



# 2021 Benefits QuickGuide



Carolinas HealthCare System  
*Blue Ridge*

# YOUR BENEFITS



Benefits Provided  
at No Cost



## Benefits Provided at No Cost

- Employee Assistance Program
- Employee Emergency Fund
- Worker's Compensation
- Tuition Reimbursement
- Credit Union



Health & Wellness  
Benefits



## Health and Wellness Benefits

- Carolinas HealthCare System Blue Ridge Teammate Health Plan
- Dental
- Vision
- WELLWORx<sup>sm</sup> Incentives



Retirement  
Plans



## Retirement Plan

- 403(b) Basic and Matching Contributions



Income  
Protection  
benefits



## Income Protection Benefits

- Short-Term and Long-Term Disability
- CHSBR Provided Life Insurance and Access to Group Rates for Additional Life Insurance



Time Away  
from Work



## Time Away from Work

- Paid Time Off
- Leave of Absence
- Maternity/ Paternity Leave
- Adoption Benefits



# BENEFIT ELIGIBILITY

MEDICAL | DENTAL | VISION

## WHO CAN ENROLL?

- Full-time and part-time teammates
- Eligible dependents including your spouse and children up to age 26, plus unmarried children of any age who are incapable of self-support due to a mental or physical disability which began before age 26 and who are primarily dependent upon you. (Contact MedCost at 800-795-1023 for required disability certification forms.)
- PRN Teammates can enroll in the 403(b) Retirement Savings Plan.

## DEPENDENT VERIFICATION

Documentation is required to verify eligibility of all dependents being enrolled in the medical, dental and vision plans. It is considered fraudulent to cover non-eligible individuals on your plans. Documentation is required upon enrollment.

- To qualify as an eligible dependent for a Health Savings Account (HSA) or Flexible Spending Account (FSA), dependents must be claimed as such on your tax return

## MAKING CHANGES TO YOUR BENEFITS

You can make changes to your benefit elections upon new eligibility, when you have a qualifying event or during Open Enrollment.

## A QUALIFYING EVENT INCLUDES:

- Marriage, separation, annulment, divorce or death of a spouse
- Birth, adoption or death of a child
- Employment change for you, your spouse or a dependent child that results in a loss or gain of healthcare coverage or other loss of health plan coverage
- Child loss of eligibility
- Enrollment or removal from daycare, which allows changes to your Dependent Care Flexible Spending Account (for eligible child and adult care)

**Benefits Effective Date:** Benefits begin on the first of the month after 30 days of employment for all staff. Directors, Vice Presidents and Physician benefits begin on the first of the month following date of employment.



# BENEFIT PLAN DETAILS

## Medical

Managing your healthcare expenses means you know where to find the most cost effective healthcare and prescription medications. In 2021, benefit eligible teammates have two medical plan options:

- Carolinas HealthCare System Blue Ridge (CHSBR) Traditional Health Plan (PPO)
- Health Savings Account (HSA) Health Plan

Please review the information below to learn more about the two and where to access prescription medication.

2021 Full-Time Biweekly Medical and Rx Contributions		
RATE TIER	Traditional Health Plan	HSA Health Plan
Teammate	\$95	\$31
Teammate and Spouse	\$362	\$229
Teammate and Child	\$169	\$91
Teammate and Children	\$291	\$169
Teammate and Family	\$378	\$244
2021 Part-Time Biweekly Medical and Rx Contributions		
RATE TIER	Traditional Health Plan	HSA Health Plan
Teammate	\$103	\$32
Teammate and Spouse	\$392	\$248
Teammate and Child	\$184	\$99
Teammate and Children	\$316	\$184
Teammate and Family	\$410	\$266

You can help lower your premium by choosing an in-network physician and other providers, facilities and laboratories within CHSBR or Atrium Health.

