



2022

Benefits Enrollment Overview



Novant Health provides comprehensive benefits to the people who help us deliver the most remarkable patient experience.

Whether it's now or later, the Novant Health benefits program will be of real value to you and your family. You can make flexible benefit selections for medical, dental, vision and life insurance coverage for yourself and your family. Short- and long-term disability benefits add an extra measure of protection. You have the opportunity to save taxes on certain healthcare and dependent care expenses through Flexible Spending Accounts. Additionally, Retirement Plus, our 403(b) retirement plan, helps provide an income during your retirement years.

Visit the Benefits Enrollment Resource Center website at NovantHealth.org/careers/benefits for plan details.

2022 Benefits Enrollment

When and How to Enroll
How to Enroll Dependents
When Coverage Begins
Enrollment Resources

When and How to Enroll

New hires and/or team members experiencing a change in their employment status that allows for enrollment in or a change to their benefits have 31 days to enroll and submit required documentation if enrolling dependents in medical coverage.

If you do not actively enroll in benefits, the following **default package will be assigned:**

- Short-term disability insurance — 30-day elimination period (voluntary, team member-paid)
- Basic life insurance (company-paid)
- Long-term disability insurance (company-paid)

In addition, all other benefit elections will default to "waive". Therefore, if you intend to have medical coverage with Novant Health, you MUST "take action" and actively elect a medical plan. Failure to elect a medical plan will result in you not having medical coverage with Novant Health.

There are two ways team members enroll in Flexible Benefits, depending on your employment status. If you are a new hire to Novant Health, you will enroll online using Self Service (PeopleSoft). If you are a team member experiencing a change in your employment status, you will be provided with an individualized enrollment form to be completed and returned.

If completing your enrollment on a work computer

- 1 From the I-Connect homepage, select *Tools and Services > Team member services > Self Service (PeopleSoft)*
- 2 Enter your User ID (six-digit employee ID number)
- 3 Enter your password (previously created in Password Management)
- 4 The Employee Service page will open. Under *Main Menu*, select *Self Service > Benefits > Benefits enrollment*

If completing your enrollment on a personal computer

- 1 From the NovantHealth.org website, select for *Employees* at the top of the page or *Team member connections* at the bottom of the page
- 2 Under *Remote access*, select *Self Service (PeopleSoft)*. The Novant Health PeopleSoft Portal screen appears. You will need to sign in on two login screens.
- 3 At the first login screen, enter:
 - User ID: six-digit employee ID (e.g. 123456)
 - Password: your password created in Password Management
 - Server: Select *Novant Health PeopleSoft*
- 4 At the second login screen, enter:
 - User ID: six-digit employee ID (e.g. 123456)
 - Password: your password created in Password Management
- 5 The PeopleSoft service page will open. Under *Main Menu*, select *Self Service > Benefits > Benefits enrollment*

If you have questions or require assistance, please call the Novant Health DPS service desk at **866-966-8268**.

How to Enroll Dependents

Please be prepared with information for yourself, your dependents and your life insurance beneficiaries, including full names, dates of birth and Social Security numbers. *Note:* If you will be enrolling dependents in a Novant Health medical plan, you must provide the documentation noted below:

Spouse

- 1 Copy of marriage certificate *and* proof of joint debt/ownership. The proof of joint debt/ownership must show both the team member and spouse's names and be dated within the past 90 days.
- 2 Spouse mandate for medical coverage (reference the call-out box at right):
 - Copy of current proof of receipt of unemployment benefits, *or*
 - A letter from your spouse's employer validating they are not eligible for medical coverage through their employer, *or*
 - 2020 federal income tax return that verifies spouse is self-employed, retired, disabled or unemployed.

Children (Up to Age 26)

- 1 Copy of front page of current federal income tax return that includes the child(ren) being enrolled (you may remove all financial information and all but the last four digits of the Social Security Number).
- 2 If the child(ren) is/are not listed on your tax return, you must provide a copy of the birth certificate(s) showing the team member's name.

Spouse Mandate for Medical Coverage

If your spouse is employed and eligible for employer-sponsored group medical coverage, they cannot be enrolled in a Novant Health medical plan; however, if your spouse is self-employed, unemployed/retired/disabled or their employer does not offer group medical coverage to its employees, your spouse may be eligible for medical coverage with Novant Health.

Satisfactory documentation that verifies a spouse is not eligible for group medical coverage somewhere else is required before a spouse is enrolled in Novant Health medical coverage. **The spouse mandate requirement only applies to medical coverage.** A spouse can be enrolled in dental, vision and life insurance regardless of eligibility for these plans somewhere else.

If you have questions or require assistance, please call the People & Culture Solutions Center at **800-890-5420** or email AskHR@novanthealth.org.

When Coverage Begins

New Hire

If the team member is a new hire, flexible benefits begin on the first day of the month following one full month of employment.

Employment status change or physician practice affiliation

If a team member has an employment status change or is a new hire through a physician practice affiliation then flexible benefits take effect on the date of the employment status change or practice affiliation.

Enrollment Resources

Go to the Benefits Enrollment Resource Center website at NovantHealth.org/careers/benefits to visit the interactive virtual benefits fair. This online experience includes virtual health plan booths where you can learn more about each benefit plan summarized in this guide.

Plans & Benefits

Medical Benefits
Other Benefits & Insurance
Cigna Medical Plans
Bind Medical Plan
Bind Coverages
Requiring Activation
Bind Questions & Answers
Pharmacy Benefits
2022 Health Plan
Bi-Weekly Premiums
2022 Well-Being Programs
Fidelity Investments
Novant Health Retirement
Plus Plan
Team Member Advantages

Medical Benefits

You can choose from three medical plan options: the Cigna Premium and Standard plans or the Bind medical plan. All three plans include prescription drug coverage through MedImpact and have out-of-pocket maximums that place a cap on what you pay for covered services in a plan year.

Cigna

The Cigna **Premium** and **Standard Plans** require higher team member contributions per paycheck and have deductibles, copays and coinsurance.

Premium Plan participants in certain coverage tiers receive an initial employer-funded health reimbursement account (HRA)* deposit; however, both plans include the opportunity to earn money in a HRA through the well-being program.

Coverage Effective Date Falls Between	Employee Only	Employee/ Child(ren)	Employee/ Spouse	Family
January 1 — March 31	\$0.00	\$375.00	\$450.00	\$750.00
April 1 — June 30	\$0.00	\$281.25	\$337.50	\$562.50
July 1 — September 30	\$0.00	\$187.50	\$225.00	\$375.00
October 1 — December 31	\$0.00	\$93.75	\$112.50	\$187.50

Bind

Bind is a health plan that removes barriers such as deductibles and coinsurance, while making costs more transparent. The Bind plan allows coverage for less common, plannable treatment to be activated if and when you need coverage. This helps keep your cost down, while providing the flexibility to activate coverage at any time during the year, when and if you need it.

Important!

If you intend to have medical coverage, you *must* elect a medical plan. Failure to elect a plan will result in you *not* having medical coverage.

* Team members who select the Premium Plan and have a base annual salary greater than \$150,000 do not receive a fixed contribution to the HRA.

Other Benefits & Insurance

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, and 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, and 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.

Hospital Care Plan

Hospital care coverage provides a fixed benefit when a covered person incurs a hospital stay due to a covered injury or illness. You can use the money however you would like to help pay for expenses such as child care, travel or other out-of-pocket expenses. As with Accident and Critical Illness coverage, this coverage is portable, meaning you can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

Dental Benefits

The dental plan is administered by Cigna 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%. Orthodontia is covered at 50% for **children and adults** and provides a **lifetime orthodontia maximum of \$1,500** per covered patient.

