



UNC
HEALTH[®]
Southeastern

2025
EMPLOYEE
BENEFITS GUIDE

WELCOME TO UNC HEALTH SOUTHEASTERN BENEFITS GUIDE



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A MESSAGE TO OUR EMPLOYEES

At UNC Health Southeastern, we firmly believe that our team is our greatest asset. Our success depends on you – our talented and dedicated workforce.

The contribution you make each and every day furthers our mission and vision in ways that are larger and more impactful than any one of us.

In recognition of the above, UNC Health Southeastern, continues to work diligently to provide a comprehensive program of competitive benefits to attract and retain the best employees. Through our benefit programs, we strive to support the needs of our team members and their dependents by providing a benefit package that is easy to understand, easy to access and affordable. This brochure will help you choose the type of plan and level of coverage that is right for you.

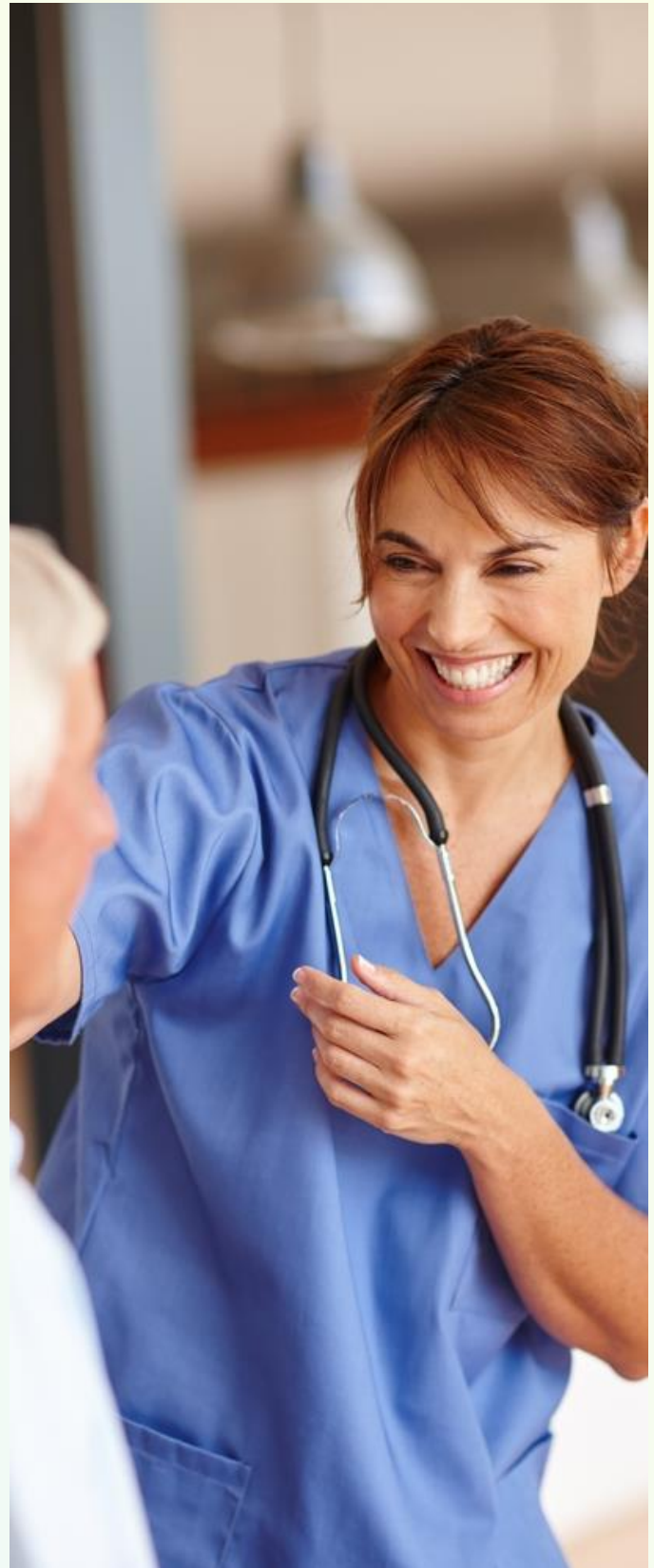
As always, it is our goal to provide you with a comprehensive total reward program that further crystalizes the fact that UNC Health Southeastern is “Here for you. Here for good”.

Thanks for all you do individually and collectively as “ONE GREAT TEAM”.

Sincerely,

Patrick Ebri, PhD

Vice President & Chief Engagement Officer



ELIGIBILITY

Eligible Employees

You may enroll in the 2025 Employee Benefits Program if you are a regular full-time employee who is actively working a minimum of 30 hours per week.

Eligible Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court- appointed legal guardianship.

Spousal coverage

UNC Health Southeastern benefit coverage is not provided for any spouse whose employer provides medical coverage. The spouse will need to apply for coverage with his/her employer.

When Coverage Begins

Newly hired employees and dependents will be effective in UHC Health Southeastern's benefit programs on the first day of the month following one (1) month of employment, unless otherwise indicated. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a qualifying event.

Qualifying Event

A qualifying event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of Legal Marital Status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in Number of Dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in Employment or Job Status (spouse loses job, etc.)

If such change occurs, you must make changes to your benefits within 30 days of the event date. Documentation may be required to verify your change in status. Failure to request a change of status within 30 days of the event may result in you having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.





| HEALTH PLANS



MEDICAL INSURANCE PLAN OPTIONS

UNC Health Southeastern will continue to offer a self-insured medical plan administered by UMR (a United Healthcare company). The chart on the following page provides a brief outline of the plan. Please refer to the Summary Plan Description (SPD) for complete plan details. There may be certain procedures or services requiring multiple providers. It is highly recommended that you verify all associated providers are participating in the network. This not only includes your doctor, but also anesthesiologists, lab facilities, etc. This will help you avoid incurring any unexpected out-of-network charges and ensure the most cost-effective use of your health plan.

UMR Online Resources

If you choose medical insurance, then www.umar.com is your online resource for personalized benefits and health information. You can make use of the interactive website to complete a variety of self-service transactions online or get access to health care information and resources. You can also download the UMR App or call (800)-207-3172 for customized plan information.

