UNC HEALTH®

2024-2025 Benefits & Enrollment Guide

UNC Hospitals Graduate Medical Education

Coverage Effective July 1, 2024 – June 30, 2025

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UNC Hospitals Graduate Medical Education has created a benefit package that helps protect you and your family. We know the coverage decisions you make are very important. You deserve all the information you need to make the right choices for you and your family. The purpose of this guide is to give you a high level overview of our benefit programs. For more detailed information, refer to the summary plan documents available on MedHub.

If you (and/or) your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 52-53 for more details.

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CONTACT INFORMATION

Coverage	Administrator / Contact Name	Contact Number	Website / Email / Information
Employee Assistance Program	Headspace	(885) 420-0734	work.headspace.com/unch/member-enroll Access code: unch
Medical Insurance *including Vision Coverage*	Blue Cross NC	(888) 624-6299	www.mycreatehealth.com/employee
Prescriptions	Magellan Rx	(800) 424-5892	unchealthcare.magellanrx.com
COBRA	AmeriFlex	(888) 868-3539	service@myameriflex.com
Mental Health & Substance Abuse	Blue Cross NC	(888) 624-6299	www.mycreatehealth.com/employee
UNC HealthLink Nurse Line	UNC Health	(855) 848-0424	n/a
UNC Health Virtual Care Now	UNC Health	(984) 215-6641	My UNC Chart *virtualcarenow.unchealth.org*
Health Savings Account	Optum Bank	(866) 234-8913 Option 1	www.optumbank.com
Flexible Spending Account	P & A Group	(800) 688-2611	www.padmin.com
Dental	MetLife	(800) 942-0854	www.metlife.com
Basic and Supplemental Life	MetLife	(800) 638-6420	www.metlife.com
Long Term Disability	Guardian	(800) 538-4583	www.guardiananytime.com
Individual Disability Insurance	Chris Mitta	n/a	https://insurestat.com/unc/
Legal	MetLife Legal Plan	(800) 821-6400	www.legalplans.com
Identity Theft Protection	Norton LifeLock	(855) 888-UNC8	UNC Health Voluntary Benefit Specialists
Universal Life Insurance	Transamerica	(855) 888-UNC8	UNC Health Voluntary Benefit Specialists
Auto & Home Insurance Options	Farmers Insurance *(formerly MetLife)*	(800) 438-6381	*Discount Code: AB6*
	Liberty Mutual	(800) 699-5298	www.libertymutual.com/unchealth
Childcare	Juggle	n/a	www.whyjuggle.com *Code: NCHEALTH*
Physician Recruitment	Amber Williams	(984) 215-4128	amber.williams1@unchealth.unc.edu
Deferred Compensation Savings Plan Options *457(b), 457(b) Roth*	EMPOWER *(formerly Prudential)*	(919) 602-8226	www.ncplans.prudential.com *christy.kelly@prudential.com*
	TIAA	(919) 687-5231	www.tiaa.org/unc *Erick.bell@tiaa.org*
UNC Hospitals GME Benefits	Ginny Mays / Jessica Cote	(984) 974-7840 (984) 974-7835	virginia.mays@unchealth.unc.edu Jessica.Cote@unchealth.unc.edu

When contacting any of the companies above, it is important to have the insurance card or ID number(s) of the subscriber for the coverage you are calling about as well as any appropriate paperwork, such as an explanation of benefits, a denial letter, receipts, etc.

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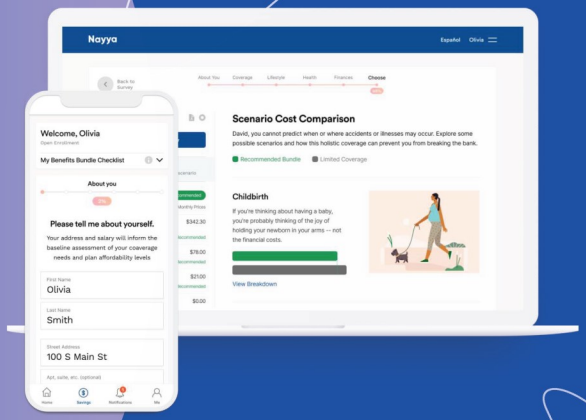
BEFORE YOU ENROLL...

Nayya

Selecting Your Benefits **User Guide**

Nayya Choose, our data-driven decision support platform, is designed to present you with your personalized benefits bundle recommendatation so you can feel more confident in your benefits decisions.



The support you deserve while you select your health and wellness benefits

How does it work?

Nayya walks you through enrollment with a quick, step-by-step assessment to determine the right level of coverage based on your unique needs.

We'll take care of the heavy lifting

Nayya provides a bundled recommendation that encompasses the full portfolio of your available benefits, such as medical, dental, and vision, as well as HSA investment support, providing a holistic view of your coverage.

Let's get started

1. Your benefits enrollment experience kicks off with a welcome email from Nayya that provides access instructions. To access the Choose portal, please use the link you received via email or scan the QR code to your right.

2. Within the Choose assessment, you will have the option to connect to your medical insurance carrier. Once linked, Nayya will analyze your past insurance usage to determine the right level of benefits for you moving forward. You will then be asked to answer simple questions about your family, lifestyle, and any upcoming life changes you have planned, such as if you are getting married or having a baby.

3. After finishing the assessment, you will then be provided with your bundled benefits recommendations and directed to complete the enrollment process.

Any questions? We're here to help!

For support, you can access the Nayya Help Center where you can search our knowledge base, browse FAQs, and chat with a customer service representative. Still can't find what you're looking for? Send us a note at customersuccess@nayya.com for more.

HIPAA and SOC 2 compliant

Learn more at **nayya.com**

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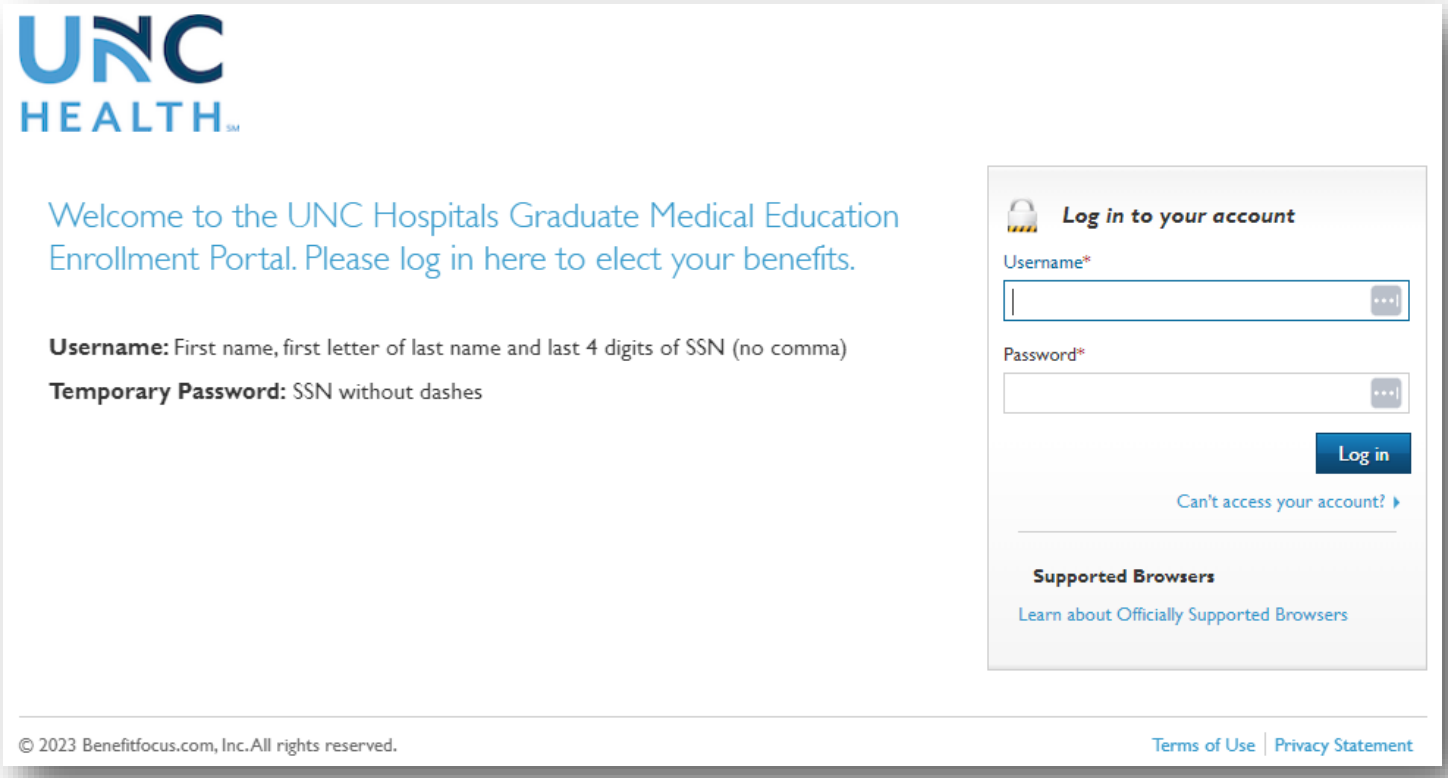
BENEFITS ENROLLMENT PORTAL

To enroll in UNC Hospitals Graduate Medical Education's benefits effective 7/1/24—6/30/25; follow these instructions for using the Benefits Enrollment Portal:

1. At any computer with an internet connection, go to **unchospitalsgme.hrintouch.com**
2. If you are logging in for the first time or during annual open enrollment, your user name is your first name, first letter or your last name and last 4 digits of your SSN. Your initial password is your SSN without dashes.

If you have a Qualifying Event and need to add, change or terminate coverage, send documentation to GME Benefits at **gmebenefits@unchealth.unc.edu**



BENEFITS ELIGIBILITY

ELIGIBILITY

UNC Hospitals GME is pleased to offer trainees and their families a comprehensive benefits program that is flexible in design, provides for varying levels of coverage, offers voluntary supplemental programs and provides personal tax advantages whenever possible. UNC Hospitals Graduate Medical Education offers benefits to all eligible trainees as defined in the UNC Hospitals Graduate Medical Education Group Welfare Benefit Plan.

DEPENDENT ELIGIBILITY

Your dependents may also be covered under the benefit plans as described below.

Benefits	Legal Spouse	Domestic Partner*	Dependent Children
Medical / Rx	☑	☑	Up to age 26
Dental	☑	☑	Up to age 26
Supplemental Life	☑	☒	Unmarried children up to age 19 or 26 if FT student

You must notify UNC Hospitals GME when your dependents are no longer eligible; their coverage terminates at the end of the month.

You may be asked to provide UNC Hospitals GME with proof of dependent eligibility in the form of:

- Copy of your marriage certificate
- Copy of your dependent(s) birth certificate(s)
- Copy of your most recent federal tax return
- Copy of court order to provide group health coverage to your dependent children

COVERAGE FOR NEWLY HIRED TRAINEES

As a newly hired trainee, it is important you review the benefit information and enroll in benefits during your initial new hire eligibility period. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period unless you experience a qualifying event.

BENEFITS EFFECTIVE

As a newly hired trainee, your benefits are effective on your date of hire. Newly hired trainees have 30 days after their eligibility date to enroll. If you do not enroll by the deadline, you will not be eligible for coverage until the next annual open enrollment period.

Go to unchospitalsgme.hrintouch.com to enroll or make changes to your UNC Hospitals GME benefits.

**Documentation is required and certain tax implications may apply when covering a Domestic Partner and./or Domestic Dependent.*

QUALIFYING EVENTS

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Also, you must notify UNC Hospitals GME within the timeframe noted below or you will need to wait until the next annual open enrollment period to make changes. Qualifying Event examples:

Qualifying Event	Timeframe to Notify HR*
Marriage, divorce or legal separation	30 days
Birth, adoption or placement for adoption	30 days
Death of a dependent	30 days
Change in your spouse's employment status	30 days
Change in coverage status under your spouse's plan	30 days
A loss of eligibility for other health coverage	30 days
Change in dependent child's status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them	30 days
Judgment, decree or court order allowing you to add or drop coverage for a dependent child	30 days
Change in eligibility for Medicare or Medicaid	60 days
Termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP)	60 days
Becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP	60 days

**days from the qualifying event*

TERMINATION OF COVERAGE

If employment is terminated, most benefits will end the last day of the month. FSA and disability coverage terminates the last day worked. Your HSA goes with you after termination.

COBRA CONTINUATION COVERAGE

When you or any of your dependents no longer meet the eligibility requirements for a health plan, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

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YOUR COSTS FOR 2024 — 2025 MEDICAL AND DENTAL COVERAGE

2024-2025 PAYROLL DEDUCTIONS (*BY PAY PERIOD*)				
	Trainee Only	**Trainee + Spouse**	**Trainee + Child(ren)**	**Trainee + Family**
MEDICAL—MONTHLY COSTS				
PPO Copay Plan	$38.02	$295.98	$285.02	$448.78
High Deductible (HSA)	$21.76	$182.40	$176.66	$278.46
MEDICAL—SEMI-MONTHLY COSTS PER PAY PERIOD				
PPO Copay Plan	$19.01	$147.99	$142.51	$224.39
High Deductible (HSA)	$10.88	$91.20	$88.33	$139.23
DENTAL—MONTHLY COSTS				
Low Plan	$28.04	$56.70	$65.58	$79.08
High Plan	$50.04	$101.20	$117.06	$140.94
DENTAL—SEMI-MONTHLY COSTS PER PAY PERIOD				
Low Plan	$14.02	$28.35	$32.79	$39.54
High Plan	$25.02	$50.60	$58.53	$70.47

UNDERSTANDING YOUR PRE-TAX BENEFIT PAYROLL DEDUCTIONS

The Section 125 Cafeteria Plan allows you to pay for many of the benefits we offer with "before-tax" dollars (e.g., medical, dental, HSA or FSA contributions). By paying premiums with "before-tax" dollars, you may reduce the amount of income tax and Social Security tax that you otherwise would be required to pay. Your annual elections are effective for the remainder of the plan year. Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Refer to the preceding page of this guide for information on what constitutes a qualifying event, and the associated timeframe you have to notify UNC Hospitals GME if you intend to make a change. Trainees also have the opportunity to make HSA or FSA contributions on a pre-tax basis.

OPEN ENROLLMENT INFORMATION

- **Open Enrollment:** ***Open enrollment is your opportunity to make changes to your benefit elections.*** Once you have made your elections you may not make changes (for most coverages) until our next annual open enrollment period, unless you experience a qualifying change in status. *See chart on prior page for details.*
- **Medical:** Our medical plans are administered by Brighton Blue Cross NC. UNC Hospitals GME offers two medical plans for you to choose from. UNC Hospitals GME contributes substantially toward the cost of this coverage for you and your dependents. When you enroll, you will also be enrolled automatically in the HRA benefit program. Your HRA will cover 75% of your eligible out-of-pocket medical costs (for the High Deductible HSA Plan, 75% of eligible medical costs will apply *after* you satisfy your annual deductible). *You will receive a member ID card if you are enrolling for the first time or making a new election.*
- **Dental:** Our dental plans are with MetLife and we offer two plans for you to choose from.
- **Life**: UNC Hospitals GME provides eligible trainees with Basic Life insurance through MetLife at no cost. You may purchase additional supplemental life insurance for yourself and your dependents.
- **Disability:** UNC Hospitals GME provides Long Term Disability coverage through Guardian.
- **Flexible Spending Accounts:** UNC Hospitals GME offers Health Care, Dependent Care and Limited Purpose Health Care Flexible Spending Accounts. These accounts are administered by P & A Group.

UNC HEALTH NETWORK HEALTH PLAN
HIGH DEDUCTIBLE (HSA) PLAN OPTION

Plan Administrator	Blue Cross NC (888) 624-6299

The following is a summary of your **High Deductible HSA Plan** medical benefits. For a more detailed explanation of benefits, please refer to your Plan Summary and/or your Summary of Benefits & Coverage (SBC).

