in writing to the Plan’s Privacy Officer – the Director of Employee Services in Human Resources. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request. If you agree, the Plan may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, the Plan first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.

We may deny your request to inspect and copy your medical information in certain very limited circumstances, such as when your physician determines that for medical reasons this is not advisable. If you are denied access to medical information, in certain circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by the Plan will review your request and the denial. The person conducting the review will not be the person who denied your request. The Plan will do what this person decides.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of some of the disclosures the Plan made of medical information about you that were not specifically authorized by you in advance.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan’s Privacy Officer – the Director of Employee Services in Human Resources. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information the Plan uses or discloses about you for purposes of treatment, payment or operations. To request restrictions, you must make your request in writing to the Plan’s Privacy Officer – the Director of Employee Services in Human Resources. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request. If the Plan does agree, the Plan will comply with your request.

Right to Alternative Communications. You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that the Plan only contact you at work or by mail, or at another mailing address, besides your home address. The Plan must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the reason for your request. Contact the Plan’s Privacy Officer – the Director of Employee Services in Human Resources if you require such confidential communications.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, request a copy from the Plan’s Privacy Officer – the Director of Employee Services in Human Resources, in writing.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact Cone Health’s Privacy Officer in the Audit and Compliance Department. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plan will be unable to take back any disclosures the Plan has already made with your permission. Cone Health will keep a record of all of the people who request and receive such information from it and will make this record available to you.

CONTACT PERSON

If you have any questions about this notice, please contact the Plan’s Privacy Officer, John Konicek, Director, Total Rewards, at 336-832-8740.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877-KIDS NDW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible for your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askesbsa.dol.gov or call 866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your state for more information on eligibility.
ALABAMA – Medicaid
http://www.medicaid.alabama.gov
1-855-692-5447

ALASKA – Medicaid
http://health.hss.state.ak.us/dpa/programs/medicaid/
Outside of Anchorage: 1-888-318-8890
Anchorage: 907-269-6529

ARIZONA – CHIP
http://www.azahcccs.gov/applicants
Maricopa County: 1-602-417-5437
Outside of Maricopa County: 1-877-764-5437

COLORADO – Medicaid
http://www.colorado.gov/
In state: 1-800-866-3513
Out of state: 1-800-221-3943

FLORIDA – Medicaid
https://www.fimedicaiddptrerecovery.com/
1-877-357-3268

GEORGIA – Medicaid
http://dch.georgia.gov/ (Click on programs, then Medicaid, then Health Insurance premium Payment (HIPP)
1-800-869-1150

IDAHO – Medicaid & CHIP
Medicaid Website: www.access2healthinsurance.idaho.gov
CHIP Website: www.medicaid.idaho.gov
Medicaid: 1-800-926-2588
CHIP: 1-800-926-2588

INDIANA – Medicaid
http://www.in.gov/fssa
1-800-889-9949

IOWA – Medicaid
www.dhs.state.ia.us/hipp/
1-888-346-9562

KANSAS – Medicaid
http://www.hcfs.ks.gov/hct/
1-800-792-4884

KENTUCKY – Medicaid
http://chfs.ky.gov/dms/default.htm
1-800-635-2570

LOUISIANA – Medicaid
http://www.dhhs.dh.louisiana.gov
1-888-695-2447

MAINE – Medicaid
1-800-977-6740
TTY: 1-800-977-6741

MASSACHUSETTS – Medicaid & CHIP
http://www.mass.gov/MassHealth
1-800-462-1120

MINNESOTA – Medicaid
http://www.dhs.state.mn.us/Click on Health Care, then Medical Assistance
1-800-657-3629

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

MONTANA – Medicaid
http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
1-800-694-3084

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov
1-800-383-4278

NEVADA – Medicaid
http://www.dws.nv.gov/
1-800-992-0900

NEW HAMPSHIRE – Medicaid
1-603-271-5218

NEW JERSEY – Medicaid & CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
CHIP: http://www.njfamilycare.org/index.html
Medicaid: 1-609-631-2392
CHIP: 1-800-701-0710

