

Team Member Benefits Enrollment Guide

October 1, 2022 - September 30, 2023



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Introduction

As a team member with Hospice of the Piedmont, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2022 - 2023 plan year, Hospice of the Piedmont has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits and plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Hospice of the Piedmont is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Hospice of the Piedmont benefits and plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision- making tools, will help you make the best health care choices for you and your family.

Who is eligible?

If you are a full-time team member working 30 or more hours per week, you are eligible to enroll in the benefits described in this guide on the first of the month following 30 days of employment.

Your dependent family members are eligible for medical, dental, vision and voluntary life insurance coverage. Children are covered up to age 26 regardless of student status.

How to enroll

Log into the Paychex portal at <https://myapps.paychex.com> to complete your enrollment.

- Select **BENEFITS ADMINISTRATION**
- Click **I AGREE** when prompted
- Click **PROCEED TO MY BENEFITS**
- Select your plans
- Click **REVIEW & FINALIZE ***



PAYCHEX FLEX[®]

**If applicable, do not finalize until you've spoken with a Colonial Rep about you policies.*

- Click **AGREE TO ABOVE AND FINALIZE MY SELECTIONS**

When You Can Make Changes

Your share of medical, dental, vision, FSA, accident, medical bridge and cancer payroll deductions are taken on a pre-tax basis through an IRS Section 125 Plan. This saves you approximately 30% in taxes. However, due to Section 125 Plan rules, you may only make changes in your payroll deductions at the annual Open Enrollment or at the time of a Qualifying Event such as marriage, divorce, birth of a child, loss of insurance or court order. **NOTIFICATION MUST OCCUR WITHIN 30 DAYS OF THE QUALIFYING EVENT.** If there has not been a Qualifying Event, you may not make any changes to your payroll deductions until Open Enrollment for 2023. These are Internal Revenue Service rules and there can be no exceptions. Contact Human Resources for more instructions.

Description of Plan Offerings

HDHP: High Deductible Health Plan

A High Deductible Health Plan or HDHP is a type of health plan which, like a PPO, contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. HDHP plans do not have co-pays. Instead, the insured is subject only to the provisions of the deductible and out-of-pocket expenses, but may contribute more to the cost of care. Participants in HDHP plans generally contribute less in premium costs and can contribute to a Healthcare Savings Account which has some tax advantages. Tax-advantaged contributions to an HSA may be used for qualifying medical, dental, vision, and prescription drug expenses, including certain over-the-counter drugs.

PPO: Preferred Provider Organization 1-2-3 Plan

The PPO 1-2-3 Plan consists of three benefit levels. Level 1 is primary care and all preventive care services. Level 2 is inpatient acute care and related services. Level 3 is outpatient services and specialist office based services. You will enjoy quality healthcare from a network of health care providers and easy access to specialists, while you also have the freedom to choose health care providers who do not participate in the Blue Options 1-2-3 network. The 1-2-3 plan allows you to keep your out-of-pocket costs low by choosing services at the most cost-effective benefit level.

Medical Benefits for 2022 - 2023 with BCBSNC

Summary of Coverage

PLAN FEATURES	HDHP 2700 80	PPO 1-2-3 2500
IN NETWORK		
Deductibles (Indiv. / Family)	\$2,700 / \$5,450	\$2,500 / \$5,000
Out-of-Pocket Max (Indiv. / Family)	\$5,000 / \$10,000	\$8,150 / \$16,300
Coinsurance	20%	IP 30% / OP 50%
Primary Care Visit	20% after deductible	\$35
Specialist Visit	20% after deductible	50% after deductible
Preventative Care	Covered in full, deductible waived	Covered in full, deductible waived
Inpatient Hospital Services	20% after deductible	\$250 per admission, then 30% after deductible
Urgent Care	20% after deductible	50% after deductible
Telehealth	20% after deductible	\$35
Emergency Room	20% after deductible	50% after deductible
Pharmacy/Rx (30 Day Supply)	20% after deductible	\$10 / \$25 / \$40 / \$80 / 25%
Vision Lens and Frames	20% after deductible	Covered up to \$130, then 10%
PRICING PER PAY PERIOD		
Employee	\$22	\$32
Employee + Spouse	\$132	\$162
Employee + Child	\$44	\$62
Employee + Children	\$54	\$68
Employee + Family	\$227	\$257
ANNUAL HSA CONTRIBUTION		
Contribution Deposited 1/1/2023	\$500	N/A

Medical Benefits for 2022 - 2023 with BCBSNC

HDHP Employee-Only Coverage

BCBSNC Preventative
Drug List PDF
(right click to open)