Summary of Benefits	Domestic Network *UNC Health Providers*	In-Network Services *BCBS PPO Providers*	Non-Network Services *Out-of-Network Providers*
HRA Benefit Covers 75% of Cost Share, After Ded., When You Use UNC Providers (see p12)		n/a	n/a
Deductibles & Maximums—			
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible	$1,600 Single $3,200 Family	$3,000 Single $6,000 Family	$3,500 Single $7,000 Family
Coinsurance	90% / 10%	75% / 25%	60% / 40%
Out-of-Pocket Maximum – *Includes Deductible & Coinsurance*	$3,200 Single $6,400 Family	$5,000 Single $10,000 Family	$7,500 Single $15,000 Family
Annual HSA Employer Contribution	Single Coverage $500 / Family Coverage $1,000		
The Deductible and Out-of-Pocket Max amounts for the Domestic Network (UNC Health Providers) and In-Network (BCBS PPO Providers) cross-feed.			
Preventive Care & Office Visits			
Physician Office Visit *Primary Care / Specialist*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Preventive Office Visit *Primary Care / Specialist*	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Well Baby Office Visit	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Routine Lab & X-rays *Primary Care / Specialist*	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Routine Eye Exam	**Covered at 100%**	**Covered at 100%**	**Covered at 100%**
Lenses and Frames	**Covered up to $80 at 100% then 90% for all 3 tiers—deductible waived**		
Prenatal Care *Does not include Sonograms*	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Postnatal Care	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Inpatient & Outpatient Services			
Inpatient Facility & Physician Services	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Inpatient Maternity Admission	Covered at 90% after deductible	Covered at 75% after deductible + $500 copay	Covered at 60% after deductible + $1,000 copay
Inpatient Maternity Admission *If enrolled in Blue Cross Maternity Management Program during 1st Trimester*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Outpatient Hospital & Surgery *including Physician Charges*	Covered at 90% after deductible	Covered at 75% after deductible	Not Covered
Diagnostic Services			
Outpatient Hospital Lab and X-ray Charges	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Independent Clinical Lab Facilities	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Outpatient Advanced Imaging *(MRI, MRA, CT, CAT Scan)*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible

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UNC HEALTH NETWORK HEALTH PLAN
HIGH DEDUCTIBLE (HSA) PLAN OPTION

Summary of Benefits	Domestic Network *UNC Health Providers*	In-Network Services *BCBS PPO Providers*	Non-Network Services *Out-of-Network Providers*
PET Scans	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Urgent Care & Emergency Services			
Urgent Care *Includes Lab, X-ray & Physician Charges*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Emergency Department *including Physician Charges*	Covered at 90% after deductible	Covered at 90% after deductible	Covered at 90% after deductible
Mental Health/Substance Dependency— **Deductible Applies Before Plan Pays**			
Inpatient Facility & Physician Services	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Outpatient Facility & Physician Services	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Office Visit	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Other Services			
Chiropractic Care *See benefit below*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Physical & Occupational Therapy *30 Visits / Plan Year for Physical & Occupational Therapy as well as Chiropractic Care; combined for all tier levels*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Speech Therapy *30 Visits per Plan Year; combined for all tier levels*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Durable Medical Equipment	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Fertility Program			
Fertility Treatment *Lifetime combined maximum of $35,000 for medical & pharmacy; must participate in Fertility Program (see page 22)*	Benefit varies based on the facility in which it is performed	Benefit varies based on the facility in which it is performed	Benefit varies based on the facility in which it is performed

DID YOU KNOW...Your medical plan provides vision benefits?

HSA Plan Details

Similar to traditional vision insurance plans, your medical plan offers full vision benefits including:

- An annual (refractive) eye exam covered at 100% *(deductible waived)*
  - Contact Lens Fitting is included with eye exam benefit
- An annual benefit for lenses (*includes glass lenses or contact lenses*) and frames:
  - Allowance: $80 allowance *(+ 90% coverage for amounts over the allowance)*
- In lieu of frames and glass lenses, you can choose to use your annual benefit for contact lenses ($80 annual allowance + 90% coverage for amounts over the allowance)

NOTE: *Coverage applies to each covered person per plan year*

UNC HEALTH NETWORK HEALTH PLAN
PPO COPAY PLAN OPTION

Plan Administrator	Blue Cross NC (888) 624-6299

The following is a summary of your **PPO Copay Plan** medical benefits. For a more detailed explanation of benefits, please refer to your Plan Summary and/or your Summary of Benefits & Coverage (SBC).

Summary of Benefits	Domestic Network *UNC Health Providers*	In-Network Services *BCBS PPO Providers*	Non-Network Services *Out-of-Network Providers*
HRA Benefit Covers 75% of Cost Share When You Use UNC Providers (*see p12*)		n/a	n/a
Deductibles & Maximums—			
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible	$250 Single $500 Family	$1,000 Single $2,000 Family	$3,000 Single $6,000 Family
Member Coinsurance	90% / 10%	75% / 25%	60% / 40%
Out-of-Pocket Maximum – *Includes Deductible, Coinsurance & Copays*	$1,750 Single $3,500 Family	$5,000 Single $10,000 Family	$7,500 Single $15,000 Family
The Deductible and Out-of-Pocket Max amounts for the Domestic Network (UNC Health Providers) and In-Network (BCBS PPO Providers) cross-feed. The Domestic Deductible applies to UNC Health Facility Services Only.			
Preventive Care & Office Visits			
Primary Care Office Visit	$10 Copay then 100%	$40 Copay then 100%	Covered at 60% after deductible
Specialist Office Visit	$20 Copay then 100%	$60 Copay then 100%	Covered at 60% after deductible
Preventive Office Visit *Primary Care / Specialist*	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Well Baby Office Visit	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Routine Lab & X-rays *Primary Care or Specialist*	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Outpatient Preventive Mammography	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Prenatal Care *Does not include Sonograms*	Covered at 100%	Covered at 100%	Covered at 60% after deductible
Postnatal Care	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Routine Eye Exam	**$10 Copay then 100%**	**$35 Copay then 100%**	**$35 Copay then 100%**
Lenses and Frames	**Covered up to $80 at 100% then 90% for all 3 tiers– deductible waived**		
Inpatient & Outpatient Services			
Inpatient Facility & Physician Services	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Inpatient Maternity Admission	Covered at 90% after deductible	Covered at 75% after deductible & $500 copay	Covered at 60% after deductible + $1,000 copay
Inpatient Maternity Admission *If enrolled in Blue Cross Maternity Management Program during 1st Trimester*	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Outpatient Hospital & Surgery Services *including Physician Charges*	Covered at 90% after deductible	Covered at 75% after deductible	Not Covered
Diagnostic Services			
Outpatient Hospital Lab Charges *when performed alone*	Hospital Services: $20 Copay then 100%; Physician Services: Covered at 100%	Hospital & Physician Services: Covered at 75% after deductible	Covered at 60% after deductible

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UNC HEALTH NETWORK HEALTH PLAN
PPO COPAY PLAN OPTION

Summary of Benefits	Domestic Network *UNC Health Providers*	In-Network Services *BCBS PPO Providers*	Non-Network Services *Out-of-Network Providers*
Outpatient Hospital X-ray Charges	$20 Copay then 100%	Covered at 75% after deductible	Covered at 60% after deductible
Independent Clinical Lab Facilities	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Outpatient Advanced Imaging *(MRI, MRA, CT, CAT Scan)*	$20 Copay then 100%	Covered at 75% after deductible	Covered at 60% after deductible
PET Scans	$20 Copay then 100%	Covered at 75% after deductible	Covered at 60% after deductible
Urgent Care & Emergency Services			
Urgent Care *Includes Lab, X-ray & Physician Charges*	$50 Copay then 100%	$50 Copay then 100%	$50 Copay then 100%
Emergency Department *Facility Services & Physician Charges*	$150 Copay then 100%	$150 Copay then 100%	$150 Copay then 100%
Mental Health/Substance Dependency–			
Inpatient Facility & Physician Services	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Outpatient Facility & Physician Services	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Office Visit	$10 Copay then 100%	$40 Copay then 100%	Covered at 60% after deductible
Other Services			
Chiropractic Care *See benefit below*	$20 Copay then 100%	$60 Copay then 100%	Covered at 60% after deductible
Physical & Occupational Therapy *30 Visits / Plan Year for Physical & Occupational Therapy including Chiropractic Care (Combined for all tier levels)*	$20 Copay then 100%	$60 Copay then 100%	Covered at 60% after deductible
Speech Therapy *30 Visits per Plan Year combined for all tier levels*	$20 Copay then 100%	$60 Copay then 100%	Covered at 60% after deductible
Durable Medical Equipment	Covered at 90% after deductible	Covered at 75% after deductible	Covered at 60% after deductible
Fertility Program			
Fertility Treatment *Lifetime combined maximum of $35,000 for medical & pharmacy; must participate in Fertility Program (see page 22)*	Benefit varies based on the facility in which it is performed	Benefit varies based on the facility in which it is performed	Benefit varies based on the facility in which it is performed

DID YOU KNOW...Your medical plan provides vision benefits?

Copay Plan Details

Similar to traditional vision insurance plans, your medical plan offers full vision benefits including:

- An annual (refractive) eye exam with a copay (*based on what provider you choose*)
  - Contact Lens Fitting is included with eye exam benefit
- An annual benefit for lenses (*includes glass lenses or contact lenses*) and frames:
  - Allowance: $80 allowance (+ 90% coverage for amounts over the allowance)
- In lieu of frames and glass lenses, you can choose to use your annual benefit for contact lenses ($80 annual allowance)

NOTE: *Coverage applies to each covered person per plan year*

APPLICABLE TO BOTH NETWORK HEALTH PLANS: HRA BENEFIT PROGRAM

For trainees enrolled in the Network Health Plan (Copay or High Deductible (HSA) plan), when you use UNC Health and UNC Health Alliance medical providers, you already receive the highest level of coverage and the lowest out-of pocket costs. The Network Health Plan Health Reimbursement Arrangement (HRA) Benefit Program reduces your out-of-pocket medical costs even more by covering a portion of some of those costs through an HRA.

If you enroll in either option under the Network Health Plan, you will also automatically be enrolled in the HRA Benefit Program. Because Blue Cross NC is the administrator for both the Network Health Plan and the HRA Benefit Program, you will only need to present your Blue Cross NC Network Health Plan ID card when you visit an HRA Eligible Provider to use your HRA (Copay plan) or Post-Deductible HRA (High Deductible (HSA) plan). In most cases, at the time you pay an HRA-Eligible Provider for an eligible out-of-pocket expense (such as a copayment or coinsurance), your HRA benefit will apply automatically and cover 75% of the expense (for the High Deductible (HSA) plan, only after you satisfy the annual Deductible).

When an HRA-Eligible Provider submits a claim to Blue Cross NC, first, Blue Cross NC will first process the claim in accordance with the provisions of the Network Health Plan coverage option in which you are enrolled (Copay plan or High Deductible (HSA) plan). The Network Health Plan will cover and pay the provider for the eligible medical services and products to the same extent it covers all other eligible medical services and products. Then, because you used an HRA-Eligible Provider, Blue Cross NC will next process the claim in accordance with the provisions of the HRA Benefit Program. Your HRA or Post-Deductible HRA will cover and pay the provider 75% of your eligible out-of-pocket expenses (for the High Deductible (HSA) Plan Option, only after you satisfy the annual Deductible). Please refer to the Plan Summary – General Provisions for additional details and limitations.

HRA-ELIGIBLE PROVIDERS

- ⇒ **UNC Health hospitals, facilities, and physicians** *findadoc.unchealthcare.org*
- ⇒ **UNC Health Alliance independent providers** *unchealthcare.org/health-alliance*
- ⇒ **Key Physicians** *keymedicalhome.com*
- ⇒ **Unified Women's Health** *unifiedwomenshealthcare.com*

Please note the HRA Benefit Program:

- Excludes expenses for services and products not covered under the Network Health Plan
- Excludes expenses for prescription drugs
- *If you are enrolled in the PPO Copay Option*, excludes your $150 copayment applicable to Emergency Department Facility Services & Physician Charges, unless the pertinent ED visit leads to the patient's admission
- *If you are enrolled in the High Deductible (HSA) Plan*, **cannot** cover **any** out-of-pocket expenses **before** you satisfy your annual deductible.

Watch the following 5 minute video explaining the HRA Benefit Program!

https://youtu.be/gA4iMg96r4A

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NETWORK HEALTH PLAN PHARMACY SERVICES: PRESCRIPTION BENEFITS

Pharmacy Information-HDHP-High Deductible (HSA) Plan Option			
Prescription Drugs *Member Cost Share*	**UNC Health In-House Pharmacies** *30-day Supply*	**UNC Health In-House Pharmacies & Mail Order** *90-day Supply*	**Retail Pharmacies** *30-day Supply*
Generic	Covered at 90% after deductible	Covered at 90% after deductible	Covered at 80% after deductible
Preferred Brand	Covered at 90% after deductible	Covered at 90% after deductible	Covered at 80% after deductible
Non-Preferred Brand	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 70% after deductible
Specialty	Covered at 80% after deductible	No Coverage	No Coverage
Preventive Medications– *ACA Required* AND Expanded Preventive** Medications List*	Covered at 100%, Deductible Waived	Covered at 100%, Deductible Waived	**ACA-required** covered at 100%, *Deductible Waived* **Expanded List** covered at 80% / 70% (*dependent on medication*) *after deductible*

Pharmacy Information-PPO Copay Plan Option			
Prescription Drugs *Member Cost Share*	**UNC Health In-House Pharmacies** *30-day Supply*	**UNC Health In-House Pharmacies & Mail Order** *90-day Supply*	**Retail Pharmacies** *30-day Supply*
Generic	$0 Copay	$10 Copay	$15 Copay
Preferred Brand	$15 Copay	$30 Copay	$30 Copay
Non-Preferred Brand	$25 Copay	$50 Copay	$40 Copay
Specialty	Covered at 80%	No Coverage	No Coverage
Preventive Medications– *ACA Required* ONLY*	Covered at 100%	Covered at 100%	Covered at 100%

Formulary Medications: The formulary drug list is available at the UNC Health Pharmacy Benefit website. The UNC Health Pharmacy Benefit website is unchealthcare.magellanrx.com. You can use this link to look up coverage and tiers for your medications.

For information about **ACA-required preventive medications use the link above and click on Tools and Resources > Formulary and Clinical Documents > look for the "Health Care Reform" list*

***For **Expanded Preventive** Medications List click on Tools and Resources > Formulary and Clinical Documents > look for the "Preventive Drug List (For HDHP Only)"*

Specialty Medications: Specialty medications are available at In-House Pharmacy locations. A list of specialty medications is available at the UNC Health Pharmacy Benefit website. In addition, select generic specialty medications are available at a $0 copay.

Value Max Savings Program: Manufacturers of select high-cost medications have copay cards that help to reduce out of pocket costs. If you are prescribed a high-cost medication, you can visit the UNC Health Pharmacy Benefit website to understand if your medication is impacted.

UNC Health Pharmacies: By using a Network Pharmacy, you can reduce your copay and coinsurance.

You can search for MagellanRx Retail Pharmacies here: unchealthcare.magellanrx.com

NETWORK HEALTH PLAN PHARMACY SERVICES: NETWORK PHARMACY LISTING

Mail Order and Specialty			
UNC Specialty and Home Delivery Services (SCC)	specialtypharmacy@unchealth.unc.edu		984-974-6779 *(option 3)* 855-788-4101 *(option 3)*
UNC Health Johnston			
Johnston Health Outpatient Pharmacy	509 North Bright Leaf Boulevard	Smithfield	(919) 938-7386
Central Outpatient Pharmacy	101 Manning Drive (NC Canver Hospital)	Chapel Hill	(984) 974-2374
Employee Pharmacy for UNC Medical	101 Manning Drive (NC Memorial Hospital)	Chapel Hill	(984) 974-5415
UNC Pharmacy at Eastowne	100 Eastowne Drive	Chapel Hill	(984) 215-6770
UNC Hillsborough Outpatient Pharmacy	430 Waterstone Drive	Hillsborough	(984) 215-2060
UNC Health Caldwell			
Community Pharmacy	321 Mulberry Street	Lenoir	(828) 757-5162
UNC Health Chatham			
Siler City Pharmacy	202 East Raleigh Street	Siler City	(919) 663-5541
Nash UNC Health Care			
Nash Hospital Employee Pharmacy	2460 Curtis Ellis Drive	Rocky Mount	(252) 962-3880
Pardee UNC Health Care			
Pardee Outpatient Pharmacy	800 North Justice Street	Hendersonville	(828) 696-1078
UNC Rex Health Care			
Holly Springs Pharmacy	648 Holly Springs Rd	Holly Springs	(919) 346-6689
Rex Pharmacy of Raleigh	4420 Lake Boone Trail	Raleigh	(919) 784-3242
UNC Pharmacy at Panther Creek	6715 McCrimmon Pkwy	Cary	(984) 215-6368
UNC Health Rockingham			
Eden Drug	103 West Stadium Drive	Eden	(336) 627-4854
Layne's Family Pharmacy	509 South Van Buren Road	Eden	(336) 627-4600
Mitchell's Discount Drugs, Inc.	544 Morgan Road	Eden	(336) 623-7747
UNC Health Wayne			
Wayne UNC Health Care Pharmacy	2700 Wayne Memorial Drive	Goldsboro	(919) 731-6801
UNC Health Lenoir			
Kinston Clinic Pharmacy	701 Doctors Drive, Suite P	Kinston	(252) 523-3187
Realo Discount Drugs	300 North Queen Street	Kinston	(252) 527-6929
Realo Discount Drugs	1302 West Vernon Ave	Kinston	(252) 523-6069
UNC Health Southeastern			
Southeastern Pharmacy	300 West 27th Street	Lumberton	(910) 737-8806
Southeastern Pharmacy Health Mall	2934 North Elm Street Suite C	Lumberton	(910) 735-8858

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CAROLINA ASSESSMENT OF MEDICATIONS PROGRAM (CAMP)

UNC HEALTH

The CAMP Chronic Conditions Program is a special pharmacy program that connects you with a UNC Clinical Pharmacist who will support you in managing your medications and conditions. By participating in this voluntary program, you will be eligible to receive medications for certain chronic conditions free of charge or at a reduced cost at one of the UNC In-House Pharmacies.

