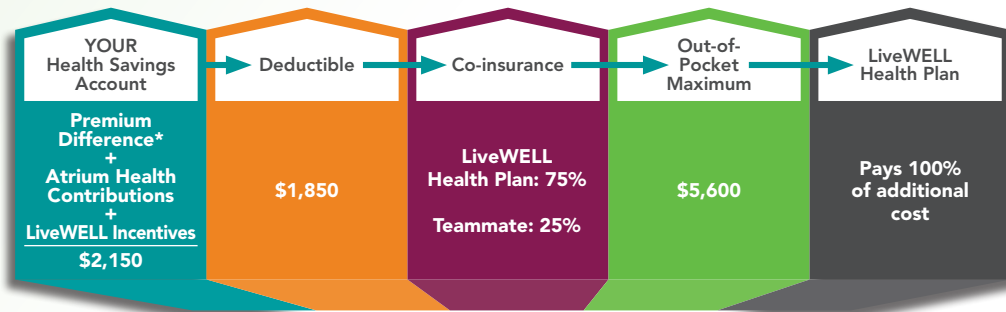




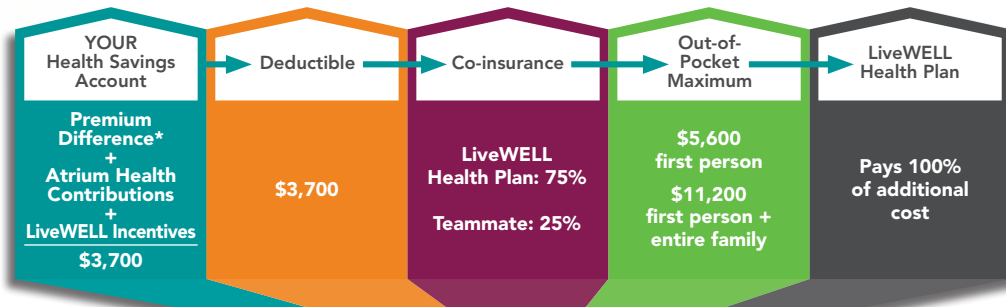
HOW THE 2019 LIVEWELL HEALTH PLAN WORKS

Teammate-Only Experience



Preventive Care Covered at 100%

Family Experience



Preventive Care Covered at 100%

Deductibles and Out-of-Pocket Maximums are based on the Atrium Health Preferred Network.

**Premiums for the consumer-directed LiveWELL Health Plan are lower than traditional PPO plans.*

Here's what you need to know:

- Remember, preventive care, labs and most preventive medications are covered 100% - you do not pay for preventive care
- Your **Health Savings Account** (HSA) is the key – you can build your savings
 - Atrium Health will make an annual contribution to your HSA and will match a certain amount of dollars based on your contributions
 - It is important for you to save in your HSA by putting in enough to earn the full Atrium Health match, meet your deductible and maximize your savings
 - Dollars in your HSA are not taxed when you put them in or take them out for medical purposes
 - Your HSA is a great savings vehicle for medical expenses now and in retirement



HEALTH SAVINGS ACCOUNT (HSA)

The HSA is yours to save for current and future healthcare-related expenses, such as your deductible, co-insurance and prescription medications. Your HSA is an important component of retirement savings.



	Maximum Contribution
Teammate-Only Plan	\$3,500
Family Plans	\$7,000

Teammates can make direct contributions to this account from their paycheck and one-time contributions.

The maximum IRS contribution for the year includes the sum of all teammate and employer contributions, including incentives. Teammates age 55 or older are allowed an additional "catch-up" contribution of \$1,000.

ATRIUM HEALTH ANNUAL CONTRIBUTION

To help fund your account, you will receive an annual contribution of:

- \$100 for Teammate-Only Plan
- \$350 for Family Plans
- Teammates in positions with annual base salaries less than \$30K will receive an additional HSA contribution of \$200

The annual contribution is deposited into your account after your coverage becomes effective.

ATRIUM HEALTH MATCHING CONTRIBUTION

If you choose to contribute to your HSA, Atrium Health will make matching contributions dollar for dollar up to:

- \$250 for Teammate-Only Plan
- \$750 for Family Plans

The matching contributions are made dollar for dollar based on your contributions.

Teammate Contributions to Meet IRS Maximum:

	Teammate Contribution*	Atrium Health Contribution**	Total
Teammate-Only Plan	\$2,400 Annual Contribution / \$92.30 Bi-weekly Contribution	\$1,100	\$3,500
Family Plans	\$4,850 Annual Contribution / \$186.53 Bi-weekly Contribution	\$2,150	\$7,000

*Calculation assumes teammate contributions begin the first pay period in January

**Includes Annual, Matching and LiveWELL Incentives



LIVEWELL INCENTIVE

Participate in activities focused on your health and prevention.

Don't Leave Money on the Table! Fund your Health Savings Account (HSA) by earning up to **\$750 for Teammate-Only coverage** or **\$1,050 for Family coverage**.

Access your LiveWELL Incentives from work, home or mobile device at LiveWELL.AtriumHealth.org

Incentive	Reward
LiveWELL Health Survey	\$100
Health Coaching	\$100
Know Your Numbers	\$100
Financial Health	\$100
▲ COMPLETE ALL 4 ABOVE AND RECEIVE A \$50 BONUS ▲	
Healthy Weight Reward	\$300
Family Health Incentive*	\$300

*For teammates with Family coverage under the LiveWELL Health Plan

PREVENTIVE CARE

- The LiveWELL Health Plan covers preventive exams, labs and most preventive medications 100%
- Typically considered preventive care and covered 100% are: wellness office visits, wellness immunizations, PAP smears, mammograms and colonoscopies. See the Preventive Care Guide for details
- The LiveWELL Health Plan covers Affordable Care Act (ACA) prescription medications 100%
- Review the Preventive Care Guide and Preventive Medication List on HumanResources.AtriumHealth.org

DEDUCTIBLE

Your deductible is the amount you owe for covered healthcare services and most prescription medications before the LiveWELL Health Plan begins to pay.

