

2024 Benefits Guide

PROVIDERS

all **in**

BE WELL | BE PREPARED | BE CONNECTED





Table of Contents

- Tools and Resources.....3
- Eligibility.....4
- Be Well5**
 - ▶ Health Care Premiums.....5
 - ▶ Medical Plans and Pharmacy.....7
 - ▶ Tiers and Networks Explained.....9
 - ▶ Well-being/Preventive Benefits.....13
 - ▶ Dental14
 - ▶ Vision.....15
- Be Prepared16**
 - ▶ Savings and Spending Accounts..... 16
 - ▶ Retirement Program.....19
 - ▶ Income Protection..... 20
 - ▶ Disability 22
 - ▶ Voluntary Benefits..... 23
 - ▶ Identity Theft 26
 - ▶ Legal Insurance..... 26
 - ▶ Tuition Assistance 27
 - ▶ Adoption Assistance 27
- Be Connected 28**
 - ▶ Paying for Coverage..... 28
 - ▶ **All In** Benefits Extras 30
 - ▶ Benefits Contacts31

Welcome to your 2024 Benefits Guide

You're providing excellent care for patients every day. That's why ECU Health provides team members market-competitive Total Rewards — an investment of more than \$500 million annually.

This guide outlines the wide range of plans and benefits* selected just for you and your family. Take time to review the guide and ask questions so you choose the best coverage for your needs.

More plan details are available on the **All In** website. Visit allin.ECUHealth.org before you enroll. You have 24/7 access to everything you want to know about your Total Rewards.

If you need more details, visit AskPhin.com or call HR Services at **252-816-PHIN (7446)**.



Scan this QR code using your smartphone to easily access the ECU Health All In website.



Enroll online

- ▶ Go to allin.ECUHealth.org.
- ▶ Click the “Enroll” button in the upper right corner
- ▶ Enter your ECU Health User ID (Provider ID number)
- ▶ Elect or waive each benefit

*Plan details are in official plan documents and insurance contracts. The benefits guide covers highlights from each plan, but doesn't replace summary plan descriptions, official documents or other policies. The official documents prevail if there is conflicting information in the benefits guide.



New to ECU Health? You have 30 days from your start date to enroll for benefits.

Eligibility

ECU Health benefits are available to you if you're actively employed and assigned to a payroll classification of 0.5 FTE or higher.

Your effective date of coverage is the first day of the month following 30 days of continuous employment in a benefits-eligible position. You also have the option to add or amend benefits coverage within 30 days of a major life change, such as marriage, divorce or the birth of a child. For a complete list and more information about qualified life events, visit allin.ECUHealth.org.

Outside your initial hire or a qualified life event, your only opportunity to elect or change benefits coverage is during Annual Enrollment. This enrollment window is provided each year so team members can review and change their coverage(s) for the following year's benefits plan, beginning Jan. 1. To take advantage of ECU Health benefits in 2024, you must enroll by the applicable deadline.

Eligible dependents

- ▶ **Your spouse.** The term "spouse" means the individual lawfully married to you.
- ▶ **Your domestic partner.** Domestic partners must be 18 years of age or older and unmarried; not related by blood in any manner that would prohibit legal marriage; have assumed mutual obligations for the welfare and support of each other; share a common residence and live together as a couple in the same household; and be each other's sole domestic partner.
- ▶ **Your qualified children under the age of 26.** This can be your biological son or daughter, stepson or stepdaughter, a legally adopted individual, an individual for whom you are legal guardian or who is lawfully placed with you for legal adoption, and/or eligible foster children.

- ▶ **Your unmarried child who is disabled, living with you, dependent on you for support and unable to support themselves due to their mental or physical disability.**

Documentation for dependents

Before you enroll: Gather the appropriate documentation for any family members you want to cover. You may need to provide this documentation to our dependent verification center, Alight, to confirm eligibility.

After you enroll: You will receive a packet from Alight to help guide you through the process. Initially, your packet will come through the U.S. mail. You can choose to receive subsequent information via email or the post office.

Acceptable forms of documentation include:

- ▶ Marriage license for spouse
- ▶ Domestic partner attestation
- ▶ Birth certificate for children
- ▶ First page of your most recent tax return, listing eligible dependents (for spouse and/or children)
- ▶ Court-ordered guardianship papers, adoption papers or placement letter
- ▶ Divorce decree to show parent/child relationship when names don't match or to identify responsibility for providing health coverage

You can only enroll dependents if you're enrolled in the plan. A dependent can only be enrolled under one team member.

Health Care Premiums

Premiums for coverage

ECU Health provides medical, dental and vision care benefits. To access these benefits, you pay a premium, deducted before taxes in biweekly increments from your pay.

The amount you pay is determined by a few factors:

- ▶ Whether you want to include just yourself, your entire family or something in between.
- ▶ You have three choices for the medical plan: The **Medical Savings Plan**, the **Basic Plan** and the **Choice Plan**. More details about these plans can be found under the "Medical" section (starting on page 8). While the premiums for each of these plans vary, so do the benefits covered. You should consider both the premium amount and the amount of benefits coverage under each plan before making your selection.
- ▶ You are free to choose any health care coverage you wish and decline any coverage you do not want. For instance, you can select medical coverage, but decline dental and vision. Or select dental, but no medical or vision. Any combination is acceptable.
- ▶ For medical benefits, there are different rates for full-time versus part-time team members. For dental and vision, the rates are the same.

The team member contributions for 2024 are shown in the following tables:

Full-time team members—Biweekly deductions

Coverage	Medical Savings Plan	Basic Medical	Choice Medical
Single	\$35.70	\$40.80	\$54.06
+ Children*	\$132.60	\$155.04	\$179.52
+ Spouse*	\$208.08	\$242.76	\$272.34
+ Family*	\$228.48	\$266.22	\$297.84

Part-time team members—Biweekly deductions

Coverage	Medical Savings Plan	Basic Medical	Choice Medical
Single	\$99.96	\$115.26	\$127.50
+ Children*	\$226.44	\$264.18	\$287.64
+ Spouse*	\$286.62	\$335.58	\$366.18
+ Family*	\$338.64	\$394.74	\$425.34

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.



Other premiums

Working spouse/domestic partner premium

If your spouse/domestic partner is covered under one of the medical plan options offered by ECU Health, and they are eligible for medical coverage through their employer, you will pay an additional \$50 premium per pay period. This extra premium is not necessary when:

- ▶ You and your spouse are both employed at ECU Health.
- ▶ Your spouse has no group medical coverage available.
- ▶ Your spouse is enrolled for Medicare coverage.
- ▶ Your spouse is enrolled in TRICARE.

Contact a provider 24/7 through ECU HealthNow. You receive services free when you enroll in the Basic or Choice medical plans. You pay \$55 until you meet your deductible when you enroll in the Medical Savings Plan.

Medical Plans and Pharmacy

You have options when it comes to your medical and pharmacy benefits—each with different levels of coverage to fit your life.