PROGRAM ELEMENTS

- Telephonic/Video Visit(s) with a CAMP Pharmacist
- Providing lab results (e.g. A1c, lipid panel) from your provider visit and sending them to the CAMP Clinic
- Monitoring your chronic conditions at home when appropriate (e.g. blood sugar and blood pressure)

THE INCENTIVES

- Tier 1 Medications: $0 copay/coinsurance (some exclusions apply)
- Tier 2 Medications: 50% copay/coinsurance discount

DIABETES:

ACARBOSE
DIAZOXIDE
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLIPIZIDE XL
GLIPIZIDE-METFORMIN
GLYBURIDE
GLYBURIDE MICRO
GLYBURIDE-METFORMIN
METFORMIN
METFORMIN ER
MIGLITOL
NATEGLINIDE
PIOGLITAZONE
PIOGLITAZONE-METFORMIN
REPAGLINIDE

DIABETES:

TIER 2 – PREFERRED

BAQSIMI
DEXCOM G6,G7
FARXIGA
FREESTYLE LIBRE
FIASP
GLUCAGON EMERGENCY KIT
GLYXAMBI
GVOKE HYPOPEN
HUMULIN R 500
JANUMET JANUMET XR JANU-VIA JARDIANCE
LEVEMIR
MOUNJARO
NOVOLIN
NOVOLOG
OZEMPIC
OMNIPOD 5 G6 (GEN 5) RYB-ELSUS
SEMGLEE
SOLIQUA
SYNJARDY
SYNJARDY XR
TOUJEO
TRESIBA
TRIJARDY XR TRULICITY
XIGDUO XR
XULTOPHY

CHOLESTEROL:

TIER 1 – GENERICS

ATORVASTATIN
CHOLESTYRAMINE LIGHT
CHOLESTYRAMINE
COLESEVELAM
COLESTIPOL TABLET
COLESTIPOL HCL
EZETIMIBE
EZETIMIBE-SIMVASTATIN
FENOFIBRATE
GEMFIBROZIL
LOVASTATIN
NIACIN ER
PRAVASTATIN
PREVALITE
ROSUVASTATIN
SIMVASTATIN

CHOLESTEROL:

TIER 2 – PREFERRED

LIPOFEN
LIVALO
NEXLETOL NEXLIZET
REPATHA VASCEPA

REVISED: 10/5/2023

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CAROLINA ASSESSMENT OF MEDICATIONS PROGRAM (CAMP)

BLOOD PRESSURE:

TIER 1 – GENERICS

ACEBUTOLOL
AMILORIDE
AMILORIDE-HCTZ
AMLODIPINE
AMLODIPINE-BENAZEPRIL
AMLODIPINE-OLMESARTAN
AMLODIPINE-VALSARTAN
AMLOD-VALSA-HCTZ
ATENOLOL
ATENOLOL-CHLORTHALIDONE
BENAZEPRIL
BENAZEPRIL-HCTZ
BETAXOLOL
BISOPROLOL
BISOPROLOL-HCTZ
BUMETANIDE
CANDESARTAN
CANDESARTAN-HCTZ
CAPTOPRIL
CARTIA XT
CARVEDILOL
CHLORTHALIDONE
CLONIDINE TAB/PATCH
DILTIAZEN XR
DILTIAZEM
DOXAZOSIN
ENALAPRIL
ENALAPRIL-HCTZ
EPLERENONE
FELODIPINE ER
FOSINOPRIL
FOSINOPRIL-HCTZ
FUROSEMIDE
GUANFACINE
HYDRALAZINE
HCTZ
INDAPAMINE
IRBESARTAN
IRBESARTAN-HCTZ
ISOSORBIDE DN
ISOSORBIDE MN
ISOSORBIDE MN ER
ISRADIPINE
LABETALOL
LISINOPRIL
LISINOPRIL-HCTZ
LOSARTAN
LOSARTAN-HCTZ
METHYLDOPA
METOLAZONE
METOPROLOL SUCC ER
METOPROLOL TARTRATE METOPROLOL-HCTZ
MINITRA
MINOXIDIL
MOEXIPRIL
NADOLOL
NEBIVOLOL
NIFEDIPINE
NIFEDIPINE ER
NIMODIPINE
NITROGLYCERIN PATCH NITROGLYCERIN SL TAB NITROGLYCERIN SPRAY NITROGLYCERIN ER
OLMESARTAN
OLMESARTAN-HCTZ
OLMSRTN-AMLDPN-HCTZ PERINDOPRIL
PINDOLOL
PRAZOSIN
PROPRANOLOL
PROPRANOLOL ER
QUINAPRIL
QUINAPRIL-HCTZ
RAMIPRIL
SORINE
SOTALOL
SOTALOL AF
SPIRONOLACTONE SPIRONOLACTONE-HCTZ
TAZTIA XT
TELMISARTAN
TELMISARTAN-AMLODIPINE
TERAZOSIN
TIADYLT ER
TORSEMIDE
TRANDOLAPRIL
TRIAMTERENE
TRIAMTERENE-HCTZ
VALSARTAN
VALSARTAN-HCTZ
VERAPAMIL
VERAPAMIL ER
VERAPAMIL SR

-Some exclusions may apply.

-Prior Authorization may be required.

FOR MORE INFORMATION

If you have questions or would like additional information on the CAMP Chronic Conditions Program, please contact the CAMP Clinic at (984) 215-6844.

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Population Management

provided by UNC Health Alliance and Managed Pharmacy Solutions

Teammates enrolled in the Network Health Plan have access to services to stay healthy. All services are voluntary and virtual.

Medication Management Services

The Carolina Assessment of Medications Program (CAMP) provides Medication Management Services. How can a CAMP pharmacist or pharmacy technician assist me?

- Discuss your medications and any concerns that you may have, including general medication information, side effects, drug interactions, and medication costs
- Collaborate with you and your healthcare providers to help you achieve treatment goals for chronic conditions and ensure your medications are safe, effective, and affordable

When you enroll in CAMP, you may be able to receive some chronic condition medications for free or at a lower cost from a UNC Health pharmacy.

For more information, please call (984) 215-6844 or email CAMPclinic@unchealth.unc.edu.

Complex Case Management

What is Complex Case Management and how can it help me?

- Complex Case Management promotes self-management of your health conditions and prescribed medications
- During the initial call, a health assessment is performed and health goals for the next 90-days are agreed upon
- The nurse or social worker supports connections to community resources such as meal assistance programs, transportation services, and behavioral health services, as needed

For more information, call (984) 215-4040 or email personalhealthadvocate@unchealth.unc.edu.

Transitional Case Management

What should I expect of Transitional Case Management?

- With discharge from a UNC Health hospital, you may receive a call from nurse case manager
- The nurse will ask questions about your recent hospital stay and how you are doing at home. They will help you understand discharge instructions, coordinate resources, and promote self-management
- Patients with certain chronic conditions are offered follow-up for up to 30-days. You may be eligible for a referral for continued case management services if you need additional support

For more information, call (984) 215-5882 or email personalhealthadvocate@unchealth.unc.edu.

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Care for Me

Brief Behavioral Health Treatment

Our Behavioral Health Brief Treatment program offers up to 12 mental health sessions with a licensed clinical social worker (LCSW). How can an LCSW support me?

- Goal setting
- Behavior change
- Provide short-term interventions for anxiety, depression, stress, health related concerns, and grief

If you need further counseling after 12 sessions, your licensed clinical social worker will support transition to a behavioral health provider for longer-term treatment

For more information, email VirtualECM@unchealth.unc.edu.

Nutrition Counseling

How can a dietitian help me?

- Weight management: healthy eating habits, grocery shopping tips, individual meal plan guidance, help with eating out/on the go
- Diabetes: comprehensive support to manage diabetes: choosing the best food options, meal planning, label reading, lifestyle changes, understanding medications, identifying symptoms of low or high blood sugar and complications from diabetes
- High blood pressure, kidney disease, and other conditions: learn more about eating to improve your health and reach your health goals

This is an individual, virtual service with a registered dietitian.

For more information, email VirtualECM@unchealth.unc.edu.

**Eligibility requirements apply for some services.*

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NETWORK HEALTH PLAN
HEALTH SAVINGS ACCOUNT

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account, commonly known as a "HSA," is an individual account you can add money to, and use for eligible health care expenses. If you elect the High Deductible (HSA) Plan option, and you do not have other disqualifying coverage*, then you are eligible for a HSA.

OPENING YOUR HSA

Once you are covered by the High Deductible (HSA) Plan option, you may open your HSA. You will need to provide a physical address—not a P. O. Box—to open your HSA.

Once you open your HSA, any payroll deductions you have elected will begin. Set up your HSA right away because your HSA cannot reimburse expenses incurred before the account was opened. You will receive a debit card from Optum Bank.

ADDING MONEY

The government sets the annual dollar maximum that can be contributed to a HSA depending on the level of coverage you have under your health insurance. Coverage of two or more people is considered family coverage. People who are age 55 or older can make additional catch-up contributions.

**For purposes of HSA eligibility, disqualifying coverage is any other coverage that pays or reimburses for medical expenses before the applicable deductible is satisfied. See IRS Publication 969.*

2024 HSA Maximum Contribution Limits	
Self-only	$4,150
Family	$8,300
55+ Catch Up	$1,000

NOTE: PLEASE SEE IRS REGULATIONS OR HR FOR HSA ENROLLMENT ELIGIBILITY

USING HSA MONEY

You decide when to use the money in your HSA.

If you pay out of pocket for an eligible expense, you can choose not to reimburse yourself and let the money in your HSA build up or you can reimburse yourself for the expense from your HSA.

If you use your HSA money for expenses that are not eligible, those amounts will be included in your taxable income and you will pay a 20% tax penalty on the amount. Once you turn age 65, you will not be subject to the 20% penalty, but amounts used for ineligible expenses will be included in your taxable income. To view the full list of eligible expenses, visit www.irs.gov/publications and refer to Publication 969.

Note: It is your responsibility to familiarize yourself with IRS regulations on HSAs and maintain records of all transactions pertaining to your HSA for audit purposes.

ELIGIBLE EXPENSES

To avoid the tax penalty and having to include the reimbursed amounts in your taxable income, you must use the money in your HSA for eligible medical, dental, vision and prescription drug expenses, In general, eligible health care expenses are those that qualify toward the deductible, copays, and coinsurance under our plan. If you use money for an expense that is not covered by our plan, it is important that you understand your medical plan deductible still needs to be met if an expense is incurred.

PORTABILITY	FLEXIBILITY	TRIPLE TAX SAVINGS	PREMIUM SAVINGS
▪ You own 100% of the deposited funds, meaning if you change employers or retire, you do not lose the money in the account regardless of whether you contributed the money or it was an employer contribution.	▪ You can choose whether to spend the money on current medical expenses or you can save your money for future use. ▪ Any unused funds will automatically roll over to the following year as there is no "use it or lose it" provision.	▪ Contributions are tax free (*pre-tax through payroll deductions).* ▪ Earnings are tax free. ▪ Funds withdrawn for eligible expenses are tax free.	▪ By choosing the High Deductible (HSA) Plan option, your premium cost is lower than the Copay Plan option.

NETWORK HEALTH PLAN
HEALTH SAVINGS ACCOUNT

UNC Hospitals GME will participate with you in funding* your HSA by making a contribution:

Single Coverage— $500

Family Coverage—$1,000

**We fund 50% of our contribution in July and the other 50% in January.*
If you are hired during the year, the HSA contribution will be prorated based on your hire date.

The Health Savings Accounts offered through the Network Health Plan are administered by Optum Bank. A Health Savings Account is a personal bank account in your name. You own the account and always have control of the funds in it. You may access your funds through a debit card provided by Optum Bank.

Below are highlights of the UNC Hospitals GME Health Savings Account Benefit Program.

- For calendar year 2024, you may deposit up to $4,150 if you have single coverage, and up to $8,300 if you cover dependents. *Contributions made to your HSA by UNC Hospitals GME must be included in those limits*. If you are age 55 or older you may also make "catch up" contributions up to an additional $1,000 per calendar year.
- You may deposit funds to your HSA on a pre-tax basis through payroll deductions. UNC Hospitals GME will participate with you in funding your HSA.
- You may change, discontinue and resume HSA payroll deduction deposits at any time.
- You are not required to spend the funds in your account each year as you are with a FSA. Unspent funds at the end of the year remain in your account to be spent as needed in the future.
- Your funds will earn interest tax-free while in your HSA. After a minimum balance is reached, you may invest your funds in a variety of mutual funds.
- If you open a HSA you may not participate in our regular Health Care Flexible Spending Account. You may participate in a Limited Purpose FSA covering dental and vision costs.
- You may spend funds in your account tax-free for all eligible medical, dental and vision expenses for you and your family members, regardless of whether family members are covered by our health plan. If you spend the funds for expenses that are not eligible, you will pay income tax on these expenditures plus a 20% penalty tax if you have not yet reached Social Security retirement age. After you reach retirement age, expenditures that are not eligible will be taxed as ordinary income, the same as withdrawals from qualified retirement plans.
- You may also pay certain insurance premiums tax-free from your HSA such as COBRA premiums, qualified long term care insurance, and Medicare premiums.
- You will not be required to provide documentation or receipts to Optum Bank. However, it is important to keep receipts in case the IRS audits your expenditures.
- **You cannot contribute to your HSA if you are over age 65, as it violates the IRS tax code, unless you have <u>NOT</u> enrolled in Medicare.**

You can reach Optum Bank at 1-866-234-8913 or online at www.optumbank.com.

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BLUE CROSS NC MATERNITY PROGRAM

BlueCross BlueShield of North Carolina

Administered by Brighton Health Plan Solutions, LLC

Maternity Program

Support before, during and after pregnancy to improve outcomes for parents and infants.

Blue Cross and Blue Shield of North Carolina's (Blue Cross NC) Maternity Program, administered by Brighton Health Plan Solutions, LLC, provides prenatal and postpartum support for mothers and infants.

Our team of registered nurses and clinical workers can help you **understand what to expect during your pregnancy**, access high-quality OB providers and learn about signs and symptoms to look out for during each trimester. Our goals are to **improve clinical care** for parents and infants and **lower costs** for high-risk pregnancies.

Blue Cross NC's Maternity Program offers these benefits for enrollment:

- Fertility care guidance around becoming pregnant and growing your family
- Receive educational materials on self-care and nutrition to help manage perinatal and postnatal health
- Access to community resources for members who are pregnant or who have recently given birth
- Identification of risk factors and early intervention
- Support for members who have experienced a pregnancy loss
- Our Case Managers will connect you to a certified **Maternity Care Centers of Excellence**

For further details, see your summary plan description.

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Maternity Program

Increasing access to providers and services

Our Maternity Program aims to improve the quality of services received by parents and infants, as well as close the gaps in prenatal care. With access to **Maternity Care Centers of Excellence**, online resources and dedicated maternity nurses, you'll have the individualized support you need before, during, and after your pregnancy.

Promoting safer deliveries

The goals of our program are to reduce pregnancy complications, pre-term births and NICU admissions. To improve clinical outcomes for mothers and infants, it's important to make maternity care both affordable and accessible. Our care team focuses on early risk assessments and ensuring parents have access to prenatal interventions. In this way, we can help lower medical costs related to high-risk pregnancies.

Fertility support to grow your family

Our care team will work with you to realize your dreams of growing your family. We offer personalized 1:1 support, education and guidance throughout your family building journey. We'll help you access top-tier fertility specialists, high-quality care and resources to help you understand your treatment options.

Participation in the program is required for fertility treatments to be covered by your medical plan. To enroll, please call the member services number on your ID card, 8 a.m. to 7 p.m. ET, Monday to Friday.

How to Enroll:

If you're identified as being at-risk due to a medical condition or other factors, a case manager will reach out to you with information about how to enroll. Or you may call member services to enroll. **Eligible members who enroll within their first or second trimester will receive a prepaid gift card for their active participation throughout their pregnancy.**

The Network Health Plan coverage options also include **enhanced benefits** for enrollment during your first trimester and participation in the Maternity Program. See the summary plan description for further details.

We're here to help!
If you have any questions, call the Member Services phone number found on your ID Card.

Limitations & Exclusions:
Like most health plans, your plan has some limitations and exclusions. Once enrolled in your health plan, you will receive access to your plan documents, which contains detailed information about plan benefits, exclusions and limitations. This flier contains a summary of benefits only. It is not your summary plan description. If there is any difference between the information on this flier and the summary plan description, the provisions of the summary plan description will control.

®Marks of the Blue Cross Blue Shield Association. Blue Cross NC is an independent licensee of the Blue Cross Blue Shield Association.
Brighton Health Plan Solutions, LLC, provides administrative services on behalf of Blue Cross NC.

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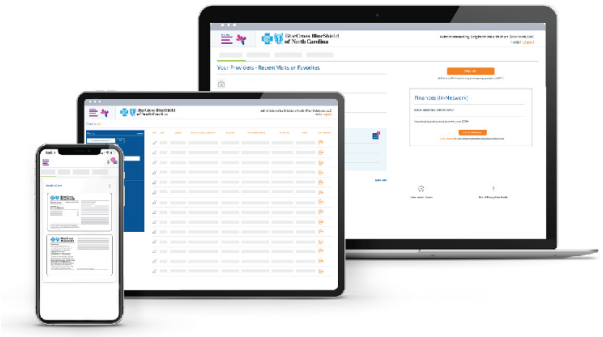
BLUE CROSS NC ONLINE RESOURCE

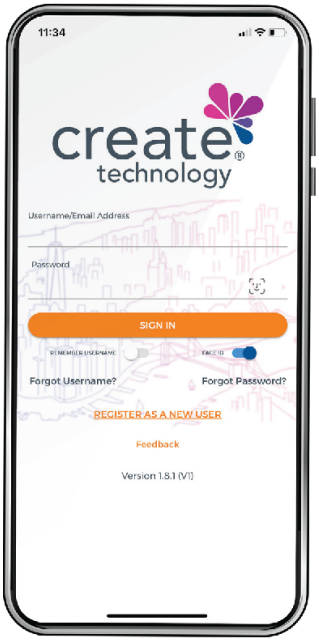
BlueCross BlueShield of North Carolina

Administered by Brighton Health Plan Solutions, LLC

Access your health benefits information anytime, anywhere



No matter where you are, you'll be able to access all your health plan information online or from your phone at MyCreateHealth.com/employee and on the MyCreateHealth mobile app. Get the answers you need, instantly!



