

McLeod Health

Learn. Choose.
Live well.



2025

BENEFITS HIGHLIGHTS

A Summary Guide to Your 2025 Benefits

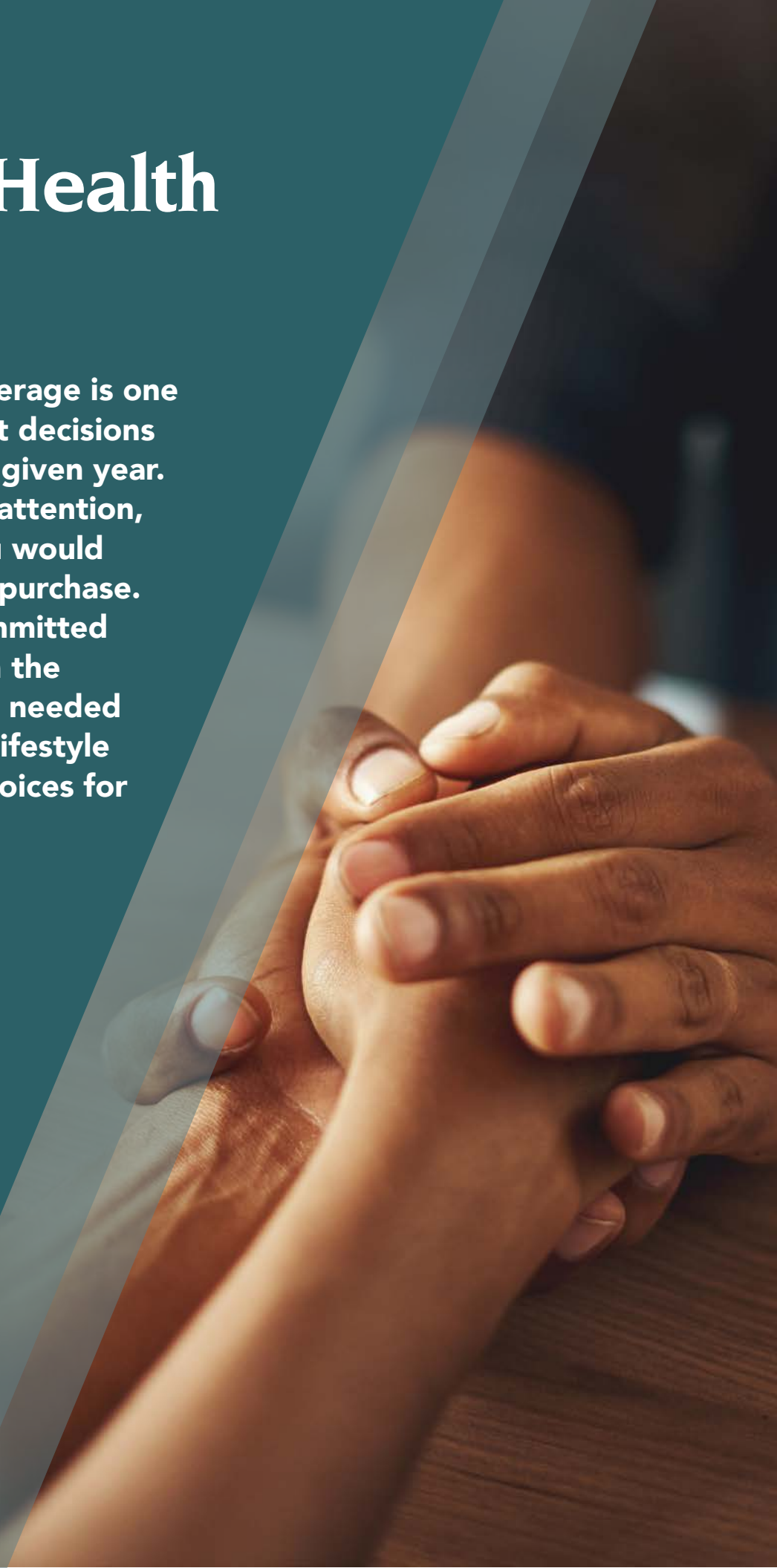
Table of Contents

Welcome	3
Eligibility	4
Enrolling for Benefits	5
Your Benefits	6
Health Savings Account	7
Medical Plans	8
Medical Plan Comparison	9
McLeod Healthier You	11
Prescription Plan	13
Dental Plan	14
Vision Plan	15
Flexible Spending Accounts	16
Life Insurance	17
Disability Coverage	18
Voluntary Programs	20
Paid Time Off (PTO)	22
Helpful Applications	23
Contact Information	24

McLeod Health

Welcome

Choosing benefit coverage is one of the most important decisions many of us make in a given year. It deserves the time, attention, and research that you would give any other major purchase. McLeod Health is committed to providing you with the information and tools needed to support a healthy lifestyle and make the best choices for you and your family.



For you

You are eligible for most benefits if you are budgeted to work 40 hours or more per pay period. You are eligible for full-time employee rates for all benefits if you are budgeted to work 72 hours or more per pay period. However, to comply with the Affordable Care Act, PRN employees who work the required hours as defined by the Affordable Care Act are eligible to elect medical insurance at full-time employee rates.

For your dependents

Dependents who are eligible for benefits coverage include your:

- Legal spouse or common-law spouse (with completed affidavit) as recognized by South Carolina.
- Child up to age 26, regardless of marital, student, or tax-dependent status.
- Physically or mentally dependent child who is unable to care for themselves, or an unmarried, disabled child of any age who resides with you and who was medically certified as disabled prior to their 26th birthday and who is primarily dependent upon you for support (with appropriate legal documentation).

Verifying eligible dependents

McLeod Health partners with Businessolver to gather dependent verification documents, a process that ensures that only eligible dependents are covered on our insurance plans. If you are adding a dependent to your medical plan and they were not previously covered on your benefits, you will receive further instructions from Businessolver about acceptable documents and how to submit them.

Documentation must be submitted to Businessolver within 31 days from the date of request in order to prevent a loss of coverage from the enrollment date for your unverified dependents.

The Dependent Verification Process is under the same strict privacy and protection requirements as HIPAA. Your information, and that of your family, will be kept in the strictest of confidence. Once your dependent information has been verified, it will be destroyed. The Dependent Verification Center has implemented technology, security features, and strict policy guidelines to safeguard the privacy of your individually identifiable information from unauthorized access or improper use.

THE MOST COMMON ACCEPTABLE TYPES OF DOCUMENTS INCLUDE:

Spouse Documentation:


- Marriage Certificate
- Page 1 of your most recent state or federal tax return listing both you and your spouse or children
- Proof of joint ownership within last 6 months, including mortgage statements, bank statements, rental lease agreement or property tax statements with both names as co-owners.

