

# Annual Enrollment Guide 2022

ENROLLMENT DATES:  
OCTOBER 11 TO NOVEMBER 3, 2021, AT 4:30 P.M.



**CAMC**  
Health System

# Welcome

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CAMC Health System, Inc., is proud to provide you and your families a competitive benefits package.

Each year, we take a comprehensive approach to identifying the best benefits at the lowest cost to you. One way to keep your out-of-pocket costs to a minimum is to use a CAMC employed provider when possible. We continue to expand our primary care and specialty services. When you choose to use one of our employed providers, you will have the benefit of a \$0 copay. We will continue to find innovative ways to keep your out-of-pocket costs as low as possible when you choose to use one of our employed providers.

The Employee Wellness Center creates a true destination clinic for employees and covered family members enrolled in CAMC's PPO Plan. All services received at the Wellness Center are free of charge. We also look forward to expanding wellness programs, behavioral medicine, and population health initiatives through the Wellness Center.

Our people are the most important resource we have at CAMC, and we are focused on your well-being. We are taking a holistic approach to workforce well-being — focusing on all aspects, including emotional, social, professional, physical, and financial well-being. When we feel our best, we can take the best care of our patients and customers.

Thank you for providing the best care to patients, every day.

Dave,

A handwritten signature in black ink that reads "David Ramsey". The signature is written in a cursive style with a large, stylized initial "D".

# What's New for 2022?

## What's changing?

- » Increase in medical plan premium
- » Health Savings Account contribution limits for 2022

## What do you need to do?

Access and review information through the Virtual Benefit Journey site.

- » Watch 2022 Annual Enrollment Video
- » Review 2022 Annual Enrollment Guide
- » Register for prize drawing through the Virtual Benefit Journey site

Make your 2022 elections in Lawson Self Serve between October 11 through November 3 at 4:30 p.m.

Print and keep a copy of your enrollment confirmation.

Elections will be effective January 1, 2022.





# Table of Contents

We all work together to make CAMC Health System a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make you and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2022 benefits. If you have questions, your benefits department and HR departments are here to help.

See page 40 for important information concerning Medicare Part D coverage.

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In this Guide, we use the term company to refer to Charleston Area Medical Center. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

# Eligibility and Enrollment



CAMC Health System offers a variety of benefits to support you and your family's needs. Choose options that cover what's important to your unique lifestyle.

## Eligibility

If you are a full-time, prorata 7, 8 or 9 employee of CAMC Health System, you are eligible to participate in the medical, dental, vision, life and disability plans and additional benefits. If you are a prorata 5 or 6 employee, you are not eligible for Medical and Spending Account benefits.

## When Does Coverage Begin?

Your elections made during annual enrollment are effective January 1, 2022. You won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.

## Note

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You cannot change your benefit elections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.

## Eligible Dependents

Dependents eligible for coverage in the CAMC Health System benefits plans include:

- » Your legal spouse.
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse). Children are eligible to be covered until the end of the month in which they turn 26 years old.
- » Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose prior to the child turning 26 (periodic certification may be required).

Verification of dependent eligibility is required prior to enrollment.



# Enrollment

## Adding Dependents During Annual Enrollment

Once you have logged in to Lawson Self Serve and start the election process, you will see a dependent screen. Please review your dependents. If you need to add a dependent, you may do so by clicking add. You may add a lawful spouse or dependent child. After you have completed your benefit enrollment, appropriate documentation must be provided to the Benefits Department. You may provide the documentation by scanning the documents to [benefits@camc.org](mailto:benefits@camc.org) or by faxing to 304-388-3719. Remember to include your name and employee ID number on submitted documentation. If you do not provide the appropriate documentation by November 30, 2021, your election will be changed to not cover the added dependent.

Do not add a dependent that is already showing on the screen. If you see a dependent that shows as inactive and is eligible, click on the name of the inactive dependent and mark active. You will be able to attach the dependent once they are active.

### Spouse:

Marriage Certificate

Most recent tax return (if married prior to current year)

Spouse Health Coverage Verification Form  
(if electing medical coverage on spouse)

### Child(ren):

Birth Certificate

You may purchase certified records of West Virginia marriages and births through the WV Vital Registration Office, Health Statistics Center. Call WV Vital Statistics at 304-558-2931.

CAMC and its medical service providers reserve the right to audit dependent eligibility. If you provide false information when enrolling or verifying your dependents, you may also be subject to disciplinary action up to and including termination.

## How do I enroll?

Enrollment October 11 to November 3, 4:30 p.m.

You will enroll for benefits in Lawson Self Serve. You can access Lawson from a CAMC network computer or from your mobile device or home PC.

Access from a CAMC Computer:

- » From CAMnet, click on “Lawson” on the left.
- » Click on “login now” on the left, then click “run” at the bottom, then click “continue” to sign in.

Access from a mobile device or home PC:

- » Enroll in DUO Security.
- » Go to [www.camc.org](http://www.camc.org) on your mobile device or home PC.
- » Click on “Employee” in green at the bottom of the page.
- » Click “Lawson here” in blue.
- » Select “send me a push” or “call me” to receive a Duo Security code.
- » Approve or enter Duo security code.
- » Go back to [www.camc.org](http://www.camc.org).

Enroll in Benefits:

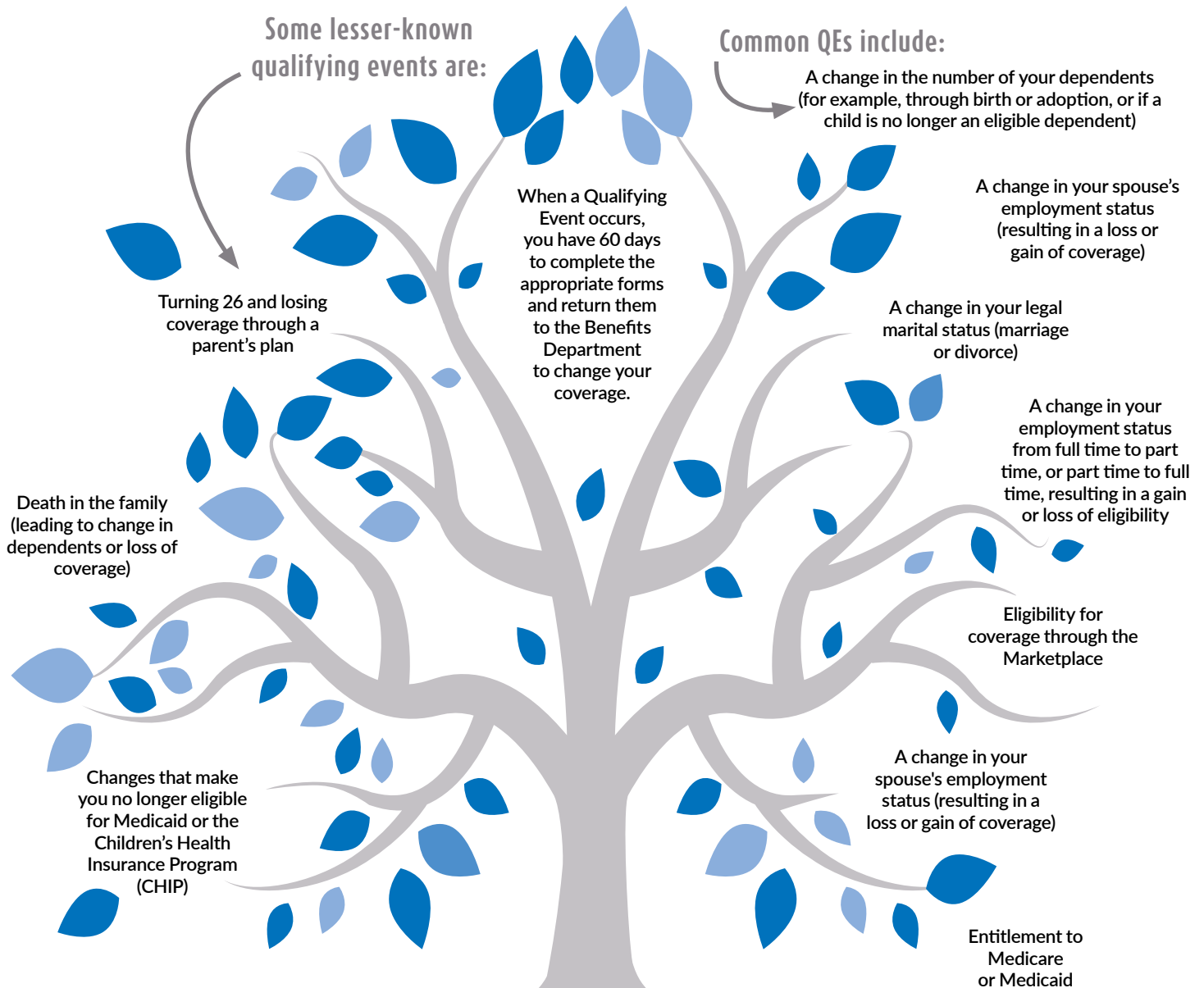
- » To sign in, use your network user ID and password.
- » On right, click on “Benefits,” then “Annual Benefit Enrollment.”
- » Read the Welcome Screen for important enrollment information, then click “Continue.”
- » Carefully review each benefit and make a selection for each one.
- » For dependent benefits, be sure to check the box next to the dependents you want to cover.
- » On the final benefit summary page, select “Continue.”
- » On the Lawson Self Service web dialog box, select “Yes” to printing and/or e-mailing your benefit elections. (E-mail will be sent to your CAMC e-mail address).

