CAMC Health System

2023 Benefit Enrollment Guide

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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 2023 benefits. If you have questions, your benefits department and HR departments are here to help.

See **page 44** for important information concerning Medicare Part D coverage.

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.

Welcome

Benefits designed for you and your family

CAMC Health System is pleased to provide our employees with one of the most comprehensive benefit packages available today. We recognize the importance of providing comprehensive benefits and consider them to be a major part of your total compensation package. Our program includes medical, vision, dental, employee, spouse, and child term life, accidental death and dismemberment, short-term disability, long-term disability, retirement planning, health care spending account, dependent care spending account and health savings account.

The Benefit Enrollment Guide is an overview of the summary of benefits for each benefit option in which you may enroll. It serves as a handy reference for you and your family, enabling you to receive the most from your benefit plans throughout the year. Whenever you have questions about your benefits, this packet is a good place to start.

If there is any difference between this booklet and the official plan documents, the latter will govern.

Lawson Self Service (LSS) employee portal

LSS is an employee portal to our human resources system that allows individuals to access various personal information. You can view and print your own paycheck information. You can make tax-withholding changes, add emergency contacts, change direct deposit set up, and view and change employee benefits during annual enrollment. All new employees will be shown how to access the system during new employee orientation.

Eligibility

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

Eligibility for benefits is determined by employment status as outlined in the chart below:

STATUS	HOURS PER PAY	BENEFIT ELIGIBILITY
Full Time 01, 21, 31, 61	80	Eligible for all benefits
Prorata 09, 39	72	
Prorata 08, 38	64	
Prorata 07, 37	56	
Prorata 06, 36	48	Not eligible for medical insurance or health flexible spending account. Eligible for all other benefits.
Prorata 05, 35	40	
Special Part Time 10	Less than 20	Only eligible for retirement 401K Plan
Regular Casual 12	Less than 20	
Per Diem 11	Contract Employee	Not eligible for any benefits

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).
- 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).

Dependent Eligibility Verification

CAMC requires proof of dependent eligibility prior to entry of dependent information into Lawson as an active dependent. You will need to provide the following documents at new hire orientation or to Human Resources within 30 days of hire or becoming benefit eligible.

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 West Virginia Vital Registration Office, Health Statistics Center, at 350 Capitol St., Charleston, WV 25301. You may also purchase records online at wvdhhr.org/bph/hsc. Call the Health Statistics Center directly at (304) 558-2931.

Please contact the human resources or benefits office for dependent eligibility verification options if you are unable to provide the documents listed above.

Please note: you will not be permitted to enroll dependents in your benefits until their eligibility is confirmed.

*CAMC and its medical service providers reserve the right to audit dependent eligibility. If you provide false information or documents that do not provide credible support as verification of dependent eligibility, then your dependents' benefit claims may be denied, coverage will be terminated retroactively, and premiums will not be refunded. In addition, if you provide false information when enrolling or verifying your dependents, you may also be subject to disciplinary action – up to and including termination.

Important Dates

You Have 30 Days to Elect Benefits.

Enrollment Period

The initial enrollment period for a newly benefit eligible employee is 30 days from your date of hire or notification for current employees becoming benefit eligible. If you do not make your elections during this time period, you will have to wait for the annual enrollment period, unless you experience a change in family circumstance.

If you do not elect your benefits within 30 days, you will only be enrolled in the employee group term life plan and the retirement savings plan. After this date, benefits can only be changed at annual enrollment in October with changes effective January 1 of the next year or mid-year due to a qualifying event with proper documentation and timely notification.

Benefit Effective Date

Most benefits go into effect the first of the month following 30 days of employment with benefit premiums starting the first pay of that month. The effective date of your benefits will appear on your confirmation sheet once you make your benefit elections in Lawson Self Serve. Make sure to keep your confirmation sheet for future reference.

Benefit Initial Enrollment Effective Date

BENEFIT	INITIAL ENROLLMENT EFFECTIVE DATE
Medical	First of the month following 30 days of employment in a benefit eligible status
Vision	
Dental	
Short Term Disability	
Health Savings Account	
Employee Supplemental Life	
Spouse Term Life	
Child Term Life	
Long Term Disability	
Retirement Savings 401K Plan	Automatic enrollment at 4% effective first pay
Flexible Spending Account	Only available to elect annual enrollment in October with benefit starting next plan year
Purchased Paid Time Off	

Qualifying Event Enrollment

You may change your elections for pre-tax benefits during the annual enrollment period, for the upcoming plan year. Generally, you cannot change your election to participate in the pre-tax premium payment option or vary the pre-tax premium you have selected during the plan year.

The IRS does allow certain exceptions to this rule. These exceptions are commonly referred to as a change in family circumstance or qualifying event. If you experience a qualifying event during the plan year, you may be entitled to a special enrollment period.

Under HIPAA Special Enrollment and IRS Section 125 rules, employees and/or dependents may make benefit changes due to the following qualifying events:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- A child reaching an age or situation that removes the dependent status
- Death of an eligible dependent
- Loss or gain of eligibility for benefits of participant, spouse or child.
- When employer contributions toward employee's or dependent's coverage terminates
- An employee or dependent becoming entitled to coverage or losing coverage under Part A or Part B Medicare or Medicaid
- Loss or gain of eligibility for a state Children's Health Insurance Program (CHIP) or Medicaid
- An election made under another employer's plan with a period of coverage that is different from CAMC.

Below are a few examples of changes that you may make as a result of a qualifying event:

- Adding or dropping a benefit
- Changing coverage levels (i.e. from single coverage to family coverage)
- Adding or removing a dependent (regardless of whether it results in a change in coverage level)

Notification requirements

In order to qualify for special enrollment, you must notify the HR office and complete the appropriate forms within 60 days of the qualifying event. In addition, you will be required to present proper documentation of the qualifying event and documentation to verify eligibility of any dependents added to your coverage. If notification is not made within the 60-day timeframe, you will not be permitted to make changes to your benefits until the annual enrollment period or until you experience another qualifying event.

Qualifying event forms

Check out the qualifying events page on CAMnet. You will find a link to each type of qualifying event. Each link provides information regarding time frames, required documentation and the forms that must be completed to make the changes.