Vision Benefits

The vision plan is administered by VSP 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.

Visit the Benefits Enrollment Center website at [NovantHealth.org/careers/benefits](https://www.novanthealth.org/careers/benefits) for more information.

Other Benefits & Insurance (CONTINUED)

Flexible Spending Accounts

Flexible spending accounts (FSAs), administered by WEX, allow you to set aside pre-tax dollars to pay for eligible out-of-pocket health care or dependent care expenses. The health care FSA allows you to set aside up to \$2,750 for eligible expenses, and the dependent care FSA allows you to set aside up to \$4,992 (\$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 claim submission deadline.

Basic Life

Novant Health provides 1.5x 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, but you should enter beneficiary information into Self Service (PeopleSoft).

Supplemental Life

You may choose to purchase supplemental life and accidental death and dismemberment (AD&D) insurance in addition to the company-paid life insurance benefit. Supplemental life insurance can be purchased in the following increments:

- 1 1x base pay, 2x base pay, 3x base pay, 4x base pay or 5x base pay. The maximum amount of supplemental life insurance is \$1,000,000. Guarantee issue applies to the first \$500,000 of team member coverage that is elected the first time being eligible for supplemental life.
- 2 Dependent life insurance coverage options for your spouse and children are also available.
- 3 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. Call the Aon Whole Life Enrollment Center at **1-855-874-0209** to speak with a Benefits Counselor who can answer your questions and/or take your whole life enrollment elections.

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.

MetLife Legal Plan

Whether it's a planned event like buying a home or preparing a will, or an unexpected problem like a speeding ticket, most of us need legal counsel at some point, and quality legal assistance can be expensive. It can also be hard to know how to find an attorney you trust. With MetLife Legal Plans, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

Other Benefits & Insurance (CONTINUED)

Disability

Novant Health offers short-term disability*, which pays a benefit of 60% of your base pay, up to \$2,500 per week. Team members pay the full cost of short-term disability with after-tax dollars so that the benefit is received tax-free should you need it. New hires and team members going from a benefits-ineligible position to a benefits-eligible position will be defaulted to the short-term disability plan with a 30-day waiting period. You may remain enrolled in the 30-day waiting period plan, select the 15-day waiting period plan or opt-out of short-term disability coverage altogether. Novant Health provides long-term disability benefit 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**.

UNUM Long-Term Care Insurance

Whether it's due to an accident or serious illness, you or a dependent may need assistance in performing basic activities of daily living. Long term care insurance provides benefits to help pay for care provided in a long-term care facility, assisted living facility or professional home care. For questions and to learn more, contact UNUM customer service at: **1-800-227-4165** or at unuminfo.com/Novant/index.aspx.

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.

Paid Leaves of Absence

Novant Health provides benefits-eligible team members who have been employed for 12 months and have worked 1,250 hours during the prior 12 months with the following paid leaves of absence:

- **Parental leave** — Eligible team members are provided with four weeks of paid parental leave at 100% of base pay to allow for the care and well-being of their newborn or adopted child.
- **Caregiver leave** — Eligible team members may take one week of paid leave at 100% of base pay to care for a parent, spouse or child under age 18 experiencing a serious health condition as defined by the Family and Medical Leave Act.

Military Leave Supplemental Pay Benefit

Novant Health is proud of team members who make personal and professional sacrifices to serve in the U.S. Armed Forces or National Guard. These team members may be activated to support national and international military operations, and when their military pay is less than the base hourly rate of pay at Novant Health, it can be a hardship on the team member and family. Therefore, Novant Health provides supplemental pay equal to the difference between compensation (excluding payments for room and board) for military duty and the team member's base hourly rate of pay. Military pay supplements will be reviewed annually.

Visit NovantHealth.org/careers/benefits for plan details, rates and all required compliance notices.

* Directors and above do not elect short-term disability.

** The monthly maximum benefit for physicians is \$10,000 per month, not including the benefit that can be received from the supplemental long-term disability plan.

Cigna Medical Plans

DEDUCTIBLE Copays do not apply to the deductible. Deductibles cross-accumulate.						
	Premium Plan 2022			Standard Plan 2022		
	Novant Health Network	Cigna Network	Out-of-Network	Novant Health Network	Cigna Network	Out-of-Network
Medical						
Employee Only	\$680	\$1,925	\$1,925	\$850	\$2,200	\$2,200
Employee/Child(ren)	\$1,000	\$2,900	\$2,900	\$1,275	\$3,300	\$3,300
Employee/Spouse	\$1,200	\$3,400	\$3,400	\$1,500	\$3,850	\$3,850
Employee/Family	\$1,360	\$3,850	\$3,850	\$1,700	\$4,400	\$4,400
Annual Maximum	None	None	None	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
OUT-OF-POCKET MAXIMUM Includes deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy out-of-pocket are separate limits.						
	Premium Plan 2022			Standard Plan 2022		
	Novant Health Network	Cigna Network	Out-of-Network	Novant Health Network	Cigna Network	Out-of-Network
Medical						
Employee Only	\$2,550	\$3,600	\$6,700	\$4,200	\$4,700	\$7,800
Employee/Child(ren)	\$4,000	\$5,600	\$8,700	\$6,500	\$7,300	\$10,400
Employee/Spouse	\$4,500	\$6,300	\$9,400	\$7,400	\$8,200	\$11,300
Employee/Family	\$5,100	\$7,200	\$10,300	\$8,400	\$9,400	\$12,500
Medical Out-of-Pocket Limit Any One Member	\$2,550	\$3,600	N/A	\$4,200	\$4,700	N/A
Member and Pharmacy Limit Any One Member	\$4,150	\$5,200	N/A	\$5,800	\$6,300	N/A
	Premium Plan 2022			Standard Plan 2022		
	Fixed with Salary: <\$150,000	Fixed with Salary: >\$150,000	Wellness Incentive Up To:	Fixed with Salary: <\$150,000	Fixed with Salary: >\$150,000	Wellness Incentive Up To:
Employer-Funded HRA						
Employee Only	\$0	\$0	\$900	\$0	\$0	\$900
Employee/Child(ren)	\$375	\$0	\$900	\$0	\$0	\$900
Employee/Spouse	\$450	\$0	\$1,175	\$0	\$0	\$1,175
Employee/Family	\$750	\$0	\$1,175	\$0	\$0	\$1,175

For full plan information, visit the Benefits Enrollment Resource Center website at NovantHealth.org/careers/benefits.

Cigna Medical Plans (CONTINUED)

All coinsurance amounts in-network and out-of-network are after the calendar year deductible, except where noted.

Medical	Premium Plan 2022			Standard Plan 2022		
	Novant Health Network	Cigna Network	Out-of-Network	Novant Health Network	Cigna Network	Out-of-Network
Hospital Inpatient Services	5%	20%	40%	10%	25%	40%
Hospital Outpatient Services	5%	20%	40%	10%	25%	40%
Physician Inpatient Visits	5%	20%	40%	10%	25%	40%
Physician Surgery, Office	\$75	20%	40%	\$85	25%	40%
Physician Surgery, Inpatient and Outpatient	\$100	20%	40%	\$200	25%	40%
Hospital Emergency Room	15%	15%	15%	20%	20%	20%
Urgent Care Facility	\$20	20%	20%	\$35	25%	25%
Primary Care Provider Office Services, Excluding Surgery	\$10	20%	40%	\$25	25%	40%
Specialist Office Services, Excluding Surgery	\$50	20%	40%	\$65	25%	40%
X-Rays and Lab Services, Including Interpretation at Office or Outpatient Lab Facility	5%, No Deductible*	20%	40%	10%, No Deductible*	25%	40%
Advanced Radiology (MRI, PET, CT), Office	\$125	20%	40%	\$200	25%	40%
Anesthesia, Inpatient or Outpatient	5%*	20%	40%	10%*	25%	40%
Preventive Care	\$0	\$0	40%	\$0	\$0	40%
Hospital Inpatient MH and SA	5%	5%	40%	10%	10%	40%
Physician Office MH and SA	\$10	\$10	40%	\$25	\$25	40%
PT, OT and ST, No Visit Limit	\$10	\$25	40%	\$25	\$40	40%
Maternity, Hospital	5%	20%	40%	10%	25%	40%
Maternity, Physician Global	\$100	20%	40%	\$200	25%	40%
DME, Home Health & Sleep Services	5%**	20%	40%	10%**	25%	40%

For full plan information, visit the Benefits Enrollment Resource Center website at [NovantHealth.org/careers/benefits](https://www.novanthealth.org/careers/benefits).

