Welcome to Novant Health UVA Health System Culpeper Medical Center! It’s time to understand and consider electing a benefits package that meets your family’s health and financial needs, now and in the future.

As a new hire, you have 31 days from your date of hire to make your benefit elections. During this time, benefit-eligible team members will have the opportunity to learn about and enroll in the benefit plans available. Benefits will be effective the 1st of the month following one month of employment.

As a new hire if you intend to have medical coverage or any other type of benefit coverage with Novant Health UVA Health System Culpeper Medical Center in 2021 you must take action within your 31 day eligibility window. If you fail to make any elections during your new hire window you will have to wait until your next open enrollment or qualified life event. The only benefits that you will receive if you do not enroll are your company-paid basic life insurance and long-term disability. You will be auto enrolled into the employee paid 30-day short-term disability plan.

- **Short-Term Disability.** As a newly eligible team member, you are automatically enrolled into the STD 30-day plan and have the option to buy up to the 15-day waiting period plan or opt-out. No Evidence of Insurability (proof of good health) is required during your initial eligibility period.

If you do not enroll within 31 days after becoming eligible and later choose to enroll outside of your eligibility period, you must submit Evidence of Insurability. You may enroll during Annual Enrollment.
How to enroll:
Go to www.benefitsgo.com/NovantUVACulpeper

Click ‘Let’s Go’ and complete the following steps:

1. Enter the last 4 digits of your social security number, your date of birth (mm/dd/yyyy) and your home zip code, then select ‘continue to registration.’

2. Create your Username – this must be between 8 - 60 characters and cannot contain any special characters.

3. Create your Password – must be at least 8 characters and include 1 upper and lower case letter, 1 number and 1 special character.

4. Once you’ve completed this step you will then be asked to enter your personal email address, this allows you to retrieve your login information later if you forget it and to also have your confirmation page emailed to you.

5. Once you’ve completed this step, you will then be asked to enter your Username and Password one more time before being taken to the home enrollment landing page.

6. Select ‘Get Started’ – this will start your benefit enrollment session.

Once in the system, you will need to confirm the following information:

- Personal information is correct on Personal page
- Contact information is correct on Contact page
- Verify dependent information if applicable

Learn about your benefits as you navigate through the enrollment pages and make your enrollment selections.

Once you have reviewed all plans and made selections, continue through the enrollment until you see your confirmation number – your enrollment is not complete until you see the confirmation number.

You can also enroll over the phone by calling 1-855-874-0211, Monday - Friday, 9 a.m. - 6 p.m. (ET) Speak with a benefits counselor to enroll or ask questions. Your counselor can explain your benefit options, answer your questions and help you make the benefit choices that are right for you and your family.

Preparing for your enrollment session:

Please be prepared with information for yourself, your dependents and your life insurance beneficiaries, including full names, dates of birth and Social Security numbers. You must provide documentation as noted below for each new dependent you plan to cover under Novant Health UVA Health System Culpeper Medical Center. All documentation must be returned to HR.

Documentation may include:

- A spousal affidavit for your spouse
- A marriage certificate for a spouse
- Birth certificates for all dependents
- Social security cards for all dependents

If you have questions or require assistance, please call the enrollment center at 1-855-874-0211, Monday - Friday, 9 a.m. - 6 p.m. (ET).
Medical Benefits
You can choose from two medical plan options - the Anthem Healthkeepers point of service (POS) or high deductible health plan (HDHP) - administered by Anthem. The POS plan requires higher team member contributions per paycheck due to the plan design that includes co-payments for some services, as well as lower deductibles. The HDHP design does not offer any first dollar coverage and has higher deductibles. Employer contributions equal to 50% of deductible available. See below. All services fall under the deductible, except preventive care. Both plans offer in-network and out-of-network coverage, but you pay less when you use an Anthem network provider. The POS plan allows you to maximize your savings when you receive care from a CPMC provider.

HDHP participants receive employer contributions to a health savings account (HSA). The employer contribution is 50% of the applicable plan deductible, funded on a per pay period basis and deposited into your HSA. Employer contributions are prorated for new enrollments after 1/1/2021. To participate in the Health Savings Account (HSA), an annual election is required. Only team members who elect the High Deductible Health plan are eligible for the HSA.

Accident Insurance
Accident insurance pays a benefit directly to you if you or an eligible dependent suffer a covered injury. This benefit can help cover out-of-pocket expenses related to these injuries – such as hospitalization, physical therapy, transportation and more. There are no health questions or physical exams required. Coverage is portable. You can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

Critical Illness Insurance
Critical illness insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. You choose the benefit amount when you enroll. Coverage is portable. You can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

Dental Benefits
The dental plan is administered by MetLife and offers in-network and out-of-network coverage. Preventive care is covered at 100%, basic care at 80% and major restorative services at 50%.