**If you have any difficulties logging into Lawson Self Serve, contact the CAMC Help Desk.**

# Qualifying Events

## What are Qualifying Events?

Most people know you can change your benefits when you start a new job or during Annual Enrollment. Did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Events (QEs) determined by the IRS could allow you to make changes to your elections outside of the annual time.



Keep in mind your change in coverage must be consistent with your change in status. Benefit changes due to qualifying events will become effective the first of the month following completion of change form. Birth/adoption will be effective the date of birth/adoption.

Questions regarding specific qualifying events and your ability to request changes should be directed to the benefit or HR departments. Check out the qualifying events page on CAMNET/MyCAMC/Employee benefits/Qualifying events for more details. Don't miss out on a chance to update your benefits!

# Preparing For Open Enrollment

As a committed partner in your health, CAMC Health System absorbs a significant amount of your benefit costs. Your contributions for many of our benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of CAMC, you must elect coverage for yourself in order to elect coverage for dependents.

## Open Enrollment Action Items



### Update your personal information.

If you've experienced a qualifying event in the last year, you may need to change your elections or update your details.



### Test your logon.

Use your network logon and password to access Lawson. If you have problems logging in, please contact the HELP desk. (8-4357)



### Review available plans' deductibles.

Take a look at your options – if you foresee a lot of medical needs this year, you might want a lower deductible. If not, you could switch to a higher deductible and enjoy lower premiums.



### Check out the CAMC Network on the Medical Plan.

Review the plan changes for the CAMC network. Using CAMC physicians and facilities will give you the lowest out of pocket cost.



# Medical Benefits



Medical benefits are provided through Highmark. Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2022 plan year, unless you have a qualifying event.

## Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly premium.

	TRADITIONAL PPO	HIGH DEDUCTIBLE HEALTH PLAN
<b>BI-WEEKLY PREMIUM</b>		
EMPLOYEE ONLY	\$75	\$35.00
EMPLOYEE + SPOUSE	\$237	\$115.50
EMPLOYEE + CHILD(REN)	\$162	\$80.50
EMPLOYEE + FAMILY	\$266	\$129.50

## CAMC Tier Provider:

Visit [CAMC.org](https://www.camc.org) and click FIND a Doctor. Look for the checkmark indicating CAMC Employed.

## Highmark Tier Provider:

Visit Highmark's website [www.highmarkbcbswv.com](https://www.highmarkbcbswv.com) or call customer services at 877-770-6991.

## Note

Most preventive care offered by an in-network physician is covered at 100% through PPO and HDHP.



## Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly premium.

## Medical Plan Summary

This chart summarizes the 2022 medical coverage provided by Highmark. All covered services are subject to medical necessity as determined by the plan.

	PPO		SINGLE HDHP		FAMILY HDHP	
<b>DEDUCTIBLE</b>						
	CAMC	HIGHMARK	CAMC	HIGHMARK	CAMC	HIGHMARK
INDIVIDUAL	\$200	\$600	\$1,400	\$3,000	\$2,800	\$3,600
FAMILY	\$600	\$1,800			\$5,600	\$7,200
<b>OUT-OF-POCKET MAXIMUM</b>						
INDIVIDUAL	\$8,150	\$8,150	\$6,900	\$6,900	\$6,900	\$6,900
FAMILY	\$16,300	\$16,300			\$13,800	\$13,800
<b>COPAYS (PLAN PAYS)</b>						
	90%	60%/70%/80% Varies based on Service	90%*	60%/70%/80% Varies based on Service*	90%*	60%/70%/80% Varies based on Service*
<b>OFFICE VISIT COPAY</b>						
PCP	\$0	\$20	\$0*	\$20*	\$0*	\$20*
SPECIALIST	\$0	\$40	\$0*	\$40*	\$0*	\$40*

\*After Deductible

## The Spouse Eligibility Rule

The mandatory spouse enrollment rule will continue to be in place for the 2022 plan year. Spouses who are offered employer-sponsored health insurance must enroll in their employer's plan as primary coverage in order to be eligible to enroll in a CAMC medical plan as secondary coverage. Any spouse covered on the medical plan will have eligibility verified prior to Jan. 1, 2022.

After enrollment ends, an email will be sent to your CAMC email address and a copy will be mailed to your home address with the current spouse health coverage verification form. Please follow the instructions to complete and return the form. If you would like a confirmation that the form was received, please use email as your form of submission.

## Tobacco Surcharge

Employees who are enrolled in a medical plan and use tobacco will pay a \$40.00 tobacco surcharge per pay period. Employees who choose not to disclose whether they use tobacco or not will pay the \$40.00 tobacco surcharge as well.

CAMC does offer free nicotine cessation education programs. Upon successful completion of a program, any surcharges paid will be refunded in full and the surcharge will be removed the first of the month following benefits receipt of the required documents for program completion.

For additional information on the tobacco cessation program, see the myhealth page on CAMNET for details.

## EXCLUDED FACILITIES

ALL NON-EMERGENCY SERVICES ARE EXCLUDED AT THE FOLLOWING FACILITIES.  
THIS LIST MAY CHANGE WITHOUT NOTICE.

Beckley ARH (Appalachian Regional Hospital), Beckley, WV	Plateau Medical Center, Oak Hill, WV
Boone Memorial Hospital, Madison, WV	Pleasant Valley Hospital, Point Pleasant, WV
Braxton Memorial Hospital, Gassaway, WV	Raleigh General Hospital, Beckley, WV
Cabell Huntington Hospital, Huntington, WV	Roane General Hospital, Spencer, WV
Cabell Huntington Surgery Center, Huntington, WV	St. Francis Hospital, Charleston, WV
Camden Clark Medical Center, Parkersburg, WV	St. Joseph's Hospital, Buckhannon, WV
Charleston Surgical Hospital Charleston, WV	St. Mary's Medical Center, Huntington, WV
Day Surgery Center, Kanawha City, Charleston, WV	Stonewall Jackson Memorial, Weston, WV
Edwards Comprehensive Cancer Center	Summersville Memorial Hospital, Summersville, WV
Holzer, All Facilities and Locations	Teays Valley Urgent Care, Teays Valley, WV
Jackson General Hospital, Ripley, WV	Thomas Memorial Hospital, So. Charleston, WV
Kings Daughters Hospital, Ashland, KY	Thomas Oncology, Hurricane, WV
Logan Regional Medical Center, Logan, WV	Tri-State MRI, Huntington, WV
Metro MRI, Charleston, WV	Tri-State Surgical & Diagnostic Center
Montgomery General Hospital, Montgomery, WV	Three Gables Surgery Center, Proctorville, OH
Our Lady of Belfonte, Ashland, KY	United Hospital Center, Clarksburg, WV
Pain Management Clinic, Charleston, WV	Women's Care at Teays Valley, Hurricane, WV
Advanced Physical Therapy	Charleston Physical Therapy Specialists
DPT (Dynamic Physical Therapy)	Dunbar Therapy Center
First Settlement Physical Therapy	Generations Physical Therapy Center (Charleston location only excluded)
Improve Physical Therapy and Hand Center	

An exclude facility means that the medical plan does not cover a service performed at one of these facilities. Services rendered without prior approval is the responsibility of the patient.