Our plans are administered by Medcost, an outside company that specializes in managing claims. If you need to request an ID card, print or view an explanation of benefits (EOB) or find a provider, visit [medcost.com](https://www.medcost.com). The ECU Health group number for MedCost is **7488**.

You also have support in managing your medications and prescription-related costs. To check the tier in which your medications are in, go to [medimpact.com](https://www.medimpact.com).

Often-used terms

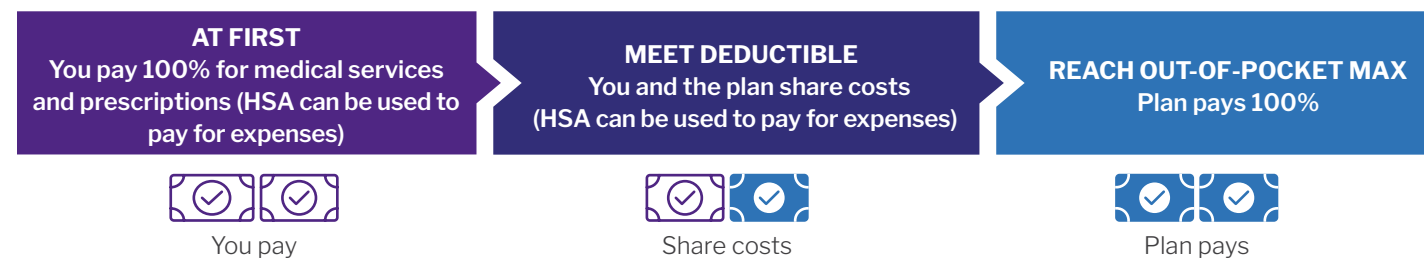
Before you review your medical plan options, you may want to get familiar with these terms:

- ▶ **Coinsurance:** A set percentage you pay of the cost of the care you receive.
- ▶ **Copay:** A set dollar amount you pay when you receive health care. For example, \$35 when you see a specialist.
- ▶ **Deductible:** A set amount you must pay out of your pocket before the plan starts paying part of the cost, unless a copay applies. All deductible payments contribute to a plan’s annual out-of-pocket maximum.
- ▶ **Out-of-pocket maximum (OOP max):** The most you will pay in a calendar year for provider visits, prescriptions, etc., for covered expenses, including your deductible, copays and coinsurance. This safety net provides peace of mind for those who have a serious condition or illness. Family medical plans have single and family out-of-pocket maximums. Once a covered family member meets the individual out-of-pocket maximum, the plan will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum.



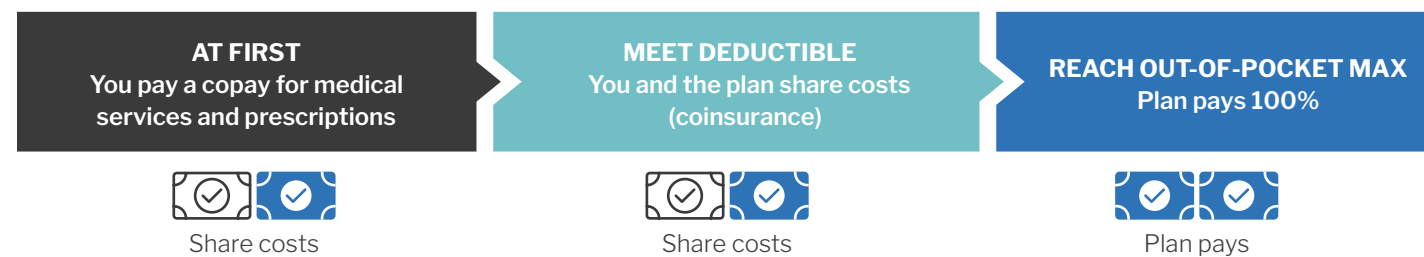
You have three medical plan choices: Medical Savings, Basic or Choice

1. **The Medical Savings Plan** is a High Deductible Health Plan (HDHP) that puts you in control of how you spend your health care dollars. This plan has a higher deductible compared to our other plans, but lower premiums. You will pay 100% of medical and prescription costs until you meet your deductible. You then pay coinsurance. If you reach your out-of-pocket maximum, your plan pays 100% of costs for the remainder of the plan year. The Medical Savings Plan is paired with a tax-advantaged Health Savings Account (HSA) to help you pay out-of-pocket expenses. You make before-tax contributions to your HSA, and ECU Health matches your contribution up to a certain amount each year, depending on your coverage level. For more details on how an HSA works, refer to page 19.



2. **The Basic Plan** is a Preferred Provider Organization (PPO) plan. You will pay a copay at the time of service for office visits or urgent care from a Tier 1 or Tier 2 provider. You will also pay a copay for most covered prescription drugs. For most other covered services, you will pay the deductible plus the coinsurance. When you reach your annual out-of-pocket maximum, the plan pays 100% for the remainder of the plan year.

3. **The Choice Plan** is also a PPO and works the same way as the Basic Plan. However, the Choice Plan has a lower deductible, lower out-of-pocket maximum and lower copays, but you'll pay a higher premium than the Basic Plan.



All three medical plans cover 100% of in-network preventive care.

Tiers and Networks Explained

In-network means ECU Health has contracted with certain doctors, hospitals, pharmacies and other health care providers to provide team members with services and supplies at a discounted cost. To manage your costs most effectively, you can choose providers in our Tier 1 and Tier 2 networks.

- \$ Tier 1: ECU Health Alliance Network**
 - Comprised of ECU Health providers, ECU Health facilities and other select providers.
 - When you stay within Tier 1, your cost is considerably less.
 - Note: ECU Health Alliance/Tier 1 was previously known as the Vidant Integrated Care (VIC) network.

- \$\$ Tier 2: MedCost Network**
 - Providers and facilities that are **in-network**.
 - You will pay more out-of-pocket than with Tier 1.
 - Your costs are less than if you go out-of-network.

- \$\$\$ Tier 3: Out-of-Network**
 - Providers and facilities that are **out-of-network**.
 - You'll pay considerably more than with Tier 1 or Tier 2.
 - Your deductible varies for each provider network. However, all deductible payments, regardless of tier, cross accumulate during the year, helping to minimize your overall out-of-pocket costs.

How to find an in-network provider

To locate an in-network provider in the ECU Health Plan Provider Directory, log on to [medcost.com](https://www.medcost.com) and click "Find a Doctor." Select "ECU Health Plan Provider Directory" as your Network for Care.

- Select "ECU Health Plan Provider Directory" for providers in the Tier 1 network.
- Select "MedCost Network Provider Directory" for providers in the Tier 2 network.
- If you live outside North Carolina, select "Virginia Residents and Outside NC, SC and Virginia" on the ECU Health Plan Provider Directory page. Then choose the Virginia Health Network or First Health Network, depending on where you live.



