



# Your Guide to Benefits

## 2024-2025 Plan Year



## Team Tidelands Total Rewards Message

The success of Tidelands Health is directly related to the quality, talent, and dedication of our team members. Because people are our greatest asset and our most valuable resource, we strive to provide our team members a Total Rewards Package.

Team Tidelands Total Rewards supports all things Tidelands Health makes available to you throughout your career with us. This includes programs that support your financial well-being, provide you choice in comprehensive benefits and wellness programs, as well as other offerings that embrace a culture of engagement, recognition and rewards. This guide focuses on Team Tidelands Total Rewards that support your benefits: physical, mental, and financial well-being.

## Summary of Benefits and Coverage (SBC)

As a team member, the health benefits available to you represent a significant component of your Team Tidelands Total Rewards. They also provide important income protection for you and your family in case of illness or injury.

Choosing health coverage is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format.

The SBC is available at [tidelandshealthbenefits.org](https://tidelandshealthbenefits.org) and is found in the back of this guide.

**If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see pages 23-24 for more details.**

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy documents for your reference are available on [tidelandshealthbenefits.org](https://tidelandshealthbenefits.org) and will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential questions related to, your current employee benefits environment. It does not necessarily fully address all of your specific questions or circumstances. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific questions or circumstances should be addressed by your general counsel or an attorney who specializes in this practice area.



# About Your Benefits

Welcome to your 2024–2025 Tidelands Health benefits enrollment guide. This guide contains an overview of the valuable benefits package available to you through Tidelands Health.

Please read your materials carefully to choose the plans that best meet the needs of you and your family. As you prepare to enroll or make changes to your coverage, consider the needs of you and your family throughout the entire plan year. Think about the types and level of coverage and the associated costs with each.

Use this guide as a reference throughout the year. If you have questions, email [benefitsteam@tidelandshealth.org](mailto:benefitsteam@tidelandshealth.org) or the plan provider directly. **Contact information is on page 21.**



## Eligibility and Enrollment

You are eligible to participate in Tidelands Health’s benefits if you are considered a full-time or part-time employee. If you enroll for benefits, you may also cover your:

- Spouse to whom you are legally married
- Children up to age 26
- Unmarried children of any age who are incapable of self-support due to a mental or physical disability, which began prior to age 26, and who are primarily dependent upon you.

You have within 30 days from your hire date / change to benefit eligible status to enroll.

## Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits:

- During open enrollment.
- If you have a qualifying life event mid-year. You have within 30 days (60 days for loss/gain of Medicaid) from the date of the event to make the change. Keep in mind, the changes you make must be directly related to the event.
- Upon divorce, you must drop your spouse from the plan as they no longer meet the definition of an eligible dependent (see page 25).

**Enrollment and change requests are submitted through your Workday profile by scanning the QR code below:**



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# General Plan Information

As part of your team Tidelands Total Rewards, Tidelands Health offers a comprehensive benefit package. The benefits for which you are eligible depends on your employment status.

TIDELANDS HEALTH BENEFIT PLAN	ELIGIBLE BENEFIT PLAN?		
	FULL-TIME	PART-TIME	PRN/FLEX
MEDICAL with HEALTH REIMBURSEMENT ACCOUNT (HRA)	YES	YES	
DENTAL	YES	YES	
VISION	YES	YES	
FLEXIBLE SPENDING ACCOUNT (FSA)	YES	YES	
SUPPLEMENTAL LIFE and AD&D	YES	YES	
VOLUNTARY BENEFITS <ul style="list-style-type: none"> <li>• IDENTITY THEFT</li> <li>• PET INSURANCE</li> <li>• MASA—Ambulance and Air Transport Services</li> <li>• Accident, Critical Illness, Hospital Supplemental Insurance, &amp; Whole Life</li> </ul>	YES	YES	
403(B) RETIREMENT SAVINGS PLAN with MATCH	YES	YES	YES
BENEFITS PROVIDED BY TIDELANDS AT NO COST			
YOU CARE WELLBEING PROGRAM with INCENTIVES	YES	YES	YES
EMPLOYEE ASSISTANCE PROGRAM (EAP)	YES	YES	YES
TIDELANDS HEALTH PERKS VIA BENEFIT HUB	YES	YES	YES
BASIC LIFE AND AD&D	YES	YES	
SHORT-TERM DISABILITY & LONG-TERM DISABILITY	YES	YES	
PAID TIME OFF (PTO)	YES	YES	

For additional resources on your benefits outlined in this guide, please visit the Tidelands Health Benefits microsite at [tidelandshealthbenefits.org](https://tidelandshealthbenefits.org) or scan the QR code below. You can also navigate to this site from the human resources page on The Bridge.





## Required Documents for Dependent Coverage

We have listed the most commonly required supporting documentation for different types of dependent coverage. This list may not be all inclusive. The proof must substantiate the relationship. Contact Human Resources Department for unusual circumstances.

When adding a dependent, date of birth and Social Security Number or Taxpayer Identification Number (TIN) must be provided.

Covered Dependent	Verification Documents
Spouse, to whom you are legally married	Prior year IRS 1040 (preferred) <b>OR</b> If married filing separately, prior year IRS 1040, for both employee and spouse, must be presented showing Filing Separately Status. If married in current year, original Marriage Certificate
Birth Child/Step Child (birth to age 26)	Prior year IRS 1040 naming the child as a dependent <b>OR</b> copy of Full Birth Certificate listing parent names
Adopted Child (birth to age 26)	Prior year IRS 1040 naming the child as a dependent <b>OR</b> Adoption Records
Disabled Adult Child (over age 26)	Prior year IRS 1040 naming the child as a dependent or Full Birth Certificate listing parent names <b>AND</b> Social Security Disability Papers
Legal Guardianship/Custody (birth to age 26)	Prior year IRS 1040 naming the child as a dependent <b>AND</b> Court Document appointing employee as legal guardian/custodian

**IMPORTANT:** Please be prepared to show documents for verification purposes or provide copies, even if you have previously provided these documents to the Human Resources Department. For your information, official documents of birth, marriage and/or death certificates, from anywhere in the United States, may be obtained through [www.vitalchek.com](http://www.vitalchek.com) or by calling **1-800-255-2414**, 8:00 a.m.–8:00 p.m. EST. State document fees and courier fees will apply.



## Benefit Elections and Effective Dates

BENEFIT	ACTION NEEDED	COVERAGE GOES INTO EFFECT
403(b) Retirement Savings Plan	Make election	Immediately; Auto Enroll after 30 days of hire if no election
Medical, Dental, Vision, FSA, Identity Theft, MASA Medical Transport Solutions	Make election	1st of the month following 30 days of hire / change to benefit eligible status
Basic Life & AD&D, Disability	No action needed	Eligible upon satisfying 90 day eligibility; automatically enrolled
Supplemental Life & AD&D	Make election	1st of the month following 90 days
Unum Voluntary Benefits— Accident, Critical Illness, Hospital Supplemental Insurance	Make election	1st of the month following 30 days of hire / change to benefit eligible status
Unum Voluntary Benefits— Whole Life	Make election during open enrollment	Plan year start date: October 1
Pet Insurance	Make election with Nationwide	Upon notification of enrollment from Nationwide



# 2024/2025 Medical Plan Highlights

## Medical Plan and Health Reimbursement Account (HRA)

Tidelands Health offers only one medical plan option. The medical plan includes an HRA funded by Tidelands Health. Every eligible team member will have the opportunity to receive a HRA benefit known as an HRA contribution. For the 2024–2025 plan year, the HRA contribution you receive in your HRA account is dependent on the incentives you earned through completion of previous plan year YouCare Wellbeing Program activities.

The HRA contribution you receive will be based on your completion of YouCare activities. See page 10 for more information.

	2024–2025 Maximum HRA Contribution
Team member only	\$750
Team member + spouse	\$1,000
Team member + child(ren)	\$1,000
Team member + family	\$1,000

- Earned HRA contributions will be loaded to a HRA benefit card which can be used at the point of service for qualified out-of-pocket medical, dental and vision expenses—deductibles, office visit copays, medication copays and coinsurance.
- 100% of unused HRA contributions will roll over to the next benefit plan year, up to a maximum of \$3,000.