These platforms will give access to:

- ID Card
- Provider Lookup
- Medical Cost Estimator
- Claims History
- Explanation of Benefits (EOB)



A UnitedHealthcare Company



MEDICAL PLANS OVERVIEW



A UnitedHealthcare Company

Paid by: UNC Health Southeastern and Employee

A comprehensive plan that pays medical expenses for the employee and their enrolled dependents. **Eligibility:** Full-time employees, beginning the 1st of the month following one month of employment.

UNC Health Southeastern Medical Plans					
Benefit / Feature	PPO Plan				
	Tier 1 ¹ UNC Health Southeastern and local UNCPN	Tier 2 ¹ Local Affiliates	Tier 3 ² UNC Health System	Tier 4 ³ UHC ChoicePlus	Tier 5 Out-of-Network Providers
Annual Deductible³					
Individual	\$0	\$0	\$2,000	\$4,000	\$8,000
Family	\$0	\$0	\$4,000	\$8,000	\$16,000
Coinsurance	100%	100%	80%	70%	50%
Maximum Out-of-Pocket					
Individual ⁴	\$2,500	\$2,500	\$5,000	\$8,700	\$20,000
Family ⁴	\$7,500	\$7,500	\$10,000	\$17,400	\$40,000
Physician Office Visit – After Deductible					
Primary Care ^{8,9,10}	100%	\$20 Copay	80%	70%	50%
Specialist Care ^{8,9}	100%	\$40 Copay	80%	70%	50%
Preventive Care					
Adult Period Exams ⁹	100%	100%	100%	100%	100%
Well-Child Care ⁹	100%	100%	100%	100%	100%
Diagnostic Services – After Deductible					
X-Ray and Lab Tests	100%	100%	80%	70%	50%
Complex Radiology	100%	100%	80%	70%	50%
Urgent Care Facility	100%	\$40 Copay	80%	70%	50%
Emergency Room Facility ⁷	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
Inpatient Facility ^{5,6}	100%	100%	80%	70%	50%
Outpatient Facility and Surgical ⁶	100%	100%	80%	70%	50%
Mental Health & Substance Abuse⁹ – After Deductible					
Inpatient	100%	100%	80%	70%	50%
Outpatient	100%	100%	80%	70%	50%

- Tier 1– UNC Health Southeastern Network and local UNCPN Clinics, formerly UNC Health Southeastern Clinics . Tier 2 – Local Affiliates
- Tier 3 – All UNC Health System providers and Affiliates.
- Tier 4 - United Healthcare network members that are not Tier 1 & 2 providers.
- The Tier 1&2 Facilities, United Healthcare-Network and Out-of-Network deductibles will integrate. The Tier 1&2 Facilities, United Healthcare -Network and Out-of-Network out of pocket amounts will integrate.
- Pre-certification penalties, amounts over the usual, customary and reasonable charge and any ineligible expenses will not accumulate toward the Out-of- Pocket Maximum limitation.
- Pre-certification of ALL Inpatient Admissions is required.
- Providers of ancillary services related to a hospital confinement such as Anesthesia, Pathology, Radiology, etc. will be paid at the United Healthcare – network level only if they are contracted network providers.
- Emergency Services for true emergencies are payable as shown until such time, when it is medically appropriate that the patient can be transferred to a Tier 1 or Tier 2 Facility or an appropriate contracted provider.
- Office visit includes all covered services provided during that visit in the physician’s office. They do not include services prescribed by the physician or rendered elsewhere by another provider.
- Includes routine physicals, mammograms, pap smear, prostate testing, well-childcare, immunizations and routine eye care if performed by an ophthalmologist. Includes wellness routine colonoscopy once every five years for plan participants Aged 50 or over. Using a Tier 1 & 2 Network Provider is strongly recommended.
- Mental Health providers for outpatient services are paid under the primary care physician office visit benefit.

MEDICAL PLANS OVERVIEW



A UnitedHealthcare Company

Paid by: UNC Health Southeastern and Employee

A comprehensive plan that pays medical expenses for the employee and their enrolled dependents. **Eligibility:** Full-time employees, beginning the 1st of the month following one month of employment.

UNC Health Southeastern Medical Plans

Benefit / Feature	HDHP Plan				
	Tier 1 ¹ UNC Health Southeastern and local UNCPN	Tier 2 ¹ Local Affiliates	Tier 3 ² UNC Health System	Tier 4 ³ UHC ChoicePlus	Tier 5 Out-of-Network Providers
Annual Deductible³					
Individual	\$1,650	\$2,150	\$3,150	\$5,150	\$9,150
Family	\$3,300	\$4,300	\$6,300	\$10,300	\$18,300
Coinsurance	100%	100%	80%	70%	50%
Maximum Out-of-Pocket					
Individual ⁴	\$4,000	\$5,000	\$6,000	\$8,700	\$25,000
Family ⁴	\$9,000	\$10,000	\$12,000	\$17,400	\$50,000
Physician Office Visit – After Deductible					
Primary Care ^{8,9,10}	100%	\$20 copay after deductible	80%	70%	50%
Specialist Care ^{8,9}	100%	\$40 copay after deductible	80%	70%	50%
Preventive Care					
Adult Period Exams ⁹	100%	100%	100%	100%	100%
Well-Child Care ⁹	100%	100%	100%	100%	100%
Diagnostic Services – After Deductible					
X-Ray and Lab Tests	100%	100% after deductible	80%	70%	50%
Complex Radiology	100%	100% after deductible	80%	70%	50%
Urgent Care Facility	100%	\$40 copay after deductible	80%	70%	50%
Emergency Room Facility ⁷	100%	100% after deductible	100%	100%	100%
Inpatient Facility ^{5,6}	100%	100% after deductible	80%	70%	50%
Outpatient Facility and Surgical ⁶	100%	100% after deductible	80%	70%	50%
Mental Health & Substance Abuse⁹ – After Deductible					
Inpatient	100%	100% after deductible	80%	70%	50%
Outpatient	100%	100% after deductible	80%	70%	50%