Medical Savings Plan

	Tier 1 ECU Health Alliance/In-Network	Tier 2 MedCost/In-Network	Tier 3 Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Plan pays 50%, you pay 50%
Plan Coinsurance	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.
Primary Care Provider (PCP) Visit	Ded., then 5% coins.	Ded., then 5% coins.	Ded., then 50% coins.
Specialty Visit	Ded., then 10% coins.	Ded., then 25% coins.	Ded., then 50% coins.
Behavioral Health Office Visit	Ded., then 5% coins.	Ded., then 5% coins.	Ded., then 50% coins.
ECU HealthNow	Ded., then \$0	Ded., then \$0	Ded., then \$0
Med Deductible (Single/Family)	\$2,000/\$4,000	\$2,500/\$5,000	\$6,000/\$12,000
Med Max OOP (Single/Family)	\$6,000/\$12,000	\$6,750/\$13,500	\$12,500/\$25,000
Prescription Max OOP (Single/Family)	Included in OOP max	Included in OOP max	Included in OOP max
Combined OOP Max (Med + Rx)	\$6,000/\$12,000	\$6,750/\$13,500	\$12,500/\$25,000
Emergency Room	Ded., then 15% coins.	Tier 1 ded., then 15% coins.*	Tier 1 ded., then 15% coins.*
Urgent Care	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.
Inpatient/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

* For these services, you first pay the Tier 1 deductible. Once the Tier 1 deductible is met, you will then pay only the coinsurance.

Basic Plan

	Tier 1 ECU Health Alliance/In-Network	Tier 2 MedCost/In-Network	Tier 3 Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Ded., then 50% coins.
Plan Coinsurance	Plan pays 85%, you pay 15%	Plan pays 75%, you pay 25%	Plan pays 50%, you pay 50%
PCP Visit	\$10 copay	\$10 copay	Ded., then 50% coins.
Specialty Visit	\$25 copay	\$60 copay	Ded., then 50% coins.
Behavioral Health Office Visit	\$10 copay	\$10 copay	Ded., then 50% coins.
ECU HealthNow	Covered at 100%	Covered at 100%	Covered at 100%
Deductible (Single/Family)	\$1,200/\$2,400	\$1,500/\$3,000	\$4,500/\$9,000
Med Max OOP (Single/Family)	\$4,000/\$8,000	\$5,000/\$10,000	\$10,000/\$20,000
Rx Max OOP (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
OOP Max (Med + Rx)	\$6,500/\$13,000	\$7,500/\$15,000	\$12,500/\$25,000
Emergency Room	\$250 copay + ded./15% coins.	\$250 copay + Tier 1 ded./15% coins.*	\$250 copay + Tier 1 ded./15% coins.*
Urgent Care	\$50 copay	\$60 copay	Ded., then 50% coins.
In/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

* For these services, you first pay the Tier 1 deductible.

Choice Plan

	Tier 1 ECU Health Alliance/In-Network	Tier 2 MedCost/In-Network	Tier 3 Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Ded., then 50% coins.
Plan Coinsurance	Plan pays 85%, you pay 15%	Plan pays 75%, you pay 25%	Plan pays 50%, you pay 50%
PCP Visit	\$10 copay	\$10 copay	Ded., then 50% coins.
Specialty Visit	\$15 copay	\$50 copay	Ded., then 50% coins.
Behavioral Health Office Visit	\$10 copay	\$10 copay	Ded., then 50% coins.
ECU HealthNow	Covered at 100%	Covered at 100%	Covered at 100%
Deductible (Single/Family)	\$850/\$1,700	\$1,250/\$2,500	\$3,500/\$7,000
Med Max OOP (Single/Family)	\$3,300/\$6,600	\$4,500/\$9,000	\$8,000/\$16,000
Rx Max OOP (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
OOP Max (Med + Rx)	\$5,800/\$11,600	\$7,000/\$14,000	\$10,500/\$21,000
Emergency Room	\$200 copay + ded./15% coins.	\$200 copay + Tier 1 ded./15% coins.*	\$200 copay + Tier 1 ded./15% coins.*
Urgent Care	\$40 copay	\$50 copay	Ded., then 50% coins.
In/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

* For these services, you first pay the Tier 1 deductible, and then the coinsurance.

For more information, refer to the Summary Plan Descriptions on AskPhin.com. Or see the Summary of Benefits and coverage details on the [All In](http://AllIn) website at allin.ECUHealth.org.



Prescription drug coverage

Prescription drug coverage for you and your covered dependents is included with each of the ECU Health medical plans. MedImpact administers the prescription drug benefit for all ECU Health medical plan participants.

When you or a covered family member need a prescription filled, you will use your medical ID card at the ECU Health Employee Pharmacy or a retail pharmacy that participates in the pharmacy network. You pay a share of the cost of your prescription in the form of a copay or coinsurance. The amount you pay depends on whether you receive a generic, preferred or non-preferred brand name drug and which pharmacy you choose. Questions about ECU Health prescription drug benefits? Contact MedImpact at **844-513-6009** or **medimpact.com**.

Did you know? Your out-of-pocket costs for prescription drugs are likely much lower when filling at the ECU Health Employee Pharmacy than at another retail pharmacy like CVS or Walgreens. For example, on the Basic and Choice plans, the generic copay is only \$10 at the Employee Pharmacy compared to \$25 at another pharmacy. If you're enrolled in the Medical Savings Plan, you'll likely see savings when filling at the Employee Pharmacy due to lower overall drug prices and lower coinsurance after your deductible.

Pharmacy

	Medical Savings Plan		Basic and Choice	
	ECU Health Pharmacy	Retail Pharmacy	ECU Health Pharmacy	Retail Pharmacy
Rx Deductible	Included w/medical	Included w/medical	None	None
Rx Max OOP (Single/Family)	Included w/medical	Included w/medical	\$2,500/\$5,000	\$2,500/\$5,000
Generic (30 days)	Ded., then 10% coins.	Ded., then 20% coins.	\$10 copay	\$25 copay
Preferred Brand (30 days)	Ded., then 20% coins.	Ded., then 30% coins.	\$25 copay	\$50 copay
Non-Preferred Brand (30 days)	Ded., then 30% coins.	Ded., then 40% coins.	\$50 copay	\$100 copay
Generic (90 days)	Ded., then 10% coins.	Ded., then 20% coins.	\$25 copay	\$75 copay
Preferred Brand (90 days)	Ded., then 20% coins.	Ded., then 30% coins.	\$62.50 copay	\$150 copay
Non-Preferred Brand (90 days)	Ded., then 30% coins.	Ded., then 40% coins.	\$125 copay	\$300 copay
Preferred Brand Specialty Rx	Ded., then 20% coins.	No coverage	\$100 copay	No coverage
Non-Preferred Specialty Rx	Ded., then 30% coins.	No coverage	\$300 copay	No coverage
If cost exceeds \$300 for all tiers and number of day supply	N/A	N/A	15% coins.	25% coins.

Once a covered family member meets the individual out-of-pocket maximum, the plan will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. The annual out-of-pocket maximum includes amounts paid toward your deductible.

Well-being/ Preventive Benefits

Well-being is a personal and lifelong journey, where motivation and support from others can make all the difference. At ECU Health, we are committed to supporting our team members in renewing your mental and physical well-being. While you work to support our mission to improve the health and well-being of eastern North Carolina, it's truly our mission to support your well-being with a full complement of turn-key resources. From wellness centers and lifestyle medicine, personal and family counseling to nutrition and weight loss support, it's all here to assist you in your personal pursuit of well-being.

