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BENEFITS DIGEST

RALEIGH ORTHOPAEDIC CLINIC

We are pleased to provide you with the **2023-2024** Benefits Digest. This guide is intended to provide a high-level summary of the benefit programs available to all benefit eligible employees. It is only an overview and you must review specific plan brochures and plan documents for full program details, limitations and exclusions.

At Raleigh Orthopaedic Clinic, we are confident that our employees are the reason behind our successes. We truly value you as an employee and part of our professional family. Our goal is to offer the very best healthcare possible to you and your loved ones. With this in mind, we have developed a comprehensive employee benefit package designed to protect you and your family.

This brochure provides benefit information available **November 1, 2023** through **October 31, 2024**.

If you have comments, questions or other inquiries, please contact Human Resources.

Medical Plan www.bluecrossnc.com | 877-275-9787

BCBSNC offers you the choice of two medical plan options. Both plans are “open access” plans, which means that you do not need to select a primary care doctor nor will you need a referral to visit a specialist. As long as you remain in the network, your benefits are covered at the higher in-network benefit amount. Out-of-network benefits are available, however, you will be subject to higher out of pocket costs. Please refer to your BCBSNC Benefits Summary for further details.

	HSA PLAN	TRADITIONAL PLAN
	In-Network	In-Network
Benefit Year	Contract: 11/1 – 10/31	Contract: 11/1 – 10/31
Office Visit	PCP: 80% after deductible Specialist: 80% after deductible Telemedicine: 80% after deductible	PCP: \$25 Copay Specialist: \$50 Copay Telemedicine: \$10 copay
Prescription Drugs (Tiers 1/2/3/4) Enhanced Formulary	Enhanced Preventive: 80% All Other: 80% after deductible	Retail: \$10/\$35/\$50/25% ¹ Mail: 3 x Copay
Emergency Room	80% after deductible	\$300 Copay
Urgent Care	80% after deductible	\$50 Copay
Inpatient/Outpatient Care	80% after deductible	80% after deductible
Annual Deductible	\$2,500/\$5,000 (Embedded - \$3,000*)	\$2,000/\$4,000
Out of Pocket Maximum	\$5,000/\$10,000 (Embedded - \$5,000*)	\$4,500/\$9,000

¹\$50 drug minimum & \$100 drug maximum for each 30-day supply of Tier 4 Specialty Brand Drugs

Preventive Care is covered at 100% with a preventive primary diagnosis code. During your annual physical if anything is discussed or performed outside of the healthcare reform approved screenings, your visit may not be covered at 100%. For a list of covered preventive benefits under healthcare reform please visit www.bcsnc.com/preventive.

*an individual enrolled in family coverage would be subject to no more than the \$3k embedded deductible and the \$5k embedded out of pocket maximum.

Telemedicine www.teladoc.com | 800-835-2362

We are pleased to provide all BCBSNC plan members with access to Teladoc, a national telemedicine provider. This is included with our BCBSNC health coverage. Note that all visit costs will apply to your applicable medical plan. Services are available 24/7, 365 days a year via telephone, online or through the Teladoc mobile app. Ensure you have your BCBSNC Medical ID card available at the time of your visit to ensure visit is applied to your health benefits.

Health Savings Account www.healthequity.com | 877-713-7682

- An individual account owned by the employee, which is portable if you leave ROC; eligible contributions are not taxable and funds rollover from year to year
- ROC contributes up to \$500 to HSA accounts for employees enrolled in Employee Only coverage and up to \$1,000 for employees enrolled who cover dependents
- You are not eligible to contribute to an HSA if you are on Medicare or covered under your spouse’s non-HDHP or if your spouse contributes to a full purpose FSA
- 2023 HSA Contribution Limits are: Employee only \$3,850, Employee + Dependents \$7,750
 - Reminder: Participants over age 55 can make an additional \$1,000 ‘catch-up’ contribution

Flexible Spending Account www.paylocity.com |

- Contribute up to \$5,000 to your *Dependent Care Account* and/or up to \$3,050 to your *Medical Spending Account*
- Plan year is November 1, 2023 through October 31, 2024
- If you don’t use it, you lose it. You have a 2 month + 15 day grace period for Medical Spending Account to incur eligible expenses for reimbursement beyond the end of the plan year. You have 90 days following the end of the plan year to file for reimbursement of expenses incurred during the plan year.
- If you are enrolled in the HSA plan you can elect a limited-purpose medical FSA, which can only be used for eligible dental and vision expenses

Dental Plan www.ameritas.com | 800-487-5553

ROC offers the choice of two dental plans in order to best suit your needs. Our dental plans are underwritten by Ameritas and there is no mandatory network provider list. There is a limited network of contracted providers in the area that will discount their services. The most current list can be obtained by calling Customer Service. Ameritas reimburses at the 90th percentile out of network, which means 9 out of 10 dentists in your zip code should accept the usual and customary amount.