We have two tiers:

**CHSBR/Atrium Health In-Network:** The most cost-effective tier includes the exceptional network of primarily CHSBR and Atrium Health physicians and other providers, facilities and laboratories

**MedCost Out of Network:** Includes the MedCost network physicians and providers, facilities and laboratories



**NOTE:** A \$34 biweekly spousal surcharge will be added to your premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll. You can carry a dependent up to the age of 26 on our medical, dental, and vision.

MedCost Benefit Services (MBS) is the administrator of the CHSBR Teammate Medical and Dental Benefit Plan. For more information on your claims or benefit coverage as of January 1, 2021, please contact MBS at 1-800-795-1023.

## DEDUCTIBLE

Your deductible is the amount you owe for covered healthcare services and most prescription medications before the CHSBR Traditional Health Plan begins to pay. The family deductible must be met by one or more enrolled family members before any individual deductible is considered to be met.

DEDUCTIBLE Calendar Year	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
Teammate Only	\$1,250	\$2,400	\$2,000	\$3,000
Family Plans	\$3,750	\$7,200	\$4,000	\$6,000

HEALTHCARE SERVICES	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
PCP Office Visit	\$25 Co-pay	\$25 Co-pay	25% after deductible	25% after deductible
Specialist Visit	\$50 Co-pay	\$50 Co-pay	25% after deductible	30% after deductible
Virtual Visit	\$15 Co-pay		\$35 before deductible is met; \$5 after deductible is met	
Urgent Care	\$25	\$75 Co-pay	25% after deductible	
ER Visits	\$250 Co-Pay		30% after deductible	
CHSBR ER Physician	0% no deductible		30% after deductible	
Inpatient Hospital & Facility	20% no deductible	\$750 then 50% after deductible	25% after deductible	30% after deductible
Outpatient Hospital & Facility	20% no deductible	\$750 then 50% after deductible	25% after deductible	30% after deductible
Co-insurance	20%	40%	varies	varies



**Preventive Care** is covered at 100%. Typically categorized as preventive and covered at 100% are wellness office visits including wellness immunizations, Pap smears, mammograms and colonoscopies.

## OUT-OF-POCKET MAXIMUM

This is the most you will have to pay in a calendar year for medical expenses before CHSBR Teammate Health Plan or HSA Health Plan begins to pay. Out-of-Pocket-Maximum includes your co-pays, deductibles and coinsurance for medical and pharmacy. No individual member under any plan will ever have an annual out-of-pocket greater than \$6,450. (For the HSA Health Plan, the “family” out-of-pocket maximums are applicable to Employee plus Child, Employee plus Spouse or Family coverage and is a combined or aggregate cap for all members in the covered family.)

OUT-OF-POCKET MAXIMUM	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
Teammate Only	\$5,500	\$5,500	\$4,500	\$6,450
Family Plans	\$11,000*	\$11,000	\$9,000	\$12,900

\*Maximum of \$12,900, but not more than \$6,450 for any individual covered on the plan.



**NOTE:** There are certain services offered under the CHSBR Traditional Health Plan that require pre-certification. It is your responsibility to ensure that any facility stay or designated services is pre-certified.

## WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is an account that includes contributions from both CHSBR and you. You use funds from your HSA to pay for your eligible healthcare, dental, vision, and prescription expenses throughout the year.

- Money in your HSA is not taxed when you put it in or when you take it out for healthcare-related expenses
- The money in your HSA is yours – what you do not use will roll over year after year
- Your HSA is portable. If you leave CHSBR, you will take your HSA funds with you
- Any savings over \$1,000 can be invested

### ELIGIBILITY

- Teammates may contribute to an HSA pretax until they enroll in Medicare. For help in understanding how Medicare and your healthcare costs fit into your retirement goals, call N.C. Seniors’ Health Insurance Information Program (SHIIP) at 855-408-1212.
- To participate in an HSA, you must be enrolled in a consumer-directed health plan – not covered by other health insurance, and you cannot be claimed as a dependent on someone else’s tax return.