Well-being resources available to team members include:

- ▶ \$25/month fees at ECU Health Wellness Centers
- ▶ Employee Assistance Program (EAP)
- ▶ Counseling for you and your family
- ▶ Lavender rounds to support your work team
- ▶ Health Risk Assessment & Labs
- ▶ Lifestyle coaching
- ▶ Nutrition counseling
- ▶ Culinary medicine & cooking classes
- ▶ Lifestyle Medicine Clinic
- ▶ Diabetes program & supplies
- ▶ Employee clinic
- ▶ Care management
- ▶ Advance Care Planning

In addition to the above benefits, ECU Health offers team members even more services such as legal and financial counseling, yoga and massage. Many services are free or discounted. Call a Well-being Navigator at **252-847-5590** or learn more on the **All In** website under Be Well > Well-being.



Dental

You can choose between two dental options from Delta Dental. You can visit any licensed dentist, but you pay less with a dentist in the Delta Dental network. The chart below shows the differences in coverage and benefits for in- and out-of-network services. For a list of network providers, visit deltadentalinc.com or call **800-662-8856**.

Delta Dental has two networks — PPO and Premier. The main difference between the two is the discount. You may save more when you visit a PPO dentist. For more information, download the Delta Dental app from your smartphone app store.

ECU Health Dental Plan

	Basic		Choice	
	PPO/Premier Networks	Out-of-Network	PPO/Premier Networks	Out-of-Network
Annual Deductible	\$50/\$100	\$75/\$150	\$50/\$100	\$75/\$150
Annual Maximum	\$1,000 per member	\$750 per member	\$2,000 per member	\$1,500 per member
Preventive Cleanings	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)
Other Diagnostic/Preventive Services	20% coinsurance (ded. waived)	20% coinsurance (ded. waived)	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)
Basic Services	40% after ded.	50% after ded.	20% after ded.	30% after ded.
Major Services	40% after ded.	50% after ded.	40% after ded.	50% after ded.
Orthodontia (Under Age 19)	No coverage		40% coinsurance (ded. waived)	50% coinsurance (ded. waived)
Orthodontia Lifetime Maximum	No coverage		1,000 per person	

If you, or any member of your family, are covered by a dental plan in addition to the ECU Health Dental Plan, advise your dental office so benefits can be coordinated.

Biweekly deductions

Coverage	Basic Dental	Choice Dental
Single	\$9.18	\$17.85
+ Children*	\$16.83	\$31.11
+ Spouse*	\$19.38	\$36.21
+ Family*	\$27.54	\$51.51

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

Vision

The Vision Care Plan through EyeMed covers the cost of exams, glasses and contact lenses. You can visit any licensed provider, but you pay less at an in-network provider. Go to eyemed.com or call **844-409-3401** for a list of network providers.

EyeMed Benefit Coverage	In-Network	Out-of-Network
Well Vision Exam ▶ Focuses on your eyes and overall wellness ▶ Every calendar year	\$20 copay	Covered up to \$44
Frames ▶ Every calendar year	Included in prescription glasses ▶ \$150 allowance; 20% off amount over your allowance	Covered up to \$77 retail
Lenses ▶ Single vision, lined bifocal and lined trifocal lenses ▶ Every calendar year	\$20 copay	Covered up to \$64 retail*
Lens Option	Scratch Coat: \$13 copay Ultraviolet coat: \$15 copay Tints, solid or gradients: \$15 copay Anti-reflective coat: \$45 copay Polycarbonate: \$40 copay High index 1.6: \$55 copay Photochromic: \$75 copay	
Contacts (instead of lenses) ▶ Contact lens exam (fitting and evaluation) ▶ Every calendar year	Fit & Follow Up ▶ \$25 copay (Standard) ▶ \$25 copay; 10% off retail price, then apply \$40 allowance (Premium) ▶ Conventional—15% off balance over \$150 allowance ▶ Disposable—\$150 allowance	Fit & Follow Up ▶ Up to \$40 reimbursement Contact Lenses ▶ Up to \$100 reimbursement
Extra Savings and Discounts	▶ 40% off additional pairs of glasses once funded benefit is used ▶ 20% off any item not covered, including non-prescription sunglasses ▶ 15% discount on conventional lenses once funded benefit is used ▶ 15% off retail price or 5% off promotional price for LASIK or PRK through US Laser Network	Discounts may not be available for out-of-network providers

* Single lens covered up to \$34 retail; bifocal covered up to \$48 retail; trifocal covered up to \$64 retail.

Biweekly deductions

Coverage	Vision
Single	\$2.71
+ Children*	\$4.46
+ Spouse*	\$4.07
+ Family*	\$6.80

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

For more information about the dental and vision plans, refer to plan details on [AskPhin.com](https://askphin.com). Or see the Summary of Benefits and coverage details on the [All In](https://allin.ecuhealth.org) website at [allin.ECUHealth.org](https://allin.ecuhealth.org).

Savings and Spending Accounts

The Health Savings Account (HSA) and Flexible Spending Accounts (FSAs) available through WEX help you save money on out-of-pocket expenses that you and your family incur during the calendar year. There are a number of different types of accounts that help to reduce your taxable income when paying for eligible expenses for yourself, your spouse and eligible dependents.

How it works

- ▶ Estimate your expenses and make an annual election for the accounts that apply to you.
- ▶ Your annual election is calculated on a per pay period basis and deducted from your paycheck and deposited into your personal account. Payroll deductions begin from the effective date of your election and continue through the end of the calendar year.
- ▶ A debit card will be issued to new participants.
- ▶ When you incur expenses throughout the year, present your debit card for payment. Receipts may be needed to substantiate claims are eligible expenses.
- ▶ Eligible expenses are only reimbursable if they occur on or after the date of benefit eligibility.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts are an easy way for you to keep more of your take-home pay by using pre-tax dollars for eligible expenses. Simply present your FSA debit card for the purchase of eligible services and goods. Using the debit card allows you to directly tap into your Healthcare and/or Dependent Daycare FSA, meaning better cash flow for you and no waiting period for reimbursement.

Eligible Expenses* and Guidelines
Healthcare Flexible Spending Account
<ul style="list-style-type: none"> ▶ \$3,050 annual maximum ▶ Medical plan office visit copays, deductibles and coinsurance ▶ Eligible expenses include, but not limited to: <ul style="list-style-type: none"> ▷ Dental plan copays, deductibles and coinsurance ▷ Orthodontia expenses ▷ Vision care expenses, including contacts, glasses and LASIK surgery ▷ Certain over-the-counter (OTC) items ▶ Expenses can be for you or anyone you claim as a dependent on your Federal tax return* ▶ Your entire election is available immediately regardless of actual payroll deduction amounts ▶ You will be able to carry over up to \$610 from calendar year 2023 to 2024 ▶ You will be able to carry over up to \$610 from calendar year 2024 to 2025 ▶ Expenses must be incurred by Dec. 31 and submitted for reimbursement by April 30 of the following year

* Visit [irs.gov](https://www.irs.gov) for definition of eligible tax dependent.