## How to Pick a Plan

Which plan is right for you? When deciding, consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

### How does a PPO (Preferred Provider Organization) work?

- » You'll pay more in premiums out of your paycheck, but perhaps less at the time of service.
- » You're able to choose from a network of providers who offer a fixed copay for services.
- » If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

### How does an HDHP (High Deductible Health Plan) work?

- » You'll pay less in premiums. (Think less money from your paycheck.)
- » You'll pay for the full cost of non-preventive medical services and prescription costs until you reach your deductible.
- » You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- » If you expect to mostly use preventive care (which is covered), this plan could be for you.

# Out-of-Pocket Costs

## Know Before You Go: Paying for Services



### ▶ copay

The fixed amount you pay for healthcare services at the time you receive them.



### deductible ◀

The amount you must pay for covered services before your insurance starts paying its portion.



### ▶ coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.



### out-of-pocket maximum ◀

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



# Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

## Primary Care Center/CAMC Wellness Center

### When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

### What type of care would they provide?\*

- » Routine checkups
- » Immunizations
- » Preventive services
- » Manage your general health

### What are the costs and time considerations?\*\*\*

- » Often requires a copay and/or coinsurance
- » Normally requires an appointment
- » Usually little wait time with scheduled appointment

## 24/7 Care

### When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

### What type of care would they provide?\*

- » Cold & flu symptoms
- » Allergies
- » Bronchitis
- » Urinary tract infection
- » Sinus problems

### What are the costs and time considerations?\*\*\*

- » Must download app and set up account in order to access a provider.
- » Access to care is usually immediate.
- » FREE for CAMC employees and their families



## Urgent Care Center

### When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

### What type of care would they provide?\*

- » Strains, sprains
- » Minor infections
- » Minor broken bones (e.g., finger)
- » Minor burns
- » X-rays

### What are the costs and time considerations?\*\*\*

- » Often requires a copay and/or coinsurance that is usually higher than an office visit.
- » Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.



## Emergency Room

### When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

### What type of care would they provide?\*

- » Heavy bleeding
- » Spinal injuries
- » Chest pain
- » Severe head injury
- » Major burns
- » Broken bones

### What are the costs and time considerations?\*\*\*

- » Often requires a much higher copay and/or coinsurance.
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.

### Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

\*This is a sample list of services and may not be all inclusive.

\*\*Costs and time information represent averages only and are not tied to a specific condition or treatment.

# CAMC Employee Wellness Center



CAMC values its hard-working employees and wants to make it easier, more convenient and more affordable for you and your family to get the care you need.

The Employee Wellness Center provides a convenient, no-cost option for primary care for CAMC employees and their families (spouse and dependents age 11 and older) who are enrolled CAMC's PPO medical plan.

- » All visits are FREE (sick visits, well visits, in-office screenings, etc.)
- » Free lab work for most common test (list available)
- » \$0 copay, \$0 coinsurance, \$0 deductible
- » Short wait time to see a provider
- » Easy appointment scheduling
- » No cost for some lab work when ordered by the employee wellness provider

The CAMC Wellness Center is located next to the CAMC Foundation at:

3418 Staunton Ave.  
Charleston, WV 25304

## Call to schedule an appointment

Call 304-388-2130 between 8 a.m. and 4:30 p.m.  
(no walk-ins please)

### Hours:

Monday through Friday  
7:30 a.m. to 4:30 p.m. (phones open at 8 a.m. daily)  
Closed from 1 to 2 p.m. for lunch

## Note

You must be enrolled in CAMC's PPO Plan to be eligible to use the CAMC Employee Wellness Center. High deductible health plan members are not eligible.



# CAMC EMPLOYEES: SAVE MONEY ON YOUR HEALTH CARE!

Do you need a primary care provider? Would you be interested in \$0 co-pays, \$0 lab work\* and appointments available when you need them?

Many of CAMC's primary care providers are participating in a new program to help make health care more affordable and accessible for **CAMC employees, spouses and dependents** who are covered by CAMC health insurance. When you choose one of these providers, you will enjoy **\$0 co-pays** anytime you visit, along with these significant savings:

**FREE lab work for most common tests\*** (listed on back)

**FREE office visits** (sick and wellness visits)

**SAME-DAY appointments for most needs during regular office hours**  
(after your first appointment)

Call one of these participating locations to make your first appointment:

**CAMC Primary Care Nitro**

4111 1st Avenue  
Nitro, WV 25143  
(304) 755-4797

**CAMC Primary Care Winfield**

12576 Winfield Road  
Winfield, WV 25213  
(304) 586-0111

**CAMC Primary Care Teays Valley**

3248 Hospital Drive  
Hurricane, WV 25526  
(304) 757-1031

**CAMC Primary Care Charleston**

8 Courtney Drive  
Charleston, WV 25304  
(304) 926-0940

**CAMC Employee Wellness Center**

3418 Staunton Ave.  
Charleston, WV 25304  
(304) 388-2130

**Family Medicine Center**

**at CAMC Memorial Hospital**  
Heart and Vascular Building, Fifth floor  
3200 MacCorkle Ave. SE  
Charleston, WV 25304  
(304) 388-4600

This program is only available to CAMC employees, spouses and dependents covered by CAMC insurance who choose one of the above locations for their primary care needs.



**Charleston Area  
Medical Center**

Exclusions may apply for High Deductible Plan members.  
Questions about your benefits? Call the Benefits Department at **(304) 388-7555**.

# **\*THE FOLLOWING LAB TESTS WILL BE FREE FOR CAMC EMPLOYEES, SPOUSES AND DEPENDENTS**

**covered by CAMC insurance who establish with a primary care location listed on the front.**

**These tests will be offered in the provider's office:**

- Basic Metabolic Panel
- C-Reactive Protein
- CBC w/Diff
- CBC without Diff
- Comprehensive Metabolic Panel
- Creatinine
- Creatine Kinase
- Creatinine, Random Urine
- Estradiol level female
- Ferritin
- FLU A
- FLU B
- Folic Acid
- Free T4
- GGT
- HCG Quantative, Serum
- Hemoglobin A1c
- Hepatic Panel
- IDI Acute Hepatitis Panel
- IDI Hepatitis A Total Ab
- IDI Hepatitis B s Ab
- IDI Hepatitis B s Ag
- IDI Hepatitis C Ab
- Iron Level
- LDH
- Lipid Panel
- Magnesium
- Microalbumin, Random Urine
- Phosphorus
- Progesterone
- Protein, Random Urine
- Prothrombin Time with INR
- PSA
- PSA Annual Screen
- Renal Function Panel
- Testosterone Total
- Throat Culture
- Thyroid Peroxidase Antibodies
- Transferrin
- TSH
- Uric Acid
- Urinalysis Complete
- Vitamin B12
- Vitamin D Level



# 24/7 Care

A new benefit that's **FREE** for CAMC employees and their families  
– there's no co-pay, no deductible and no fees to see a doctor, physician's assistant or nurse practitioner!

Whenever you don't feel well, you can receive convenient, quality care from a licensed health care professional anytime, anywhere via mobile app or video – at work, in the comfort of your home or even while traveling.

Join now for free!

## 1. Download the 24/7 Care app

Simply set up an account and you can request a virtual visit with a provider anytime.

## 2. Request a visit 24 hours a day, 365 days a year, by web, phone or mobile app.

We'll pair you with a provider from CAMC or from our national network of U.S. physicians who will connect with you promptly.

## 3. Talk to the provider.

Take as much time as you need – there's no limit and no charge for your visit!

## 4. If medically necessary, a prescription will be sent to the pharmacy of your choice.

Receive the treatment you need in a timely, expedient manner. You can also send your visit results to your primary care physician.



*24/7 Care is only free to CAMC employees and their immediate family members (spouse and dependent children through age 25). Employees do not have to be covered by CAMC's health plan to participate.*

# 24/7 Care



**Charleston Area  
Medical Center**

[camc.org/24-7Care](http://camc.org/24-7Care)

# Pharmacy Benefits

## Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Navitus. You will only have one ID card for both medical care and prescriptions. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty Drugs.