* Not all hospital-based providers at Novant Health facilities are in the Novant Health network, so you will receive the Cigna network benefit if the hospital-based provider is not in the Novant Health network. Novant Health is always seeking to expand the number of hospital-based providers in the Novant Health network.

** Novant Health network tier applies when DME and HHC services are obtained through Cigna's DME and HHC supplier, eviCore.

Bind Medical Plan

The Bind plan is designed to be easier. It is a plan with price tags (copays) for everything. The plan has a \$0 deductible and no coinsurance. You can see clear prices for treatments, doctors and prescription drugs before you get care, so you know what your health care choices will cost. With the Bind plan, you have coverage from day 1 — from preventive to emergency, from colds to cancer treatment. You also have the flexibility to activate coverage during the year for less common, plannable treatments only if you need them. Typically, less than 5% of Bind members activate coverage during the year for certain plannable treatments, like endoscopies and knee replacements, so with Bind, you aren't paying for coverage you don't need. Bind calls this "coverages requiring activation."

DEDUCTIBLE There are no deductibles with the Bind medical plan.

OUT-OF-POCKET MAXIMUM Includes all copay costs. Payroll deduction amounts for coverages that require activation do not accumulate towards out-of-pocket maximum amounts. Out-of-pocket amounts accumulate across Novant Health, Bind (UHC Choice Plus) Network, and out of network. Medical and pharmacy out-of-pocket are separate limits.

Medical	Bind Medical Plan 2022		
	Novant Health Network	Bind (UHC Choice Plus) Network	Out-of-Network
Deductible (Individual/Family)	\$0	\$0	\$0
Individual Out-of-Pocket Maximum	\$3,400	\$4,400	\$8,800
Family Out-of-Pocket Maximum	\$6,800	\$8,800	\$17,600
Medical Out-of-Pocket Limit Any One Member	\$3,400	\$4,400	\$8,800
Pharmacy Out-of-Pocket Maximum (Individual/Family)	\$1,600/\$3,200	\$1,600/\$3,200	Not Covered

For full plan information, visit the Benefits Enrollment Resource Center website at [NovantHealth.org/careers/benefits](https://www.novanthealth.org/careers/benefits).

Bind Medical Plan (CONTINUED)

Core Services	Bind Medical Plan 2022		
	Novant Health Network	Bind (UHC Choice Plus) Network	Out-of-Network
Virtual Visit with Primary Care Provider/Specialist	\$25/\$65	\$50-\$220	\$400
Hospital Inpatient Services (not otherwise specified)	\$1,000	\$3,000	\$6,000
Hospital Outpatient Services (not otherwise specified)	\$800	\$2,000	\$4,000
Bone Marrow and Solid Organ Transplant	\$1,600	\$3,950	Not Covered
Corneal Transplant	\$800	\$2,000	Not Covered
Physician Inpatient Visits (Primary Care Provider/Specialist)	Included in Hospital Inpatient Services		
Physician Surgery, Office	Most surgical fees are covered in the copay for your place of service. There are some surgery coverages that require activation.**		
Physician Surgery, Inpatient and Outpatient	Most surgical fees are covered in the copay for your place of service. There are some surgery coverages that require activation.**		
Hospital Emergency Room	\$500	\$500	\$500
Urgent Care Facility	\$35	\$160	\$400
Ambulance	\$550	\$550	\$550
Primary Care Provider Office Services, Excluding Surgery	\$25	\$50-\$220	\$400
Specialist Office Services, Excluding Surgery	\$65	\$50-\$220	\$400
Medical Infusions and Chemotherapy	\$40-\$900	\$100-2,400	Up to \$3,000
X-Rays and Lab Services, Including Interpretation at Office or Outpatient Lab Facility	\$0	\$0	\$0
Advanced Radiology (MRI, PET, CT)	\$200	\$500-\$1,500	\$3,000
Anesthesia, Inpatient or Outpatient	\$0	\$0	\$0
Preventive Care	\$0	\$0	\$300
Non-Screening Colonoscopy	\$0	\$0	\$2,750
Hospital Inpatient MH and SA	\$1,000	\$1,000	\$6,000
Physician Office MH and SA	\$25	\$25	\$300
PT, OT and ST	\$25	\$40-\$100	\$600
Maternity, Care and Delivery	\$500	\$1,000-\$2,000	\$6,000

For full plan information, visit the Benefits Enrollment Resource Center website at NovantHealth.org/careers/benefits.

** The list of 45 coverages that require activation can be found on Choosebind.com/NovantHealth. To access, enter the code *Novant2022*.

Bind Coverages Requiring Activation

The select set of plannable procedures below have the flexibility to be activated at any time during the year:

- Coverages available with activation may require a payment to the provider and additional paycheck deductions for a period of time.
- If a member activates coverage, it must be purchased at least three business days in advance of the treatment or procedure.
- To learn more about the Bind plan and activating coverage, go to Choosebind.com/NovantHealth and enter the access code *Novant2022*.

If coverage is required because of an emergency or to treat cancer, activation is not required.

Cardiovascular

- Cardiac Ablation
- Carotid Endarterectomy and Stents
- Coronary Artery Bypass Graft Surgery
- Coronary Catheterization and Percutaneous Coronary Interventions
- Pacemakers and Defibrillators
- Valve Replacement

Ear, Nose and Throat (ENT)

- Ear Tubes
- Sinus and Nasal Septum Surgery
- Tonsillectomy and Adenoidectomy

Gastrointestinal

- Bariatric Surgery
- Gallbladder Removal Surgery (Cholecystectomy)
- Hernia Repair
- Reflux and Hiatal Hernia Surgery
- Upper GI Endoscopy

The total cost of a coverage requiring activation is comprised of the copay (if applicable) plus the cost of the coverage which is paid through payroll deduction. Only copays count towards the out-of-pocket maximum. The cost of a coverage requiring activation does not count towards the out-of-pocket maximum.

Bind Coverages Requiring Activation (CONTINUED)

Musculoskeletal

- Ankle and Foot Bone Fusion
- Ankle Arthroscopy and Ligament Repair
- Ankle Replacement and Revision
- Bunionectomy and Hammertoe Surgery
- Carpal Tunnel Surgery
- Cervical Spine Disc Decompression
- Cervical Spine Fusion
- Elbow Arthroscopy and Tenotomy
- Elbow Replacement and Revision
- Ganglion Cyst Surgery
- Hip Arthroscopy and Repair
- Hip Replacement and Revision
- Knee Arthroscopy and Repair
- Knee Replacement and Revision
- Lumbar Spine Disc Decompression
- Lumbar Spine Fusion
- Morton's Neuroma Surgery
- Plantar Fasciitis Surgery
- Shoulder Arthroscopy and Repair
- Shoulder Replacement and Revision
- Spinal Cord Stimulator
- Wrist and Hand Joint Replacement
- Wrist Arthroscopy and Repair

Other

- Breast Reduction Surgery
- Cataract Surgery
- Fibroid Removal (Myomectomy)
- Hysterectomy
- Hysteroscopy and Endometrial Ablation
- Kidney Stone Ablation and Removal (Lithotripsy)
- Prostate Removal Surgery
- Sling Surgery for Female Urinary Incontinence

The total cost of a coverage requiring activation is comprised of the copay (if applicable) plus the cost of the coverage which is paid through payroll deduction. Only copays count towards the out-of-pocket maximum. The cost of a coverage requiring activation does not count towards the out-of-pocket maximum.