Eligible Expenses* and Guidelines
Dependent Daycare Flexible Spending Account
<ul style="list-style-type: none"> ▶ \$5,000 annual maximum ▶ Used for dependent daycare expenses while you and your spouse work, look for work or attend school full-time ▶ Dependents include children under age 13 or dependents that are physically or mentally unable to care for themselves ▶ Can only be reimbursed up to what you have had payroll deducted (pay as you go) ▶ Expenses must be incurred by March 15 of the following year and submitted for reimbursement by April 30 of the following year

Limited Purpose Flexible Spending Account (Limited Purpose FSA)

The Limited Purpose FSA is for team members who are enrolled in the **Medical Savings Plan** and contributing to a Health Savings Account (or whose spouse/domestic partner is contributing to an HSA), in which case the regular Flexible Spending Account is not allowed.

The difference between a Limited Purpose FSA and Healthcare FSA is that **medical expenses are not eligible for reimbursement with the Limited Purpose FSA.**

Team members contributing to a HSA most often choose to add a Limited Purpose FSA when they are planning a major dental, orthodontic or vision care expense within the calendar year. Common examples include braces or other orthodontia services, dental surgery and vision correction such as LASIK eye surgery.

Eligible Expenses* and Guidelines
Limited Purpose FSA
<ul style="list-style-type: none"> ▶ \$3,050 annual maximum ▶ Eligible expenses include but are not limited to: <ul style="list-style-type: none"> ▷ Dental plan copays, deductibles and coinsurance ▷ Orthodontia expenses ▷ Vision care expenses including contacts, glasses and LASIK surgery ▶ Expenses can be for you or anyone you claim as a dependent on your Federal tax return** ▶ Medical expenses are not eligible for reimbursement. ▶ Your entire election is available immediately regardless of actual payroll deduction amounts ▶ You will be able to carry over up to \$610 from calendar year 2023 to 2024 ▶ You will be able to carry over up to \$610 from calendar year 2024 to 2025 ▶ Expenses must be incurred by Dec. 31 and submitted for reimbursement by April 30 of the following year

* This is only a sample of eligible expenses. Visit [WEX](https://www.wex.com) for a complete list.

** Visit [irs.gov](https://www.irs.gov) for definition of eligible tax dependent.

Health Savings Account (HSA)

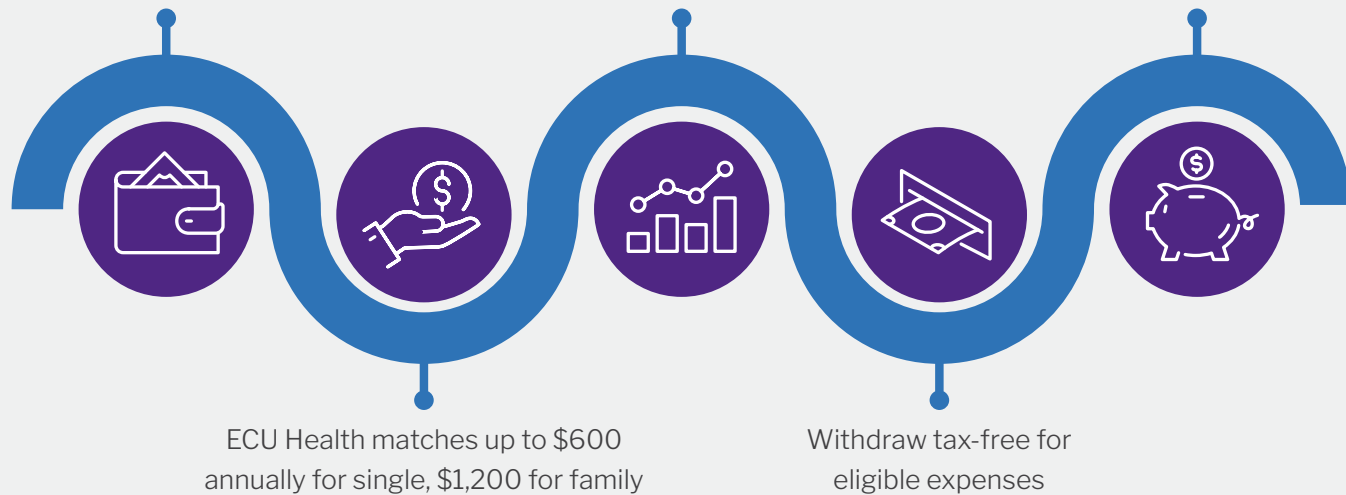
If you're enrolled in the **Medical Savings Plan**, you can contribute to an HSA and offset your out-of-pocket expenses with pre-tax dollars. Use your account funds to pay for eligible medical, dental and vision expenses.

How it works

Make pre-tax contributions through payroll deduction (\$25 minimum)

Invest and earn tax-free interest

Take your HSA with you



Consider these restrictions before setting up an HSA:

- ▶ You can only have a Limited Purpose FSA.
- ▶ State taxes apply to contributions by residents of California, Alabama and New Jersey.
- ▶ You can't be covered by another non-HDHP, such as Medicare or a spouse's plan.
- ▶ The penalty for using your HSA for ineligible expenses is 20% of the reimbursed amount.
- ▶ You can't contribute to your HSA if you're no longer enrolled in the Medical Savings Plan.

* If you are contributing to an HSA in 2024, and you have a balance of \$610 or less in an FSA as of Dec. 31, 2023, your FSA will be converted to a Limited Purpose FSA for 2024. Any amounts over \$610 in your FSA as of Dec. 31, 2023, will be forfeited.

HSA is administered by WEX. You can contact WEX at wexinc.com or call **866-451-3399**. You can also visit the WEX, IRS or AskPhin.com websites for more information.

You may be asked to provide WEX with identification documentation to verify and establish your HSA, in accordance with the USA Patriot Act.

2024 IRS maximum HSA contributions

- ▶ \$4,150 for single coverage
- ▶ \$8,300 per household
- ▶ \$1,000 catch-up for ages 55-65

Retirement Program

401(k)

The ECU Health Partnership Savings Plan consists of a pre-tax 401(k) plan, a Roth 401(k) plan, as well as an unmatched after-tax plan where you can save for retirement.

- ▶ **All new hires and first-time eligible team members are automatically enrolled in the Fidelity 401(k) Partnership Savings Plan in the pre-tax 401(k) at 5% of your earnings after 30 days, or as soon as administratively practical.**
- ▶ Team members hired before 1/1/2010 must contact Fidelity Investments to enroll or change contribution amounts.
- ▶ If you wish to start saving sooner, or change the amount, you may do so by contacting Fidelity at **800-343-0860** or by going online to fidelity.com/atwork.

The graduated match plan for non pension-eligible providers is as follows:

Years of Service	Matching %
1 but less than 5	50%*
5 but less than 10	75%*
10+ years	100%*

* ECU Health will match up to the first 5% of a provider's compensation contributed to the plan.

