

BLUE RIDGE H E A L T H C A R E



**Benefits at-a-
Biweekly**



**2013
Benefits at-a-Glance
Biweekly**

This is only a brief summary of your benefits as of 2013. Please refer to the Summary Plan Description for detailed information on the Plan benefits. In case of discrepancy between this information and the actual Plan Documents, the actual Plan Documents will prevail.

2013 Biweekly Care Team Member Contributions

2013 FULL-TIME BIWEEKLY		
MEDICAL		
	HEALTHY LIVING PLAN	BASIC PLAN
RATE TIER	WELLNESS	NON-WELLNESS
CTM Only	\$50.00	\$125.00
CTM + Child	\$91.00	\$166.00
CTM + Children	\$158.00	\$233.00
CTM + Sp/Fam	\$204.00	\$279.00
DENTAL		
CTM Only	\$11.15	
CTM + Fam	\$36.20	
SHORT TERM DISABILITY		
Opt I - \$500/wk	\$15.00	
Opt II - \$750/wk	\$20.00	

NOTE: For the Medical Plans, if you elect to cover your spouse and they have coverage available elsewhere, there will be a Spousal Surcharge of \$50 per month added to your premium.

2013 PART-TIME BIWEEKLY		
MEDICAL		
	HEALTHY LIVING PLAN	BASIC PLAN
RATE TIER	WELLNESS	NON-WELLNESS
CTM Only	\$55.00	\$137.00
CTM + Child	\$100.00	\$183.00
CTM + Children	\$174.00	\$256.00
CTM + Sp/Fam	\$225.00	\$306.00
DENTAL		
CTM Only	\$13.15	
CTM + Fam	\$38.20	
SHORT TERM DISABILITY		
Opt I - \$500/wk	\$12.00	
Opt II - \$750/wk	\$17.00	

NOTE: For the Medical Plans, if you elect to cover your spouse and they have coverage available elsewhere, there will be a Spousal Surcharge of \$50 per month added to your premium.

2013 ALL BIWEEKLY		
VOLUNTARY VISION		
CTM Only	\$4.75	
CTM + 1	\$9.00	
CTM + Fam	\$13.50	
VOLUNTARY CARE TEAM MEMBER LIFE		
AGE	RATE PER \$1,000 OF COVERAGE	
Under 30	\$0.06	
30 - 34	\$0.08	
35 - 39	\$0.10	
40 - 44	\$0.15	
45 - 49	\$0.24	
50 - 54	\$0.38	
55 - 59	\$0.56	
60 - 64	\$0.78	
65 - 69	\$1.31	
70 and Over	\$3.10	
VOLUNTARY DEPENDENT LIFE		
Option I	\$1.89	
Option II	\$0.79	
Option III	\$0.24	

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Brochure created by: Aon Hewitt for Blue Ridge HealthCare. Insurance products are offered through Aon Hewitt and are underwritten by unaffiliated insurance companies. Other benefits are provided by Blue Ridge HealthCare.

2013 403(b)

All BRHC Care Team Members (including PRN) are eligible to contribute to the 403(b) Retirement Savings Plan upon employment. Matching begins after one (1) year of employment.

Paid Time Off (PTO)

Eligible Care Team Members earn PTO leave based upon length of service and FTE standard. The following chart lists the PTO benefit available to you. Total accrual may not exceed 240 hours. Unused PTO hours may be carried over to the following year. PTO may be used for vacation, holidays, sick leave or personal leave.

Years of Service	Accrual (40-hr maximum work wk)	Hours/Biweekly Pay Period (per 80 hrs paid)
0-5 Years	26 days / year for full-time (.10000 / scheduled hour)	8.0000 Hours
6-9 Years*	31 days / year for full-time (.11923 / scheduled hour)	9.5384 Hours
10+ Years	34 days / year for full-time (.13077 / schedule hour)	10.4616 Hours

*Directors and Vice Presidents begin accrual at this rate.

PTO may be exchanged for cash and paid at 75%. To qualify for this cash exchange, you must have taken at least one (1) week of PTO during the calendar year. You cannot cash in any PTO hours if your PTO accrual is less than 80 hours. PTO may also be donated to another Care Team Member in need. To qualify, you must have a PTO balance of at least 80 hours. The minimum number of hours you may donate at one time is 4 and the maximum is 40.

FMLA

Care Team Members are eligible for 12 weeks of job-protected Family/Medical Leave if employed for one year and working at least 1,250 hours in the previous rolling 12-month period. Key Care Team Members (defined as the highest paid 10% of all Care Team Members) may or may not be reinstated following FMLA. Key Care Team Members will be notified in writing as soon as practicable if deemed a "Key Care Team Member" and if reinstatement to their job may be denied.