Have questions? We have answers.



What is Bind?

Bind is a health plan offering choice, flexibility and clarity. Decision-making is straightforward. Consumers compare and see treatment options and costs in advance of treatment and provider selection. Consumers can make informed decisions. They have the potential to save money by selecting the most cost-effective treatment path, and the opportunity to activate additional coverage as needs change.

Freedom from barriers. We removed deductibles and coinsurance. Members have access to one of the broadest networks of doctors, clinics and hospitals locally and nationally.

Opportunities to save. With Bind, you see transparent prices for treatments, doctors and prescription drugs so that you can decide how much to spend based on provider quality ratings.

Flexible coverage control. Members can activate coverage, any time, for less common, plannable procedures—like a knee replacement. You only pay for what you need, if you need it, at the time of need.

What is on-demand health insurance?

Our lives are on-demand. And with the Bind plan, now your health insurance is, too. You have immediate coverage answers, clear costs and can flex elements of your coverage to your own health needs as they change.

The Bind plan also goes to work for you immediately. You don't have to chip away at a deductible (ours is \$0) before your coverage ramps up. With Bind on-demand health insurance, you get the power on your benefit every time you use it—from day one to day 365.

How does the Bind Plan work?

The Bind plan is simple.

\$0 deductible. No coinsurance.

Without a deductible, the plan starts contributing whenever people use it. Without coinsurance, there's no confusing cost-sharing math percentages to figure out. With Bind, people are automatically covered, from preventive to emergency, colds to cancer treatment. But members can also activate coverage during the year for less common, plannable treatments if they need them (we call this "coverage you can activate.") For example, if you decide you need a hip replacement, you'd activate coverage at least three days before the procedure.

Have questions? We have answers.

Does the Bind experience differ from other health plans?

Yes. The Bind plan makes people the center of our design, not doctors, clinics and prescription drugs. With Bind, people shape their cost and coverage around their own health needs, making the health care marketplace *their* marketplace. You know costs before you seek care, not weeks later. You can see savings opportunities by comparing options. You have the flexibility to activate additional coverage. Providers with lower direct costs, lower risks of complications and higher rates of effectiveness are listed as more cost-effective options.

Does Bind have an easy-to-use app?

Absolutely, we do! We designed the digital Bind experience to fit your life and your pocket. Download the MyBind app after enrolling. Prior to enrolling, visit [ChooseBind.com/novant](https://www.choosebind.com/novant) to search for your doctor, treatment costs, and procedures.

Because we're all about on-demand, you get helpful information in real-time—immediate coverage answers, precise treatment costs, nearby doctors and clinics and important savings opportunities.

Is it really true I don't have a deductible with Bind? Or coinsurance? Ever?

Yes, it's true. Health insurance was meant to be a benefit—we redesigned it so it is. The Bind Plan has \$0 deductible and no coinsurance. We make it easy for you to know your full cost of care in advance. And for most treatments, your cost is a single copay—and some copays are \$0.

Is the Bind Plan a “skinny” plan?

Quite the opposite. The Bind plan was designed to give you more coverage from day one for the things you may need, from routine visits to major emergencies, from common colds to cancer. We began by getting rid of the deductible, which under a traditional plan usually means you pay several thousand dollars out of your pocket before your plan helps offset your out-of-pocket costs.

With Bind, you're covered from day one, dollar one, claim one—and all the way to day 365.

Does Bind cover the same things as my current plan does?

Yes, probably. We might not know all the things your current plan covers, but chances are the Bind plan covers those same things, and maybe more. With the Bind plan, you're automatically covered for care—from preventive visits to emergency care, from colds to cancer. And you can add coverage for plannable procedures fewer people need—at least three business days before the procedure—if and when you do.

With Bind, you can personalize your coverage so it fits your health needs.

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Have questions? We have answers.

Can I keep my same primary care doctor? Am I required to have a primary?

With the Bind plan, you choose your doctors. And you're not required to designate a primary doctor. The Bind plan uses a broad national network called the UnitedHealth Choice Plus network. Use our Search tool to find the network doctors who meet your needs.

Do I need a referral to see a specialist?

No. You don't need a referral to see a specialist. You select the network doctors who best meet your needs. And the Bind network is broad, not narrow. Use our Search tool to find the network specialist doctors you need.

Can my dependents be covered if they live in different state than me?

Yes. Bind partners with national and regional provider networks to give you broad access to doctors, clinics, hospitals and pharmacies—including those in different states. Use our Search tool to find network providers in any state.

Does the Bind Plan have an out-of-pocket maximum? How do my costs apply to it?

Yes, the Bind plan has an out-of-pocket max that provides you with a safety net for your annual copay costs for care—should you or your family have an unusually high health cost year. All copays for in-network covered services, including routine care, inpatient, outpatient, Add-In treatments, etc., count toward your in-network out-of-pocket max. Similarly, copays for covered out-of-network services count toward your out-of-network, out-of-pocket max. Your premium payments and out-of-pocket costs for any non-covered services do not count toward your out-of-pocket maximums.

I can't find my condition, treatment or provider using the Search tool. Does that mean it isn't covered?

Not necessarily! Contact the Bind Help Team for more support. We can help you confirm the options available to you. Or help you find other options you may not know about.

What does it mean to activate coverage?

To reduce everyone's plan cost, we separated a set of plannable treatments and tests few people need annually, if at all. You may activate optional coverage for these services at any time during the year. You'll need to activate optional coverage at least three business days in advance of using the coverage. If you do choose to activate coverage, there is an additional paycheck deduction and may be a payment due to the provider.

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Have questions? We have answers.

Can I activate coverage after I've received treatment?

No. You can't activate optional coverage for a treatment or test you've already received insurance doesn't work in reverse. You must activate coverage at least three business days in advance of the added covered treatment or service. Call the Bind Help Team if you have questions about how to activate coverage.

What's a virtual visit?

Virtual visits are convenient, easy-to-use online or phone visits with treating providers. Virtual visits are performed as a standalone service, not to be confused with a follow-up or related service your treating provider may complete with you online or by phone in tandem with an office visit.

What's a retail clinic?

Retail clinics are clinics located within a retail setting or store such as a drug store or "big box" store. Retail clinics, also known as convenience care clinics, provide a select set of primary care services.

Does Bind cover pre-existing conditions?

Yes. Bind offers you coverage regardless of pre-existing medical conditions. Whatever your health care needs, use our search tool on the MyBind app or on [MyBind.com](https://www.mybind.com) to compare map-view prices of treatments and facilities in your general area. During annual enrollment use [ChooseBind.com/novant](https://www.choosebind.com/novant) to experience the plan.

Can I submit my copay expenses to my HRA, FSA or HSA for reimbursement?

Yes. You can submit your copay expenses to your HRA, FSA or HSA for reimbursement. Because Bind is a copay plan without a deductible, neither you nor your employer can contribute to an HSA with the Bind plan.

The Bind Plan almost sounds too good to be true. Is there a catch?