Dependent Child(ren) Documentation:

- Long Form Birth Certificate
- Adoption papers
- Legal Guardianship Document

Businessolver

 www.McLeodSmartatWork.com

 1.844.436.7172



or download MyChoice app to sign up for benefits or view your current benefits. You can store pictures of your ID Cards, upload dependent verification documents and more.

SEARCH: MyChoice Mobile

Are you eligible?

You are eligible to enroll in or make changes to McLeod's benefit programs if you:

- **Are a new hire or newly eligible for benefits.**
You have 31 days from your eligibility date to enroll in or waive coverage to avoid being placed in default coverage. Default benefits are paid by McLeod (no cost to you) and include:

Life Insurance:	1x Basic Annual Earnings
Short Term Disability:	50% of weekly earnings after a 12 month waiting period
Long Term Disability:	50% of monthly earnings
- **Are currently enrolled in McLeod benefit programs.**
You can make changes to your benefit elections each fall during the Annual Open Enrollment period.
- **Have a qualifying work/life event during the year.**
You can make appropriate changes to your benefits if you notify Businessolver within 31 days of the event.

How to enroll for benefits

You can enroll for McLeod benefits in one of the following ways:

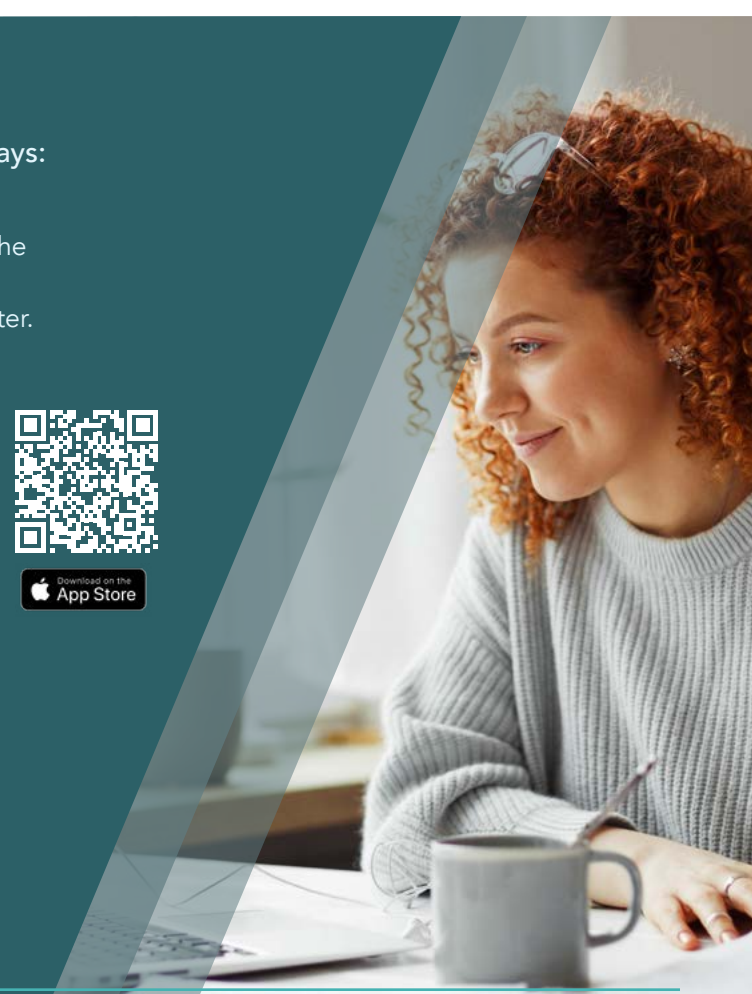
Computer Go to Smart@Work located in the center panel of the Compass, or the Businessolver website at www.McLeodSmartatWork.com from any computer. (Company Key: Smart@Work).

Mobile app Use the MyChoice mobile app. For more information log into Businessolver.



Phone Call Benefits Enrollment Counselor at **844.436.7172**, Monday – Friday 8:00 a.m. – 8:00 p.m.

Pet Insurance To enroll in Pet Insurance, go to www.metlife.com/getpetquote or call **1.800.GET.MET8**



Medical plan options

McLeod offers three medical plan options. All include prescription drug and behavioral health coverages.

CORE PLAN

About the Core Medical Plan

The Core Plan provides coverage competitive with other plans in the market at affordable rates. The McLeod Core Plan is a traditional preferred provider organization (PPO) insurance plan that covers most types of medical care, including physician office visits, inpatient hospital stays, outpatient services, psychiatric and substance abuse. The Core Plan lets you receive care from the network provider of your choice. The highest level of coverage is available when you use services provided through the McLeod Network.

ENHANCED PLAN

About the Enhanced Medical Plan

The Enhanced Plan provides several coverage enhancements compared to the Core Plan, including lower annual deductibles, coinsurance and out-of-pocket maximums. However, you will pay a higher per-pay-period premium. When choosing a plan, be sure to estimate the anticipated benefits you receive to insure it is worth the additional premium cost.

HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT

About the High Deductible Health Plan

The High Deductible Health Plan (HDHP) is like the Core and Enhanced medical plans because you pay less from your pocket when you choose services from a McLeod provider or a BCBS in-network provider. It provides comprehensive medical and prescription drug coverage plus a way to save for health care expenses today and in the future—tax free—with a Health Savings Account (HSA). The per-pay-period premiums are the same as the Core Medical Plan, but the deductible and out-of-pocket maximums are higher with the High Deductible Health Plan. The trade-off is that you can save money in the HSA to pay for eligible medical expenses such as your deductible and out-of-pocket expenses.



All three medical plans include Hinge Health to support back, muscle and joint health.

Hinge Health provides personalized care plans and coaching to help people accomplish their health goals with exercise therapy programs designed to treat muscle and joint issues from head to toe - including back, knee pelvic pain and more.

Hinge Health is available to and your eligible 18+ dependents that are covered under one of our medical plans at no cost to you - 100% of the cost is covered by McLeod.

Health Savings Account (HSA)

What is an HSA?

The Health Savings Account (HSA) is an account that helps you save money for eligible health care expenses—now and in the future. Money contributed to an HSA is completely tax-free when used for eligible health care expenses:

- No tax when the money goes into your account, which lowers taxable income so you pay less taxes today;
- No tax when the money comes out to pay for your eligible health care expenses;
- No tax on the money you earn when you invest your HSA contributions in mutual funds and other assets.

You can use the HSA to pay for eligible health care expenses, like prescription drugs, visits to the doctor, and even dental and vision care. In addition to the tax advantages, McLeod will contribute up to the annual maximum based on your coverage tier. Fidelity may require additional forms of identification from account holders. If requirements are not met, the account will be closed after 90 days.

McLeod Health's Employer contribution will be made after all requirements are met by the account holder.

Are you eligible for the HSA?