PLAN FEATURES	HDHP 2700 80
IN NETWORK	
Deductibles	\$2,700
Out-of-Pocket Max	\$5,000 You must reach \$5,000 in out-of-pocket max expenses before the plan covers 100%.
Coinsurance	20%
Primary Care Visit	20% after deductible
Specialist Visit	20% after deductible
Preventative Care	Covered in full, deductible waived
Inpatient Hospital Services	20% after deductible
Urgent Care	20% after deductible
Telehealth	20% after deductible
Emergency Room	20% after deductible
Pharmacy/Rx (30 Day Supply)	20% after deductible
Vision Lens and Frames	20% after deductible
PRICING PER PAY PERIOD	
Employee	\$22
ANNUAL HSA CONTRIBUTION	
Contribution Deposited 1/1/2023	\$500

Medical Benefits for 2022 - 2023 with BCBSNC

**BCBSNC Preventative
Drug List PDF**
(right click to open)

HDHP Coverage for Families

PLAN FEATURES	HDHP 2700 80
IN NETWORK	
Deductibles	Family Member: \$5,450 / Family Total: \$5,450 One or more family members must reach \$5,450 to receive the 80% benefit.
Out-of-Pocket Max	Family Member: \$6,550 / Family Total: \$10,000 \$6,550 is the maximum out-of-pocket expense for a single family member. The 1st family member must reach \$6,550 for coverage to go to 100%. The 2nd family member must reach an additional \$3,450 (\$10,000 - \$6,550) for their coverage to go to 100%.
Coinsurance	20%
Primary Care Visit	20% after deductible
Specialist Visit	20% after deductible
Preventative Care	Covered in full, deductible waived
Inpatient Hospital Services	20% after deductible
Urgent Care	20% after deductible
Telehealth	20% after deductible
Emergency Room	20% after deductible
Pharmacy/Rx (30 Day Supply)	20% after deductible
Vision Lens and Frames	20% after deductible
PRICING PER PAY PERIOD	
Employee + Spouse	\$132
Employee + Child	\$44
Employee + Children	\$54
Employee + Family	\$227
ANNUAL HSA CONTRIBUTION	
Contribution Deposited 1/1/2023	\$500

Medical Benefits for 2022 - 2023

Health Savings Account (HSA)

If you enroll in a High Deductible Health Plan (HDHP), you can also open a Health Savings Account (HSA) to help you pay for eligible medical expenses.

What is an HSA?

An HSA is a tax-advantaged savings account designed to be used with an HDHP. Funds held in an HSA may be used for current and future qualified medical expenses – tax free.

Who is eligible to open an HSA?

To open an HSA, you must be enrolled in the HDHP medical plan. You cannot be a dependent on another person's tax return; be enrolled in Medicare, Medicaid, or Tri-Care; or be currently participating in a Healthcare Flex Spending Plan (FSA) including a spouse's plan.

What is the tax benefit associated with an HSA?

The money you contribute to your HSA is a pre-tax payroll deduction. You can maximize your tax savings by contributing up to the maximum annual amount allowed by the Internal Revenue Service (IRS). Funds may be invested and the interest you earn grows tax-free. Funds can be withdrawn tax-free when used for qualified medical expenses.

Your HSA funds are yours to keep, even if you switch health plans, change jobs or retire.

Maximum HSA Contributions	2022	2023
Individual	\$3,650	\$3,850
Family	\$7,300	\$7,750
Catch-up (55 or older)	\$1,000	\$1,000

What are qualified medical expenses?

The IRS maintains a list of all eligible medical expenses at www.irs.gov. Common qualified expenses include:

- Acupuncture
- Ambulance Services
- Dental Treatment
- Contact Lenses
- Doctor's Fees
- Hearing Aids

**HSA Qualified
Expenses PDF**

(right click to open)

Frequently asked questions: HSAs

What are the benefits of a health savings account (HSA)?

HSAs are tax-advantaged accounts that help people save and pay for qualified medical expenses. Benefits include:

- Contributions are pre-tax or tax deductible.
- Earnings are income tax-free.
- You can make income tax-free withdrawals for qualified medical expenses.
- You can carry over unused available funds from year to year.
- The HSA is yours to keep even if you change jobs, change health plans or retire.

Note: Contributions are tax deductible on your federal tax return. Some states do not recognize HSA contributions as a deduction, and some states tax interest earned on your HSA. Your own HSA contributions are either tax deductible or pre-tax (if made by payroll deduction). See IRS Publication 969, or consult a qualified tax advisor to see how your state treats HSA contributions.

Who qualifies for an HSA?

To open an HSA, you must have a qualifying high-deductible health plan (HDHP) and meet other IRS eligibility requirements, unless an exception applies.

- You cannot be covered by any other health plan that is not an HDHP.
- You cannot be currently enrolled in Medicare or TRICARE.
- You cannot be claimed as a dependent on another individual's tax return.

What is a qualifying HDHP?

This is a health plan that satisfies certain IRS requirements with respect to deductibles and out-of-pocket expenses.