- **Check what's covered**
  See your eligibility and benefits summary, plan details, and other important information
- **Never forget your ID card**
  View, print, or email your card online or from your phone
- **View your claims**
  See your claims and Explanation of Benefits (EOB)
- **Find a doctor**
  Use the search tool to find participating doctors, labs, and other facilities
- **Track your medical costs and balances**
  Instantly access your out-of-pocket maximums and other details

Download the MyCreateHealth mobile app

Download on the App Store | GET IT ON Google Play

Manage your medical benefits anytime, anywhere — take charge of your health.

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BLUE CROSS NC ONLINE RESOURCES

BlueCross BlueShield of North Carolina

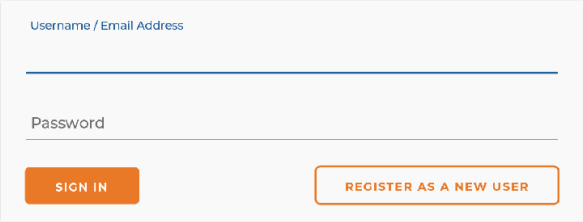
Administered by Brighton Health Plan Solutions, LLC

The MyCreateHealth online portal makes registration simple.

Get access to our Create® Technology platform. Register using the online portal, then download the MyCreateHealth mobile app from the Apple App store or on Google Play.

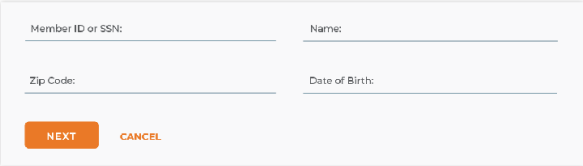
First, go to MyCreateHealth.com/employee and register as a new user using these steps:

1. Select register as a new user.



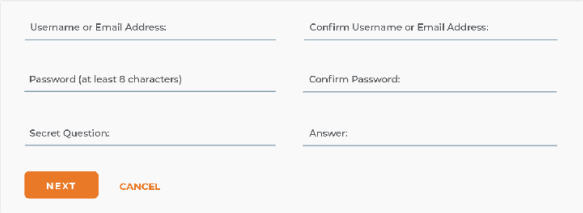
2. Enter member ID or Social Security Number (SSN).

3. Enter zip code and date of birth.

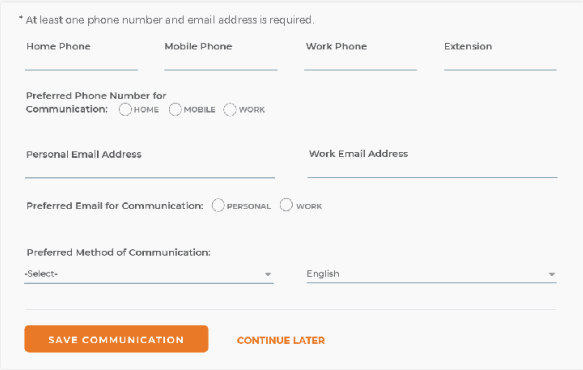


4. Review and accept terms & conditions.

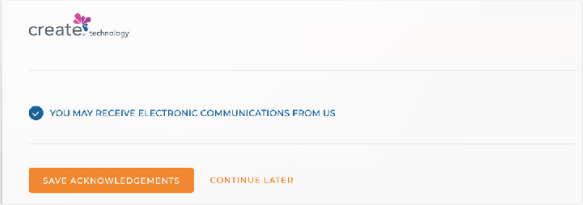
5. Fill out username, password, and security question.



6. Fill out contact info and save communication.



7. Save acknowledgments.



After registering online, download the MyCreateHealth mobile app on your smartphone. Log in using the same username and password you created at registration.

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create technology — by — BRIGHTON healthplan SOLUTIONS

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BLUE CROSS NC PROVIDER SEARCH

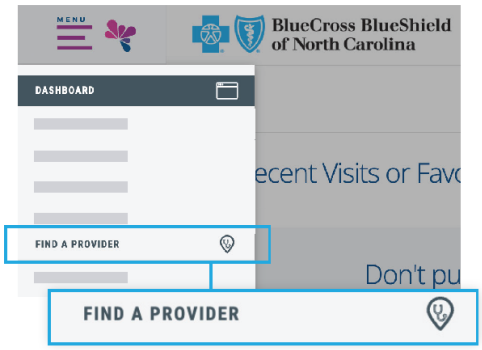
How to
Find a Doctor
Quick Reference Guide

BlueCross BlueShield of North Carolina
Administered by Brighton Health Plan Solutions, LLC

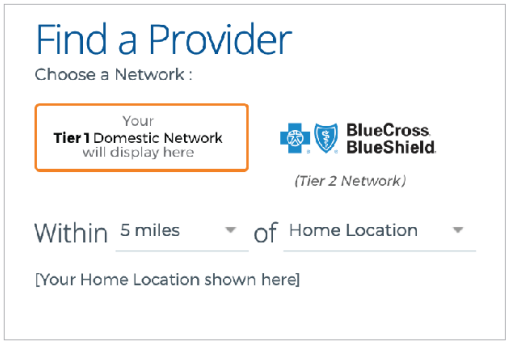
Follow these steps to find **Tier 1 Domestic Network and Tier 2 Blue Cross Blue Shield** participating doctors or facilities.

1 Visit your member service portal at **mycreatehealth.com/employee** or log on to the MyCreateHealth app to get started.

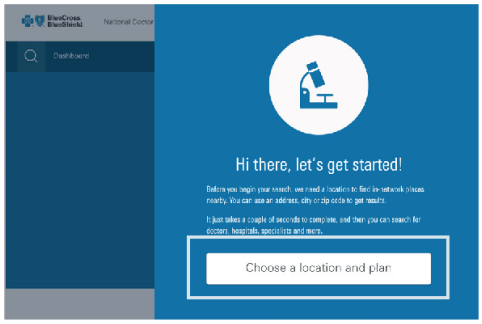
2 **From the navigation menu**, choose **Find a Provider**.



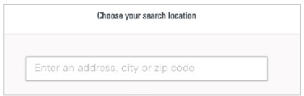
3 **Choose** which tier you wish to search.



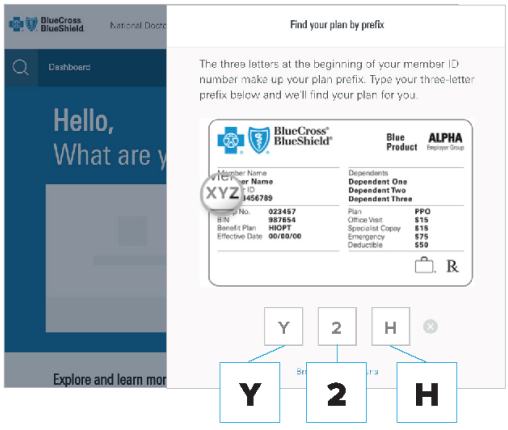
3a **Tier 2** will take you to **provider.bcbs.com**
Select **Choose a location and plan.** You will identify your location and plan in steps #2 and #3.



Enter Zip Code
Use a valid US zip code to search for providers.



4 **Enter your Member ID Prefix** by typing in **Y2H** to view providers prior to receiving your ID card.



(Your three letter member ID Prefix)

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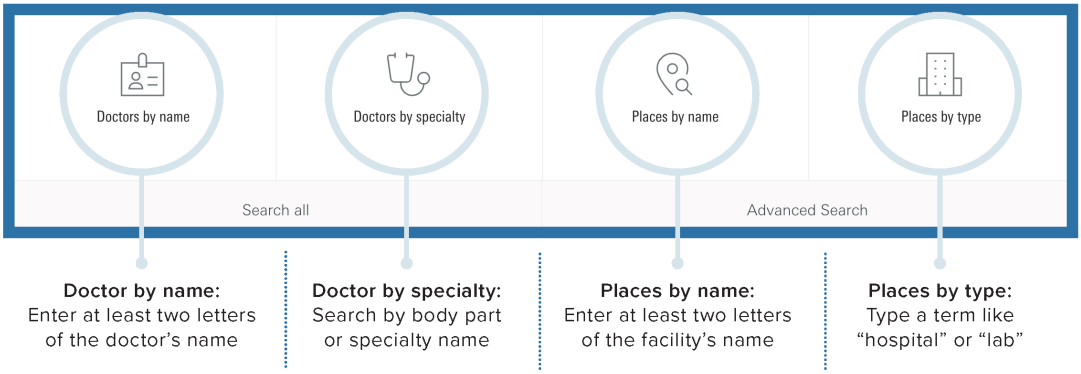
BLUE CROSS NC PROVIDER SEARCH

BlueCross BlueShield of North Carolina
Administered by Brighton Health Plan Solutions, LLC

5 Search Provider Name, Specialty or Procedure

The website will find results based on the location you provided and your health plan.



Doctor by name: Enter at least two letters of the doctor's name

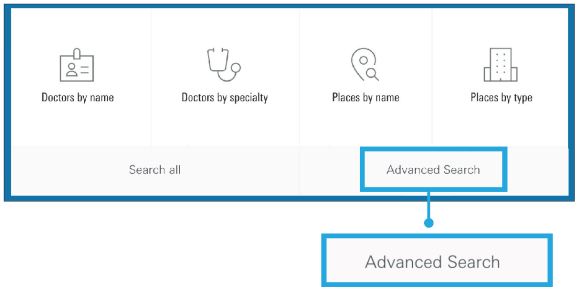
Doctor by specialty: Search by body part or specialty name

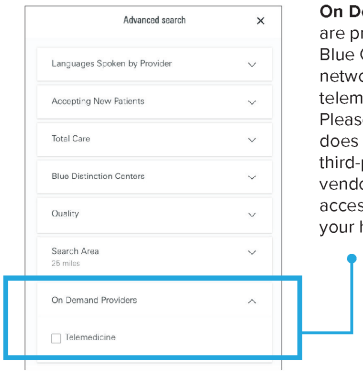
Places by name: Enter at least two letters of the facility's name

Places by type: Type a term like "hospital" or "lab"

6 Use Advanced Search or More Filters

Find providers meeting specific filters, such as language spoken.

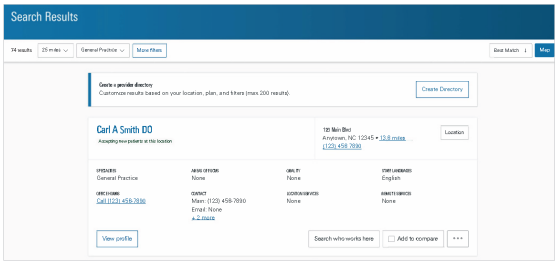




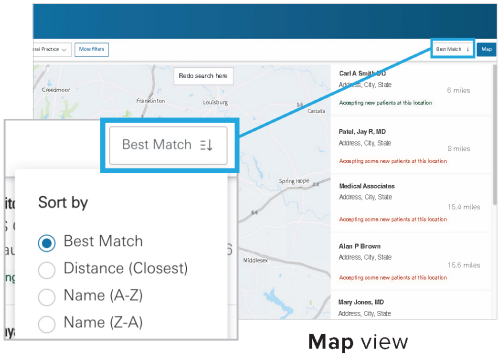
On Demand Providers are providers in the Blue Cross Blue Shield network that offer telemedicine services. Please note, this search does not include any third-party telemedicine vendors you may have access to through your health plan.

7 View Results

You can view your results on a list or on a map.



List view



Map view

INSIDER TIP!

Sort results by best match, distance or alphabetically.

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ED vs URGENT CARE

Emergency Department (ED) vs. Urgent Care

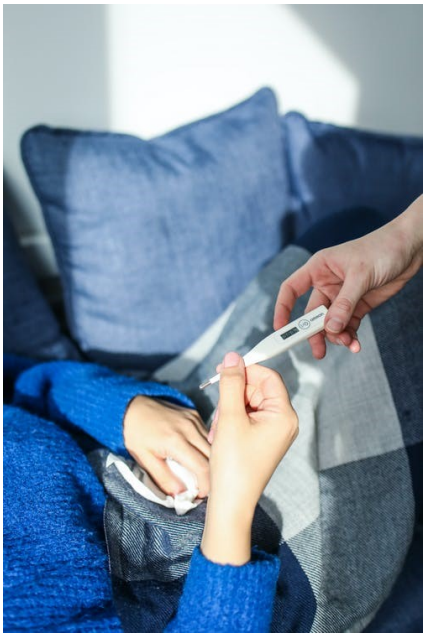
It's second nature for many of us to visit the Emergency Department (ED) if we're suddenly sick or injured – a sound idea, in many cases. But what if you have an urgent, but non-life-threatening medical issue like a sinus infection or ankle sprain?

A hefty ED wait time, and an even heftier hospital bill might not be your best option. Quicker, more affordable and more convenient treatment is closer than you think: **your local urgent care center**. Many of these facilities are open seven days a week, nights, weekends and even holidays with no appointments necessary.

Patients should be aware that their out of pocket cost is based on the facility they visit. It is usually much cheaper to go to urgent care centers than ED's. **UNC Health operates urgent care centers in Chapel Hill, Hillsborough, Morrisville, Raleigh, Cary, Apex, and other locations in Chatham, Wake, Johnston, and Rockingham Counties. Visit https://www.unchealthcare.org/unc-urgent-care/ to find the UNC Health urgent care center closest to you, as well as the wait times at each location.**

Being informed about the differences and similarities between these kinds of facilities is important. Whether you choose to receive care from an urgent care center or an emergency department, it is important to follow-up with additional treatments as necessary.

Please be aware that some emergency room doctors are out of network for many insurance plans, even though the facility is in network. These doctors may balance bill you for their charges. If this occurs, please provide a copy of the bill to Brighton to have the claim reviewed.



PREVENTIVE CARE

Preventive Care

We are dedicated to helping people live healthier lives. We encourage you to obtain preventive care services and health screenings, as appropriate for your age, to help maintain or improve your health and achieve your health and wellness goals. Regular preventive care visits and health screenings may help to identify potential health risks for early diagnosis and treatment. Consult your doctor for your specific preventive care recommendations, as he or she is your most important source of information about your health. See the below sampling of preventive care services covered under your health plan.

All Members at Appropriate Age / Risk

- Preventive medication
- Obesity
- Cholesterol level & lipids
- Colorectal cancer for ages 50+
- Certain STD's including HIV
- High Blood Pressure
- Diabetes for certain populations
- Tobacco
- Diet & Nutrition
- Alcohol Abuse
- Depression
- Well Exam
- Hep C screening
- And more

Children's Health Services (varies by age)

Preventive visits, which may include measurements, blood screenings, newborn metabolic screenings, age appropriate immunizations, vision screening, hearing screening, oral health counseling, psychological and behavioral development assessment, various screenings for cholesterol, STDs, TB & more.

Women's Health Services

- Screening mammography (film & digital)
- Cervical Cancer screening, pap smears
- Breast cancer genetic test (BRCA)
- Counseling/Screening for cancer & STDs
- Pregnancy screenings
- Contraception methods & counseling
- Breast Feeding support/supplies
- And more

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UNC HEALTH NETWORK HEALTH PLAN MEMBERS AND COVERED DEPENDENTS

UNC Health Virtual Care Now: Access to On Demand Video Visits

When you need primary care that fits your busy life, UNC Health Virtual Care Now can help.* You can see a UNC Health primary care provider without an appointment. Using your camera- and microphone-enabled phone, tablet or computer, Virtual Care Now lets you access convenient, secure and flexible care whenever it is most convenient for you.

UNC Health Virtual Care Now is open extended hours seven days a week from 6 a.m. – 10 p.m.

Virtual Care Now Benefits:

- Top-notch care from UNC Health providers trained in primary care
- On-demand video visits at times that meet your needs from your mobile device or computer
- Access to labs, imaging and in-person visits within the UNC Health system, when clinically needed
- Medical records are immediately available to you and your UNC Health care team in My UNC Chart

Video Visit Cost Covered by your Medical Benefit

- PPO Copay Plan: No charge!
- High Deductible HSA Plan: No charge!

**For patients 18 and older.*

Video visits are available for a range of conditions, including:

- Seasonal allergies
- Asthma
- Colds, coughs and the flu
- Diarrhea
- Female urinary problems
- Fever
- Insect bites
- Mild headache/migraine
- Mild stomachache
- Pink eye
- Rash
- Sinus infection
- Sore Throat

Get Started Today!

- Log into your My UNC Chart account. If you do not have a My UNC Chart account, you can create one quickly: **virtualcarenow.unchealth.org**.
- From "My Menu," click on "Virtual Care Now" to complete the steps to join the virtual queue.
- Complete "eCheck-In" and enter your insurance information to be used for the visit.
- Select "Join Video Visit" and your provider will connect with you shortly.
- If you need assistance, please call the UNC Health Virtual Care Now team 984-215-6641.

