Please be sure to read page 14 for important information that could prevent an increase to the cost of your benefits for the next two years. Don’t forget: The deadline is 30 days from your hire date or your status change for you to go to myactivehealth.com/conehealth for you and your covered spouse to complete your Health Assessment.
Welcome

As a Cone Health employee, you have access to a wide array of benefit plans and programs designed to encourage the well-being of you and your family. Benefits include traditional health plans as well as programs focused on delivering financial and family security.

The benefits at Cone Health are designed to give you the flexibility you need to take care of you and your family. Only basic life insurance and basic long-term disability are plans that are mandatory for all eligible employees and in most instances, these benefits are paid by either Cone Health or physician practices. You have a wide variety of benefit plans to choose from and you can sign up for all, for some or for none – it’s your choice. And you have the option of covering different family members on different benefits depending on your needs. For example, if your spouse needs dental but not health care, then dental is all that you need to sign them up for!

This booklet outlines some of the major features of your Cone Health benefits. It is intended to be a brief overview only.

The official plan documents legally govern the administration of the plans described in this guide. If there is any difference between the information in this guide and the information in the official plan documents, decisions will be based on the plan documents. Benefits are provided at the discretion of Cone Health and do not create a contract of employment. Cone Health reserves the right to modify, suspend, revise and/or terminate any or all of the plans at any time and for any reason.

Who’s Eligible?

Except where noted, you are eligible for the benefits described in this guide if you are:

• A regular full-time employee working between 30 and 40 hours per week (an employee with an FTE of .75 or greater).

OR

• A part-time employee scheduled to work between 12 and 29 hours per week (an employee with an FTE of .30 to .74).

Eligible Dependents

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

• Your spouse, including a same-sex spouse, as defined by federal law.
• Your children up to age 26 (including natural, step or adopted children, children placed with you for adoption or children for whom you are the legal guardian).

You also may cover any other dependent children for whom you are required to provide coverage under a Qualified Medical Child Support Order. In addition, a child who is physically or mentally incapable of self-support may be eligible for extended coverage beyond age 26. You must provide a Social Security number and date of birth along with proof of eligibility for each dependent that you cover. Claims cannot be processed until proof of eligibility has been received.

Do You and Your Spouse Both Work at Cone Health?

If you and your spouse both work for Cone Health you may each enroll for medical, dental, vision and life insurance coverage as an employee or you may cover your spouse for medical, dental and vision if you are choosing family coverage. Only one of you may cover your dependent children. You may not cover your spouse as your dependent if your spouse is also enrolled separately as a Cone Health employee.

Virtual Benefits Counselor

Need help making your benefit selections? ALEX* is a virtual benefits counselor that will help you make your benefit selections. He will ask questions about your health care needs, crunch some numbers and point out what benefit options make the most sense for you and your family. Sometimes we pick a plan that has features that we don’t need or one that doesn’t have the features that we do need. To avoid these benefits pitfalls, we highly recommend spending a few moments with ALEX*. The ALEX* experience is personalized, fun and confidential! And you will have peace of mind that you have made the best decisions for you and your family. Best of all - ALEX* is convenient. You can visit ALEX* from any computer, tablet or smartphone. ALEX* is available at www.myalex.com/cone-health/2019. Once you’ve met with ALEX*, you can go to the myBenefits portal and enroll!

MAKE SURE BEFORE YOU ENROLL THAT YOU MEET ALEX TO HELP WITH YOUR PLAN DECISION!
If You Don’t Enroll

You have 30 days from your date of hire or status change to enroll. If you don’t enroll in time, you may not get the benefits you want or need. You will automatically default to basic life insurance coverage. If you are a full-time employee (.75 - 1.0 FTE), you will also default to basic long-term disability. You won’t have another opportunity to enroll for benefits until the next annual enrollment period for coverage effective the following Jan. 1, unless you have a qualifying event (see below).

Making Changes During the Year

The choices you make when you are first hired or for a benefits-eligible status change are generally effective for the rest of the calendar year. You may not make changes, add or remove dependents until the next annual enrollment period unless you have a “qualifying event.” Qualifying events include:

- Your marriage or divorce.
- The birth, adoption or legal custody change of a child.
- The death of a spouse or dependent.
- A change in benefits-eligibility status.
- A change in your spouse's employment that affects benefits coverage.
- A Qualified Medical Child Support Order.

Any change you make must be consistent with the qualifying event. For example, if you get married, you could add your spouse to your medical coverage but you would not be able to change your medical plan.

You have 31 days after the qualifying event to make any benefit changes. Late notification will result in premiums refunded for a 30-day period only. In addition, late notification may result in a forfeiture of COBRA continuation coverage rights. Call 336-832-8777, Monday through Friday, or visit your local Human Resources office to report a qualifying event and for information on which benefits you may change.

When Coverage Begins

In most cases, benefits you elect during your initial eligibility are effective the first of the month following your date of hire or status change. Some benefits, such as accident insurance, critical illness, hospital indemnity, whole life insurance and the UltimateAdvisor Legal Protection Plan become effective on the first of the month after you have completed three months of benefits-eligible employment.

When Coverage Ends

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 and disability insurance, which end on your last day of employment. Coverage for your 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 loss of coverage date, whichever is later, to select health care, dental and/or vision coverage through COBRA.

You may be able to continue some of your benefits after you leave Cone Health. Your individual policies such as whole life, critical illness and accident will go on direct bill and you can continue paying for them at the same coverage levels and rates. Some life insurance may be continued if you contact Aetna at 800-882-8395 and complete continuation paperwork within 31 days of losing your life insurance coverage.

How Do I Enroll?

You can enroll in one of three ways:

1. To access your benefits enrollment from anywhere, anytime: Log into https://conehealth.sharepoint.com using your Cone Health email address and your network password. Locate Quick Links and click on myBenefits. You will be directed to the myBenefits homepage.

2. Sign into Cone Health Worx > Under the My Benefits heading, click on My Benefits. This takes you directly to the enrollment system.

3. For personal help by phone, please call the Benefits Call Center at 336-832-8777 from 8:30 a.m. to 5 p.m. Monday through Friday.
Cone Health offers three health care plan options:

- The Choice Plan
- The Save Plan
- The Focus Plan

The health care plan options are described on the following pages. While the three plans are different, they have several things in common:

- You must use in-network providers for your care. The plans do not cover services received from out-of-network providers.
- Preventive services are covered at 100% as long as you use in-network providers.
- You must get maintenance and specialty medications from Cone Health Outpatient Pharmacies. Prescriptions for one-time or short-term use can be filled at Cone Health Outpatient Pharmacies or at many other retail locations.
- There are no exclusions for pre-existing conditions.

The Choice Plan
The Choice Plan is administered by UMR and the network of providers is United Healthcare. The Choice Plan provides benefits based, in part, on where you receive services. Preventive services are paid at 100 percent. Services beyond preventive are subject to a modest deductible. Once the deductible is met, you pay a flat amount (called a copay) for each covered office visit. For other types of care, you pay a copay and/or coinsurance and for prescription drugs, you pay a copay or coinsurance. Your copay and coinsurance amounts are significantly lower when you use Cone Health facilities and Triad HealthCare Network providers.