When you need assistance navigating the medical plan, your Care Coordinators are your single go-to resource for all your healthcare needs. See page 9 for more information. You will be able to count on them for the following:

- Answer questions about your medical claims, billing or benefits
- Find in-network family doctors or providers
- Ensure you obtain and properly complete Pre-Certification requests
- Guide you to various resources that can help you and your family lead a healthier life
- Request medical ID cards

Visit <http://www.paisc.com> for more information or to find your claims Explanation of Benefits (EOBs).  
 Select “Member Portal” and create your profile using the name shown on your ID Card.  
 Your health plan administrator, PAI, offers its members a number of value-added discounts programs.

You have the flexibility to use Health Reimbursement Account (HRA) dollars for medical, dental or vision copays, deductible or coinsurance.

### What Will It Cost?

Tidelands Health is committed to offering you comprehensive benefits at a fair cost. View page 17 for more information about your costs for coverage.

You make the choice for earned dollars to be deposited to your HRA or to a Lifestyle Account (LSA) for the next benefit year beginning October 2025.



# Medical Coverage

Review the chart below for the amount you will pay for the medical service listed and [see SBC starting on page 31 for more details.](#)

	In Network		Out of Network
	Tidelands Health	Preferred Blue PPO	Out of Network
<b>Annual Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000
<b>Coinsurance</b>	15%	25%	50%
<b>Annual Out-of-pocket Maximum</b> (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$9,000/\$18,000
<b>Preventive Care</b>	*0%	*0%	50% after deductible (only includes flu shots, COVID-19 vaccines, routine mammograms and Women's Evidence-Informed Preventive Care and Screenings)
<b>Office Visits</b> Primary Care, including Telehealth Specialist, including Telehealth	*\$25 copay *50 copay	*\$50 copay *\$100 copay	50% after deductible (Telehealth, N/A)
<b>Emergency Room</b>	15% after deductible	15% after deductible	15% after deductible
* Deductible waived.			

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

Plan Eligible Outpatient Labs Covered 100% when performed at a Tidelands Health Hospital, as well as labs submitted through our hospitals by Tidelands Health Physician Practices. **Non-preventive labs and tests processed through LabCorp or other outside labs are subject to the plan deductible.**

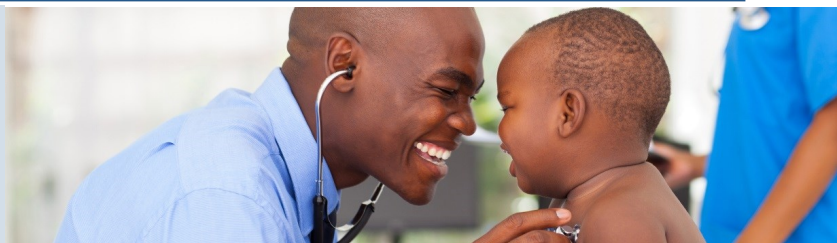
## Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network

Utilize Tidelands Health providers and services to experience lower copays and deductibles. Contact Care Coordinators at 877-498-6693 to find a physician or learn more about your medical plan, get help with claims questions and more.

## Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com) or call 1-877-498-6693 to find providers in the network.







# Additional Benefit Options

## Voluntary Benefits to Complement Your Medical Plan



### UNUM Voluntary Benefits

Voluntary coverage helps to supplement your medical plan for you and your family. These benefits can be purchased in addition to your other medical benefits to help cover the financial burden should an unexpected event occur. These policies or their provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. See more information on page 18 and more specific details can be found at [tidelandshealthbenefits.org](http://tidelandshealthbenefits.org).

<ul style="list-style-type: none"> <li>Group Hospital Supplemental Insurance</li> </ul>	<ul style="list-style-type: none"> <li>Group Accident</li> </ul>	<ul style="list-style-type: none"> <li>Group Critical Illness</li> </ul>
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### MASA Medical Transport Solutions Any Ground. Any Air. Anywhere.



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation services within the United States and Canada, regardless of whether the provider is in or out of a given healthcare network.

- MASA MTS offers two plans to choose from!
  - Emergent Plus
  - Platinum (includes worldwide transport services)
- Employees do not need to be enrolled in Tidelands Health Medical Plan to enroll
- Learn more on The Bridge, or contact Ken Euler (MASA MTS) at [Keuler@masamts.com](mailto:Keuler@masamts.com) or 830-370-6849
- You can enroll in this benefit at any time through your Workday profile

MASA MTS Monthly Premiums	
Emergent Plus Membership	\$14.00
Platinum Membership	\$39.00

**PLEASE NOTE: You do not have to be enrolled in the Tidelands Health Medical Plan to be able to enroll in these benefit offerings.**







# Prescription Drug Coverage

Prescription drug coverage through our Pharmacy Benefit Manager ProAct is included with our HRA Medical plan. Review the chart below for the amount you will pay for the prescription drug service listed. Generic medications save you money. Always ask your physician or pharmacist about generic options. For lowest copay options, fill your generic and brand name 30-day or 90-day medications at Tideland Family Pharmacy (located at WCH 3rd Floor and GMH 2nd Floor).

	Tideland Family Pharmacy	Network Retail Pharmacy	CVS and Walgreens
<b>Retail (30-day Supply)</b>			
Generic	\$5 copay	\$25 copay	\$25 copay
Preferred Brand	\$35 copay	\$55 copay	\$55 copay
Non-preferred Brand*	\$60 copay	\$80 copay	\$80 copay
Specialty	30% up to \$150 maximum	30% up to \$200 maximum	30% up to \$300 maximum

**YOU SAVE WHEN YOUR DOCTOR PRESCRIBES 90-DAY FILLS VERSUS 30-DAY FILLS FOR MAINTENANCE MEDICATIONS! YOU PAY...**

	Tideland Family Pharmacy	ProAct Mail Order Pharmacy	Tidelands CANARX International Pharmacy
<b>Mail-order (90-day Supply)</b>			
Generic	\$12.50 copay	\$25 copay	N/A
Preferred Brand	\$50 copay	\$75 copay	FREE to You
Non-preferred Brand*	\$80 copay	\$110 copay	N/A

*\*Contact ProActRx at 877-635-9545 to explore generic/brand alternative medications to the more costly non-preferred brand or speak to your pharmacist before getting your medications filled*

**Call 1-866-893-6337 and ask the CANARX representative if your medication is offered at no charge!**



**CANARX is a voluntary international mail order prescription program that is available to Tideland Health employee partners and dependents.**

[www.canarx.com](http://www.canarx.com)

**WebID: TIDELANDS**



## Prescription Drug Information

- **TIDELANDS FAMILY PHARMACY**

Tidelands Health is pleased to offer our employees a convenient and cost effective way to obtain their prescription medications. Both Tidelands Georgetown Memorial Hospital and Tidelands Waccamaw Community Hospital have an on-site pharmacy available to you. As you can see from the copay listed structure, team members have a much lower out-of-pocket cost when utilizing our Tidelands Family Pharmacy.

- **TIDELANDS CANARX INTERNATIONAL PHARMACY**

Tidelands CANARX International Pharmacy includes hundreds of brand name medications. Find out if your medication is available for FREE through the voluntary international pharmacy at [www.canarx.com](http://www.canarx.com) and use WebID: TIDELANDS.

- **RETAIL PHARMACY NETWORK**

You must use network pharmacies to receive benefits from your plan. For a complete listing of participating pharmacies, visit [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com) or call your Care Coordinators at 877-498-6693. All major and many smaller pharmacies are included in the ProAct network of pharmacies.

- **NOBLE HEALTH SERVICES SPECIALTY PHARMACY**

Specialty medications often require a little extra attention and may cost substantially more than traditional medications. Fill Specialty medications at Noble Specialty Pharmacy, and Noble applies for co-pay assistance on your behalf. Connect with Noble Signature care by contacting NOBLE at 888-843-2040 or by visiting [www.noblehealthservices.com](http://www.noblehealthservices.com).

- **DISPENSE-AS-WRITTEN (DAW) PROVISION**

The DAW provision will require plan members to pay the difference between the brand and generic plus the copay if you choose a brand name when a generic is available. Generic equivalent drugs have the same active ingredient(s) as their brand name counterparts but cost much less.

- **DIABETIC SUPPLIES**

Visit the Tidelands Health Family Pharmacy to discuss diabetic supplies and help you find the most cost-effective option that meets your or your dependent(s) health care needs or call ProAct Rx at 877-635-9545.