From CAMnet click on

- MyCAMC
- Employee benefits
- Qualifying events (on the right side)

Qualifying event effective date

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.

Important COBRA information

If your covered spouse or dependent child ceases to be eligible for coverage under a CAMC group health plan as a result of a divorce or the dependent child ceasing to be a dependent child, either you, your former spouse, or the child must notify HR of the event. Failure to do so in a timely manner (60 days from the later of the date of the COBRA qualifying event or the date the beneficiary would otherwise lose coverage) will result in forfeiture of their COBRA rights.

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 2023 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
BI-WEEKLY PREMIUM		
EMPLOYEE ONLY	$83.00	$39.00
EMPLOYEE + SPOUSE	$261.00	$126.50
EMPLOYEE + CHILD(REN)	$178.00	$88.00
EMPLOYEE + FAMILY	$292.00	$141.50

How to Find a Provider

Visit Camnet, Employee Benefits, Medical plan to find a CAMC employed physician or call Customer Service at 877-770-6991 for a current list of Highmark network providers.

Tier 1 Providers

CAMC Health System:
Visit CAMC.org and click FIND a Doctor. Look for the checkmark indicating CAMC employed.

Mon Health System:
Visit the virtual benefit journey page/benefit page for a list of providers.

Greenbrier Valley Medical Center:
Visit the virtual benefit journey page/benefit page for a list of providers.

Tier 2 Providers

Highmark Tier Provider:

Visit Highmark's website www.highmarkbcbswv.com or call customer services at 877-770-6991.

Thoughts & Tips:

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

Medical Benefits

Medical Plan Summary

This chart summarizes the 2023 medical coverage provided by Highmark. All covered services are subject to medical necessity as determined by the plan.

	PPO		SINGLE HDHP		FAMILY HDHP	
DEDUCTIBLE						
	Tier 1 CAMC/Vandalia Health	Tier 2 HIGHMARK	Tier 1 CAMC/Vandalia Health	Tier 2 HIGHMARK	Tier 1 CAMC/Vandalia Health	Tier 2 HIGHMARK
INDIVIDUAL	$200	$600	$1,500	$3,000	$3,000	$3,600
FAMILY	$600	$1,800			$6.000	$7,200
OUT-OF-POCKET MAXIMUM						
INDIVIDUAL	$8,150	$8,150	$6,900	$6,900	$6,900	$6,900
FAMILY	$16,300	$16,300			$13,800	$13,800
COINSURANCE (Plan Pays)						
	90%	60%/70%/80% Varies based on Service	90%*	60%/70%/80% Varies based on Service*	90%*	60%/70%/80% Varies based on Service*
OFFICE VISIT COPAY						
PCP	$0	$20	$0*	$20*	$0*	$20*
SPECIALIST	$0	$40	$0*	$40*	$0*	$40*

*After Deductible

The Spouse Eligibility Rule

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.

If you have a completed spouse health coverage verification form, you may upload the form to your onboarding task in employee space in Lawson Serve or you may fax or email this form to the benefits department. Fax 304-388-3719 or email: benefits@camc.org

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 the benefit department's receipt of the required documents for program completion.

For additional information on the tobacco cession 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 (Appalchain 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	WVU Facilities and Providers
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)
Ruby Memorial Hospital, Morgantown, WV	Improve Physical Therapy and Hand Center

An excluded facility means that the medical plan does not cover a service performed at one of these facilities. If there is a service that CAMC/Vandalia System does not offer, an exception request can be completed and reviewed for approval to pay under the plan. Please note the approval of an exception requests allows the service to be paid under the plan in the tier 2 Highmark Tier. Service 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

Deductible

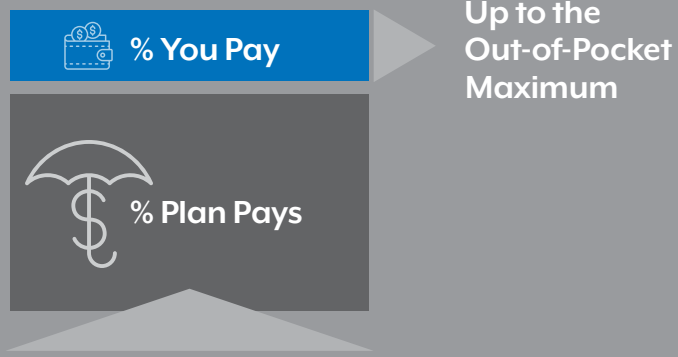
The amount you must pay for covered services before your insurance starts paying its portion.

Copay

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

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 think you may be 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 medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.

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

DO YOUR HOMEWORK

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

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 broken bones (e.g., finger)
- Minor infections
- 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
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- 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.

*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.)
- $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

To schedule an appointment (no walk-ins please), call (304) 388-2130 between 8 a.m. and 4:30 p.m.

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

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
1204 Hospital Drive
Hurricane, WV 25526
(304) 757-1031

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

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

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**.

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

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
MAIL ORDER	90-day supplies only. Shipping cost may apply.
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

Open seven days a week
8am to 6pm
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

8am to 4:30pm
Monday through Friday
(304) 388-2520

CAMC Cancer Center Pharmacy

8am to 4:30 pm
Monday through Thursday

8am-4pm on 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.

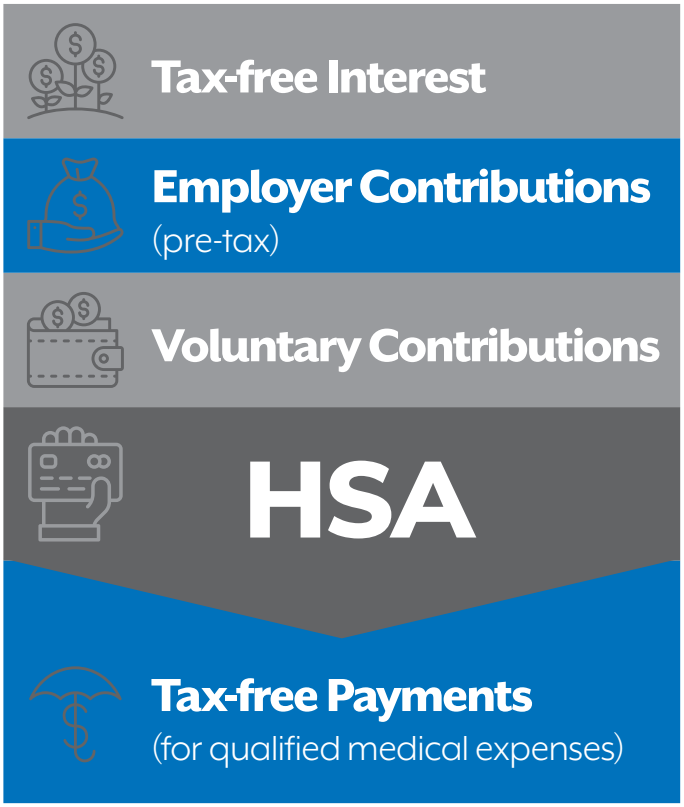
Navia Benefit Solutions will issue you a debit card, giving you direct access to your account balance. Use your debit card to pay for qualified medical expenses, with no need to submit receipts for reimbursement. You must have a balance in your HSA account to use the card.