1. Tier 1– UNC Health Southeastern Network and local UNCPN Clinics, formerly UNC Health Southeastern Clinics . Tier 2 – Local Affiliates
2. Tier 3 – All UNC Health System providers and facilities.
3. United Healthcare network members that are not Tier 1 & 2 providers.
4. The Tier 1&2 Facilities, United Healthcare-Network and Out-of-Network deductibles will integrate. The Tier 1&2 Facilities, United Healthcare -Network and Out-of-Network out of pocket amounts will integrate.
5. Pre-certification penalties, amounts over the usual, customary and reasonable charge and any ineligible expenses will not accumulate toward the Out-of- Pocket Maximum limitation.
6. Pre-certification of ALL Inpatient Admissions is required.
7. Providers of ancillary services related to a hospital confinement such as Anesthesia, Pathology, Radiology, etc. will be paid at the United Healthcare – network level only if they are contracted network providers.
8. Emergency Services for true emergencies are payable as shown until such time, when it is medically appropriate that the patient can be transferred to a Tier 1 or Tier 2 Facility or an appropriate contracted provider.
9. Office visit includes all covered services provided during that visit in the physician’s office. They do not include services prescribed by the physician or rendered elsewhere by another provider.
10. Includes routine physicals, mammograms, pap smear, prostate testing, well-childcare, immunizations and routine eye care if performed by an ophthalmologist. Includes wellness routine colonoscopy once every five years for plan participants Aged 50 or over. Using a Tier 1 or Tier 2 Network Provider is strongly recommended.
11. Mental Health providers for outpatient services are paid under the primary care physician office visit benefit.

PRESCRIPTION DRUG PLANS OVERVIEW

PPO Plan				
	UNC Health Southeastern Pharmacies			All Other Pharmacies
	1-34 Day Supply	35-68 Day Supply	69-102 Day Supply	1-34 Day Supply
Tier 1 – Generic	20% (\$9 min - \$20 max)	20% (\$18 min - \$40 max)	20% (\$27 min - \$60 max)	20% (\$14 min - \$30 max)
Tier 2 - Preferred Brand	30% (\$20 min - \$30 max)	30% (\$40 min - \$60 max)	30% (\$60 min - \$90 max)	30% (\$35 min - \$55 max)
Tier 3 – Non- Preferred Brand	40% (\$30 min - \$40 max)	40% (\$60 min - \$80 max)	40% (\$90 min - \$120 max)	40% (\$55 min - \$75 max)
Tier 4 – Specialty	20% (\$50 min - \$250 max)	N/A	N/A	See Footnote 1

Disease Management Program Copayments ² UNC Health Southeastern Pharmacies			
	1-34 Day Supply	35-68 Day Supply	69-102 Day Supply
Tier 1 - Generic	\$5 copayment	\$10 copayment	\$15 copayment
Tier 2 - Preferred Brand	\$10 copayment	\$20 copayment	\$30 copayment
Tier 3 – Non-Preferred Brand	\$15 copayment	\$30 copayment	\$45 copayment

HDHP Plan		
	UNC Health Southeastern Pharmacies	All Other Pharmacies
	1-90 Day Supply	1-34 Day Supply
Tier 1 - Generic	10% after deductible	20% after deductible
Tier 2 - Preferred Brand	10% after deductible	20% after deductible
Tier 3 – Non-Preferred Brand	10% after deductible	20% after deductible
Tier 4 – Specialty	20% after deductible	See Footnote 1

Disease Management Program Copayments ² UNC Health Southeastern Pharmacies			
	1-34 Day Supply	35-68 Day Supply	69-102 Day Supply
Tier 1 - Generic	\$5 copayment after deductible	\$10 copayment after deductible	\$15 copayment after deductible
Tier 2 - Preferred Brand	\$10 copayment after deductible	\$20 copayment after deductible	\$30 copayment after deductible
Tier 3 – Non-Preferred Brand	\$15 copayment after deductible	\$30 copayment after deductible	\$45 copayment after deductible

1. Eligible Specialty medications should be filled at a UNC Health Southeastern Pharmacy first. If the in-house cannot fill the script then the in-house will push the script out to an outside pharmacy of their choice.
2. Only member enrolled in the wellness program will receive the above listed copayments on the medications within the PHM program. Members must go to a UNC Health Southeastern Pharmacy for this benefit.

COSTS

PPO Plan – Per Pay Period (24 Semi-Monthly) Contributions

Election	Non-Wellness	Wellness
Employee	\$107.50	\$57.50
Employee & Spouse	\$310.00	\$188.00
Employee & Child(ren)	\$218.00	\$140.00
Employee & Family	\$390.00	\$245.00

HDHP Plan – Per Pay Period (24 Semi-Monthly) Contributions

Election	Non-Wellness	Wellness
Employee	\$62.50	\$19.50
Employee & Spouse	\$236.25	\$125.00
Employee & Child(ren)	\$167.25	\$91.00
Employee & Family	\$296.25	\$155.00

Tobacco-Free Program

Will continue for 2025, a surcharge of \$25 per family, per pay period will be implemented for individuals who test positive and have not successfully completed a cessation class.



Wellness

Healthy Living 4 Life (HL4L)

- Healthy Living 4 Life is designed to promote health and wellness by specifically helping people with Diabetes, High Blood Pressure, High Cholesterol, and Asthma.
- HL4L is open to anyone who signs up for medical insurance with UNC Health Southeastern.
- For employees that elect to cover a spouse, both the employee and spouse must participate in the HL4L in order to receive the HL4L premium discounts and any other HL4L program benefits.
- Premium discounts are not applied until after you pay one (1) month at the regular rate, complete lab work and visit with the care manager. (This is for those new or attempting to rejoin HL4L).

Other Requirements

- Biometric Analysis
- Health Risk Assessment
- Tobacco Free Program

DENTAL PLAN

The UNC Health Southeastern Dental Plan gives you access to a network of dentists that have agreed to a discount payment schedule. You are not required to designate a Primary Care Dentist, and you have the choice to select any participating dentist. You may choose to obtain services from a non-network provider; however, your out-of-pocket costs will be higher, and your annual maximum benefit will be lower. Please refer to the Summary Plan Description (SPD) for complete plan details.

Find additional dental information and locate a participating dental care provider, visit to www.umar.com or call (800)-207-3172.