CAMC RX (30/60/90-DAY SUPPLY)	
GENERIC	30% up to \$8/\$16/\$20
PREFERRED	50% up to \$40/\$80/\$100
NON-PREFERRED	50% up to \$100/\$200/\$250
SPECIALTY DRUGS	10% up to \$150
RETAIL RX (30-DAY SUPPLY)	
GENERIC	50% up to \$75
PREFERRED	50% up to \$500
NON-PREFERRED	50% up to \$500
SPECIALTY DRUGS	NA

HDHP plans must meet deductible first, then co-pays apply.  
Two (2) fill limit on maintenance medications at retail.

## CAMC Pharmacy

As a participant in the medical plan you will pay the lowest costs for your medications when you fill your prescriptions at a CAMC Pharmacy.

90 day fills – Prescriptions written as 90 day fills will lower the number of times you go to the pharmacy for refills and save you a few dollars on your co-pay maximum at CAMC pharmacies. You can request that your physician write your prescriptions for 90 day fills.

There are three CAMC pharmacies you can use to fill prescription drugs.

### CAMC Pharmacy at Memorial Hospital

8 a.m. to 6 p.m.  
Monday through Friday  
9 a.m. to 5:30 p.m.  
Saturday and Sunday  
304-388-9547

#### Delivery options:

Phone prescription refills into the Memorial Pharmacy  
304-388-9547.

Delivery is available to some CAMC campus locations.  
Please call to see if delivery is offered at your site.

### CAMC Pharmacy at General Hospital

8 a.m. to 4:30 p.m.  
Monday through Friday  
304-388-2520

### CAMC Cancer Center Pharmacy

8 a.m. to 4:30 p.m.  
Monday through Thursday  
8 a.m. to 4 p.m.  
Friday  
304-388-9700

# Health Savings Account

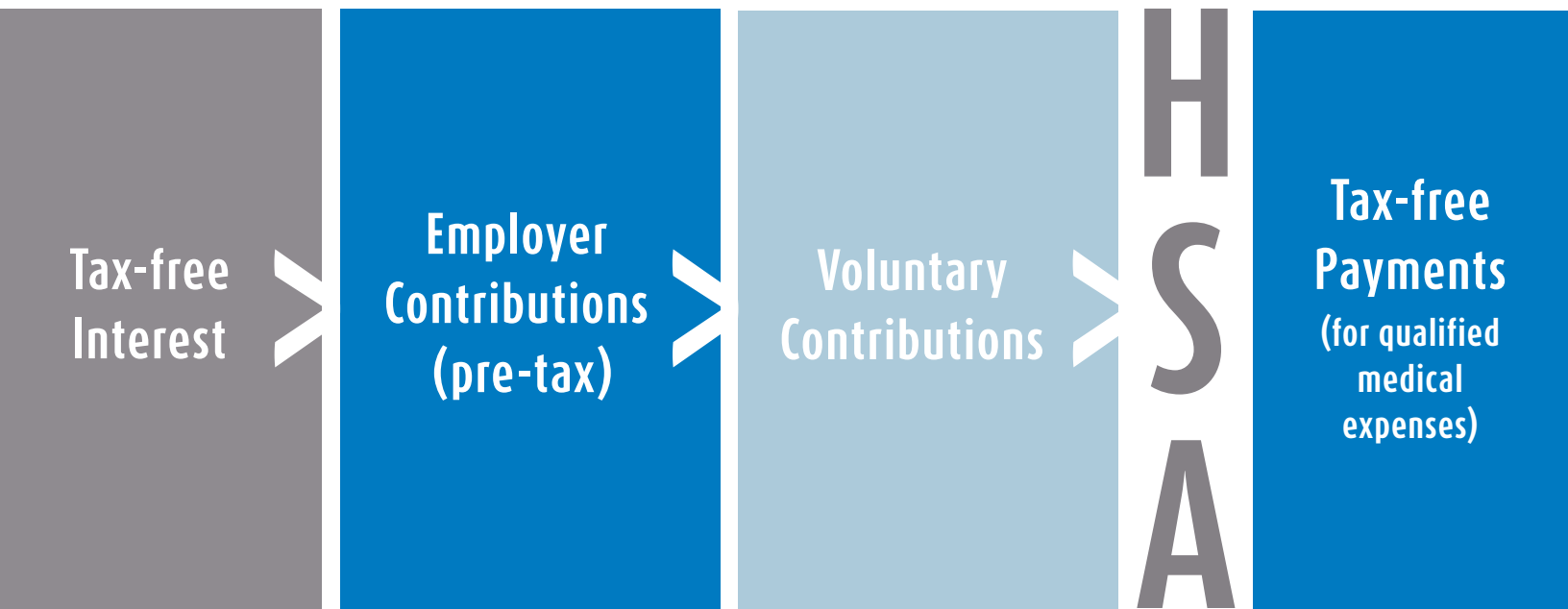


Need funds to help cover out-of-pocket healthcare expenses? Consider a Health Savings Account (HSA). An HSA is a personal healthcare bank account used to pay for qualified medical expenses and funded by you, and in some cases your employer, too. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in an HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

myCafeteriaPlan will issue you a debit card, giving you direct access to your account balance. Use your debit card to pay for qualified medical expenses, with no need to submit receipts for reimbursement. You must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery and more.



## Note

It's up to you how much to contribute to your HSA. Buying a new house or sending a kid to college? You can contribute less this year. Paid off your student loans or got a new job? Stash the annual max in your account.

## Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in CAMC's HSA-eligible High Deductible Health Plan.
- » **You are not covered by your spouse's non-HDHP Health Plan.**
- » **Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.**
- » You are not eligible to be claimed as a dependent on someone else's tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

## Your Money. Your Account.

Your HSA is a personal bank account that you own and administer. It's up to you how much you contribute, when to use the money for medical services, and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use in retirement. HSA funds are also portable if you change plans. There are no vesting requirements or forfeiture provisions.

## How to Enroll

To enroll in the company-sponsored HSA, you must elect the HDHP with CAMC. Complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. myCafeteriaPlan will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified. You have 60 days to log into your account and verify the banking agreement.



## Plan. Spend. Save.

Contributions to an HSA can be made through payroll deduction on a pre-tax basis when you open an account with myCafeteriaPlan. **The money in this account (including interest and investment earnings) grows tax-free.** When the funds are used for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

## HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2022, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,650
FAMILY	\$7,300
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

If you elect to contribute to an HSA account, CAMC will provide an HSA employer contribution that will be deposited January 2022.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$200
FAMILY	\$400

If you've contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- » Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.



# Flexible Spending Accounts



Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Employees in a prorata 5 or 6 status are not eligible to participate in the Healthcare Flexible Spending Account.

## Healthcare Flexible Spending Account

You can contribute up to \$2,750 annually for qualified medical expenses (deductibles, copays and coinsurance) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them without waiting for reimbursement.

**Please note: Over the counter (OTC) drugs are now eligible for reimbursement through your FSA.**

## Limited Flexible Spending Account

A Limited Flexible Spending Account (LFSA) works alongside a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. You must decide how much to set aside for this account. You may contribute up to \$2,750.

## Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA – whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- » With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.
- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your <<spouse>> to work or attend school full time. Examples of eligible dependent care expenses include:

- » In-Home Baby-Sitting Services (not provided by a tax dependent)
- » Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- » Before- and After-School Care
- » Day Camp
- » In-House Dependent Day Care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

## Note

Reimbursement of claims for the flexible spending account (medical and dependent care) are available through direct deposit. Log into your myCafeteriaPlan account and sign up for direct deposit today!!



## How to Use the Account

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. Contact myCafeteriaPlan with reimbursement questions. If you need to submit a receipt, you will be notified by myCafeteriaPlan. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.

