

The 2023

Atrium Health Floyd Health Plans

Atrium Health Floyd offers benefits to support the health and well-being of all teammates and their families.

For 2023, Atrium Health Floyd will continue to offer two health plans, the **Choice Plan** and the **Co-Pay Plan**.

Overview

The **Choice Plan**

Offers lower premiums with pretax Health Savings Account (HSA) contributions

The HSA can be used for health expenses now and later

The **Co-Pay Plan**

Offers predictability with higher premiums and lower out-of-pocket expense when care is received

Choice PLAN

- Premium: Lower cost per pay period
- Deductible (except for preventive care); coinsurance begins after deductible is met
- HSA: pretax, use it or save it
- Tier 1 Floyd Network offers lowest cost for care
- 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
- FSA: pretax, use it or lose it
- Tier 1 Floyd Network offers lowest cost for care
- No cost for annual check-ups

or

Find the Right Health Plan for You

The **Health Plan Decision Support Tool** is available to help teammates decide which health plan is best for them. The tool guides teammates through a series of questions. Based on their answers, teammates will see a side-by-side comparison of the expenses under both **Atrium Health Floyd Health Plans**.

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PREMIUMS

Premiums are the amount you pay for your health plan per pay period. The premiums below represent a bi-weekly pay schedule.

	Choice PLAN		Co-Pay PLAN	
	Full-Time Teammates	Full-Time & Part-Time Teammates	Full-Time Teammates	Full-Time & Part-Time Teammates
	Under \$35k	Over \$35k	Under \$35k	Over \$35k
Teammate-Only	\$22	\$32	\$48	\$58
Teammate + Spouse	\$124	\$134	\$200	\$210
Teammate + Child(ren)	\$85	\$95	\$142	\$152
Family	\$155	\$165	\$245	\$255

NETWORKS

The Atrium Health Floyd Network offers the most cost-effective tier for health care services. Managing your health care expenses means you know where to find the most cost-effective health care and prescription medications. Lower your health care costs by choosing the Atrium Health Floyd Network.

\$ Floyd Health Facilities	The most cost-effective tier; includes the exceptional network of Atrium Health Floyd physicians, providers, facilities and laboratories
\$\$ In-Network	Includes the Cigna OAP 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 an Atrium Health Floyd provider, go to **Floyd.org/find-a-doctor**.

DEDUCTIBLES, COINSURANCE & CO-PAYS

A **DEDUCTIBLE** is the amount you owe for covered health care services before the plan begins to pay benefits.

How deductibles work:

- **Choice Plan:** Deductible applies to 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 apply to outpatient and inpatient services

**Deductibles may be satisfied through a combination of in network and out of network services. Family deductibles are fully met before coinsurance applies.*

COINSURANCE is the percentage you pay (with the 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.

PREVENTIVE CARE

The **Atrium Health Floyd 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.

	Choice PLAN		Co-Pay PLAN	
	Network		Network	
	Floyd	In-Network	Floyd	In-Network
Deductible <i>Individual/Family</i>	\$1,500/\$3,000		\$800/\$1,600	
Preventive Care	100%		100%	
Office Visits	85%	70%	\$20 co-pay <i>Primary Care</i> \$40 co-pay <i>Specialist</i>	\$30 co-pay <i>Primary Care</i> \$50 co-pay <i>Specialist</i>
Hospital Inpatient & Outpatient Services	85%	70%	85%	70%
Emergency Room	85%	70%	\$175 co-pay	\$175 co-pay
Urgent Care	85%	70%	\$40 co-pay	\$50 co-pay
Outpatient Labs	85%	70%	85% no deductible	70%
Outpatient Advanced Imaging <i>(CT MRI PET)</i>	85%	70%	85%	70%
Other Physician Services	85%	70%	85%	70%

PRESCRIPTION MEDICATIONS

CarolinaCARE is the prescription service and specialty medication pharmacy for the **Atrium Health Floyd Health Plans**. Health plan members access CarolinaCARE for Affordable Care Act (ACA) medications, preventive medications, maintenance and specialty medications.

Retail Pharmacy: Any pharmacy outside of CarolinaCARE

	Choice PLAN		
	Retail (up to a 30-day supply)	CarolinaCARE Mail Service (30-day supply)	CarolinaCARE Mail Service (90-day supply)
Affordable Care Act Preventive List (ACA)	\$0 copay	\$0 copay	\$0 copay
Preventive Drug List	\$0 copay	\$0 copay	\$0 copay
Generics	10%	10%	10%
Preferred Brand	20%	20%	20%
Non-Preferred Brand	30%	30%	30%
Specialty Drugs	Not applicable	10%	Not applicable

	Co-Pay PLAN		
	Retail (up to a 30-day supply)	CarolinaCARE Mail Service (30-day supply)	CarolinaCARE Mail Service (90-day supply)
Affordable Care Act Preventive List (ACA)	\$0 copay	\$0 copay	\$0 copay
Preventive Drug List	\$0 copay	\$0 copay	\$0 copay
Generics	10% up to a max of \$15	10% up to a max of \$15	10% up to a max of \$30
Preferred Brand	20% up to a max of \$50	20% up to a max of \$50	20% up to a max of \$100
Non-Preferred Brand	30% up to a max of \$90	30% up to a max of \$90	30% up to a max of \$180
Specialty Drugs	Not applicable	10% up to a max of \$125	Not applicable