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

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. Navia 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 Navia. **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 2023, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$3,850
FAMILY	$7,750
CATCH -UP CONTRIBUTION (AGES 55+)	$1,000

If you elect to contribute to an HSA account, CAMC will provide an HSA employer contribution; however, this is only done during annual enrollment.

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.

Thoughts & Tips: **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.**

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. This benefit can only be elected during annual enrollment to be effective January 1st of the next plan year.

Healthcare Flexible Spending Account

You can contribute up to $2,850 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 reimbursment 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 $2,850.

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.

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 Navia with reimbursement questions. If you need to submit a receipt, you will be notified by Navia. 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 2023 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 $570 may be rolled over to the next plan year at the end of 2023 for Healthcare FSAs.

Deadlines

- You have until March 31 to submit receipts incurred in the previous calendar year.
- For 2023 expenses, if you do not provide proper documentation as requested to Navia Benefit Solutions by March 31, 2024, the amount will be added to your pay as taxable wages on your check in June 2024.
- 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 with in 60 days of termination or change to 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.

Thoughts & Tips: **Reimbursemnt of manual claims are available through direct deposit.**

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 VSP (Vision Services Plan).

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 2023 vision coverage provided by VSP.

	EYEMED	
BI-WEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	$1.77	
EMPLOYEE + SPOUSE	$3.61	
EMPLOYEE + CHILD(REN)	$3.79	
EMPLOYEE + FAMILY	$6.01	
	IN-NETWORK	**FREQUENCY**
EXAMS		
COPAY	$10	Once Every Calendar Year
LENSES		
SINGLE VISION, LINED BIFOCAL, AND TRIFOCAL LENSES	Included in Prescription glasses	Once Every Calendar Year (cannot be used same year as contacts)
PROGRESSIVE LENSES	$0 copay	
ANTI-REFLECTIVE COATING	$0 copay	
SCRATCH-RESISTANT COATING	$0 copay	
CONTACTS		
FITTING AND EVALUATION**	Pays up to $60	Once Every Calendar Year (cannot be used same year as lenses)
ELECTIVE CONTACTS	Pays up to $150	
FRAMES		
COPAY	Pay $0 copay	Once Every Two Calendar Years
ALLOWANCE	Pays up to $150	

Thoughts & Tips: Find an VSP provider by going to www.vsp.com. CAMC's plan is in the VSP Choice Network.

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.

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 2023 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**	NON-PPO DENTISTS**
ADDITIONAL BENEFITS AND COVERED SERVICES*			
IMPLANT BENEFITS***	50%	0%	0%
IMPLANT MAXIMUM	$1,000 per person per contract year	N/A	N/A
IMPACTIONS AND EXTRACTION OF WISDOM TEETH	80%	60%	0%

Disability Insurance

Maintaining your quality of life counts on your income. CAMC Health System offers disability coverage through New York Life 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

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.

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 and will not be paid retroactively. 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. 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:

	STD PTO OR USB SUPPLEMENT CALCULATION		
STATUS	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 NY Life at 1-888-842-4462 or by visiting myNYLGBS.com. 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

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

Term Life Insurance

Term Life and AD&D benefits are an important part of your family's financial security. The basic benefits 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 Supplemental Life and AD&D insurance.

BASIC EMPLOYEE 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	For any election above $450,000 require an evidence of insurability (EOI)
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 Life coverage or $50,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For any election of $50,000 require an EOI.
CHILD TERM LIFE	
COVERAGE AMOUNT	$0.30 (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 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%

Term Life Insurance

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 = _____
(1, 2, 3 or 4) (next 1,000) Biweekly Premium

Evidence of Insurability

If you elect employee term life by more than $450,000 or spouse term life of $50,000, an EOI must be completed through NY Life. Please visit the Employee Benefits page for more information regarding completing an EOI.

Once completed, NY Life will determine if your elected coverage is approved.

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. 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.

Thoughts & Tips: **Upon reaching age 70, your employee life insurance coverage will decrease by 50% of your elected amount.**

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 #: RO183806

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.

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.)**
- 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

Accident Insurance

Group #: RO183806

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

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 and click Contribution Amounts under quick links or call 1-800-343-0860.

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, 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 (**$22,500 for 2023**) you may make an additional "catch-up" contribution (**$7,500 for 2023**). 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℠ (iPod touch®/ iPhone® and iPad®), Google Play™ Store or browse 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

Safe Harbor Notice

2023 Plan Year

Safe Harbor Matching Contribution and Automatic Deferral Notice

CAMC Health System Basic Retirement Plan November 1, 2022

If you are an eligible Participant in the CAMC Health System Basic Retirement Plan (the "Plan"), you may make contributions (called "Salary Deferrals") directly from your paycheck into the Plan. The ability to make Salary Deferrals provides you with an easy method to save for retirement on a tax-deferred basis. If you make Salary Deferrals to the Plan, you generally will not be taxed on those deferrals or on any earnings on those contributions until you withdraw those amounts from the Plan.