Holidays

BRHC recognizes the following holidays to enjoy time relaxing with your family and friends:

New Year's Day*	Labor Day
Good Friday	Thanksgiving Day
Memorial Day	Thanksgiving Friday
Independence Day*	Christmas Day*

*When these holidays fall on a Sunday, the recognized holiday is on the following Monday; when these holidays fall on a Saturday, the recognized holiday is on the preceding Friday.

Other Benefits

Employee Emergency Fund	Educational Assistance
WOW Program	Facility-Specific Discounts
Service Awards and Banquet	Discounts to Local Attractions
Discounted Meal Service	Bereavement Leave
Scholarships & Tuition Assistance	Library Services
Annual Benefits Fair	Jury Duty
Discounted Banking Services	

Medical

Benefits-eligible Care Team Members may participate in BRHC's Medical PPO plans. You direct your care by choosing Grace/Valdese/CHS providers or MedCost network providers. You also have the option to enroll in either the Healthy Living Plan or the Basic Plan. Care Team Members may elect to enroll in the BRHC Medical Plan when initially eligible, during annual Open Enrollment or within 31 days of a qualifying event. MedCost Benefit Services (MBS) is the administrator of the Blue Ridge HealthCare Employee Benefit Plan. For more information on your claims or benefit coverage as of January 1, 2013, please contact MBS at 1-800-795-1023.

Benefits Effective Date: Benefits begin on the first of the month following 30 days' employment for all staff. Directors, Vice Presidents and Physician benefits begin on the first of the month following date of employment.

2013 SCHEDULE OF MEDICAL BENEFITS				
PLAN PROVISION	HEALTHY LIVING PLAN		BASIC PLAN	
	Valdese / Grace / CHS	MedCost	Valdese / Grace / CHS	MedCost
Lifetime Maximum	Unlimited		Unlimited	
Deductible (Cal. Yr.)				
Individual	\$700	\$1,200	\$1,500	\$2,000
Family	\$2,100	\$3,600	\$4,500	\$6,000
Out-of-Pocket Maximum per Covered Person (excludes deductible)	\$4,500	\$9,000	\$5,000	\$10,000
PCP Office Visits	\$25 copay, no deductible		\$35 copay, no deductible	
Specialist Office Visits	80%, after deductible		70%, after deductible	
Preventive Care	100%, no deductible		100%, no deductible	
Inpatient Hospital & Facility Copay	None	\$750	None	\$750
Outpatient & Facility Copay (Cal. Yr.)	None	\$750	None	\$750
Hospital & Facility Coinsurance	80% no deductible	50% after deductible	70% no deductible	50% after deductible
Urgent Care Facility	\$75 copay no deductible	\$75 copay no deductible	\$75 copay no deductible	\$75 copay no deductible
Emergency Room	\$250 copay, no deductible		\$250 copay, no deductible	
ER Physicians - BRHC Facilities	80% no deductible	60% after deductible	70% no deductible	50% after deductible
Radiologist, Pathologist, Anesthetist - BRHC Facilities	80% no deductible	60% after deductible	70% no deductible	50% after deductible
Independent Labs	80% no deductible	80% no deductible	70% no deductible	70% no deductible
Inpatient Mental Health / Facility	80% no deductible	80% no deductible	70% no deductible	70% no deductible
Inpatient Alcohol / Drug Dependency / Facility	80% no deductible	80% no deductible	70% no deductible	70% no deductible

NOTE: There are certain services offered under the BRHC group health plan that require precertification. It is the Care Team Member's responsibility to ensure that any facility stay or designated services is precertified. Please refer to the BRHC Plan Document for complete information.

Prescription Drugs

BRHC and CarolinaCARE have teamed up with the MedImpact Healthcare Systems, Inc., a nationwide pharmacy benefit management company, to take care of handling all the details of your prescription claims so all you have to do is take care of yourself. MedImpact helps your pharmacist process your prescription quickly and efficiently, consulting with your physician and pharmacist so you receive the safest, most cost-efficient drug therapy available.

	CarolinaCARE		
	RETAIL 30-day	MAIL ORDER 30-day	MAIL ORDER 90-day
Affordable Care Act Preventive Drug List³	\$0	\$0	\$0
Selected Medications²		\$4	\$12
Generic	\$15 ¹	\$10	\$25
Preferred Brand	30% Min \$35 Max \$100 ¹	\$35	\$85
Non-Preferred Brand	50% Min \$60 Max \$250 ¹	40% Min \$50 Max \$150	40% Min \$125 Max \$375
Specialty		20% Max \$125	Not Available

¹After three fills for maintenance medication at retail, member pays full cost.

²Selected medications for the treatment of chronic conditions.