Paid By:

UNC Health Southeastern and Employee

Eligibility:

Full-time employees, beginning the 1st of the month following one month of employment

PPO Dental Plan		
	In-Network	Out-of-Network
Deductibles		
Preventive and Basic	\$0	\$0
Major Services	\$50 per member per benefit period	\$50 per member per benefit period
Benefits		
Annual Maximum per covered person	\$1,000	\$1,000
Preventive	100%	100%
Basic	100%	100%
Major	50%	50%
Orthodontia		
Deductible	None	None
Benefit Percentage	50%	50%
Lifetime Maximum	\$1,500	\$1,500

PPO Dental Plan	
Election	
Employee	\$10.00
Employee & Spouse	\$18.63
Employee & Child(ren)	\$21.86
Employee & Family	\$29.49



VISION PLANS

The UNC Health Southeastern Vision Plan is offered through The Standard. There are two plan options- a Base Plan and a Buy-Up Plan. To find additional vision plan information visit www.standard.com or call (800)-877-7195.

Paid by: The Employee

Eligibility: Full-time employees, beginning the 1st of the month following one month of employment.

Base Vision Plan		
	VSP Choice Network + Affiliates	Out-of-Network
Deductibles		
Exam	\$10	\$10
Eyeglass Lenses or Frames	\$25*	\$25
Eye Exam		
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	N/A
Contacts		
Fit & Follow-Up Exams	Participant cost up to \$60	Not covered
Elective	Up to \$150	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames		
Frame Allowance	\$150**	Up to \$70
Frequencies (months)	Based on date of service	
Exams / Lenses / Frames	12 / 12 / 12	12 / 12 / 12

*Deductible applies to a complete pair of glasses or to frames, whichever is selected

**The Costco and Walmart allowance will be the wholesale equivalent.

Buy-Up Vision Plan		
	VSP Choice Network + Affiliates	Out-of-Network
Deductibles		
Exam	\$10	\$10
Eyeglass Lenses or Frames	\$10*	\$10
Eye Exam		
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	N/A
Contacts		
Fit & Follow-Up Exams	Participant cost up to \$60	Not covered
Elective	Up to \$200	Up to \$145
Medically Necessary	Covered in full	Up to \$210
Frames		
Frame Allowance	\$200**	Up to \$70
Frequencies (months)	Based on date of service	
Exams / Lenses / Frames	12 / 12 / 12 ***	12 / 12 / 12

*Deductible applies to a complete pair of glasses or to frames, whichever is selected

**The Costco and Walmart allowance will be the wholesale equivalent.

***Plan 2 allows you to receive the contact lens allowance AND one complete pair of glasses per calendar year



VISION PLANS

Lens Options (participant cost)*

	VSP Choice Network + Affiliates	Out-of-Network
	(Other than Costco)	
Progressive Lenses	Up to the provider’s contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to the Lined Bifocal Allowance
Std. Polycarbonate	Covered in full for dependent children \$33 adults	Not covered
Solid Plastic Dye	\$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	\$17	Not covered
Photochromatic Lenses (Glass & Plastic)	\$31-82	Not covered
Scratch Resistant Coating	\$17-\$33	Not covered
Anti-Reflective Coating	\$43-\$85	Not covered
Ultraviolet Coating	\$16	Not covered

*Lens Option participant costs vary by prescription, option chosen, and retail locations.

COSTS

Base Vision Plan-Per Pay Period (24 Semi-Monthly) Contributions

	Base Plan
Employee	\$3.91
Employee + Dependent	\$7.62
Employee + Family	\$11.31

Buy-up Vision Plan-Per Pay Period (24 Semi-Monthly) Contributions

Election	Buy-Up Plan
Employee	\$7.74
Employee + Dependent	\$15.10
Employee + Family	\$22.44

VSP Call Center: 800-877-7195

Service representative hours: M-F - 5 a.m. - 7 p.m.

Sat - 6 a.m. - 2:30 p.m. Pacific Time

Interactive Voice Response available 24/7

Locate a VSP provider at:

www.standard.com/services





FINANCIAL PLANS





FLEXIBLE SPENDING ACCOUNTS (FSAs)

YOUR STEPS TO SAVINGS!

Realize The Tax Savings!

You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for **\$2,600** you would **save \$650 in taxes**.

Estimate Your Expenses

Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

Enroll And Manage Your Account

Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this flyer.

The Health Care Flexible Spending Account (FSAs) Can Reimburse You For Eligible Expenses You Or Your Eligible Dependents Incur That Are Not Paid By Your Existing Health Care Plan.

Eligible Expenses

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Prescribed over-the-counter items



HEALTH CARE FSA FAQs

(FREQUENTLY ASKED QUESTIONS)

How Can I Submit A Claim?

Claims may be uploaded to your account on our participant Flores247 Web Portal, www.flores247.com, or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

Will I Have A Debit Card?

Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

Do I Need To Re-enroll In The Health Care FSA Each Year?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

When Will I Have Access To The Funds In My Health Care FSA?

After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

How Will Reimbursements Be Issued?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

Can I Change My Election During The Plan Year?

You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

Can I Submit My Spouse's / Dependent's Medical Expenses To My Health Care FSA?

Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

What Happens To My Health Care FSA If I Terminate From The Company?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations, you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit www.flores247.com and log in using Participant ID or Username and password



MOBILE APP

Download our mobile app from your app store



PID & PASSWORD ASSISTANCE

Dial 800.840.7684

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload documents securely

MOBILE

Download Flores Mobile app Available for Apple or Android devices

MAIL

Flores & Associates, LLC PO Box 31397
Charlotte, NC 28231

FAX

800.726.9982 or 704.335.0818

DEPENDENT CARE FSA

YOUR STEPS TO SAVINGS!

Realize The Tax Savings

You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.

Estimate Your Expenses

Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

Enroll And Manage Your Account

Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

The dependent care flexible spending account (FSA) can reimburse you for day care expenses provided for your dependents so that you (and your spouse, if you are married) can work. Care must be for A dependent child under age 13 or A dependent of any age that lives in your household that is incapable of self-care.