Care for Me

Learn more at virtualcarenow.unchealth.org
Revised: 10/10/2023

UNC HEALTH

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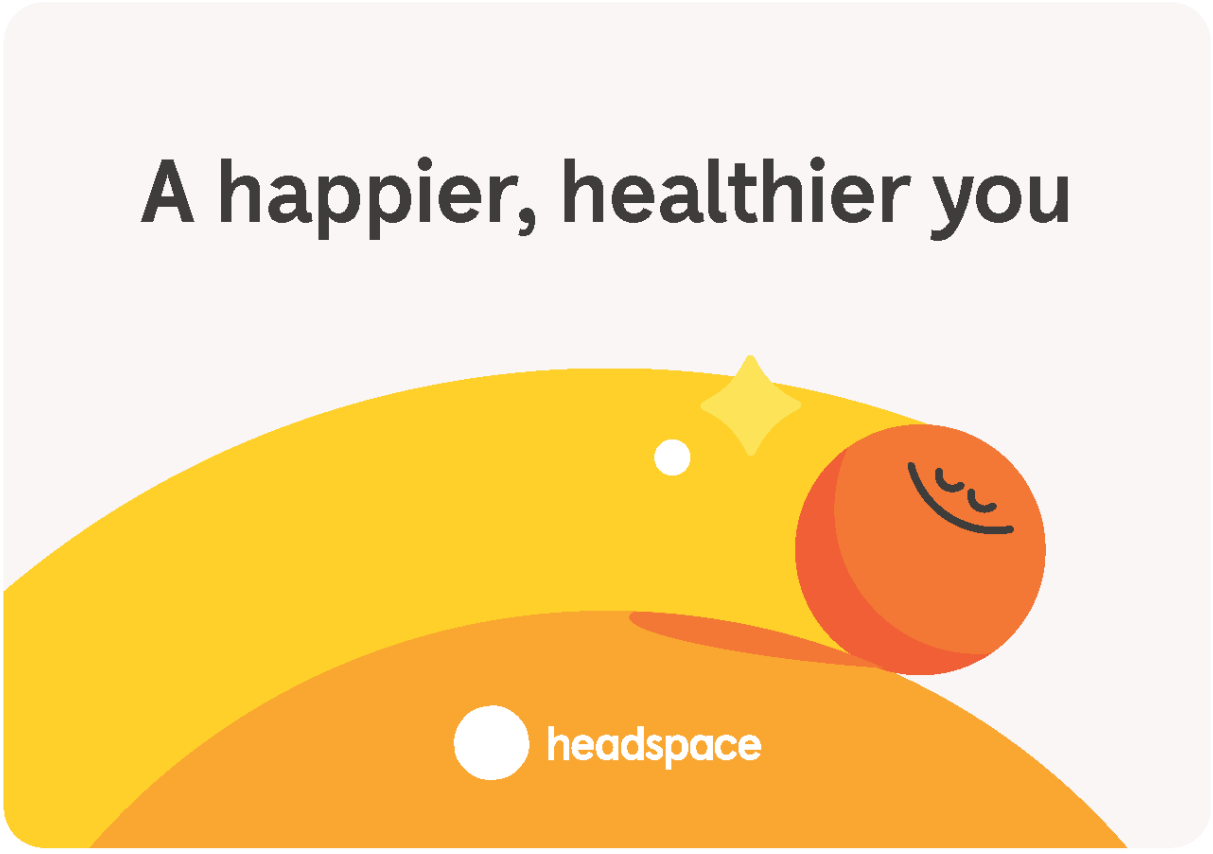
EMPLOYEE ASSISTANCE PROGRAM (EAP)



Get support to help you handle whatever life may bring. With Headspace, you have access to confidential mental healthcare and work-life support.

Scan to get started, or visit:
work.headspace.com/unch/member-enroll

Access Code: **unch**

Here's what you'll get:

Tools for everyday stress
Meditation and mindfulness to help you stress less, sleep soundly, and relax more. Explore hundreds of exercises.

Mental health support right away
Get help when you need it. You have 24/7/365 access to coaches via texts. Talk to a clinician anytime through a dedicated phone line.

Care that fits into your life
Meet with therapists on video or in person. You can even make appointments on weekends and evenings.

Help for your unique needs
Referrals to local resources for help with daily stressors like child and eldercare needs, financial stress, legal assistance, and more.

UNC Health provides confidential mental healthcare and work-life resources to you and your dependents. Headspace offers one-on-one coaching support and hundreds of mindfulness exercises at no cost. Therapy services are covered up to 8 sessions per person, per issue, per year. To access, visit the EAP at: headspace.com/work-life and use the company code: **unch**

Have a question?
Visit the FAQ
For immediate support, please call 855-420-0734.

headspace

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FLEXIBLE SPENDING ACCOUNTS (FSA) OVERVIEW

WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Health Care Flexible Spending Account ("FSA") allows you to set aside money from your paycheck before income taxes are withheld (Federal, Social Security, Medicare, state and local taxes, if applicable). This money is available to pay for eligible expenses, such as copayments, deductibles, eyeglasses, contact lenses, prescriptions and other health-related expenses that are not reimbursed by insurance.

HOW DOES IT WORK?

You decide how much to contribute to your Healthcare FSA on a plan year basis to the maximum allowable amount. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year. The entire contribution you have elected will be available immediately.

DEBIT CARD AND CLAIM FILING

You will be issued a debit card to access your Healthcare FSA (transactions are to be processed like a credit card; a PIN will not be issued). Simply swipe your card at the provider's office, pharmacy, etc. It is important when utilizing the debit card to still request and keep an itemized receipt. You may receive a letter asking for a copy of the receipt. If you fail to submit the information requested, your debit card may be deactivated. Please contact P&A Group if this occurs.
If you do not use the debit card and you have an eligible expense that needs to be reimbursed, simply complete a claim form, include a bill or itemized receipt from the provider, and submit this information for reimbursement.

LIMITED PURPOSE HEALTH CARE FSA

If you elect the High Deductible (HSA) Plan option, you may elect to have a Limited Purpose Health Care FSA. However, your FSA money may only be used to pay for dental and vision expenses, not medical expenses. For 2024, you may contribute up to $3,200 per year in a Limited Purpose Health Care FSA.

Our Flexible Spending Accounts are administered by P&A Group. Contact a specialist at (800) 688-2611 with any questions and track your balance and transactions at www.padmin.com.

ELIGIBLE EXPENSES *(Examples)*	
Unreimbursed medical expenses (deductibles, coinsurance, copay, etc.)	Health Care FSA
Dental services (excluding cosmetic services)	Health Care FSA Limited Purpose FSA
Orthodontia	Health Care FSA Limited Purpose FSA
Glasses, contacts, and eye exams	Health Care FSA Limited Purpose FSA
Lasik eye surgery	Health Care FSA Limited Purpose FSA

2024 FSA Maximum Contribution Limits	
Health Care FSA / Limited Purpose FSA	$3,200
Dependent Care FSA	$2,500 per person or $5,000 if married couple filing taxes jointly

THINGS TO CONSIDER BEFORE YOU CONTRIBUTE TO A FSA

- Be sure to fund the account wisely as the funds are "use it or lose it". Any unused funds at the end of the year will automatically be forfeited*.
- You cannot take income tax deductions for expenses you pay with your Healthcare and/or Dependent Care FSA.
- You cannot stop or change contributions to your FSA during the year unless you have a change in family status consistent with your change in contributions.
- You may have a Health Savings Account, Limited Purpose FSA and a Dependent Care FSA.

***Expenses may be *incurred* through 9/15 of the following plan year and all claims must be submitted for reimbursement by 11/15.**

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DEPENDENT CARE FSA OVERVIEW

WHAT IS A DEPENDENT CARE FSA ACCOUNT?

This is a pre-tax benefit account used to pay for eligible expenses for dependents under age 13 or care for disabled spouse or dependent that allows you - or you and your spouse - to work.

Below are some examples of eligible expenses:

In-Home Babysitting Fees*

Before and After School Care

Day Care Facility Fees

DEPENDENT CARE FSA CONTRIBUTION LIMITS

Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is $5,000. If you are married and file separate returns, you can each elect $2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

Note: You can only be reimbursed for the money you put into the account. For example: if you have contributed $200 into your Dependent Care FSA, but your after school care was $300 for the month, you can only be reimbursed for $200.

THINGS TO CONSIDER BEFORE YOU CONTRIBUTE TO A DEPENDENT CARE FSA

- Be sure to fund the account wisely as the funds are "use it or lose it". Any unused funds at the end of the year will automatically be forfeited.
- You must enroll in the dependent care FSA prior to the start of the plan year or during open enrollment (*unless you experience certain life events, called Permitted Election Change Events that allow a special mid-year enrollment.)*
- Save your receipts for each eligible expense you submit for reimbursement. Receipts should include:
  - Name (*who received service*)
  - Provider name & address (*provider that delivered service*)
  - Date of Service
  - Type of service
  - Cost of service

Our Dependent Care Flexible Spending Accounts are administered by P&A Group. Contact a specialist with your questions at (800) 688-2611 and track your balance and transactions at www.padmin.com.

ELIGIBLE EXPENSES *(Examples)*

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (*including babysitters* or nursery school*) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (*preschool*) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature

For a full list of eligible expenses, visit www.irs.gov/publications and refer to Publication 503.

**In order to receive reimbursement for in-home babysitting fees, income must be recorded by the provider.*

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DENTAL PLAN BENEFITS OVERVIEW: LOW PLAN

Insurance Carrier	MetLife (800) 942-0854

UNC Hospitals GME offers trainees two voluntary dental options from MetLife on a pre-tax basis.

LOW PLAN
Financial advantage of using Preferred Dental Provider Network to reduce out of pocket costs.
Go to metlife.com/mybenefits for a list of participating providers.

See the MetLife Plan Summary for additional benefit information.	Option 1: LOW PLAN	
	In-Network	Out-of-Network
Type A: Preventive Services	100% of Negotiated Fee*	100% of R&C fee**
Type B: Basic Services	50% of Negotiated Fee*	50% of R&C fee**
Type C: Major Services	25% of Negotiated Fee*	25% of R&C fee**
CALENDAR YEAR DEDUCTIBLE *Applies to Type B and Type C Services*		
Individual	$75	
Family	$225	
MAXIMUM BENEFIT LIMITS		
Annual Limit	$1,000	
Late Enrollment Waiting Period	One Year waiting period for all *Type C Services*	
Reimbursement Level	Negotiated Fee	% of Reasonable & Customary (R&C)

	Trainee Only	Trainee & Spouse	Trainee & Child(ren)	Family
DENTAL—*MONTHLY* COSTS				
Low Plan	$28.04	$56.70	$65.58	$79.08
DENTAL—*SEMI MONTHLY* COSTS *(per pay period)*				
Low Plan	$14.02	$28.35	$32.79	$39.54

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefit maximums. Negotiated Fee fees are subject to change.
**R&C Fees refers to the Reasonable & Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

DENTAL PLAN BENEFITS OVERVIEW: HIGH PLAN

Insurance Carrier	MetLife (800) 942-0854

UNC Hospitals GME offers trainees two voluntary dental options from MetLife on a pre-tax basis.

HIGH PLAN
Financial advantage of using Preferred Dental Provider Network to reduce out of pocket costs.
Go to metlife.com/mybenefits for a list of participating providers.

See the MetLife Plan Summary for additional benefit information.	Option 2: HIGH PLAN	
	In-Network	Out-of-Network
Type A: Preventive Services	100% of Negotiated Fee*	100% of R&C Fee**
Type B: Basic Services	80% of Negotiated Fee*	80% of R&C Fee**
Type C: Major Services	50% of Negotiated Fee*	50% of R&C Fee**
CALENDAR YEAR DEDUCTIBLE *Applies to Type B and Type C Services*		
Individual	$50	
Family	$150	
MAXIMUM BENEFIT LIMITS		
Annual Limit	$1,250	
Late Enrollment Waiting Period	One Year waiting period for all *Type C* Services	
Reimbursement Level	Negotiated Fee	% of Reasonable & Customary (R&C)

	Trainee Only	Trainee & Spouse	Trainee & Child(ren)	Family
DENTAL—*MONTHLY* COSTS				
High Plan	$50.04	$101.20	$117.06	$140.94
DENTAL—*SEMI MONTHLY* COSTS (*per pay period*)				
High Plan	$25.02	$50.60	$58.53	$70.47

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefit maximums. Negotiated Fee fees are subject to change.
**R&C Fees refers to the Reasonable & Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

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LIFE AND AD&D INSURANCE OVERVIEW

Life insurance provides a monetary benefit to your beneficiary in the event of your death while you are employed at UNC Hospitals GME. **We provide each trainee with Basic Term Life and AD&D insurance from MetLife, equal to 1x salary. The premiums for this benefit are paid by UNC Hospitals GME.**

Insurance Carrier	**MetLife** (800) 638-6420
Cost of Coverage	**Paid by UNC Hospitals GME**

Life and AD&D Benefit	Life and AD&D insurance equal to 1x salary (rounded *to next highest $1,000*)

SUPPLEMENTAL LIFE AND AD&D INSURANCE*

You have the opportunity to elect Supplemental Life Insurance. This will provide an additional life insurance benefit for you, your spouse and/or your dependent child(ren). Contributions for these premiums are 100% trainee paid.

Insurance Carrier	**MetLife** (800) 638-6420
Cost of Coverage	**Paid by Trainee**

Though our Life and AD&D program provides valuable protection, you may want additional coverage; therefore, UNC Hospitals GME offers a Supplemental Life insurance program through MetLife that allows you to purchase coverage for yourself, your spouse and your children. You pay 100% of the cost of this additional life insurance via payroll deduction. Coverage may be converted or ported by contacting MetLife within 30 days of termination of employment.

Plan Features	Benefit Details
Returning Trainees *($1,000,000 max includes employer paid)*	• Additional 2x up to 8x salary benefit is available to a total of $1,000,000 maximum • Additional benefit amount will require submission of a completed Statement of Health (SOH) form • SOH* forms may be obtained from MedHub • Update your beneficiary designation
All NEW Trainees *($1,000,000 max includes employer paid)*	• Additional 1x salary up to a total of $250,000 coverage does not require a SOH form* • Coverage elections above $250,000 will require a completion of a SOH form* • SOH forms may be obtained from MedHub
Statement of Health (SOH) Forms	**YOU MUST COMPLETE A STATEMENT OF HEALTH IF YOU ARE:** • A returning trainee applying for additional coverage (*over previous year's amount*) • Electing coverage above a total of 2x salary (*employer paid and additional 1x Optional*) • Electing coverage in excess of the $250,000 guarantee issue amount (*employer paid and additional 1x Optional*) • Adding (new) coverage after initial eligibility enrollment period • New trainees (*enrolling timely*): all election amounts for your Spouse above the guarantee issue of $50,000 (*Spouse amount cannot be greater than your supplemental life amount*) • During annual open enrollment current (Spouse) participants: can increase one level *($10,000*) without providing SOH as long as this new amount does not exceed the guarantee issue ($50,000)
Termination	Benefits end at termination. (*Portability and Conversion available upon termination*; *see p.37*)
Additional Benefits	• Will prep through MetLife Legal Plan (*brochure on MedHub*) • Travel Assistance with Identity Theft (*brochure on MedHub*) • Estate Resolution Services and Accelerated Benefit Option

All *completed SOH forms should be emailed to Ginny Mays: GMEBenefits@unchealth.unc.edu

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SUPPLEMENTAL DEPENDENT LIFE OVERVIEW

Insurance Carrier	**MetLife** (800) 638-6420

OPTIONAL DEPENDENT LIFE INSURANCE

You may purchase MetLife Optional Life Insurance on your dependent spouse and/or child(ren) without a Statement of Health (SOH) form during the initial eligibility enrollment period only. Definition of dependent includes: spouse and child (ren) from 14 days of age up to age 26.

Plan Features	Benefit Details
Dependent Life Insurance	New Hires / Late Entrants: Spouses offered $10,000 coverage increments to lesser of $100,000, or the trainee's supplemental life amount. Guarantee Issue is $50,000. Children $10,000 coverage on each eligible child.
Certificate of Coverage	Your Certificate of Coverage will be on MedHub.

Age	Monthly Cost per $1,000 of Trainee Coverage *(includes matching AD&D)*	Monthly Cost per $1,000 of Spouse Coverage
Under 25	$0.065	$0.035
25-29	$0.071	$0.041
30-34	$0.084	$0.054
35-39	$0.101	$0.071
40-44	$0.109	$0.079
45-49	$0.149	$0.119
50-54	$0.212	$0.182
55-59	$0.371	$0.341
60-64	$0.553	$0.523
65-69	$1.036	$1.006
70+	$1.662	$1.632
Child(ren)	$0.75 (*covers all eligible children*) / *Children's Eligibility: 14 days to 26 years old*	

Use the table above to calculate your premium based on the amount of life insurance and accidental death and dismemberment insurance you will need. **Example:** $100,000 Supplemental Life/AD&D Coverage

1. Enter the rate from the table (*Example: Trainee age 36, enter $0.101*) $ _____
2. Enter the amount of insurance in thousands of dollars
   (*Example: for $100,000 of coverage enter $100*) $ _____
3. Monthly premium (1) x (2) $ _____

Repeat the three easy steps above to determine the cost for each coverage amount selected.

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SUPPLEMENTAL LIFE: ADDITIONAL SERVICES

ACCELERATED BENEFITS OPTION

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C.Sec 101(g)). Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage

IF YOU LEAVE, YOU HAVE OPTIONS TO KEEP YOUR COVERAGE

PORTABILITY

Should you leave the UNC Hospitals GME for any reason, you will have an opportunity to *continue* group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least $10,000, up to a maximum of $1,000,000.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer or certificate for specific details.