Vision Benefits
The vision plan is administered by MetLife and covers annual eye exams, lenses and frames, or contact lenses in lieu of eyeglasses. Many in-network services are covered in full or require a copay, and a plan allowance is associated with many out-of-network services. Discounts are available on laser vision correction, additional glasses and sunglasses, and on lens enhancements.

Flexible Spending Accounts
Flexible spending accounts (FSAs) allow you to set aside pre-tax money to pay for eligible out-of-pocket health care or dependent care expenses. The health care FSA, administered by Discovery Benefits, allows you to set aside up to $2,750 for eligible expenses, and the dependent care FSA allows you to set aside up to $5,000 ($2,500 if married and filing separately) for child care or adult dependent care expenses. Be sure to calculate your expenses conservatively. IRS regulations require that you forfeit any money left in the account after the claims submission deadline. You must actively enroll in FSAs each year. You are not automatically re-enrolled.

Legal Insurance
Elect Legal Insurance to access a network of participating attorneys for help with a wide range of legal matters such as will preparation, real estate matters, document review, court appearances and more. The legal plan also comes with credit monitoring services to protect you from ID theft.
Basic Life

NHUVA provides 1x your base pay in basic life insurance, at no cost to you, up to a maximum coverage amount of $1,000,000. Enrollment is automatic. Please be sure to provide beneficiary information during your enrollment session.

Supplemental Life and AD&D Insurance

You may choose to purchase supplemental life and AD&D insurance in addition to the company-paid life insurance benefit. Supplemental life insurance can be purchased in the following increments: 1x base pay, 2x base pay, 3x base pay, or 4x base pay. The maximum amount of supplemental life insurance is $500,000.

Dependent life insurance coverage options for your spouse and children are also available.

Accidental death and dismemberment coverage is available as employee only or family coverage. Coverage options range from $25,000 to $500,000.

Whole Life Insurance

Whole life insurance is designed to provide a death benefit to your beneficiaries when you pass away, but it can also build cash value that you can use while you are still living. Whole life is permanent – it never expires as long as you make the payments, which means the premiums won’t go up. You can take your policy with you if you change jobs or retire.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

Disability

NHUVA offers Short-Term Disability (STD), which pays a benefit of 60% of your base pay, up to $1,500 per week. Two benefit plan options are offered: 30-day waiting period and 15-day waiting period. All employees will automatically be enrolled into the 30-day waiting period STD.

If you wish to buy up and elect the 15-day waiting period STD or Opt out of this insurance you must take action and select the applicable option during the enrollment period. If you decide to waive your STD within your 31 day enrollment window but later decide to elect this benefit you will be subject to submitting an Evidence of Insurability form where you may be declined coverage.

NHUVA provides Long-Term Disability at no cost to you. The plan pays a benefit of 60% of your base pay, after a 90-day waiting period, with a maximum benefit of $15,000 per month.

Long-Term Care Insurance

Voluntary long-term care insurance, provided through UNUM, pays toward the cost of a long-term care illness at a long-term care facility, an assisted living facility or care received at home from a licensed home health care provider.

Enrollment in long-term care insurance is handled directly with UNUM. However, benefit premiums will be payroll deducted. If you enroll during your first 31 days of employment, coverage is guaranteed issue. For information on long-term care and to enroll, visit http://unuminfo.com/test/Novant

Total well-being program

NHUVACPMC values their team members and is investing in their total well-being. All team members can participate in well-being programs through our NHUVA well-being portal. Earn points, by completing well-being activities, that can be redeemed for prizes.

Paid Caregiver Leave

Novant Health will provide eligible team members with one week of paid leave at 100% of base pay to allow for the care of a parent, spouse or child under age 18, who are experiencing a serious health condition. To be eligible, the team member must be employed for 12 months AND have worked at least 1,250 hours during the 12 months prior to requesting leave.

You pay the cost of these benefits through payroll deductions. All supplemental life, AD&D, whole life and disability, and long-term care insurance benefits are Guaranteed Issue if elected within the first 31 days of eligibility. Electing outside of your initial eligibility window will require Evidence of Insurability.

If you have questions or require assistance, please call the enrollment center at 1-855-874-0211, Monday - Friday, 9 a.m. - 6 p.m. (ET).

NOTE: This statement is intended to summarize the benefits you receive from Novant Health UVA Health System Culpeper Medical Center. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact your Human Resources Department.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.