

# The 2021 LiveWELL Health Plans

Atrium Health remains focused on offering benefits to support the health and well-being of all teammates and their families.

For 2021, **LiveWELL Health Plans** include a co-pay and a health savings plan option. Both health plan options include the Atrium Health Value Network with a teammate discount and the highest level of benefit.



## Overview

### The **Health Savings Plan**

*Offers low premiums with pretax Health Savings Account (HSA) contributions that roll-over*

*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*

## 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 a teammate discount
- No cost for annual check-ups

or

## Co-Pay PLAN

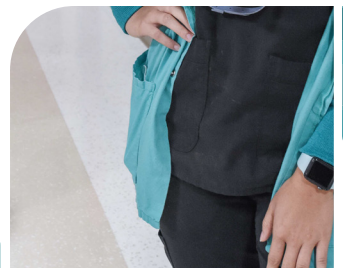
- Premium: Higher cost per pay period
- Co-pays begin immediately. Deductible only applies to inpatient and outpatient services
- Lower out-of-pocket maximum
- FSA: pretax, use it or lose it
- LiveWELL Incentive goes pretax into LiveWELL Incentive Account
- Value Network offers a teammate discount
- 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 **LiveWELL Health Plans**.



My Health.  
My Choice.



# The 2021 LiveWELL Health Plans

## SUMMARY

|  |                         | 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           | \$26.00   |           |             |     | \$60.00   |           |             |                          |
|  | Teammate + Spouse       | \$135.00  |           |             |     | \$187.00  |           |             |                          |
|  | Teammate + Child(ren)   | \$92.00   |           |             |     | \$145.00  |           |             |                          |
|  | Teammate + Family       | \$186.00  |           |             |     | \$250.00  |           |             |                          |
|  |                         | 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: \$10 After Deductible: \$0   |           |             |     | \$0   |           |             |                          |
|  | 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           | \$675   |           |             |     | \$675   |           |             |                          |
|  | Teammate + Dependent(s) | \$1,350   |           |             |     | \$1,350   |           |             |                          |

All premiums on Page 3

# The 2021 LiveWELL Health Plans

## SUMMARY

### 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                       | 26.00               | 29.71   | 15.85                             | 19.56   | 36.57              | 42.29   | 60.00              | 68.57   | 49.85                             | 58.42   | 84.40              | 97.58   |
| Teammate + Spouse                   | 135.00              | 158.87  | 124.85                            | 148.72  | 166.28             | 195.91  | 187.00             | 220.07  | 176.85                            | 209.92  | 230.33             | 271.38  |
| Teammate + Working Spouse           | 185.00              | 208.87  | 174.85                            | 198.72  | 216.28             | 245.91  | 237.00             | 270.07  | 226.85                            | 259.92  | 280.33             | 321.38  |
| Teammate + Children                 | 92.00               | 108.73  | 81.85                             | 98.58   | 114.30             | 135.21  | 145.00             | 171.36  | 134.85                            | 161.21  | 180.15             | 213.11  |
| Teammate + Spouse, Children         | 186.00              | 218.21  | 175.85                            | 208.06  | 227.87             | 268.94  | 250.00             | 293.29  | 239.85                            | 283.14  | 306.28             | 361.47  |
| Teammate + Working Spouse, Children | 236.00              | 268.21  | 225.85                            | 258.06  | 277.87             | 318.94  | 300.00             | 343.29  | 289.85                            | 333.14  | 356.28             | 411.47  |

**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

**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.

# The 2021 LiveWELL Health Plans

## SUMMARY

### Deductibles, Coinsurance & Co-Pays

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*

|                   |                         | Health Savings PLAN   |           |         |     | Co-Pay PLAN   |           |         |                          |
|-------------------|-------------------------|---|-----------|---------|-----|---|-----------|---------|--------------------------|
|                   |                         | 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: \$10<br>After Deductible: \$0  |           |         |     | \$0   |           |         |                          |
|                   | On-Site Care            | Before Deductible: \$40<br>After Deductible: \$15   |           |         |     | \$15  |           |         |                          |
|                   | Primary Care            | Deductible & Coinsurance  |           |         |     | \$20  | \$25      | \$30    | Deductible & Coinsurance |
|                   | Specialist              | Deductible & Coinsurance  |           |         |     | \$40  | \$45      | \$50    |                          |
|                   | Urgent Care             | Deductible & Coinsurance  |           |         |     | \$70  |           |         | Deductible & Coinsurance |
|                   | 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.

# The 2021 LiveWELL Health Plans

## SUMMARY

### 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

|   |                     | Health Savings PLAN      |           |    |             | Co-Pay PLAN |           |    |             |
|---|---------------------|--------------------------|-----------|----|-------------|-------------|-----------|----|-------------|
|   |                     | 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 co-pay.

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

|                       |                         | Health Savings PLAN |           |    |          | Co-Pay PLAN |           |    |          |
|-----------------------|-------------------------|---------------------|-----------|----|----------|-------------|-----------|----|----------|
|                       |                         | 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 Out-of-Pocket Maximum 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.

# The 2021 LiveWELL Health Plans SUMMARY

## 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 | \$3,600                  |
| Family Plan        | \$7,200                  |



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)

The 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. **Teammate Only and Family Plans IRS Maximum Contribution: \$2,700**

### Options available with Co-Pay PLAN

#### Flexible Spending Account (FSA)

The FSA 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. **Teammate Only and Family Plans IRS Maximum Contribution: \$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. Incentives are paid at the level of enrollment at the time of payout.

## LiveWELL Incentives

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

|            | 2021 Incentives |           |          |         |
|------------|-----------------|-----------|----------|---------|
|            | Physical        | Financial | Personal | TOTAL   |
| Individual | \$225           | \$225     | \$225    | \$675   |
| Family     | \$450           | \$450     | \$450    | \$1,350 |

| Deadlines  | Contributions |
|------------|---------------|
| March 8    | April 16      |
| June 14    | July 23       |
| October 18 | November 12   |

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

- Health Savings PLAN** ➔ Health Savings Account
- 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'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.*