Eligible Expenses

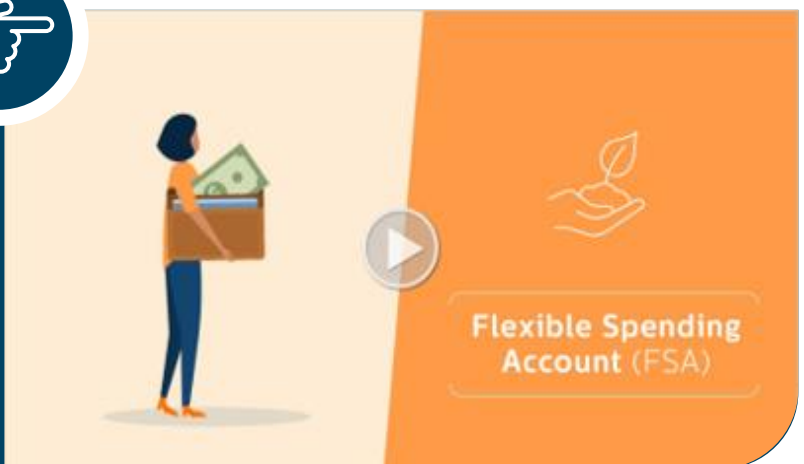
- Preschools
- Before and after school care
- Day camps

Ineligible Expenses

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child



Click on this video to learn more about how FSAs can save you money.



DEPENDENT CARE FAQs

How Can I Submit A Claim?

Claims may be uploaded to your account on our participant website, www.flores247.com, or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

How Will Reimbursements Be Issued?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form.

Will I Have A Debit Card?

No, there is no debit card associated with the Dependent Care FSA. This is considered a “No-Wait” account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

Do I Need To Re-enroll In The Dependent Care FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

What Expenses Are Eligible To Be Reimbursed From The Dependent Care FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household and is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website (www.flores247.com) for further information.

Can I Change My Election During The Plan Year?

You may only change your annual election during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

What Happens To My Dependent Care FSA If I Terminate From The Company?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. Please contact your Human Resource Department for further information.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit www.flores247.com and log in using Participant ID or Username and password



MOBILE APP

Download our mobile app from your app store



PID & PASSWORD ASSISTANCE

Dial 800.840.7684

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload documents securely

MOBILE

Download Flores Mobile smartphone app Available for Apple or Android devices

MAIL

Flores & Associates, LLC PO Box 31397 Charlotte, NC 28231

FAX

704.335.0818 or 800.726.9982



PERSONAL INCOME AND PROTECTION PLANS





LIFE AND AD&D INSURANCE

Basic Life and AD&D Insurance

UNC Health Southeastern provides company-paid Basic Life/Accidental Death & Dismemberment (AD&D) Insurance through The Standard to assist you and your family in the event of a loss.

Upon meeting eligibility requirements, you are automatically enrolled in Basic Life at no cost. Life insurance can protect your survivors from financial difficulty in the event of your death. AD&D insurance can provide assistance if you suffer accidental dismemberment or death resulting from an accident. Your basic life insurance benefit amount is one and a half (1.5) times your base salary and your AD&D benefit amount is one and a half (1.5) times coverage.

Paid By: UNC Health Southeastern for Basic Life and Basic AD&D coverage

Eligibility: Full-time employee’s beginning on the 1st of the month following 1 month of employment

Voluntary Life and AD&D Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through post-tax payroll deductions. You must purchase Voluntary Life Insurance for yourself to purchase Voluntary Life and AD&D Insurance for your spouse or children. You have the opportunity to build a benefits plan that meets your needs and the needs of your family. Southeastern Health is committed to providing a range of benefits from which you can choose. You are responsible for the total cost of these benefits.

Paid By: Employee

Eligibility: All full-time employees

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Life and AD&D		
Employee	You	Your Spouse
Benefit Minimum	\$10,000	\$5,000
Benefit Maximum	\$500,000 (elected in \$10,000 increments)	\$250,000 (elected in \$5,000 increments)
Guaranteed Issue	\$100,000	\$50,000
Your child ^{1,2}		
Option 1		\$2,000
Option 2		\$5,000
Option 3		\$10,000
Guaranteed Issue		\$10,000

¹Child Coverage for 14 days – 6 months will pay \$1,000

²6 months – 20 years (to age 26 if full time student)



DISABILITY INSURANCE

Short-Term Disability Insurance

UNC Health Southeastern provides company-paid short-term income protection through The Standard in the event you become unable to work due to a non-work-related illness or injury. Please see the Summary Plan Description (SPD) for complete plan details. In addition to the company provided benefit, employees will have the option to purchase a buy-up plan that could reduce the elimination period and/or increase the benefit percentage.

Base Plan Paid by: UNC Health Southeastern

Buy-Up Option Paid by: Employee after 1 year waiting period

Short Term Disability Plan Highlights				
	Base Plan	Buy-Up Option 1	Buy-up Option 2	Buy-Up Option 3
Elimination Period	14 Days	7 Days	7 Days	14 Days
Benefit Percentage	60%	60%	70%	70%
Maximum Weekly Benefit	\$1,500	\$2,000	\$2,000	\$2,000
Benefit Duration	11 weeks	12 weeks	12 weeks	11 weeks
Definition of Earnings	Base Salary			

Long-Term Disability Insurance

Southeastern Health provides company-paid long-term income protection through The Standard in the event you become unable to work due to a non-work-related illness or injury. Please see the Summary Plan Description (SPD) for complete plan details.

Plan Paid by: UNC Health Southeastern

Long Term Disability Plan Highlights	
Elimination Period	90 Days
Benefit Percentage	60%
Maximum Monthly Benefit	\$20,000
Benefit Duration	Up to SSNRA (Social Security Normal Retirement Age)
Definition of Earnings	Base Salary



GROUP ACCIDENT INSURANCE

Keep your finances on track when an accident happens.
Here's How Accident Insurance Works

- 1 You have an accident.**
Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.
- 2 We send you a check.**
The Standard will send a check directly to you – not to your medical providers – upon approval of your claim. You decide how you spend the money.
- 3 You focus on getting better.**
With The Standard helping you handle the unexpected expenses; you get to pay attention to what matters most – your health.

