

PLANS OVERVIEW

Teammates asked for a choice. We have heard the **#VoiceoftheTeammate**.

For 2020, the LiveWELL Health Plans include a new co-pay based option and an improved health savings plan option. Both health plan options will have an Atrium Health Value Network with enhanced teammate discounts.

The Atrium Health Value Network is a new network that provides the highest level of benefit, which includes an improved teammate discount on fees for service.

The **Health Savings Plan**

An improved version of the 2019 health plan

Key improvements:

- Family premiums will be lowered between \$34 and \$51 per bi-weekly pay period (\$884 to \$1,326 annually)
- Deductibles will be lowered for individuals from \$1,850 to \$1,400 and for families from \$3,700 to \$2,800

The **Co-Pay Plan**

Offers predictability with higher premiums and lower out-of-pocket expense

Key features:

- Co-pays for primary care, specialty care and medications with no deductibles
- No deductibles (with the exception of inpatient and outpatient services)
- Earned LiveWELL Incentives go pretax into LiveWELL Incentive Account
- Flexible Spending Account (FSA) provides pretax dollars for healthcare expenses

Here is a snapshot of how the plans compare:

Health Savings

PLAN

- Premium: Lower cost per pay period
- Deductible (except for preventive care)
- Coinsurance begins after deductible is met
- Higher out-of-pocket maximum
- HSA: pretax, rolls over
- LiveWELL Incentive goes pretax into HSA
- Value Network offers an improved teammate discount
- No cost for annual check-ups

Co-Pay

PLAN

- Premium: Higher cost per pay period
- Co-pays begin immediately. Deductible only applies to inpatient and outpatient services
- Lower out-of-pocket maximum
- FSA: pretax, use it or lose it
- LiveWELL Incentive goes pretax into LiveWELL Incentive Account
- Value Network offers an improved teammate discount
- No cost for annual check-ups



		Health Savings PLAN				Co-Pay PLAN			
		Full-time Standard Premiums				Full-time Standard Premiums			
Cost per pay period (based on bi-weekly pay)	Teammate Only	\$25.00				\$57.50			
	Teammate + Spouse	\$130.00				\$180.00			
	Teammate + Child(ren)	\$90.00				\$140.00			
	Teammate + Family	\$180.00				\$240.00			
		Network				Network			
		Value	Preferred	In	Out	Value	Preferred	In	Out
Annual Deductible	How Deductibles Work	Deductibles apply to all office visits, medications and OP/IP services with the exception of preventive care.				No deductibles for office visits, medications or preventive care. Deductibles only apply to OP/IP services.			
	Teammate Only	\$1,400		\$4,000		\$800		\$4,000	
	Teammate + Dependent(s)	\$2,800		\$8,000		\$1,600		\$8,000	
Coinsurance	Teammate Pays	15%	25%	30%	50%	15%	25%	30%	50%
	Plan Pays	85%	75%	70%	50%	85%	75%	70%	50%
Office Visits	Preventive Care	Covered at 100%				Covered at 100%			
	E-Visit / Virtual Visit	Before Deductible: \$25 After Deductible: \$10				\$10			
	On-Site Care	Before Deductible: \$40 After Deductible: \$15				\$15			
	Primary Care	Deductible & Coinsurance				\$20	\$25	\$30	Deductible & Coinsurance
	Specialist	Deductible & Coinsurance				\$40	\$45	\$50	
	Urgent Care	Deductible & Coinsurance				\$70			
	Emergency Department	Deductible & Coinsurance				\$175			
Prescription Medication (30-day supply)	ACA Preventive	\$0 to \$6 no deductible		\$0 to \$20		\$0 to \$6		\$0 to \$20	
	Generic	\$10 after deductible		\$20		\$10		\$20	
	Preferred Brand	\$35 after deductible		\$45		\$35		\$45	
	Non-Preferred Brand	\$100 after deductible		\$110		\$100		\$110	
	Specialty	\$150 after deductible		-		\$150		-	
Services	Outpatient (OP)	Deductible & Coinsurance				Deductible & Coinsurance			
	Inpatient (IP)	Deductible & Coinsurance				Deductible & Coinsurance			
Out-of-Pocket Maximum	Teammate Only	\$6,000		\$12,000		\$4,500		\$8,000	
	Teammate + Dependent(s)	\$10,000		\$24,000		\$8,000		\$16,000	
LiveWELL Incentives	Teammate Only	\$750				\$750			
	Teammate + Dependent(s)	\$1,500				\$1,500			