You must enroll in the High Deductible Health Plan to be eligible for the HSA. In addition, you may NOT be eligible if:

- You or your spouse are participating in a Health Care Flexible Spending Account (Health Care FSA) or you are enrolled in Medicare.
- You are claimed as a dependent on another person's tax return.
- You are a veteran who has received medical treatment through the Veterans Health Administration within the last three months (excluding all dental care, vision care, preventive prescription drugs and preventive medical treatments for you or your children, or treatments received related to a disability incurred while in military service).

COVERAGE LEVEL	MCLEOD CONTRIBUTION	MAXIMUM ANNUAL CONTRIBUTION EMPLOYEE + EMPLOYER
Employee Only	\$250	\$4,300
Family	\$500	\$8,550

For more details about Health Savings Accounts, see Publication 969 at www.irs.gov.

For more information, go to Smart@Work On-line or www.McLeodLivingWell.com.

Choice of Network Providers

If you choose a McLeod Medical Plan, you will have a choice of two provider networks:

- **McLeod Provider Network (Tier 1):**
When you use a McLeod provider for your health care needs, you receive excellent quality care at the lowest cost to you. The McLeod Network Provider list is located in Smart@Work.
- **Blue Cross Blue Shield Provider Network (Tier 2):**
All benefit-year deductibles and copayments must be met before any covered and allowable expenses can be paid. Under the Core and Enhanced plans, Physician Office Visits for Primary Care require a \$50 copay when seeing a BCBSSC Network provider. Coinsurance amounts (items stated as a %) indicate what McLeod pays after annual deductibles and copays are met. Allowable charges are paid at 100% after the out-of-pocket maximum is met. There are no lifetime limits under the plan. However, all services are subject to the provisions of the Summary Plan Descriptions.

Medical Plan Options at a Glance

PLAN PROVISIONS	CORE PLAN		ENHANCED PLAN		HDHP PLAN	
	BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)	BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)	BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)
Annual Deductible	Individual \$1,500 Family \$4,150	Individual \$850 Family \$2,550	Individual \$1,400 Family \$3,900	Individual \$700 Family \$2,100	Employee Only Coverage: \$2,000 Employee + Dependent Coverage: \$3,300 per person \$5,600 per family	Employee Only Coverage: \$2,000 Employee + Dependent Coverage: \$3,300 per person \$4,000 per family
	Medical annual deductible is separate from the pharmacy plan	Deductibles are combined	Medical annual deductible is separate from the pharmacy plan	Deductibles are combined	Medical and pharmacy annual deductibles are combined	
Annual Out-of-pocket Maximum	Individual \$6,500 Family \$13,000	Individual \$4,600 Family \$9,200	Individual \$6,300 Family \$12,600	Individual \$3,600 Family \$7,200	Employee Only Coverage: \$6,550 Employees + Dependent(s) Coverage \$6,550/person \$13,100 per family	
	Medical and pharmacy annual out-of-pocket maximum are combined		Medical and pharmacy annual out-of-pocket maximum are combined		Medical and pharmacy annual out-of-pocket maximum are combined	
McLeod HSA Maximum Contribution¹	N/A		N/A		Employee only: \$250 Family ² : \$500	
MD Office Visit • Primary Care	\$50 copay 70% coinsurance after deductible may apply for other services	100% of allowable charges after \$35 per visit copay –No deductible	\$50 copay 70% coinsurance after deductible may apply for other services	100% of allowable charges after a \$35 per visit copay –No deductible	100% of allowable charges after \$35 per visit copay and deductible	
MD Office Visit • Specialist	70% of allowable charges after deductible	100% of allowable charges after \$50 per visit copay –No deductible	75% of allowable charges after deductible	100% of allowable charges after \$50 per visit copay –No deductible	70% of allowable charges after deductible	80% of allowable charges after deductible
McLeod Telehealth	100% of allowable charges after \$35 per visit copay and deductible		100% of allowable charges after \$35 per visit copay and deductible		100% of allowable charges after \$35 per visit copay and deductible	

¹ McLeod contributes up to the maximum contribution based on your coverage tier.

² Family coverage tier includes Employee + Spouse and Employee + Child(ren) coverage tiers.

Medical Plan Options at a Glance

PLAN PROVISIONS	CORE PLAN		ENHANCED PLAN		HDHP PLAN	
	BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)	BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)	BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)
Preventive Colonoscopy, Low Dose CT, Breast Cancer at Risk Services³	Not covered	100% of the allowable charges No deductible	Not covered	100% of the allowable charges No deductible	Not covered	100% of the allowable charges No deductible
Preventive Services Under PPACA³	70% of allowable charges No deductible	100% of allowable charges No deductible	70% of allowable charges No deductible	100% of the allowable charges No deductible	70% of allowable charges No deductible	100% of the allowable charges No deductible
Maternity	70% after deductible	\$500 copay	75% after deductible	\$500 copay	65% after deductible	80% after deductible
Physical Therapy, Occupational Therapy and Speech Therapy	70% after deductible	\$35 copay	75% after deductible	\$35 copay	65% after deductible	80% after deductible
Xray and Ultrasounds	70% after deductible	\$100 copay	75% after deductible	\$100 copay	65% after deductible	80% after deductible
MRI and CT Scans	70% after deductible	\$200 copay	75% after deductible	\$200 copay	65% after deductible	80% after deductible
Fertility	\$25,000 lifetime maximum for fertility benefits. Covered services include but are not limited to Assisted Reproductive Technologies (ART), Frozen Embryo Transfer cycle, Insemination procedures, Ovulation induction, and Reciprocal Fertility Services (IVF). Please contact BCSSC if you have specific questions about this benefit.					

³ For more information refer to www.healthcare.gov.

For more information about What's New for 2025, please visit:
<https://benefits.mcleodhealth.org/whats-new/>



Spousal Surcharge

If you choose to cover your legal spouse under our medical plans and your spouse has coverage available through his or her own employer, you will pay a spousal surcharge of \$60 per pay period (24 paychecks annually).

This surcharge is in addition to the Employee + Spouse or Family contribution rate and applies even if your spouse does not take his or her employer's coverage.

The surcharge does not apply if your spouse:

- Is unemployed.
- Has or is eligible for Medicare, unless he/she is eligible for coverage through their employer.
- Works for McLeod Health.

You will be required to list your spouse's employer and contact information and to certify that the information you are providing is true and accurate to the best of your knowledge. Falsification or significant omissions will be grounds for denial or retroactive termination of benefit coverage, recoupment of benefits improperly paid and it may result in termination of employment. If both you and your spouse are employees of McLeod Health: McLeod does not permit "double coverage," that is, you may not elect coverage as both an employee and a spouse. Only you or your spouse can elect coverage for your eligible dependent child(ren). Also, dependent children may not elect coverage as an employee if covered as a dependent by a parent who is employed by McLeod.