Year	Annual deductible	Out-of-pocket expenses
2022	At least \$1,400 for individual coverage and \$2,800 for family coverage	Not exceeding \$7,050 for individual coverage and \$14,100 for family coverage
2023	At least \$1,500 for individual coverage and \$3,000 for family coverage	Not exceeding \$7,500 for individual coverage and \$15,000 for family coverage

What happens to my remaining account balance at the end of the year?

Any remaining balance automatically rolls over year after year.

What can I use my HSA for?

You can use the funds in your HSA:

- To pay for qualified medical, dental, vision and prescription drug expenses, including certain over-the-counter drugs and medications, as defined in IRS Publications 502 and 969.
- As supplemental income after age 65. Once you are 65, you can withdraw funds for any reason without paying a penalty, but they will be subject to ordinary income tax. If you are under age 65 and use your HSA funds for nonqualified expenses, you will need to pay taxes on the money you withdraw, as well as an additional 20% penalty.

Can I use my HSA to pay for qualified medical expenses for a spouse or tax dependent?

Yes, even if your spouse or tax dependent is covered under another health plan. To get personalized details, consult a qualified tax advisor.

Are health insurance premiums considered qualified medical expenses?

In general, no, but exceptions include qualified long-term-care insurance, COBRA health care continuation coverage, any health plan maintained while receiving unemployment compensation under federal or state law and, for those 65 and over (whether or not they are entitled to Medicare), any employer-sponsored retiree medical coverage premiums for Medicare Part A or B or Medicare HMO. Conversely, premiums for Medigap policies are not qualified medical expenses.

Can I invest my HSA dollars?

Yes, you can choose to invest your HSA dollars once you reach your investment threshold. Visit optumbank.com for more details.

What happens to my HSA if I no longer am covered by a qualifying high-deductible plan (HDHP).

While you can no longer contribute to your HSA, you can still use the remaining funds to pay or be reimbursed for future qualified medical expenses.

How much can I contribute to an HSA?

The IRS sets annual contribution limits each year.

Year	Individual coverage	Family coverage
2022	\$3,650	\$7,300
2023	\$3,850	\$7,750

Note that any contributions made to your HSA by family members, your employer or others count toward this limit.

If you are 55 or older, you can contribute an additional \$1,000 each year. **Note:** The primary account holder must be 55 or older (even if the spouse is of that age).

How can I make contributions?

There are three ways to make a deposit:

- Payroll deductions through your employer, if available.
- Online at optumbank.com using your personal checking account.
- Mail in a personal check along with the HSA Contribution Form. You can find this form after signing in at optumbank.com.

When can contributions be made?

Contributions for a taxable year can be made any time within that year and up until the tax filing deadline for the following year, which is typically April 15.

If I change employers, what happens to my HSA?

Since you are the owner of the HSA, you may continue to maintain the account if you change employers. The funds are yours to keep.

Can I reimburse myself with HSA funds for qualified medical expenses incurred prior to my enrollment in an HSA?

No. Qualified medical expenses may be reimbursed only if the expenses are incurred after the date your HSA was established.

Is there a time limit for reimbursing myself?

You can reimburse yourself at any time for expenses you paid for out of pocket. There is no time limit, but the expenses must have been incurred since you opened your HSA.

How can I use my HSA to pay for medical services?

You can use your Optum Financial debit Mastercard®, use online bill pay; or pay out-of-pocket and then distribute funds from your HSA to reimburse yourself.

Can I use my HSA to pay for non-health-related expenses?

Yes. However, any amount of a distribution not used exclusively to pay for qualified medical expenses for you, your spouse or your eligible tax dependents is then included in your gross income. These distributions could be subject to taxes and an additional 20% IRS tax penalty, except in the case of distributions made after your death, disability or reaching age 65.

What happens if my HSA contributions exceed the annual contribution limit?

If you contribute more than the IRS annual contribution limit, you have until the tax-filing deadline to withdraw excess contributions. If excess contributions are not withdrawn by the tax-filing deadline, an annually assessed excise tax of 6% will be imposed on any excess contributions.

Is tax reporting required for an HSA?

Yes. You must complete IRS form 8889 each year with your tax return to report total deposits and withdrawals from your account. You do not need to itemize. For more information about tax rules including distribution information, visit optumbank.com and consult a qualified tax advisor.

What happens to my HSA when I die?

If you are married, your spouse will become the owner of the account and assume it as their own HSA. If you are unmarried, your account will cease to be an HSA. The money in your account will pass to your beneficiaries or become a part of your estate, and it will be subject to applicable taxes.

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.



optumbank.com

Health savings accounts (HSAs) are individual accounts offered or administered through Optum Bank® Member FDIC, a subsidiary of Optum Financial, Inc., and are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. Optum Financial, Inc. is not a bank or an FDIC insured institution. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as investment, legal or tax advice. Federal and state laws and regulations are subject to change.