## HSA CONTRIBUTIONS

You can contribute to or increase your contribution amount to the HSA at any time during the year. Contributions do not have to be set during Open Enrollment. Additional information about your HSA options is available from Human Resources. 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.

HEALTH SAVINGS ACCOUNT (HSA)	Maximum Contributions
Teammate Only	\$3,600
Family Plans	\$7,200

## CHSBR MATCHING CONTRIBUTION

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

- \$350 for Teammate Only Plans
- \$850 for Family Plans

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

If you carry insurance through CHSBR, don't forget to include your WELLWORx<sup>SM</sup> Incentives. See the WELLWORx<sup>SM</sup> page for more details:

Health Survey	\$100
Health Coaching	\$100
Know Your Numbers	\$100
Healthy Weight	\$150
Preventive Screenings	\$100
Classes/Groups	\$25 per class up to \$100

Maximum WELLWORx<sup>SM</sup> Incentives is \$650.



## How to figure your contribution

Maximum Allowed for Individuals: \$3,600  
CHSBR Contributions: minus \$350  
Your contribution: equals \$3,250

(Divide \$3,250 by 26 pay periods for \$125.00 deducted each pay period.)

If you participate in WELLWORx<sup>SM</sup> and earn the maximum incentive of \$650, your deduction would be \$100 per pay period.

# SPENDING ACCOUNT OPTIONS

## Limited Purpose Flexible Spending Account (LPFSA):

If you enroll in the HSA Plan, you can also participate in a Limited Purpose Health Care FSA to set aside additional pretax dollars to cover eligible dental and vision expenses.

**MAXIMUM ANNUAL DEFERRAL AMOUNT PERMITTED IN 2021 IS \$2,750.**

## Dependent Care Reimbursement Account

You can use the Dependent Care Reimbursement Account to pay expenses for any eligible, work-related dependent daycare expenses you incur – such as licensed daycare centers for your dependent children or adults, summer day camps, nursery schools or after-school care. Your funds must be in your account before they can be reimbursed.

**MAXIMUM ANNUAL DEFERRAL AMOUNT PERMITTED IN 2021 IS \$5,000.**

## Flexible Savings Account (FSA) | Traditional Plan

You may set aside pre-tax dollars to reimburse yourself for qualified health care expenses and/or dependent day care or elder care expenses not covered under your group Medical, Dental, or Vision Plan. Over-the-counter drugs are not eligible for reimbursement without a prescription.

**MAXIMUM ANNUAL DEFERRAL AMOUNT PERMITTED IN 2021 IS \$2,750.**

During Open Enrollment, all benefits-eligible teammates must elect to participate or waive participation in the FSA. If you choose to participate in FSA, your annual deferral amount will be payroll deducted in equal amounts each pay period throughout the year.



**NOTE:** You may not participate in the health care FSA if you elect the HSA plan for your medical coverage. However, you may participate in the Limited Purpose FSA if you enroll in the HSA.

- Must make an election during Open Enrollment
- HSA, FSA and Dependent FSA election will not roll over from year to year

# USING YOUR HSA AND FSA

CHSBR partners with Bank of America to administer all HSAs and FSAs, making it easy to access your account information in one place. If you are not adding or closing an account in 2020, please keep your existing card. If you are closing or adding an FSA or HSA, you will receive a new card from Bank of America that you can easily track, manage and pay for eligible expenses.



When you initially enroll, you receive a Visa debit card which can be used to access your HSA contributions. When you use your HSA dollars for health-related expenses, you use the card just like you would use a regular debit card. Your card is good for four years unless you add or close any of your accounts.



# PRESCRIPTION MEDICATIONS

CHSBR and CarolinaCARE continue to partner with OptumRx, a nationwide pharmacy benefit management company, to handle all the details of your prescription claims so all you have to do is take care of yourself. Together, CarolinaCARE and OptumRx assist the pharmacist in processing your prescription quickly and efficiently, consulting with your physician and pharmacist when needed so you receive the safest, most cost-efficient drug therapy available.