Note: ECU Health will match 50% up to 5% of a provider's compensation contributed to the 401(k) plan for team members who are eligible for the pension.

To speak directly with a Fidelity retirement planner, please contact:

- ▶ Michael C. Kitto, CRPC®
Dedicated Retirement Planner
Personal and Workplace Investing
- ▷ Email: Michael.Kitto@FMR.com
- ▷ To reserve an appointment, please call **800-642-7131** or register online at digital.fidelity.com/prgw/digital/wos/

457(b)

ECU Health offers eligible providers the opportunity to participate in a 457(b) Deferred Compensation Plan. This plan allows you to set aside retirement savings on a pretax basis and provides tax-efficient growth of your retirement savings.

The 2024 IRS contribution limit is \$23,000. If you are over age 50, you can invest an additional \$7,500 through the catchup provision. Pretax contributions to your 457(b) are deducted from your paycheck, which lowers your overall tax burden today. At retirement, you will pay income taxes on the withdrawals.

If you are enrolled in the plan and need additional assistance, call **252-816-7446** or visit AskPhin.com.



Income Protection

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) coverage administered by Reliance Matrix can help you prepare for the unexpected. Benefits are payable in the event of loss of life, limb, sight, speech or hearing. The chart below provides a summary of the coverage.

Provider Basic Life and AD&D
<ul style="list-style-type: none"> ▶ No cost, just elect your beneficiaries for this benefit ▶ Full-time providers—coverage equal to one time annual base earnings rounded to the next higher \$1,000 (maximum \$1 million) ▶ Part-time providers—coverage equal to \$10,000 ▶ Full-time providers with 10+ years of service will receive an additional \$25,000 in coverage
Provider Optional Life and AD&D
<ul style="list-style-type: none"> ▶ May purchase coverage in increments of your base salary ▶ Maximum coverage—up to 4 times your annual base salary (maximum \$500,000) ▶ Request to add coverage subject to completion and approval of evidence of insurability form (if election not made when first eligible for coverage) ▶ For AD&D benefit, the amount matches your optional life coverage election
Spousal Life and AD&D
<ul style="list-style-type: none"> ▶ Coverage amount of \$50,000 for spouse/domestic partner ▶ If you and your spouse/domestic partner are ECU Health providers, you are ineligible to cover your spouse/domestic partner ▶ Benefit is employer-paid for managers; if enrolling as a manager, evidence of insurability may be required ▶ Request to add coverage subject to completion and approval of evidence of insurability form (if election not made when first eligible for coverage)
Child Life and AD&D
<ul style="list-style-type: none"> ▶ Coverage amount of \$15,000 per eligible child ▶ Managers receive employer-paid benefit upon enrollment ▶ Children can only be covered by one parent

Note: These are term life insurance policies. There are life insurance amount reductions after age 70.

The rates for optional insurance depend on the amount of coverage you select and your age. When you enter the enrollment system, you will see the prices for coverage.

For more information, contact Reliance Matrix at **877-202-0055** or go to matrixabsence.com.

Designate your beneficiary

When you enroll online for benefits, look for the prompts to designate a beneficiary for your ECU Health-provided life insurance coverage and/or your optional life insurance plans. If a beneficiary is not designated, benefits will be paid out in a specific order according to carrier policy which is legal spouse/domestic partner, children in equal shares, surviving parents in equal shares, surviving siblings in equal shares, and, lastly, to the Insured's Estate. It is not necessary to add a beneficiary for your spousal life or child life insurance coverage since you are automatically the beneficiary for any spouse or dependent coverage you elect.

Evidence of Insurability

You may need to provide Evidence of Insurability (EOI), or proof of good health if:

- ▶ You choose to delay enrolling when you are first eligible.
- ▶ You want to increase coverage after you enroll.



Disability

Disability benefits consist of a Short-term Disability (STD) Plan and Long-term Disability (LTD) Plan administered by Reliance Matrix, as well as an Extended Illness Bank for eligible team members. The plans work together to replace a portion of your income when you are on an approved absence from work due to a serious health condition.

Plan	Benefit Amounts and Guidelines
Sick leave	<ul style="list-style-type: none"> Full-time and part-time members receive a benefit for income replacement based on accumulated hours prior to 12/14/2014 Income replacement at 100% Contact Reliance Matrix to file your disability claim: 877-202-0055
Short-term Disability (STD)	<ul style="list-style-type: none"> Two plan options available: 15/11 and 30/09 15/11 has a 15-day elimination period and pays up to 11 weeks of benefits 30/09 has a 30-day elimination period and pays up to 9 weeks of benefits Pre-existing conditions apply* Contact Reliance Matrix at 877-202-0055 to file your STD claim Replaces 50% of your pre-disability pay (\$1,000 per week maximum)
Long-term Disability (LTD)	<ul style="list-style-type: none"> Provides coverage after a 90-day elimination period Replaces 50% of your pre-disability pay (\$12,000 monthly maximum) Pre-existing conditions apply* Contact Reliance Matrix to file your LTD claim: 877-202-0055
Physician Individual Disability Insurance (IDI)	<ul style="list-style-type: none"> Biannual enrollment opportunity for newly eligible providers Covers more of your compensation, above LTD plan benefit maximums Discounted premiums Policy belongs to you and is portable Premiums are rate-locked

If you elect Disability Insurance for Jan. 1, 2024, but are out on a leave of absence, your coverage will not become effective until you return to work. Contact HR Services immediately upon your return.

Your effective date of coverage is the first day of the month following 30 days of employment or the first day of the month following 30 days of transferring into a benefit eligible classification.

For more information, refer to the Summary Plan Description on AskPhin.com. Or see the Summary of Benefits and coverage details on the [All In](http://AllIn) website at allin.ECUHealth.org.

Contact Reliance Matrix at **877-202-0055** to file disability claims.

* NOTE: If you become disabled during the first 12 months of coverage due to a pre-existing condition, the Long-term Disability Plan may not pay benefits.

Voluntary Benefits

Voluntary benefits provide an additional layer of financial protection for you and your family. These benefits will help cover any extra out-of-pocket expenses if you suffer an unexpected, serious illness or qualifying accident.

Accident Insurance

Injuries occurring off the job can be protected with Voya Accident Insurance. This plan is designed to pay cash directly to you. This additional cash support can be used to help pay any out-of-pocket expenses related to your injury. Payments are made tax free, to be used at your discretion.

Earn a \$75 wellness benefit for accident insurance each year by completing a routine wellness screening. Your insured spouse and children can receive \$75 too.

The table below highlights some of the key benefits covered under this plan. And the table at right gives an example of how the plan would pay out for a broken ankle.

Some Covered Services	Benefit Amount
Hospital Admission	\$1,550
Daily Hospital Confinement (up to 365 days)	\$275
Daily ICU Confinement (up to 15 days)	\$450
Burns	Up to \$20,000
Ambulance (ground/air)	\$400/\$2,000
Torn Knee Cartilage	\$900

For more information about any of these Voluntary Benefits, call VOYA at **877-236-7564** or go to voya.com.