Medical Benefits for 2022 - 2023 with BCBSNC

PPO 1-2-3 Summary of Coverage

PLAN FEATURES	PPO 1-2-3 2500
IN NETWORK	
Deductibles	Individuals: \$2,500 Families: \$5,000
Out-of-Pocket Max	Individuals: \$8,150 Families: \$16,300
Coinsurance	IP 30% / OP 50%
Primary Care Visit	\$35
Specialist Visit	50% after deductible
Preventative Care	Covered in full, deductible waived
Inpatient Hospital Services	\$250 per admission, then 30% after deductible
Urgent Care	50% after deductible
Telehealth	\$35
Emergency Room	50% after deductible
Pharmacy/Rx (30 Day Supply)	\$10 / \$25 / \$40 / \$80 / 25% to a \$100 max
Vision Lens and Frames	Covered up to \$130, then 10%
PRICING PER PAY PERIOD	
Employee	\$32
Employee + Spouse	\$162
Employee + Child	\$62
Employee + Children	\$68
Employee + Family	\$257

Flexible Spending Account (FSA)

Hospice of the Piedmont offers you the opportunity to defer pre-tax dollars into a Flexible Spending Account (FSA) in order to pay for eligible medical, dental and vision expenses. Each calendar year, the IRS determines the maximum dollar amount you can defer for each account. Funds contributed to an FSA plan must be used within the plan year or not longer than 75-days after the end of the FSA plan year.

There are three (3) variations for you to consider:

Healthcare FSA

The Healthcare FSA allows you to use pre-tax dollars to pay for eligible medical expenses for you and your eligible family members. Examples of eligible medical expenses include co-pays at your provider's office and the pharmacy, and most dental and vision care expenses. If you elect to participate in the HDHP medical plan, you may only set aside money into a Limited Purpose FSA.

Limited Purpose FSA (LPFSA)

If you are enrolled in the HDHP medical plan you can defer pre-tax dollars to pay for eligible dental and vision expenses only.

Dependent Care FSA (DPFSA)

The DPFSA allows you to use pre-tax dollars to pay for daycare expense that are necessary in order for you (and your spouse, if applicable) to be employed.

Medical Benefits for 2022 - 2023

Blue Connect and Teladoc

How to locate a drug on Blue Connect

- Log into Blue Connect at <https://www.bluecrossnc.com/find-a-drug-or-pharmacy>
- Select **FIND A DRUG**
- Choose **SELECT EMPLOYER & EMPLOYEE PLANS**
- Next, select the **applicable RX Tier** that matches your medical plan election.
The medical plans and coinciding RX codes are listed below:
 - Medical Plan PPO 123 – select C2 or 2C - Essential C, Broad Network
 - Medical Plan HDHP 2700-80 – select C2 or 2C - Essential C, Broad Network
- Click **VIEW DRUG COVERAGE**
- Enter the **DRUG NAME** to determine if the drug is covered and the tier (i.e. generic, brand name, specialty, etc.)

Teladoc FAQ
PDF
(right click to open)

How to access Teladoc

Teladoc allows you to consult with a board-certified doctor by secure video, or Teladoc App anytime, from anywhere. The average wait time is less than 10 minutes. Family members are also eligible with pediatricians available 24/7. To access Teladoc, follow the prompts below.

- Go to <https://teladoc.com> or download the **Teladoc App**
- Follow the prompts to **REGISTER NOW** - setting up a secure account only takes a few minutes
- When prompted for **INSURANCE PROVIDER**, enter **Blue Cross Blue Shield North Carolina**.
The **HEALTH PLAN ID** is your **Member ID** that is printed on your insurance card.
- **REQUEST A VISIT** - You can have a doctor visit right away or schedule an appointment – all by phone, computer, or the Teladoc app.

SUMMARY OF PREVENTIVE CARE SERVICES



Your plan pays 100% of most preventive care services with no out-of-pocket costs to you.

Preventive care includes medical tests (sometimes called screenings), checkups and counseling to help prevent illnesses, disease or other health problems. It's important to know what preventive care is and what questions to ask your doctor to avoid extra costs.

WHICH TYPES OF SERVICES ARE COVERED AT 100%?

Preventive care is covered at 100% when 1) it is done by an in-network doctor*, 2) the doctor's office bills the claim as a preventive visit and 3) services are listed as preventive care under the Affordable Care Act (ACA). This list doesn't include everything, so make sure you check the full list of services on our website at bcbsnc.com/preventive.

MEN



Screenings:

- Abdominal aortic aneurysm
- Blood pressure
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer

Other services:

- Immunizations, including flu shot
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

WOMEN



Screenings:

- Blood pressure
- Breast cancer counseling for genetic testing
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer
- Mammogram (breast cancer)
- Osteoporosis
- Pap test
- Chlamydia and gonorrhea

Other services:

- Contraception
- Immunizations, including flu shot
- Intimate partner violence
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

PREGNANT WOMEN

Pregnancy-related services:

- Breastfeeding support, supplies and counseling
- Folic acid supplementation

Screenings:

- Bacteria in urine
- Gestational diabetes
- Iron deficiency anemia
- Rh incompatibility
- Hepatitis B

INFANTS, CHILDREN AND TEENS



Services and screenings:

- Developmental and behavioral
- Fluoride dental varnish and oral health check
- Immunizations, including flu shot
- Newborn and infant screenings
- Hearing/vision test
- Well-baby/well-child care

Other services:

- Depression screening
- Lead exposure test
- Obesity counseling
- Sexually transmitted infection (STI) screening and counseling
- Tobacco and alcohol use counseling

AVOID EXTRA COSTS:

When you make your appointment:

Ask: Is my doctor in my plan's network?*

Say: I want preventive care screenings and tests that are 100% covered by my plan.