**CarolinaCARE** is the mail order service and specialty medication pharmacy for CHSBR. Plan members access CarolinaCARE for Affordable Care Act (ACA) medications, Preventive generic maintenance Drug List (PDL) medications, all maintenance medications, and specialty medications.

**Retail Pharmacy:** Any pharmacy outside of CarolinaCARE.

PRESCRIPTION MEDICATIONS	Traditional Health Plan		HSA Health Plan	
	CHSBR Network	MedCost	CHSBR Network	MedCost
<b>Rx Retail (30-day)</b>				
CHSBR Preventive Drug List	\$25 Co-pay		\$25 Co-pay	
Generic	\$25 Co-pay		Meet deductible, then \$25 Co-pay	
Preferred Brand	30%; Not less than \$50, Not more than \$150		Meet deductible, then 30%; Not less than \$50, Not more than \$150	
Non-Preferred Brand	50%; Not less than \$100, Not more than \$350		Meet deductible then 50%; Not less than \$100, Not more than \$350	
Specialty	Not Covered		Not Covered	
*After one retail refill, you must get them from CarolinaCARE or pay full cost of prescription.				
<b>Rx CarolinaCARE (30-day)</b>				
CHSBR Preventive Drug List	\$10 Co-pay		Meet deductible, the \$10 Co-pay	
Generic	\$20 Co-pay		Meet deductible, then \$20 Co-pay	
Preferred Brand	\$50 Co-pay		Meet deductible, then \$50 Co-pay	
Non-Preferred Brand	40% minimum, Not less than \$75, not more than \$200		Meet deductible, then 40%; Not less than \$75, not more than max \$200	
Specialty	20% minimum, Not more than \$150		Meet deductible then 20%; Not more than \$150	
<b>Rx CarolinaCARE Mail Service (90-day)</b>				
CHSBR Preventive Drug List	\$25 Co-pay		\$25 Co-pay before deductible	
Generic	\$50 Co-pay		Meet deductible, then \$50 Co-pay	
Preferred Brand	\$125 Co-pay		Meet deductible, then \$125 Co-pay	
Non-Preferred Brand	40%; Not less than \$225, not more than \$500		Meet deductible, then 40%; Not less than \$225, not more than \$500	
Specialty	Not Covered		Not Covered	



**NOTE:**

- Affordable Care Act (ACA) medications are covered at 100%.
- ACA and CHSBR 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.

## VISION BENEFITS

CHSBR offers benefits-eligible teammates an opportunity to participate in a voluntary Vision Plan.

2020 Biweekly Voluntary Vision Contributions	
Teammate Only	\$4.75
Teammate+ 1	\$9.00
Teammate & Family	\$13.50

### VOLUNTARY VISION BENEFITS

	Plan Pays
Annual eye exam	\$20 Co-pay, then 100%
Eyewear (frames, lenses or contact lenses non-prescription sunglasses are included)	Up to \$150 every 12 months



**Voluntary Vision Plan** is insured by Community Eye Care, [cevision.com](http://cevision.com) or 888-254-4290. Please visit [cevision.com](http://cevision.com) for participating providers.



# DENTAL BENEFITS

Benefits-eligible teammates may participate in the CHSBR Dental Plan, which allows you to select any dentist of your choice. You may elect dental coverage independent of your medical election. Calendar Year Deductible is \$100 per person.