## General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- » Expenses must be incurred during the 2022 plan year.
- » Dollars cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” — any unused funds will be forfeited.
- » Up to \$550 may be rolled over to the next plan year at the end of 2022 for Healthcare FSAs.
- » **IMPORTANT: Any amount remaining from 2021 will rollover into 2022. Please factor this rollover into your 2022 election.**

## Deadlines

- » You have until March 31 to submit receipts incurred in the previous calendar year.
- » For 2022 expenses, if you do not provide proper documentation as requested to myCafeteriaPlan by March 31, 2023, the amount will be added to your pay as taxable wages on the paycheck dated June 2, 2023.
- » If you terminate employment or change to a non-benefit eligible status, participation in the plan will cease on the effective date of your termination or status change. However, claims for expenses incurred up to the termination date may be submitted up to 60 days following the effective date. Any FSA contribution that is not claimed within 60 days from termination or change to a non-benefit eligible status will be forfeited per IRS guidelines.

**Please Note: Always check with your spouse prior to making an FSA elections. Make sure that your spouse does not have a Health Savings Account or an Health Reimbursement Account. If you have questions about being eligible to carry both accounts, we recommend speaking with your tax advisor. The FSA election is a full year election.**

# Dental Benefits



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! CAMC Health System offers affordable plan options for routine care and beyond. Coverage is available from Delta Dental.

## Network Dentists

If you use a dentist who doesn't participate in your plan's PPO network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at [www.deltadentalins.com/camc](http://www.deltadentalins.com/camc).

## Wait Periods

Basic and Major Services do not require a wait period. However, Orthodontic Services require a 10 month waiting period.

## Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

## Dental Plan Summary

This chart summarizes the 2022 dental coverage provided by Delta Dental.

### DELTA DENTAL

BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY		\$9.75	
EMPLOYEE + SPOUSE		\$18.75	
EMPLOYEE + CHILD(REN)		\$19.25	
EMPLOYEE + FAMILY		\$27.75	
		PPO Network	Non-PPO Network
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL		\$25	\$50
FAMILY		\$75	\$150
CALENDAR YEAR MAXIMUM			
PER PERSON		\$1,500	\$1,000
COVERED SERVICES			
PREVENTIVE SERVICES Exams, Cleanings, X-rays and Sealants		100%	90%
BASIC AND ENDODONTIC SERVICES Fillings and Root Canals		80%*	70%*
MAJOR AND PROSTHODONTICS Crowns, Inlays, Onlays, Cast Restorations, Bridges, Dentures and Implant Abutments		50%*	40%*
ORTHODONTICS Dependent Child(ren) Only up to age 19		50%	
ORTHODONTIC LIFETIME MAXIMUM		\$1,500	
		*After deductible	
		Facial Surgery Center I & II	Delta Dental PPO and Delta Dental Premier Dentist**
ADDITIONAL BENEFITS AND COVERED SERVICES*			
IMPLANT BENEFITS***		50%	0%
IMPLANT MAXIMUM		\$1,000 per person per contract year	N/A
IMPACTIONS AND EXTRACTION OF WISDOM TEETH		80%	0%

# Vision Benefits



Don't wear glasses? Even you shouldn't skip an annual eye exam! CAMC Health System provides you and your family access to quality vision care with a comprehensive vision benefit through EyeMed.

## Vision Premiums

Premium contributions for vision are deducted from your paycheck on a post-tax basis. Your tier of coverage determines your premium.

## Vision Plan Summary

This chart summarizes the 2022 vision coverage provided by EyeMed.

### EYEMED

BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY		\$1.40	
EMPLOYEE + SPOUSE		\$2.85	
EMPLOYEE + CHILD(REN)		\$3.00	
EMPLOYEE + FAMILY		\$4.75	
	IN-NETWORK	REIMBURSEMENT	FREQUENCY
EXAMS			
COPAY	\$10	Up to \$45	Once Every Calendar Year
LENSES			
SINGLE VISION	\$25 copay	Up to \$35	Once Every Calendar Year (cannot be used the same year as contacts)
BIFOCAL	\$25 copay	Up to \$50	
TRIFOCAL	\$25 copay	Up to \$75	
CONTACTS			
FITTING AND EVALUATION**	Pays up to \$55	N/A	Once Every Calendar Year (cannot be used same year as lenses)
ELECTIVE CONTACTS	Pays up to \$130	Up to \$105	
MEDICALLY NECESSARY	Paid in full	Up to \$210	
FRAMES			
COPAY	Pay \$0 copay	N/A	Once Every Two Calendar Years
ALLOWANCE	Pays up to \$130	Pays up to \$90	

\*\*Fitting and Evaluation fee applied to contact lens allowance.

## Note

Find an EyeMed Provider by going to [www.eyemed.com](http://www.eyemed.com). CAMC's Plan is in the Access Network.

# Term Life Insurance



It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Life Insurance provides financial protection and security in the event of an absence or unexpected event. Securing Life Insurance now ensures your family will be protected for the future.

## Term Life and Accidental Death and Dismemberment (AD&D) Insurance

CAMC Health System offers employees Basic Life, Employee Life, and AD&D insurance as part of your basic coverage through Unum, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

**Your Basic Term Life is one times your annual salary, up to \$50,000.** If you are a benefit eligible employee, you automatically receive Basic Life even if you elect to waive other coverages.

### What's a beneficiary?

Your beneficiary is the person you designate to receive your Life Insurance benefits in the event of your death. This includes any life insurance benefits payable that are offered by CAMC Health System. You receive the benefit payment for a dependent's death under the Unum insurance.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, last 4 digits of their Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18.

## Note

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Have you updated your beneficiary form lately? Go to the qualifying events page on CAMNET to print a new form. Return completed form to HR.





## Term Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic life benefit provided to you by CAMC Health System may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Life and AD&D insurance.

BASIC EMPLOYEE TERM LIFE	
COVERAGE AMOUNT	One times your annual salary
WHO PAYS	CAMC Health System
MAXIMUM BENEFIT	\$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
EMPLOYEE TERM LIFE	
COVERAGE AMOUNT	One, two, three or four times your annual salary (see next page for rate calculation)
WHO PAYS	Employee
MAXIMUM BENEFIT	\$600,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	First time election at annual enrollment of one or two times your salary does not require evidence of insurability. Increasing coverage by more than two levels will require completion of the evidence of insurability form and approval from Unum. Also, any election above \$450,000.
SPOUSE TERM LIFE	
COVERAGE AMOUNT	\$1.30 (10,000) \$2.60 (20,000) \$3.90 (30,000) \$6.50 (50,000)
WHO PAYS	Employee
MAXIMUM BENEFIT	May not surpass Employee Term Life coverage or \$50,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Increasing coverage by more than two levels will require completion of the evidence of insurability form and approval from Unum. Any election of \$50,000 will require an EOI.
CHILD TERM LIFE	
COVERAGE AMOUNT	\$0.29 (3,000) \$0.50 (5,000) \$1.00(10,000) \$1.50(15,000) \$2.00 (20,000)
WHO PAYS	Employee
MAXIMUM BENEFIT	May not surpass Employee Term Life coverage or \$20,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A
ACCIDENTAL DEATH AND DISMEMBERMENT	
COVERAGE AMOUNT	.13/\$10,000 Employee Only .20/\$10,000 Family
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A
COVERAGE PERCENT	Employee covered at 100%; Spouse covered at 60%; Child(ren) covered at 20%

## Note

Upon reaching age 70, your employee life insurance coverage will decrease by 50% of your elected amount.

## Employee Term Life Insurance

You may purchase additional life insurance in the amounts of 1, 2, 3 or 4 times your annual salary.

EMPLOYEE TERM LIFE INSURANCE	
AGE (AS OF JANUARY 1, 2022)	EMPLOYEE
29 - Under	\$0.020
30-34	\$0.025
35-39	\$0.035
40-44	\$0.055
45-49	\$0.085
50-54	\$0.140
55-59	\$0.215
60-64	\$0.265
65-69	\$0.365
70+ (1/2 Coverage)	\$0.735

\*Benefits Subject To Age Reduction Schedule

Annual salary X \_\_\_\_\_ = round up \_\_\_\_\_ ÷ 1,000 X age bracket = \_\_\_\_\_

## Evidence of Insurability

If you are increasing coverage by more than two levels, Unum requires you to complete an Evidence of Insurability form (EOI). Once completed, Unum will determine if your elected coverage is approved. The EOI form can be completed online at [Unum.com](http://Unum.com) no later than January 31, 2022.

## Spouse Employed by CAMC and Benefit Eligible

You cannot have spouse term life insurance coverage. Only one spouse can elect Family AD&D, but the other can elect single. You may not be covered as a policy holder and a dependent. Both spouses may carry children on child term life.