If you have any questions regarding your eligibility to make Salary Deferrals under the Plan or any other questions regarding the Plan that are not addressed in this Notice, please review your Summary Plan Description. For example, Article 5 of the Summary Plan Description contains a discussion of the eligibility conditions applicable to Salary Deferrals and the safe harbor contributions. In addition, from time to time we may make changes to the Plan and/or Summary Plan Description, which are described in a Summary of Material Modifications supplementing the Summary Plan Description. Any reference to the Summary Plan Description in this Notice includes any Summary of Material Modifications we may have issued with respect to the Plan. If you do not have a copy of the Summary Plan Description or any Summary of Material Modifications, if applicable, please contact the Plan Administrator named below.

Safe Harbor Matching Contribution

For the Plan Year beginning January 1, 2023, if you make Salary Deferrals into the Plan, you will receive a special safe harbor matching contribution ("safe harbor contribution") under the Plan, provided you satisfy any eligibility conditions for such contribution. This Notice provides important information about the safe harbor contribution as well as other information regarding:

- your right to make Salary Deferrals under the Plan;
- when you can change your Salary Deferral election;
- how your Plan account will be invested;
- the eligibility conditions for receiving the special safe harbor contribution;
- whether there are any other contributions available under the Plan; and
- other valuable information about your retirement benefits under the Plan.

Notwithstanding any language in this Notice to the contrary, we reserve the right to amend the Plan at any time during the Plan Year to reduce or suspend the safe harbor contribution. If we decide to reduce or suspend the safe harbor contribution, we will provide you with a supplemental notice at least 30 days prior to the effective date of such reduction or suspension describing the consequences of the amendment. Any amendment to reduce or suspend safe harbor contributions will not affect any contributions earned prior to the effective date of such amendment.

For a full discussion of your benefits under the Plan, please review your Summary Plan Description.

Procedures for making Salary Deferrals under the Plan -- Automatic Deferral Feature for Newly Eligible Participants. The Plan has an automatic deferral feature. Under this automatic deferral feature, an employee who becomes eligible to participate in the Plan during 2023 will be automatically enrolled in the Plan. If you become eligible to participate in the Plan during 2023 and if you do not make an affirmative election specifying the percentage (including a 0% election) of your pay that you want withheld from your paycheck and contributed to the Plan, we will automatically withhold 4% of your pay from your paycheck each pay period and deposit that amount into the Plan in your name as a Salary Deferral. This is called your **automatic contribution rate.** If you wish to defer a greater or lesser amount (including no deferral), you must affirmatively elect to defer a different amount. If you have any questions about how to change your automatic contribution rate, you should contact the Plan Administrator.

Application of automatic deferral feature. The current automatic deferral feature under the Plan applies to all employees who become eligible to participate in the Plan during 2023. In addition, a Participant who was previously automatically enrolled at the 4% automatic contribution rate and who has not made an affirmative Salary Deferral election since being automatically enrolled will continue to have automatic contributions equal to 4% of pay withheld from his paycheck and contributed to the Plan until the Participant makes an affirmative election of a different contribution amount (including an election not to defer).

Special withdrawal rule. If amounts are automatically withheld from your paycheck, you may withdraw those amounts within 90 days after the first amounts are withheld from your pay, regardless of any other withdrawal restrictions under the Plan. If you withdraw automatic deferrals under this special withdrawal rule, you will lose any matching contributions associated with those deferrals. Such withdrawal also will not be subject to the 10% penalty for early withdrawal. If you withdraw the automatic deferrals, no additional deferrals will be withheld from your paycheck unless you enter into a subsequent election to defer into the Plan.

Taxation of Salary Deferrals. The amount that you defer into the Plan reduces your taxable income, meaning you do not pay income taxes on those amounts until you withdraw your deferrals from the Plan. Any gains or earnings made from the investment of these contributions within the Plan are also not subject to income tax until they are withdrawn from the Plan.

Change in deferral amount. You may increase or decrease the amount of your current Salary Deferrals or stop making Salary Deferrals altogether, as of any designated election date. For this purpose, the designated election date(s) for changing or modifying your Salary Deferrals will be set forth in the Salary Deferral election or other written procedures describing the time period for changing Salary Deferral elections. However, regardless of the Plan's normal deferral procedures, you will have a reasonable time after receipt of this notice and before the first amount is withheld from your paycheck under the automatic deferral feature to modify the automatic contribution rate. In addition, unless provided otherwise under the Plan, you may revoke an existing deferral election at any time. Any change you make to your Salary Deferrals will become effective as of the next designated election date, and will remain in effect until modified or canceled during a subsequent election period.

Amount of safe harbor matching contribution. The safe harbor matching contribution will be a 100% (dollar-for-dollar) matching contribution on your Salary Deferrals up to 3% of compensation plus a 50% matching contribution on any additional Salary Deferrals that exceed 3% of compensation but do not exceed 5% of compensation. The safe harbor matching contribution is calculated on a Plan Year basis, taking into account Salary Deferrals you make during the Plan Year and your eligible compensation for the Plan Year.

> **Example.** You earn $30,000 of compensation and you defer $1,800 (6% of compensation) into the Plan. If you satisfy the conditions for receiving the safe harbor matching contribution, you will receive a safe harbor matching contribution equal to $1,200. This is calculated based on a 100% match on the first $900 (3% of compensation) deferred into the plan plus a 50% match on $600 of deferrals (the deferrals above 3% up to 5% of compensation) for an additional match of $300, giving a total matching contribution of $1,200.

Eligibility for safe harbor contribution. You are eligible to receive a safe harbor contribution under the Plan if you satisfy the following requirements:

- **Eligible Employee.** The same eligibility requirements that apply for Salary Deferrals also apply for safe harbor contributions. See the Summary Plan Description for a description of the Eligible Employees who may make Salary Deferrals under the Plan.
- **Minimum service requirement.** To be eligible to receive a safe harbor contribution, you must satisfy the following minimum service requirements: One Year of Service using Anniversary Year Eligibility Computation Period.
- **Minimum age requirement.** No minimum age conditions apply for purposes of determining eligibility for safe harbor contributions.
- **Entry Date.** Upon satisfaction of the minimum age and service conditions, you will be eligible to enter the Plan on the first Entry Date following your satisfaction of the minimum age and service conditions. For this purpose, the Entry Date is immediate upon satisfaction of the eligibility conditions.