ID Cards
If you enroll for coverage, you will receive two health care plan ID cards from UMR/United HealthCare. You can request additional cards by calling UMR at 800-826-9781 or the Cone Health Benefits Service Center at 336-832-8777, Mondays through Fridays. You may also text or email us at benefits@conehealth.com.
<table>
<thead>
<tr>
<th>Choice Plan Specifications</th>
<th>United Healthcare Choice Plus Network</th>
<th>Cone Health Network - These discounts are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Deductible - CYD (Individual/Family)</strong></td>
<td>$300/$600</td>
<td>$300/$600</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum - OOP (Individual/Family)</strong></td>
<td>$7,900 /$15,800</td>
<td>$7,900 /$15,800</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Preventive Care - Annual wellness exams, Pap test, first colonoscopy in the calendar year, sigmoidoscopy, bone density and/or vision care (eye exam)</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Breast Health - Screening mammograms, ultrasound and/or MRI</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Breast Health - Diagnostic mammograms, ultrasound and/or MRI</td>
<td>No cost after deductible</td>
<td>No cost after deductible</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>$1,000 copay and 40% after deductible</td>
<td>$500 copay and 20% after deductible</td>
</tr>
<tr>
<td>Maternity - Follows regular hospital admission and physician services</td>
<td>$1,000 copay and 40% after deductible</td>
<td>$500 copay and 20% after deductible</td>
</tr>
<tr>
<td>Outpatient Ambulatory Surgery</td>
<td>$500 copay and 40% after deductible</td>
<td>$250 copay and 20% after deductible</td>
</tr>
<tr>
<td>Radiology Services - (Except CT, MRI and PET scans) Regardless of where they are done including physician offices</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Select Radiology Services - (CT, MRI and PET scans) Regardless of where they are done including physician offices</td>
<td>$500 copay and 40% after deductible</td>
<td>$250 copay and 20% after deductible</td>
</tr>
<tr>
<td>Primary Care Office Visit - (Includes family practice and internal medicine physicians and pediatricians)</td>
<td>$30 copay after deductible</td>
<td>$10 copay - NOT subject to deductible if Triad HealthCare Network or Cone Health provider</td>
</tr>
<tr>
<td>Specialist Office Visit - (Includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)</td>
<td>$60 copay after deductible</td>
<td>$50 copay if a Triad HealthCare Network specialist after deductible</td>
</tr>
<tr>
<td>E-visits Through MyChart</td>
<td>Not applicable</td>
<td>No cost</td>
</tr>
<tr>
<td>Cone Health Video Visit</td>
<td>Not applicable</td>
<td>No cost</td>
</tr>
<tr>
<td>InstaCare Visit</td>
<td>Not applicable</td>
<td>No cost</td>
</tr>
<tr>
<td>Chiropractic Office Visit</td>
<td>$40 copay after deductible 12 visits per year maximum</td>
<td>Only available in the United Healthcare Choice Plus Network</td>
</tr>
<tr>
<td>Physician Services - Hospital inpatient or outpatient surgery</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$500 copay after deductible</td>
<td>$500 copay after deductible</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$60 copay after deductible</td>
<td>$60 co-pay after deductible</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>Routine wellness labs covered at 100%; all other labs 20% after deductible</td>
<td>Routine wellness labs covered at 100%; all other labs 20% after deductible</td>
</tr>
<tr>
<td>Therapeutic Services (Physical, occupational, speech therapy office visits)</td>
<td>$40 copay after deductible 24 visit maximum per year</td>
<td>$20 copay after deductible</td>
</tr>
<tr>
<td>Cardiac and Pulmonary Rehab Visits</td>
<td>$40 copay after deductible 24 visit maximum per year</td>
<td>$0</td>
</tr>
<tr>
<td>Holistic Treatment</td>
<td>$40 copay with $500 maximum benefit per year after deductible</td>
<td>$40 copay with $500 maximum benefit per year after deductible</td>
</tr>
<tr>
<td>Infertility</td>
<td>20% after deductible</td>
<td>20% after deductible</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>

MAKE SURE BEFORE YOU ENROLL THAT YOU MEET ALEX TO HELP WITH YOUR PLAN DECISION!
Choice Plan With Health Assessment -- Healthy Lifestyle Per Pay Period Premiums (26 pay periods)

If the Health Assessment is completed for employee and any covered spouse during the first 30 days for new hires or 30 days after status changes.

<table>
<thead>
<tr>
<th>Coverage Levels</th>
<th>Full-Time Rates Per Pay Period</th>
<th>Part-Time Rates Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$86.00</td>
<td>$146.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$150.00</td>
<td>$210.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$187.00</td>
<td>$246.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$243.00</td>
<td>$301.00</td>
</tr>
<tr>
<td>Employee + Spouse w/ Spousal Surcharge</td>
<td>$262.00</td>
<td>$321.00</td>
</tr>
<tr>
<td>Employee + Family w/ Spousal Surcharge</td>
<td>$318.00</td>
<td>$376.00</td>
</tr>
</tbody>
</table>

Part-Time Rates Per Pay Period

Full-Time Rates Per Pay Period

Choice Plan Without Health Assessment -- Per Pay Period Premiums (26 pay periods)

If the Health Assessment is NOT completed for the employee and any covered spouses during the first 30 days for new hires or 30 days after status changes.

<table>
<thead>
<tr>
<th>Coverage Levels</th>
<th>Full-Time Rates Per Pay Period</th>
<th>Part-Time Rates Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$96.00</td>
<td>$156.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$160.00</td>
<td>$220.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$197.00</td>
<td>$256.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$253.00</td>
<td>$311.00</td>
</tr>
<tr>
<td>Employee + Spouse w/ Spousal Surcharge</td>
<td>$272.00</td>
<td>$331.00</td>
</tr>
<tr>
<td>Employee + Family w/ Spousal Surcharge</td>
<td>$328.00</td>
<td>$386.00</td>
</tr>
</tbody>
</table>

Part-Time Rates Per Pay Period

Full-Time Rates Per Pay Period

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.
*Physicians in a profit and loss model will pay total cost of this plan.
*If the Health Assessment is not completed for both employee and covered spouse, the $10 per pay period increase will be effective the first of the second month of eligibility.
*A $75 spousal surcharge applies if your spouse has access to other coverage through an employer and you choose to cover them on a Cone Health plan. The spousal surcharge does not apply if your spouse is retired, self-employed, unemployed, employed but not offered health coverage, on Medicare or also an employee of Cone Health.
The Save Plan
With the Save Plan, all covered non-preventive expenses (including prescription drugs with the exception of the Safe Harbor list) are subject to the annual plan deductible. After the deductible is met, you and the plan share the cost of your expenses (coinsurance). Once you meet your out-of-pocket maximum, the plan pays 100 percent for any additional eligible expenses for the rest of the year. Please note that if you have a coverage level other than Employee Only, and other than preventive services, you must meet the family deductible before coinsurance applies.

ID Cards
If you enroll for coverage, you will receive two health care plan ID cards from UMR/United HealthCare. You can request additional cards by calling UMR at 800-826-9781 or the Cone Health Benefits Service Center at 336-832-8777, Mondays through Fridays. You may also text or email us at benefits@conehealth.com.

The Save Plan and Health Savings Account
If you enroll for coverage under the Save Plan, Cone Health will contribute to a Health Savings Account (HSA) on your behalf, which can be used to help pay for the plan deductible and other eligible out-of-pocket health care expenses.

HSA seed money contributed by Cone Health will be based on your hourly rate. 2019 seed money will be contributed by Cone Health as soon as administratively possible after you enroll:

- $12.00 - $17.50 per hour (based on hourly rate) = $750
- $17.51 - $31.00 per hour (based on hourly rate) = $500
- $31.01 and up per hour (based on hourly rate) = $250

These amounts are pro-rated for new hires and status changes. For example, if you would normally get $500 for an annual amount and you are hired in July, you would get 50% of $500 or $250 ($500/12 x 6 months).

You will receive this funding regardless of whether or not you contribute to your HSA. However, you can contribute and your contributions are tax-free and FICA-free, thus reducing your taxable wages. Plus, remember HSA is always your money and can be saved for future medical expenses. The HSA maximum amounts that can be contributed in 2019 are $3,500 for an individual and $7,000 for family coverage. If you are age 55 or older, you can save an additional $1,000 per year. Remember the annual limit for HSA is the combination of your contributions and those made by Cone Health. You will need to adjust your annual maximum for the amount of seed money contributed by Cone Health.

Please note: You are not eligible to participate in an HSA if you are age 65 or older and participating in Medicare A. Please discuss with your tax advisor. If you are age 65 or older and enroll in the Save Plan, the seed money will be contributed directly to your paycheck.

MAKE SURE BEFORE YOU ENROLL THAT YOU Meet alex TO HELP WITH YOUR PLAN DECISION!
<table>
<thead>
<tr>
<th>SAVE Plan Specifics</th>
<th>United Healthcare Choice Plus Network</th>
<th>Cone Health Network - These discounts are an incentive to use the Cone Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible - CYD (Individual/Family)</td>
<td>$1,400/$2,800</td>
<td>$1,400/$2,800</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - OOP (Individual/Family)</td>
<td>$4,000/$8,000</td>
<td>$4,000/$8,000</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Preventive Care - Annual wellness exams, Pap test, first colonoscopy in the calendar year, sigmoidoscopy, bone density and/or vision care</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Breast Health - Screening mammograms, ultrasound and/or MRI</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Breast Health - Diagnostic mammograms, ultrasound and/or MRI</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Maternity - Follows regular inpatient facility and physician charges</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Radiology Services - (Except CT, MRI and PET scans) Regardless of where they are done including physician offices</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Select Radiology Services - (CT, MRI and PET scans) Regardless of where they are done including physician offices</td>
<td>40% after deductible</td>
<td>20% after deductible</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 Triad HealthCare Network primary care physician</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>20% after deductible</td>
</tr>
<tr>
<td>E-visits Through MyChart</td>
<td>Not applicable</td>
<td>$30</td>
</tr>
<tr>
<td>Cone Health Video Visit</td>
<td>Not applicable</td>
<td>$40 and does not apply to deductible or OOP maximum</td>
</tr>
<tr>
<td>InstaCare Visit</td>
<td>Not applicable</td>
<td>$40 and does not apply to deductible or OOP maximum</td>
</tr>
<tr>
<td>Chiropractic Office Visit</td>
<td>20% 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>Physician Services - Hospital inpatient or outpatient surgery</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>20% after deductible</td>
<td>20% 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>20% after deductible</td>
</tr>
<tr>
<td>Holistic Treatment</td>
<td>40% after deductible with a $500 per year benefit maximum</td>
<td>20% after deductible with a $500 per year benefit maximum</td>
</tr>
<tr>
<td>Infertility</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse (Inpatient or outpatient services)</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Individual or Group Therapy</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

Save Plan With Health Assessment -- Healthy Lifestyle Per Pay Period Premiums (26 pay periods)

If the Health Assessment is completed for employee and any covered spouse in the first 30 days of your new hire or status change date.