We don't think so. Bind was developed out of our own health care experiences and the desire to make the system work better for the people it's meant to serve—all of us. That means giving everyone more opportunity to define their health and health care choices with clear costs in advance of care, easy ways to compare options and the ability to adjust coverage when needs change. You'll likely get more out of Bind by checking on things through the MyBind app before you get treatment for yourself or your family.

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Pharmacy Benefits

- 1 Prescription drug benefits are provided through MedImpact. Call toll-free **1-833-726-0668**.
- 2 Out-of-pocket maximum per calendar year:
 - \$1,600 — Employee Only
 - \$3,200 — Family (\$1,600 out-of-pocket limit for any one member)
- 3 Mandatory generics with a dispense-as-written (DAW) waiver. Difference between cost of brand and generic is not covered under the copay or out-of-pocket limits.
- 4 Infertility drugs can be purchased from any Walgreens or any other pharmacy and are limited to a 30-day supply each fill. There is a \$10,000 lifetime maximum benefit for infertility drugs.
- 5 Tiers 4 through 6 are filled by Novant Health Specialty Pharmacy. Call Novant Health Specialty Pharmacy toll free at **1-855-307-6868** or NHRMC Employee and Specialty Pharmacy at **910-662-7755**.

CIGNA			
Pharmacy	Walgreens Retail Pharmacies: 30- and 90-Day Supplies	Non-Walgreens Retail Pharmacies: 30-Day Supply	Walgreens Prescription Delivery: 90-Day Supply
Deductible — Applies to Rx Out-of-Pocket	None	\$150, applies to brand drugs	None
Tier 1: Generics	\$5 (30 days) / \$12 (90 days)	\$10	\$12
Tier 2: Preferred Brands	\$25 (30 days) / \$65 (90 days)	\$30 + 20% up to \$145	\$65
Tier 3: Non-Preferred Brands	\$45 (30 days) / \$135 (90 days)	\$55 + 40% up to \$145	\$135
Tier 4: Specialty Generics	\$70 (30-day limit)	Not Covered	\$70 (30-day limit)
Tier 5: Specialty Preferred Brands	\$100 (30-day limit)	Not Covered	\$100 (30-day limit)
Tier 6: Specialty Non-Preferred Brands	\$200 (30-day limit)	Not Covered	\$200 (30-day limit)
Out-of-Pocket Maximum Per Claim	N/A	\$145	N/A
BIND			
Pharmacy	Walgreens Retail Pharmacies: 30- and 90-Day Supplies	Non-Walgreens Retail Pharmacies: 30-Day Supply	Walgreens Prescription Delivery: 90-Day Supply
Deductible — Applies to Rx Out-of-Pocket	None	None	None
Tier 1: Generics	\$5 (30 days) / \$15 (90 days)	\$10	\$15
Tier 2: Preferred Brands	\$25 (30 days) / \$65 (90 days)	\$30	\$65
Tier 3: Non-Preferred Brands	\$100 (30 days) / \$250 (90 days)	\$160	\$250
Tier 4: Specialty Generics	\$200 (30-day limit)	Not Covered	\$200 (30-day limit)
Tier 5: Specialty Preferred Brands	\$250 (30-day limit)	Not Covered	\$250 (30-day limit)
Tier 6: Specialty Non-Preferred Brands	\$300 (30-day limit)	Not Covered	\$300 (30-day limit)

2022 Health Plan Bi-Weekly Premiums

Your premiums for medical, dental and vision care are made on a before-tax basis. This means your contributions are automatically deducted from your paycheck before taxes are withheld. As a result, you save money on taxes.

FULL-TIME EMPLOYEE Classified as 30 hours or more per week		
Cigna Premium Plan		
Coverage Level	Employee Contribution	Employer Contribution
Employee Only	\$61.27	\$319.22
Employee/Child(ren)	\$152.67	\$642.52
Employee/Spouse	\$204.30	\$647.95
Employee/Family	\$267.73	\$934.56
Cigna Standard Plan		
Coverage Level	Employee Contribution	Employer Contribution
Employee Only	\$32.90	\$317.92
Employee/Child(ren)	\$98.21	\$635.00
Employee/Spouse	\$145.55	\$640.28
Employee/Family	\$184.09	\$924.50
Bind		
Coverage Level	Employee Contribution	Employer Contribution
Employee Only	\$25.78	\$346.12
Employee/Child(ren)	\$76.94	\$646.41
Employee/Spouse	\$114.01	\$775.27
Employee/Family	\$144.20	\$949.48

PART-TIME EMPLOYEE Classified as 24 to 29 hours per week		
Cigna Premium Plan		
Coverage Level	Employee Contribution	Employer Contribution
Employee Only	\$134.05	\$246.44
Employee/Child(ren)	\$296.72	\$296.72
Employee/Spouse	\$348.06	\$504.19
Employee/Family	\$474.84	\$727.45
Cigna Standard Plan		
Coverage Level	Employee Contribution	Employer Contribution
Employee Only	\$97.64	\$253.18
Employee/Child(ren)	\$226.38	\$506.83
Employee/Spouse	\$273.43	\$512.40
Employee/Family	\$368.32	\$740.27
Bind		
Coverage Level	Employee Contribution	Employer Contribution
Employee Only	\$76.50	\$269.62
Employee/Child(ren)	\$177.35	\$546.00
Employee/Spouse	\$214.21	\$561.06
Employee/Family	\$288.54	\$805.14

DENTAL		
Coverage Level	Employee Contribution	Employer Contribution
Employee Only	\$8.05	\$10.47
Employee/Child(ren)	\$26.45	\$13.57
Employee/Spouse	\$25.88	\$12.59
Employee/Family	\$35.04	\$30.32

VISION	
Coverage Level	Employee Contribution
Employee Only	\$5.17
Employee/Child(ren)	\$8.29
Employee/Spouse	\$8.11
Employee/Family	\$13.35

2022 Well-Being Programs

At Novant Health, our patients' well-being depends upon your well-being. All team members are encouraged to participate in our well-being activities and all benefits-eligible team members have the opportunity to earn incentives, including team members who are not enrolled in a Novant Health medical plan.

Team members enrolled in a Cigna medical plan can earn up to \$900 in HRA incentive dollars, and covered spouses can earn up to \$275, through participation in Cigna's MotivateMe program and the Novant Health well-being portal. HRA dollars are placed in your Cigna HRA. Incentives can be earned throughout the year for a personalized health assessment, having healthy biometric values, completing annual well-being screenings and participation in living healthy webinars or events.

Team members who select the Bind medical plan can earn up to \$250 in reward points each calendar year through participation in our well-being portal.

To learn more, please access the Wellbeing Portal at livehealthynovanthealth.com.

2022 WELL-BEING PROGRAM INCENTIVE STRUCTURE		
Participant	Incentive Cap	Incentive Format
Cigna-enrolled team member	\$900	HRA, through MotivateMe platform*
Cigna-enrolled spouse (Includes spouses employed and not employed by Novant Health)	\$275	HRA, through MotivateMe platform**
Bind-enrolled team member	\$250	Rewards/points, through the Novant Health well-being portal
Bind-enrolled spouse, spouses not employed by Novant Health	Not eligible	N/A
Non-enrolled benefits-eligible team member and Novant Health-employed spouse enrolled as a dependent on Bind	\$100	Rewards/points, through the Novant Health well-being portal

* Team members enrolled in the Cigna medical plans will be eligible to utilize the MotivateMe platform and access living healthy incentive opportunities through the well-being portal.

** Team members' spouses who are enrolled as a dependent on our Cigna medical plan will have access to the well-being portal.

Novant Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-890-5420**.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-890-5420**.

