

Medical Plan Benefits



Medical Plan Information

Physician Services

- ◆ The plan utilizes the Primary Physician Care network.
- ◆ Preferred providers can be found on Primary Physician Care's website (www.primarypc.com).

Primary Care Physician Definition

- ◆ A primary care physician is a family physician, general internist, pediatrician, or gynecologist.

Selecting A Primary Care Physician

- ◆ Your Plan requires that you select a primary care physician. You can change your primary care physician at any time by completing a Change of Primary Care Physician form before your first appointment. The effective date will be the date you sign the form.

Spouse/Domestic Partner Eligibility

- ◆ Spouses and domestic partners, who are eligible for medical insurance through their employer, must elect that coverage as primary in order to be covered under the CVMC medical plan as secondary. Only spouses and domestic partners with no access to other medical insurance will be considered primary.

Hospital Services

- ◆ The plan utilizes the services of Catawba Valley Medical Center and other preferred hospitals in Primary Physician Care's network.

Third Party Administrator

Primary Physician Care

Post Office Box 11088

Charlotte, NC 28220-1088

- ◆ Customer Service: (800) 446-5439 (8:00am – 7:00pm)
- ◆ Website: www.primarypc.com
- ◆ (CVMC Group Number – 039)

Internet Instructions

- ◆ Go to www.primarypc.com.
- ◆ Select the Search Providers button in the middle of the webpage.
- ◆ Search by provider name or look at the entire preferred provider list by selecting the appropriate directory in the upper right hand corner.

Healthcare Provider Services

Primary Care Physician	Benefit
◆ Preferred Providers - Primary PhysicianCare network	◆ \$20 Employee Co-Pay Per Visit
◆ Non-Preferred Providers – Other Providers	◆ \$200 Deductible Per Calendar Year ◆ 20% Employee Co-Pay Per Visit
Specialist Physician	Benefit
◆ Preferred Providers - Primary PhysicianCare network	◆ \$200 Deductible Per Calendar Year ◆ 20% Employee Co-Pay Per Visit
◆ Non-Preferred Providers – Other Providers	◆ \$200 Deductible Per Calendar Year ◆ 40% Employee Co-Pay Per Visit

Hospital Services

Facility	Benefit
◆ Preferred Provider - Catawba Valley Medical Center	◆ \$0 Deductible ◆ 10% Employee Co-Pay ◆ \$1,000 Maximum Out of Pocket
◆ Preferred Providers - Primary PhysicianCare Network	◆ \$200 Deductible Per Occurrence ◆ 20% Employee Co-Pay ◆ \$1,500 Maximum Out of Pocket
◆ Non-Preferred Providers - Other Hospitals	◆ \$2,000 Deductible Per Occurrence ◆ 40% Employee Co-Pay ◆ Unlimited Out of Pocket
◆ Non-Preferred Provider - Frye Regional Medical Center ◆ No Benefit Coverage ◆ Exception: Open Heart Surgery	◆ 20% Employee Co-Pay ◆ \$1,500 Maximum Out of Pocket

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Emergency and Urgent Care Services	
Facility	Benefit
♦ Preferred Provider- Catawba Valley Medical Center	♦ \$0 Deductible Per Occurrence ♦ 10% Employee Co-Pay Per Occurrence ♦ \$1,000 Maximum Out of Pocket Per Visit
♦ Non-Preferred Provider- Other Hospitals	♦ \$50 Per Visit Deductible Per Occurrence ♦ (Waived if Admitted) ♦ 20% Employee Co-Pay Per Occurrence ♦ \$1,500 Maximum Out of Pocket
♦ Non-Preferred Provider- Frye Regional Medical Center	♦ No Benefit Coverage ♦ Exception: If admitted to FRMC as an Inpatient after receiving treatment in the Emergency Room, the benefit coverage is: ♦ \$50 Deductible Per Occurrence ♦ 40% Employee Co-Pay Per Occurrence ♦ Unlimited Out of Pocket

Prescription Benefit for Medical Plan Participants**									
Category	Employee Pharmacy Co-Pay Rate			Express Scripts-Retail Co-Pay Rate			Express Scripts Mail Co-Pay Rate		
	30-Day	60-Day	90-Day	30-Day	60-Day	90-Day	30-Day	60-Day	90-Day
♦ Generic	\$5.00	\$10.00	\$15.00	\$15.00	N/A	N/A	\$5.00	\$10.00	\$15.00
♦ Formulary	\$15.00	\$30.00	\$45.00	\$40.00	N/A	N/A	\$15.00	\$30.00	\$45.00
♦ Name Brand	\$25.00	\$50.00	\$75.00	\$60.00	N/A	N/A	\$25.00	\$50.00	\$75.00

**Oral contraceptives and compounding prescriptions are only covered through Express Scripts mail order.

Health Insurance Premium Rates			
Plan Category	Premium Rates Per Pay Period Full-Time Employees	Premium Rates Per Pay Period Part-Time Employees	Premium Rates COBRA (Monthly)
♦ Employee Only	♦ \$17.73	♦ \$90.95	♦ \$450.59
♦ Employee + Child	♦ \$50.53	♦ \$112.00	♦ \$720.78
♦ Employee + Children	♦ \$91.74	♦ \$182.48	♦ \$946.36
♦ Family	♦ \$110.88	♦ \$198.08	♦ \$946.36

Dental Insurance Premium Rates			
Plan Category	Premium Rates Per Pay Period for Full-Time Employees	Premium Rates Per Pay Period for Part-Time Employees	Premium Rates COBRA (Monthly)
♦ Employee Only	♦ \$5.61	♦ \$9.85	♦ \$21.33
♦ Employee + Dependent	♦ \$10.01	♦ \$19.48	♦ \$42.21
♦ Family	♦ \$20.02	♦ \$32.23	♦ \$69.83
Form Revision Dates	06/17/03	07/01/04	03/01/05
		01/01/07	07/27/08
		01/13/09	07/11/10
			07/10/11

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