2020 Full-Time Biweekly Dental Contributions	
Teammate Only	\$11.76
Teammate & Family	\$38.17
2020 Part-Time Biweekly Dental Contributions	
Teammate Only	\$13.76
Teammate & Family	\$40.17

DENTAL PLAN BENEFITS	
Calendar Year Deductible	\$100
<b>Preventive &amp; Diagnostic Care</b> Oral Exams, Cleanings, Full mouth X-rays, Bitewing X-rays, Panoramic X-rays, Fluoride application, Sealants, Space maintainers, Emergency care to relieve pain	100%, no deductible
<b>Basic Services</b> Fillings, Cleanings, Root canal therapy, Osseous surgery, Periodontal scaling and root planning, Denture adjustments and repairs, Extractions, Anesthetics, Oral surgery	Meet deductible then 80%
<b>Major Services</b> Crowns, dentures, bridges	Meet deductible then 50%
<b>Annual Maximum</b>	\$1,000 per covered person
<b>Orthodontic Services</b> Orthodontic Lifetime Maximum : \$1,000 per covered dependent child up to age 19 only	Meet deductible then 50%

\*Once calendar year maximum is met, any additional dental services are paid out-of-pocket for the remainder of the plan year.



# WELLWORx<sup>SM</sup>

CHSBR provides you with a comprehensive wellness program because your health matters. WELLWORx<sup>SM</sup> helps you so you can enjoy a healthy life today and in the future. The program provides many resources to help you lead a healthy lifestyle that will give you purpose, confidence, and energy in your personal and work life.

You and your spouse are eligible to participate in WELLWORx<sup>SM</sup> and receive a reward for your efforts to achieve your wellness goals. The maximum incentive amount is \$650 per calendar year.

The following resources are some of the services offered to you free as part of WELLWORx<sup>SM</sup> :

- Personal Health Survey - on line at <http://tinyurl.com/wellworxsurvey>
- Know your numbers - Biometric Screenings
- Wellness Coaching/Personal Care Management - High Risk Only
- Wellness Physical/Age and Gender Appropriate Preventative Screenings
- Various classes
- Healthy Weight
- WELLWORx<sup>SM</sup> non-insured participants may still complete the screenings to gain free access to Phifer Wellness Center, but you will not be eligible for the incentive program.



*If you do not participate now, it's easy to join later. Call 828-580-8026 for more information. See the next page for incentives!*



## WELLWORx<sup>SM</sup> INCENTIVES

Get rewarded for taking healthy measures! Participate in the following activities to qualify for incentives. Maximum reward total is \$650. Payouts are quarterly. The first payout will be in April. If you have the HSA insurance, the money will be deposited into your account non-taxed. If you have the traditional plan you will receive a check (taxed).

WHAT TO DO	WHEN TO DO IT	REWARD	HOW TO DO IT
<b>Personal Health Survey</b>	DURING OPEN ENROLLMENT	\$100 for teammates only who carry CHSBR insurance	Online at <a href="http://tinyurl.com/wellworxsurvey">http://tinyurl.com/wellworxsurvey</a> . Or you can go through our main WELLWORx <sup>SM</sup> page and click on complete your personal health survey.
<b>Know Your Numbers Biometric Screenings:</b> <i>Body Mass Index, Waist Measurement, Blood Pressure, Fasting Cholesterol, Blood Sugar</i>	Jan. 1–Dec. 31, 2021	\$100 for teammates only who carry CHSBR insurance	Two options: 1. Complete at physician office and turn in to WELLWORx. 2. Complete in person at the WELLWORx Office. Low Risk can schedule a 15-minute "Biometric Screening Only" appointment. High Risk can complete during their Wellness Coaching appointment.
<b>Wellness Coaching/ Personal Care Management</b>	Jan. 1–Dec. 31, 2021 <b>High Risk only</b>	\$100 for teammates only who carry CHSBR insurance <b>ONLY HIGH RISK TEAMMATES</b>	First session in person scheduled through our WELLWORx page by participant; second session by phone.
<b>Wellness Physical/ Age and Gender Appropriate Preventive Screenings</b>	Jan. 1–Dec. 31, 2021	\$100 for teammates only who carry CHSBR insurance	Physician documentation turned in to WELLWORx Health Coach
<b>Classes</b>	Jan. 1–Dec. 31, 2021	\$25 per class up to \$100 for teammates only who carry CHSBR insurance	Sign up for classes via email or phone call to health coach.
<b>Healthy Weight</b>	Jan. 1–Dec. 31, 2021	\$150 for teammates only who carry CHSBR insurance	Healthy weight, healthy waist and weight loss rewards are available to teammates enrolled in the CHSBR insurance



**NOTE:** If a teammate carries a spouse on their insurance plan, the spouse must complete the requirements of the biometric screening with blood work as well as physical/preventative screening in order for the teammate to qualify for the incentive. The incentive will be rewarded to the teammate only.