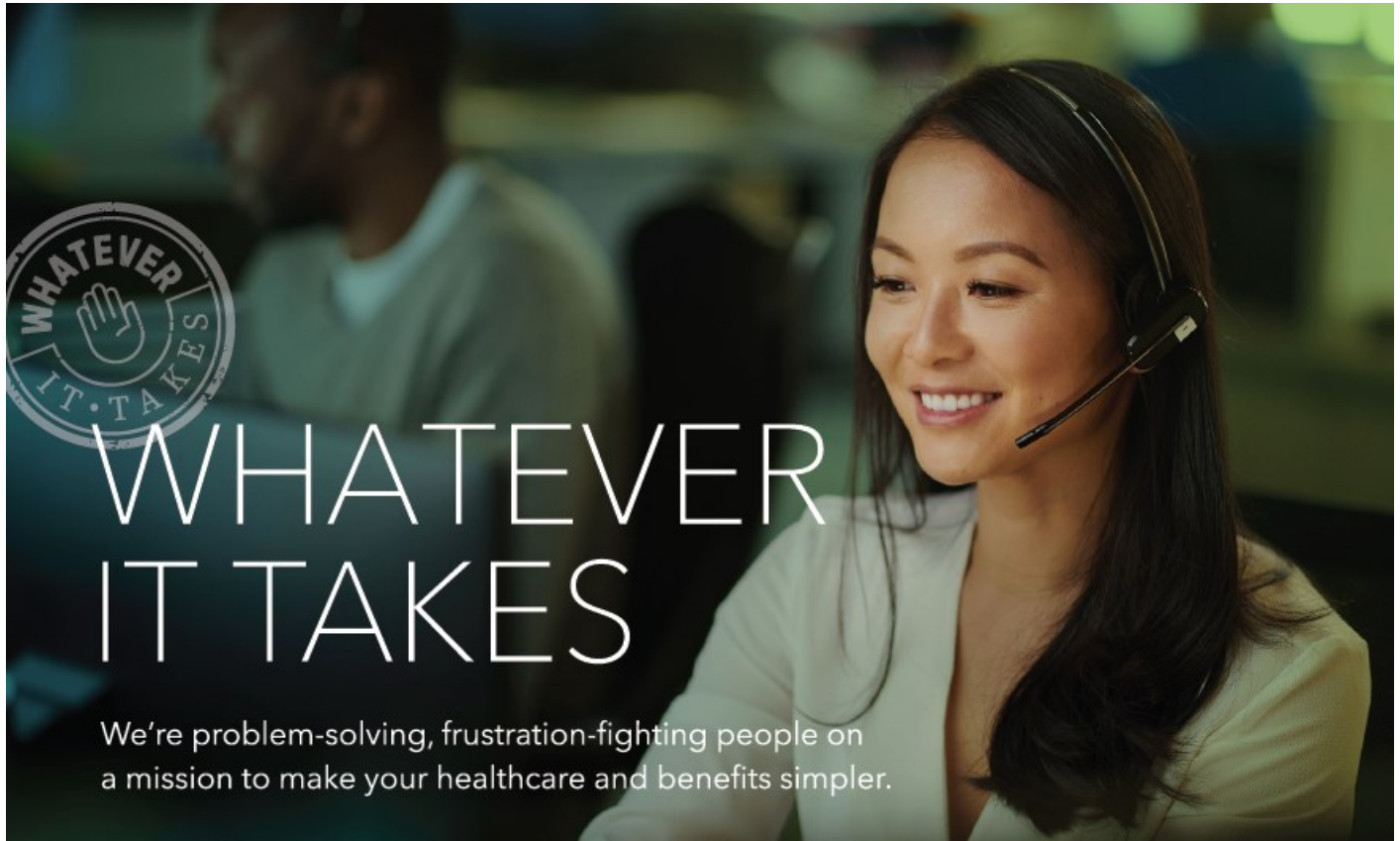


Consider CANARX International Pharmacy for “certain” brand name medications. You pay ZERO with added convenience of home delivery.



## Your Care Coordinators

**Who are the Care Coordinators?** Think of your Care Coordinators as your personal healthcare team of expert nurses and benefits specialists ready to help you with any health event. They assist in guiding you to ensure you receive the best care at the most affordable cost.



From replacing ID cards to more complicated matters, like claims resolutions, no request is too big or small for your Quantum Health Care Coordinators. Remember that your Care Coordinators are available year-round to help you:

- Get answers to claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval if needed
- Contact providers to coordinate your treatment
- Review your care options
- Request ID cards
- Any other benefits questions or concerns

Contact your Care Coordinators during Open Enrollment and throughout the year with all your benefits questions.



[tidelandshealthplan.com](https://tidelandshealthplan.com)

**(877) 498-6693**

(Monday-Friday, 8:30 a.m.-10 p.m. ET)





# YouCare Wellbeing Program & EAP

## YouCare Wellbeing Program

What does wellness mean to you? The Tidelands Health YouCare program provides you with the tools and resources to help you recognize and reach your personal goals with a variety of activities throughout the year. The wellness activities you complete during the year will also translate into valuable dollars that you can use to invest back into maintaining a healthy lifestyle. As one incentive option, the HRA can be used towards medical, dental, vision copays and deductibles in addition to pharmaceutical expenses in the following year. The LSA is available as another incentive option with contributions that can be used towards a number of lifestyle expenses, including gym memberships, massage therapy, and education related expenses. YouCare Program participation is encouraged for all team members, regardless of benefit enrollment status, and all full-time and part-time employees are eligible to earn YouCare incentives. To learn more about the HRA and LSA incentive options offered through the wellness program, please contact the Tidelands Health WeCare team.

For complete program details, please refer to the Wellness Department page on The Bridge.

## EMPLOYEE ASSISTANCE PROGRAM

As a team member of Tidelands Health, we have a personal approach to assist you through concerns you may be facing both inside and outside of work. There are many resources including those available through the Employee Assistance Program (EAP) for you to turn to during stressful times.

All EAP supports and services are provided at no cost and are available for you and any household member, including any children or dependents up to the age of 26 even if they are not living with you. There is no premium or copay and all supports and services are confidential. EAP services are available for all team members and are not related to your medical benefit.

## Services and Supports

All EAP benefits are made available through the Aetna Resources for Living program.

- **Counseling**
  - Confidential, short-term counseling at no cost including 1-5 visits scheduled for face-to-face with a licensed provider (per concern, per year) and unlimited telephonic counseling supports available 24/7.
  - **Talkspace** – text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app (one week of chat therapy counts as one visit). Also available - live sessions (30 minutes, real-time sessions via televideo, phone, or live chat; each session counts as one visit).
- **Legal/Financial** – free initial consultations (30 minutes) and discounted service fees thereafter with qualified professionals
- **Worklife** – free assistance with locating providers and services to help establish and maintain a healthy work-life balance (childcare, eldercare, household services, and more)
- **Virtual** – web based access to over 5,000 self-help webinars, newsletters, and articles, free legal templates and online will kit, coupons and online discount center, and myStrength (an online mindfulness coach)

Visit the Aetna Resources for Living website at [www.mylifevalues.com](http://www.mylifevalues.com) for more information about resources available or the counseling process. You will need a login ID and password to fully access the website.

Your Login ID: **tidelands**

Your Password: **eap**

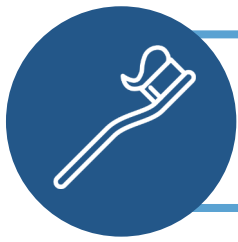
For more information on EAP benefits available to you, or for assistance on getting started, please contact [wecareteam@tidelandshealth.org](mailto:wecareteam@tidelandshealth.org).

## Smoking Cessation Program

Tidelands Health and the YouCare Program are excited to offer new enhancements to Tobacco cessation coverage. Most Tobacco cessation supports are available at no cost and may include:

- With a prescription: Bupropion, Nicotrol Inhaler and/or Spray
- Over-the-counter: Nicoderm Patch, Gum and/or Lozenge (Prescription still required)

For details about our YouCare, EAP, or Smoking Cessation Programs, contact [wecareteam@tidelandshealth.org](mailto:wecareteam@tidelandshealth.org).