Novant Health Retirement Plus Plan

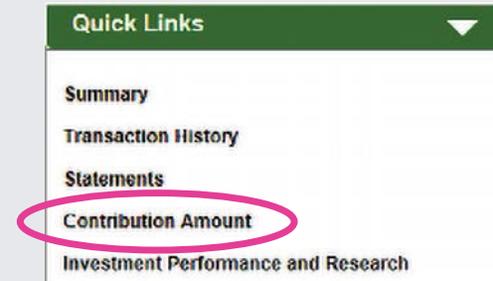


Your benefits package at Novant Health includes the Novant Health Retirement Plus Plan. The Plan is recordkept by Fidelity Investments so you can contact them for assistance or with any questions. You will be automatically enrolled in the Plan starting with your first full bi-weekly paycheck* at a pretax contribution rate of 4% of your gross pay. Your contributions will be directed to a State Street Target Retirement Fund** based on your date of birth unless you direct otherwise. You have 90 days in which to opt out of the Plan by contacting Fidelity and changing your deferral rate to 0%. If you opt out within 90 days, any contributions, adjusted for market gains and losses while deferred to the Plan, can be requested to be returned to you.

You can access your account at Fidelity by logging on to Fidelity NetBenefits® at www.netbenefits.com/novanthealth. Click *Register* at the top of the screen to establish your username and password.

Username ? Password ? [Log in] [Remember Me] [Register] [Need Help?]

If you already have other accounts with Fidelity, you can use your existing log in information to access your Novant Health account. After logging in, choose *Contribution Amount* from the *Quick Links* menu for your Plan and change your deferral rate to 0% if you do not wish to participant in the Plan.



You can also contact the Fidelity Retirement Service Center at **800-343-0860**. Service Representatives are available from 8:30a.m. to midnight ET Monday through Friday, except for New York Stock Exchange holidays excluding Good Friday.

While you are not required to participate in the Plan, we hope you will choose to remain enrolled and take an active role in your retirement planning.

Screenshots are for illustrative purposes.

* To make a contribution election that is different than the automatic enrollment contribution rate of 4% of your gross pay, contribution rate changes must be entered into Fidelity NetBenefits. Contact the Fidelity Retirement Service Center at **800-343-0860** if you have questions, or if you require additional information.

** Target Date Funds are an asset mix of stocks, bonds and other investments that automatically becomes more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.

Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.

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Here are some features of the Plan:

Contributions: You can contribute 1-60% of your salary on a pre-tax and/or Roth basis to the Plan in 0.1% increments. Novant Health contributes to your retirement through a dollar for dollar match of the first 6% you contribute to the Plan. You are eligible for the matching contribution after completing one year of service from your date of hire. Match is contributed to the Novant Health Savings and Supplemental Retirement Plan. We encourage you to contact Fidelity and consider increasing your contribution rate to 6% to take full advantage of the matching contribution.

Vesting: When you are "vested" in your savings, it effectively means the money is yours to keep. You are always 100% vested in your contributions to the Plan. The matching contribution is vested after 3 years of service. You earn one year of vesting service for each calendar year in which you are paid for at least 1,000 hours.

Auto Increase Program: An optional program that automatically increases your contribution rate by 1-3% on an annual basis. You choose the amount and the date of the increase and can opt out at any time.

Investment Options: The Plan offers a full range of investment options to help you reach your retirement savings goals.

Fidelity BrokerageLink: For those desiring the most investment flexibility and choice, the Plan offers Fidelity BrokerageLink®, a self-directed brokerage option, which provides you with the opportunity to select from thousands of mutual funds beyond those offered in the standard plan line up. A complete description of the Plan's standard investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online at NetBenefits. Click on *Quick Links*, then select *Investment Performance and Research* and follow the online instructions.

BrokerageLink includes investments beyond those in your plan's lineup. You should compare investments and share classes that are available in your plan's lineup with those available through BrokerageLink, and determine the available investment and share class that is appropriate for your situation. The plan fiduciary neither evaluates nor monitors the investments available through BrokerageLink. It is your responsibility to ensure that the investments you select are suitable for your situation, including your goals, time horizon, and risk tolerance.

Online planning tools: Fidelity offers a wide variety of investment analysis and retirement planning tools on NetBenefits. Click the *Planning* link at the top right of the NetBenefits homepage to access the Fidelity Planning and Guidance Center.

Fidelity Workplace Financial Consultants:

Fidelity offers one-on-one consultations if you have any questions about retirement planning or would like help determining which investment options may be right for you. You can contact the Fidelity Workplace Financial Consultant Team at **800-642-7131** or schedule an appointment online at www.fidelity.com/reserve. Here are the Workplace Financial Consultants for Novant Health and their locations:



Lucas Bourne

Winston-Salem
Manassas



John Halley

Winston-Salem
Manassas/Charlotte



Joshua Lopez

Charlotte/
Brunswick

For help on choosing your investments or distribution options that are right for you, call **800-642-7131** to speak with a Fidelity Representative.

Other information about your Plan:

Online Beneficiaries Service: It is important to designate your beneficiaries for the Plan. You can designate, review or update your beneficiary elections using Fidelity's secure online election tool located under the *Profile* link after logging into NetBenefits at www.netbenefits.com/novanthealth. You can also contact the Fidelity Retirement Service Center for a beneficiary form at **800-343-0860**.

Loans and withdrawals: Although the Plan is intended for the future, you may borrow from your account for any purpose. Generally, the Plan allows you to borrow up to 50% of your vested account balance. The minimum loan amount is \$1,000 and a loan must not exceed \$50,000. You then pay the money back into your account, plus interest, through deductions from your pay check. You may have a maximum of one loan at a time.

Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59 1/2, or become permanently disabled, as defined by your plan.

Rollovers: You are permitted to roll-over eligible pre-tax assets from another 401(k), 403(b) plan, 401(a) plan, or governmental 457(b) retirement plan. The Plan also accepts rollovers from a conduit IRA.

We hope you will take full advantage of the Retirement Plus Plan to help you reach your retirement saving goals. If you have any questions about the Plan or need assistance in performing a transaction, please call the Fidelity Retirement Service Center at **800-343-0860**.

Before investing in any investment option, consider the investment objectives, risks, charges and expenses. Contact Fidelity for a mutual fund prospectus or, if available, a summary prospectus containing this information. Read it carefully.

Investing involves risk, including risk of loss.

Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.

Novant Health Retirement Plus Plan Default Investment Information — TDSP



You are required to receive this notice as a result of your eligibility to enroll in the Novant Health Tax Deferred Savings Plan (“TDSP”). Please refer to the applicable enrollment information below based on your employer within the Novant Health, Inc. controlled group.

Participants employed by a not for profit employer

Any employee eligible to participate in the TDSP will be automatically enrolled unless they elect not to participate. You have been automatically enrolled in the Plan at a contribution rate of 4% of your eligible compensation to be withheld on a pre-tax basis and invested in the Plan’s designated fund option, a State Street Target Retirement Date Funds — Class K, based on your date of birth, unless you elect otherwise. You have the right to change your contribution percentage or elect to discontinue contributions to the Plan.

Your plan allows you to request a return of your automatic contributions, adjusted for gains and losses, up to 90 days after you have been automatically enrolled in the Plan by calling the Fidelity Retirement Service Center at **1-800-343-0860**. The withdrawal will be subject to income tax but not the 10% tax penalty applied to early distributions and will result in forfeiture of any related employer matching contributions if applicable. If you elect this withdrawal, you will be treated as also electing to unenroll in the Plan and

make no further contributions. You may choose to continue or restart contributions at any time through NetBenefits at www.netbenefits.com or by calling **1-800-343-0860**.

If you are satisfied with your current investment elections, no action is required on your part. You do 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, it will be invested into the Plan’s designated fund option. If your contributions are initially invested in the designated fund option, you have the right to transfer out of the designated fund option to another investment option.