# RETIREMENT

## 2021 403(b) Retirement Savings Plan

All CHSBR Teammates (including PRN) are eligible to contribute to the 403(b) Retirement Savings Plan. After one year of service and 1,000 hours worked, CHSBR will match 80 cents for each dollar contributed, a minimum 3 percent and a maximum 5 percent of your gross salary. The match is calculated on a per pay period basis.

**\$1.00 = \$0.80 so if you contributed \$20 biweekly, CHSBR would match \$16.00.**

(For example, your salary is \$25,000 and you want to get the minimum company match of 3% and 3% of \$25,000 is \$750 – your yearly contribution. Since we have 26 pay periods, your biweekly contribution would be \$28.85. The company’s match would be \$600. If you want to get the best match of 5%, your yearly contribution would be \$1,250 or \$48.08 per pay period with the company contributing \$1,000 to your retirement account.)

## CONTRIBUTIONS

CHSBR will help you fund your retirement by contributing dollars to your 403(b) and HSA accounts.

TEAMMATE CONTRIBUTIONS	
403(b) Plan	
<b>Limit</b>	Up to 75% of eligible compensation (\$19,500 max)
<b>Pretax</b>	Yes
<b>Roth/After-Tax</b>	Yes
<b>Catch-up</b>	\$6,500 (at age 50 for 2021)
<b>Earnings</b>	Not taxed until distribution
CHSBR CONTRIBUTIONS	
403(B) Plan	
<b>Total Contributions</b>	Basic: 3% of eligible pay Matching: up to 5%
<b>Vesting</b>	100%



CHSBR 403(b) Retirement Savings Plan is administered by VALIC, [valic.com](http://valic.com) or 800-448-2542.

# INCOME PROTECTION

## Life and Accidental Death & Dismemberment (AD&D)

**Basic Life and AD&D** – CHSBR provides all benefits-eligible teammates with company paid Basic Life and Accidental Death & Dismemberment (AD&D) insurance coverage equal to 1 times your annual salary. The maximum benefit is \$300,000. **(For example, if your annual salary is \$25,000 then CHSBR will provide \$25,000 in case of AD&D.)**

**Voluntary Employee Life** - Benefits-eligible teammates may purchase additional life insurance equal to 1, 2 or 3 times your annual earnings, not to exceed the lesser of 3 times earnings or \$500,000. **(For example, if your annual salary is \$25,000, you can purchase additional life insurance equal to \$25,000 (1x), \$50,000 (2x) or \$75,000 (3x) paid to your designated beneficiaries upon your death. Maximum purchase is \$500,000.)**

VOLUNTARY LIFE FOR TEAMMATES	
Age	Rate per \$1,000 of coverage
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.115
45-49	\$0.185
50-54	\$0.295
55-59	\$0.46
60-64	\$0.66
65-69	\$1.27
70 & Over	\$2.573

**Voluntary Life for Dependents** - Benefits-eligible teammates may purchase life insurance for their spouse and child(ren), but coverage elections must be made separately for dependent coverages.

Cost of coverages are below:

VOLUNTARY LIFE FOR DEPENDENTS		
		Bi-Weekly Rate
Coverage level 1	\$50,000 Spouse	\$3.00
	\$10,000 Child(ren)	\$0.60
Coverage level 2	\$25,000 Spouse	\$1.50
	\$5,000 Child(ren)	\$0.30
Coverage level 3	\$10,000 Spouse	\$0.60
	\$2,000 Child(ren)	\$0.12

**NOTE:** If you are 70 or older or the person you are insuring is 70 or older, the amount of Supplemental Life Insurance is reduced by 50 percent.