# Dental Coverage

Tidelands Health offers two dental plans through **MetLife**. View page 17 for more information about your costs for coverage.

	Core Plan	Buy-Up Plan
	In Network	In Network
<b>Annual Deductible</b> (Individual/Family)	\$50/\$150	\$50/\$150
<b>Annual Maximum</b> (Per Person)	\$1,000	\$1,500
<b>Preventive Care</b>	100%*	100%*
<b>Basic Services</b> (Oral Surgery & Periodontics Services)	80% after deductible*	80% after deductible*
<b>Prosthodontics</b>	50% after deductible*	50% after deductible*
<b>Orthodontia</b> (Adults & Children up to age 26)	Not Covered	50% after deductible
<b>Orthodontia Lifetime Maximum</b> (Per Person)	Not Applicable	\$1,500

\* Usual, Reasonable and Customary Charges will only be applied to out of network procedures.

- **Dental implants** are covered under the Buy-Up plan, Class III services
- **Orthodontia** benefits are available under the Buy-Up plan for adults and children
- Eligible Dependents are your spouse and children under the age of 26
- Pre-determination review recommended for any treatments over \$150

Please refer to the dental summary plan description (SPD) for an extensive listing of covered services, exclusions and limitations at [www.metlife.com/mbenefits](http://www.metlife.com/mbenefits) and on the Bridge.

## Dental ID Cards

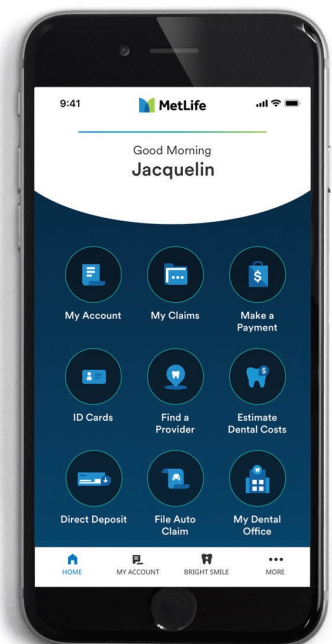
MetLife does not issue ID Cards for your dental insurance. Download the MetLife App from the App Store or visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to view your ID Cards.

## Finding In-network Dentists

You pay less for services when you use a dentist in the MetLife network.

You can find an in-network dentist by visiting [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or calling 1-800-942-0854.

**No ID Card Issued**  
**DOWNLOAD THE APP!**







# Vision Coverage

Tidelands Health’s vision plan through Community Eye Care covers routine eye exams and helps you pay for glasses or contact lenses.

	Vision Plan
	In Network
<b>Eye Exam</b> (Once every 12 months)	\$15 copay
<b>Materials</b> (Once every 12 months) Lenses Frames Contact Lens/and or glasses	\$15 copay, \$175 materials allowance for prescription and non-prescription eyewear*
Contact Lens Fitting and Evaluation (Every 12 months)	\$15 copay

\*20% discount after you have exhausted your allowance on glasses and 10% discount on contacts

### LASIK Services

Members can save up to 50% on LASIK services from participating providers.

### Special Offers

A variety of special offers are available to CEC members. Visit [cecvision.com/members/special-offers](http://cecvision.com/members/special-offers) for additional information!

No claims or paperwork to file when you see an in-network provider.



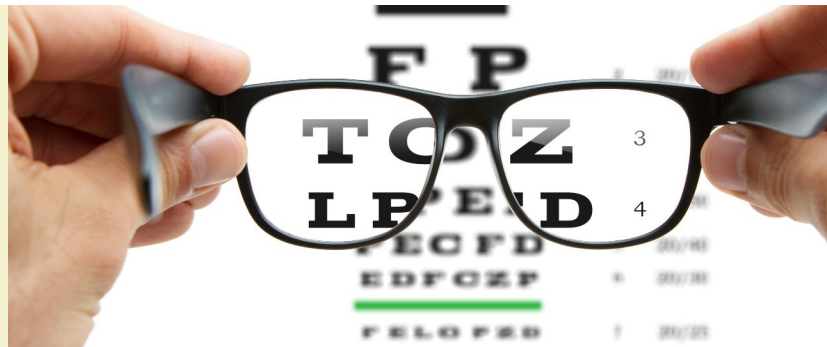
Scan the QR code to find a provider near you, access your account online or request your CEC ID card!

### What Will It Cost?

Tidelands Health is committed to offering you comprehensive benefits at a fair cost. View page 17 for more information about your costs for coverage.

### Finding In-network Eye Doctors

You can find an in-network eye doctor in the Community Eye Care network by visiting [www.cecvision.com](http://www.cecvision.com) or calling 888-254-4290.





# Spending Accounts

## Paying for Health Care with your own pretax dollars

You can receive tax-free reimbursement from your Health Care Flexible Spending Account (FSA) for eligible medical, dental, vision and hearing expenses incurred by you or an eligible dependent if the expenses are not covered by other plans.

	Health Care Flexible Spending Account (FSA)
<b>What is it?</b>	An account that allows you to set aside pretax dollars from each paycheck to pay for eligible expenses.
<b>What expenses are eligible?</b>	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)
<b>How much can I contribute each year?</b>	Between \$100 and \$3,200 in 2024
<b>Can I change my contributions throughout the year?</b>	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year
<b>When can I use the funds?</b>	All of the funds you elect for the year are available October 1
<b>Can I roll over funds each benefit plan year?</b>	Tidelands Health will allow employees to rollover up to \$640 of their unused Health Care FSA balance at the end of the year into the following plan year.
<b>How do I pay for eligible expenses?</b>	With your Flores & Associates benefits debit card (you can also submit claims for reimbursement online at <a href="http://www.flores247.com">www.flores247.com</a> )

## Paying for Dependent Daycare with your own pretax dollars

You can contribute pretax dollars into a dependent daycare FSA to pay for eligible child or elderly care expenses.

	Dependent Daycare FSA
<b>What is it?</b>	An account that allows you to set aside pretax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
<b>Why should I consider it?</b>	You can lower your taxable income to save some money while you take care of your daycare expenses
<b>What expenses are eligible?</b>	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account with each paycheck
<b>Can I roll over funds each year?</b>	No, you will lose any funds remaining in your account at the end of the year
<b>How do I pay for eligible expenses?</b>	Submit claims for reimbursement online at <a href="http://www.flores247.com">www.flores247.com</a>
<b>How much can I contribute each year?</b>	Between \$100 and \$5,000 in 2024

## Download Flores Mobile today



**Important Note:** Reimbursement must be completed by December 31st following plan year end.





# Life, AD&D and Disability Insurance with The Hartford

## Life and AD&D Insurance

Tidelands Health provides basic life and accidental death and dismemberment (AD&D) insurance through The Hartford at no cost to eligible full-time and part-time team members. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates. Coverage is effective 1<sup>st</sup> of the month following 90 days of employment. Eligible employees are automatically enrolled.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)	Evidence of Insurability (EOI)
<b>Life</b>	Your beneficiaries receive this benefit if you pass away	1x annual salary (rounded up to the nearest \$1,000) to a maximum of \$250,000	<b>You:</b> Increments of \$10,000 up to \$500,000 (amount elected can't exceed 5x annual salary) <b>Your spouse:</b> Increments of \$5,000 up to \$500,000 (amount elected can't exceed 100% employee amount) <b>Your child(ren):</b> Increments of \$2,000 up to \$10,000. For children between the ages of live birth and 6 months, maximum payable benefit is \$1,000	<b>You:</b> Amounts above \$150,000 <b>Spouse:</b> Amounts above \$50,000 Subject to approval by The Hartford
<b>AD&amp;D</b>	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	1x annual salary (rounded up to the nearest \$1,000) to a maximum of \$250,000	<b>You:</b> Increments of \$10,000 up to \$500,000 (amount elected can't exceed 5x annual salary) <b>Your spouse:</b> Increments of \$5,000 up to \$500,000 (amount elected can't exceed 100% employee amount) <b>Your child(ren):</b> Increments of \$2,000 up to \$10,000. For children between the ages of live birth and 6 months, maximum payable benefit is \$1,000 *EOI not required	

**Voluntary Life and AD&D:** Any currently enrolled employee can elect \$10,000 without providing Evidence of Insurability (EOI) as long as it doesn't go over the \$150,000 Guaranteed Issue amount. Any amount over will have to go through EOI. Any employee who has never enrolled and wants to enroll as a late entrant can elect \$10,000 without EOI. Any currently enrolled spouse can elect \$5,000 without providing EOI as long as the election doesn't go over the \$50,000 Guaranteed Issue amount. Any amount over will have to go through EOI. Any spouse who has never enrolled and wants to enroll as a late entrant can elect \$5,000 without EOI.