To obtain information about other plan investment options, please log onto NetBenefits® at www.netbenefits.com or call **1-800-343-0860** 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 when the transition to Fidelity is complete. We encourage you to review your investment mix and deferral percentage and update as appropriate.

Current Designated Fund Option

The State Street Target Retirement Date Funds used as the Plan designated default investment option are based on the assumption that the participant will retire at age 65. Please use the chart below to determine in which State Street Target Retirement Date Fund your current balance and future contributions will be directed, based on your date of birth on file at Fidelity Investments if no investment elections are made.

Participants employed by a for profit employer

If you are employed by a for profit employer member of the Novant Health controlled group, you are not eligible to participate in the TDSP. Instead you are eligible to participate in the SSRP. The SSRP has identical automatic enrollment provisions and similar investment options and provisions as the TDSP. Please see the Default Investment Information notice for the SSRP for additional information about the SSRP.

TDSP PLAN DESIGNATED DEFAULT FUNDS				
Date of Birth	Fund Name	Target Retirement Date	Gross Expense Ratio* as of September 30, 2021	Net Expense Ratio** as of September 30, 2021
12/31/1952 or earlier	State Street Target Retirement Income Fund Class K	2017 or earlier	0.36%	0.09%
1/1/1953 - 12/31/1957	State Street Target Retirement 2020 Fund Class K	2018 - 2022	0.24%	0.09%
1/1/1958 - 12/31/1962	State Street Target Retirement 2025 Fund Class K	2023 - 2027	0.22%	0.09%
1/1/1963 - 12/31/1967	State Street Target Retirement 2030 Fund Class K	2028 - 2032	0.20%	0.09%
1/1/1968 - 12/31/1972	State Street Target Retirement 2035 Fund Class K	2033 - 2037	0.19%	0.09%
1/1/1973 - 12/31/1977	State Street Target Retirement 2040 Fund Class K	2038 - 2042	0.20%	0.09%
1/1/1978 - 12/31/1982	State Street Target Retirement 2045 Fund Class K	2043 - 2047	0.21%	0.09%
1/1/1983 - 12/31/1987	State Street Target Retirement 2050 Fund Class K	2048 - 2052	0.25%	0.09%
1/1/1988 - 12/31/1992	State Street Target Retirement 2055 Fund Class K	2053 - 2057	0.34%	0.09%
1/1/1993 - 12/31/1997	State Street Target Retirement 2060 Fund Class K	2058 - 2062	0.89%	0.09%
1/1/1998 or later	State Street Target Retirement 2065 Fund Class K	2063 or later	11.17%	0.09%

The target retirement date timeline and retirement age were selected by the Retirement Committee acting as an ERISA fiduciary.

Contractual expense cap: subject to end date: The expense cap of 0.09% is a limit that the fund company has placed on the level of the expenses borne by the fund until April 30, 2022 and indicates the maximum level of expenses (with certain exceptions) that the fund would be paying until that time. After the expiration date, the expense cap may be terminated or revised, which may lower the fund's yield and return.

* For a mutual fund, the expense ratio is the total annual fund or class operating expenses (before waivers or reimbursements) paid by the fund and stated as a percentage of the fund's total net assets. Expense ratios change periodically and are drawn from the fund's prospectus. For more detailed fee information, see the fund prospectus or annual or semiannual reports.

** The net expense ratio (or expense ratio after reduction) is the total annual operating expense from the fund's most recent prospectus after any fee waiver and/or expense reimbursements that will reduce any fund operating expenses for no less than one year from the effective date of the fund's registration statement. This number does not include any fee waiver arrangement or expense reimbursement that may be terminated without agreement of the fund's board of trustees during the one-year period.

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TDSP Designated Default Fund Descriptions

The Objectives, Strategies, Risks and Short-term Redemption Fee information are the same across all of the State Street Target Retirement Funds Class-K with the exception of the State Street Target Retirement Fund Class K.

Please see below for the fund information on the State Street Target Retirement Funds Class K.

State Street Target Retirement Fund Class K

Objective: The investment seeks current income and, secondarily, capital growth.

Strategy: SSGA Funds Management, Inc. (the "Adviser" or "SSGA FM") manages the Target Retirement Fund using a proprietary asset allocation strategy. The fund is a "fund of funds" that invests in a combination of mutual funds and ETFs sponsored by the Adviser or its affiliates ("underlying funds"). Its assets are allocated among underlying funds according to a target asset allocation strategy that emphasizes fixed income, but also includes a smaller allocation to equity and certain other 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

These descriptions are only intended to provide a brief overview of the mutual funds. Read the funds' prospectuses for more detailed information about the funds.

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State Street Target Retirement 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060, 2065 Fund Class K

Objective: The investment seeks capital growth and income over the long term.

Strategy: SSGA Funds Management, Inc. (the "Adviser" or "SSGA FM") manages the Target Retirement Funds using a proprietary asset allocation strategy. The fund is a "fund of funds" that invests in a combination of mutual funds and ETFs sponsored by the Adviser or its affiliates ("underlying funds"). It is intended for investors expecting to retire around the year in the fund name and who are likely to stop making new investments in the fund at that time.

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

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Novant Health Retirement Plus Plan Default Investment Information — SSRP



You are required to receive this notice as a result of your eligibility to participate in the Novant Health Savings and Supplemental Retirement Plan (“SSRP”). Please refer to the applicable enrollment information below based on your employer within the Novant Health, Inc. controlled group.

Participants employed by a for profit employer

Any employee eligible to participate in the SSRP will be automatically enrolled unless they elect not to participate. You have been automatically enrolled in the Plan at a contribution rate of 4% of your eligible compensation to be withheld on a pre-tax basis and invested in the Plan’s designated fund option, a State Street Target Retirement Date Funds - Class M, based on your date of birth, unless you elect otherwise. You have the right to change your contribution percentage or elect to discontinue contributions to the Plan.

Your plan allows you to request a return of your automatic contributions, adjusted for gains and losses, up to 90 days after you have been automatically enrolled in the Plan by calling the Fidelity Retirement Service Center at **1-800-343-0860**. The withdrawal will be subject to income tax but not the 10% tax penalty applied to early distributions and will result in forfeiture of any related employer matching contributions.

If you elect this withdrawal, you will be treated as also electing to unenroll in the Plan and make no further contributions. You may choose to continue or restart contributions at any time through NetBenefits at www.netbenefits.com or by calling **1-800-343-0860**.

If you are satisfied with your current investment elections, no action is required on your part. You do 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, it will be invested into the Plan’s designated fund option. If your contributions are initially invested in the designated fund option, you have the right to transfer out of the designated fund option to another investment option.

To obtain information about other investment options under the SSRP, please log onto NetBenefits® at www.netbenefits.com or call **1-800-343-0860** 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 when the transition to Fidelity is complete. We encourage you to review your investment mix and deferral percentage and update as appropriate.

Current Designated Fund Option

The State Street Target Retirement Date Funds Class M used as the Plan designated default investment option are based on the assumption that the participant will retire at age 65. Please use the chart on the following page to determine in which State Street Target Retirement Date Fund Class M your current balance and future contributions will be directed, based on your date of birth on file at Fidelity Investments.

Participants employed by a for profit employer

If you are employed by a not for profit member of the Novant Health controlled group, you will make pretax salary deferral contributions under the Novant Health Tax Deferred Saving Plan and will receive matching contributions under the SSRP. You are also eligible to make after-tax contributions to the SSRP. Any contributions under the SSRP for which you do not provide investment direction will be invested in the Plan's designated fund option, as described below.