### Long-Term Disability (LTD)

Long-Term Disability is a company-paid benefit for full-time teammates that provides partial income protection if a serious illness or injury causes you to be on a medical leave of absence from work for more than six months. After 180 days (known as Elimination Period), the LTD benefit pays you 60 percent of your base monthly earnings up to a maximum monthly benefit of \$10,000.

**(For example, if your annual salary is \$25,000 or roughly \$2,083 per month before taxes, then after the 180 days you would draw \$1,249 a month before taxes.)**



*LTD benefits are insured by Lincoln Financial and are offset by unemployment and any such acts or laws, as well as benefits received by a Pension Plan. Your disability must be certified by a physician and approved by the disability administrator. Please contact Human Resources if you have questions regarding disability benefits.*

### Voluntary Short-Term Disability (STD)

If you are a benefits-eligible teammate, you may purchase a Short-Term Disability benefit that provides partial income protection if you are unable to work due to an illness or injury. This benefit covers 60 percent of your base weekly earnings. Benefits for Option I and II begin on the 14th day of approved disability caused by an illness or injury, and are payable for up to 26 weeks. Benefits for Option III and IV begin on the 7th day of approved disability. You have a choice of two maximum weekly benefit options: \$500 (Option I and Option III) or \$750 (Option II and Option IV). However, Option II and Option IV are only available to teammates who earn over \$25 per hour.

2020 Voluntary Short Term Disability for Teammates		
PLAN	BENEFIT	PER PAY PERIOD RATE
Option I - 14 Day EP	60% to \$500	\$17.63
Option II - 14 Day EP	60% to \$750	\$21.12
Option III - 7 Day EP	60% to \$500	\$24.52
Option IV - 7 Day EP	60% to \$750	\$28.43



*STD benefits are administered by Lincoln Financial.*



# TIME OFF FROM WORK

## Paid Time Off (PTO)

Certain eligible teammates earn PTO based on length of service and FTE standard. The following chart lists the PTO benefit available to you. Total accrual may not exceed 240 hours. Unused PTO hours may be carried over to the following year. PTO may be used for vacation, holidays, sick leave or personal leave.

Years of Service	Accrual (40-hr max work week)	Hours/Biweekly Pay Period (per 80 hours paid)
0-5 Years	26 days/year for full-time (.10000/scheduled hour)	8.0000 Hours
6-9 Years	31 days/year for full-time (.11923/scheduled hour)	9.5384 Hours
10+ Years	34 days/year for full-time (.13077/schedule hour)	10.4616 Hours

## Family/Medical Leave Act

Teammates are eligible for 12 weeks of job-protected Family/Medical Leave if employed for one year and working at least 1,250 hours in the previous rolling 12-month period.

Key Teammates (defined as the highest paid 10% of all teammates) may or may not be reinstated following FMLA. Key teammates will be notified in writing as soon as practicable if deemed a key teammate and if reinstatement to their job may be denied.

## Maternity and Paternity Leave and Adoption Benefits

CHSBR provides Maternity/Paternity Benefits for full-time and part-time teammates. Eligible teammates have six weeks of paid leave for new mothers and fathers immediately following the birth of a child. Paid leave begins at the date of birth. To be eligible for this benefit you must meet the requirements of FMLA.

# OTHER BENEFITS

## Employee Assistance Program (EAP)

CHSBR offers a company-paid Employee Assistance Program to all teammates and their immediate families. The EAP provides professional and confidential counseling by an EAP counselor approved by Human Resources. You and your family members are eligible to receive a total of five visits in a 12-month period, at no cost to you. Teammates who are terminated due to performance issues or downsizing are also eligible for up to five visits in a 12-month period.