Please note that if you experience an event that makes you eligible to port your coverage, please call a Barnum Financial representative at 1-888-252-3607 or contact your employer for more information.

CONVERSION

For *protection after your coverage terminates*

You can generally convert your group term life insurance benefits to an *individual* whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in eligible class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage and does not include the Accelerated Benefit and Waiver of Premium riders.

If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process.

LONG TERM DISABILITY OVERVIEW & INDIVIDUAL DISABILITY INSURANCE

Insurance Carrier	GUARDIAN (800) 538-4583

LONG TERM DISABILITY INSURANCE

UNC Hospitals GME provides Long Term Disability coverage at no cost to trainees. This coverage is provided by Guardian and provides income while you are disabled due to illness or accident and cannot work. Coverage is effective on your first day of employment.

Long Term Disability Benefit Summary	
Benefit Amount	70% of basic monthly earnings if you suffer from a disabling accident or illness on or off the job
Benefit Max	Monthly max of $3,500; Minimum of $100 *(Pre-tax benefit)*
Benefit Begins *(Elimination Period)*	Benefit payments will begin after you have been unable to work for 90 days due to disability, beginning 1st day of employment
Benefit Limitations	24 months for mental illness and substance abuse
Pre-existing Condition Limitation	Benefits will not be paid for a disability occurring from a pre-existing condition. Conditions are considered preexisting if treated or diagnosed within 3 months of first day of employment, and will have a 12 month waiting period for that condition. After 12 months of employment the preexisting condition limitation is waived.
Benefit Duration	Until age 67, you will receive benefit payments while you are unable to work in your own occupation
Additional Features	Plan includes $175,000 Lifetime benefit for Loan Payoff, as well as partial disability coverage if able to work but in a limited capacity. *Coverage is guaranteed with no medical questions. Rates do not increase over time.*

You may convert your group disability plan to an individual plan once full-time employment ends. You have 30 days after your last day in the program to do so. An application for conversion, can be accessed by contacting Guardian at (800) 538-4583.

INDIVIDUAL DISABILITY INSURANCE

The Graduate Medical Education program is proud to offer access to **individual disability insurance from Guardian** for all trainees. These individual disability insurance policies are portable with fixed level pricing and discounts throughout the country and to age 67. **All plans can be issued without any medical review or exams** (*known as Guaranteed Issue*) and include specialty own occupation language to protect your exact medical duties. All plans also include pools of additional benefits to increase over time without medical review as income changes throughout your career.

All plan education, design assistance and personalized quotes can be found at the customized website via our partner, Danny Mensh and Mensh Insurance. www.menshinsure.com/unc [menshinsure.com]

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DEFERRED COMPENSATION SAVINGS PLAN

UNC Hospitals GME offers trainees the opportunity to invest in a deferred compensation savings plan and save money from their current paychecks to use later at retirement.

These plans are voluntary and trainees may enroll at any time. UNC Hospitals GME does not provide matching funds to these accounts.

NEW ACCOUNT CHECKLIST

1. Contact a UNC Hospitals GME approved vendor from the list below or follow the Online Enrollment directions provided.
2. Follow your representative's instructions.
3. Know your yearly contribution limits and monitor your account to avoid exceeding it.

If you choose **TIAA or EMPOWER**, you can enroll online then submit the Voluntary Deferral Agreement. The Voluntary Deferral Agreement and instructions are online. You must submit the completed form to UNC Hospitals GME before any contributions can be accepted into your account. If you choose **EMPOWER** (*formerly Prudential*), you will enroll on their website (for the 457). No Voluntary Deferral Agreement form is needed.

Approved	Plans	Website	Representative
EMPOWER *(formerly Prudential)*	457(b) 457(b) Roth	www.ncplans.prudential.com	Christy Kelly christy.kelly@prudential.com (919) 602-8226
TIAA *(Plan 406742)*	457(b) 457(b) Roth	https://www.tiaa.org/public/tcm/unc	Erick Bell erick.bell@tiaa.org (919) 687-5231

UNC HEALTH for Me

Welcome/Me Engage/Me Care for/Me Include/Me Value/Me Develop/Me

FREQUENTLY ASKED QUESTIONS

New Retirement Savings Program for GME Trainees

1. **What is the new retirement savings program for GME trainees?**
   Effective July 1, 2024, UNC Health is offering GME trainees a new retirement savings program comprised of two retirement savings plans, a new 457(b) deferred compensation plan for teammate contributions and a new 401(a) defined contribution plan for UNC Health employer contributions. Fidelity Investments will serve as recordkeeper and trustee for both plans.

2. **Who is eligible to participate in the new retirement savings program?**
   Eligible teammates include GME trainees employed by UNC Health (DOs/MDs). Other groups of trainees, such as Dental, OMFS, Pastoral Care, Pharmacy and Psychology trainees and trainees employed by UNC-Chapel Hill (including the School of Medicine), are not presently eligible for the new program.

   Eligible GME trainees include UNC Health teammates with job codes "Hospital Residents (1 through 9)." Trainees are not eligible to make contributions or receive UNC Health employer matching contributions while employed by UNC-Chapel Hill (including the School of Medicine).

3. **How are contributions made to the 401(a) and 457(b) plans?**
   Unless you contact Fidelity (on or after July 8, 2024) and opt out of the program, beginning with the July 30, 2024, pay date, contributions will be automatically deducted from your pay and deposited to your account in the new UNC Health 457(b) plan. UNC Health will match the amount you contribute up to a rate of 3% of your compensation. UNC Health employer-matching contributions will be deposited into your account in the new 401(a) plan.

4. **What if a teammate does not want to contribute to the 457(b) Plan?**
   At any time beginning July 8, 2024, GME trainees may contact Fidelity to opt out of the 3% automatic contribution. If you contact Fidelity and opt out of the automatic contribution no later than 90 days after your first 457(b) plan payroll deduction, Fidelity will refund your contributions to you.

5. **What is the vesting schedule for the 401(a) Plan?**
   You will vest fully in UNC Health's employer contributions to your 401(a) plan account after three years (July 1 – June 30) of UNC Health employment. Your years of UNC Health employment include all years (defined as July 1 – June 30) prior to July 1, 2024.

   Trainees who transfer between UNC Health and UNC School of Medicine employment will receive vesting for all the years they are employed by UNC Health. Vesting credit does not extend to years of employment for UNC-Chapel Hill (including the School of Medicine), but you will receive vesting credit based on your years of UNC Health employment and your job code/program year as identified by the GME Office. For example, if on July 1, 2024, the GME Office classifies you as PGY-3, then you be credited with two years of UNC Health employment. If on July 1, 2024, the GME Office classifies you as PGY-4, then you will be credited with three years of UNC Health employment and will be fully vested in UNC Health's employer contributions.

6. **Are UNC Health's employer matching contributions to the new 401(a) plan tax-deferred?**
   Yes, UNC Health's contributions to the 401(a) Plan are made on a pre-tax basis, meaning they are not subject to income taxation until you withdraw them.

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7. **When can I access the funds in my 401(a) and 457(b) plan accounts?**
   You can withdraw the funds in your 401(a) plan and 457(b) plan accounts or roll them over to another eligible retirement plan upon termination of your UNC Health employment or reaching age 59½. Transferring to the UNC School of Medicine as a trainee does not entitle you to withdraw funds from your 401(a) or 457(b) plan account.

8. **Are there penalties for early withdrawal from the 401(a) or 457(b) plan?**
   Yes, if you withdraw funds from your 401(a) or 457(b) plan account before age 59½, you may be subject to a 10% early withdrawal penalty in addition to regular income taxes on the amount withdrawn.

9. **How are distributions (withdrawals) from a 401(a) plan taxed?**
   Distributions from a 401(a) plan are taxed as ordinary income in the year they are received. If the contributions were made on a pre-tax basis, then the entire distribution is subject to income tax.

10. **Can I roll over my 401(a) or 457(b) plan account to another retirement plan?**
    Yes, after termination of your UNC Health employment or age 59½, you can roll over funds from your 401(a) or 457(b) plan account (or both) to another eligible retirement plan, such as a 401(k), 403(b) or an IRA, without incurring taxes or penalties, provided the rollover is done correctly.

11. **What investment options are available in the 401(a) and 457(b) plans?**
    The 401(a) and 457(b) plans will offer the same investment lineup. The Plan Administrator (UNC Health Retirement Plan Oversight Committee) has not yet finalized the investment lineup for the 401(a) and 457(b) plans. The Plan Administrator expects to make the investment lineup available to you no later than June 25, 2024.

12. **What happens to my 401(a) and 457(b) plan accounts if I leave UNC Health?**
    If you leave UNC Health, you typically have several options: Leave the funds in the current plans, roll them over to another retirement plan (such as a new employer's 401(k) or an IRA), or take a distribution (which may be subject to taxes and penalties if you are under age 59½).

13. **Can I borrow from my 401(a) plan account?**
    No, you cannot take out a loan from the 401(a) plan. But you can take out a loan from the 457(b) plan.

14. **How do I designate beneficiaries for my 401(a) and 457(b) plan accounts?**
    You can designate beneficiaries for your 401(a) and 457(b) plan accounts by completing the online beneficiary designation form provided by Fidelity Investments. You will need to make separate beneficiary designations for each of the two plans. If you are (or become) married, your spouse will automatically become your beneficiary under both plans. It's important to keep your beneficiary designations up to date, especially after major life events such as marriage, divorce or the birth of a child.

VOLUNTARY BENEFITS: LEGAL PLAN

METLIFE LEGAL PLAN	(800) 821-6400

VOLUNTARY METLIFE LEGAL PLAN
UNC Hospitals Graduate Medical Education

UNC Hospitals GME offers trainees the opportunity to enroll in a **Voluntary Legal Plan** offered by MetLife. MetLife Legal Plan is the largest group legal plan provider in the country.

This is a full service plan. Plan attorneys' services are fully paid by MetLife.

METLIFE LEGAL PLAN OFFERS:

- All legal services delivered by plan attorneys
- Unlimited in person and telephone consultation
- Direct payment of plan attorney fees by MetLife Legal Plan for all covered matters
- No hour limits or document page limits
- No claim forms, co-pays or waiting periods for plan attorneys' covered services
- Includes out-of-network attorney coverage (MetLife Legal Plan provides a fee reimbursement schedule)
- Customer service representatives answer the phone within 5 seconds during business hours

- A full service website with an easy "Attorney Locator Search Engine" and many helpful resources

ENROLLMENT:

⇒ Minimum enrollment period is 1 year
⇒ Re-enrollment is not required each year during annual open enrollment
⇒ There are no waiting periods for benefits
⇒ There are no pre-existing limitations unless an attorney has already been retained
⇒ The plan is portable at group rates upon termination of employment

Enroll online through Benefit Focus with all other benefits!

COST:

$8.25 semi-monthly (per pay period) / **$16.50** monthly. Premiums are paid via payroll deduction and coverage includes Trainee, Spouse and Dependents.

To access complete information about the MetLife Legal Plan go to www.legalplans.com and click on "Why Enroll?" > Create Account (use Password: MetLaw)

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VOLUNTARY BENEFITS: IDENTITY THEFT PROTECTION

Carrier	Norton LifeLock

LifeLock™ with Norton™ Benefit Plans help protect your digital life by combining leading identity theft protection, device security, and more, in an always-connected world. These plans are enhanced and exclusive, with features and pricing only available through your employer.

WHAT IF I ALREADY HAVE IDENTITY PROTECTION THROUGH A DIFFERENT PROVIDER?

Not all identity theft protection plans are the same. Many provide basic credit monitoring and scores, but lack the ability to help with restoration. Years ago, that may have been enough but not with the sophisticated criminals we face today. If you are a victim of identity theft, having the ability to turn over the problems and have professionals work to fix on your behalf is truly important. In addition to full restoration services, Norton LifeLock adds extra layers of protection. **WE PROVIDE MUCH MORE.**

BENEFIT HIGHLIGHTS

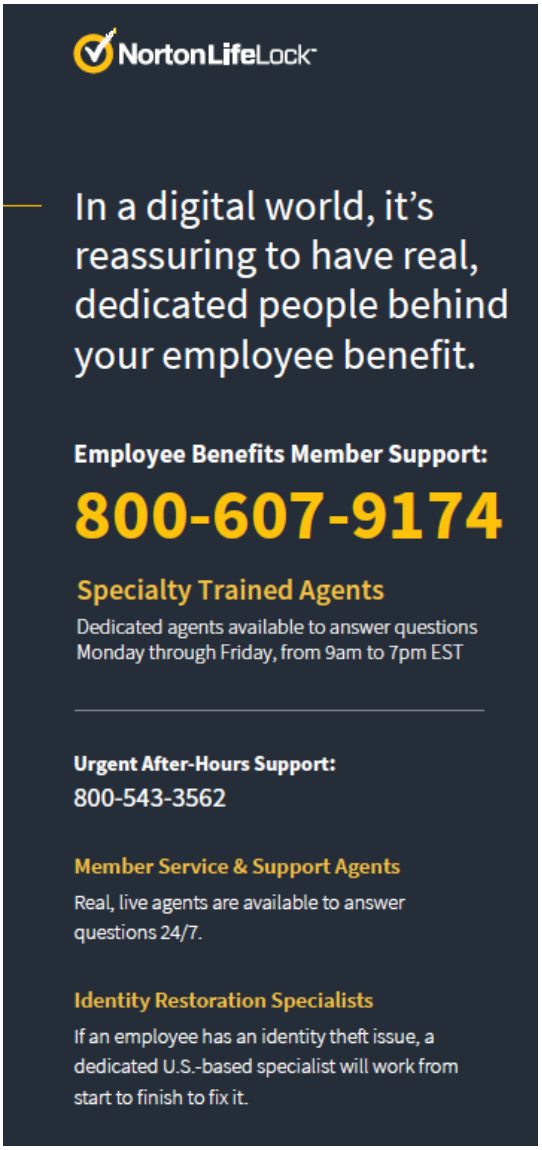
- LifeLock Identity Alert System
- Credit Monitoring + Application Alerts
- Secure VPN
- Dark Web Monitoring
- U.S.-based Identity Restoration Specialists
- Million Dollar Protection Package, Including
- Stolen Funds Reimbursement
- Personal Expense Compensation
- Coverage for Lawyers and Experts
- Norton Device Security for PCs, Mac & mobile devices
- Norton Family Parental Controls
- Password Manager
- **AND MUCH MORE!**

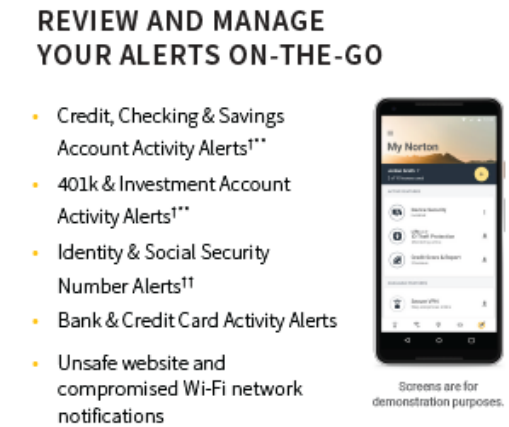
2 PLAN OPTIONS!

Enroll online through Benefit Focus with all other benefits!

Contact our UNC Health Voluntary Benefit Specialists at (855)-888-UNC8 with any questions on coverage or claims assistance!

Semi Monthly Rates	ESSENTIAL	PREMIER
Employee Only (18+)	$2.74	$3.99
Employee + Family	$5.49	$7.49





Disclaimer: No one can prevent all identity theft or cybercrime.

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VOLUNTARY BENEFITS: UNIVERSAL LIFE INSURANCE

Carrier	Transamerica

TransElite Universal Life Insurance, underwritten by Transamerica Life Insurance Company, can help protect the ones you love now while building a cash value you can use later.

TransElite is a flexible premium universal life insurance policy designed to help provide financial protection for your family in the event of death. The policy also builds a cash value that can be borrowed from if needed.

TransElite allows employees to choose coverage in $10,000 increments up to $125,000 with no physical exams or blood tests.

KEY FEATURES
Simplified enrollment
Payroll-deducted premiums
Accumulates cash value
Guaranteed 3% interest rate
Loan and withdrawal options
Living Benefit Rider

	Eligibility	Benefit Amount
Employee	Ages 16 through 80	$10,000-–$125,000—Guarantee Issue
Spouse	Ages 16 through 65	$15,000—Guarantee Issue
Child(ren) / Grandchild(ren) *(Universal Life)**	Ages 0 through 25	$25,000—Guarantee Issue **Contact a UNC Health Voluntary Benefit Specialist to elect this coverage (via direct pay only)*
Children *(Optional Term Rider)*	Ages 15 days through 25	$20,000—Guarantee Issue

LIVING BENEFIT (LBR) AND EXTENSION OF BENEFITS (EXT) RIDERS

- Accelerates the life insurance death benefit if the insured person needs assistance with at least two of the six activities of daily living (ADL's).
- After a 90-day waiting period, provides a 4% per month benefit up to 25 months. The EXT pays an additional 4% of the policy value for an additional 25 months. Combined, the LBR and EXT riders provide a 50-month benefit.
- Benefits can be paid to the family or a facility
- The Riders allow for a potential benefit equal to 225% of the life insurance face amount.

Enroll online through Benefit Focus with all other benefits!

Contact our UNC Health Voluntary Benefit Specialists at (855)-888-UNC8 with any questions on coverage or claims assistance!