**Contact
Healthier You
for more details**

HealthierYou@McLeodhealth.org
1.888.808.7466

Tobacco-use Surcharge

- If you're a new hire: You must complete a Tobacco Screening Test within 31 days of your eligibility date as part of our new hire health assessment process performed by Employee Health. If you elect to cover your spouse under a health plan, you will be required to complete a Spousal Tobacco-Use Affidavit.
- If you become benefits-eligible during the year: You must complete a Tobacco Screening Test within 31 days of your qualifying life/work event. If you elect to cover your spouse under a health plan, you will be required to complete a Spousal Tobacco-Use Affidavit.

COMMIT TO QUIT—AND PAY LESS!
Find out how you can avoid the tobacco surcharge and give your health a boost by participating in our free tobacco cessation program.

Call HealthierYou for Tobacco Cessation details:
843.777.5191



CURRENT EMPLOYEES CAN EARN A ONE-TIME \$100 PAYROLL CREDIT FOR COMPLETING THE HEALTH RISK ASSESSMENT IN MYCHART BETWEEN JANUARY 1, 2025 AND MARCH 31, 2025!
New hires have 31 days to complete the Health Risk Assessment in MyChart to earn the payroll credit.

**Employee and Spouse will receive separate \$100 credits if both complete (\$200 total)*

Prescription Drug Coverage

When you choose one of the McLeod medical plan options, you automatically receive prescription drug coverage. Benefits through the Core and Enhanced Medical Plans offer pharmacy coverage with the convenience of copays without having to meet an annual deductible if you use the McLeod Choice Pharmacy. With the HDHP plan, your medical and pharmacy annual deductibles and out-of-pocket maximums are combined. Out-of-network providers are not covered.

The McLeod Choice Pharmacy

Refill prescriptions easily with the pharmacy app McLeod Choice Pharmacy. The McLeod Choice Pharmacy app makes it easier than ever to refill prescriptions. It is also fast and secure.

SEARCH: McLeod Choice Rx

PLAN PROVISIONS	CORE PLAN			ENHANCED PLAN			HDHP PLAN		
	BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)		BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)		BCBS NETWORK (TIER 2)	MCLEOD NETWORK (TIER 1)	
Annual Pharmacy Deductible	\$200 deductible per member	No deductible		\$200 deductible per member	No deductible		Medical and pharmacy annual deductibles are combined.		
Maximum Days Supplied	30 days	30 days	90 days	30 days	30 days	90 days	30 days	30 days	90 days
Generic	\$15 after pharmacy deductible	\$5	\$10	\$15 after pharmacy deductible	\$5	\$10	\$15 after deductible	\$5 after deductible	\$10 after deductible
Preferred Brand	\$50 after pharmacy deductible	\$35	\$70	\$50 after pharmacy deductible	\$35	\$70	70% after deductible; \$80 max	80% after deductible; \$60 max	80% after deductible; \$120 max
Non-preferred Brand	\$80 after pharmacy deductible	\$60	\$120	\$80 after pharmacy deductible	\$60	\$120	50% after deductible	60% after deductible; \$100 max	60% after deductible; \$200 max
Specialty	Not covered	80%; \$250 max	Not Covered	Not covered	80%; \$250 max	80%; \$500 max covered	Not covered	80% after deductible; \$250 max	80% after deductible; \$500 max



McLeod Choice Pharmacy

The McLeod Choice Pharmacy has convenient locations at the Florence and Seacoast campuses. We also offer delivery to our other campuses in Loris, Dillon, Carolina Forest, Clarendon and Cheraw. Our knowledgeable pharmacists and staff provide free patient consultations, answer questions, address concerns and provide important facts about your medications. The McLeod Choice Pharmacy in Florence also offers compounding for prescriptions that require a personal or specialized touch.

The McLeod Choice Pharmacies accept most major insurance providers including Medicare Part D, and employees have a variety of payment options including payroll deduction. McLeod Choice Pharmacy in Florence and Seacoast offer a large selection of over-the-counter products. The hours of our locations vary, check with your local pharmacy site for current hours. Saturday and evening hours are available.

Pharmacy Network

The McLeod Health Plan uses the Advanced Choice pharmacy network. This network offers access to a wide variety of pharmacy options, including McLeod Choice Pharmacy, Florence, and Seacoast locations; all CVS, Walgreens, Walmart and Kroger pharmacy locations, plus many grocers and independent pharmacies.

Contraceptive Coverage

In accordance with the Affordable Care Act, McLeod covers certain generic contraceptives at no charge (copay or deductibles) for employees and dependents covered under a McLeod Medical Plan through the McLeod Choice Pharmacy.

Maintenance Drug Mail Order Service

Maintenance drugs are medications prescribed for chronic, long term conditions and are taken on a regular, recurring basis. Most maintenance medications can be mail ordered (\$3 per shipment fee applies). It is preferred to have prescriptions written for a 90-day supply. Over-the-counter (OTC) items can be delivered in combination with your prescriptions. Usually, prescriptions are delivered to your home address within four business days.

For mail order, call the McLeod Choice Pharmacy at **843.777.2166** or McLeod Choice Pharmacy Seacoast at **843.366.3107** or visit **www.mcleodchoicepharmacy.org**.

Cost-savings through Step Therapy

The Step Therapy Program is designed to encourage cost-savings by promoting generic drug use and providing consumer education. When you fill your prescription, you will automatically receive the generic equivalent of the medication, if it is available. If your history shows that the generic drug was previously dispensed and your physician has completed and received approval through the Medication Prior Authorization process, the brand or higher cost medication can be dispensed.

Not all medications are included in the Step Therapy Program. For specific information on your prescription benefit, contact the McLeod Choice Pharmacy at **843.777.2166** or McLeod Choice Pharmacy Seacoast at **843-366-3107**.

For more information about prescription drugs, go to **www.southcarolinablues.com**.

Dental Plan Options

McLeod offers two dental plan options that cover routine cleanings and basic restorative care:

- **Basic Plan**
- **High Plan**

When you enroll in the dental plan, you will be covered for a full range of dental services in four basic categories: preventive, basic procedures, major procedures and orthodontic procedures. There are two levels of dental coverage offered in the dental plan: Basic and High. Most providers in the region accept the BCBS dental insurance. Contact your provider to confirm their acceptance of BCBS dental insurance.

TYPE	BASIC PLAN	HIGH PLAN
Deductible	Individual \$50 Family \$100	Individual \$50 Family \$100
Maximums		
Calendar year	\$1,000	\$1,500 (\$750 major)
Orthodontia*	Not covered	\$1,500
Coverage		
Type A: Preventative and diagnostic	100%	100%
Type B: Basic restorative	80%	80%
Type C: Major restorative (includes implants)	Not covered	50%
Type D: Orthodontia*	Not covered	50%

*Orthodontia care only covers dependent children under the age of 19. Restrictions may apply. Contact BCBS for with any questions.

Dental plan restrictions may apply.
 For more information contact BCBS at **800.222.7156** or
 review the Summary Plan Description and Policy in
 Smart@Work located in the center panel of the Compass.