NEW YORK – Medicaid
http://www.nyhealth.gov/health_care/medicaid/
1-800-541-2381

NORTH CAROLINA – Medicaid
http://www.ncdhhs.gov/dma
1-919-985-4100

NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicaisAdmin/medicaid/
1-800-755-2604

OKLAHOMA – Medicaid & CHIP
http://www.insureoklahoma.org
1-888-365-3742

OREGON – Medicaid & CHIP
http://www.oregonhealthykids.gov
1-800-699-9075

Pennsylvania – Medicaid
http://www.dpw.state.pa.us/hipp
1-800-692-7462

RHODE ISLAND – Medicaid
www.ohhs.ri.gov
1-401-462-5300

SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov
1-888-549-0820

SOUTH DAKOTA – Medicaid
http://dss.sd.gov
1-888-828-0059

TEXAS – Medicaid
https://www.gethipptexas.com/
1-800-440-0493

UTAH – Medicaid & CHIP
http://health.utah.gov/upp
1-866-435-7414

VERMONT – Medicaid
http://www.greenmountaincare.org/
1-800-250-8427

VIRGINIA – Medicaid & CHIP
CHIP: http://www.famis.org/
Medicaid: 1-800-432-5924
CHIP: 1-866-873-2647

WASHINGTON – Medicaid
http://hrsa.dshs.wa.gov/premiumpymt/
1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
www.dhrw.wv.gov/bms/
1-877-598-5820, HMS 3rd Party

WISCONSIN – Medicaid
http://www.badgercareplus.org/
pubs/p10095.htm
1-800-362-3002

WYOMING – Medicaid
http://health.wyo.gov/healthcarefin/equalitycare
1-307-777-7531

To see if any more states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, menu option 4, ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)
Newborn’s And Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women’s Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

• All stages of reconstruction of the breast on which the mastectomy was performed;
• Surgery and reconstruction of the other breast to produce a symmetrical appearance;
• Prostheses; and
• Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call the Human Resources Service Center at 832-8777 Monday through Friday between the hours of 1 and 5 p.m.

IMPORTANT NOTICE FROM CONE HEALTH ABOUT YOUR PRESCRIPTION DRUG COVERAGE UNDER THE CHOICE HEALTH CARE PLAN AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cone Health and about your options under Medicare’s prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Cone Health has determined that the prescription drug coverage offered by the Cone Health Choice Health Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct.15 through Dec. 31. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a
60-day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave Cone Health sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you decide to join a Medicare drug plan, your Cone Health Health Care Plan coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your Cone Health Health Care Plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with Cone Health and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium may increase by at least 1 percent of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19 percent higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage, contact the Cone Health Human Resources Service Center at 336-832-8777.

NOTE: You’ll get this notice each year in the Benefits Booklet. You also may request a copy through the Human Resources Department. More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

• Visit medicare.gov

• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for the telephone number) for personalized help.

• Call 800-MEDICARE (1-800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security socialsecurity.gov, or call 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and whether you are required to pay a higher premium (a penalty).

Date: 1/1/2015

Name of Entity/Sender: Cone Health

Contact -Position/Office: Human Resources Department

Address: 1200 N. Elm Street, Greensboro, NC 27401

Phone Number: 336-832-8777
IMPORTANT NOTICE FROM CONE HEALTH ABOUT YOUR PRESCRIPTION DRUG COVERAGE UNDER THE HIGH DEDUCTIBLE HEALTH CARE PLAN AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cone Health and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Cone Health has determined that the prescription drug coverage offered by the Cone Health High Deductible Health Care Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered NonCreditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Cone Health Health Care Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from Cone Health. However, because your coverage is noncreditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 to Dec. 7.

However, if you decide to drop your current coverage with Cone Health, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Cone Health Health Care Plan.
When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Cone Health Health Care Plan is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn’t join, if you go 63 continuous days or longer without prescription drug coverage that’s creditable, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cone Health coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Cone Health coverage, be aware that you and your dependents may not be able to get this coverage back.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Cone Health Human Resources Service Center at 336-832-8777.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Cone Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

• Visit medicare.gov

• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for the telephone number) for personalized help.

• Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security at socialsecurity.gov, or call 800-772-1213 (TTY 800-325-0778).