### Keep Your Beneficiaries Up to Date

Designate your beneficiary information through Workday.

Make sure to keep this person's information updated so your benefit is paid according to your wishes.

## Disability Insurance

Tidelands Health also provides disability insurance through The Hartford. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
<b>Short Term and Long-Term Disability</b>	<p>All <b>full-time and part-time</b> team members will be provided Short-Term and Long-Term Disability Insurance upon the completion of 90 days of employment at NO COST to you. Tidelands Health pays the full cost of this coverage.</p> <ul style="list-style-type: none"> <li>Benefits start after 7 days of a covered disability and continue as long as you remain disabled.</li> <li>The STD benefit pays 50% of your weekly base pay to a maximum of \$1,250, less certain other income benefits if you cannot work due to total disability related to a sickness or an injury.</li> <li>The LTD monthly benefit begins after 180 days of disability at 50% of your basic monthly earnings to a maximum of \$5,000 per month.</li> <li>LTD payments may be reduced by deductible sources of income and disability earnings.</li> </ul>	Tidelands Health



# Value-Added Benefits

## Identity Theft Protection

Identity theft can impact anyone. IDShield uses innovative monitoring technologies and alert tools to proactively safeguard your credit and finances. You must elect this benefit to be enrolled. Tidelands Health will pay the full cost for employee coverage. You pay a premium to add your eligible dependent(s) up to age 26 for children.

Cost Identity Theft Protection by IDShield	
Team Member Only	\$0.00
To Cover Dependent(s)	\$4.62 per pay period

Contact IDShield
Visit <a href="https://benefits.legalshield.com/tidelands">benefits.legalshield.com/tidelands</a>
Call <b>1-888-494-8519</b> , available 8AM–8PM EST, Monday through Friday



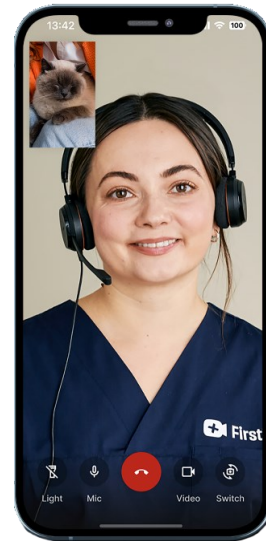
SCAN ME

## Pet Insurance

Fur babies need care too! You design the coverage you want with Nationwide:

- Choose from 70% and 50% reimbursement of vet’s invoices
- Access to any licensed veterinarian
- Added benefits include up to \$500 for boarding your pet if you are hospitalized, up to \$500 for advertising if your pet is lost or stolen and more!
- Unlimited, 24/7 video chat through Vet Helpline
- Discounted prescription drugs through Walmart and Sam’s Club

Contact Nationwide
Get a fast, no-obligation quote at: <a href="https://www.petinsurance.com/tidelandshealth">www.petinsurance.com/tidelandshealth</a>
To Enroll Call <b>1-877-738-7874</b>



SCAN ME

**vet**helpline®

24/7 access via video chat to veterinary professionals for any pet health concern (\$150 value)



## Electronic claim payments

Fast, convenient option to have your pet insurance reimbursement directly deposited to any bank. Learn more and opt in by visiting your Nationwide Pet Account Access page at [my.petinsurance.com](https://my.petinsurance.com).



# Tidelands Health Perks

Have you seen the new perks?

OH-LA-LA!!!

NBA TICKETS

AMC  
THEATRES



An **endless list** of places to save!

Slash prices by using your exclusive discount marketplace.  
It's like your secret weapon for spending less and enjoying more.

Scan the code



1

Go to <https://tidelandshealthperks.benefithub.com>

2

Enter your Name and Email Address. Then you will be prompted to enter your Employee ID and Date of Birth.

3

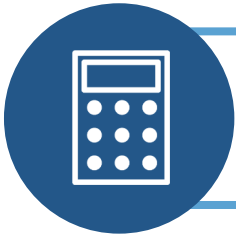
Sign up & start saving!

Note: Returning users will log in using their email address and password.

## Services compliments of The Hartford

When you are enrolled in life or disability plans with The Hartford, you may have access to other value-added services. Find more information on the Tidelands Health Benefits microsite at [tidelandshealthbenefits.org](https://tidelandshealthbenefits.org).

- Ability Assist® Counseling Services
- Beneficiary Assist® Counseling Services
- EstateGuidance® Will Services
- Funeral Planning and Concierge Services
- HealthChampion<sup>SM</sup>
- Travel Assistance Services with ID Theft Protection and Assistance



# What Will It Cost?

Below is an overview of your benefit coverage costs.

## TEAM MEMBER BI-WEEKLY PRETAX PREMIUMS—MEDICAL

Medical	
Coverage Tier	Premium
<b>Employee Only</b>	\$82.06
<b>Employee + Spouse</b>	\$189.71
<b>Employee + Child(ren)</b>	\$171.01
<b>Employee + Family</b>	\$228.71

## MEDICAL PLAN SURCHARGES

- **Tobacco Surcharge—\$100 per month (\$46.16 per pay period)** tobacco surcharge (applies to team members who use tobacco products)
- **Spousal Surcharge—\$150 per month (\$69.23 per pay period)** spousal surcharge (applies to team members whose spouse has access to health insurance with his/her employer, but you choose to enroll spouse in Tidelands Health medical plan)

## TEAM MEMBER BI-WEEKLY PRETAX PREMIUMS—DENTAL

Dental		
Coverage Tier	Core Premium	Buy-Up Premium
Employee Only	\$10.57	\$15.08
Employee + Spouse	\$15.07	\$25.06
Employee + Child(ren)	\$17.03	\$26.67
Employee + Family	\$18.75	\$30.45

## TEAM MEMBER BI-WEEKLY PRETAX PREMIUMS—VISION

Vision	
Coverage Tier	Premium
<b>Employee Only</b>	\$4.11
<b>Employee + One</b>	\$6.14
<b>Employee + Family</b>	\$10.98

## VOLUNTARY LIFE INSURANCE PREMIUMS

Employee Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 or over
<b>Employee Cost Per \$10,000</b>	\$0.35	\$0.35	\$0.36	\$0.47	\$0.66	\$1.04	\$1.60	\$2.63	\$3.97	\$6.83	\$12.29	\$24.73
<b>Spouse Cost Per \$5,000</b>	\$0.18	\$0.18	\$0.21	\$0.26	\$0.38	\$0.38	\$0.93	\$1.42	\$2.47	\$4.02	\$7.35	\$14.59
<b>Child(ren)</b>	Increments of \$2,000, up to \$10,000 maximum - \$0.26 per \$2,000 of coverage											

Note: Your life and AD&D benefits will reduce by 35% at age 65; 50% at age 70.



# Voluntary Benefits

## VOLUNTARY BENEFITS OFFERED:

- Group Hospital Supplemental Insurance
- Group Accident
- Group Critical Illness
- Individual Whole Life

### GROUP HOSPITAL SUPPLEMENTAL INSURANCE\*

Unum group hospital supplemental insurance can complement your health insurance to help you pay for the costs associated with a covered hospital stay. Benefits are payable in a lump sum to you, not as cost reimbursement to a medical provider. The benefit can be used to defray out-of-pocket expenses like co-insurance, co-pays, deductibles and other costs associated with hospitalization—or however you choose.

### GROUP ACCIDENT INSURANCE\*

Unum group accident insurance can pay benefits based on the injury you receive and the treatment you need, including emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance may not pay, including deductibles and copays. Family coverage is available.

### GROUP CRITICAL ILLNESS INSURANCE\*

Unum group critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. This plan provides a lump sum benefit directly to you not to a doctor or health care provider—at the first diagnosis of a covered condition. Family coverage is available, including specific childhood conditions, such as cystic fibrosis and Down syndrome

\*Please refer to the certificates for complete definitions of covered conditions.