## Dependent Child Employed by CAMC and Benefit Eligible

You cannot cover a benefit eligible child on child term life. The AD&D plan will only pay as a policy holder or as a dependent, but it will not pay out as both.

# Disability Insurance



Maintaining your quality of life counts on your income. CAMC Health System offers disability coverage to protect you financially in the event you cannot work as a result of a covered illness or injury. A portion of your income is protected until you can return to work or until you reach retirement age.

## Short Term Disability (STD) Insurance

An election of 75% from no coverage will require an evidence of insurability (EOI) approval. An election of 60% from no coverage will NOT require and EOI approval.

**Short Term Disability (STD) benefits are provided through Unum.** STD insurance replaces 60% or 75% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with a 6 month pre-existing condition limitation, may apply. See your plan documents or your benefits team for details. All benefit eligible employees will have the option to elect 60% or 75% short term disability.

WEEKLY MAXIMUM BENEFIT	\$2,350
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	90 days

## Long Term Disability (LTD) Insurance

**Long Term Disability (LTD) benefits will be provided to all benefit eligible employees at no cost to the employee.** LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with a 12 month pre-existing condition limitation, may apply. See your plan documents or your benefits team for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

## Note

You must be actively working on the effective date of coverage, otherwise your benefits will be effective when you return to work.

## Supplement STD with PTO or USB

You have the option to use paid time off (PTO) or unused sick bank (USB) to supplement your STD income. The short term disability income and supplement cannot exceed 100% of your weekly pay. You will only be able to supplement if the entire week is coded as short term disability. All supplement hours will be added to and processed through regular payroll with tax withholding and regular payroll deductions. PTO Supplement will not be paid retroactively. The chart below shows the number of PTO or USB hours that will be used each week based on your status and short term disability plan:

STATUS	STD PTO OR USB SUPPLEMENT CALCULATION		
	STATUS HOURS PER WEEK	PTO OR USB SUPPLEMENT HOURS PER WEEK	
		75% STD	60% STD
PRO RATA .5	20	5	8
PRO RATA .6	24	6	9.6
PRO RATA .7	28	7	11.2
PRO RATA .8	32	8	12.8
PRO RATA .9	36	9	14.4
FULL TIME	40	10	16

## Filing a claim:

To file a claim, contact Unum at 1-800-985-2429 or through their mobile app. The claim intake service center is open between 8 a.m. and 8 p.m. EST Monday through Friday. You will be asked to provide the following information (in addition to other questions about your absence):

- » Employer Name and/or Group Number: CAMC
- » Name, Social Security number and date of birth
- » Address and phone number
- » Doctor's name, address, phone number and fax number
- » Your occupation and the last day you worked
- » Your condition and diagnosis

# Retirement – CAMC Health System

## 401(k) Plan



Your workplace savings plan helps make it easy, convenient and affordable to accumulate the money you need for retirement. Your benefit at retirement depends on how much you contribute, your employer's matching contributions and the results from the investments you select.

### Take these easy steps to ensure your future today:

#### Enroll

The 401(k) Plan allows you to contribute a percentage of your eligible pay on a pretax basis, through payroll deductions, up to the IRS dollar limits. If you are not currently participating in the CAMC Plan, enroll today at [netbenefits.com/camc](https://netbenefits.com/camc) and click Contribution Amounts under quick links or call 800-343-0860.

#### Increase your contribution

Increase your 401(k) contribution any time, not just during Open Enrollment! Most experts recommend a contribution rate of 10% to 15% annually to reach retirement goals. Increase your contribution percentage at any time by logging on to [netbenefits.com/camc](https://netbenefits.com/camc), under quick links drop down, choose Contribution Amount. Having trouble remembering to increase your percentage? Sign up for the Annual Increase Program to automatically increase your contribution each year. Click Annual Increase Program to choose the increase percent and the date of the increase!

#### Catch-up contributions

If you have reached age 50 or will reach 50 during the calendar year and are making the maximum IRS pretax contribution (**\$19,500 for 2021**) you may make an additional "catch-up" contribution (**\$6,500 for 2021**). Contact the Benefits Department at 304-388-6262 if you are electing the "catch-up" contribution for the first time.

#### Beneficiaries

Your beneficiary or beneficiaries will inherit your account in the event of your death. Designate your beneficiary when you enroll, and update the information if you experience a life-changing event such as marriage, divorce, death, etc. Fidelity's Online Beneficiaries Service is available through NetBenefits by clicking on "menu," then "profile," then "beneficiaries." You may also download the form from the Benefits webpage on CAMNet under 401(k), complete and send to Fidelity Investments.

#### The mobile app

On the go? The NetBenefits® app gives you access to your Fidelity workplace accounts, anytime, anywhere, right on your mobile device. Download your FREE NetBenefits mobile app today.

Visit the App Store<sup>SM</sup> (iPod touch®/ iPhone® and iPad®), Google Play<sup>TM</sup> Store or browse [NetBenefits.com](https://netbenefits.com) on the mobile Web.

#### Employer contributions

**CAMC will make an employer matching contribution on your behalf if you have completed one year of service and you made salary deferral contributions for the year. The matching contribution by the company will be based on your deferral election.**

EMPLOYEE CONTRIBUTES	CAMC CONTRIBUTES	TOTAL CONTRIBUTIONS
1%	1%	2%
2%	2%	4%
3%	3%	6%
4%	3.50%	7.50%
5%	4%	9%
6% or more	4%	10% or more

# Supplemental Insurance

These supplemental insurances are designed to help you cope with the financial impact of life's unexpected events like accidental injuries, hospitalizations, or a critical illness diagnosis.

These plans are portable, meaning if you leave CAMC you can continue these benefits at these rates through direct bill from Unum.

If you elect coverage for yourself, you can also elect coverage for your spouse and children up to age 26.

## Hospital Indemnity Insurance

Group #: R0183806

You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays, and deductibles.

- » \$1,000 for each covered hospital admission – once per year
- » \$100 for each day of your covered hospital stay, up to 60 days – once per year
- » \$150 for emergency room treatment for a covered accident once per year
- » \$100 for ambulance or \$500 for air ambulance transportation for a covered accident once per year
- » Benefits for a pre-existing condition will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.

## Accident Insurance

Group #: R0183806

Accident insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. It includes a range of incidents, from common injuries to more serious events.

Coverage is accident specific and includes the following types of accidents:

- |                 |                           |                                    |   |
|-----------------|---------------------------|------------------------------------|---|
| » Fractures     | » Laceration              | treatment due to accident          | Artificial Limb                         |
| » Dislocations  | » Dental work (emergency) | » Hospitalizations due to accident | » Accidental death                      |
| » Burns         | » Eye Injury              | » Hernia Repair                    | » Catastrophic accidental dismemberment |
| » Concussion    | » Ambulance               | » Prosthetic device or             | » Catastrophic accidental loss          |
| » Ruptured disc | » Emergency Room          |                                    |   |

## Critical Illness Insurance

Group #: 912268

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. Even after you receive a payout for one illness, you're still covered for the remaining conditions.

- » \$10,000 coverage for self plus \$5,000 coverage for children up to age 26 at no extra cost
- » Option to elect \$5,000 coverage for spouse
- » Be Well Benefits of \$50 per year per covered member for completing a wellness exam or screening (such as mammogram, colonoscopy, sports physical, yearly physical, etc.)
- » Any illnesses diagnosed prior to coverage effective date will not be eligible for payment on this policy.
- » Benefits for a pre-existing condition will not be paid if the date of the covered loss occurs during the first 12 months after your effective date
- » Covered illness are as follows:
  - Heart attack
  - Stroke
  - Major organ failure
  - End-stage kidney failure
  - Invasive Cancer
  - Breast Cancer
  - Multiple Sclerosis (MS)
  - (50%) Coronary artery bypass graft or valve replacement
  - (10%) Balloon angioplasty or stent placement
  - (25%) Noninvasive cancer and skin cancer
  - Amyotrophic Lateral Sclerosis (ALS)
  - Dementia, including Alzheimer's Disease
  - Functional loss
  - Parkinson's Disease



# Paid Time Off (PTO)

Your Paid Time Off (PTO) plan is designed to recognize the diverse needs of employees in regards to time off from work. PTO is inclusive of hours for sick days, vacation time, holidays, bereavement (beyond bereavement policy), doctor appointments and other personal time off from work.

