The 2024 Atrium Health Floyd Health Plans

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

For 2024, Atrium Health Floyd will continue to offer two health plans, the Choice Plan and the Co-Pay Plan.

You can elect or make changes to Medical, Dental, Vision, Voluntary Benefits and a Health Care Flexible Spending Account during Annual Enrollment, or if you experience certain life or work events. Visit Teammates.AtriumHealth.org for details.

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

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.
The **2024 Atrium Health Floyd Health Plans**

**KEY TERMS & PLAN COMPARISON**

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.

**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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Network</th>
<th>Floyd</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Plan</td>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$1,600/$3,200</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>85%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Hospital Inpatient &amp; Outpatient Services</td>
<td>85%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>85%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>85%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Outpatient Labs</td>
<td>85%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Outpatient Advanced Imaging (CT</td>
<td>MRI</td>
<td>PET)</td>
<td>85%</td>
</tr>
<tr>
<td>Other Physician Services</td>
<td>85%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Co-Pay Plan</td>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$800/$1,600</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>$20 co-pay Primary Care</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Hospital Inpatient &amp; Outpatient Services</td>
<td>$40 co-pay Specialist</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$175 co-pay</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$40 co-pay</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Outpatient Labs</td>
<td>$50 co-pay Specialist</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>Outpatient Advanced Imaging (CT</td>
<td>MRI</td>
<td>PET)</td>
<td>85%</td>
</tr>
<tr>
<td>Other Physician Services</td>
<td>85%</td>
<td>70%</td>
<td></td>
</tr>
</tbody>
</table>

**$ 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](http://Floyd.org/find-a-doctor).
**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

### Prescription Medications

<table>
<thead>
<tr>
<th>Choice PLAN</th>
<th>Co-Pay PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail</strong> (up to a 30-day supply)</td>
<td><strong>Retail</strong> (up to a 30-day supply)</td>
</tr>
<tr>
<td>CarolinaCARE Mail Service (30-day supply)</td>
<td>CarolinaCARE Mail Service (30-day supply)</td>
</tr>
<tr>
<td>CarolinaCARE Mail Service (90-day supply)</td>
<td>CarolinaCARE Mail Service (90-day supply)</td>
</tr>
</tbody>
</table>

- ACA | Preventive*  
  - $0 no deductible  
  - $0 no deductible  
  - $0 no deductible  
  - 10% no deductible  
  - 10% no deductible  
  - 10% no deductible  
  - 20% no deductible  
  - 20% no deductible  
  - 20% no deductible  
  - 30% no deductible  
  - 30% no deductible  
  - 30% no deductible  
  - Specialty  
  - Not applicable  
  - Not applicable  
  - Not applicable  

- Generic  
  - 10% after deductible  
  - 10% after deductible  
  - 10% after deductible  
  - 10% after deductible  
  - 10% after deductible  
  - 10% after deductible  
  - 10% after deductible  

- Preferred Brand  
  - 20% after deductible  
  - 20% after deductible  
  - 20% after deductible  
  - 20% after deductible  
  - 20% after deductible  
  - 20% after deductible  
  - 20% after deductible  

- Non-PREFERRED Brand  
  - 30% after deductible  
  - 30% after deductible  
  - 30% after deductible  
  - 30% after deductible  
  - 30% after deductible  
  - 30% after deductible  
  - 30% after deductible  

- Specialty  
  - Not applicable  
  - Not applicable  
  - Not applicable  

- **Out-of-Pocket Maximum**  
  - Teammate-Only  
    - $4,000  
    - $4,000  
    - $4,000  
  - Teammate + Dependent(s) (including Spouse)  
    - $8,000  
    - $8,000  
    - $8,000  

- **Out-of-Pocket Maximum**  
  - Teammate-Only  
    - $12,000  
    - $12,000  
    - $12,000  
  - Teammate + Dependent(s) (including Spouse)  
    - $24,000  
    - $24,000  
    - $24,000  

• 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 deductibles 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 co-pay 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 co-payments 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.
DENTAL BENEFITS

Atrium Health Floyd offers comprehensive dental coverage, including routine care such as annual exams and cleanings to more extensive services such as dentures and braces.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Deductible (does not apply to preventive care)</th>
<th>$50 per person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual Maximum Benefit (per individual)</td>
<td>$150 per family</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>Minor Restoration Care</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Major Restoration Care</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Lifetime Deductible for Orthodontia</td>
<td>50% for each dependent child</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum for Orthodontia</td>
<td>$1,500 for each dependent child up to age 19</td>
<td></td>
</tr>
</tbody>
</table>

VISION BENEFITS

Vision benefits are administered by CEC Vision.

Key parts of the plan include:
- An annual eye exam
- A benefit allowance of $180 for eyewear – frames, lenses and contact lenses – without an office charge (non-prescription sunglasses are included)
- Additional 20% discount on glasses (frames and/or lenses) and 10% discount on contact lenses for any amount over the $180 allowance
- Contact lens fitting or evaluation annually
- 1,700 in-network doctors and retail opticians
  and more

VOLUNTARY BENEFITS

Atrium Health Floyd provides you with convenient access to cost-effective group rates on a wide range of Voluntary Benefits. Pair these Voluntary Benefits with your core benefits to supplement income in the case of an accident or emergency, protect you and your family’s financial future, and help balance the important areas of your life. Some voluntary benefit offerings are listed below and more information about all voluntary benefits may be found on Teammates.AtriumHealth.org.

BenExtend Insurance provides three benefits in one – accident insurance, critical illness insurance and hospital indemnity. The benefit can help manage out-of-pocket expenses, deductibles and other health care expenses (includes a $50 annual wellness benefit).

Hospital Admission Insurance provides a one-time payment for hospitalization, as well as daily amount if admitted to the hospital or intensive care unit as a result of a covered accident or sickness.

Accident Insurance provides a benefit for injuries and accident-related expenses (includes a $50 annual wellness benefit).

Critical Illness Insurance provides a lump sum directly to you if you are diagnosed with a covered critical illness like cancer, severe stroke or heart attack (includes a $100 annual wellness benefit).
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 their HSA.

<table>
<thead>
<tr>
<th>Teammate-Only Plan</th>
<th>Family Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,150</td>
<td>$8,300</td>
</tr>
</tbody>
</table>

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.

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.

Atrium Health 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 Atrium Health 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.

**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: $3,050

**LIVEWELL**

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

<table>
<thead>
<tr>
<th>Choice Plan Members</th>
<th>Seed Money</th>
<th>Physical</th>
<th>Financial</th>
<th>Personal</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teammate-Only</td>
<td>$500</td>
<td>$83.33</td>
<td>$83.33</td>
<td>$83.33</td>
<td>$750</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$166.67</td>
<td>$166.67</td>
<td>$166.67</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

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

Teammates on the **Co-Pay Plan**, the **Choice Plan** without HSA 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._

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.