Compensation. In determining the amount of the safe harbor contribution, your compensation must be considered. The Plan defines the types of compensation and the period for which compensation is taken into account for this purpose. Under the Plan, no compensation may be taken into account to the extent such compensation exceeds the compensation limit described under the Internal Revenue Code. See the Summary Plan Description for an explanation of the types of compensation that will be included for purposes of calculating the safe harbor contribution, including the maximum amount of compensation that may be taken into account in determining the contributions under the Plan.

Other contributions. The safe harbor contribution is in addition to any Salary Deferrals you make to the Plan.

Vesting of contributions. You are always 100% vested in the safe harbor contribution and any Salary Deferrals you make to the Plan. This means that you have an immediate ownership right to such contributions and you will not lose that right if you should terminate from employment. However, see below for restrictions on your ability to withdraw these amounts from the Plan

Withdrawal restrictions. Generally, you may withdraw amounts held on your behalf under the Plan upon death, disability or termination of employment. In addition, the following withdrawal options apply while you are still employed.

- **All contributions.** You may withdraw all or any portion of your accounts under the Plan in which you are 100% vested after you have reached age 59½.
- **Salary Deferrals.** You may withdraw amounts attributable to Salary Deferrals from the Plan while you are still employed under the following circumstances:
  - You suffer a hardship (as defined in the Plan). See the Summary Plan Description for a list of permissible hardship events.
- **Safe harbor contributions.** Safe harbor contributions are generally eligible for distribution at the same time as Salary Deferrals. However, you may not take a withdrawal of your safe harbor contributions on account of a hardship.

Plan investments. The amounts contributed to the Plan on your behalf will be invested in accordance with the Plan's investment procedures. Any earnings on the investment of your contributions under the Plan will be allocated to your Plan account.

The Plan allows you to direct the investment of your Plan account within the available investment options under the Plan. If you do not elect to invest your Plan account, such amounts will automatically be invested in the Plan's default investment fund. Even if your Plan account is invested in the Plan's default investment fund, you have the continuing right to change your default investment and elect to have your Plan account invested in any other available investment options under the Plan. For more information regarding the Plan's default investment fund, see the Qualified Default Investment Notice which will be provided to you by the Plan Administrator.

To learn more about the available investments under the Plan, you may contact the Plan Administrator.

Additional information. Please refer to the Summary Plan Description for additional information regarding Plan contributions, withdrawal restrictions, and other Plan features. You also may contact the Plan Administrator for more information. The following is the name, address and phone number of the Plan Administrator.

CAMC Health System, Inc.
PO Box 1547
Charleston, West Virginia 25326
(304) 388-6262

CAMC Health System Basic Retirement Plan
Default Fund Notification

Dear Plan Participant:

Under the CAMC Health System Basic Retirement Plan (the "Plan"), any contributions for which you do not provide investment direction will be invested in the Plan's designated default investment option.

The flexPATH Index+ Moderate Fund I1 will become the Plan's designated default investment option effective **October 4, 2019**. Fund descriptions are provided below.

You have the right under the Plan to direct the investment of your existing balances, which includes contributions and any earnings on those contributions, and your future contributions to any of the Plan's available investment options. In the event that you have not made an investment election, or the Plan Sponsor has not provided direction for a given contribution, it will be invested into the Plan's designated default investment option, the flexPATH Index+ Moderate Fund I1. If your contributions are initially invested in the designated default investment option, you have the right to transfer out of the designated default investment option to another investment option.

To obtain information about other Plan investment options, please log on to NetBenefits® at www.netbenefits.com/CAMC or call 800-343-0860 to speak to a representative. You may also make changes to your investment elections for future contributions and/or exchange all or a portion of your existing balance into other options available under the Plan via NetBenefits or by phone. We encourage you to review your investment mix and deferral percentage and update as appropriate.

The flexPATH Index+ Moderate Fund I1, used as the Plan's designated default investment option, are based on the assumption that the participant will retire at age 65. Please use the chart below, decided by your Plan Sponsor, to determine into which flexPATH Index+ Moderate Fund I1 your future contributions will be directed, based on your date of birth at Fidelity Investments.

Date of Birth	Fund Name	Retirement Date Range	Expense Information
1954 and before or missing/invalid date of birth	flexPATH Index+ Moderate Retirement Fund I1	2019 and before	0.318%
1955–1964	flexPATH Index+ Moderate 2025 Fund I1	2020–2029	0.332%
1965–1974	flexPATH Index+ Moderate 2035 Fund I1	2030–2039	0.350%
1975–1984	flexPATH Index+ Moderate 2045 Fund I1	2040–2049	0.365%
1985 and later	flexPATH Index+ Moderate 2055 Fund I1	2050 and later	0.369%

Expense information as of August 19, 2019.

Date of birth ranges were selected by your Plan Sponsor.

flexPATH Index+ Moderate Retirement Fund I1
Ticker: N/A
Gross Expense Ratio: 0.318% as of 04/30/2019
Objective: The objective of the flexPATH Index+ Moderate Series of Funds is to provide long-term investors with an asset allocation strategy designed to maximize their retirement savings consistent with the risk that investors with a moderate risk tolerance may be willing to accept given their investment time horizon.
Strategy: The flexPath funds ("Funds") seek to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk level and projected retirement date associated to each fund. To pursue its investment objective, the Fund is designed to be a comprehensive investment option and is diversified across a variety of asset classes that may include, but is not limited to, domestic equity, international equity, global real estate (REITs), commodities, intermediate-term bond, and inflation-protected bond (U.S. TIPS). The Fund uses a combination of passively and actively managed sub-advised strategies to gain exposure to various market capitalizations and asset classes.
Risk: The fund is subject to the volatility of the financial markets, including that of equity and fixed income investments. Fixed income investments carry issuer default and credit risk, inflation risk, and interest rate risk. (As interest rates rise, bond prices usually fall, and vice versa. This effect is usually more pronounced for longer-term securities.) Principal invested is not guaranteed at any time, including at or after retirement. Additional risk information for this product may be found in the prospectus or other product materials, if available.
Short-term redemption fee: None
Who may want to invest:

- Someone who is seeking an investment option intended for people in retirement and who is willing to accept the volatility of diversified investments in the market.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option and looking primarily for the potential for income and, secondarily, for share-price appreciation.