To find a network provider, go to **www.southcarolinablues.com**.
 Then, go to Helpful Links > Dental Resource Center.

Or contact your dental provider to confirm
 their acceptance of BCBS dental insurance.

McLeod offers a vision plan to help meet your basic vision needs. When you enroll in the Vision Plan through Companion Life, you will receive coverage for eye exams and allowances for eyeglasses and contacts. Companion Life has a large provider network of ophthalmologists and optometrists within South Carolina.

BENEFIT (RECURRENCE)	IN-NETWORK	OUT-OF-NETWORK*
Copayments		
Eye Exam (every 12 months)	\$15 copay	\$15 copay
Materials (every 12 months)	\$15 copay	\$15 copay
Allowances		
Prescription Eyeglass (lenses and frames) AND/OR Contact Lenses (every 12 months)	\$200 allowance, discounts apply after allowance	Up to \$200 less materials copayment
Contact Lens Fitting Fee	\$15 copay	\$15 copay
Refractive Surgery (Including Lasik)	10% – 15% discount	N/A
Members who obtain exams and/or eyewear from an out-of-network provider will still receive the full covered benefit. After submitting a claim form, you will be reimbursed minus any applicable copays.		

IMPORTANT INFORMATION

All members will be mailed a Companion Life membership card.

- You are responsible for payment to the providers for any amount exceeding the material allowance, including but not limited to any copays and contact lens fitting fees.
- Medical and surgical treatments of the eyes are not covered benefits.
- Material allowance does not cover non-prescription lenses, non-prescription or cosmetic contact lenses, or nonprescription sunglasses.
- Certain providers do not offer discounts on some services or provide eye exam services. Ask your provider which services are provided through PEP.
- Spherical daily wear, extended wear and disposable contact lens are considered standard contact lens; any other contact lens types are considered non-standard.



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside tax-free dollars from your pay to cover eligible health and dependent care expenses up to plan limits.

Health Care Flexible Spending Account

The Health Care FSA allows you to pay for certain out-of-pocket medical, dental, vision and prescription expenses with tax-free dollars. The amount you save through this account is deducted from your paycheck before taxes are calculated and withheld. You can submit receipts to receive reimbursement or use your Flores Benefits card and have the pre-tax dollars taken from your account at the time of the purchase.

HEALTH CARE FSA

You can contribute \$4 – \$133.33 per pay period up to \$3,200* maximum per year

Other features of the Health Care FSA include:

- When you use the Flores Benefits card, no documentation is needed for an office visit, prescription, or facility copay of \$50 or less.
- Most over-the-counter items are not eligible expenses without prescription from your physician.
- Leftover funds greater than \$640 will be forfeited at the end of the year.
- You can submit claims for reimbursement until March 31 of the next plan year for eligible expenses incurred through the end of the previous plan year.

If you enroll in the High Deductible Health Plan, which features a Health Savings Account, you may not be eligible to participate in a Health Care Flexible Spending Account.

Dependent Care Flexible Spending Account

The Dependent Care FSA is designed to let you pay for certain childcare or adult day or home care expenses with tax-free dollars. You must first elect to have a specified amount of pre-tax money deducted from each paycheck and put into your Dependent Care FSA. You will then pay your dependent care provider, fill out a reimbursement claim form, and submit the form along with other required documents for reimbursement to Flores & Associates.

DEPENDENT CARE FSA

You can contribute \$4 – \$208.33 per pay period up to \$5,000* maximum per year

Leftover funds in the Dependent Care FSA will be forfeited at the end of the year.

For more information on eligible expenses for the FSAs, visit Smart@Work On-line, located in the center panel of the Compass, or www.flores247.com.

*Maximum contribution limits for Health Care and Dependent Care FSAs are determined each year by the Internal Revenue Service (IRS).



McLeod offers you basic, voluntary life and accidental death and dismemberment insurance benefits that can provide income to your family in the event of your death, accidental injury or the death of a covered dependent.

- Basic and Supplemental Life Insurance
- Dependent Life Insurance
- Accidental Death & Dismemberment Insurance

Life Insurance Benefits at a Glance

BENEFIT	COVERAGE
Basic Life	1 x base salary (\$10,000 minimum)*
Supplemental Life	1 x base salary, up to a total of 3 x base salary**
Dependent Life	Dependent child – \$10,000 or \$15,000 Spouse – \$10,000, \$20,000 or \$30,000
Accidental Death & Dismemberment	\$10,000
	\$20,000
	\$30,000
	\$40,000
	\$50,000
	\$100,000
	\$200,000
\$300,000	
	Limit: Up to 10 x base salary to maximum of \$300,000