When you get to the doctor's office:

Ask your doctor:

- + Will any tests or treatments I get today not be covered as preventive care?
- + Will talking about other topics that are not preventive care mean that I will be charged for today's visit?
- + Can any lab work be sent to a Blue Cross NC in-network lab to lower my costs?

These services are not covered as preventive:

Below are some common tests your doctor may do that are not listed as preventive care by the ACA and may cost you money at your doctor's office or lab:

- Urinalysis
- Hormone tests
- Vitamin D tests
- Chest X-rays
- Thyroid tests
- EKGs (electrocardiograms)

The ACA lists certain services as preventive care to be paid at 100%

- These benefits are available for members of transitional, ACA and "non grandfathered" individual health insurance plans that took effect after March 23, 2010.
- If you get your health insurance through work and your Summary of Benefits section of your benefit booklet contains PREVENTIVE CARE covered under federal law, then you have these benefits at no charge IN-NETWORK.
- These benefits are currently in effect unless otherwise noted.
- Check your Benefit Booklet for details on other preventive care benefits.
- This information is for reference only and does not guarantee payment of any claims.

*Find in-network doctors and facilities in the Find a Doctor tool by visiting bcbsnc.com/content/providersearch

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. U12077, 5/17

Benefits for 2022 - 2023 with Ameritas

Dental

EMPLOYEE DEDUCTIONS PER PAY PERIOD				
	Employee Only	Employee & Spouse	Employee & Child	Employee & Family
Core	\$0.00	\$15.00	\$22.00	\$42.00
Buy-Up	\$7.00	\$25.00	\$32.00	\$54.00

This plan allows you to seek treatment from the dentist of your choice. However, by using a Preferred Dentist Program dentist, you will not be balance billed for charges that are over reasonable and customary.

Benefits	Core Plan	Buy Up Plan
Preventive Services	Exams, cleanings, fluoride treatment, space maintainers, diagnostic x-rays – covered at 100% of usual and customary	Exams, cleanings, fluoride treatment, space maintainers, diagnostic x-rays – covered at 100% of usual and customary
Deductible	Applies to basic and major services only – \$50 Individual / \$150 Family	Applies to basic and major services only – \$50 Individual / \$150 Family
Basic Services	Emergency pain treatment, stainless fillings, simple extractions, endodontics, periodontics – covered at 80% of usual and customary.	Emergency pain treatment, stainless fillings, simple extractions, endodontics, periodontics – covered at 80% of usual and customary
Major Services	Crowns, inlays, onlays, bridges, implants, dentures, repairs and adjustments– covered at 50% of usual and customary	Crowns, inlays, onlays, bridges, implants, dentures, repairs and adjustments– covered at 50% of usual and customary
Orthodontia	Not covered	Covered at 50% of usual and customary; \$1,000 lifetime maximum. No waiting period.
Annual Maximum	\$1,000 (per plan year)	\$1,250 (per plan year)

No waiting period for timely entrants. Late entrants have a 12-month wait on basic, major and ortho services.

**Ameritas Dental
Summary PDF**
(right click to open)

Benefits for 2022 - 2023 with Ameritas

Voluntary Vision

EMPLOYEE DEDUCTIONS PER PAY PERIOD			
Employee Only	Employee & Spouse	Employee & Children	Employee & Family
\$2.75	\$5.48	\$5.02	\$7.75

The chart below provides information related to the Vision Plan available.

Benefits	In Network
Exam	\$10 copay
Standard Frames	\$25 copay / \$130 allowance
Standard Lenses	\$25 copay
Contact Lenses (Conventional) Contact Lenses (Medically Necessary)	\$130 allowance \$25 copay
Frequency of Services Exams Frames Lenses OR Contacts	12 months 24 months 12 months



**Ameritas
Vision Summary
and Benefits
PDF**
(right click to open)

Benefits for 2022 - 2023 with Mutual of Omaha

Basic Life / AD&D Insurance

Basic Life: Hospice of the Piedmont provides full-time team members with group life and accidental death and dismemberment (AD&D) insurance in the amount of 1 x your earnings to a max of \$100,000 and pays the full cost of this benefit. Benefits begin reducing at age 65. You can manage your beneficiary information by logging into the Paychex portal. Refer to Page 4.