TRANSAMERICA

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AUTO & HOME INSURANCE
FARMERS / LIBERTY MUTUAL

YOUR CHOICE AUTO AND HOME* PROGRAM

Frequently Asked Questions

Q: What is the auto and home insurance program?
A: UNC Health Care employees have access to special savings on auto and home insurance and the convenience of paying their premiums through automatic payment options. Employees can request quotes from **Farmers GroupSelect℠ and Liberty Mutual Insurance®**.

Q: May I insure more than just my auto and home?
A: Yes. In addition to auto and home policies, you have access to:

- Renter's
- Condominium
- Vacation or Second Home
- Valuable Items
- Boat & Yacht
- Personal Excess Liability
- Motor Home
- Recreational Vehicle
- Flood**

Note: If you have more than one policy with a carrier, you could get multi-policy discounts.

Q: What are the benefits of the auto and home insurance program?
A: Through this program you can expect competitive and affordable prices from multiple carriers. You may also receive savings and discounts, especially when you bundle policies.

Q: Do I have to wait until my current policies expire to request quotes and switch?
A: No need to wait. You may request quotes and change insurance companies at any time. Licensed representatives from each insurance company can prepare quotes and help you easily make the switch.

FARMERS INSURANCE
Call 1-800-438-6381
Visit: farmers.com/groupselect
Discount Code: AB6

Liberty Mutual. INSURANCE
Call 855-721-2152
Visit: libertymutual.com/unchealth
Client Code: 136953

*Home insurance has limited availability in MA and is not part of the Farmers GroupSelect benefit offering in FL.
*Homeowners coverage in FL for Liberty Mutual Insurance is very limited and several restrictions may apply.

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AUTO & HOME INSURANCE
FARMERS / LIBERTY MUTUAL

Q: What sort of payment options are available for this program?
A: There are a variety of convenient payment options, including automatic payment.

Q: How do I obtain quotes or get more information about this program?
A: For additional information, or to obtain quotes, call the carrier phone numbers listed below, or go online:

Farmers GroupSelect: 1-800-438-6381
farmers.com/groupselect
Discount Code: AB6

Liberty Mutual Insurance: 1-855-721-2152
libertymutual.com/unchealth
Client Code: 136953

Q: What if I had a change to my policy?
A: Simply call your insurance company's toll free customer service number. A representative can help you with your request.

Q: What if I had a claim?
A: The insurance providers offer 24/7 claim reporting and dedicated teams who would guide you through the claim experience.

You have access to quotes for top-quality auto and home insurance from leading insurance companies. Put your voluntary benefit program to work for you. Call, or go on-line today for free quotes.

**Flood insurance is underwritten by Farmers GroupSelect as a "Write Your Own" carrier participating in the National Flood Insurance Program (NFIP), a program administered and 100% reinsured by the federal government. There is no group deviation for flood insurance.

Advertisement produced on behalf of the following specific insurers seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance Company and certain of its affiliates: Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company, Farmers Direct Property and Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, or Farmers Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. List of licenses at www.farmers.com. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. 4947581.1 © 2023 Farmers Insurance®

Coverage provided and underwritten by Liberty Mutual Insurance Company or its subsidiaries or affiliates, 175 Berkeley Street, Boston, MA 02116. Learn more about our privacy policy at libertymutual.com/privacy. Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify. Payroll deduction for affinity employer groups of 100+ members only. Discount filed and approved and varies by state. The program cannot guarantee coverage. A consumer report from a consumer reporting agency and/or a motor vehicle report, on all drivers listed on your policy, may be obtained where state laws and regulations allow. In Texas, coverage provided and underwritten by one or more of the following companies: Liberty Insurance Corporation, Liberty Lloyds of Texas Insurance Company, Liberty Mutual Fire Insurance Company, Liberty Mutual Personal Insurance Company, and Peerless Indemnity Insurance Company. ©2023 Liberty Mutual Insurance

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ADDITIONAL RESOURCES

HELP Loan

UNC Health has established a healthcare emergency loan program available to UNC Hospitals GME trainees, for reasons of severe financial hardship for which the trainee has an immediate need for financial assistance. Here are some of the program highlights:

1. Amount of Loan:
Trainees who have been approved for a Healthcare Employee Loan may borrow a minimum of $50 and a maximum of $500. This loan is free of interest or fees paid by the trainee.

2. Frequency:
A trainee will only be permitted one emergency loan during each twelve (12) month period.

3. Repayment:
The trainee agrees to repay the balance through payroll deduction. The term of the loan is not to exceed 10 biweekly pay periods.

To apply for a HELP loan or for more information, visit the Human Resources Department section of the UNC Medical Center intranet, select Programs and click on “Healthcare Employee Loan Program (H.E.L.P.)” under UNC Medical Center (State) Programs.

Office of Global Health Education

The Office of Global Health Education (OGHE) develops programmatic structure, support, and engagement in global medical education for UNC medical students and resident physicians interested in global health.

OGHE is affiliated with the Institute for Global Health and Infectious Diseases. OGHE offers a competitive 2-year Global Health Scholars Program, providing two annual stipends of $4,000.

For more information, visit https://www.med.unc.edu/oia

ADDITIONAL RESOURCES

Why juggle, UNC?

Juggle is the platform with a relentless dedication to safer, smarter, and simpler childcare.

1. We recruit educated and experienced sitters.

2. We build your network of friends who have used our service.

3. You book sitters with seamless in-app payment.

Juggle is partnering with UNC to subsidize 20% of the cost as an employee benefit.

HOW TO GET STARTED:

Download the app available for iOS and Android, or sign up at www.whyjuggle.com with code UNCHEALTH.
Already a Juggle user? Email support@whyjuggle.com to have the benefits added to your account.

juggle UNC Families' Need-To-Know:

1. **Students and recent grads** are recruited from the area's top universities.
2. **We hire mom-approved sitters** through Juggle's stringent screening process.
3. **You see who your friends have used** and read sitter reviews.
4. **In-app payment** means no fumbling for cash or math at the end of a sit.
5. **Now offering** babysitting, petsitting and homeschool help!

Juggle is partnering with UNC to subsidize 20% of the cost as an employee benefit.

HOW TO GET STARTED:

Download the app available for iOS and Android, or sign up at www.whyjuggle.com with code UNCHEALTH.
Already a Juggle user? Email support@whyjuggle.com to have the benefits added to your account.

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ADDITIONAL RESOURCES

WELLNESS INITIATIVES

University Gym Access

Trainees may use the University's Student Recreation Center and other recreation facilities, but first must purchase a Recreation Membership Card. Any trainee interested in purchasing the Recreation Membership Card must call the UNC Health One Card office to verify eligibility. They may be reached at 919-962-1385. Be prepared to give them your PID or employee ID number.

After verifying your eligibility, go to their office (located in the Daniels Building / Student Stores, room 210). The annual cost for this privilege is $150.00 plus $10.00 for a picture ID. The card is prorated in January to $90.00 and again to $40.00 after May Commencement. Cash, checks and credit cards are accepted for payment. The University no longer offers this privilege to spouses or children since their facilities are at a maximum capacity. House staff will have to follow this same procedure annually to renew this privilege.

Mayo Clinic Well-Being Index

In August 2016, the UNC School of Medicine made a commitment to add wellness as a critical metric in our collective performance as an institution. This is part of our adoption of the Quadruple Aim, which seeks to improve provider work life in addition to the traditional aims of enhancing patient experience, improving population health, and reducing costs.

As the wellness of the institution depends on the wellness of each individual, we have joined several other U.S. health care systems to utilize a well-being tracking tool, developed by researchers at the Mayo Clinic. This brief, online tool is 100% anonymous and evaluates multiple dimensions of distress (fatigue, depression, burnout, anxiety/stress, and mental/physical quality of life) among medical and other high-stress professionals.

The Well-Being Index is designed to:

1) Encourage self-awareness of well being among each individual and give access to resources when individuals need them the most
2) Evaluate individual well being and give immediate and confidential feedback based upon individual responses
3) Allow on both an individual and institution basis, the ability to track and report overall experience compared to the national average

The data is compiled anonymously, and used to inform the design of future interventions and other structural changes to address the challenges to well-being we all encounter on a daily basis.

If you have not registered to take the Well-Being Index before, you will need to create an account in order to take the assessment by using the following site: https://app.mywellbeingindex.org/signup

On the sign up page, you will be asked to enter an Invitation Code. Please enter the bolded code: **UNC GME**
Once you have entered your demographics, you will be able to take the WBI assessment.

If you have already registered to take the Well-Being Index, you can log in to your account using the following site: https://app.mywellbeingindex.org/login

For additional instructions to take the Well-Being Index, change entity, or change role, you can visit the following site [unchcs.intranet.unchealthcare.org].

If you need help taking the Well-Being Index, or if you have any questions, please reach out to the UNC Well-Being Program at WellBeing@unchealth.unc.edu.

ADDITIONAL RESOURCES

Integrated Emotional Support Program

In the wake of adverse patient events, many healthcare professionals experience caregiver event-related trauma. The Integrated Emotional Support Program is designed to connect healthcare professionals with emotional support resources after adverse patient outcomes. The emotional distress that may be experienced after these events can impact performance, patient safety and quality of care delivery, ability to work in a team, patient satisfaction, retention and absenteeism. The UNC School of Medicine and UNC Health Care are committed to providing resources to faculty physicians and trainees to promote emotional support and wellness.

For more information go to: https://www.unchealth.org/for-unch-health-professionals/well-being-for-unc-health-teammates

Taking Care of Our Own

The Taking of Our Own Program (TCOOO) is a service offered to UNC Hospitals faculty physicians and trainees, within the UNC Healthcare System who would benefit from convenient and confidential expertise in wellness and mental health.

The physical and emotional health of physicians is often a secondary priority to the health of their patients, family, and friends. TCOOO was created to encourage health and wellness in those that heal others. We are a group of mental health providers who meet individually with physicians to assess their unique factors which may contribute to symptoms of stress, mood changes, anxiety, and burnout. We help physicians cope with these common issues which can often impact their professional journey.

Peer Support Program

The Peer Support Program is a new program at UNC that connects health care professionals with trained peer support volunteers. Interested individuals can receive 1:1 peer support after adverse patient events or events with serious unanticipated patient outcomes. This service is open to healthcare professionals involved in patient care including, but not limited to, physicians, advanced practice providers, nurses, techs, and therapists.

For more information go to: https://www.med.unc.edu/psych/wellness-initiatives/peer-support-program

Professional Liability Coverage

Members of UNC Hospitals' Graduate Medical Education are covered by professional liability insurance while performing approved residency activities, including off-site residency rotations. Professional liability coverage is provided tor trainees as a benefit of employment. Moonlighting activities are excluded from the professional liability coverage provided for trainees. Coverage is provided on an occurrence basis. This means that a trainee is covered for anything that occurs within the course and scope of his or her employment as a trainee, even if a claim or a lawsuit is brought for that occurrence when the trainee is no longer employed by UNC Hospitals GME. Coverage is triggered by an occurrence rather than a claim, and there is no need for a trainee to obtain tail coverage at the conclusion of his or her residency.

Professional liability coverage is provided by the UNC Liability Insurance Trust Fund, which is administered by the Legal and Risk Management Department of UNC Hospitals. The limit of liability for each covered individual is $3 million per incident with a single claim limit of $7 million per medical incident.

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UNC Health
Network Physician Recruitment
Career Center

Amber Williams, MPH, CPRP
HCS Manager, Network Physician Recruitment
UNC Health Care
amber.williams1@unchealth.unc.edu
919-923-0242

UNC Health Care's Network Physician Recruitment Department recruits for UNC Hospital network entities. In addition to having physician recruiters who partner with trainees to help them locate career opportunities with UNC, this department includes professional development and employment networking through its Career Center. This Center offers comprehensive services to help residents successfully transition from training to clinical practice. Services include:

Career Coaching: one-on-one sessions with trainees to discuss job search strategies.

Career Fairs: UNC physician recruiters from across the state will come to your program to showcase physician employment opportunities in their communities.

UNC Health Care Career Development Workshops: Typically one hour, these highly interactive sessions provide a road map to help trainees prepare for and land their dream job. These include:

The Successful Job Search
Come learn strategies for effectively initiating a job search and how to find your ideal job. Topics include: professional networking practices; important questions to ask during an interview; tips/strategies for assessing the right job; and negotiating tactics for closing the deal.

CV & Cover Letter Writing
The first step in the job search process is creating a polished CV and cover letter. This session focuses on how to use the CV and cover letter to marketing your skills. Topics include formatting, content, and layout and design.

Health Care System Employment Contracts
The average employment contract is between 20 and 30 pages! Being aware of what you are signing is imperative. This session includes an overview of the key elements of the employment agreement; review which elements warrant special attention; and, strategies for negotiating with your future employer to ensure a fair contract.

Medical Staff Credentialing
The unfamiliar world of medical staff credentialing is an essential step to starting your professional practice. This session will provide an overview of why credentialing is important and how it can impact your employment start date. Topics include the application process; important documents critical to completing the process; red flags – what are they and how to avoid them; and, the approval/appointment process.

UNC Health Network Physician Recruitment Website

IMPORTANT DISCLOSURES

Note to All Employees

Certain Federal Regulations require employers to provide disclosures of these regulations to all employees. The remainder of this document provides you with the required disclosures related to our employee benefits plan. If you have any questions or need further assistance please contact your Plan Administrator as follows:

UNC Hospitals GME
101 Manning Dr, Room W1017
Chapel Hill, NC 27514
984-974-1072

Notice Regarding Special Enrollment Rights

If you do not timely or properly complete the enrollment process, you and your Eligible Dependents generally will not be covered under the applicable Plan for the remainder of the Plan Year, except as described below. Also, if you fail to specifically enroll your Eligible Dependents on the enrollment form, your Eligible Dependents will not be covered under the applicable Plan for the remainder of the Plan Year, except as otherwise provided below.

(a.) If you decline enrollment for yourself or your dependents because you or your dependent had other health insurance or group health plan coverage, either through COBRA or otherwise, you may enroll yourself and Eligible Dependents in the Health Program within **30 days** of the loss of that coverage. For this purpose, "loss of coverage" will occur if the other group health plan coverage terminates as a result of: (i) termination of employer contributions for the other coverage; (ii) exhaustion of the maximum COBRA period; (iii) legal separation or divorce; (iv) death; (v) termination of employment; (vi) reduction in hours of employment; or (vii) failure to elect COBRA coverage.

However, a loss of coverage will not be deemed to occur if the other coverage terminates due to a failure to pay premiums or termination for cause. At the time you enroll in the Employer's Plan, you must provide a written statement from the administrator of the other health plan that you no longer have that coverage.

(b.) You are eligible to enroll yourself and your Eligible Dependent in the Health Program within **30 days** of the date you acquire a new Eligible Dependent through marriage, birth, adoption or placement for adoption. Your enrollment will become effective on the date of marriage, birth, adoption or placement for adoption. (Note pre-tax payments may not be made for retroactive coverage due to marriage.)

(c.) You are eligible to enroll yourself and your Eligible Dependent in the Plan within **60 days** after either:

(1.) You or your Eligible Dependent's Medicaid coverage under title XIX of the Social Security Act or CHIP coverage through a State child health plan under title XXI of the Social Security Act is terminated as a result of loss of eligibility for such coverage; or

(2.) You or your Eligible Dependent is determined to be eligible for employment assistance under Medicaid or CHIP to help pay for coverage under the Plan.

Notice Regarding Women's Health and Cancer Rights Act

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. Refer to your benefit materials for specific deductibles and coinsurance that apply.

If you would like more information on WHCRA benefits, please call your Plan Administrator (identified at the beginning of this section).

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IMPORTANT DISCLOSURES

Notice Regarding Patient Protection Rights
The UNC Hospitals GME group health plan does not require members to designate a Primary Care Provider. The following paragraphs outline certain protections under the Patient Protection and Affordable Care Act (Affordable Care Act) and only apply when the Plan requires or allows the designation of a Primary Care Provider.

You will have the right to designate any primary care provider who participates in the Plan's network and who is available to accept you and/or your Eligible Dependents. For children, you may designate a pediatrician as the primary care provider. You also do not need prior authorization from the Plan or from any other person (including your primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Plan's network. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals or notifying primary care provider or Plan of treatment decisions.

If you do not make a provider designation, the Plan may make one for you. For information on how to select or change a primary care provider, and for a list of the participating primary care providers, pediatricians, or obstetrics or gynecology health care professionals, please contact UMR at (877) 265-9194.

How To Request A Certification of Creditable Coverage From This Plan
HIPAA also requires any medical program offered by the employer to provide certificates of such creditable coverage to you after you lose coverage under such medical program. This certificate allows you to use your coverage under the medical program to reduce or eliminate an pre-existing condition exclusion period that might otherwise apply to you when you change health care plans. You also may request a certificate of creditable coverage for periods of coverage on or after July 1, 1996, within 24 months of your loss of coverage.

To request a HIPAA Certificate of Creditable Coverage, please contact the insurance company customer service department by calling the phone number on your healthcare identification card. If you are unable to obtain the certificate of coverage through the carrier, or have other questions regarding Pre-existing Conditions, please contact the Plan Administrator for assistance at the address below:

UNC Hospitals GME
101 Manning Dr, Room W1017
Chapel Hill, NC 27514
984-974-1072

IMPORTANT DISCLOSURES

Medicare Notice

You must notify UNC Hospitals GME when you or your dependents become Medicare eligible. UNC Hospitals GME is required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the group health plan is the primary payer. You must also notify Medicare directly that you have group health insurance coverage. Privacy laws prohibit Medicare from discussing coverage with anyone other than the Medicare beneficiary or their legal guardian. The toll-free number to Medicare Coordination of Benefits is 1-855-798-2627.