PREMIUMS

Premiums are the amount you pay for your health plan per pay period. The premiums below represent a bi-weekly pay schedule. Monthly-paid teammates multiply bi-weekly premium by 26 and divide by 12 (premiums may vary based on specific compensation plans).

	Health Savings PLAN						Co-Pay PLAN					
	Full-time Teammate		Full-time Teammate Earning <\$30k		Part-time Teammate		Full-time Teammate		Full-time Teammate Earning <\$30k		Part-time Teammate	
	Standard	Tobacco	Standard	Tobacco	Standard	Tobacco	Standard	Tobacco	Standard	Tobacco	Standard	Tobacco
Teammate Only	25.00	28.57	14.85	18.42	35.16	40.66	57.50	65.71	47.35	55.56	80.88	93.52
Teammate + Spouse	130.00	152.99	119.85	142.84	160.12	188.66	180.00	211.83	169.85	201.68	221.71	261.22
Teammate + Working Spouse	163.00	186.99	152.85	176.84	194.44	224.23	213.00	244.83	202.85	234.68	254.71	294.22
Teammate + Children	90.00	106.36	79.85	96.21	111.82	132.27	140.00	165.45	129.85	155.30	173.94	205.76
Teammate + Spouse, Children	180.00	211.17	169.85	201.02	220.52	260.26	240.00	281.56	229.85	271.41	294.03	347.01
Teammate + Working Spouse, Children	213.00	245.27	202.85	235.12	254.95	296.10	273.00	314.56	262.85	304.41	327.03	380.01

Working spouse rate applies if your covered spouse is eligible for medical coverage through their employer (not applicable if your spouse works for Atrium Health), but you choose to enroll them in one of the LiveWELL Health Plans. You will then choose either the Teammate + Working Spouse or Teammate + Working Spouse + Child(ren) coverage options. The rates for these options are higher, in order to offset the increased cost of covering spouses who have access to other coverage.

NETWORKS

New in 2020, the Atrium Health Value Network offers a teammate discount for healthcare services.

Managing your healthcare expenses means you know where to find the most cost-effective healthcare and prescription medications. Lower your healthcare costs by choosing the Atrium Health Value or Preferred networks.

\$ Value Network	The most cost-effective tier includes the exceptional network of primarily Atrium Health physicians, providers, facilities and laboratories. Includes a teammate discount and the highest level of benefit.
\$\$ Preferred Network	The next most cost-effective tier.
\$\$\$ In-Network	Includes the MedCost network of physicians and providers, facilities and laboratories.
\$\$\$\$ Out-of-Network	The highest-cost tier includes physicians and providers, facilities and laboratories not included in other networks.

To find Atrium Health physicians and providers, go to [MedCost.com](https://www.MedCost.com) and click Find a Doctor.

DEDUCTIBLES, COINSURANCE AND COPAYS

A **deductible** is the amount you owe for covered healthcare services and most prescription medications.

How deductibles work:

- **Health Savings Plan:** Deductible applies to all office visits, medications and outpatient and inpatient services with the exception of preventive care
- **Co-Pay Plan:** No deductibles for office visits, medications or preventive care. Deductibles only apply to outpatient and inpatient services

Coinsurance is the percentage you pay (with the LiveWELL Health Plans paying the majority of the costs) for covered services once you've met the annual deductible.

A **co-pay** is a flat dollar amount you typically pay for things like physician office visits and most prescription medication.

Preventive Care

- The LiveWELL Health Plans cover 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

		Network				Network			
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	Emergency Department	Deductible & Coinsurance				\$175			

Infertility Treatment: Covered only at Atrium Health Reproductive Medicine and Infertility at 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 is the mail order and specialty medication pharmacy for the LiveWELL Health Plans. LiveWELL Health Plan members access CarolinaCARE for Affordable Care Act (ACA) medications, preventive medications, maintenance and specialty medications.