Long Term Disability (LTD)

Should you experience a non-work related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. If your disability extends beyond 90 days, the LTD coverage can replace 60% of your earnings, up to maximum of \$7,500 per month. Your benefits may continue to be paid until you reach normal retirement age as long as you meet the definition of disability. A pre-existing limitation may apply. Any condition you were treated for or diagnosed within 3 months from your effective date will not be covered until you have been enrolled for 12 months. Hospice of the Piedmont pays the full cost of this benefit.

Defining Disability Coverage

Benefit Period: Maximum amount of time you may receive proceeds for a continuous disability

Commencement Date: The first day your disability is covered, which immediately follows the completion of the waiting period.

Elimination or Waiting Period: The time you must wait before you are eligible to receive benefit payments

Voluntary Life / AD&D Insurance

Team members may elect to purchase additional life insurance on themselves and their dependents through the convenience of payroll deduction. If you elect when first eligible, you may elect coverage up to the Guaranteed Issue amount without having to answer any medical questions. If increasing coverage over the guaranteed amount, evidence of insurability (EOI) will be required. Employee and spouse benefits begin to reduce at employee age 65; employee and spouse rates are based on employee age.

Guaranteed Issue	Employee: \$150,000 Spouse: \$30,000 Dependent Child: \$10,000
Employee Coverage	You may elect coverage in \$10,000 increments up to a maximum of 5x your annual earnings or \$500,000, whichever is less.
Spouse Coverage	You may elect coverage for your spouse in \$5,000 increments up to a maximum of 100% of the employee elected amount or \$250,000, whichever is less.
Child Coverage	You may elect coverage for your dependent child(ren) in the amount of \$10,000. Children are eligible up to age 19 (or age 26 if a full-time student).
Special Feature at Open Enrollment	Once enrolled, at each subsequent Open Enrollment period you may increase your Employee Coverage by \$20,000 up to the guaranteed issue amount with no EOI.

Mutual of Omaha Voluntary Life PDF
(right click to open)

Protect your identity with comprehensive credit monitoring services

FRAUDSCOUT TRIPLE BUREAU CREDIT MONITORING

MetLife Legal Plans has partnered with CyberScout, LLC, the nation’s premier provider of identity management services, to give you the most comprehensive identity monitoring and protection service available. Save time, hassle and money with this package of tools and resolution assistance.

Credit Report & Monitoring

Reviews three-bureau credit monitoring of credit activities, including credit inquiries, delinquencies, judgements and more.

Credit Score Summary

Provides a dashboard view of credit scores from all three credit bureaus. You get one free annual credit report from each bureau to keep tabs on activity and be on the lookout for new lines of credit.

Cyber Monitoring

Protects you by providing a service that continually monitors the Internet and alerts you of any possible suspicious activity.

\$1 Million Identity Theft Expense Reimbursement

If necessary, the member/spouse shall receive expense reimbursement for the following: reasonable and necessary costs incurred, lost wages, legal defense fees and expenses and unauthorized electronic fund transfer reimbursement.

Legal experts on your side, whenever you need them

For **\$10.38 bi-weekly**, you get legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles and no claim forms, when using a Network Attorney for a covered matter.

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Management Services¹ Identity Theft Defense 	<ul style="list-style-type: none"> Negotiations with Creditors Personal Bankruptcy Promissory Notes 	<ul style="list-style-type: none"> Tax Audit Representation Tax Collection Defense Triple Bureau Credit Monitoring¹
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Divorce (20 Hours) Garnishment Defense Guardianship Immigration Assistance 	<ul style="list-style-type: none"> Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Protection Preuptial Agreement 	<ul style="list-style-type: none"> Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets² Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession
E-Services	<ul style="list-style-type: none"> Attorney Locator Financial Planning 	<ul style="list-style-type: none"> Insurance Resources Law Firm E-Panel 	<ul style="list-style-type: none"> Self-Help Legal Documents

To learn more, visit info.legalplans.com and enter access code **5030001** or call **800.821.6400** Monday – Friday 8:00 am – 8:00 pm (EST/EDT).

Benefits for 2022 - 2023 with Colonial Life

Everyone's benefit needs are different. That's why it is important to choose the benefits that are right for your personal situation. Below is a listing of benefit opportunities with Colonial Life.

Our dedicated counselors with Colonial will be able to assist you in determining the appropriate levels of coverage to meet your individual needs and the premium costs associated with those coverages. Please refer to the last page of this booklet for contact information.

Group Medical Bridge

[Group Medical Bridge PDF](#)
(right click to open)

Provides a lump-sum benefit for covered inpatient hospital confinement, outpatient surgical procedures and diagnostic procedures caused by accident, sickness or maternity. Medical Treatment Package pays benefits for doctor's visits/telemedicine and ER visits along with well assistance/health screening.

Short-Term Disability Income Protection

[Short-Term Disability PDF](#)
(right click to open)

This coverage helps protect team member's most valuable asset, their income. It provides income replacement to help if you become disabled and are unable to work due to a covered injury or covered illness. Maternity benefit is also included in this coverage.