Here's what it does:

- **Pays you directly**, so you can choose how you spend the money.
- **Pays for what happens**, regardless of your other coverage
- **Goes with you** even if you leave your employer
- **Provides coverage without answering any medical questions.**
- Gives you the option to cover **your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

**Claims:
Call- 800-634-1743**

Accident Insurance includes 70+ benefits for covered injuries and treatment

Injury	Emergency	Surgery
<ul style="list-style-type: none"> • Burns • Dislocations • Eye Injuries • Concussion • Loss of Hearing • Lacerations • Fractures • Coma • Paralysis 	<ul style="list-style-type: none"> • Emergency Dental • Urgent Care • Ambulance • Emergency Room • X-ray • Major Diagnostic Exam 	<ul style="list-style-type: none"> • Abdominal/Thoracic Surgery • Outpatient Surgical Facility • Skin Grafts • Knee Cartilage/Ligament/Tendon Repair • Ruptured Disk • Rotator Cuff
Hospitalization	Follow-Up Care	Value Added Benefits
<ul style="list-style-type: none"> • Hospital Admission • Hospital Confinement • CCU Confinement • CCU Admission 	<ul style="list-style-type: none"> • Chiropractor • Medical Appliance • Hearing Device • Physical Therapy • Physician Care • Prosthesis • Rehab Facility 	<ul style="list-style-type: none"> • Transportation • Lodging • Youth Organized Sports Benefit

Accident Plan Per Pay Period (24 Semi-Monthly) Contributions

Employee	\$5.11
Employee & Spouse	\$8.20
Employee & Child(ren)	\$9.62
Employee & Family	\$15.09



GROUP CRITICAL ILLNESS INSURANCE

Plan for the Costs of Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps you shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better.

With The Standard helping cover your out-of-pocket expenses, you get to concentrate on what's most important to you, getting better,

Here's what it does:

- **Pays you directly**, so you can choose how you spend the money.
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions.
- **Covers children** at 50% of your benefit amount at no additional cost.
- Give you the option to **cover your spouse**.

**Claims:
Call- 800-634-1743**

Covered Conditions	
Receive 100% of your coverage amount for:	
<ul style="list-style-type: none"> • Heart Attack • Stroke • Cancer (cancer that has spread beyond initial tissue) • End stage renal (kidney) failure • Major organ failure • Coma • Paralysis of two or more limbs • Loss of sight • Occupational HIV • Occupational Hepatitis • ALS (Lou Gehrig's Disease) • Advanced Alzheimer's Disease • Advanced Multiple Sclerosis • Advanced Parkinson's Disease • Benign brain tumor • Bone marrow transplant • Loss of hearing • Loss of speech 	
Receive 25% of our coverage amount for:	
<ul style="list-style-type: none"> • Severed coronary artery disease with recommendation for bypass • Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ 	

Employee Non-Tobacco Monthly Attained Age Premiums											
Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$2.00	\$2.80	\$5.30	\$6.70	\$11.00	\$11.00	\$14.20	\$19.60	\$27.80	\$41.40	\$65.80
\$20,000	\$4.00	\$5.60	\$10.60	\$13.40	\$22.00	\$22.00	\$28.40	\$39.20	\$55.60	\$82.80	\$131.60
\$30,000	\$6.00	\$8.40	\$15.90	\$20.10	\$33.00	\$33.00	\$42.60	\$58.80	\$83.40	\$124.20	\$197.40

Employee Tobacco Monthly Attained Age Premiums											
Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$2.00	\$3.60	\$6.00	\$8.20	\$11.40	\$16.80	\$22.20	\$31.60	\$44.60	\$58.60	\$87.20
\$20,000	\$4.00	\$7.20	\$12.00	\$16.40	\$22.80	\$33.60	\$44.40	\$63.20	\$89.20	\$117.20	\$174.40
\$30,000	\$6.00	\$10.80	\$18.00	\$24.60	\$34.20	\$50.40	\$66.60	\$94.80	\$133.80	\$175.80	\$261.60

Spouse Monthly Attained Age Premiums-Based on Employee's Age and Non-Tobacco Status											
Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$2.00	\$2.80	\$5.30	\$6.70	\$11.00	\$11.00	\$14.20	\$19.60	\$27.80	\$41.40	\$65.80
\$20,000	\$4.00	\$5.60	\$10.60	\$13.40	\$22.00	\$22.00	\$28.40	\$39.20	\$55.60	\$82.80	\$131.60
\$30,000	\$6.00	\$8.40	\$15.90	\$20.10	\$33.00	\$33.00	\$42.60	\$58.80	\$83.40	\$124.20	\$197.40

Spouse Monthly Attained Age Premiums-Based on Employee's Age and Tobacco Status											
Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$2.00	\$3.60	\$6.00	\$8.20	\$11.40	\$16.80	\$22.20	\$31.60	\$44.60	\$58.60	\$87.20
\$20,000	\$4.00	\$7.20	\$12.00	\$16.40	\$22.80	\$33.60	\$44.40	\$63.20	\$89.20	\$117.20	\$174.40
\$30,000	\$6.00	\$10.80	\$18.00	\$24.60	\$34.20	\$50.40	\$66.60	\$94.80	\$133.80	\$175.80	\$261.60



HOSPITAL INDEMNITY



Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.

Benefits Paid to You	Benefit Amount
Hospital Admission	\$1,000 or \$1,200 per day at Southeastern Regional Medical Center Maximum 1 per calendar year
Daily Hospital Confinement	\$100 per day or \$120 per day at Southeastern Regional Medical Center Maximum 15 days per stay
Daily Critical Care Unit Confinement	\$100 per day or \$120 per day at Southeastern Regional Medical Center Maximum 15 days per stay

Hospital Plan Per Pay Period (24 Semi-Monthly) Contributions	
Employee	\$9.44
Employee & Spouse	\$16.22
Employee & Child(ren)	\$13.35
Employee & Family	\$23.77

Claims:
Call- 800-634-1743

UNIVERSAL LIFE PLAN

Universal Life is permanent life insurance that helps shield your family from financial hardship. With Universal Life, benefits can be paid as a Death Benefit, as Living Benefits, or as combination of both.

Universal Life Events

Life Events is designed to match your needs throughout your lifetime it pays a:

- Higher Death Benefit during working years when expenses are high, and your family needs maximum protection
- Consistent Level of Living Benefits throughout retirement when you are most likely to need long-term care services

Plan Features

- **Lifelong Protection** - Provides coverage that will last your lifetime.
- **Death Benefit** - A death benefit puts money in your family's hands quickly when they need it most. It's money that can be used any way they want to help with expenses.
- Living benefits make it easy to advance part of your death benefit to help pay for home healthcare, assisted living, nursing home and adult day care services, should you ever need it.
- **Family Coverage** - Apply for your spouse, children and grandchildren even if you choose not to participate.
- **Terminal Illness Benefit** - Accelerates up to 75% of your death benefit if your doctor determines your life expectancy is 24 months or less.
- **Portability** - Take your coverage with you and pay the same premium if you change jobs or retire.
- **Guaranteed Renewable** - Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class change.
- **Convenient Payroll Deduction** - No bills to watch for. No checks to mail. A direct bill option available when you change jobs or retire.