<table>
<thead>
<tr>
<th>Coverage Levels</th>
<th>Full-Time Rates Per Pay Period</th>
<th>Part-Time Rates Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$53.00</td>
<td>$116.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$87.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$97.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$137.00</td>
<td>$201.00</td>
</tr>
<tr>
<td>Employee + Spouse w/ Spousal Surcharge</td>
<td>$147.00</td>
<td>$210.00</td>
</tr>
<tr>
<td>Employee + Family w/ Spousal Surcharge</td>
<td>$187.00</td>
<td>$251.00</td>
</tr>
</tbody>
</table>

MAKE SURE BEFORE YOU ENROLL THAT YOU TO HELP WITH YOUR PLAN DECISION!
Save Plan Without Health Assessment -- Healthy Lifestyle Per Pay Period Premiums (26 pay periods)

If the Health Assessment is NOT completed for the employee and any covered spouses in the first 30 days of your new hire or status change date.

<table>
<thead>
<tr>
<th>Coverage Levels</th>
<th>Full-Time Rates Per Pay Period</th>
<th>Part-Time Rates Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$63.00</td>
<td>$126.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$97.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$107.00</td>
<td>$170.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$147.00</td>
<td>$211.00</td>
</tr>
<tr>
<td>Employee + Spouse w/ Spousal Surcharge</td>
<td>$157.00</td>
<td>$220.00</td>
</tr>
<tr>
<td>Employee + Family w/ Spousal Surcharge</td>
<td>$197.00</td>
<td>$261.00</td>
</tr>
</tbody>
</table>

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.
*Physicians in a profit and loss model will pay total cost of this plan.
*If the Health Assessment is not completed for both employee and covered spouse, the $10 per pay period increase will be effective the first of the second month of eligibility.
*A $50 spousal surcharge applies if your spouse has access to other coverage through an employer and you choose to cover them on a Cone Health plan. The spousal surcharge does not apply if your spouse is retired, self-employed, unemployed, employed but not offered health coverage, on Medicare or also an employee of Cone Health.

New Focus Plan

- The Focus Plan is a new plan piloted by Cone Health for 2019. The plan is designed to encourage you to use the health care system more effectively and offer you lower, more predictable health care costs. If you work with your Primary Care Team to manage your health, your out-of-pocket costs will be very low, with no deductible and simple copays. And you’ll get a plan that’s easy to use, with help navigating the health care system, superior live support and a simple app that helps you keep track of it all. This plan will be administered by Centivo.
- The Focus Plan is built exclusively around Cone Health physicians and facilities and select Triad HealthCare Network (THN) physicians. Not all THN physicians will be in the Centivo network immediately but we expect the list of physicians in this network to grow over time. It is important to understand that the United Healthcare (UHC) Choice Plus Network is not part of the Focus Plan network.
- There are three simple steps to getting the greatest value from the Focus Plan: Activate – Coordinate - Engage
  
  Step 1: Activate. Learn about your plan and choose a provider to lead your Primary Care Team. Then create your personal Health Action Plan, which outlines your preventive care needs and health goals.
  
  Step 2: Coordinate. Schedule a new patient visit with your Primary Care Team if you’ve selected a provider you haven’t seen before to get to know them and review your Health Action Plan. Your Primary Care Team should be your first stop for all of your care needs, and will provide you with referrals to see specialists as needed. If your Care Team does direct you to a specialist, notify Centivo about the referral through the app, member portal or by phone. (You may also see an in-network specialist without a referral from your Primary Care Team, but you will pay more for that care.)
  
  Step 3: Engage. Follow your Primary Care Team’s guidance on preventive care like immunizations and screenings. And adhere to your personalized Care Plan if you have one from your doctor.

- Out-of-area coverage is limited to emergency-only virtual visits and mental health.
- This plan has a limited local network, so it is also NOT appropriate for anyone who lives out of state or has dependents outside of the Triad area (because of the very narrow, focused network). If your primary care provider is not currently part of the Focus Plan network and you don’t want to change your primary care provider, this plan may not be appropriate for you. Find the list of in-network providers on myBenefits > Medical, Vision, Dental. We expect the list of physicians participating in this network to increase over time.
- The Focus plan requires that you designate a provider in the Focus Plan network to lead your Primary Care Team. You coordinate your care through that team – meaning you must receive a referral before going to a specialist or urgent care facility and notify Centivo of that referral – in exchange for no deductible and simple copays. If you choose to go directly to another provider outside of your Primary Care Team, the care you receive will cost you more.

ID Cards

If you enroll for coverage, you will receive two health care plan ID cards from Centivo. You can request additional cards by calling Centivo at 833-576-6491 or the Cone Health Benefits Service Center at 336-832-8777, Mondays through Fridays. You may also text or email us at benefits@conehealth.com.

MAKE SURE BEFORE YOU ENROLL THAT YOU MEET ALEX TO HELP WITH YOUR PLAN DECISION!
<table>
<thead>
<tr>
<th>Focus Plan Specifics</th>
<th>Coordinated Care: 1. Activate Plan online or by phone. 2. Receive referrals for specialty care from your Primary Care Team. 3. Notify Centivo of referrals online or by phone.</th>
<th>Uncoordinated Care: 1. No Activation and/or 2. No referrals for specialty care, and/or 3. Do not notify Centivo of referrals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible - CYD (Individual/Family):</td>
<td>None</td>
<td>$500/$1,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - OOP (Individual/Family)</td>
<td>$2,500/$5,000</td>
<td>$7,900/$15,800</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Preventive Care - Annual wellness exams, Pap test, first colonoscopy in the calendar year, sigmoidoscopy, bone density and/or vision care (eye exam)</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Breast Health - Screening mammograms, ultrasound and/or MRI</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Breast Health - Diagnostic mammograms</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>Breast Health - Diagnostic ultrasound and/or MRI</td>
<td>$150</td>
<td>40%</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>$750</td>
<td>40%</td>
</tr>
<tr>
<td>Outpatient Ambulatory Surgery</td>
<td>$500</td>
<td>40%</td>
</tr>
<tr>
<td>Radiology Services - (Except CT, MRI and PET scans) Regardless of where they are done including physician offices</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>Select Radiology Services - (CT, MRI and PET scans) Regardless of where they are done including physician offices</td>
<td>$150</td>
<td>40%</td>
</tr>
<tr>
<td>Primary Care Office Visit - (Includes family practice and internal medicine physicians and pediatricians)</td>
<td>No cost</td>
<td>20%</td>
</tr>
<tr>
<td>Specialist Office Visit - (Includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>E-visits Through MyChart</td>
<td>No cost</td>
<td>$30 not subject to deductible</td>
</tr>
<tr>
<td>Cone Health Video Visit</td>
<td>No cost</td>
<td>$40 not subject to deductible</td>
</tr>
<tr>
<td>InstaCare Visit</td>
<td>No cost</td>
<td>$40 not subject to deductible</td>
</tr>
<tr>
<td>Chiropractic Office Visit</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>Physician Services - Hospital inpatient or outpatient surgery</td>
<td>No cost</td>
<td>40%</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$300 plus 40% if non-emergency</td>
<td>$300 plus 40% if non-emergency</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$50</td>
<td>20%</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>Therapeutic Services (Physical, occupational, speech therapy office visits)</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>Cardiac and Pulmonary Rehab Visits</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>Holistic Treatment</td>
<td>$30</td>
<td>40%</td>
</tr>
<tr>
<td>Infertility</td>
<td>$500</td>
<td>40%</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse (Inpatient services)</td>
<td>$750</td>
<td>40%</td>
</tr>
<tr>
<td>Individual or Group Therapy - Can be self-referred</td>
<td>$30</td>
<td>40%</td>
</tr>
</tbody>
</table>
Focus Plan With Health Assessment -- Healthy Lifestyle Per Pay Period Premiums (26 pay periods)

If the Health Assessment is completed for employee and any covered spouse in the first 30 days of your new hire or status change date.