Accident Insurance

[Accident Insurance PDF](#)
(right click to open)

Helps offset unexpected medical expenses, such as emergency room fees, deductibles and copayments that can result from a fracture, dislocation or other covered accidental injury.

Cancer Insurance

[Cancer Insurance PDF](#)
(right click to open)

Helps offset out-of-pocket medical and indirect non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer screening tests.

Critical Illness Insurance

[Critical Illness Insurance PDF](#)
(right click to open)

Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

Supplemental Benefits for 2022 - 2023

Retirement

Hospice of the Piedmont offers a 403(b) Retirement Savings Plan through AIG (formerly VALIC) that is available for immediate enrollment upon hire. The automatic enrollment for a team member is a 2% deferral per payroll period. Team members may actively decline this benefit. After one year of employment and attaining 1,000 hours of service, team members will automatically receive a discretionary employer contribution of 3% of earnings per payroll period. The team member will also be eligible to receive an employer match at the rate of .5% of each percent contributed by the team member, up to a maximum employer contribution of 2%.

Verizon PDF

(right click to open)

Verizon Mobile Phone Discount

You may be eligible for exclusive savings from Verizon Wireless under the Health Professionals Discount. Take advantage of discounts on your monthly calling or data plan, phones and accessories. To learn more, visit www.verizonwireless.com/discounts.

Employee Recruitment Program

Team members are encouraged to refer others for employment to Hospice of the Piedmont. To promote team member referrals, the agency offers monetary incentives of \$500 (less all required payroll taxes) for each successful referral. Full information is available in the Team Member Handbook.

Paid Time Off & Extended Sick Leave

Paid Time Off is based on length of service and accrues at the end of each pay period. Accruals begin on the first day of the pay period following date of hire and are available for use after 60 days of employment. Full information regarding accrual rates and use of PTO is available in the Team Member Handbook.

Extended Sick Leave (ESL) is intended to replace a Short Term Disability policy. Accruals begin on the first day of the pay period following date of hire and are available for use after 60 days of employment. ESL can accrue to a maximum of 480 hours. Full information regarding use of ESL is available in the Team Member Handbook.

Holidays

Hospice of the Piedmont observes 5 holidays:

New Year's Day | July 4th | Labor Day | Thanksgiving Day | Christmas Day

On the above referenced holidays, Hospice of the Piedmont administrative offices are closed and only visits driven by medical necessity are scheduled for the homecare clinical teams. Our In-patient Units operate 24/7/365. Employees working on a holiday are paid at one and a half times their hourly rate. Holiday pay is accrued within PTO accruals. Team members who are off on the holiday are required to use PTO.

Supplemental Benefits for 2022 - 2023 *(continued)*

Other Types of Paid Leave

Jury Duty - Hospice of the Piedmont encourages team members to fulfill their civic responsibilities by serving jury duty when required. Full-time team members may request up to two weeks of paid jury duty leave over any two-year period.

Bereavement - Full-time team members who wish to take time off due to the death of an immediate family member will have up to 24 hours of paid leave available. Please refer to the Team Member Handbook for additional details.

Nutritional Counseling

Personalized, one-on-one nutritional counseling is offered on a monthly basis, free of charge for any team member enrolled in the medical insurance offered by Hospice of the Piedmont. A registered dietician will work with individuals on personal goals and strategies for overall wellness.

Vital WorkLife PDF
(right click to open)

Employee Assistance Program

Hospice of the Piedmont offers an Employee Assistance Program called Vital WorkLife. This is a free service that helps support your overall well-being, both at home and work. This service is free to team members and family members. They provide 24/7/365 availability. The service is 100% confidential and utilization is not reported to the organization. The EAP services include multiple face-to-face counseling sessions and free legal and financial consultations, along with many other resources.

Members Credit Union

Hospice of the Piedmont has a relationship with Members Credit Union that allows any employee to be eligible for membership.

Continuing Education

Hospice of the Piedmont believes that regular education and training are integral to team member's competency maintenance and skill development and is an essential component of continuing to ensure excellence in service delivery and state-of-the-art patient care. To further the development of the organization's team members, the organization may make advances to its team members for continuing education which may be forgiven in whole or part based upon the considerations outlined the Continuing Education Policy or in any other related policies.