Medicare Part D Coverage Notice – Important Information About Your Prescription Drug Coverage and Medicare

Please note that the following notice only applies to individuals who are eligible or will become eligible for Medicare in the next 12 months.

Medicare eligible individuals may include employees, spouses or dependent children who are Medicare eligible for one of the following reasons.

- Due to the attainment of age 65
- Due to certain disabilities as determined by the Social Security Administration
- Due to end-stage renal disease (ESRD)

You are responsible for providing this notice to your spouse, your domestic partner or any dependent who is or will become Medicare eligible in the next 12 months. If your spouse, your domestic partner or any dependent resides at a different address then you, please contact us to provide that individual's address as soon as possible.

If you are covered by Medicare, please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UNC Hospitals GME and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

UNC Hospitals GME has determined that the prescription drug coverage offered by our Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. If your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. The prescription drug coverage is part of the Group Health Plan and cannot be separated from the medical coverage. If you enroll in a Medicare prescription drug plan, you and your

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eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. You have the option to waive the coverage provided under the Group Health Plan due to your eligibility for Medicare. If you decide to waive coverage under the Group Health Plan due to your Medicare eligibility, you will be entitled to re-enroll in the plan during the next open enrollment period.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact UNC Hospitals GME. You will receive this notice each year and again, if this coverage through UNC Hospitals GME changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit U.S. Social Security Administration's at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (penalty).

IMPORTANT DISCLOSURES

Health Insurance Marketplace Coverage Options and Your Health Coverage

There is an additional way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (indexed) of your household income, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

UNC Hospitals GME
101 Manning Dr, Room W1017
Chapel Hill, NC 27514
984-974-1072

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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IMPORTANT DISCLOSURES

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)	Website: Health Insurance Premium Payment (HIPP) Program **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

IMPORTANT DISCLOSURES

GEORGIA Medicaid	INDIANA Medicaid
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	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
IOWA Medicaid and CHIP (Hawki)	**KANSAS Medicaid**
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	Website: **https://www.kancare.ks.gov/** Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY Medicaid	**LOUISIANA Medicaid**
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://kidshealth.ky.gov/Pages/index.aspx** Phone: 1-877-524-4718 Kentucky Medicaid Website: **https://chfs.ky.gov**	Website: **www.medicaid.la.gov** or **www.ldh.la.gov/lahipp** Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE Medicaid	**MASSACHUSETTS Medicaid and CHIP**
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	Website: **https://www.mass.gov/masshealth/pa** Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA Medicaid	**MISSOURI Medicaid**
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	Website: **http://www.dss.mo.gov/mhd/participants/pages/hipp.htm** Phone: 573-751-2005
MONTANA Medicaid	**NEBRASKA Medicaid**
Website: **http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP** Phone: 1-800-694-3084 Email: **HHSHIPPProgram@mt.gov**	Website: **http://www.ACCESSNebraska.ne.gov** Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA Medicaid	**NEW HAMPSHIRE Medicaid**
Medicaid Website: **http://dhcfp.nv.gov** Medicaid Phone: 1-800-992-0900	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

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IMPORTANT DISCLOSURES

NEW JERSEY Medicaid and CHIP	NEW YORK Medicaid
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	Website: **https://www.health.ny.gov/health_care/medicaid/** Phone: 1-800-541-2831
NORTH CAROLINA Medicaid	**NORTH DAKOTA Medicaid**
Website: **https://medicaid.ncdhhs.gov/** Phone: 919-855-4100	Website: **http://www.nd.gov/dhs/services/medicalserv/medicaid/** Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	**OREGON Medicaid**
Website: **http://www.insureoklahoma.org** Phone: 1-888-365-3742	Website: **http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html** Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	**RHODE ISLAND 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)	Website: **http://www.eohhs.ri.gov/** Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA Medicaid	**SOUTH DAKOTA Medicaid**
Website: **https://www.scdhhs.gov** Phone: 1-888-549-0820	Website: **http://dss.sd.gov** Phone: 1-888-828-0059
TEXAS Medicaid	**UTAH Medicaid and CHIP**
Website: **http://gethipptexas.com/** Phone: 1-800-440-0493	Medicaid Website: **https://medicaid.utah.gov/** CHIP Website: **http://health.utah.gov/chip** Phone: 1-877-543-7669
VERMONT Medicaid	**VIRGINIA Medicaid and CHIP**
Website: **Health Insurance Premium Payment (HIPP) Program| Department of Vermont Health Access** Phone: 1-800-250-8427	Website: **https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp** Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON Medicaid	**WEST VIRGINIA Medicaid and CHIP**
Website: **https://www.hca.wa.gov/** Phone: 1-800-562-3022	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	**WYOMING Medicaid**
Website: **https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm** Phone: 1-800-362-3002	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

IMPORTANT DISCLOSURES

NOTICE REGARDING NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers offering group health insurance may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for less than 48 hours following normal vaginal delivery, or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the plan or insurance issuer to prescribe a length of stay not in excess of the above periods.

SUMMARY OF BENEFITS & COVERAGE (SBC)

The Summary of Benefits & Coverage (SBC) is a document intended to help people understand their health coverage and compare health plans when shopping for coverage.

The federal government requires all healthcare insurers and group health care sponsors to provide this document to plan participants. Group health plan sponsors must provide a copy of the SBC to each employee eligible for coverage under the plan.

The SBC includes:

- A summary of the services covered by the plan
- A summary of the services not covered by the plan
- A glossary of terms commonly used in health insurance
- The copays and/or deductibles required by the plan, but not the premium
- Information about members' rights to continue coverage
- Information about members' appeal rights
- Examples of how the plan will pay for certain services

The SBCs are available electronically on our intranet site. A paper copy is also available, free of charge, by calling UNC Hospitals GME.

NOTICE OF RESCISSION OF COVERAGE

Under Health Care Reform, your coverage may be rescinded (i.e., retroactively revoked) due to fraud or intentional misrepresentation regarding health benefits or due to failure to pay premiums. A 30 day advance notice will be provided before coverage can be rescinded.

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IMPORTANT DISCLOSURES

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at http://www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272.

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

of the
UNC HOSPITALS GRADUATE MEDICAL EDUCATION
GROUP WELFARE BENEFIT PLAN

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This version is effective: May 1, 2021

WHO FOLLOWS THIS NOTICE

UNC Health Care System ("UNC Health"), in its capacity as sponsor (the "Plan Sponsor") and administrator of the UNC Hospitals Graduate Medical Education Group Welfare Benefit Plan, follows the privacy practices described in this Notice with respect to the use and disclosure of health information about you in order to provide you with medical, flexible spending account ("FSA"), employee assistance program ("EAP"), dental, and vision benefits under the UNC Hospitals Graduate Medical Education Group Welfare Benefit Plan. These group health benefits are collectively called the "Plan" in this Notice. All of these benefits are self-insured, except for the EAP.

The Plan operates as an Organized Health Care Arrangement ("OHCA"), which means that the Plan and the Plan Sponsor may share information about you with each other for the purpose of administering the Plan and providing the benefits of the Plan to you. This Notice does not describe the health information policies or practices of your health care providers (including the policies and practices of UNC Health and UNC Hospitals in their capacities as health care providers) or the insurers of any fully insured benefits (such as EAP).

Plan Sponsor's Obligations Regarding Health Information Privacy
We protect confidential information that identifies Plan participants or could be used to identify Plan participants and relates to a physical or mental health condition or the payment of participant health care expenses. This individually identifiable health information created, received, maintained, or transmitted by the Plan, regardless of form (oral, written or electronic) is known as "Protected Health Information" or "PHI." PHI includes genetic information about you or a family member such as genetic tests, manifestations or a disease or disorder, or requests for (or the receipt of) genetic services or participation in clinical research which includes genetic services. Plan participant PHI will not be used or disclosed without a written authorization from the Plan participant, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.
In some situations, federal and state laws provide privacy protections to PHI in addition to the protections described in this Notice. Examples of PHI that sometimes receives additional protection include PHI related to mental health, HIV/ AIDS, reproductive health, or chemical dependency. The Plan may refuse to disclose such PHI, or the Plan may contact you to obtain an express written authorization before disclosing it.

Health Information Held by Plan Sponsor in Employment Records is Not PHI
The privacy policy and practices described in this notice do not apply to health information that we hold in employment records or in records relating to pre-employment screenings, disability benefits or claims, on-the-job injuries, workers' compensation claims, medical leave requests, return-to-work reports, life insurance, retirement benefits, accommodations under the Americans with Disabilities Act, or any records not pertaining to PHI from the Plan.

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NOTICE OF PRIVACY PRACTICES

The Plan's Responsibilities

The Plan is required by law to:

- Maintain the privacy and security of your PHI;
- Give you this notice of the Plan's legal duties and privacy practices with respect to PHI;
- Follow the terms of the notice currently in effect;
- Inform you if certain breaches of your PHI occur.

Your Rights

You have the right to:

- Inspect and copy your PHI the Plan maintains in a designated record set, such as claims and appeals records. If the information is maintained electronically, the Plan will provide you (or someone you designate in writing) with an electronic copy. The Plan will provide a copy or a summary of your records, usually within 30 days of your request. The Plan may charge a reasonable, cost-based fee.
- Amend the PHI the Plan maintains in a designated record set if it is incorrect or incomplete. You must provide reasons supporting the amendment request, and the Plan may deny your request if the Plan determines the information is accurate and complete. The Plan will notify you within 60 days of your request.
- Request confidential communication by asking the Plan to communicate with you in a certain way or at a certain location. For example, you can ask the Plan to contact you in a specific way (home or office phone) or to send mail to a different address. The Plan will make every attempt to accommodate all reasonable requests if it is administrative practicable to do so; however, the Plan is not required to agree to the request unless you state you would be in danger if the request is not granted.
- Ask the Plan to limit the information the Plan uses or discloses about you for treatment, payment or health care operations purposes and also to limit the PHI shared to someone who may be involved in your care or payment for your care. The Plan is not required to agree to the request unless the disclosure restriction is to a health plan for purposes of payment or health care operations and the PHI pertains to a product or service for which the health care provider has been paid out-of-pocket in full.
- Get a list (called an "accounting") of disclosures of your PHI that the Plan has made to others for six years prior to the date of your request, except disclosures for treatment, payment or health care operations purposes; disclosures to you; or disclosures in certain other circumstances. The Plan must provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for more than one within 12 months.
- Receive a paper copy of this privacy notice upon request.
- File a complaint with the Plan or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You can file the complaint with the Secretary by sending it to:

  U.S. Department of Health & Human Services, Office for Civil Rights
  200 Independence Avenue, S.W.
  Washington, D.C. 20201
  Or online at www.hhs.gov/ocr/privacy/hipaa/complaints/.

The Plan will not retaliate against you for filing a complaint.

Exercising Your Rights

To exercise any of your HIPAA rights, including filing a complaint, please contact the Plan Privacy Officer in writing at the following address:

UNC Health Human Resources
Attn: Vice President, HR Services
5221 Paramount Parkway, Suite 410
Morrisville, NC 27560

Our Uses and Disclosures

The following is a list of ways the Plan may use and disclose PHI without obtaining an authorization.

- For payment. The Plan may use and disclose PHI so that claims for health care treatment, services, and supplies received from health care providers may be paid according to the Plan's terms. For example, the Plan may use PHI to determine a dependent's eligibility for benefits, or it may disclose PHI to individuals or a group involved in deciding an appeal of a denied medical claim or adjudication of benefits.
- For health care operations. The Plan may use and disclose PHI to enable it to operate, to help it operate more efficiently, or to ensure that all Plan participants receive consistent and complete health benefits. For example, the Plan may use PHI for case management or to perform studies designed to reduce health care costs. The Plan may also use or disclose PHI to conduct compliance reviews, audits or actuarial studies, as well as for fraud and abuse detection, business management purposes or general administrative activities.
- For treatment. The Plan may use or disclose PHI to facilitate treatment by providers. The Plan may disclose medical information to providers such as doctors, nurses, technicians, medical students or hospital personnel involved in caring for you.
- To a Business Associate. Certain services are provided to the Plan by third parties known as "Business Associates." For example, third party administrators that process claims for the Plan are Business Associates of the Plan. The Plan requires its Business Associates, through contract, to appropriately safeguard the PHI. In addition, Business Associates are directly subject to HIPAA as a matter of law with respect to PHI in electronic form.
- **As required by law.** The Plan will disclose PHI when required to do so by federal, state or local laws, including the reporting of certain types of wounds or physical injuries.

The Plan may use and disclose PHI **after providing the individual with an opportunity to object in advance of the use or disclosure and the individual declines to prohibit the use and disclosure** to a close friend or family member who is involved in or helps to pay for a participant's health care. The Plan may also advise a family member or close friend about the participant's condition, location (for example, that a participant is in a hospital), or death.

The Plan may also use and disclose PHI without a participant's authorization in the following instances:

- **Lawsuits and disputes.** The Plan may disclose PHI in response to a court order or administrative order, a subpoena, a warrant, a discovery request, or another lawful due process, but only if certain conditions designed to notify the participant about the disclosure and to safeguard the PHI are in place.
- **Law enforcement.** The Plan may release PHI if asked by a law enforcement official, for example, to identify or locate a suspect, material witness or missing person, or to report a crime, the crime's location or victims, or the identity, description or location of the person who committed the crime.
- **Workers' compensation.** The Plan may disclose PHI to the extent authorized by, and to the extent necessary to comply with, workers' compensation laws or other similar programs.

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- **Military and Veterans' Administration.** If a Plan participant becomes a member of the U.S. armed forces, the Plan may release medical information about him/her as deemed necessary by military command authorities.

- **Abuse, Neglect or Domestic Violence**. When authorized by law, the Plan may report information about abuse, neglect or domestic violence to the appropriate public authorities if there is a reasonable belief that the participant may be a victim of abuse, neglect or domestic violence. If the Plan does make such a disclosure, the participant will be notified of the disclosure unless the notice would cause a risk of serious harm.

- **Public Health Risks**. The Plan may disclose health information about the participant for public heath activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.

- **Health Oversight Activities**. The Plan may disclose participant PHI to a health oversight agency for audits, Investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.

- **Research.** Under certain circumstances, the Plan may use and disclose participant PHI for medical research purposes.

- **National Security, Intelligence Activities and Protective Services**. The Plan may release participant PHI to authorized federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law, and (2) to enable them to provide protection to members of the U.S. government or foreign heads of state, or to conduct special investigations.

- **Organ and Tissue Donation.** If the participant is an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** The Plan may release participant PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release participant PHI to a funeral director, as necessary for him/her to carry out his/her duty.

How Much PHI the Plan Discloses

When using or disclosing PHI or, when requested, PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses by or disclosures to the individual participant;
- disclosures to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; or
- uses or disclosures that are required for the Plan's compliance with the Privacy Rule.

For the purpose of obtaining premium bids or modifying, amending or terminating the Plan, the Plan may use or disclose "summary health information" to the Plan Sponsor that summarizes the claims history, claims expenses or types of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan, and from which identifying data has been deleted in accordance with HIPAA. However, the Plan may not use or disclose PHI that is genetic information of an individual for underwriting purposes.

NOTICE OF PRIVACY PRACTICES

Other Uses and Disclosures of Health Information

Uses and disclosures of health information not covered by this Notice or by the laws that apply to the Plan will be made only with the participant's written authorization. If the participant authorizes the Plan to use or disclose his/her PHI, the participant may later revoke the authorization, in writing, at any time. If the participant revokes his/her authorization, the Plan will no longer use or disclose the participant's PHI for the reasons covered by the written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on the participant's prior authorization.

Changes to This Notice

The Plan reserves the right to change this Notice at any time and to make the revised or changed Notice effective for participant PHI the Plan already has, as well as any information the Plan receives in the future. Changes in the group health plans covered by the Notice will not be treated as a material modification of the Notice, which would give rise to a change to this Notice. This Notice will be posted on the Plan Sponsor's benefits enrollment website.

Plan Contact Information

If you need more information about our privacy practices or have questions about this Notice, if you think we have violated your privacy rights, or if you want to complain to us about our privacy practices, you can contact the person listed below:

UNC Health Human Resources
Attn: Vice President, HR Services
5221 Paramount Parkway, Suite 410
Morrisville, NC 27560
984-974-1087

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GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

INTRODUCTION
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA COVERAGE AVAILABLE?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:
- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS
For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to:

UNC Hospitals GME
101 Manning Dr, Room W1017
Chapel Hill, NC 27514
984-974-1072

Notification should be in writing and include official documentation of qualifying event (i.e. divorce decree, marriage certificate, birth certificate).

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

HOW IS COBRA COVERAGE PROVIDED?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Please provide Social Security disability determination confirmation to:

UNC Hospitals GME
101 Manning Dr, Room W1017
Chapel Hill, NC 27514
984-974-1072

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

IF YOU HAVE QUESTIONS
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator and the COBRA Administrator.

Plan Contact Information
UNC Hospitals GME
101 Manning Dr, Room W1017
Chapel Hill, NC 27514
984-974-1072

COBRA Administrator: Ameriflex COBRA Department
P. O. Box 2077
Omaha, NE 68103
888-868-3539

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UNC HEALTH