<table>
<thead>
<tr>
<th>Coverage Levels</th>
<th>Full-Time Rates Per Pay Period</th>
<th>Part-Time Rates Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$63.00</td>
<td>$126.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$97.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$107.00</td>
<td>$170.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$147.00</td>
<td>$211.00</td>
</tr>
<tr>
<td>Employee + Spouse w/ Spousal Surcharge</td>
<td>$157.00</td>
<td>$220.00</td>
</tr>
<tr>
<td>Employee + Family w/ Spousal Surcharge</td>
<td>$197.00</td>
<td>$261.00</td>
</tr>
</tbody>
</table>

Focus Plan Without Health Assessment -- Per Pay Period Premiums (26 pay periods)

If the Health Risk Assessment is NOT completed for the employee and any covered spouses in the first 30 days of your new hire or status change date.

<table>
<thead>
<tr>
<th>Coverage Levels</th>
<th>Full-Time Rates Per Pay Period</th>
<th>Part-Time Rates Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$73.00</td>
<td>$136.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$107.00</td>
<td>$170.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$117.00</td>
<td>$180.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$157.00</td>
<td>$221.00</td>
</tr>
<tr>
<td>Employee + Spouse w/ Spousal Surcharge</td>
<td>$167.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>Employee + Family w/ Spousal Surcharge</td>
<td>$207.00</td>
<td>$271.00</td>
</tr>
</tbody>
</table>

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.
*Physicians in a profit and loss model will pay total cost of this plan.
*If the Health Assessment is not completed for both employee and covered spouse, the $10 per pay period increase will be effective the first of the second month of eligibility.
*A $50 spousal surcharge applies if your spouse has access to other coverage through an employer and you choose to cover them on a Cone Health plan. The spousal surcharge does not apply if your spouse is retired, self-employed, unemployed, employed but not offered health coverage, on Medicare or also an employee of Cone Health.

Prescription Drug Benefits

If you enroll for medical coverage, your coverage automatically includes prescription drug benefits. The prescription drug program is the same for all three plans. However, with the Choice and Focus plans, prescription drugs are not subject to the deductible and the plan will pay according to the schedule once your benefits are effective. Remember with the Save plan, the full cost of prescription drugs must be paid by you until your deductible is met (except for preventive and Safe Harbor medications). Only then will the prescription drug plan pay as listed on the schedule below. However, you also have the Cone Health contribution into the Health Savings Account to help cover the initial costs.

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

1. Cone Health Outpatient Pharmacies. Cone Health operates five conveniently located pharmacies where you can maximize your prescription dollars and get great buys on over-the-counter medications. Anyone enrolled in a Cone Health medical plan, including spouses and children, may use the pharmacies. You can also use the pharmacies even if you are not enrolled in one of our plans; however, you will be charged the copay or coinsurance for the insurance coverage used (e.g., Medicare or health insurance through a spouse’s employer).

2. Cone Health Outpatient Pharmacy Mail-Order. Do you live outside of the Alamance, Guilford or Rockingham County areas in North Carolina or in Virginia or just have a hard time getting to the Cone Health Outpatient Pharmacies before they close?
Beginning in January 2019 Cone Health will operate a mail-order service out of the Wesley Long Outpatient Pharmacy for employees who live in North Carolina or Virginia (the states where we are licensed to add mail order). Get the same low Cone Health Outpatient Pharmacy prices plus a $5 shipping charge per package. Multiple prescriptions can be shipped in one package and the shipping fee can be paid with your flex card. Check with your local Cone Health Outpatient Pharmacy for instructions on how to enroll.

3. Participating Retail Pharmacies. In addition to Cone Health Outpatient Pharmacies, you can also fill prescriptions for one-time use through the MedImpact national network of retail pharmacies. Simply present your medical ID card when filling a prescription. After the first fill at retail, you must use a Cone Health Outpatient Pharmacy to fill prescriptions for maintenance medications (drugs you need to take on an ongoing basis). It’s also important to know that your costs may be significantly higher at a retail pharmacy versus the Cone Health Outpatient Pharmacies, so be sure to check the cost of your prescription ahead of time.

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
<th>Phone Number</th>
</tr>
</thead>
</table>
| The Moses H. Cone Memorial Hospital Campus  
1131-D Church St., Greensboro  
(located on the north side of the long-term care facility) | 7:30 a.m. to 6 p.m. Mondays through Fridays | 336-832-6279 |
| Wesley Long Hospital Campus  
515 N. Elam Ave., Greensboro | 7:30 a.m. to 6 p.m. Mondays through Fridays | 336-218-5762 |
| MedCenter High Point  
2630 Willard Dairy Road, High Point | 7:30 a.m. to 6 p.m. Mondays through Fridays | 336-884-3838 |
| Alamance Regional Medical Center  
1238 Huffman Mill Road, Burlington | 7:30 a.m. to 5:30 p.m. Mondays through Fridays | 336-586-3900 |
Wellsmith: A Great Benefit for Type 2 Diabetes

Cone Health is excited to offer a new digital health platform for employees and their dependents who have Type 2 Diabetes (T2D). Wellsmith is a digital health assistant that makes managing your health simple and actionable, while connecting you to your Care Team for health guidance and support when and where you need it - all on your smartphone.

Wellsmith participants receive a Bluetooth glucometer, scale and activity tracker at no cost, covered under the Cone Health employee benefit program, and a personalized T2D digital Care Plan connected to their smartphones.

With Wellsmith, you’ll get daily reminders to keep you on track with medications, glucose, weight measurements and activity goals, so you can take control of your health. Joining Wellsmith also means reduced medication costs and the opportunity to earn the Live Life Well “Weight Smart” Badge.

If you and your dependents are enrolled on a Cone Health health insurance plan, you can have the opportunity to benefit from Wellsmith. More than 350 Cone Health employees and their dependents use Wellsmith and are succeeding in their health journey:

- The top 25% of participants have lost 4.7% of their body weight.
- As a whole, everyone on Wellsmith has walked over 291 million steps - that’s more than five times around the globe!

Are you ready to become your healthiest self and join Wellsmith? Visit Wellsmith.com/ConeEmployee to sign up.

Exceptional Care 365

Getting sick is never convenient, but getting care should be. Save yourself and your family time and money for treatment of common conditions such as sinus symptoms, cough, flu-like symptoms and urinary problems. For all of your options, visit https://connectnow.conehealth.com. Download your free E-book! See Choice, Save and Focus Plan designs for coverage information.

InstaCare – Reserve your spot online or walk-in for a same-day, face-to-face visit with clear costs. This service is for patients 1 year and older. InstaCare is

Please Note:
- Maintenance drugs must be filled by the Cone Health Outpatient Pharmacies, either in person or by Cone Health mail order.
- A prior authorization will be required for any branded medication that has an equivalent.

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Cone Health Outpatient Pharmacies</th>
<th>Other Retail Only 30 days</th>
<th>MedImpact Mail Order 90 days</th>
<th>Only NC and VA Cone Health Mail Order**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Generic List</td>
<td>$0</td>
<td>Only available at Cone Health Outpatient Pharmacy</td>
<td>Only available at Cone Health Outpatient Pharmacy</td>
<td>$0</td>
</tr>
<tr>
<td>Preferred Generic List</td>
<td>$5/$10/$15</td>
<td>$20</td>
<td>$60</td>
<td>$5/$10/$15</td>
</tr>
<tr>
<td>Non-Preferred Generics</td>
<td>20% with minimum of $15/$30/$45 No maximum limit</td>
<td>30% with minimum of $25 No maximum limit</td>
<td>30%</td>
<td>20% with minimum of $15/$30/$45 No maximum limit</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20% with minimum of $30/$60/$90</td>
<td>30% with minimum of $50 minimum and $150 maximum</td>
<td>$250</td>
<td>20% with minimum of $30/$60/$90 No maximum limit</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>20% with minimum of $100/$200/$300 No maximum limit</td>
<td>50% with minimum of $150 and $350 maximum</td>
<td>$350</td>
<td>20% with minimum of $100/$200/$300 No maximum limit</td>
</tr>
<tr>
<td>Specialty Generic</td>
<td>20% with $15 minimum and $250 maximum</td>
<td>Only available at Cone Health</td>
<td>Only available at Cone Health</td>
<td>30 days only 20% with $15 minimum and $250 maximum</td>
</tr>
<tr>
<td>Specialty Brand</td>
<td>$250</td>
<td>Only available at Cone Health</td>
<td>Only available at Cone Health</td>
<td>$250</td>
</tr>
</tbody>
</table>

** A $5 per package shipping charge will be required for Cone Health mail order. Packages may contain one or multiple prescriptions for the same shipping price.
Healthy Lifestyle Premium Program – 2019 and Beyond

Get enrolled to keep your premiums low
All employees and spouses on a Cone Health medical plan must complete a Health Assessment to earn the Healthy Lifestyle Premium rate in 2019.