	Atrium Health Preferred Network	In-Network	Out-of-Network
Teammate-Only Plan	\$1,850	\$2,600	\$4,000
Family Plans	\$3,700	\$5,200	\$8,000

Virtual Visits:
\$35 per visit before deductible is met

On-Site Care:
\$40 - \$120 per visit before deductible is met



CO-INSURANCE

Co-insurance is your share of the costs for covered healthcare service and prescription medications after your deductible is met. After the deductible is met, you share the cost with Atrium Health. Below is the chart with the percentage you pay.

Healthcare Services	Atrium Health Preferred Network	In-Network	Out-of-Network
PCP Office Visit	25%	30%	50%
Specialist Visit	25%	30%	50%
MRI, CT & PET Scans	25%	25%	50%
Urgent Care	25%	25%	50%
ED Visits	25%	25%	25%
In/Out Patient - Physician	25%	30%	50%
In/Out Patient - Facility	30%	40%	50%

Virtual Visits:
\$5 per visit after deductible is met

On-Site Care:
\$10 per visit after deductible is met

Infertility Treatment: (covered only at CMC Women's Institute) is 100% after deductible with a \$25,000 lifetime maximum. Benefits are available after the covered teammate has been employed by Atrium Health for one or more years.

Prescription Medications	CarolinaCARE and CMC Rx 30-Day Supply	CarolinaCARE 90-Day Supply	Retail Pharmacy 30-Day Supply
Preventive Drug List	\$6*	\$18*	\$20*
Other Generic	Meet deductible then \$15*	Meet deductible then \$35*	Meet deductible then \$20*
Preferred Brand	Meet deductible then \$40*	Meet deductible then \$100*	Meet deductible then 30% co-insurance Not less than \$40 or more than \$125
Non-Preferred Brand	Meet deductible then 40% co-insurance Not less than \$60 or more than \$180	Meet deductible then 40% co-insurance Not less than \$150 or more than \$375	Meet deductible then 50% co-insurance Not less than \$75 or more than \$275
Specialty Drugs	Meet deductible then 20% co-insurance not more than \$150	N/A	N/A

*Some prescription medications have a copay.

- ACA medications are covered 100%
- Affordable Care Act and Preventive Drug List medications may be filled once at a retail pharmacy and then must be transferred to CarolinaCARE to receive lowest cost
- Preventive Drug List medications do not apply toward the deductible but do apply toward the out-of-pocket maximum
- Maintenance medications may be filled once at a retail pharmacy after the deductible is met and then transferred to CarolinaCARE
- Specialty drugs must be filled at CarolinaCARE; however, exceptions may apply to drugs in limited distribution networks
- Opioid prescriptions are limited to a 30-day quantity



OUT-OF-POCKET MAXIMUM

Out-of-pocket maximum is the most money you pay annually before the LiveWELL Health Plan pays 100% for covered healthcare services and prescription medications. This maximum amount includes deductibles, co-insurance, copayments, pharmacy or similar charges for qualified expenses. This limit does not include premiums, balance-billed charges, healthcare not covered by the plan, and penalties.

	Atrium Health Preferred Network	In-Network	Out-of-Network
Teammate-Only Plan	\$5,600	\$6,450	\$11,000
Family Plans	\$11,200*	\$12,900	\$22,000

Please note:

There is no yearly or lifetime benefit maximum for your health coverage. In addition, there is no pre-existing condition limitation.

*Maximum of \$11,200, but no more than \$5,600 for any individual covered on the plan.

BI-WEEKLY MEDICAL PREMIUMS 2019

	FULL-TIME TEAMMATE		FULL-TIME TEAMMATE Earning < \$30K		PART-TIME TEAMMATE	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Teammate Only	\$22.75	\$26.00	\$12.60	\$15.85	\$32.00	\$37.00
Teammate + Spouse	\$164.00	\$193.00	\$153.85	\$182.85	\$202.00	\$238.00
Teammate + Working Spouse	\$197.00	\$226.00	\$186.85	\$215.85	\$235.00	\$271.00
Teammate + Children	\$132.00	\$156.00	\$121.85	\$145.85	\$164.00	\$194.00
Teammate + Spouse, Children	\$231.00	\$271.00	\$220.85	\$260.85	\$283.00	\$334.00
Teammate + Working Spouse, Children	\$264.00	\$304.00	\$253.85	\$293.85	\$316.00	\$367.00

Monthly Rate

Monthly Teammates multiply premium by 26 and divide by 12, or see monthly rate schedule on HumanResources.AtriumHealth.org

LIVEWELL HEALTH PLAN CONTACTS

CONTACTS	LINK	PHONE
Atrium Health Benefits	email: HRBenefitsOnline@AtriumHealth.org	704-631-0263
24-Hour Nurse Line		800-357-6327
Bank of America	MyHealth.BankofAmerica.com	866-731-4206
CarolinaCARE	CarolinaCARERX.org	866-697-6800
Castlight	MyCastlight.com/CarolinasHealthCare	704-512-5772
LiveWELL	LiveWELL.AtriumHealth.org	704-355-8136
MedCost	MedCost.com	800-795-1023
Mental Health / Chemical Dependency	Cbhallc.com	800-475-7900
On-Site Care	PeopleConnect	704-512-3971
Virtual Visit	PeopleConnect	855-438-0010

Need Assistance with LiveWELL? Contact us at 704-355-8136 or LiveWELLEvents@AtriumHealth.org