FULL TIME		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	21	6.46
5-9	26	8.00
10-14	28	8.62
15-19	29	8.92
20+	30	9.23
PRORATA 50-60-70%		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-10	5	1.54
11+	10	3.08
PRORATA 80%		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	17	5.23
5-9	21	6.46
10-14	22	6.77
15-19	23	7.08
20+	24	7.38
PRORATA 90%		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	19	5.85
5-9	24	7.38
10-14	25	7.69
15-19	26	8.00
20+	27	8.31
MANAGERS (DESIGNATED ADMINISTRATIVE EMPLOYEES - STATUS 21)		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	26	8.00
5-9	30	9.23
10-19	33	10.15
20+	35	10.77

## Maximum PTO Accruals

Employees with a hire date of January 1, 2021 and in a full time, pro rata .9 or .8 status, may carry over a maximum of 240 hours of PTO.

Employees with a hire date prior to January 1, 2021 and in a full time, pro rata .9 or .8 status, may continue to carry over a maximum of 496 hours of PTO. This is not a change for these employees.

All employees in a pro rata .7, .6 and .5 status may carry over a maximum of 240 hours of PTO.

## PTO cash-in

Eligible employees may cash in a portion of the PTO time which will be accrued during the upcoming calendar year. The cash-in will be paid at the base pay rate in effect at the time the payout occurs.

### Criteria to participate:

- » A balance of at least 80 PTO hours on October 2, 2021
- » No attendance disciplines within one year prior to October 2, 2021
- » Employees may cash in a minimum of 16 hours.

Full-time, pro-rata 8 and 9 employees may cash in a maximum of 40 hours. Pro-rata 5, 6, and 7 may cash in a maximum of 30 hours.

Employees who are at max may make a conditional election; however, they must accrue the number of hours elected by the payout date the following year. The number of hours elected will be set aside in a separate PTO plan to ensure that these hours are available for payout as elected. The 2022 payout is scheduled to be paid out on 10/07/2022 as part of the employee's regular paycheck.

**PTO cash-in is an annual benefit that does not roll over, therefore, you must elect this benefit each year.**

# Purchased Paid Time Off (PPTO)

Each year during annual enrollment, eligible employees have the option to purchase additional time off through the Purchased Paid Time Off plan. Below are a few key points employees should keep in mind when electing to purchase additional days off:

- » PPTO is a plan in which the employee pays 100% of the premium. This means that every dollar paid in will be paid out either when you use PPTO or when remaining balances are paid out to you at the end of the year.
- » The premium is calculated on the number of hours elected and at 104% of your base rate. The premium is withheld over the first 24 pay periods of the year.
- » If you terminate employment or change to a non-PPTO eligible status prior to the 24th pay period of the year:
  - You will only be reimbursed what you have contributed to the account minus any hours/ amount used.
  - If you have used more hours than you have paid into the plan, you will owe the difference between what you have paid into the plan and the total you used for the year.
- » The 2022 PPTO will be available to use from 12/26/2021 through 11/26/2022.
- » The 2022 PPTO payout is scheduled to be paid on December 16, 2022, as part of the employee's regular paycheck.

**PPTO is an annual benefit that does not roll over, therefore, you must elect this benefit each year.**

ANNUAL PURCHASED DAYS OF PTO AVAILABLE BASED ON AN EIGHT-HOUR WORK DAY

EMPLOYEE STATUS	0-8 YEARS OF SERVICE	9-18 YEARS OF SERVICE	19+ YEARS OF SERVICE
Regular full-time	40 hours per year	80 hours per year	120 hours per year
Pro-rata 9 (72-79 hours)	40 hours per year	72 hours per year	112 hours per year
Pro-rata 8 (64-71 hours)	32 hours per year	64 hours per year	96 hours per year
Pro-rata 7 (56-63 hours)	32 hours per year	56 hours per year	88 hours per year
Pro-rata 6 (48-55 hours)	24 hours per year	48 hours per year	72 hours per year
Pro-rata 5 (40-47 hours) / Part-time	24 hours per year	40 hours per year	64 hours per year



# 2022 Benefit Cost Sheet



To make benefit elections, you must enroll through Lawson Self Service between October 11 and November 3, 2021, at 4:30 p.m. Costs are per pay.

Annual salary calculation :  $\frac{\text{hourly rate}}{\text{hourly rate}} \times \frac{\text{status hours}}{\text{status hours}} = \frac{\text{annual salary}}{\text{annual salary}}$

Status hours: full-time =2080; prorata 9=1872; prorata 8=1664; prorata 7=1456; prorata 6=1248; prorata 5 and part-time regular=1040

## PPO Plan (Medical and Prescription Drug)

\$75.00 PPO plan employee  
 \$237.00 PPO plan employee + spouse  
 \$162.00 PPO plan employee + child(ren)  
 \$266.00 PPO plan family

## HDHP Plan (Medical and Prescription Drug)

\$35.00 HDHP plan employee  
 \$115.50 HDHP plan employee + spouse  
 \$80.50 HDHP plan employee + child(ren)  
 \$129.50 HDHP plan family

Premiums do not include \$40 tobacco surcharge if applicable.

## Employee Vision Plan (includes exam and materials)

\$1.40 Employee only  
 \$3.00 Employee + child(ren)  
 \$2.85 Employee + spouse  
 \$4.75 Family

## Dental Plan

\$9.75 Employee only  
 \$19.25 Employee + child(ren)  
 \$18.75 Employee + spouse  
 \$ 27.75 Family

## Purchased Paid Time Off (PPTO)

$1.04 \times \text{hourly rate} \times \text{number of hours purchased} \div 24$

## Short-Term Disability

**60% Plan** - Annual salary x .0053 = \_\_\_\_\_ ÷ 24 pay periods  
**75% Plan** - Annual salary x .0094 = \_\_\_\_\_ ÷ 24 pay periods

## Long-Term Disability

Employer Paid. No cost to employee.

## Health Care Flexible Spending Account (FSA)

Annual Contribution ÷ 24 pay periods

## Dependent Day Care Spending Account

Annual Contribution ÷ 24 pay periods

## Employee Term Life Insurance

You may purchase additional life insurance in the amount of 1, 2, 3 or 4 times your annual salary.

Annual salary X \_\_\_\_\_ = round up \_\_\_\_\_ ÷ 1,000 X \_\_\_\_\_ = \_\_\_\_\_  
(1, 2, 3 or 4) (next 1,000) (age bracket cost)

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## Cost by Age Bracket

AGE	COST
29 - Under	\$0.020
30-34	\$0.025
35-39	\$0.035
40-44	\$0.055
45-49	\$0.085
50-54	\$0.140
55-59	\$0.215
60-64	\$0.265
65-69	\$0.365
70+	\$0.735 1/2 coverage

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**Spouse Term Life Insurance** (Coverage must be less than or equal to employee's total life coverage)

- » \$1.30 (\$10,000)
- » \$2.60 (\$20,000)
- » \$3.90 (\$30,000)
- » \$6.50 (\$50,000)

**Child Term Life Insurance** (Coverage must be less than or equal to employee's total life coverage)

- » \$0.29 (\$3,000)
  - » \$0.50 (\$5,000)
  - » \$1.00 (\$10,000)
  - » \$1.50 (\$15,000)
  - » \$2.00 (\$20,000)
- 

## Accidental Death & Dismemberment

- » \$0.13 per \$10,000 – Employee only      Desired coverage ÷ 10,000 x .13 =
- » \$0.20 per \$10,000 – Family              Desired coverage ÷ 10,000 x .20 =

The following benefits can be added, changed or dropped throughout the year: Health Savings Account (HSA) by contacting myCafeteria Plan at 1-800-865-4485, or Fidelity Retirement Contributions by contacting Fidelity at 1-800-343-0860.

# Other Benefits

**CAMC Federal Credit Union** – Credit Union membership offers employees access to a full range of financial products and services.

**Pride Card** CAMC has established relationships with external local and national vendors to give our employees discounts on many products and services. A complete list of Pride Card vendors and discounts can be found on CAMnet.