Complete your Health Assessment within 30 days of enrolling in a Cone Health medical plan. Spouses on a health plan must also complete a Health Assessment.

Register at myactivehealth.com/conehealth and complete your Health Assessment within 30 days.

Failure to complete your Health Assessment will result in a medical insurance premium increase of $10 per pay period in 2019.

Complete the following in 2019 to earn the Healthy Lifestyle Premium rate in 2020

**Step 1**
- Employees and spouses on the health plan must get an annual physical between Jan. 1, 2018, and July 1, 2019. Physical must be performed by a primary care physician or OB/GYN.
  - Looking for a primary care physician? Go to https://www.conehealth.com/find-a-doctor/ or call 336-832-8000

**Step 2**
- Identify your current health status and complete at least one of the following during Jan. 1, 2019 - Sept. 1, 2019.
  - Pregnant
  - Diabetes
  - CAD, Chronic Kidney Disease, COPD, CHF, High Cholesterol, Asthma
  - Hypertension
  - Tobacco User
  - Weight Management (BMI of 27.5 or higher or prediabetic)
  - No Status (Healthy)

- Enroll and actively participate in the Healthy Pregnancy program.
- Enroll and actively participate in Wellsmith or the Link to Wellness program.
- Complete 3 Health Your Way Condition Management Coaching Calls.
- Complete 3 Group Coaching Calls.
- Complete the Tobacco Cessation Program.
- Enroll and actively participate in a designated weight management program.
- Earn 600 hearts with health coaching in our new MyActiveHealth platform.

Failure to complete these steps will result in a medical insurance premium increase of $15 per pay period in 2020.

Please Note: New hires or status changes after Jan. 1, 2019, require only the Health Assessment. Step 1 and 2 requirements for annual physical and health status action steps will begin the following January after enrolling in a Cone Health medical plan.

The Health Lifestyle Premium Program is a voluntary wellness program for employees and spouses on the medical plan. If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, you may qualify for an opportunity to earn the same incentive through an alternative course of action, that will be developed with your doctor.

Please email us at livelifewell@conehealth.com or call 336-832-5483 to ask about a reasonable alternative standard to qualify for the incentive.
Dental

Cone Health will continue to offer two dental plans: Basic and Major. MetLife is our plan administrator and you can continue to go to any dentist. Your two cleanings per year will not count toward your maximum benefit. That means you have a higher limit to spend on the services you need and still be able to get your two cleanings for zero cost.

2019 Basic Dental
• Covers cleanings 2X per year at 100%.
• 80% coverage on maintenance.
• $750 maximum benefit per individual per year.
• $50 individual deductible, $150 family deductible.

Pay Period Premiums for the Basic Plan (26 pay periods)

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Full-Time rates per pay period</th>
<th>Part-Time rates per pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$12.00</td>
<td>$13.75</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$23.00</td>
<td>$26.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$18.00</td>
<td>$21.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$30.00</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

Physicians in a profit and loss model will pay total cost for plans.
Full-time is .75 to 1.0 FTE; Part-time is .30-.74 FTE.

2019 Major Dental
• Covers cleanings 2X per year at 100%.
• 80% coverage on maintenance.
• 80% covered periodontics.
• 50% on orthodontics (no age limit); $1,750 lifetime maximum.
• 50% on crowns, bridges and implants.
• $1,750 maximum benefit per individual per year.
• $50 individual deductible/$150 family deductible.

Pay Period Premiums for the Major Plan (26 pay periods)

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Full-Time rates per pay period</th>
<th>Part-Time rates per pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$20.00</td>
<td>$24.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$38.00</td>
<td>$44.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$30.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$52.00</td>
<td>$61.00</td>
</tr>
</tbody>
</table>

Physicians in a profit and loss model will pay total cost for plans.
Full-time is .75 to 1.0 FTE; Part-time is .30-.74 FTE.

MAKE SURE BEFORE YOU ENROLL THAT YOU Meet alex TO HELP WITH YOUR PLAN DECISION!
Vision

Superior Vision is the administrator and the network for our vision plans. There are two plans for 2019.

- Superior Vision Plan without an eye exam (for those who use the Choice and Save health care plans for their eye exam).
- Superior Vision Plan with an eye exam (for those who do not have Cone Health’s health care plans or their eye provider is not in the United Healthcare Network (if in the Choice or Save Plan) or the Centivo Network (if in the Focus Plan).

Other than the eye exam, the plans are identical:

- Glasses or contacts in the calendar year.
- For glasses, a retail frame allowance of $150 and most lenses are paid at 100 percent (except progressive lenses, which are paid at the lined trifocal lens cost).
- For contacts, a $200 retail allowance.

Pay Period Premiums for the Vision Plan (26 pay periods)

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Superior Vision With Eye Exam</th>
<th>Superior Vision Without Eye Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.35</td>
<td>$3.22</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$11.49</td>
<td>$6.90</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$8.69</td>
<td>$5.22</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$15.80</td>
<td>$9.49</td>
</tr>
</tbody>
</table>

Financial Protection

Flexible Spending Accounts

Healthcare Flexible Spending Accounts are pre-tax accounts administered by MarketLink that allow you to set aside money to pay for eligible medical, dental and vision expenses for you and any dependents that you can claim on your federal tax return. The 2019 annual limit is currently $2,650.

The amount you elect during the annual enrollment process will be available to you on your benefits effective date on a MasterCard. You can carry over balances of $500 or less into the next year. This account can be used for those in the Choice Plan, the Focus Plan and the Save Plan (if you are age 65 or older and enrolled in Medicare Part A, which makes you ineligible for the Health Savings Account).

Remember you can also use this account on a limited basis (only for dental and vision expenses) when enrolled in the Save Plan/Health Savings Account. Once you meet your deductible in the Save Plan, you notify MarketLink by submitting a form and they can remove the “limited” designation from this account and it becomes “general purpose”. You can then use flex money to cover your medical, dental and vision expenses – preserving the balance in your Health Savings Account for future use.

Dependent Care Flexible Spending Accounts are pre-tax accounts that allow you to set aside pre-tax money to pay for your child’s day care (if it is not a Cone Health child care center). Child is described as less than 13 years of age and claimed as a dependent on your federal tax return. You can contribute up to $5,000 per year.
Health Savings Accounts

Health Savings Accounts (HSA) are pre-tax accounts administered by MarketLink that allow you to set aside money for eligible medical, dental and vision expenses. This account is only available to those enrolled in the Save Plan. Your HSA is “portable,” which means you keep it if you retire or leave Cone Health. Some facts about HSA:

• You can only make pre-tax contributions through payroll deductions.
• Cone Health will provide seed money to eligible employees. Amounts for new hires and status changes will be prorated based on hire or status change date:
  o $12.00 - $17.50 per hour = $750
  o $17.51 - $31.00 per hour = $500
  o $31.01 and up per hour = $250

• Your contributions and Cone Health’s contribution combined cannot exceed the annual maximum set by the IRS. In 2019, the maximum amounts are $3,500 for single coverage and $7,000 for family coverage. You can contribute an additional $1,000 if you are age 55 or older. Remember to consider your seed money when setting your 2019 annual contribution.
• You are responsible for making sure you maintain your eligibility for a Health Savings Account and that you spend your HSA on eligible expenses (visit IRS.gov and refer to Publication 502). MarketLink will not audit how you spend your HSA.
• Save your receipts!! You will need them if you are audited by the IRS.
• You can change your HSA amount at any time throughout the year.

Life Insurance

Basic Life Insurance

Life insurance (provided by Aetna/Hartford) pays a lump-sum to your beneficiary(ies) to help meet expenses in the event of your death. Basic life includes both a multiple of your salary for death for any reason and an additional multiple if you die an accidental death. Basic life insurance is mandatory and cannot be declined. Benefits will be reduced to 50 percent at age 75.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Amount</th>
<th>Cost to You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Basic Life Insurance</td>
<td>1X base salary up to a maximum of $400,000. Changes in FTE or salary will change your coverage and deductions.</td>
<td>Paid by Cone Health or the physician practice.</td>
</tr>
<tr>
<td>Department Head and Physician Basic Life Insurance</td>
<td>2X base salary up to a maximum of $400,000. Changes in FTE or salary will change your coverage and deductions</td>
<td>Paid by Cone Health or the physician practice (unless you are a P &amp; L physician).</td>
</tr>
</tbody>
</table>

Supplemental Life Insurance

Supplemental life insurance is additional life insurance that can be purchased by you. Supplemental life insurance is available for staff, department directors and physicians. If you want to add or increase your coverage by greater than one level during annual enrollment, you will be required to submit an Evidence of Insurability (medical questionnaire) and your coverage will be approved or denied. Aetna/Hartford will send you the Evidence of Insurability form to complete and return to them. You will be notified of their decision in writing at your home address.
Spouses are covered by amounts between $5K and $25K. If you do not currently have coverage and add coverage or increase the coverage during annual enrollment by greater than one level, you will be required to submit an Evidence of Insurability for your spouse and coverage will be approved or denied. Aetna/Hartford will send you the form to complete and return to them. Aetna will notify you of their decision in writing.