You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

### INDIVIDUAL WHOLE LIFE INSURANCE

Unum individual whole life insurance offers a death benefit to your beneficiaries but it can also build cash value you can use while you are living. Later in life, you can use this cash value to buy a smaller, "paid up" policy with no more premiums due. This benefit offers, rates that may change on a class basis. If you are diagnosed with a terminal illness with a life expectancy of one year or less, you can request up to 100% of your benefit amount to a maximum of \$150,000. Individual employee, spouse, and child coverage available. (Any accelerated death benefit payments will reduce the amount the policy pays upon the covered persons death.)

The policy or provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

\*THIS IS A LIMITED POLICY.

Unum complies with state civil union and domestic partner laws when applicable.

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Group Hospital Indemnity, Accident, and Critical Illness insurance coverage are supplements to health insurance. They are not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for these insurance coverages.

Group Hospital Indemnity, Accident and Critical Illness insurance are unwritten by Unum Insurance Company, Portland, ME. Individual Whole Life Insurance is underwritten by Provident Life and Accident Insurance Company, Chattanooga, TN.

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# Retirement Benefits

## 403(B) RETIREMENT SAVINGS PLAN

Tidelands Health is committed to providing a retirement program to support your financial wellbeing. We feel it is so important to begin today to plan for your future regardless of the number of years you have until retirement. Tidelands Health provides a 3.5% match when you contribute at least 7%;

1. You may increase, decrease, or discontinue your contributions at any time through your account at Lincoln Financial.
2. You can choose if you want to make pretax or Roth after-tax contributions, or both.

## WHEN DO I BECOME ELIGIBLE?

You are eligible to contribute immediately upon your date of hire. All team members are eligible to participate.

## ACTION REQUIRED

You will be auto-enrolled at 7% pre tax after 30 days of hire if no election is made. You **must** register your account with Lincoln Financial and enter your contribution (even if it is 0%).

## HOW MUCH CAN I CONTRIBUTE?

The amount you contribute each pay period is completely up to you. You may contribute up to an annual maximum of \$23,000 for calendar year 2024. If you are or will attain age 50 by the end of the plan year, you may contribute up to \$30,500 (includes \$7,500 catch up contribution).

## HOW MUCH DOES TIDELANDS HEALTH CONTRIBUTE?

Tidelands Health will make an employer matching contribution in an amount equal to 50% of the first 7% of pay you contribute to the plan upon meeting eligibility.

## IS IT ALL MINE?

You are always 100% vested in the contributions you make and any earnings they generate. **Tidelands Health matching contributions, plus earnings they generate, are vested (owned by you) 100% after 3 years of service. A service year is any calendar year in which you work at least 1,000 hours.**

## WHERE IS THE MONEY INVESTED? “DO IT FOR YOU”

### APPROACH

You can direct your future investments to a variety of widely recognized mutual funds. If you do not select investment choices, your contributions will be invested in the appropriate Vanguard Target Date fund (based on your date of birth and retirement age of 65) default investment option designated by Tidelands Health.

## HOW DO I CHOOSE INVESTMENTS? “DO IT YOURSELF” APPROACH

When choosing investments, consider how much risk you’re comfortable with and how close you are to retirement. If retirement is around the corner, you may want a portfolio with lower risk. On the other hand, if you’re younger and have the time to weather the market’s ups and downs, you may want to choose a more ambitious investment strategy. The choice is yours! You can make your own investment choices at [www.lincolffinancial.com/retirement](http://www.lincolffinancial.com/retirement).

When You Contribute...	Tidelands Health Will Match....
7%	3.5%
6%	3%
5%	2.5%
4%	2%
3%	1.5%
2%	1%
1%	0.5%





# Retirement Planning Resources

## RESOURCES TO HELP IN PLANNING FOR RETIREMENT

### Meet with a Lincoln Financial Consultant Onsite

If you have questions on how to maximize your 403(b) plan to meet your financial health goals, take the time to meet with **Paige Leonard**, Lincoln Financial Consultant. Make an appointment by calling **919-760-9771** or through **[www.lfg.com/tidelandshealthschedule](http://www.lfg.com/tidelandshealthschedule)**.

Your Lincoln Financial Consultant can assist with:

- How much you should save
- Pretax versus Roth
- Rollover from other retirement plans
- Assisting with questions about loans and impact to your savings goals
- Distributions from your account

### Utilize Lincoln *WellnessPATH*<sup>®</sup>

Lincoln *WellnessPATH* provides tools and personalized steps to manage your financial life. From creating a budget to building an emergency fund to paying down debt, the easy-to-use online tool helps you turn information into action so you can focus on both short- and long-term goals, such as saving for retirement or providing protection for your loved ones. On the dashboard, you can quickly see if you're on target to meet your goals. If you have areas that need improvement, Lincoln *WellnessPATH* provides actionable steps. By securely linking the information from your financial accounts, you can easily monitor your progress across cash flow, spending, and saving. Additional resources include additional tools, calculators, and education to help you learn how to improve your financial well-being.

### Engage with a CAPTRUST Financial Advisor

Financial health is an essential part of your overall wellness! That is why Tidelands Health has partnered up with CAPTRUST to provide team members with individual, unbiased investment advice and to assist team members with retirement plan investment decisions. Creating your confidential financial blueprint is available to employee partners at no cost as a part of the retirement benefits package. Please visit the CAPTRUST website at **[www.captrustadvice.com](http://www.captrustadvice.com)** or call **1-800-967-9948** to schedule your financial blueprint appointment.

## HOW CAN I ACCESS MY ACCOUNT?

You may access your account online at **[www.lincolnfinancial.com/retirement](http://www.lincolnfinancial.com/retirement)**. For your protection, your PIN and Social Security number are required to access your account. Your PIN can be changed at any time to a password that you will easily remember to access your account whenever it is most convenient for you. You may call customer service toll-free at **1-800-234-3500** for more information.





# Contact Information

Benefit	Vendor	Phone	Website or Email
Medical Out-of-State Access to Participating Providers (PHCS Networks)	MyQHealth Care Coordinators	1-877-498-6693	<a href="http://www.tidelandshealthplan.com">www.tidelandshealthplan.com</a>
Mental Health and Substance Abuse Services—if enrolled in Medical Plan	Companion Benefit Alternatives, Inc.	1-800-868-1032	
Prescription Medications	ProActRX	1-877-635-9545	<a href="http://www.proactrx.com">www.proactrx.com</a> <a href="mailto:support@proactrx.com">support@proactrx.com</a>
Tidelands Health CANARX	CANARX	1-866-893-MEDS (6337)	<a href="http://www.canarx.com">www.canarx.com</a> WebID: TIDELANDS
Specialty Medications	Noble Pharmacy	Noble NY: 1-888-843-2040	<a href="http://www.noblehealthservices.com">www.noblehealthservices.com</a>
Ambulance and Air Transport Services	MASA Medical Transport Solutions	1-830-370-6849	<a href="mailto:Keuler@masamts.com">Keuler@masamts.com</a>
Employee Assistance Program	Aetna Resources for Living	1-866-252-4468	<a href="http://www.mylifevalues.com">www.mylifevalues.com</a> Login ID: tidelands Password: eap
Dental	MetLife	1-800-942-0854	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Vision	Community Eye Care	1-888-254-4290	<a href="http://www.cecvision.com">www.cecvision.com</a>
Flexible Spending Account Health Reimbursement Account (HRA)	Flores & Associates	1-800-532-3327	<a href="http://www.flores247.com">www.flores247.com</a>
403 (b) Retirement Savings Plan	Lincoln Financial Group	1-800-234-3500	<a href="http://www.lincolffinancial.com/retirement">www.lincolffinancial.com/retirement</a>
Life and AD&D	The Hartford	1-843-520-8275	<a href="mailto:benefitsteam@tidelandshealth.org">benefitsteam@tidelandshealth.org</a>
Disability	The Hartford	1-888-301-5615	<a href="http://www.abilityadvantage.thehartford.com">www.abilityadvantage.thehartford.com</a>
ID Theft	ID Shield	1-888-494-8519	<a href="http://www.benefits.legalshield.com/tidelands">www.benefits.legalshield.com/tidelands</a>
Pet Insurance	Nationwide	1-877-738-7874	<a href="http://www.petinsurance.com/tidelandshealth">www.petinsurance.com/tidelandshealth</a>
Voluntary Benefits	Unum	1-866-679-3054	<a href="http://www.unum.com/employers/employee-benefits">www.unum.com/employers/employee-benefits</a>
Tidelands Health Perks	Benefit Hub	1-866-664-4621	<a href="https://tidelandshealthperks.benefitHub.com">https://tidelandshealthperks.benefitHub.com</a>

## Tidelands Health and your Care Coordinators

Do you still have a questions about your benefits, health plan or your MyQHealth care coordinators?