*Our EAP is administered by LifeWorks at 828-433-9190 with two office locations 205 E. Union St. Morganton, NC 28655 and 1146 Lenoir-Rhyne Blvd. Hickory, NC 28602.*

# TEAMMATE DISCOUNTS

## DISCOUNTED SERVICES

- **Phifer Wellness Center:**  
Reduced Monthly Dues. Call 580-6606 for details  
Payroll deduction.  
Membership not required for massage services.
- **Grace/Valdese Cafeterias:**  
Show CHSBR ID Free 12oz break drink;  
Discount on meal.
- **Grace/Valdese Gift Shops:**  
Show CHSBR ID 10% off purchases, some exclusions apply
- **Verizon Wireless:**  
Online at [www.verizonwireless.com/discount](http://www.verizonwireless.com/discount)
- **Discounted Banking Services:**  
Show CHSBR ID at Wells Fargo, Telco, Members and State Employees Credit Unions
- **Outfitters Uniforms:**  
15% Discount in stores and at facility sales  
Payroll deduction available
- **Heidi's Uniforms**  
10% Discount with CHSBR ID
- **Jimmy C. Draughn Aquatic and Fitness Center:**  
25% Membership Discount w/ CHSBR ID
- **Great Wolf Lodge:**  
10% discount off Best Available Rates  
Corporate Code BLUE286A 866-925-9653 or [greatwolf.com](http://greatwolf.com)

## VEHICLE SERVICES

### Euro-Car Specialist

10% Discount for European Car Services and Repairs. AUDI, BMW, VW, Porsche and Mercedes. Located S. Main St. Granite Falls and HWY 321 A Behind City BBQ. Early Drop Off. 828-396-9274

## PHARMACY SERVICES

- **Cannon Pharmacy**
  - 10% discount with CHSBR ID; excludes prescription drugs and sale items

## DISCOUNT TICKETS 2020

- **Carowinds:** GAD Adult \$45.00 All Ages
- **Dollywood:** Adult \$62.00, Child (4-9) \$53.00
- **Splash County:** Adult \$44.00 Child (4-9) \$38.00
- **Biltmore House:** Adult (17+) \$59.00; Youth (10-16) \$26.00 Children 9 and under free with paying parent
- **Movie Tickets:** AMC Theater - \$8.50
- **Wet 'n Wild:** Adult \$30.00, Child \$24.00
- **Catawba Science Center Corporate Pass:** Free
- **Tweetsie:** PeopleConnect, eXtras

## MISCELLANEOUS SERVICES

- **Randy's Custom Golf Clubs and Repair**  
5% discount on new golf equipment, buy one game of 18-hole mini golf and get one free. Buy a medium bucket of range balls and get a medium bucket free. 828-433-6464
- **A Cut Above**  
West Parker Road 433-7113 – 10% off Products & Services: Hair, Facials, Pedicures, Manicures
- **Dry Cleaning and Laundry Service**  
Valdese Cleaners: 10% Discount with CHSBR ID

## RESTAURANTS

- **Jake's Diner**  
Free Drink with meal and CHSBR ID
- **Fatz**  
\$10 gift certificates available for 10% off in Human Resources. Free Delivery for orders of \$25
- **Sonic**  
10% off with CHSBR ID Morganton Only
- **Food Matters Market & Café**  
10% off purchases with CHSBR ID at Morganton, Hickory and Brevard locations

Please contact Human Resources at 580-5614 for more details. These services and discounts do not reflect a vendor relationship and CHSBR disclaims any liability.





Carolinus HealthCare System  
*Blue Ridge*

This Guide contains only highlights of your 2021 Carolinus HealthCare System Blue Ridge 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 plan detail of every benefit that may matter to you could be included in the Guide. The Carolinus HealthCare System Blue Ridge program is governed by the official plan documents. In case of any conflict between this Guide and an official plan document, the plan document will be the final authority. Please refer to your plan documents or Summary Plan Description for a full explanation of covered services, exclusions and limitations. If there is a discrepancy between this Guide and the legal plan documents, the plan documents will control.