- Maximum of one fill allowed at retail for maintenance medications after the deductible is met. Plan then requires transition to CarolinaCARE, or member will pay full costs, which will not apply to deductible or annual out-of-pocket expense.
- Deductible: \$1,500 individual/\$3,000 family
- Maximum out-of-pocket: \$4,000 individual/\$8,000 family
- Opioid prescriptions are limited to 30-day quantity by law
- Specialty drugs are filled at CarolinaCARE only. Some exceptions may apply to drugs in limited distribution
- Specialty drug cost share may vary with use of manufacturer coupons and copay assistance programs which will not apply to deductibles and/or out-of-pocket maximums.

It is recommended you evaluate your current medications and possible need for future medications, and review the formulary to determine cost/tier at CarolinaCARERx.org > **Get My Rx Price**. If you have a chronic medical condition or take at least one medication on a daily basis, you can make an appointment and review your medication history with a pharmacist at One-on-One Rx. Visit CarolinaCARERx.org.

OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum is the most money you could pay annually before the **Atrium Health Floyd Health Plans** pay 100% for covered health care services and prescription medications. This maximum amount includes deductibles, coinsurance, and copayments and may be satisfied through a combination of Atrium Health Floyd facilities and in network providers. This limit does not include premiums, balance-billed charges, health care not covered by the plan, and penalties. There is no yearly or lifetime benefit maximum for your health coverage.

Out-of-Pocket Maximum		Choice PLAN			Co-Pay PLAN		
		Network			Network		
		Floyd	In-Network	Out-of-Network	Floyd	In-Network	Out-of-Network
	Teammate-Only	\$4,000		\$12,000	\$4,000		\$8,000
	Teammate + Dependent(s) (including Spouse)	\$8,000		\$24,000	\$8,000		\$16,000

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SAVINGS AND SPENDING ACCOUNTS

Options available with Choice PLAN

Health Savings Account (HSA)

The HSA is yours to save for current and future health care-related expenses, such as your deductible, coinsurance and prescription costs. Your HSA can also serve as an important component of retirement savings. Teammates can make direct contributions to this account from their paycheck. For participants of the **Choice Plan**, the Atrium Health Floyd employer contribution will be deposited into the HSA.

	IRS Maximum Contribution
Teammate-Only Coverage	\$3,850
Family Coverage	\$7,750



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

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. (Please note: Some services are not covered when Out of Network).

- **Your Health Savings Account (HSA) is the key to the Choice Plan – you can build your savings.**
 - It is important for you to **save in your HSA** by putting in enough to 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
 - HSA Contributions **may be changed** throughout the year in CORE Connect

Atrium Health Floyd Annual Contribution

To help fund your account, members of the **Choice Plan** will receive an annual contribution that is contributed at the January and July payout dates.

Floyd will deposit a contribution to your HSA account shortly after you are eligible for health care benefits. You must have an open HSA account to receive the Floyd contribution. Information about opening an HSA account will be provided during your Enrollment.

Medicare and Your Health Savings Account (HSA)

Atrium Health Floyd Health Plan participants should contact Medicare 6 to 12 months prior to turning age 65 to learn about options for health care coverage and rules for contributing to a Health Savings Account when Medicare eligible.

Questions about Medicare

For help in understanding how Medicare and your health care costs may fit into your overall retirement goals, call the Seniors’ Health Insurance Information Program (Georgia Cares) at **866-552-4464**.

Teammates can also call the Social Security Administration at **888-759-3917**.



SAVINGS AND SPENDING ACCOUNTS

Options available with **Choice PLAN**

continued

Limited Purpose Flexible Spending Account (LPFSA)

The LPFSA provides teammates with the opportunity 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.

Teammate-Only and Family Plans IRS Maximum Contribution: \$2,850

Options available with **Co-Pay PLAN**

Flexible Spending Account (FSA)

The FSA provides teammates with the opportunity to set aside additional 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.

Teammate-Only and Family Plans IRS Maximum Contribution: \$2,850

LIVEWELL

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

Choice Plan Members

	Seed Money	Physical	Financial	Personal	TOTAL
Teammate-Only	\$500	\$58.33	\$58.33	\$58.34	\$675
Family	\$1,000	\$116.67	\$116.67	\$116.66	\$1,350

LiveWELL Incentives are available to teammates on the **Choice Plan** and are paid in the year they are earned with three payout opportunities – April, July and November. Incentive dollars are deposited pretax in your Health Savings Account.

Teammates on the **Co-Pay Plan** and those who do not participate in an Atrium Health Floyd Health Plan are eligible to participate in LiveWELL prize drawings.

Atrium Health Floyd will continue to provide access to a Dependent Care Flexible Spending Account (DCFSA); more information may be found at [Teammates.AtriumHealth.org](https://teammates.AtriumHealth.org).

The guide contains only highlights of your 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's 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.