Visit your health plan website: [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com)

Call your MyQHealth care coordinators: 1-877-498-6693

Monday-Friday, 8:30 a.m.-10 p.m.

## Tidelands Health Contacts

### Wellness Program:

[wecareteam@tidelandshealth.org](mailto:wecareteam@tidelandshealth.org)

### Tidelands HealthBenefits Team:

[benefitsteam@tidelandshealth.org](mailto:benefitsteam@tidelandshealth.org)



## Additional Benefits

Benefits	Who's Eligible	Who Pays	Description
Recognize Reward Redeem	All Tidelands Health Team Members	Tidelands Health	Online Team Member Recognition program allows leaders and team members to recognize and be recognized for outstanding performance, service recognition, and more. Earn points and redeem for merchandise or gift cards.
Annual Team Tidelands Week	All Tidelands Health Team Members	Tidelands Health	Each team member is recognized during National Hospital Week as well as individual department celebrations
Annual Team Member Picnic	All Tidelands Health Team Members	Tidelands Health	Full day, all expense paid for Tidelands Health team members and immediate family members.
Education Assistance Program	All Tidelands Health Team Members	Tidelands Health	Tidelands Health has several educational and tuition assistance programs to assist individuals who pursue a course of study that is determined beneficial to the team member's current position or will enhance Tidelands Health business overall.
Employee Assistance Fund	All Tidelands Health Team Members	Funded by Team Member Donations	Established to provide assistance to Tidelands Health team members in times of financial emergency due to specific events (e.g.: natural disaster, bereavement, theft, etc.).
Employee Referral Reward Program	All Tidelands Health Team Members	Tidelands Health	Rewards for team members who help recruit new team members into designated "hard-to-fill" positions.
Flu Shot and Vaccines	All Tidelands Health Team Members	Tidelands Health	Seasonally, Tidelands Health provides Flu Shots/Mist at no cost to the team member as well as Hepatitis vaccines to applicable team members through employee health services.
Discount Programs	All Tidelands Health Team Members	Tidelands Health	Access to discounts on national brands in categories like travel, hotels, car rentals, electronics, tickets, childcare, auto and home, and much more. Offered through our Employee Assistance Program, Aetna Resources for Living — search for <i>Discount Center</i> , <i>LifeMart Member Discount Program</i> . See page 10 of this booklet.
One-on-One Consultation with Clinical Dietitian	All Tidelands Health Team Members / Spouses	Tidelands Health	Weight management program free for Tidelands Health health insurance participants. No nutrition referral is required for those who qualify for the BMI Care Pathway or Personal Health Navigation or for those interested in the one-on-one elective nutritional counseling for team members or spouse.
Customer Service Recognition	All Tidelands Health Team Members	Tidelands Health	Situational recognition of team members by patients, visitors, other Tidelands Health staff or vendors.



# Notices

## Notice of Creditable Coverage

### Important Notice from Tidelands Health

#### About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Tidelands Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Tidelands Health has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Tidelands Health coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Tidelands Health coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under Tidelands Health.

#### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Tidelands Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Tidelands Health changes. You also may request a copy of this notice at any time.



# Notices

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** October 01, 2024  
**Name of Entity/Sender:** Tidelands Health  
**Contact—Position/Office:** Dianne Callihan—Director Benefit Services  
**Office Address:** 4367 Riverwood Drive Suite 230  
Murrells Inlet, South Carolina 29576  
United States  
**Phone Number:** 843-520-8275



# Notices

## Report Eligibility Changes In A Timely Manner

It is your responsibility to notify the Benefits Department when a dependent becomes eligible or ceases to be eligible for coverage under our benefits plan. All eligibility changes should be reported within 30 days of the event. Failure to report changes in a timely manner can impact your ability to add newly eligible dependents or discontinue pre-tax premium contributions on ineligible dependents.

In addition, failure to report a loss of eligibility due to legal separation or divorce or a dependent that has otherwise ceased to be eligible, such as a child reaching the maximum dependent child age limit, can impact your dependent's right for group health plan coverage under the federal law known as COBRA. If you fail to report the loss of eligibility within 60 days of the event, your dependents may be left with no continuation coverage under our plan. Please see your COBRA notice or your group health plan summary plan description for additional information.

## Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

HRA Plan: Tidelands Health (Individual: 15% coinsurance and \$1,500 deductible; Family: 15% coinsurance and \$3,000 deductible); Preferred Blue PPO (Individual: 25% coinsurance and \$3,000 deductible; Family: 25% coinsurance and \$6,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 843-520-8275 or [dcallihan@tidelandshealth.org](mailto:dcallihan@tidelandshealth.org).

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Tidelands Health is committed to the privacy of your health information. The administrators of the Tidelands Health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Dianne Callihan at 843-520-8275 or [dcallihan@tidelandshealth.org](mailto:dcallihan@tidelandshealth.org).



# Notices

## HIPAA Special Enrollment Rights

### Tidelands Health plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Tidelands Health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Dianne Callihan at 843-520-8275 or [dcallihan@tidelandshealth.org](mailto:dcallihan@tidelandshealth.org).

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.



# Notices

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –**

ALABAMA - Medicaid	ALASKA - Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS - Medicaid	CALIFORNIA - Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA - Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584





# Notices

IOWA - Medicaid and CHIP (Hawki)	KANSAS - Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY - Medicaid	LOUISIANA - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE - Medicaid	MASSACHUSETTS - Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA - Medicaid	MISSOURI - Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA - Medicaid	NEBRASKA - Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA - Medicaid	NEW HAMPSHIRE - Medicaid
Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY - Medicaid and CHIP	NEW YORK - Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831



# Notices

<p><b>NORTH CAROLINA - Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>	<p><b>NORTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</p>
<p><b>OKLAHOMA - Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p><b>OREGON - Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075</p>
<p><b>PENNSYLVANIA - Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)</p>	<p><b>RHODE ISLAND - Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p><b>SOUTH CAROLINA - Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
<p><b>TEXAS - Medicaid</b></p> <p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493</p>	<p><b>UTAH - Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
<p><b>VERMONT - Medicaid</b></p> <p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427</p>	<p><b>VIRGINIA - Medicaid and CHIP</b></p> <p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924</p>
<p><b>WASHINGTON - Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>	<p><b>WEST VIRGINIA - Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>WISCONSIN - Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002</p>	<p><b>WYOMING - Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



# Discrimination is Against the Law

Tidelands Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, gender, gender identification, age, disability, pregnancy or pregnancy related conditions, marital status, familial status, sexual orientation, genetic disposition or veteran status. Tidelands Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## TIDELANDS HEALTH:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Thais Thomas.

If you believe that Tidelands Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

Shinique Garrett  
HR Manager  
4367 Riverwood Dr., Ste 230  
Murrells Inlet, SC 29576  
Phone: 843-652-8145  
Email: [shgarrett@tidelandshealth.org](mailto:shgarrett@tidelandshealth.org)


Caitlin Horkan  
HR Manager  
4367 Riverwood Dr., Ste 230  
Murrells Inlet, SC 29576  
Phone: 843-520-8107  
Email: [chorkan@tidelandshealth.org](mailto:chorkan@tidelandshealth.org)

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Shinique Garrett and Caitlin Horkan are available to help you.


You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, contact PAI at 1-800-768-4375 or visit [www.paisc.com](http://www.paisc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.paisc.com](http://www.paisc.com) or call 1-800-768-4375 to request a copy.


Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	For TH providers <b>\$1,500</b> individual/ <b>\$3,000</b> family. For network providers <b>\$3,000</b> individual / <b>\$6,000</b> family. For out-of-network providers <b>\$4,500</b> individual / <b>\$9,000</b> family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. HRA dollars may be used to offset deductible expenses.
<b>Are there services covered before you meet your deductible?</b>	Yes. Preventive care, primary and specialist care and prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	For TH providers <b>\$3,000</b> individual/ <b>\$6,000</b> family. For network providers <b>\$6,000</b> individual / <b>\$12,000</b> family. For out-of-network providers <b>\$9,000</b> individual / <b>\$18,000</b> family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, penalties, balance-billing charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.tidelandshealthplan.com">www.tidelandshealthplan.com</a> or call 1-800-498-6693 for a list of network providers.	This plan uses a provider network. You pay the least if you use a TH provider. You pay more if you use a network provider. You will pay the most if you use an out-of-network provider and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tidelands Health (You will pay the least)	Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> /visit; <u>deductible</u> does not apply.	\$50 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Includes <u>primary care</u> visits for mental/behavioral health and substance abuse services. Telehealth/Telemedicine is covered at Tidelands and In-Network providers.
	Specialist visit	\$50 <u>copay</u> /visit; <u>deductible</u> does not apply.	\$100 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Telehealth/Telemedicine is covered at Tidelands and In-Network providers.
	Preventive care/screening/immunization	No charge	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for. Only flu shots, mammograms and certain women's evidence-informed services are covered at an out of network provider.
If you have a test	Diagnostic test (x-ray, blood work)	\$25 <u>copay</u> /visit; <u>deductible</u> does not apply.	\$50 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Coinsurance</u> after deductible if not billed with office visit for Network and Out-of-Network only. Tidelands 100%. Co-pay may apply for physician office visit.
	Imaging (CT/PET scans, MRIs)	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	MRI requires <u>pre-authorization</u> . 50% reduction in benefit if not obtained.

\* For more information about limitations and exceptions, see the plan or policy document at [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com).



 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.					
Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tidelands Health (You will pay the least)	Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="http://www.proactrx.com">www.proactrx.com</a> or call 877-635-9545.	Generic drugs	\$5 <u>copay/prescription</u> (31 day supply); \$25 <u>copay/prescription</u> (90 day supply); <u>deductible</u> does not apply to <u>prescription drugs</u>	\$25 <u>copay/prescription</u> (31 day supply); \$25 <u>copay/prescription</u> (90 day supply); <u>deductible</u> does not apply to <u>prescription drugs</u>	Not Covered	Certain medications are not covered under the plan; however, similar alternative medications are available – contact ProAct for assistance
	Preferred brand drugs	\$35 <u>copay/prescription</u> (31 day supply); \$50 <u>copay/prescription</u> (90 day supply); <u>deductible</u> does not apply to <u>prescription drugs</u>	\$55 <u>copay/prescription</u> (31 day supply); \$75 <u>copay/prescription</u> (90 day supply); <u>deductible</u> does not apply to <u>prescription drugs</u>	Not Covered	90 day supplies are available through a Tidelands Health Family pharmacy (at both Tidelands Health locations) or the ProAct mail order program.
	Non-preferred brand drugs	\$60 <u>copay/prescription</u> (31 day supply); \$80 <u>copay/prescription</u> (90 day supply); <u>deductible</u> does not apply to <u>prescription drugs</u>	\$80 <u>copay/prescription</u> (31 day supply); \$110 <u>copay/prescription</u> (90 day supply); <u>deductible</u> does not apply to <u>prescription drugs</u>	Not Covered	Certain brand medications are free through Tidelands Health Cana Rx. Learn more at <a href="http://www.tidelandshealthcanarx.com">www.tidelandshealthcanarx.com</a>
	<u>Specialty drugs</u>	30% <u>coinsurance</u> up to \$150 maximum at Family pharmacy.	30% <u>coinsurance</u> up to \$300 maximum at CVS and Walgreens. 30% <u>coinsurance</u> up to \$200 maximum at all other retail pharmacies.	Not Covered	<u>Deductible</u> does not apply.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Pre-authorization</u> required. 50% reduction in benefit if not obtained.
	Physician/surgeon fees	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	None


\* For more information about limitations and exceptions, see the plan or policy document at [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com).

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tidelands Health (You will pay the least)	Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	None.
	<u>Emergency medical transportation</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	None
	<u>Urgent care</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Pre-authorization</u> is required. Failure to obtain <u>pre-authorization</u> will result in zero benefits payable by the plan. Penalty applies to all providers.
	Physician/surgeon fees	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Inpatient services	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Pre-authorization</u> is required. Failure to obtain <u>pre-authorization</u> will result in zero benefits payable by the plan. Penalty applies to all providers.

\* For more information about limitations and exceptions, see the plan or policy document at [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com).



 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tidelands Health (You will pay the least)	Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
<b>If you are pregnant</b>	Office visits	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	Cost sharing does not apply to certain <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). <u>Pre-authorization</u> is required. Failure to obtain <u>pre-authorization</u> will result in zero benefits payable by the plan. Penalty applies to all providers.
	Childbirth/delivery professional services	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Pre-authorization</u> is required. Failure to obtain <u>pre-authorization</u> will result in zero benefits payable by the plan. Penalty applies to all providers. <u>Pre-authorization</u> is required. Failure to obtain <u>pre-authorization</u> will result in zero benefits payable by the plan. Penalty applies to all providers. <u>Pre-authorization</u> is required. Failure to obtain <u>pre-authorization</u> will result in zero benefits payable by the plan. Penalty applies to all providers.
	<u>Rehabilitation services</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Habilitation services</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Durable medical equipment</u>	15% <u>coinsurance</u>	15% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Hospice services</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	50% <u>coinsurance</u>	

\* For more information about limitations and exceptions, see the plan or policy document at [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com).

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tidelands Health (You will pay the least)	Network Provider (You will pay more)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered	Not covered
	Children's glasses	Not covered	Not covered	Not covered	Not covered
	Children's dental check-up	Not covered	Not covered	Not covered	Not covered

**Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Chiropractic care</li> <li>• Cosmetic surgery</li> <li>• Dental care</li> </ul>
<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>
<ul style="list-style-type: none"> <li>• Routine eye care</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> <li>• Bariatric surgery (at Tidelands Health providers only)</li> <li>• Private-duty nursing</li> </ul>

\* For more information about limitations and exceptions, see the plan or policy document at [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com).

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform/](http://www.dol.gov/ebsa/healthreform/) / Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323x61565 or [www.ccio.cms.gov/](http://www.ccio.cms.gov/) / Planned Administrators Inc. at 1-800-768-4375 or visit [www.paisc.com](http://www.paisc.com). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform/](http://www.dol.gov/ebsa/healthreform/) / Planned Administrators Inc. at 1-800-768-4375 or visit [www.paisc.com](http://www.paisc.com) or you can contact your employer's human resources department at 1-843-652-1008.

#### **Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

#### **Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-768-4375.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-768-4375.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-768-4375.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-768-4375.

**To see examples of how this plan might cover costs for a sample medical situation, see the next section.**

\* For more information about limitations and exceptions, see the plan or policy document at [www.tidelandshealthplan.com](http://www.tidelandshealthplan.com).

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** **\$1,500**
- **Specialist copayment** **\$50**
- **Hospital (facility) coinsurance** **15%**
- **Other coinsurance** **15%**

**This EXAMPLE event includes services like:**

Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

**Total Example Cost** **\$12,700**

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,500
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,060</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **\$1,500**
- **Specialist copayment** **\$50**
- **Hospital (facility) coinsurance** **15%**
- **Other coinsurance** **15%**

**This EXAMPLE event includes services like:**

Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

**Total Example Cost** **\$5,600**

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$1,300
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,420</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **\$1,500**
- **Specialist copayment** **\$50**
- **Hospital (facility) coinsurance** **15%**
- **Other coinsurance** **15%**

**This EXAMPLE event includes services like:**

Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

**Total Example Cost** **\$2,800**

**In this example, Mia would pay:**

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$200
<u>Coinsurance</u>	100
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,800</b>

Coverage examples calculated based on services being rendered by a Tidelands Health provider. Coverage examples listed do not include HRA dollars you may receive from Tidelands Health. HRA dollars are earned based on completion of wellness activities in the prior plan year. These HRA dollars funded by Tidelands Health help reduce the amount you have to pay out of pocket for deductibles, co-pays and coinsurance.

The plan would be responsible for the other costs of these EXAMPLE covered services.



## Notes



## Notes





## Notes



This benefit summary prepared by



# Gallagher

Insurance | Risk Management | Consulting