CMC Rx Pharmacies: A group of Atrium Health-owned pharmacies that can help you save money and time when you have prescriptions to fill

Retail Pharmacy: Any pharmacy outside of CarolinaCARE, including Atrium Health-owned pharmacies such as CMC Rx

		Network				Network			
		Value	Preferred	In	Out	Value	Preferred	In	Out
Prescription Medication (30-day supply)	ACA Preventive	\$0 to \$6 no deductible			\$0 to \$20	\$0 to \$6			\$0 to \$20
	Generic	\$10 after deductible			\$20	\$10			\$20
	Preferred Brand	\$35 after deductible			\$45	\$35			\$45
	Non-Preferred Brand	\$100 after deductible			\$110	\$100			\$110
	Specialty	\$150 after deductible			-	\$150			-

**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 could pay annually before the LiveWELL Health Plans pay 100% for covered healthcare services and prescription medications. This maximum amount includes deductibles, coinsurance, and copayments. This limit does not include premiums, balance-billed charges, healthcare not covered by the plan, and penalties.

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

		Network				Network			
		Value	Preferred	In	Out	Value	Preferred	In	Out
Out-of-Pocket Maximum	Teammate Only	\$6,000			\$12,000	\$4,500			\$8,000
	Teammate + Dependent(s)	\$10,000			\$24,000	\$8,000			\$16,000

The Out-of-Pocket Maximum is for the entire family, but no more than the annual deductible for an individual. For example, with the [Health Savings Plan](#), the family Out-of-Pocket Maximum is \$10,000 but no more than \$6,000 for an individual.

SAVINGS AND SPENDING ACCOUNTS

Options available with Health Savings PLAN

Health Savings Account (HSA): The HSA is yours to save for current and future healthcare-related expenses, such as your deductible, coinsurance, and prescription medications. Your HSA is an important component of retirement savings. Teammates can make direct contributions to this account from their paycheck and one-time contributions. For participants of the [Health Savings Plan](#), LiveWELL Incentives will be deposited into the HSA.

	IRS Maximum Contribution
Teammate-Only Plan	\$3,550
Family Plan	\$7,100



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.

Limited Purpose Flexible Spending Account (LPFSA): Allows teammates to set aside additional pretax dollars to help pay for planned, qualified dental and vision expenses that occur during a 12-month period. This account is use it or lose it.

	IRS Maximum Contribution
Teammate-Only and Family Plans	\$2,700

Options available with Co-Pay PLAN

Flexible Spending Account (FSA): Allows teammates to set aside pretax dollars to help pay for planned, qualified medical, dental and vision expenses that occur during a 12-month period. This account is use it or lose it.

	IRS Maximum Contribution
Teammate-Only and Family Plans	\$2,700

LiveWELL Incentive Account: For teammates enrolled in the [Co-Pay Plan](#), Atrium Health will deposit earned LiveWELL Incentives into the LiveWELL Incentive Account in the same year. Funds can be used to help pay for qualified medical, dental and vision expenses. Unused funds rollover from year to year.

LiveWELL INCENTIVES

LiveWELL provides activities and education that promote healthy lifestyles for all Atrium Health teammates.

	2020 Incentives			
	Financial	Physical	Personal	TOTAL
Individual	\$250	\$250	\$250	\$750
Family	\$500	\$500	\$500	\$1,500

Deadlines	Contributions
February	March
June	July
October	November

LiveWELL Incentives are paid in the year they are earned with three payout opportunities – March, July and November. Incentive dollars are deposited pretax in the following accounts:

- [Health Savings Plan](#) → Health Savings Account (HSA)
- [Co-Pay Plan](#) → LiveWELL Incentive Account

Teammates in positions with an annual base salary of less than \$30K will receive an additional \$200 contribution from Atrium Health to either their Health Savings Account (HSA) or LiveWELL Incentive Account per plan eligibility.

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

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

Access information about your benefits at Teammates.AtriumHealth.org
Atrium Health Benefits: 704-631-0263