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Employee Only Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,000</td>
<td>$0.19</td>
<td>$0.25</td>
</tr>
<tr>
<td>$50,000</td>
<td>$0.37</td>
<td>$0.51</td>
</tr>
<tr>
<td>$100,000</td>
<td>$0.74</td>
<td>$1.02</td>
</tr>
<tr>
<td>$200,000</td>
<td>$1.48</td>
<td>$2.03</td>
</tr>
</tbody>
</table>

Dependent Life for spouse

Spouses are covered by amounts between $5K and $25K. If you do not currently have coverage and add coverage or increase the coverage during annual enrollment by greater than one level, you will be required to submit an Evidence of Insurability for your spouse and coverage will be approved or denied. Aetna/Hartford will send you the form to complete and return to them. Aetna will notify you of their decision in writing.

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.72</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.44</td>
</tr>
</tbody>
</table>

Dependent Life for child(ren)

Child(ren) can be covered up to age 26. No Evidence of Insurability needed if added or increased during annual enrollment. Coverage is provided by Aetna.

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.72</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.44</td>
</tr>
</tbody>
</table>
Disability Insurance

Short-Term Disability
All disability plans are insured with Aetna/Hartford. Remember that disability coverage increases or decreases as your hourly rate and/or FTE increases or decreases.

Short-Term Disability pays 60% of your salary after the elimination period.

- 1st Day Accident/8th Day Illness Plan - $2,000 a week maximum.
- 21 Day Accident or Illness Plan - $1,000 a week maximum.

If you add short-term disability coverage later, you will be required to submit an Evidence of Insurability (medical questionnaire) and your coverage will be approved or denied. Aetna/Hartford will send you the Evidence of Insurability form to complete and return to them. They will notify you of their decision in writing at your home address. You can increase from the 21-day plan to the 8-day plan without an Evidence of Insurability.

Long-Term Disability pays a percentage of your salary for a period of time to protect your finances against the long-term financial burden that follows being disabled. If you are in a basic long-term disability plan for staff or physicians and wish to increase to the higher plan for 2019, you will not be required to submit an Evidence of Insurability form. However, if you become disabled during the first 12 months of the increased coverage, the buy-up portion would be denied if the disabling condition is deemed pre-existing.

Staff
Basic Long-Term Disability – After a 90-day elimination period, pays 60% of your salary up to $15,000 per month for 2 years if disabled from your own occupation or up to Social Security Normal Retirement Age if disabled from all occupations. Paid by Cone Health or the practice.

Major Long-Term Disability – After a 90-day elimination period, pays 70% of your salary up to $15,000 per month for 2 years if disabled from your own occupation or up to Social Security Normal Retirement Age if disabled from all occupations. You pay for the additional 10%; Cone Health or the practice pays for the basic 60%.

Leadership
Management Long-Term Disability – After a 90-day elimination period, pays 60% of your salary up to $15,000 per month if disabled from your own occupation up to Social Security Normal Retirement Age. Paid for by Cone Health. Remember your Short-Term Disability is salary continuance and you should not sign up for Short Term Disability.

Physicians
Physician Basic Long-Term Disability – After a 180-day elimination period, pays 60% of your salary up to $10,000 per month if disabled from your own occupation, own specialty. Pays up to Social Security Normal Retirement Age.

Physician Buy-Up Long-Term Disability – After a 90-day elimination period, pays 60% of your salary up to $15,000 per month if disabled from your own occupation, own specialty. Pays up to Social Security Normal Retirement Age.

MAKE SURE BEFORE YOU ENROLL THAT YOU MEET ALEX TO HELP WITH YOUR PLAN DECISION!
Child Care Benefits

Cone Health partners with Bright Horizons to manage and provide care for the children of our employees in a loving and nurturing environment at onsite child care centers located at the Alamance Regional Medical Center in Burlington, and Moses Cone Hospital and Wesley Long Hospital campuses in Greensboro. The Woodmont Center is available to employees who live and/or work in the Reidsville area.

Tuition is payroll-deducted and you can contribute up to $5,000 pre-tax each year with the remainder as after-tax deductions. A tuition assistance program (TAP) may be available.

For additional information, please call the child care centers:
- **The Children's Corner**, located at The Moses H. Cone Memorial Hospital, 336-832-7997
- **Kid's Connection**, located at Wesley Long Hospital, 336-832-1746
- **The Family Enrichment Center**, located at Alamance Regional Medical Center, 336-586-9767
- **The Woodmont Child Development Center**, located in Reidsville, 336-342-5597

**Bright Horizons Back-Up Care**
If your regular caregiver is unavailable, if school is closed for vacations or holidays, your elder relative needs care in his/her home anywhere in the U. S. or if you are transitioning back to work after leave, Back-Up Care provides the highest quality child and/or elder care when and where you need it.

Support your family with up to 10 annual days of back-up child and adult/elder care at subsidized rates. Center-based care is $15/day or $25/family; in-home care is $6/hour.

Register now at no cost by calling 1-877-242-2737 or online at: [https://backup.brighthorizons.com](https://backup.brighthorizons.com)
- Back-Up User Name: cone
- Back-Up Password: health

**Bright Horizons Special Needs**
Half of today’s workforce provides care for children, 20% with special or exceptional needs such as autism, ADHD and learning disabilities. Bright Horizons Special Needs is the first-of-its-kind education navigation platform that can help redirect caregivers to the education system for services. No medical diagnosis is required. The program also supports common concerns like anxiety, self-esteem, screen time, etc. The program is free for Cone Health employees.

Program highlights include help navigating Special Education and related services that are mandated to be covered by public schools via the Individual with Disabilities Education Act:

- Speech/language occupational, physical, behavioral therapies. Evaluation services, etc. delivered via Individualized Education Programs (IEPs).
- Guidance, advocacy and daily management for children with special needs including automation of IEP development and communications.
- Intelligent education navigation platform with step-by-step guidance augmented by webinars, optional one-on-one services.
- Covers all special needs, whether hidden or diagnosed, and their impact from birth through young adulthood.
- Calibrated to state timelines, eligibility requirements, resources.

**Bright Horizons College Coach®**
Employees spend countless hours navigating their children’s education – worrying about saving for college, helping with homework or guiding them through the college admissions process. College Coach provides resources for all of these areas and more. The service is free for Cone Health employees.

Program highlights include:
- Team of 40+ experts with 700+ collective years’ experience in college admissions and finance.
- 100% of College Coach students receive at least one acceptance letter.
- 95% of students get into one of their top choice schools.
- Live workshops, personalized assistance and online resources.
- Expert topics:
  - Saving for College.
  - Elementary School Essentials.
  - Money Smart: Raising Finance-Wise Kids.
  - Mastering Middle Schools.
  - Selecting the Right High School.
  - College Admissions: The Insider’s View.
  - The Course Ahead: Majors to Careers.
  - Paying for College.
  - Education Loan Repayment Strategies.
  - Money Management for Young Professionals.
More Voluntary Benefits

Cone Health offers access to many other voluntary benefits.

**Permanent Whole Life**
Term life provides a death benefit only and no cash value. Your group policy with Cone Health is term life, which means you lose this coverage when you separate from service.

Permanent whole life would pay a death benefit but it also builds cash value over the life of the policy, which you can borrow against and premiums remain the same over the life of the policy. Policies can be continued on a direct pay basis if you leave Cone Health.

Unum offers a permanent whole life policy to you, your spouse, your children and your grandchildren. You do not have to buy coverage for yourself in order to purchase a policy for your spouse or child/grandchild. Standalone policies are available. No medical questions are required to enroll! Check the benefits enrollment system for prices.