The investment option is a collective investment trust. The underlying manager selection is provided by NFP Retirement (NFP). The glidepath is constructed by BlackRock. Fiduciary services are provided by Wilmington Trust Retirement and Institutional Services Company (WTRIS). The description is only intended to provide a brief overview of the fund.
This investment option is not a mutual fund.

flexPATH Index+ Moderate 2025 Fund I1
Ticker: N/A
Gross Expense Ratio: 0.332% as of 04/30/2019
Objective: The objective of the flexPATH Index+ Moderate Series of Funds is to provide long-term investors with an asset allocation strategy designed to maximize their retirement savings consistent with the risk that investors with a moderate risk tolerance may be willing to accept given their investment time horizon.
Strategy: The flexPath funds ("Funds") seek to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk level and projected retirement date associated to each fund. To pursue its investment objective, the Fund is designed to be a comprehensive investment option and is diversified across a variety of asset classes that may include, but is not limited to, domestic equity, international equity, global real estate (REITs), commodities, intermediate-term bond, and inflation-protected bond (U.S. TIPS). The Fund uses a combination of passively and actively managed sub-advised strategies to gain exposure to various market capitalizations and asset classes.
Risk: The target date funds are designed for investors expecting to retire around the year indicated in each fund's name. The funds are managed to gradually become more conservative over time as they approach their target date. The investment risk of each target date fund changes over time as its asset allocation changes. They are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, and foreign securities. Principal invested is not guaranteed at any time, including at or after their target dates. Additional risk information for this product may be found in the prospectus or other product materials, if available.
Short-term redemption fee: None
Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

The investment option is a collective investment trust. The underlying manager selection is provided by NFP Retirement (NFP). The glidepath is constructed by BlackRock. Fiduciary services are provided by Wilmington Trust Retirement and Institutional Services Company (WTRIS). The description is only intended to provide a brief overview of the fund.
This investment option is not a mutual fund.

flexPATH Index+ Moderate 2035 Fund I1
Ticker: N/A
Gross Expense Ratio: 0.35% as of 04/30/2019
Objective: The objective of the flexPATH Index+ Moderate Series of Funds is to provide long-term investors with an asset allocation strategy designed to maximize their retirement savings consistent with the risk that investors with a moderate risk tolerance may be willing to accept given their investment time horizon.
Strategy: The flexPath funds ("Funds") seek to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk level and projected retirement date associated to each fund. To pursue its investment objective, the Fund is designed to be a comprehensive investment option and is diversified across a variety of asset classes that may include, but is not limited to, domestic equity, international equity, global real estate (REITs), commodities, intermediate-term bond, and inflation-protected bond (U.S. TIPS). The Fund uses a combination of passively and actively managed sub-advised strategies to gain exposure to various market capitalizations and asset classes.
Risk: The target date funds are designed for investors expecting to retire around the year indicated in each fund's name. The funds are managed to gradually become more conservative over time as they approach their target date. The investment risk of each target date fund changes over time as its asset allocation changes. They are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, and foreign securities. Principal invested is not guaranteed at any time, including at or after their target dates. Additional risk information for this product may be found in the prospectus or other product materials, if available.
Short-term redemption fee: None
Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

The investment option is a collective investment trust. The underlying manager selection is provided by NFP Retirement (NFP). The glidepath is constructed by BlackRock. Fiduciary services are provided by Wilmington Trust Retirement and Institutional Services Company (WTRIS). The description is only intended to provide a brief overview of the fund.
This investment option is not a mutual fund.

flexPATH Index+ Moderate 2045 Fund I1
Ticker: N/A
Gross Expense Ratio: 0.365% as of 04/30/2019
Objective: The objective of the flexPATH Index+ Moderate Series of Funds is to provide long-term investors with an asset allocation strategy designed to maximize their retirement savings consistent with the risk that investors with a moderate risk tolerance may be willing to accept given their investment time horizon.

Strategy: The flexPath funds ("Funds") seek to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk level and projected retirement date associated to each fund. To pursue its investment objective, the Fund is designed to be a comprehensive investment option and is diversified across a variety of asset classes that may include, but is not limited to, domestic equity, international equity, global real estate (REITs), commodities, intermediate-term bond, and inflation-protected bond (U.S. TIPS). The Fund uses a combination of passively and actively managed sub-advised strategies to gain exposure to various market capitalizations and asset classes.
Risk: The target date funds are designed for investors expecting to retire around the year indicated in each fund's name. The funds are managed to gradually become more conservative over time as they approach their target date. The investment risk of each target date fund changes over time as its asset allocation changes. They are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, and foreign securities. Principal invested is not guaranteed at any time, including at or after their target dates. Additional risk information for this product may be found in the prospectus or other product materials, if available.
Short-term redemption fee: None
Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

The investment option is a collective investment trust. The underlying manager selection is provided by NFP Retirement (NFP). The glidepath is constructed by BlackRock. Fiduciary services are provided by Wilmington Trust Retirement and Institutional Services Company (WTRIS). The description is only intended to provide a brief overview of the fund.
This investment option is not a mutual fund.

flexPATH Index+ Moderate 2055 Fund I1
Ticker: N/A
Gross Expense Ratio: 0.369% as of 04/30/2019
Objective: The objective of the flexPATH Index+ Moderate Series of Funds is to provide long-term investors with an asset allocation strategy designed to maximize their retirement savings consistent with the risk that investors with a moderate risk tolerance may be willing to accept given their investment time horizon.
Strategy: The flexPath funds ("Funds") seek to provide long-term investors with an asset allocation strategy designed to maximize assets for retirement consistent with the risk level and projected retirement date associated to each fund. To pursue its investment objective, the Fund is designed to be a comprehensive investment option and is diversified across a variety of asset classes that may include, but is not limited to, domestic equity, international equity, global real estate (REITs), commodities, intermediate-term bond, and inflation-protected bond (U.S. TIPS). The Fund uses a combination of passively and actively managed sub-advised strategies to gain exposure to various market capitalizations and asset classes.
Risk: The target date funds are designed for investors expecting to retire around the year indicated in each fund's name. The funds are managed to gradually become more conservative over time as they approach their target date. The investment risk of each target date fund changes over time as its asset allocation changes. They are subject to the volatility of the financial markets, including that of equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, and foreign securities. Principal invested is not guaranteed at any time, including at or after their target dates. Additional risk information for this product may be found in the prospectus or other product materials, if available.
Short-term redemption fee: None
Who may want to invest:

- Someone who is seeking an investment option that gradually becomes more conservative over time and who is willing to accept the volatility of the markets.
- Someone who is seeking a diversified mix of stocks, bonds, and short-term investments in one investment option or who does not feel comfortable making asset allocation choices over time.