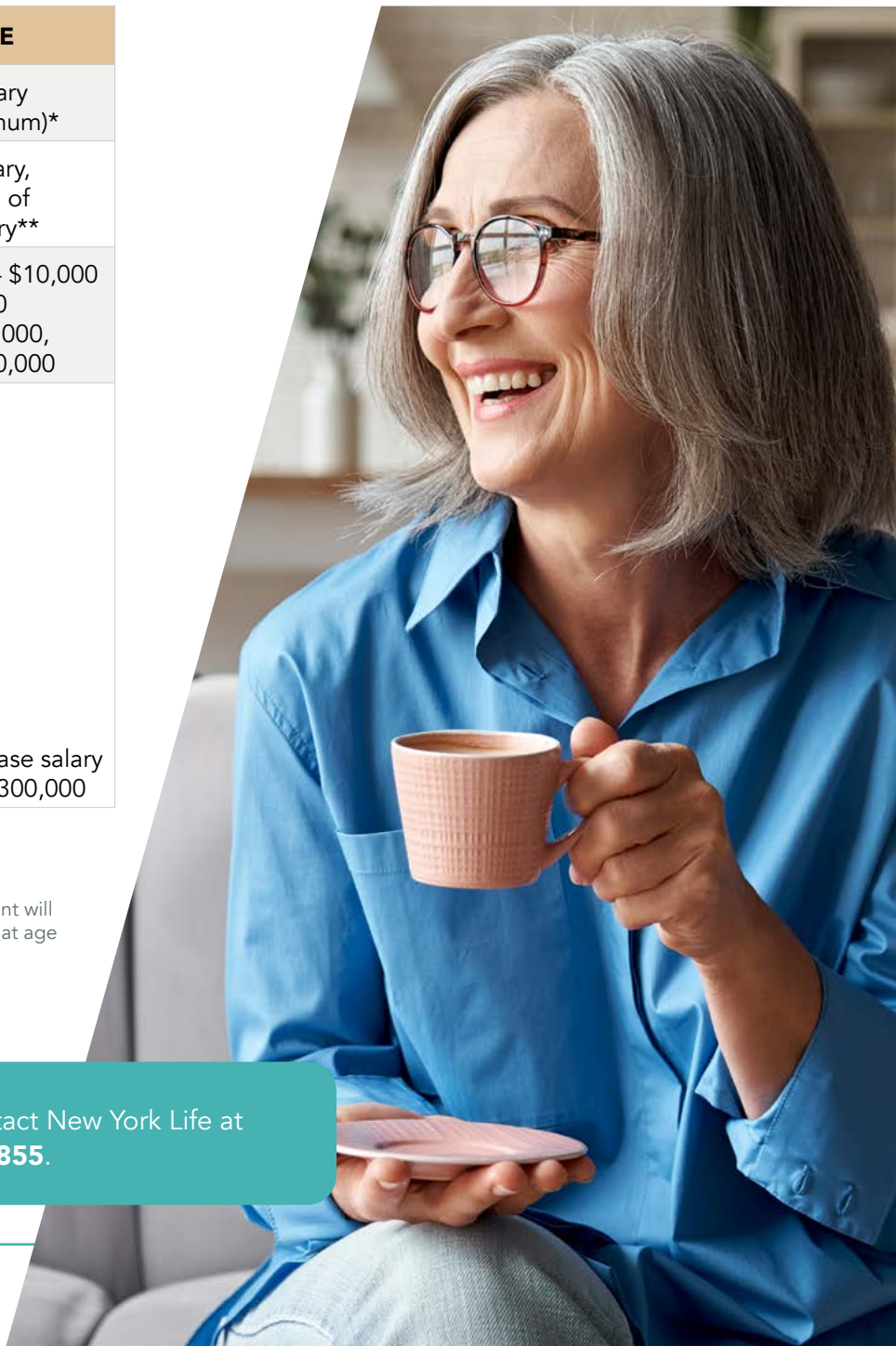
Conversion and Portability Privileges

If you have a change in status or are no longer eligible for life insurance coverage, you may be able to convert to a private policy or port your life insurance policy. Within 31 days of your life insurance coverage ending or reducing, you will receive a packet from New York Life with your portability and conversion options. The individual policy will be issued without evidence of insurability (EOI) and will contain life insurance benefits only.

*When you are age 65 or older, your Basic Life Insurance amount will reduce to: 67% at age 65, 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85, 10% at age 90.

**Maximum benefit: \$1 million, basic and supplemental coverages combined.

For more information, contact New York Life at **888.737.3855**.



McLeod Health offers two levels of disability protection: short-term and long term disability coverage.

McLeod pays 100% of the cost of basic coverage if you are budgeted to work at least 72 hours per pay period. Full-time employees budgeted to work 72 or more hours per pay period automatically receive at no cost basic short and long-term disability benefits of 50% of covered salary.

Employees classified as part-time or full-time (budgeted to work 40 or more hours per pay period) are eligible to enroll in the optional STD and LTD Buy-Up Plans, which pays a benefit of up to 60% of covered salary.

Short-Term Disability

Short-Term Disability (STD) provides income protection for illnesses and injuries that last longer than 14 consecutive calendar days.

Newly benefits eligible employees will have a 12 month waiting period to become eligible for STD. This coverage will begin on the first day of the next month following the initial waiting period. (Please see page 19 for details on an optional voluntary STD plan).

Effect on Benefits

Employees whose leaves are protected under Family Medical Leave Act (FMLA) and/or who are receiving GSP will remain benefit eligible during the period of FMLA approved leave and/or GSP availability. As long as the employee is benefit eligible, health insurance benefits will be maintained at the same level and under the same conditions as if the employee continued to work. It is the employee's responsibility to contact the HR Service Center to obtain information on the effect on benefits while on FMLA Leave, including arrangements for payment of the employee's portion of the required premiums.

Long-Term Disability

Long-Term Disability (LTD) provides income replacement for a disabling injury or illness that lasts more than 180 consecutive days. Please refer to the chart below for additional information on the LTD benefits.

LTD Benefits	LTD 50% BASIC PLAN	LTD 60% BUY-UP PLAN
Maximum earnings on which benefit is based	\$144,000	\$200,000
Maximum monthly benefits	\$6,000	\$10,000
Minimum monthly benefit	\$100 or 10% of the Gross Monthly Benefit, whichever is greater	
Excludes	Other income benefits and earnings	
Own occupation duration	24 months	
Age at disability	MAXIMUM BENEFIT PERIOD	
Less than age 60	To age 65 (but less than 5 years)	
Age 60	60 months	
Age 61	48 months	
Age 62	42 months	
Age 63	36 months	
Age 64	30 months	
Age 65	24 months	
Age 66	21 months	
Age 67	18 months	
Age 68	15 months	
Age 69 and over	12 months	

If you need to take a leave of absence

For information on application and approval of any and all continuous and/or intermittent leaves of absence, FMLA and/or short-term disability benefits, you should inform your manager, Human Resources and New York Life.

Follow your department's call-in procedure on or before your first day or partial day out of work. Tell your director when and for how long you plan to be absent, arrive late or leave early for a qualifying Family and Medical Leave, Leave of Absence or Intermittent Leave.



Contact New York Life within your first day or partial day out of work at **888.842.4462** or fill out a claim form online at **myNYLGBS.com**.

Provide details and inform New York Life about your illness, injury or pregnancy including symptoms and/or diagnosis, doctor, hospital or physician visits, including dates and contact information.

In order to approve or deny your leave request, New York Life will review the details of your leave request and may request information from McLeod, your physician or hospital. New York Life will send you a letter that explains the decision to either approve or deny your request, along with your necessary next steps. If you have questions, contact the HR Service Center at **843.777.2595**.

Voluntary Short-Term Disability through Voya

- During the 12-month waiting period for STD, employees are eligible for the Voluntary STD benefit through Voya.
- Eligible the first of the month following or coinciding with start/hire date.
- Once eligible for the New York Life STD plans (after 12 month waiting period), employees are no longer eligible for the Voya Voluntary STD plan; they become eligible for the NY Life STD / buy up STD based on those current plan rules.

COVERAGE AMOUNT	
60% of your weekly earnings (\$15 minimum weekly benefit/\$2,000 maximum weekly benefit)	
 WAITING PERIOD	<ul style="list-style-type: none">• The benefit waiting period for a disability caused by an accidental injury is 7 days• The benefit waiting period for a disability caused by a sickness is 7 days
 HOW LONG BENEFIT PAYMENTS LAST	<ul style="list-style-type: none">• Short-term disability Income Insurance is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive short-term Disability benefit payments is 26 weeks.

McLeod offers you a variety of programs to help you achieve a healthy life balance.

ID Theft Protection

MetLife Identity & Fraud Protection (powered by Aura) is a comprehensive service that provides employees and eligible dependents the most comprehensive and affordable tools for identity theft protection, financial fraud protection, and on-line privacy.

Merchant Discount Program

Local businesses, working in partnership with McLeod, make available a large number of discounts and other offerings to our employees. To receive discounts at participating merchants, simply request the discount and show your ID badge. View discounts at www.mcleodhealthmerchantdiscounts.com.