SSRP PLAN DESIGNATED DEFAULT FUNDS				
Date of Birth	Fund Name	Target Retirement Date	Gross Expense Ratio* as of September 30, 2021	Net Expense Ratio** as of September 30, 2021
12/31/1952 or earlier	State Street Target Retirement Income Non-Lending Series Fund Class M	2017 or earlier	0.07%	0.07%
1/1/1953 - 12/31/1957	State Street Target Retirement 2020 Non-Lending Series Fund Class M	2018 - 2022	0.07%	0.07%
1/1/1958 - 12/31/1962	State Street Target Retirement 2025 Non-Lending Series Fund Class M	2023 - 2027	0.07%	0.07%
1/1/1963 - 12/31/1967	State Street Target Retirement 2030 Non-Lending Series Fund Class M	2028 - 2032	0.07%	0.07%
1/1/1968 - 12/31/1972	State Street Target Retirement 2035 Non-Lending Series Fund Class M	2033 - 2037	0.07%	0.07%
1/1/1973 - 12/31/1977	State Street Target Retirement 2040 Non-Lending Series Fund Class M	2038 - 2042	0.07%	0.07%
1/1/1978 - 12/31/1982	State Street Target Retirement 2045 Non-Lending Series Fund Class M	2043 - 2047	0.07%	0.07%
1/1/1983 - 12/31/1987	State Street Target Retirement 2050 Non-Lending Series Fund Class M	2048 - 2052	0.07%	0.07%
1/1/1988 - 12/31/1992	State Street Target Retirement 2055 Non-Lending Series Fund Class M	2053 - 2057	0.07%	0.07%
1/1/1993 - 12/31/1997	State Street Target Retirement 2060 Non-Lending Series Fund Class M	2058 - 2062	0.07%	0.07%
1/1/1998 or later	State Street Target Retirement 2065 Non-Lending Series Fund Class M	2063 or later	0.07%	0.07%

*The Gross Total Annual Operating Expense Ratio does not take into account the reimbursements or waivers, if any, that were made to the fund. Therefore, this ratio may be higher than the Net Total Annual Operating Expense Ratio. This ratio does not reflect externally negotiated Investment Management fees or other external fees, expenses, and/ or costs not charged by SSGA.

**The Net Total Annual Operating Expense Ratio reflects the expenses paid by participants in the fund. This ratio takes into account the reimbursements or waivers, if any, that were made to the fund. This ratio does not reflect externally negotiated Investment Management fees or other external fees, expenses, and/or costs not charged by SSGA.

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SSRP Designated Default Fund Descriptions

The Objectives, Strategies, Risks and Short-term Redemption Fee information are the same across all of the State Street Target Retirement Non-Lending Series Fund Class M with the exception of the State Street Target Retirement Income Non-Lending Series Fund Class M.

Please see below for the fund information on the State Street Target Retirement Non-Lending Series Funds Class M.

State Street Target Retirement Income Non-Lending Series Fund Class M

Objective: The State Street Target Retirement Income Fund (the "Fund") seeks an investment return that approximates, as closely as practicable, before expenses, the performance of a custom benchmark index (the "Index") over the long term.

Strategy: Each Fund seeks to achieve its objective by investing in a set of underlying SSGA collective trust funds representing various asset classes. Each Fund (other than the State Street Target Retirement Income Fund) is managed to a specific retirement year (target date) included in its name.

Over time, the allocation to asset classes and funds change according to a predetermined "glide path". (The glide path represents the shifting of asset classes over time and does not apply to the Income Fund.) Each Fund's asset allocation will become more conservative as it approaches its target retirement date. This reflects the need for reduced investment risks as retirement approaches and the need for lower volatility of a portfolio, which may be a primary source of income after retiring. The allocations reflected in the glide path do not reflect tactical decisions made by SSGA to overweight or underweight a particular asset class

based on its market outlook but rather management of each fund's strategic allocation according to its glide path and applicable benchmark. Each Fund attempts to closely match the characteristics and returns of its custom benchmark as opposed to any attempts to outperform this benchmark.

Once a Fund reaches its target retirement date, it will begin a five year transition period to the State Street Target Retirement Income Fund. At the end of that five year period the allocation to stocks, real estate investment trusts and commodities interests exposure will remain fixed at approximately 35% of assets. The remainder of the Fund will be invested in fixed-income securities.

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

State Street Target Retirement 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060, 2065 Non-Lending Series Fund Class M

Objective: The State Street Target Retirement Funds (the "Funds") seeks an investment return that approximates, as closely as practicable, before expenses, the performance of a custom benchmark index (the "Index") over the long term.

Strategy: Each Fund seeks to achieve its objective by investing in a set of underlying SSGA collective trust funds representing various asset classes. Each Fund (other than the State Street Target Retirement Income Fund) is managed to a specific retirement year (target date) included in its name.

Over time, the allocation to asset classes and funds change according to a predetermined "glide path". (The glide path represents the shifting of asset classes over time and does not apply to the Income Fund.) Each Fund's asset allocation will become more conservative as it approaches its target retirement date. This reflects the need for reduced investment risks as retirement approaches and the need for lower volatility of a portfolio, which may be a primary source of income after retiring. The allocations reflected in the glide path do not reflect tactical decisions made by SSGA to overweight or underweight a particular asset class based on its market outlook but rather management of each

The custom benchmark index is a composite of S&P® 500, Russell Small Cap Completeness® Index, Bloomberg Roll Select Commodity IndexSM, MSCI ACWI ex USA IMI Index, Bloomberg Barclays U.S. Long Government Bond Index, Bloomberg Barclays U.S. Aggregate Bond Index, Bloomberg Barclays U.S. TIPS Index, Bloomberg Barclays 1-10 Year Government Inflation-Linked Bond Index, Bloomberg Barclays U.S. High Yield Very Liquid Index, Bloomberg Barclays U.S. 1-3 Year Government/Credit Bond Index, FTSE EPRA/NAREIT Developed Liquid Index.

These investment options are not mutual funds. These investment options are collective investment trusts. They are managed by State Street Global Advisors. These descriptions are only intended to provide a brief overview of the funds.

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fund's strategic allocation according to its glide path and applicable benchmark. Each Fund attempts to closely match the characteristics and returns of its custom benchmark as opposed to any attempts to outperform this benchmark.

Once a Fund reaches its target retirement date, it will begin a five year transition period to the State Street Target Retirement Income Fund. At the end of that five year period the allocation to stocks, real estate investment trusts and commodities interests exposure will remain fixed at approximately 35% of assets. The remainder of the Fund will be invested in fixed-income securities.

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

Before investing in any mutual fund, consider the investment objectives, risks, charges, and expenses. Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully.

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

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Team Member Advantages

Voluntary Benefit Programs



Auto & Home Insurance

Get the best for less. Side-by-side comparison quoting allows you to compare estimates from top rated providers and select the one that's best for you.



Nationwide Pet Insurance

Helps to offset the cost of illnesses, injuries and routine wellness care for your furry family members. Cover yourself from unexpected vet bills and routine care.

Consumer Discounts



Access the Team Member Advantages site at YouDecide.com/Novant.

Need help? Contact your Consumer Advisor for support (Monday through Friday, 8a.m. to 7p.m. ET) at **1-800-923-4609** or email advisor@youdecide.com.

Client ID: NOV668

We believe improving your health
is the right thing to do.

We want you to stay healthy so you can enjoy life, now and
in retirement. We're dedicated to improving your health by
giving you a benefit plan that encourages and rewards you for
making healthy choices and achieving healthy outcomes.





Note: This guide is intended to summarize the benefits you receive from Novant Health. 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 call the Novant Health People & Culture Solutions Center at **800-890-5420**.