The investment option is a collective investment trust. The underlying manager selection is provided by NFP Retirement (NFP). The glidepath is constructed by BlackRock. Fiduciary services are provided by Wilmington Trust Retirement and Institutional Services Company (WTRIS). The description is only intended to provide a brief overview of the fund.
This investment option is not a mutual fund.

In the event of a discrepancy between this notice and the terms of the Plan, the Plan document will govern.

An investment option's expense information is the total annual operating expenses (before waivers or reimbursements) paid by the investment option and stated as a percentage of the investment option's total net assets. The investment option's expense information has been provided by the plan sponsor, the investment manager, or the trustee, each of whom may use their own calculation methodology to reflect the expense information. When no expense information is shown for an option, it is because none was available; there may be fees and expenses associated with the option. Expense information changes periodically. Please consult NetBenefits.com for updates.

Fidelity Brokerage Services LLC, Member NYSE, SIPC, 900 Salem Street, Smithfield RI 02917

499008.30.566

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.

PTO ACCRUAL SCHEDULE		
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

PTO is automatically provided to eligible employees, which includes regular full time, and pro-rata status employees. The amount of PTO provided is based on your years of service and status. Employees will accrue PTO 26 pay periods per year. The maximum amount of PTO that may be carried over each year is 30 days (240 hours).

- Your department manager sets the amount of advance notice required for scheduling PTO.
- You can access your time accrual balances on Lawson Self Service.
- Paid time off may be taken in hourly increments with a minimum of one hour.
- All transfers between units, departments, and/or hospitals will be treated as continuation of accumulated PTO.
- If you terminate employment prior to vesting in the PTO plan accumulated PTO will be forfeited. To be vested, an employee must be in a regular status for one year. Special part-time and per diem statuses are not regular statuses.

Purchased Paid Time Off (PPTO)

Purchased Paid Time Off (PPTO) can only be elected during annual enrollment to be used the next plan year.

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 no-risk 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 2023 PPTO will be available to use from 12/25/2022 through 11/25/2023.
- The 2023 PPTO payout is scheduled to be paid on December 15, 2023 as part of the employee's regular paycheck.

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

2023 Benefit Cost Sheet

To make benefit elections, you must enroll through Lawson Self Serve within 30 days of hire or benefits status change. Costs are per pay.

Annual salary calculation : _____ (hourly rate) X _____ (status hours) = _____ (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)

$83.00	PPO plan employee
$261.00	PPO plan employee + spouse
$178.00	PPO plan employee + child(ren)
$292.00	PPO plan family

HDHP Plan (Medical and Prescription Drug)

$39.00	HDHP plan employee
$126.50	HDHP plan employee + spouse
$88.00	HDHP plan employee + child(ren)
$141.50	HDHP plan family

Premiums do not include $40 tobacco surcharge if applicable.

Employee Vision Plan (includes exam and materials)

$1.77	Employee only
$3.79	Employee + child(ren)
$3.61	Employee + spouse
$6.01	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 x hourly rate x number of hours purchased ÷ 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

* FSA and Dependent Day Care FSA are only available for election during annual enrollment.

2023 Benefit Cost Sheet (continued)

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)

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

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)

- $0.30 ($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 **Navia Benefit Solutions** at 1-800-**669-3539**, or Fidelity Retirement Contributions by contacting Fidelity at 1-800-343-0860.

Benefit Enrollment Instructions

Once you have been activated as a new employee in the system, you can enroll for benefits through Lawson Self Service (LSS). LSS is available from any hospital system computer through CAMNET, through your mobile device or your home PC.

You will be required to make an election for every benefit even if you are declining coverage. If you are declining coverage, you will select to waive coverage for that plan. If you are selecting family coverage, you will be prompted to select which dependents you want covered by each benefit.

Enroll from a CAMC computer:

- From CAMnet, click on "Lawson" on the left.
- Click on "Login now."
- To sign in, use your network user ID and password.
- Click on "Benefits" on the right.
- Click "New Hire Benefits Enrollment."
- Read the Welcome Screen for important enrollment information and 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 to e-mail and "Print" your benefit confirmation.

Enroll from a mobile device or home PC:

If you want to access Lawson from your mobile device or home PC, you will need to enroll in Duo Security. To enroll in Duo Security, use the link sent to your CAMC email address. This must be completed before accessing Lawson on your mobile device or home PC.

After you enroll in Duo Security:

- Go to www.camc.org on your mobile device or home PC.
- Click on "Employee" in green at 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 camc.org.
- To sign in, use your network user ID and password.
- Scroll down to "Benefits."
- Click "New Hire Benefits Enrollment."
- Read the Welcome Screen for important enrollment information and 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 to e-mail and "Print" your benefit confirmation.

Once you make your initial election and exit the system, it will not allow you to go back in and make additional changes. If you need to make corrections and you are still within 30 days of your date of hire, you can come to human resources to make those changes.

Notice Of Electronic Disclosure

CAMC encourages staff to go green!

Here's how it works:

Rather than receive paper copies of the notices and documents described below, you will receive an email through your CAMC work email with a link to these documents. That way you can download them or access them at your convenience. You may also access these documents on CAMnet through the Benefits link.

What's included? We will email to you a link to access all ERISA Title I Disclosures and other related benefit information pertaining to the Master Health and Welfare Plan and the Basic Retirement Plan, including, but not limited to the items listed below.

- Summary Plan Description (SPD)
- Summary of Annual Reports (SARs)
- Summary of Material Modifications (SMM)
- Summary of Benefits and Coverage (SBC)
- Claims procedure notices
- COBRA notices
- Qualified Medical Child Support Order (QMCSO) notices
- Any documents required to be furnished under ERISA, 104(b) (4) or ERISA 104(b) (2)

You may request a paper version of any document. To request a paper copy, you must notify the Benefits Department in writing, or send an email to benefits@camc.org. Our mailing address is 419 Brooks St., Charleston, WV 25301.