<table>
<thead>
<tr>
<th>Coverage Available For</th>
<th>$10,000</th>
<th>$20,000</th>
<th>$30,000</th>
<th>$40,000</th>
<th>$50,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Spouse</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Child/Grandchild</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Critical Illness**
Critical illness coverage through Unum can help safeguard your finances by providing a payment if you or a covered family member is diagnosed with a serious illness, including cancer, heart attack, coronary bypass surgery, stroke, end stage renal (kidney) failure, major organ failure, permanent paralysis, blindness, benign brain tumor or coma. Upon diagnosis of a specified covered illness, you would receive a lump-sum payment for each covered condition. No medical questions are required to enroll! Check the benefits enrollment system for prices.

**Employee Coverage Available:** $10,000, $20,000 or $30,000.

**Spouse (ages 17-64) Coverage Available:** $5,000, $10,000 or $15,000 (you must also insure yourself).

**Dependent (under age 25) Child(ren) Coverage Available:** Auto-enrolled at 50% of employee amount.

**Accident Insurance**
Accident insurance through Unum provides a lump-sum benefit payment directly to you if you have an accident on or off the job. The benefit amount you receive depends on the type of injury. For example, if your child falls and breaks an arm, you would receive numerous payments for accident-related services received at the hospital as well as the initial follow-up appointment. No medical questions are required to enroll! Rates remain the same.

**Rates per pay period are:**

- Employee Only: $7.56
- Employee + Child(ren): $14.40
- Employee + Spouse: $10.80
- Family: $17.64

MAKE SURE BEFORE YOU ENROLL THAT YOU TO HELP WITH YOUR PLAN DECISION!
Hospital Indemnity

Hospital Indemnity provided by Unum helps you cope with the out-of-pocket costs associated with a hospital admission (including maternity but excluding mental or emotional disorder and alcohol, drug or chemical dependency).

There are no pre-existing condition limitations, no waiting period and no medical questions to answer. The admission payment is made only one time per year, but with Unum, you can collect the Hospital Confinement limit ($100 a day) for up to 60 days per year. You can collect the ICU confinement limit ($200 a day) for up to 15 days per calendar year.

**ARAG® Ultimate Advisor® Legal Insurance**

Legal insurance gives you access to a network of attorneys for a variety of legal needs, including wills and estate planning, financial matters, identity theft services, real estate matters, tax services, child custody/child modifications and credit records correction and more! The cost for this coverage is $9.46 per pay period.

**InfoArmor Identity Theft**

Identity Theft monitors your personal information to help proactively safeguard it. If suspicious information is detected, you will be alerted by email, text or phone call. If identity theft occurs, an identity theft specialist will work with you to provide restoration services.

- Employee Only - $4.59 per pay period
- Employee and Family - $8.28 per pay period

**Student Loan Debt**

We know that student loan debt is a cause of stress for many of our employees. That’s why we are pleased to announce that we are now offering Gradifi Refi! This benefit gives you access to exclusive student loan refinance offers from leading lenders that can potentially lower your monthly payments and interest rates. You will also be able to call or email an expert student loan counselor from American Student Assistance® at no cost.

**Other benefits – available at any time**

- **MetLife Payroll Deducted Home and Auto Insurance**
  Call 1-800-438-6388.

- **VPI Pet Insurance Offered by MetLife**
  Call 1-800-438-6388.

- **Best Upon Request Concierge Service**
  Call 336-832-7007 or email conehealth@bestuponrequest.com.

- **Employee Discounts**

- **HealthShare Credit Union**
  Call 336-832-8119.

**Hospital Indemnity**

**Coverage Option** | **Per Pay Period**
--- | ---
Employee Only | $5.64
Employee + Child(ren) | $6.84
Employee + Spouse | $15.36
Family | $16.56

**Low Plan - $500 Admission + $100 Confinement Paid for First Day**

**Coverage Option** | **Per Pay Period**
--- | ---
Employee Only | $9.00
Employee + Child(ren) | $10.97
Employee + Spouse | $25.09
Family | $27.06

**High Plan - $1,000 Admission + $100 Confinement Paid for First Day**

MAKE SURE BEFORE YOU ENROLL THAT YOU Meet alex TO HELP WITH YOUR PLAN DECISION!
Legal Notices

Special Enrollment Rights Under HIPAA
During the enrollment period, if you decline enrollment for yourself or your dependents (including your spouse) 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.

How the Plan May Use and Disclose Medical Information About You
We may use and disclose your personal health information without your permission to facilitate your medical treatment, for payment for any medical treatments, and for any other health care operation. We will disclose your medical information to employees of the Company for plan administration functions, which may include activities designed to improve health and reduce health care cost; but those employees may not share your information for employment-related purposes. We may also use and disclose your personal health information without your permission, as allowed or required by law. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

Your Rights Regarding Your Medical Information
You have the right to inspect and copy your medical information, to request corrections of your medical information, and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communications about your medical information be made in different ways or at different locations.

How to File Complaints
If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint.

Effective Date: April 14, 2004, as amended February 21, 2017
Group Health Plan Notice of Privacy Practices
This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Read It Carefully.
Effective Date: April 14, 2004, as amended February 21, 2017

This notice outlines the ways in which the Cone Health group health plan may use and disclose Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to your last-known address on file.

The HIPAA Privacy Rule protects only certain medical information known as “Protected Health Information”. Protected Health Information is health information by which you could reasonably be identified which is collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of the Plan, that relates to:

1. your past, present or future physical or mental health or condition;
2. the provision of health care to you; or
3. the past, present or future payment for the provision of health care to you.

This Notice outlines the Plan’s obligations and your rights regarding the use and disclosure of Protected Health Information. The Plan is required by law to maintain the privacy of your Protected Health Information, to provide you with this Notice of the Plan’s legal duties and privacy practices with respect to Protected Health Information about you, and to comply with the terms of the Notice that is currently in effect.

Use and Disclosure of Your Protected Health Information
The following describe different ways in which we may use and disclose Protected Health Information about you without your individual consent. The examples of use and disclosures described in these categories do not necessarily constitute current uses of your Protected Health Information, nor do they describe every specific use and disclosure that may be made. However, all of the ways we are permitted to use and disclose Protected Health Information about you will fall within one of the categories described below.

For Payment. We may use and disclose Protected Health Information about you to determine or fulfill the Plan’s responsibility for providing benefits under the Plan, to determine eligibility for benefits under the Plan, to facilitate or obtain payment for the treatment and services you receive from health care providers, or to coordinate Plan coverage. For example, we may share Protected Health Information about you with a utilization review or authorization service provider. We also may share such information about you with another entity to assist with the adjudication or subrogation of health benefit claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose Protected Health Information about you for operations and management of the Plan. For example, we may use or disclose such information in connection with: conducting quality assessment and improvement activities; reviewing the competency, qualifications or performance of healthcare professionals and providers; underwriting, premium rating, bill review and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; required workers’ compensation disclosures; and other administrative activities. We may also use or disclose your Protected Health Information to carry out population-based and other health activities related to improving health or reducing health care costs or to inform you about treatment options and alternatives. We will not use or disclose genetic information about you for underwriting purposes.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims, to assist in health activities designed to improve health or reduce health care costs, or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose Protected Health Information about you when required to do so by federal, state or local law. For example, we may disclose such when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose Protected Health 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. For example, we may disclose such about you in a proceeding regarding revocation of the licensure of a physician involved with your medical plan.

Disclosure to Another Health Plan. Information may be disclosed to another health plan maintained by the Company for purposes of facilitating claims payments under that plan and shared between the constituent health plans comprising the Plan “organized health care arrangement” for health care operations and the management and operation of the arrangement.
To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions (which include treatment, payment, and health care operations) or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Public Health Risks. We may disclose Protected Health Information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; 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; and to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make such a disclosure when required or authorized by law.

Law Enforcement. We may release Protected Health Information about you if asked to do so by a law enforcement official such as: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the individual’s agreement; about an individual who has died, whose death we suspect may be the result of criminal conduct, about criminal conduct occurring on the premises of the Company, and in emergency circumstances to report a crime, the location of the crime or victims or respecting the identity, description or location of the person who committed the crime.

Health Oversight Activities. We may disclose Protected Health Information about you to a health oversight agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We also may disclose such information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made by the party seeking the information to notify you about the request or to obtain an order protecting the information requested.

Organ and Tissue Donation. If you are an organ donor, we may release Protected Health Information about you to organ procurement organizations or other entities, engaged in the procurement, banking and transportation of organs, eyes or tissue to facilitate organs, eyes or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We also may release such health information about foreign military service to the appropriate foreign military authority.

Workers’ Compensation. We may release Protected Health Information about you as authorized by workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Coroners, Medical Examiners and Funeral Directors. We may release Protected Health Information about you to a coroner or medical examiner to identify a deceased person, determine a cause of death, or for other such duties as authorized by law.