Date: 1/1/2015
Name of Entity/Sender: Cone Health
Contact -Person/Office: Human Resources Department
Address: 1200 N. Elm Street, Greensboro, NC 27401
Phone Number: 336-832-8777
Cone Health Resources

Human Resources Service Center
Mondays through Fridays, 1 - 5 p.m.
336-832-8777
benefits@conehealth.com

Benefits Specialist on the Moses Cone Hospital campus – Stephany Nelson
Mondays through Fridays, 8:30 a.m. to Noon
Tuesdays and Thursdays, 1 - 5 p.m.
336-832-8683

Benefits Specialist on the Wesley Long Hospital campus – Debbie Shelton
Mondays and Fridays, 8:30 a.m. to 5 p.m.
336-832-0090

Benefits Specialist on the Women’s Hospital campus – Debbie Shelton
Wednesdays, 8:30 a.m. to 5 p.m.
336-832-4269

Benefits Specialist on the Annie Penn Hospital and Behavioral Health Hospital campuses – Debbie Shelton
By appointment
336-832-0090

Benefits Specialist on the Alamance Regional Medical Center campus - Gwynne Warren
Mondays through Fridays, 8:30 a.m. to 5 p.m.
336-538-7671

Cone Health Medical Group Human Resources
336-375-5661

Triad Healthcare Network Care Management (Link to Wellness)
336-852-3871

LiveLifeWell/Healthy Rewards
336-832-2590 or 336-538-8120
linktowellness@conehealth.com
Cone Health’s Child Care Centers

THE CHILDREN’S CORNER ................................................................. 336-832-7997
KIDS CONNECTION ............................................................................. 336-832-1746
WOODMONT CHILD DEVELOPMENT CENTER ................................. 336-342-5597
THE FAMILY ENRICHMENT CENTER .............................................. 336-586-9767

Cone Health Outpatient Pharmacies

MOSES CONE HOSPITAL .................................................................. 336-832-6279
DELIVERY TO ANNIE PENN HOSPITAL 4TH FLOOR PHARMACY ......... 336-832-6279
WESLEY LONG HOSPITAL ................................................................ 336-218-5762
MEDCENTER HIGH POINT .................................................................. 336-884-3838
ALAMANCE REGIONAL MEDICAL CENTER ...................................... 336-586-3900

Benefit Partners

ALLSTATE (HOSPITAL INDEMNITY PLAN) ........................................... 800-521-3535
allstateatwork.com

ARAG® ULTIMATE ADVISOR® LEGAL INSURANCE ........................... 800-247-4184
ARAGLegalCenter.com; use Access Code 18023ch

HEALTHSHARE CREDIT UNION ....................................................... 336-832-8119
healthsharecu.org

LINCOLN FINANCIAL GROUP (DISABILITY CLAIMS) .......................... 855-818-2883

METLIFE (DENTAL CLAIMS) .......................................................... 800-438-6388
METLIFE (HOME, AUTO, LIFE) ...................................................... 336-288-7600

NC 529 COLLEGE SAVINGS PLAN .................................................. 800-600-3453
cfcn.org/NC529; Cone Health Enrollment Code 02541

STANLEY BENEFIT SERVICES (FLEXIBLE SPENDING ACCOUNTS) ........ 336-271-4450
stanleybenefits.com

SUPERIOR VISION PLAN .................................................................. 800-507-3800
superiorvision.com

TRION (BENEFIT ENROLLMENT SERVICES) ...................................... 336-346-3500, EXT. 635

UNITED MEDICAL RESOURCES (HEALTH CARE CLAIMS, NETWORK QUESTIONS) ........ 800-826-9781
umr.com

UNUM (ACCIDENT, WHOLE LIFE INSURANCE AND CRITICAL ILLNESS INSURANCE) ........ 800-635-5597

VALIC CLIENT CARE CENTER .......................................................... 800-448-2542
David Dupont ....................................................................................... 336-832-7995
Kevin Hanner ..................................................................................... 336-832-0090
Jan Walker ......................................................................................... 336-538-7667

VPI PET INSURANCE .......................................................................... 800-438-6388