Important Contact Information

Blue Cross Blue Shield of NC (BCBSNC)

www.bcbsnc.com OR Lyne Dempster, Professional Insurance Solutions
1-877-275-9787 919-747-2215
ldempster@professionalinsurancesolutions.com

Ameritas - Dental

Network: Ameritas
www.ameritas.com
1-800-487-5553

Ameritas - Vision

Network: Eyemed
www.ameritas.com
1-800-487-5553

Mutual of Omaha - Life & Disability

www.mutualofomaha.com
1-877-999-2330

Optum Bank (Health Savings Account - HSA)

www.optumbank.com
Customer Support Center: 866-234-8913

Savers Administration Services (Flexible Spending Account - FSA)

www.saversadmin.com
336-759-3888

Colonial Life

www.coloniallife.com

Contact Our Dedicated Service Team:

Dave Underwood, Customer Service Representative

davidd.underwood@coloniallifesales.com | 704-614-7896

Ken Thompson, Claims Representative

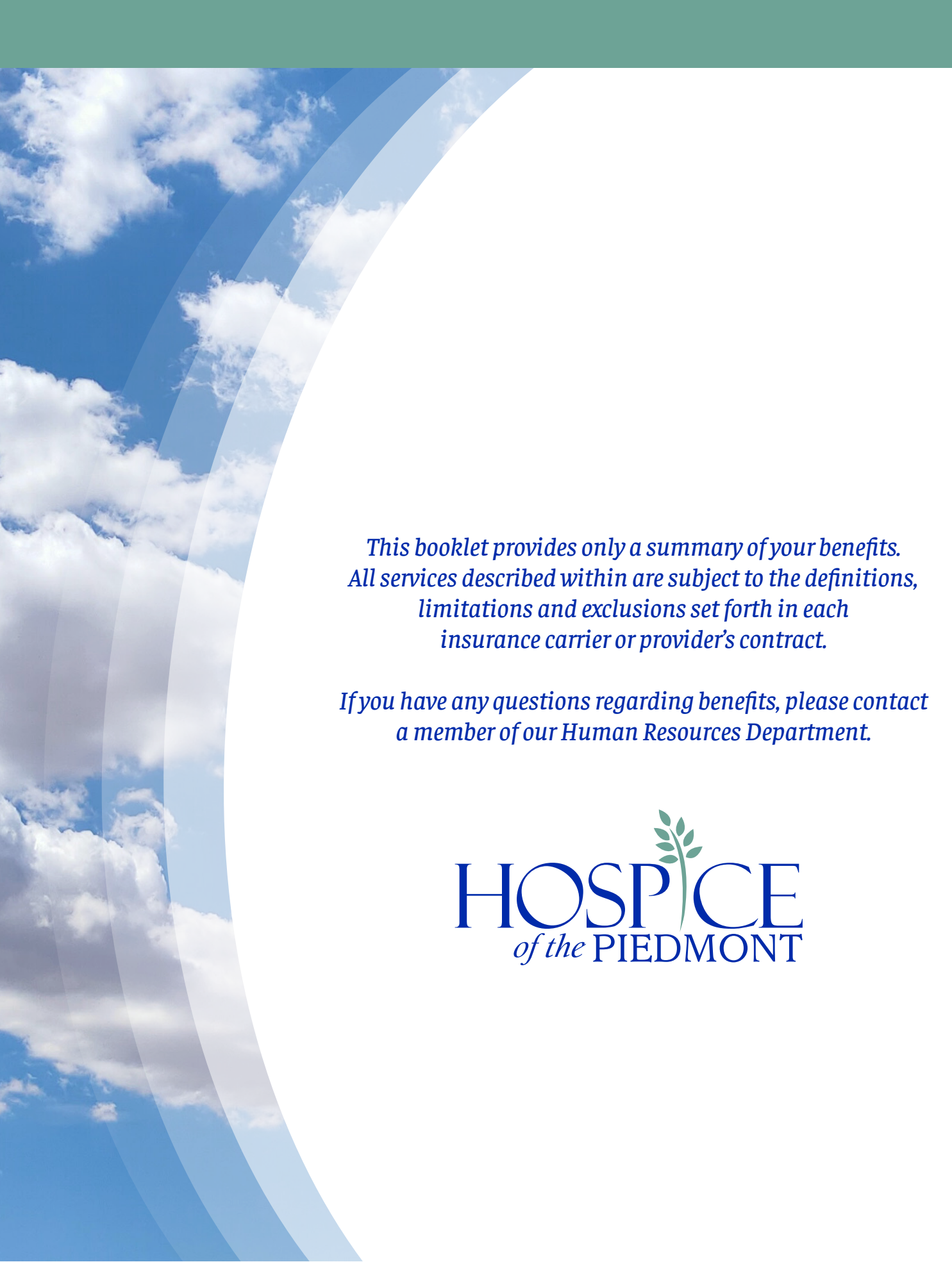
kenneth.thompson@coloniallifesales.com | 336-816-2770

MetLife - Legal Plans

info.legalplans.com
800-821-6400
Cyberscout Fraud Protection
800-406-7194

AFLAC

Kris Andrews
kristina_andrews@us.aflac.com
336-688-1360



*This booklet provides only a summary of your benefits.
All services described within are subject to the definitions,
limitations and exclusions set forth in each
insurance carrier or provider's contract.*

*If you have any questions regarding benefits, please contact
a member of our Human Resources Department.*

**HOSPICE**
of the **PIEDMONT**