Employee Emergency Fund

Unexpected emergencies can cause a financial hardship for you and your family. The McLeod Employee Emergency Fund was set up by McLeod employees to assist other employees who have experienced an emergency that could not have been anticipated (such as a house fire or lengthy illness) and has resulted in their inability to meet basic expenses, including rent or mortgage, utilities, food, or transportation. The fund is not designed to help with financial problems unrelated to an emergency nor for non-necessities.

Prior to seeking assistance, employees must have been employed for at least six months in a budgeted 40 hours or more per pay period position. Employees may receive assistance only once within a 12-month period and may receive no more than five awards in a lifetime. The maximum assistance per application is \$1,000.

The fund receives money from generous contributions of fellow McLeod employees. Each request is reviewed by a committee comprised of volunteers representing all of McLeod campuses. Without knowing the identity of the applicant, they consider the entire circumstances and decide what action to take.

Child Development Center

The McLeod Child Development Center provides quality care for your child(ren) or grandchild(ren). Fully licensed and accredited, this center offers childcare services Monday through Friday. Children six weeks to 12 years of age can attend this private, not-for-profit child development center. Enrollment is on a first-come, first-served basis. Fees are based on a child's age, and you can simplify payment through payroll deduction.

Whole Life Offered by Aflac

If something happened to you, would the financial future of your loved ones be protected? Help ease your mind with coverage that you and your family can rely on. The Whole Life benefit includes a long-term care feature that allows participants to accelerate a portion of the death benefit each month if you are confined to a nursing or assisted living facility or receive home health care or adult day care.

Ex-Program

McLeod Health has renewed and enhanced our partnership with the Ex-Program. The Ex-Program is a tobacco cessation program to help employees and dependents stop using tobacco products. The program is 100% digital and each participant will receive personalized support from a dedicated coach and the ability to have live support 24 hours a day, 7 days a week.

FreeWill

In partnership with the McLeod Foundation we will offer FreeWill an online platform that allows all users to develop a legally valid will at no cost. FreeWill allows employees to successfully complete a valid will, for free, in less than 30 minutes.

MASA - Medical Transport Solutions (MTS)

A MASA MTS insurance policy provides the ultimate peace of mind at an affordable rate for you and your family dependents for emergency ground and air transportation expenses and other associated services. You can rely on this coverage regardless of whether the ambulance provider is in or out of your group healthcare benefits network.

QUESTIONS?

If you have questions regarding the ID Theft protection program, or need information on reporting a theft event, contact member services at **844.931.2872**.

Pet Insurance

If they never leave your side, they deserve to be insured. No matter what unpredictable antics your furry family member gets into, your family isn't complete without them. With MetLife Pet Insurance, you can feel confident that their health and your wallet are protected if you're faced with an unexpected trip to the vet.

Earned Wage Access

Rain is a financial wellness benefit. Through the Rain app, you can take out advances on your upcoming paycheck. You can access up to 50% of your earned wages.

Critical Illness, Accident Protection & Hospital Indemnity

Offered by Voya Employee Benefits Compass Critical Illness Insurance

Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition¹. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Compass Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Offered by Voya Employee Benefits Compass Accident Insurance

Accident insurance pays you benefits for specific injuries and event resulting from a covered accident¹. You can use this money however you like, for example: deductibles, child care, housecleaning, groceries or utilities. Compass Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Offered by Voya Employee Benefits Compass Hospital Indemnity Insurance

A Hospital Indemnity plan provides cash benefits to help pay for some of the costs — medical and non-medical — associated with a covered hospital stay due to a sickness or accidental injury. The plan helps you focus on getting better, not worrying about how you'll pay your bills. Voya pays cash benefits directly to you, giving you the flexibility to use your benefits anyway you see fit, either on costs related to treatment or to help with everyday living expenses. Benefits are paid regardless of any other medical insurance.

Wellness Benefit

If you enroll in critical illness or accident insurance coverage, available through Voya Employee Benefits, you have access to the Wellness Benefit. The Wellness Benefit provides an annual benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The tests can help screen for a wide range of potential illnesses and diseases. This benefit is designed to encourage you to maintain a healthy lifestyle.

To find out more about critical illness, accident insurance or the Wellness Benefit go to Smart@Work On-line.

Work-life Benefits

Balancing your work and personal life is just as important to your well-being as proper exercise and nutrition. McLeod offers you the resources you need to achieve that balance.

Additional benefits include:

- Jury Duty Pay
- Bereavement Pay
- Military Leave
- Educational Leave
- Adoption Benefit
- McLeod Advantage Payroll Deduction Program
- Lunch and Learns
- On-site Cafeteria Discount
- Free Parking
- McLeod Healthier You
- Accessible ATM
- McLeod News Articles
- And many more

Please know your benefits by reviewing the HR policies through Smart@Work On-line. Take the time to explore the Compass for important updates and to discover events happening each week at McLeod.

¹ See the product brochure, certificate of coverage and any applicable riders for a list of covered accidents, along with complete provisions, exclusions and limitations. Insurance products issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. Policy provisions and product availability may vary by state.

Paid Time Off (PTO)

Paid Time Off (PTO) is a special bank of time for you to use for vacation, holidays, personal days or other absences due to your own illness or that of a family member.

Before taking PTO, you must get pre-approval from your supervisor in accordance with your department’s time-off processes. Attendance policies and department call-in procedures apply.

How You Earn PTO

You will receive PTO based on your years of continuous benefits-eligible service and budgeted status (64 hours or greater). You will accrue a prorated amount of PTO each pay period for every hour you work, up to your annual maximum accrual. The maximum PTO accrual allowed is one and a half times your annual accrual rate. For example: If you accrue at a rate of 160 hours, your accrual maximum will be 240 hours per year.

If you change to a benefit-ineligible status before completing one year of continuous benefit-eligible service, any unused PTO time will be forfeited.

PTO AT A GLANCE					
YEARS OF BENEFIT-ELIGIBLE SERVICE	PER HOUR	BUDGETED FTE**	BUDGETED HOURS PER PAY PERIOD	MAXIMUM HOURS ELIGIBLE TO ACCRUE PER PAY PERIOD	MAXIMUM HOURS ELIGIBLE TO ACCRUE PER PAY YEAR
Up to 5 Years	0.076923	1.0 and Over	80	6.153840	240
		0.90	72	5.538456	216
		0.80	64	4.923072	192
6 to 10 Years	0.096153	1.0 and Over	80	7.692240	300
		0.90	72	6.923016	270
		0.80	64	6.153792	240
> 10 Years	0.115384	1.0 and Over	80	9.230720	360
		0.90	72	8.307648	324
		0.80	64	7.384576	288































Paid Time Off (PTO) Accrual is based on Regular Hours Worked and PTO Hours paid during eligible pay periods. It does not accrue while on a Leave of Absence or above the maximum amounts listed above.