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: Weight Management, Stress Management, Physical Activity, Nutrition 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 to living a healthier life. Taking advantage of this program could be your 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
- Diabetes management program
- Community Supported Agriculture
- Healthywage weight loss/step challenges
- Discounted lab work
- Annual MyHealth fair
- Highmark health coaches
- Pride card employee discounts
- Walking paths
- Mindfulness videos
- 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 will pay for the full cost of the cessation program.

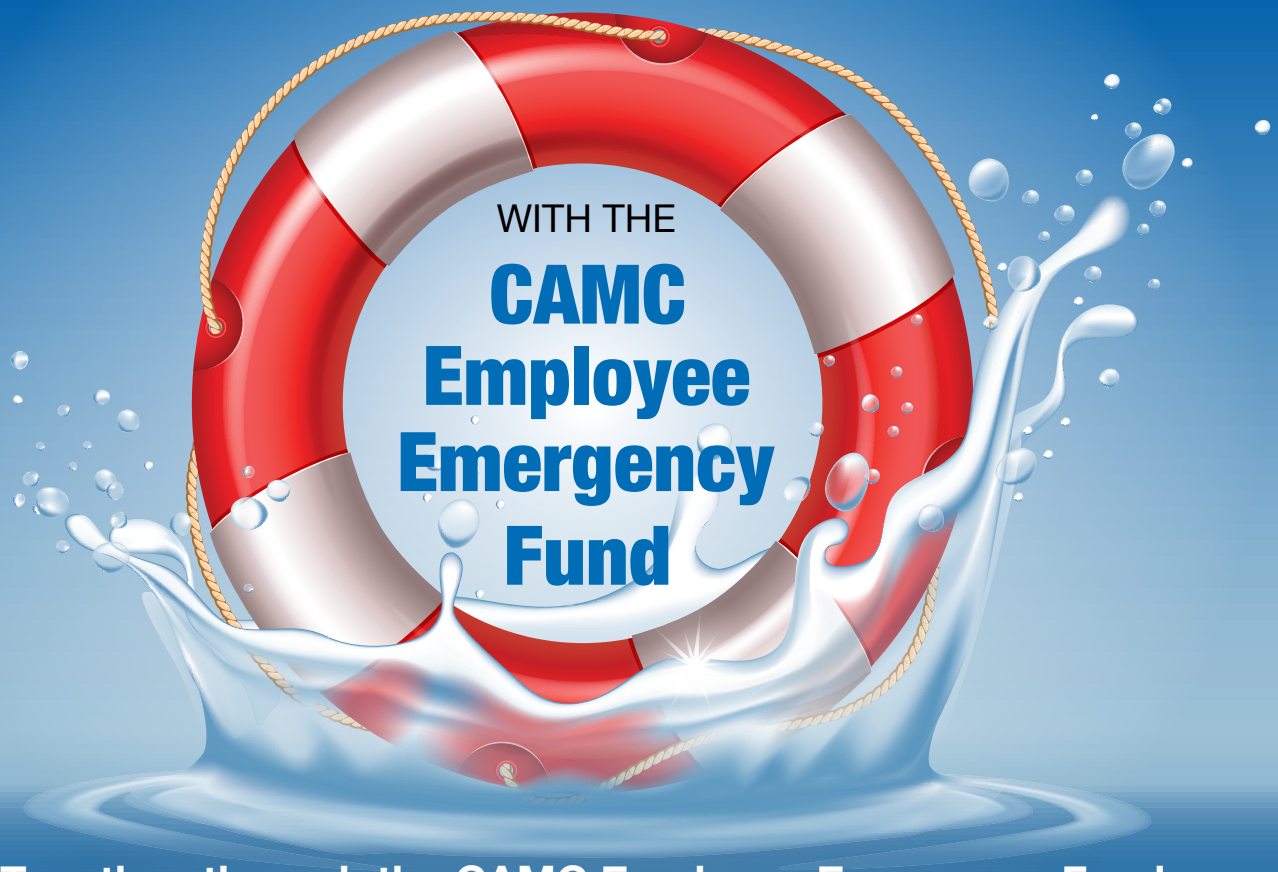
If you have questions about our cessation programs, please call the benefits department at **(304) 388-7593**.

CAMC is recognized as a leader in employee wellness!

myhealth
Charleston Area Medical Center

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 $1,857,273.00 has been awarded to 2,467 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/ 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

Other Benefits Enrollment

Free parking – Parking facilities are provided on company property for the convenience of all employees.

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.**

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.

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 and 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 and 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
- 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, 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).

Date:	January 1, 2023
Name of Entity/Sender:	Charleston Area Medical Center
Contact—Position/Office:	Human Resources
Address:	501 Morris Street Charleston, WV 25301
Phone Number:	304-388-7555

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 Human Resources 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 Human Resources 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 Human Resources at 304-388-7555.

Important Contacts

MEDICAL
Highmark Blue Cross Blue Shield
24-Hour Nurse Line
Wellness
Disease Management
Prescription Drug Plan
Customer Service: 1-877-770-6991
24-Hour Nurse Line: 1-888-258-3428
highmarkbcbswv.com

NAVITUS
Pharmacy
(866) 333-2757
www.navitus.com

VISION
VSP (Vision Services Plan)
1-800-877-7195
vsp.com
VSP Choice Network

DENTAL
Delta Dental
(Group 1022)
1-800-932-0783
deltadentalins.com

TERM LIFE INSURANCE
New York Life
888-842-4462
myNYLGBS.com

FLEXIBLE SPENDING ACCOUNTS
Navia Benefit Solutions
1-800-669-3539
naviabenefits.com

401K/RETIREMENT
Fidelity
1-800-343-0860
netbenefits.com/camc

COBRA
Business Plans, Inc.
1-800-865-4485
mycobraplan.com

SHORT TERM DISABILITY AND LONG TERM DISABILITY
New York Life
1-888-842-4462
myNYLGBS.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 THE BENEFITS DEPARTMENT OR THE HUMAN RESOURCES DEPARTMENT.

BENEFITS DEPARTMENT: 304-388-7555 or 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