LEVEL OF COVERAGE	BASE PLAN	BUY UP PLAN
	In-Network/Out-of-Network	In-Network/Out-of-Network
Benefit Period	Calendar Year	Calendar Year
Single/Family Deductible	\$50/\$150	\$50/\$150
Annual Benefit Max	\$1,000	\$1,500
Orthodontia Lifetime Max	\$1,000	\$1,500
Preventive Care	100%	100%
Basic Care	80%*	80%*
Major Care	50%*	50%*
Orthodontia Care (Adult & Child)	50%	50%

*Coverage provided after deductible

Vision Insurance www.bluecrossnc.com | 877-275-9787

ROC offers you the option to purchase vision coverage through BCBSNC's Blue20/20. Our plan utilizes the EyeMed Access Network, which includes many independent providers as well as LensCrafters, Pearle Vision, Target Optical and more.

LEVEL OF COVERAGE	In-Network	Out-of-Network
Benefit Frequency	Exam and Lenses & Contacts – Every 12 months Frames - Every 24 months	
Exam	\$10 Copay	Up to \$39 Allowance
Frames & Lenses	\$25 Copay \$200 Allowance	Copay applies Frames: Provider's billed charge or 50% of your In-Network Allowance, whichever is less Lenses: Up to \$25-\$63 Allowance
Elective Contact Lenses in lieu of Lenses and Frames	Up to \$200 Allowance	Provider's billed charge or 80% of your In-Network Allowance, whichever is less

Our plan includes a wide array of add on features and discount programs. Please refer to member flyers, and your BCBSNC Member website for more information.

Long Term Disability www.lfg.com | 800-423-2765

- Long Term Disability is offered through Lincoln Financial on a voluntary basis for those with less than 5 years of employment; 100% paid by ROC after 5 years of employment
- Benefit begins after 90-day elimination period and monthly benefit is 60% of your salary up to \$10,000 per month
- Benefit period is to 65 or Social Security Normal Retirement Age (SSNRA)
- If enrolling for voluntary LTD (if under 5 years of service) no Evidence of Insurability is needed when first eligible. If you'd like to enroll after initial eligibility, even during open enrollment, you will be required to complete Evidence of Insurability (medical questions) to determine if you are approved for coverage.

Life Insurance www.lfg.com | 800-423-2765

- Benefits offered through Lincoln Financial
- Basic Life - 100% Employer paid benefit of 1 x salary, up to a maximum of \$200,000; age reductions begin at age 70
- Voluntary Life is available for purchase for the employee, spouse and dependents
Employee - \$10,000 increments up to the lesser of 5 x salary or \$500,000 (to age 69) or \$50,000 (age 70+); age reductions begin at age 70; **Spouse** - \$5,000 increments up to lesser of \$500,000 or employee benefit; age reductions begin at age 70; **Dependent(s)** - \$10,000 benefit per child; benefit is \$250 (14 days to 6 months old), coverage is available to unmarried dependents from birth to age 26, regardless of student status
 Evidence of insurability (EOI) is required for amounts over \$150,000 for employee and \$25,000 for spouse if enrolling when first eligible or for ANY amounts if enrolling as a late entrant

Additional Benefits

- **Voluntary Supplemental Programs** - Short Term Disability, Accident, Critical Illness and Hospital Indemnity plans are offered through Hartford and reimburse you for qualified disabilities, accidents and illnesses. For more information, please review detailed plan summaries.
- **Legal Shield** – Personal legal and ID theft protection and restoration benefits. Individual and Family plans offered.
- **NC 529 College Savings Plan** – offered through College Foundation of North Carolina. Please see HR for enrollment information. This is a post-tax plan.
- **Employee Assistance Program (EAP)** – Lincoln Financial provides an EAP, which is confidential resource where covered members can access help and resources for services including stress and anxiety, child care and elder care issues and many others. All employees have access to this benefit. To contact the EAP, please call 888-628-4824.

Employee Contributions

Medical, dental and vision payroll deductions, as listed below, are deducted on a pre-tax basis from 24 paychecks per year.

MEDICAL	HSA PLAN		TRADITIONAL PLAN	
	Wellness Deduction	Non-Wellness Deduction	Wellness Deduction	Non-Wellness Deduction
Employee	\$47.26	\$64.76	\$64.45	\$81.95
Employee + Spouse	\$266.58	\$284.08	\$313.77	\$331.27
Employee + Child(ren)	\$155.77	\$173.27	\$199.03	\$216.53
Family	\$350.00	\$367.50	\$425.00	\$442.50

DENTAL	Base Deduction	Buy Up Deduction
Employee	\$11.93	\$15.07
Employee + Spouse	\$34.27	\$40.27
Employee + Child(ren)	\$34.29	\$40.27
Family	\$66.05	\$77.25

VISION	Deduction
Employee	\$3.49
Employee + Spouse	\$6.63
Employee + Child(ren)	\$6.98
Family	\$10.26

SUPPLEMENTAL LIFE	Employee per \$10,000 Monthly Deduction	Spouse per \$5,000 Monthly Deduction	\$10,000 Child Benefit Monthly Deduction
0-29	\$0.73	\$0.68	\$2.00 per month
30-34	\$0.81	\$0.69	
35-39	\$1.12	\$0.90	
40-44	\$1.61	\$1.25	
45-49	\$2.58	\$1.98	
50-54	\$4.07	\$3.13	
55-59	\$6.22	\$4.82	
60-64	\$8.99	\$8.55	
65-69	\$15.46	\$14.98	
70-74	\$27.56	\$27.67	
75+	\$54.71	\$51.78	