Example: Broken Ankle	Example Benefit Amount
Emergency Room with X-Ray	\$315
Broken Ankle, Closed Reduction (no surgery)	\$2,250
Crutches	\$250
Physical Therapy (6 sessions)	\$360
Physician Follow-Up (per visit)	\$100
25% Benefit Enhancement up to \$1,000 per accident for using an ECU facility	\$756.25
Total Dollars Payable to You	\$4,031.25*

* This is an example only.

Receive a 25% bigger payout for accident insurance claims when you get care at an ECU Health facility. There's a \$1,000 maximum per covered accident.

Accident Insurance Plan	Biweekly Deduction
Single	\$3.44
+ Spouse*	\$6.00
+ Children*	\$7.13
+ Family*	\$9.68

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.



Critical Illness Insurance

There can be a lot of expenses associated with a critical illness, and a major medical plan may not cover them all. Critical illness coverage with Voya pays cash directly to you upon a diagnosis.

You have the option to select the tiered coverage amount of your choice, with no pre-existing condition limitations.

- ▶ Team members can elect up to \$30,000 of coverage on a guarantee issue basis.
- ▶ Spouse and child(ren) coverage is automatically included at 50% of the team member's benefit amount.
- ▶ A team member must elect coverage for themselves for dependents to receive coverage.

Receive a \$75 wellness benefit for critical illness insurance each year by completing a routine wellness screening. Your insured spouse and children can earn \$75 too.

Below is an example of how the Critical Illness Plan works:

Donna's life was turned upside down when she suffered a heart attack, which was followed by a stroke only a month later. Not only did she miss work, but so did her husband to help her during her recovery. Their income took a hit, and bills piled up. Donna had enrolled in Voya's Critical Illness Plan with a \$30,000 benefit amount per diagnosis. She received a total benefit payment of \$60,000 in her family's greatest time of need.

Example: Amount Paid to Donna	
Heart Attack	\$30,000
Stroke	\$30,000
Total Direct Benefit Payment to Donna	\$60,000*

* This is an example.

Hospital Indemnity Insurance

Hospital Indemnity Insurance with Voya provides financial assistance when you're admitted to the hospital, supplementing your current coverage. You can use the benefit for any out-of-pocket expenses and extra bills. Benefits are paid directly to you.

Receive a 50% bigger payout for hospital indemnity claims with no maximum when you get care at an ECU Health facility.

Covered Benefits	Benefit Amount
Hospital Admission Benefit	\$1,000
ICU Admission Benefit (pays in addition to Hospital Admission)	\$1,000
Daily Hospital Confinement (up to 30 days per confinement)	\$200
Daily ICU Confinement (up to 15 days per confinement)	\$400

Hospital Indemnity Plan	Biweekly Deduction
Single	\$11.38
+ Spouse*	\$19.65
+ Children*	\$19.31
+ Family*	\$27.58

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

Earn a \$75 wellness benefit for hospital indemnity insurance each year by completing a routine wellness screening. Your insured spouse and children can receive \$75 too.

Whole Life Insurance

Whole Life Insurance through UNUM provides you with a fixed death benefit and locks premiums in at the age you purchase coverage. You can add long-term care coverage to this plan as well.

Whole Life Insurance also builds cash value at a guaranteed rate of 4.5%. You can borrow from that cash value or buy a smaller, paid-up policy—with no added premium due.

This plan requires a special enrollment process outside Employee Self Service. Below is the link to the website with more information, as well as the phone number for the call center that can assist you with enrollment or answer any questions:

- ▶ unum.com/employees
- ▶ **800-635-5597**





Identity Theft

LifeLock helps provide you peace of mind with comprehensive identity theft protection. If a potential threat is detected, you're notified via email, text, phone or mobile app alerts. Should you become a victim of identity theft, LifeLock provides a dedicated restoration specialist to help restore your identity. For plan coverage details, go to allin.ECUHealth.org.

Biweekly Deduction	
Single	\$4.61
+ Family	\$8.76

For more information, call **800-607-9174** or go to lifelockbusinesssolutions.com/EmployeeBenefits/Benefitpremier.

Legal Insurance

You can protect yourself with Legal Insurance offered through ARAG. Your plan covers things like will preparation, traffic tickets and real estate property protection. Your ARAG Legal Plan also covers more complex legal issues, such as divorce and trusts. Talk to an attorney without worrying about the high hourly cost.

- ▶ The fee is paid in full if you use an in-network attorney.
- ▶ If an out-of-network attorney is used, their fee will be discounted through the plan.
- ▶ **Once enrolled, this plan cannot be dropped mid-year.**

ARAG Plan	Biweekly Deduction
Single/Family	\$9.12

For more information, call **800-247-4184** or go to ARAGlegal.com/myinfo. Access Code: **18778ecu**.

Tuition Assistance

At ECU Health, our vision is to be the national model for rural health and wellness by creating a premier, trusted health care delivery and education system. Continuous learning is fundamental to achieving this vision.

Offering tuition assistance is one way we support team members who want to continue their education through voluntary, off-the-job instruction.

Tuition Assistance per Calendar Year		
Degree	Full-Time Team Members	Part-Time Team Members
Associates	\$4,000	\$2,000
Bachelors	\$4,000	\$2,000
Graduate/Professional	\$5,000	\$2,500

Maximum tuition assistance is calculated based on the calendar year, not the academic year. End-of-year payments may be paid in the next calendar year and will count toward the maximum tuition assistance amounts allowable that calendar year. The date of the actual check determines the calendar year in which it is considered received. All tuition assistance payments are subject to available funds.

Colleges, universities and courses

The educational institution an eligible team member attends must be recognized by one of the Regional Accrediting Organizations. Degree and course work should relate to the team member's current position or some future position within the health system. Coursework should be advancing the team member toward a degree (Associates/Bachelors/Masters/Doctorate). Grades of a C or above are eligible for tuition assistance.

Getting started

For a complete list of eligibility requirements, provider responsibilities and information regarding the application process, please review the Tuition Assistance Policy. Then, if you're ready to study at an accredited two- or four-year college or university, contact ECU Health HR Services to assure the degree, major and coursework are eligible for tuition assistance.

For more information, contact HR Services at **252-816-7446**. Or you can access the Tuition Reimbursement policy on PolicyStat.

Note: At completion of the course(s), team members must still meet all eligibility standards to receive payment.

Adoption Assistance

Team members can receive up to \$2,500 per child (with a maximum of \$5,000 in a fiscal year) of financial assistance to reimburse eligible expenses associated with the adoption of a child. Eligible expenses include legal and court fees, temporary foster care charges, travel expenses associated with the adoption, counseling, placement and agency fees.

For more eligibility information and to get your questions answered, please visit AskPhin.com.

Paying for Coverage

When you enroll in a benefit that requires you make contributions (like FSAs and HSAs), your share is deducted from your paycheck on a before-tax basis. The funds are taken out of your pay before the following taxes have been deducted:

- ▶ Federal income taxes
- ▶ State income taxes
- ▶ Social Security taxes

This means your current taxable income is lower, and you pay less in taxes.