EZ Value Option

EZ Value automatically increases your benefits to keep pace with your increasing needs - without additional underwriting.



**Filing a Claim:
Call- 877-201-9373**

IDENTITY THEFT AND LEGAL PROTECTION

Employees are financially stressed and unprepared for sudden expenses. When they are dealing with personal finances in the workplace, they lose productivity, and your company loses money. Expected and unexpected legal issues arise every day. With Legal Shield Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 22 years' experience.

Monitored Information	Comprehensive Source Monitoring	Comprehensive Identity Restoration
<ul style="list-style-type: none"> • Credit/Debit/Retail Cards • Date of Birth • Driver's License • Email Addresses • Home Address • Medical ID • Name • Passport Number • Phone Numbers • Social Security Number 	<ul style="list-style-type: none"> • Global Black-Market Website • Internet Relay Chat (IRC) • Local, State and Federal Databases • Online Chat Rooms Peer-to-Peer • Sharing Networks • Social Feeds 	<ul style="list-style-type: none"> • \$5 Million Service Guarantee • Full-Service Restoration by Licensed Private Investigators • Pre-existing identity • Theft Restoration
Privacy and Security Monitoring	Unlimited Consultation	General
<ul style="list-style-type: none"> • Court Record Monitoring • Child Monitoring • Credit Monitoring • Criminal Record Monitoring • Internet Monitoring • Payday Loan Monitoring • Social Media Monitoring • And more 	<ul style="list-style-type: none"> • Assistance in Analyzing and interpreting Credit Reports • Consultation on Common Trends and Scams • Data Breach Safeguards • Identity Theft • Consultation • Lost/Stolen Wallet Assistance 	<ul style="list-style-type: none"> • 24/7 Emergency Assistance • Access to Licensed Private Investigators • Live Participant Support • Mobile App • Monthly Credit Score Tracker • Password Manager • Credit and Identity Theft Alert

Plans	Individual	Family
Per Pay Period (24 Semi-Monthly) Contributions)		
LegalShield	N/A	\$7.98
IDShield	\$4.23	\$7.48
Dual Plan	\$12.20	\$14.45



| ALL THE EXTRAS



ADDITIONAL BENEFITS

Retirement and Savings Program

Tax Deferred Savings Plan (403b)

This long-term savings plan allows you to defer, on a pre-tax basis, a portion of your salary into the plan and UNC Health Southeastern will contribute \$0.25 for the first 5 years of service, \$0.50 for the next 5 years and \$1.00 for each year of service thereafter for each \$1.00 you defer in the plan year up to 4% of your compensation. Employee contributions and Employer matching contributions have immediate vesting. There is a maximum annual employee contribution limit of \$23,000 for 2025. If you are age 50 or over, you can defer an additional \$7,500 catch-up contribution to the plan.

CoreBridge also offers a 457 plan. For more information, call 1-800-448-2542.

Paid by: Employee and UNC Health Southeastern.

Eligibility: All employees are eligible to contribute to the plan.

Employee Assistance Program (EAP)

Provides employees with a professional source of confidential assessment and referral for personal/family problems.

ComPsych® 800-272-7255

www.guidanceresources.com Company ID: COM589

Paid by: UNC Health Southeastern

Eligibility: All Employees

Educational Assistance

Tuition and book reimbursements for qualified external educational endeavors by employees up to \$2,000 a year. For assistance, call: 910-671-5081.

Paid by: UNC Health Southeastern

Eligibility: Full time employees who have at least one year of service

Employee Health and Wellness

The department is responsible for new employee physicals for all employees entering the workplace. They are also responsible for directing the care of any employee injured/exposed while on duty, filing Workers Compensation claims, performing drug screenings and administering influenza vaccinations.

Other Annual Initiatives:

Healthy Living 4 Life (HL4L) – offers a wellness program for employees and their spouses who are insured by our organization. The program provides one on one counseling for each employee and covered spouse by a wellness specialist to discuss blood work, health issues, and develop a lifestyle plan to improve their health.

Annual Health Clinic – The department offers annual health clinic Monday-Friday, except Thursday – 8:00 a.m. – 4:30 p.m. This is a requirement of all employees.

Paid by: UNC Health Southeastern

Eligibility: All Employees

ADDITIONAL BENEFITS

Leave Time

Paid Time Off

Paid leave for vacation and holidays earned is based on hours paid, type of position and length of service. Holidays recognized for use of paid leave include: New Years, Easter Monday, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas. These 7 holidays are added to the regular PTO accrual rates.

Eligibility: All full-time and part time employees

Eligible Team Members with a balance of 88 hours or higher may participate in the PTO sellback program. This will be paid out at 75% of the value.

Annual Accrual Rates – Non-Leadership						
Accrual Code	Tenure	PTO	Holiday	Hours Per Year	Max Accrual	Accrual Per Hour
PL2	0 - 2.99 years	10 days	7 days	136	204	0.06539
	3 - 4.99 years	13 days	7 days	160	204	0.076923
	5 – 7.99 years	16 days	7 days	184	264	0.088462
	8 – 13.99 years	18 days	7 days	200	300	0.096153
	14 – 24.99 years	20 days	7 days	216	316	0.10385
	25+ years	23 days	7 days	240	324	0.115385

Annual Accrual Rates – Leadership						
Accrual Code	Tenure	PTO	Holiday	Hours Per Year	Max Accrual	Accrual Per Hour
PL3	0 – 2.99 years	15 days	7 days	176	264	0.08462
	3 – 4.99 years	18 days	7 days	200	300	0.096153
	5 – 7.99 years	21 days	7 days	224	316	0.107692
	8+ years	23 days	7 days	240	324	0.115385

Jury Duty Leave

Regular pay for scheduled hours missed due to jury duty.

Eligibility: All full-time employees

Funeral Leave

Up to three (3) paid days off for immediate family members.