**Full-time equivalent (FTE) is a unit that standardizes part-time workers’ hours against those working full-time.

When your years of benefit-eligible service increase to the next level, your PTO accrual will automatically change to the new rate. Your PTO balance and the number of hours you use and accrue each pay period can be viewed in *Smart@Work* located in the center panel of the Compass.

Helpful Applications

Download and use these apps when you enroll

APP ICONS, NAME AND DESCRIPTIONS		Download on the App Store	GET IT ON Google Play
	<p>Blue Cross Blue Shield – My Health Toolkit®</p> <p>My Health Toolkit® is the Blue Cross Blue Shield app that provides you with a convenient way to access your health coverage. With My Health Toolkit®, you'll be able to check your claims status, view and share your digital ID card, confirm your coverage, and more. SEARCH: My Health Toolkit for BCBS</p>		
	<p>McLeod Telehealth</p> <p>The McLeod Telehealth app lets you visit a doctor anytime from anywhere. With the McLeod Telehealth app, get quickly diagnosed by a board-certified physician for recurring conditions, minor or common illnesses. SEARCH: McLeod Telehealth</p>		
	<p>Hinge Health</p> <p>The Hinge Health app is a digital clinic for joint and muscle pain. It combines wearable sensors and AI vision technology to help reduce the likelihood of back and joint pain, surgeries and opioid use. The app provides exercises, care team communication and educational information about various conditions. SEARCH: Hinge Health</p>		
	<p>Businessolver</p> <p>MyChoice app allows you to sign up for your McLeod Health benefits or view your current benefits. Other benefits of MyChoice are that you can store pictures of your ID Cards, upload dependent verification documents and more. SEARCH: MyChoice Mobile</p>		
	<p>Access McLeod Healthier You on the go</p> <p>Get the inHealth Well-being app With inHealth, you'll be able to complete your health risk assessment, track screening results, chat with a health coach, and more. SEARCH: My Health Toolkit for BCBS</p>		
	<p>Manage your FSAs online or with the app</p> <p>Flores & Associates Online at www.flores247.com, or Download the Flores & Associates app. Using the app you can transmit receipts, view account information, and look up eligible expenses.</p>		
	<p>Prevent becoming a victim of identity theft</p> <p>MetLife Identity & Fraud Protection (powered by Aura) Download the app from the App Store or Google Play.</p>		
	<p>Find participating merchants on the go with the app</p> <p>McLeod Health Merchant Discounts With the app, you can view a list of all participating vendors.</p>		
	<p>MetLife Pet App</p> <p>With the MetLife Pet mobile app, pet parents can manager their furry family member's health and wellness all in one location.</p>		
	<p>Rain</p> <p>Rain is a low-cost tool to access your earnings before payday. SEARCH: Rain Instant Pay</p>		

Contact Information

BENEFIT	LOCATION	CONTACT
Enrollment/changes during the year	Benefits Call Center	844.436.7172
Medical Coverage	BlueCross BlueShield of South Carolina PO Box 100300 Columbia, SC 29202	800.760.9290 – Customer Service 800.810.2583 – PPO Network Providers 800.334.7287 – Precertification 843.317.4949 – Mental Health & Substance Abuse Precertification www.SouthCarolinaBlues.com
Hinge Health	Hinge Health	855.902.2777 www.hingehealth.com hello@hingehealth.com
Health Savings Account (HSA)	Fidelity Investments PO Box 28003 Albuquerque, NM 87125-8003	800.544.3716 www.netbenefits.com/atwork
Prescription Drug Coverage	Optum	800.760.9290 – Customer Service www.SouthCarolinaBlues.com
Dental Coverage	BlueCross BlueShield of South Carolina PO Box 100300 Columbia, SC 29202	800.222.7156 – Customer Service www.SouthCarolinaBlues.com
Vision Coverage	Companion Life P.O. Box 100102 Columbia, SC 29202	800.753.0404 800.836.5433 fax www.companionlife.com
Health & Dependent Care Flexible Spending Accounts	Flores Claims Processing P.O. Box 31397 Charlotte, NC 28231	704.335.8211 or 800.532.3327 – Account Manager www.flores247.com
Short-Term Disability, Long-Term Disability and Leave of Absence	New York Life PO Box 22328 Pittsburgh, PA 15222	888.842.4462 myNYLGBS.com
Basic Life, Supplemental Life and Dependent Life	New York Life PO Box 22328 Pittsburgh, PA 15222	888.737.3855 – Portability & Conversion
Critical Illness, Accident Insurance and Hospital Indemnity	Voya Employee Benefits Claims: PO Box 1548 Minneapolis, MN 55440	877.236.7564 – Questions 888.238.4840 – Claims https://claimscenter.voya.com
Whole Life Insurance	Aflac Group Insurance PO Box 84069 Columbus, GA 31908-4069	800.433.3036
Pet Insurance MetLife	MetLife Pet Insurance 400 Missouri Avenue Jeffersonville, IN 47130	1.800.GET.MET8 www.metlife.com/getpetquote
Emergency Transport Services MASA	MASA Global 1250 S. Pine Island Road, Suite 500 Plantation, FL 33324	877.503.0585 Member Services 954-334-1901 Claims https://masamts.com/member

For more information, visit the benefits website at: benefits.mcleodhealth.org

Contact Information

BENEFIT	LOCATION	CONTACT
Identity Theft Protection	MetLife Identity & Fraud Protection (powered by Aura)	1.844.931.2872 my.aura.com/start
Rain Instant Pay	Rain	424.369.7246 care@rain.us
Proof of Employment	The Work Number McLeod Employer Code: 12873 Monday - Friday 9:00 a.m. - 8:00 p.m. ET	800.367.2884 800.424.0253 TTY www.theworknumber.com
Retirement Plan	Fidelity Investments PO Box 28003 Albuquerque, NM 87125-8003 Fidelity Retirement Service Center: Monday - Friday 8:30 a.m. - midnight ET	1-800-343-0860 www.netbenefits.com/atwork
Workers' Compensation / Employee Health	McLeod Employee Health	843.777.5146
Employee Assistance Program		843.317.4949 – Pee Dee 843.655.9438 – Coastal 877.317.4949
McLeod Choice Pharmacy		843.777.2166 – Florence 843.366.3107 – Loris Seacoast
Breastfeeding Support	McLeod Resource Center	843.777.2890
Information Systems Help Desk		843.777.2288
Payroll Services		843.777.2593
McLeod Healthier You		843.777.5191 888.808.7466
HR Service Center		843.777.2595
529 College Savings Plan	Raymond James, Joshua Larrimore, AAMS®	843.800.3114 www.raymondjames.com/joshualarrimore Joshua.Larrimore@RaymondJames.com





Gallagher

Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/ Benefits Department.

06501-MCLEOD-BG