**Employee Health Services** – The company provides all employees access to employee health services which include employment physicals, immunizations, and treatment of illness or injury at no cost to the employee.

## CAMC Family Resource Center

We understand that life can be complicated, that's why we are here to help you with issues that hit close to home. Our staff is trained to help you and your family deal with parenting, relationships, same gender concerns, loss and crisis, depression, anxiety, substance abuse issues, obesity, women's issues, infertility, adjustment to chronic illness or pain, and specialized testing for children- all in the comfort of a safe and confidential environment. Call the FRC at 304-388-2545. **Important: If you are enrolled in the PPO medical plan, you can visit the FRC with a zero dollar co-pay.**

## Employee Assistance Program

As an employee of CAMC, you have a wonderful benefit known as the Employee Assistance Program. This program offers three free counseling sessions per person, per issue, per year. Contact HealthAdvocate at 1-877-240-6863 for prior authorization.

## CAMC PatientLink - Your information on your time

CAMC PatientLink is a secure patient portal that allows you 24/7 access to information about your care at CAMC. It's a convenient way to manage your health information on your own time.

You'll be able to see test results and other documents related to your health care more quickly, instead of waiting on a call from your doctor's office. Many test results will be available within 36 hours of testing. If you've been an inpatient, your visit summary and discharge information will also be available.

### Available results include:

- » Lab tests
- » Imaging reports
- » Continuity of care/ discharge summary documents (inpatient)
- » Patient Plan (select CAMC Physicians Group practices)

Learn more and sign up at [camc.org/patientlink](https://camc.org/patientlink).





# MyHealth Employee Wellness Program

CAMC has made a commitment to build a nationally recognized wellness program designed to help our employees live well. The MyHealth program has five main focus areas: Stress Management, Nutrition, Physical Activity, Chronic Disease Management & Prevention, and Tobacco Cessation. MyHealth is here to help you take charge by giving you access to programs and resources that take a comprehensive approach to health and well-being, and allow you to earn rewards for taking a positive step toward living a healthier life. Taking advantage of this program could be the first step to becoming a healthier, happier you!



## There's something for everyone!

- » CDC's National Diabetes Prevention Program
- » Genesis couch to 5K
- » Tobacco cessation program
- » Livongo diabetes management program
- » Community Supported Agriculture
- » Healthywage weight loss/step challenges
- » Discounted lab work
- » Highmark health coaches
- » Pride card employee discounts
- » Walking paths
- » Mindfulness videos
- » Total Body Fitness at Northgate Weight Loss Center
- » Various activities throughout the year

## Are you ready for the challenge?

We want our employees to take the next step with us. If you are currently using tobacco, we are encouraging you to kick the habit...for good. We believe it is important to invest in the health of our employees, so CAMC pays the full cost for our tobacco cessation program. Join 800,000+ smokers who have used the ExProgram to develop the skills and confidence to live tobacco-free. The ExProgram includes: Free nicotine patches, gum, or lozenges delivered to you, an active community of peers for support, tailored text messages and emails, a quit plan with interactive exext messages and emails, a quit plan with interactive excises and educational videos, 1 on 1 coaching through live chat with tobacco treatment experts, and expert advice and tips from the Mayo Clinic.

Visit [BecomeAnEx.org](https://www.becomeanex.org) and simply enter "CAMC Charleston Area Medical Center" into the Employer/Sponsor field when you register. Get started today!

If you have questions about any of the listed programs, call our Benefits Department at 304-388-7593.

CAMC EMPLOYEES  
**Be a Lifesaver!**



**Together, through the CAMC Employee Emergency Fund, we have the power to make a difference for fellow employees when the unexpected happens.**

This fund provides financial assistance to employees who experience personal emergencies. Since 2001, more than \$1,753,349.72 has been awarded to 2,313 employees.

Gifts to this fund can be made at any time throughout the year.

Donations may be made through payroll deduction, making a single monetary contribution, or by contributing PTO hours that are converted into a financial donation.

Visit [www.camcfoundation.org/camc-employees/](http://www.camcfoundation.org/camc-employees/) to learn more about the grant program and to fill out the Employee Donation Card to start your contribution today!

To apply for the grant, please contact your Human Resources representative.

(304) 388-9860  
camcfoundation.org



**CAMC  
Foundation**





# Glossary

**Balance Billing** – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

**Coinsurance** – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

**Copay** – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

**Deductible** – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

**Explanation of Benefits (EOB)** – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

**Flexible Spending Accounts (FSAs)** – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Limited FSA** – Designed to complement a Health Savings Account, a Limited FSA allows for reimbursement of eligible dental and vision expenses.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

**High Deductible Health Plan (HDHP)** – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

**Network** – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- » **CAMC Network** – CAMC employed providers that provide healthcare services in the CAMC network.
- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

**Open/Annual Enrollment** – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

**Out-of-Pocket Maximum** – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

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

**Prescription Medications** – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

**Reasonable and Customary Allowance (R&C)** – Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

**Summary of Benefits and Coverage (SBC)** – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

**Summary Plan Description (SPD)** - The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



# Required Notices

## Important Notice from Charleston Area Medical Center About Your Prescription Drug Coverage and Medicare under the Traditional PPO High Deductible Health Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Charleston Area Medical Center 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:

1. 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.
2. Charleston Area Medical Center has determined that the prescription drug coverage offered by the Traditional PPO High Deductible Health plan(s) 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. Because 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

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 Charleston Area Medical Center coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Charleston Area Medical Center coverage, be aware that you and your dependents will not be able to get this coverage back.

## 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 with Charleston Area Medical Center 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 nineteen 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 the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Charleston Area Medical Center 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](http://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 about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D 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 (a penalty).*

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Date:	January 1, 2022
Name of Entity/Sender:	Charleston Area Medical Center
Contact—Position/Office:	PO Box 1547
Address:	PO Box 1547 Charleston, WV 25326
Phone Number:	304-388-7555

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## 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. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact PO Box 1547 at 304-388-7555.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact PO Box 1547 at 304-388-7555.

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact PO Box 1547 at 304-388-7555.

# Important Contacts

## Medical

Highmark Blue Cross Blue Shield  
24-Hour Nurse Line  
Wellness  
Disease Management  
Customer Service: 1-877-770-6991  
24-Hour Nurse Line: 1-888-258-3428  
[highmarkbcbswv.com](http://highmarkbcbswv.com)

## Navitus

Pharmacy  
(866) 333-2757  
[www.navitus.com](http://www.navitus.com)

## Vision

EyeMed  
1-866-723-0596  
[eyemed.com](http://eyemed.com)  
AccessNetwork

## Dental

Delta Dental  
(Group 1022)  
1-800-932-0783  
[deltadentalins.com](http://deltadentalins.com)

## Term Life Insurance

Unum  
1-800-985-2429  
[www.unum.com](http://www.unum.com)

## Flexible Spending Accounts

myCafeteriaPlan  
1-800-865-6543  
[mycafeteriaplan.com](http://mycafeteriaplan.com)

## 401K/Retirement

Fidelity  
1-800-343-0860  
[netbenefits.com/camc](http://netbenefits.com/camc)

## COBRA

Business Plans, Inc.  
1-800-865-4485  
[mycobraplan.com](http://mycobraplan.com)

## Short Term Disability and Long Term Disability

Unum  
1-800-985-2429  
[www.unum.com](http://www.unum.com)

## My Health

CAMC Benefits Department  
304-388-7593

## CAMC Financial Counselor

Exchange and Medicaid Enrollment  
304-388-3913  
1-888-779-7076

## Voluntary Benefits - Critical Illness Old Cancer Insurance Accidental & Hospital Indemnity Insurance

Unum  
1-800-635-5597

## Voluntary Benefits - Old Whole Life

Boston Mutual  
1-800-669-2668

**For all other benefit related questions, please contact your human resources Business Partner or the benefits department directly.**

BENEFITS DEPARTMENT: 304-388-7555 OR [BENEFITS@CAMC.ORG](mailto:BENEFITS@CAMC.ORG)

HUMAN RESOURCES - GENERAL HOSPITAL: 304-388-7638

HUMAN RESOURCES - MEMORIAL & W&C HOSPITAL: 304-388-5400

HUMAN RESOURCES - TEAYS VALLEY HOSPITAL: 304-757-1891









**CAMC**  
**Health System**