Eligibility: All full-time employees

Leave of Absence

Unpaid leave that may be granted for extended periods of sickness, educational, or personal reasons.

Eligibility: All full-time employees

2025

JANUARY

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FEBRUARY

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30	31					

APRIL

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MAY

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JUNE

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29	30					

JULY

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AUGUST

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31						

SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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Orientation
 Holiday
 Payroll Start Date

Payroll End Date
 Pay Date
 New Grad RN Orientation June 30, July 14

Med. Resident Orientation June 16
 Med. Student Orientation July 14
 Pharm. Resident Orientation June 23

PURCHASES AND DISCOUNTS

Payroll deductions are available for most purchases.

Gift Shop Purchases

Large selection of items available for home, office or gifts.

Eligibility: All Employees

Employee Cafeteria

A delicious, nutritious breakfast, lunch or supper is available while the employee is on duty.

Eligibility: All Employees

Medical Supply and Uniform Purchase

Medical equipment and supply items are available from our durable medical equipment subsidiary and uniforms can be special ordered.

Eligibility: All Employees

Other Benefits

Employee Credit Union

Optional plan providing checking and savings accounts competitive interest rates on loans and savings.

Fitness Center Membership

UNC Health Southeastern pays initiation fee for Fitness membership when employee joins and offers discount on monthly membership fee.

Parking

Convenient, free parking in well-lighted lots.

Service Awards

Recognition of employees who have achieved greater than 5 years of service at their 5-year increment.



GLOSSARY

1095-C – The health care law outlining which employers must offer health insurance to their employees. The law refers to them as “applicable large employers,” or ALEs. A company or organization is an ALE if it has at least 50 full-time employees or full-time equivalents. It also provides information needed to do a federal tax return.

Coinsurance – a type of health insurance in which the insured individual contributes a specified percentage of the total cost of the medical expense after the deductible has been reached.

Copay – The fixed amount paid by the insured for health care services or prescriptions received.

Deductible – The amount the insurer pays for health care services before the health insurance or plan sponsor (employer) begins to pay its portion. A deductible may not apply to all services, including preventive care.

Employee Contribution – The amount paid by an employee for insurance coverage.

Explanation of Benefits (EOB) – A statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

Flexible Spending Accounts (FSAs) – An option that allows individuals to save pre-tax dollars to pay for particular qualified expenses during a specific time period (typically a 12-month period). There are two types of FSAs: the Health Care FSA and the Dependent Care FSA.

- **Health Care FSA** – A pre-tax benefit account which pays for eligible medical, dental, and vision care expenses not covered by the insurance plan or elsewhere.
- **Dependent Care FSA** – A pre-tax benefit account which pays for eligible dependent care services, such as preschool, before or after school programs, summer day camp, and child or adult daycare.
 - ▷ Each account has a “use it or lose it,” meaning any remaining funds in the account when the plan year ends, will be lost. Some plans allow for a predetermined amount to rollover into the next plan year.



In-Network – Discounted rates for health care services provided by doctors, hospitals, and other providers that contract with the insurance company.

Out-of-Network – Out-of-network providers are doctors, hospitals and other providers that do not offer their health services at a discounted rate because they are not contracted with the insurance company.

Out-of-Pocket Maximum – The total you will pay for covered health care services during the plan year (typically a 12-month period) before the health insurance or plan starts to pay 100% of the allowed amount. This does not include the monthly premium or services not covered by the plan.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Doctor prescribed medications. The medications costs is determined by their specified tier: Generic, Preferred, Non-Preferred or Specialty.

Summary of Benefits and Coverage (SBC) – Documents required through health care reform, an easy-to-follow summary of the insurance carrier or plan benefits and plan coverage offered.

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Accident/Critical Illness/Hospital Insurance	The Standard	888-937-4783	www.standard.com
Benefits	UNC Health Southeastern	910-671-5081	
Dental Coverage	UMR/TPA PO Box 30541 Salt Lake City, UT 84130	800-207-3172 (Customer Service)	www.umar.com
Employee Assistance Program	ComPsych®	800-272-7255	www.guidanceresources.com
Employee Credit Union	Members Credit Union	910-738-2100	www.memcu.com
Employee Pharmacy	UNC Health Southeastern In-House	910-671-5174	
	UNC Health Southeastern Health Mall	910-735-8858	
Employee Services Main Office	UNC Health Southeastern	910-671-5631	
FMLA	UNC Health Southeastern	910-671-5081	
	The Standard	866-756-8116	www.standard.com
Legal Shield/Identity Theft	LegalShield/IDShield	888-494-8519	www.legalshield.com
			www.IDshield.com
Life Insurance	The Standard	800-628-8600	www.standard.com
Short-Term Disability	The Standard	800-368-2859	www.standard.com
Long-Term Disability	The Standard	800-368-1135	www.standard.com
Medical Coverage	UMR/TPA PO Box 30541 Salt Lake City, UT 84130	800-207-3172 (Customer Service)	Providers can complete form online
	Network: UnitedHealthcare Flores & Associates, LLC PO Box 31397 Charlotte, NC 28231		www.umar.com
Medical & Dependent Reimbursement Accounts	Flores & Associates, LLC PO Box 31397 Charlotte, NC 28231	800-532-3327	www.flores247.com
Payroll Services	UNC Health Southeastern	910-671-5063	
Prescription Drug Coverage	MAXOR Plus	800-687-0707 (Customer Service)	www.maxorplus.com
Retirement (403(b))	CoreBridge PO Box 15648 Amarillo, TX 79105-5648	800-448-2542 (Customer Service)	www.corebridgefinancial.com/rs
Trustmark Benefits	EFPP	800-918-8877	
Vision Coverage	The Standard	800-877-7195	www.standard.com/services
Worker's Compensation/ Employee Health	UNC Health Southeastern	910-272-3049	

IMPORTANT LEGAL NOTICES AFFECTING YOUR HEALTH PLAN COVERAGE

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: See plan summary for full description.

NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Buffy Jacobs
Benefits Representative
300 West 27th Street, Lumberton, NC 28359
(910)-671-5081
Buffy.Jacobs@srmc.org

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicare.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	VIRGINIA – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

NOTES:





This brochure summarizes the benefit plans that are available to UNC Health Southeastern eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.