

TO:	All Departing House Staff
FROM:	Dwight M. Smith Manager, Benefits Services
DATE:	May 15, 2006
SUBJ:	CHECKLIST FOR BENEFITS

Congratulations on the successful completion of your residency. We wish you success as you move on in your profession. Thank you for the many hours of hard work you gave to the patients at North Carolina Baptist Hospital.

To assist you with information regarding the status of your benefits at the time of your departure, we have prepared the following information for you. *Please read this information carefully.*

1. **Summary of Benefits:**
 - Health Insurance and Dental Continuation
 - Health Insurance When Living Out of the Service Area
 - Disability Continuation
 - Life Insurance Conversion
 - R_x Reimbursement Form
 - MedCost Claim Form

2. **Change of Address:**
 - If you are familiar with Self-Service on the NCBH Human Resources Web site, you can change your address through Self-Service or fill out a blue change of address form found in the Benefits bins. Return the blue form to NCBH Human Resources – 3rd Floor Meads Hall.
 - U.S. Post Office Change of Address Packet – Available in the Mail Room for your convenience.

3. **Direct Deposit Form** – On the *InfiNet* under Department ⇨ Hospital ⇨ Forms.

If you have any questions, please feel free to call me at 716-3337 or any of the following Benefits Representatives:

- Lynne Fazenbaker 716-2039
- Freda Feathers 716-4106
- Melissa Timberlake.....716-5268

DEPARTING HOUSE STAFF BENEFITS SUMMARY
June 30, 2006

HEALTH INSURANCE:

Coverage ends based on your end of employment date (termination date). Your coverage will end on the last Saturday of the pay period that contains your date of termination.

Because your contract ends on June 30, 2006, your coverage will end at the end of the pay period which will be July 8, 2006. (If you have a different contract end date, your coverage will end on the last Saturday of the pay period in which you are last paid.)

However, you and your covered dependents have the right to continue coverage under COBRA for up to 18 months, *retroactive to July 8, 2006, or to your end of coverage date if different than July 8, 2006.*

Notification Letter (Watch for this information printed on purple paper!):

As with all employees who leave NCBH, a letter of notification will be printed *after your last paycheck is processed on July 13.* This letter is to inform you of your right to continue your coverage and contains enrollment information. It will show your coverage as of June 30, 2006 and will be mailed to the address shown on your last direct deposit advice. The letter should be mailed by July 30, 2006.

Mailing Address:

According to Federal COBRA regulations, we are required to mail this letter to your home address, and therefore, we cannot prepare a letter in advance of your leaving. Please change your home mailing address by completing a blue Change of Address form, use Self-Service, or leave a forwarding address with the Post Office.

Will You Have to Take COBRA?

You May NOT Need COBRA (If your new coverage begins within 60 days):

Please note: If you will be covered by your new plan before 60 days from the date of the purple COBRA Notification Letter, there is no need to elect continuation of coverage. During the 60 days from the postage date, you are COBRA eligible. This means that should you or one of your dependents require medical care, you may elect to continue coverage and pay the premiums due. Your coverage would then be **retroactive** to July 9, 2006. *If you have no need for medical services during this 60-day COBRA election period, you do not have to enroll in the continuation option and you do not need to pay the premium.* All you need to do is keep the COBRA election notice in safe keeping until your new coverage becomes effective.

You May Need COBRA (If your new coverage begins later than 60 days from July 9):

If your new coverage begins more than 60 days from the date of the notification letter, or if you will not be employed within 60 days, you may elect COBRA by completing all of the information requested on the election form.

Monthly COBRA Cost for Continuation of Coverage:		
	<u>Prime Network Plan</u>	<u>Select Options Plan</u>
Individual	\$348.94	\$275.32
Employee/Children	\$683.22	\$539.64
Employee/Spouse	\$777.61	\$613.81
Family	\$930.45	\$735.11

**HEALTH INSURANCE
WHEN LIVING OUT OF THE SERVICE AREA**

1. The **same services covered** in the MedCost service area are covered if you live out of the service area.

2. **Emergency Room**
\$75.00 charge if you are not admitted. Under the Prime plan, if you are admitted there is a \$250 co-pay plus you pay 15% of the charges up to your maximum out of pocket limit. See Health Plan Summary for Select coinsurance and limits. You are required to notify MedCost at 1 (800) 722-2157 if you are admitted as an inpatient through the Emergency Room.

3. **Prescriptions**
If you are in an area where there are no Network Pharmacies, you may use the mail order service or pay the full cost of the prescription and mail in the CatalystRx claim form for reimbursement.

4. Please call **MedCost Customer Service** at 1 (800) 795-1023 for:
 - Additional questions pertaining to specific services
 - Claim forms (Health or R_x mail order)

5. If you need an additional copy of the benefit plan summary that describes the covered and non-covered services, please call Employee Benefits at (336) 716-3532.