³Includes certain aspirin, fluoride, folic acid, iron, smoking cessation and contraceptive products.

NOTE: Step Therapy Programs: Therapies for depression, allergies, asthma and COPD should begin with a generic drug.

Dental

Benefits-eligible Care Team Members may participate in the BRHC Dental Plan, which allows you to select any dentist of your choice. Unlike the Medical Plan, you do not need to use a network to maximize your benefits. You may elect dental coverage independent of your medical election. MedCost Benefit Services (MBS) is the administrator of the Blue Ridge HealthCare Employee Benefit Plan. For information on your claims or benefit coverage as of January 1, 2013, please contact MBS at 1-800-795-1023.

SCHEDULE OF DENTAL BENEFITS

Calendar Year Deductible	\$100 per person (waived for Preventive)
PLAN PROVISION	PLAN PAYS
Preventive Services	100% no deductible
Basic Services	80%, after deductible
Major Services	50%, after deductible
Annual Maximum	\$1,000 per covered person
Orthodontic Services	50%, after deductible
Orthodontia Lifetime Maximum (dependent children up to age 19 only)	\$1,000 (per covered child)

Vision

BRHC offers benefits-eligible Care Team Members an opportunity to participate in a voluntary Vision Plan that is insured by Community Eye Care.

SCHEDULE OF VOLUNTARY VISION BENEFITS

SERVICE	PLAN PAYS
Eye Exam (one per Cal. Yr.)	100%, after a \$20 copayment
Eyewear (frames, lenses or contacts)	Up to \$150 every 12 months (must be utilized at a participating provider's office)

Voluntary Short Term Disability

If you are a benefits-eligible Care Team Member, you may purchase a Short Term Disability benefit that provides partial income protection if you are unable to work due to an illness or injury. This benefit covers 60% of your base weekly earnings. Benefits begin on the 15th day of approved disability caused by an illness or injury, and are payable for up to 26 weeks. You may purchase one of two maximum weekly benefit options: \$500 (Option I) or \$750 (Option II); however, Option II is subject to certain limitations. STD benefits are administered by Reliance Standard Life Insurance.

Long Term Disability

LTD is a company-paid benefit for full-time Care Team Members that provides partial income protection if a serious illness or injury causes you to be on a medical leave of absence from work more than six (6) months. Once you have satisfied the 180-day Elimination Period, the LTD benefit pays you 60% of your base monthly earnings up to a maximum monthly benefit of \$10,000. LTD benefits are insured by Reliance Standard Life Insurance and are offset by unemployment and any such acts or laws, as well as benefits received by a Pension Plan. Disability benefits must be certified by a physician and the disability administrator. Please contact Human Resources if you have questions regarding disability benefits.

Life and AD&D

Basic Life and AD&D - BRHC provides all benefits-eligible Care Team Members with company paid Basic Life and Accidental Death & Disability (AD&D) insurance coverage equal to one (1) times your annual salary, up to a maximum benefit of \$300,000.

Voluntary Employee Life - Benefits-eligible Care Team Members may purchase additional Life insurance equal to 1, 2 or 3 x annual earnings, not to exceed the lesser of 3 x earnings or \$500,000.

Voluntary Dependent Life - Benefits-eligible Care Team Members may purchase Life insurance for their spouse and child(ren), and may elect one of the 3 options listed below:

- Option I: \$20,000 Spouse + \$10,000 Child(ren)
- Option II: \$10,000 Spouse + \$5,000 Child(ren)
- Option III: \$2,000 Spouse + \$2,000 Child(ren)

Life and AD&D coverage is insured by United Healthcare. Please contact Human Resources if you have questions regarding your Life insurance coverage.

Flex Spending Accounts

You may set aside pre-tax dollars to reimburse yourself for qualified health care expenses and/or dependent day care or elder care expenses not covered under your group Medical and Dental Plan. Over-the-counter drugs are not eligible for reimbursement. Following are the maximum annual deferral amounts permitted in 2013:

Health Care Reimbursement Account:	\$2,500
Dependent Care Reimbursement Account:	\$5,000

During each year's Open Enrollment, all benefits-eligible Care Team Members must elect to participate or waive participation in the FSA. If you choose to participate in the FSA, your annual deferral amount will be payroll deducted in equal amounts each pay period throughout the year.

Employee Assistance Program (EAP)

BRHC offers a company-paid Employee Assistance Program to all BRHC Care Team Members and their immediate families. The EAP provides professional and confidential counseling by an EAP counselor approved by Human Resources. You and your family members are eligible to receive a total of five (5) visits in a 12-month period, at no cost to you. Care Team Members who are terminated due to performance issues or downsizing are also eligible for up to five (5) visits in a 12-month period.