Who pays for benefits before and after taxes

ECU Health

- ▶ Life Insurance—Basic
- ▶ Life Insurance—AD&D
- ▶ Employee Assistance Program (EAP)
- ▶ Adoption Assistance
- ▶ Tuition Assistance

ECU Health and You (before tax)

- ▶ Medical and Prescription Drug Coverage*
- ▶ Dental Coverage*
- ▶ Health Savings Account (HSA)**
- ▶ Retirement Savings Plans including 401(k) and 403(b) Plans***

You (before tax)

- ▶ Vision Coverage*
- ▶ Flexible Spending Accounts (Health Care and Dependent Care)

You (after tax)

- ▶ Life Insurance—Optional
- ▶ Life Insurance—Optional AD&D
- ▶ Life Insurance—Spouse
- ▶ Life Insurance—Child
- ▶ Long-term Disability (LTD)
- ▶ Accident Insurance
- ▶ Critical Illness Insurance
- ▶ Hospital Indemnity Insurance
- ▶ Whole Life Insurance
- ▶ Identify Theft
- ▶ Legal Insurance
- ▶ Individual Disability Insurance (IDI)
- ▶ Short-term Disability (STD)

* IRS-imputed guidelines may apply.

** Shared only when contributions are through ECU Health payroll deductions.

*** Uses both before-tax and after-tax contributions

Enroll online

To enroll in benefits, go to Employee Self Service (myhr.ECUHealth.org). Enter your ECU Health User ID (Provider ID number) and password. Choose the Benefits Details tile and then select the Benefits Enrollment tile to start electing your benefits.

- ▶ Double check that your benefit selections are correct for 2024.
- ▶ Be sure to update your address and designate your beneficiaries.

Enrollment is easy and just a click away

Below are a few reminders and hints to help you through the process:

- ▶ If you do not take action and enroll, your benefit elections from 2023 will rollover into 2024, except your HSA elections, Healthcare FSA and Dependent Daycare FSA elections. Don't want benefits? You still need to log in and assign beneficiaries when prompted, as well as decline coverage.
- ▶ New hires must enroll within 30 days of their start date. Newly benefit-eligible team members must enroll within 30 days of the date they become benefit eligible. Keep in mind that once benefit elections have been submitted, changes to selections cannot be made until the next annual enrollment period, with the exception of qualifying life events.
- ▶ Once you are ready to enroll, you will need:
 - ▷ ECU Health User ID (Provider ID number) and password
 - ▷ Social Security numbers and dates of birth for any covered dependents
 - ▷ Beneficiary information, such as names, dates of birth, addresses and Social Security numbers
- ▶ Your selections are complete once you click the "Submit" button.



All In Benefits Extras

ECU Health offers additional benefits for team members, including:

NC 529 Plan (NC College Savings Plan)

An easy way to build a college fund over time

You can enroll at any time in the NC 529 Plan through College Foundation of North Carolina (CFNC). The 529 Plan is a tax-advantaged program that helps you save money for education for yourself, a child or grandchild. Your investment grows on a tax-deferred basis and can be withdrawn tax-free if the money is used to pay for qualified higher education expenses. When you sign up and determine a per-paycheck amount, ECU Health makes it easy by providing automatic payroll contributions to your 529 Plan.

For more information, contact College Foundation of North Carolina at **866-866-2362** or go to **cfnc.org**.

BenePlace – Team member discounts

Thousands of ways to save

BenePlace is your place. You have access to 30,000+ national and local discounts in over 20 different categories ranging from electronics, home appliances, food and groceries, car buying, travel and fitness – to name a few.

To find additional details about these benefits, visit **auth.savings.beneplace.com/ecuhealth/sign-in**.

Vacation cash-out benefit

ECU Health offers physicians the opportunity to exchange up to 80 hours of eligible vacation time for cash each year. You can receive 100% of your compensation rate in cash.

Things to consider before you exchange vacation hours:

- ▶ You must have a minimum balance of 40 hours before you can cash out.
- ▶ Vacation time above the 400-hour maximum that isn't used, banked, donated or cashed out by the final pay period of 2024 is automatically forfeited.
- ▶ You can exchange up to 80 vacation hours per calendar year.
- ▶ Check your vacation balance in Employee Self Service.

To cash out vacation hours at a 100% value, you must elect the hours you plan to exchange during the opt-in period each fall. Decide how many hours you want to exchange, taking into account your current and projected vacation balance. Then opt in to make your election.

You can elect to exchange up to 80 vacation hours any time. However, you will only receive 90% of your hourly compensation. For additional information, go to AskPhin.

Benefits Contacts

Got a question about benefits?

- ▶ For detailed plans and additional resources, go to the **All In** website at **allin.ECUHealth.org**
- ▶ Ask a question at **AskPhin.com** or call **252-816-PHIN (7446)**.

Use the chart below for contact information for each of the benefits offered in this guide.

Benefit	Provider	Phone #	Website	Services
Critical Illness, Accident, or Hospital Indemnity Insurance	VOYA	877-236-7564	voya.com/claims	Claims for unexpected, serious illness or qualifying accident
Dental Plan	Delta Dental	800-662-8856	DeltaDentalNC.com	Dental claims, provider networks, ID card
Dependent Eligibility Vendor	Alight	800-725-5810	yourdependentverification.com/plan-smart-info/	Verification of dependent eligibility
Disability—Short- and Long-term	Reliance Matrix	877-202-0055	matrixabsence.com	Disability claims and covered benefits
Discount Page	BenePlace	800-683-2886	beneplace.com/vidanthealth	Discounts for a variety of merchants
ECU Health Employee Pharmacy	ECU Health	252-846-4311	https://myvidant.org/teamcentral/wellness/Pages/EmployeePharmacy.aspx	Discounted prescription refills and OTC medicines
Employee Assistance Program (EAP)	ECU Health	877-843-7207 or 252-847-4357	myvidant.org/teamcentral/wellness/pages/employeeassistance.aspx	Counseling services, behavioral health, legal advice and substance abuse assistance resources
Flexible Spending Accounts (FSA) – Healthcare and Dependent Daycare	WEX	866-451-3399	wexinc.com	Flexible spending claims and covered expenses
Health Savings Account (HSA)	WEX	866-451-3399	wexinc.com	HSA claims and covered expenses
ID Theft Protection	Norton LifeLock	800-607-9174 9 a.m. - 7 p.m. EST	lifelockbusinesssolutions.com/EmployeeBenefits/Benefitpremier	LifeLock identity theft protection services, claims
Legal Services	ARAG	800-247-4184 Monday-Friday 8 a.m. - 8 p.m. EST	ARAGlegal.com/myinfo Access Code: 18778vh	Will preparation, traffic tickets, real estate property protection, divorce, trusts and other legal services
Life Insurance	Reliance Matrix	877-202-0055	matrixabsence.com	Life claims and covered benefits



This benefits guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.