National Security and Intelligence Activities. We may release Protected Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. We may release Protected Health Information about you to a correctional institution or law enforcement official having lawful custody, as necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Specific Uses and Disclosures Requiring Your Written Authorization
The following uses or disclosures of Protected Health Information require your written authorization: use or disclosure of psychotherapy notes; use or disclosure for marketing purposes; or disclosure that constitutes a sale.

Other Uses of Protected Health Information
Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose Protected Health Information about you, you may revoke that authorization (also in writing), at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, any disclosures we make prior to revocation of your permission cannot be reversed. Unless use of your medical information in assisting you with a claim is clearly defined as related to “health care operations”, we will not use or disclose your Protected Health Information in this context before receiving your individual authorization.

Unauthorized Use or Disclosure
We will notify you if unsecured Protected Health Information about you is accessed, used or disclosed in a manner not permitted under HIPAA and such use or disclosure compromises the privacy or security of the Protected Health Information.
Your Rights With Respect to Protected Health Information

You have the following rights regarding Protected Health Information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of Protected Health Information about you that may be used or disclosed for purposes of your care. To inspect and copy Protected Health Information that may be used or disclosed for purposes of your care, you must submit your request in writing to the Privacy Official. If you request an electronic copy, we will provide it to you if the Protected Health Information is maintained electronically and is readily producible or, if it is not readily producible, we will provide it in a mutually-agreed, readable, electronic form and format. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to Protected Health Information, you may make a written request that the denial be reviewed, addressed to the Privacy Official.

Right to Amend. You have the right to request an amendment of Protected Health Information about you as long as the information is kept by or for the Plan. To request an amendment, your request must be in writing and submitted to the Privacy Official. In the written request, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reasonable basis for the request. In addition, we may deny your request if you ask us to amend information that: is not part of the Protected Health Information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete in our judgment.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of Protected Health Information about you, excluding disclosures: made to carry out payment or health care operations; incident to a use or disclosure otherwise permitted or required; authorized by you or made to you; for national security or intelligence purposes; to correctional institutions or law enforcement officials under applicable law; or as part of a “limited data set” as authorized by law.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. Additional lists, we may charge you for the costs of providing the list. We 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 we use or disclose about you for payment or health care operations. You also have the right to request a limitation on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Privacy Official. In your request, you must tell us, specifically: (1) what information you want to limit; whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We will attempt to honor such request if, in our sole discretion, the request is reasonable.

Right to Request Confidential Communications. You have the right to request that we communicate with you about Protected Health Information about you by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

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, please contact the Plan’s Privacy Officer - the Executive Director of Employee Experience at 336-832-8740.

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. The Notice will contain on the first page, at the top, the effective date.

Complaints

If you believe your privacy rights as described in this Notice have been violated, you may file a complaint with the Plan or with the Office for Civil Rights. To file a complaint with the Plan, contact the Plan’s Privacy Officer at 336-832-8740. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint.

Questions

If you have any questions about this Notice, please contact the Plan’s Privacy Officer 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 1-877-KIDS NOW 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 under 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 www.askebsa.dol.gov or call 1-866-444-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, 2018. Contact your State for more information on eligibility –

**ALABAMA – Medicaid**
Website: http://myalhipp.com/
Phone: 1-855-692-5447

**ALASKA – Medicaid**
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

**ARKANSAS – Medicaid**
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

**COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)**
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus

**FLORIDA – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

**GEORGIA – Medicaid**
Website: http://dch.georgia.gov/medicaid
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

**INDIANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

**IOWA – Medicaid**
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

**KANSAS – Medicaid**
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512
MAKE SURE BEFORE YOU ENROLL THAT YOU MEET ALEX TO HELP WITH YOUR PLAN DECISION!
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

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

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
Women's Health and Cancer Rights Act Notice
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:

- 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 all stages of mastectomy, including lymphedemas.

This coverage will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the policy/plan.

If you would like more information on WHCRA benefits, call the Cone Health Benefits Service Center at 336-832-8777.

Newborn and Mother’s Health Protection Act
Group health care 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).

Important Notice from Cone Health About Your Choice, Save and Focus Health Care Plan Prescription Drug Coverage 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. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two 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 Choice Health Care Plan, the Cone Health SAVE Plan and the Cone Health Focus Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

MAKE SURE BEFORE YOU ENROLL THAT YOU TO HELP WITH YOUR PLAN DECISION!
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 October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current 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 creditable prescription drug coverage, your monthly premium may go up by at least 1% 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% higher than the Medicare 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 October 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 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 from the Human Resources Department 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 http://www.medicare.gov
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).
Ask the Experts

<table>
<thead>
<tr>
<th>Cone Health's Child Care Centers</th>
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<tbody>
<tr>
<td>Children's Corner</td>
<td>336-832-7997</td>
</tr>
<tr>
<td>Family Enrichment Center</td>
<td>336-586-9767</td>
</tr>
<tr>
<td>Kids Connection</td>
<td>336-832-1746</td>
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<tr>
<td>Woodmont Child Development Center</td>
<td>336-342-5597</td>
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<tr>
<td>Bright Horizons Back-Up Care</td>
<td>877-242-2737</td>
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<tr>
<th>Cone Health Outpatient Pharmacies</th>
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<tr>
<td>Alamance Regional Medical Center</td>
<td>336-586-3900</td>
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<tr>
<td>MedCenter High Point</td>
<td>336-884-3838</td>
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<tr>
<td>Moses Cone Hospital</td>
<td>336-832-6279</td>
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<tr>
<td>Wesley Long Hospital</td>
<td>336-218-5762</td>
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<tr>
<th>Benefits Partners</th>
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<tr>
<td>Aetna (AXA Travel Assistance)</td>
<td>312-935-3704</td>
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<tr>
<td>Aetna (Disability Claims) aetnadisability.com</td>
<td>877-352-3862</td>
</tr>
<tr>
<td>Aetna Everest Funeral Planning Service</td>
<td>800-913-8318</td>
</tr>
<tr>
<td>Aetna (Life)</td>
<td>800-826-7448, Opt. 4</td>
</tr>
<tr>
<td>ARAG UltimateAdvisor Legal Insurance - ARAGLegalCenter.com; use Access Code 18023ch</td>
<td>800-247-4184</td>
</tr>
<tr>
<td>Benefits email address</td>
<td><a href="mailto:benefits@conehealth.com">benefits@conehealth.com</a></td>
</tr>
<tr>
<td>Bright Horizons College Coach – user name: cone, password: health</td>
<td>888-527-3550</td>
</tr>
<tr>
<td>Bright Horizons College Coach</td>
<td><a href="http://passport.getintocollege.com">http://passport.getintocollege.com</a></td>
</tr>
<tr>
<td>Bright Horizons Special Needs – new user code: conehealth</td>
<td>844-693-3477</td>
</tr>
<tr>
<td>Bright Horizons Special Needs</td>
<td><a href="https://child.torchlight.care">https://child.torchlight.care</a></td>
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<tr>
<td>EdAssist</td>
<td>855-729-5962</td>
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<tr>
<td>Employee Assistance Counseling Program</td>
<td>336-538-7481</td>
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<tr>
<td>Enrollment Services/Benefit Questions/HSA, FSA Questions</td>
<td>337-832-8777</td>
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<tr>
<td>Healthshare Credit Union healthsharecu.org</td>
<td>336-832-8119</td>
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<td>InfoArmor Identity Theft</td>
<td>800-789-2720</td>
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<td>Metlife (Dental Claims)</td>
<td>800-438-6388</td>
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<tr>
<td>Metlife (Home, Auto, Life)</td>
<td>800-438-6388 or 336-288-7600</td>
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<td>NC 529 College Savings Plan cfnc.org/NC529; Cone Health Enrollment Code 02541</td>
<td>800-600-3453</td>
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<tr>
<td>Superior Vision Plan superiorvision.com</td>
<td>800-507-3800</td>
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<tr>
<td>UMR (Health Care Claims, Network Questions) umr.com</td>
<td>800-826-9781</td>
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<tr>
<td>UNUM ( Accident, Whole Life Insurance and Critical Illness Insurance)</td>
<td>800-635-5597</td>
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<tr>
<td>VALIC Client Care Center</td>
<td>800-448-2542</td>
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<tr>
<td>David Dupont</td>
<td>336-832-7995</td>
</tr>
<tr>
<td>Kevin Hanner</td>
<td>336-832-0090</td>
</tr>
<tr>
<td>Jan Walker</td>
<td>336-538-7667</td>
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<tr>
<td>VPI Pet Insurance</td>
<td>800-438-6388</td>
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MAKE SURE BEFORE YOU ENROLL THAT YOU **Meet alex** TO HELP WITH YOUR PLAN DECISION!
NOTES

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