2026 Benefits

ECU HEALTH | Total Rewards

Team Member Guide

ECU HEALTH | Total Rewards

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ECU HEALTH

Scan this QR code using your smartphone to easily access the ECU Health | Total Rewards website.

Welcome to your 2026 Benefits Guide

You belong at ECU Health. We're glad you're here.

As part of our commitment to you, our valued team members, ECU Health offers a suite of benefits to you and your family. You belong in a community that empowers you in your daily work, in our community and in eastern North Carolina. While you're providing excellent care for patients every day, ECU Health provides team members market-competitive Total Rewards — an investment of over $1.5 billion annually.

This guide outlines the wide range of plans and benefits* selected just for you and your family. Take time to review the guide so you can choose the best coverage for your needs.

More plan details are available on the **ECU Health | Total Rewards** website. Before you enroll, visit **TotalRewards.ECUHealth.org** — where you have 24/7 access to everything you want to know about your Total Rewards.

If you need more details, visit the **ECU Health Service Center Portal** or call HR Services at **252-816-7446**.

* Plan details are in official plan documents and insurance contracts. The benefits guide covers highlights from each plan, but it doesn't replace Summary Plan Descriptions (SPDs), official plan documents or other policies. The official plan documents prevail if there is conflicting information in the benefits guide. SPDs are available on the **ECU Health Service Center Portal**.

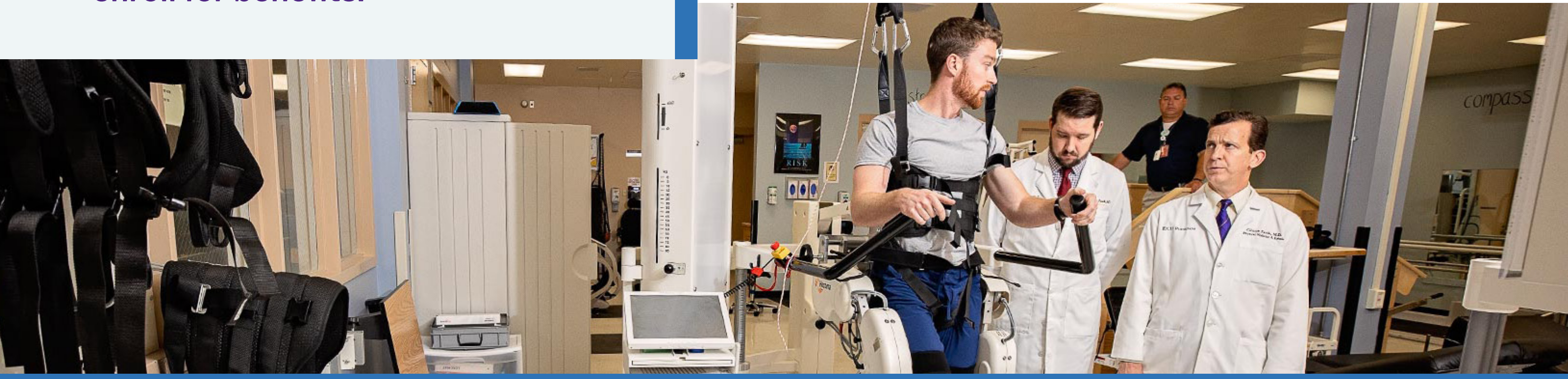
Enroll online

- Visit **myhr.ECUHealth.org** and enter your user ID (employee ID number) and password
- Select the Benefits Enrollment tile (with bswift logo)
- Enter your ECU Health email address and Employee Self Service password to begin your enrollment through the bswift enrollment platform
- Elect or waive each benefit you are eligible for
- If you are accessing the application off-site, you may be required to authenticate your device through Duo Mobile prior to accessing bswift

New to ECU Health? You have 30 days from your start date to enroll for benefits.

Our enrollment platform — bswift:

1. Supports you during your enrollment process via an intuitive platform and a decision support tool
2. Empowers you to understand how each benefit works so that you can choose the best options for yourself
3. Enables you to sign up for benefits online in a few easy steps
4. Administers the dependent verification process in the same platform where you are enrolling for or making changes to your benefits
5. Provides you with the ability to complete more than one event at a time with minimal delays
6. Offers the bswift mobile app to give you access to your personalized benefits and related benefits documents no matter where you are



Eligibility

ECU Health benefits are available to you if you're actively employed and assigned to a payroll classification of 0.5 FTE or higher.

Effective Jan. 1, 2026, your effective date of coverage is the first day of the month following your date of hire in a benefits-eligible position. You also have the option to add or amend benefits coverage within 30 days of a major life change, such as marriage, divorce or the birth of a child. For more information about Qualified Life Events, visit the **ECU Health | Total Rewards** website at **TotalRewards.ECUHealth.org** under Navigating Life Changes.

Outside your initial hire or a Qualified Life Events, your only opportunity to elect or change benefits coverage is during Annual Enrollment. This enrollment window is provided each year so team members can review and change their coverage(s) for the following year's benefits plan, beginning Jan. 1. To take advantage of ECU Health benefits in 2026, you must enroll by the applicable deadline.

Eligible dependents

Important note: If your spouse or eligible dependent is a team member, you both cannot dually enroll in any plan.

- **Your spouse.** The term "spouse" means the individual lawfully married to you.
- **Your domestic partner.** Domestic partners must be 18 years of age or older and unmarried; not related by blood in any manner that would prohibit legal marriage; have assumed mutual obligations for the welfare and support of each other; share a common residence and live together as a couple in the same household; and be each other's sole domestic partner.
- **Your qualified children under the age of 26.** This can be your biological son or daughter, stepson or stepdaughter, a legally adopted individual, an individual for whom you are legal guardian or who is lawfully placed with you for legal adoption and/or eligible foster children.
- **Your unmarried child who is disabled,** living with you, dependent on you for support and unable to support themselves due to their mental or physical disability.

You can only enroll dependents if you're enrolled in the plan. A dependent can only be enrolled under one team member. If your dependent is also a benefits-eligible team member, they are ineligible for coverage under the Spousal and Child Life benefit.

Documentation for dependents

Before you enroll: Gather the appropriate documentation for any family members you want to cover. You will need to provide this documentation to bswift to confirm eligibility.

After you enroll: After you complete your enrollment, you will be instructed to provide verification documentation for dependents through the bswift "Team Member File" pathway. From there, you can view and upload documents for each enrolled dependent. You can choose to receive subsequent notices via email or paper correspondence.

Acceptable forms of documentation

- Marriage license for spouse
- Domestic partner attestation
- Birth certificate for children
- First page of your most recent tax return, listing eligible dependents or children
- Court-ordered guardianship papers, adoption papers or placement letter
- Divorce decree to show parent/child relationship when names don't match or to identify responsibility for providing health coverage

HEALTH & WELL-BEING

Health Care Premiums

Premiums for coverage

ECU Health provides medical, dental and vision care benefits. To access these benefits, you pay a premium, deducted before taxes in 24 biweekly increments from your pay.

The amount you pay is determined by a few factors:

- Whether you want to include just yourself, your entire family or something in between.
- You have three choices for the medical plan: The **Medical Savings Plan**, the **Basic Plan** and the **Choice Plan**. More details about these plans can be found under the "Medical" section of this guide. While the premiums for each of these plans vary, so do the benefits covered. You should consider both the premium amount and the amount of benefits coverage under each plan before making your selection.
- You are free to choose any health care coverage you wish and decline any coverage you do not want. For instance, you can select medical coverage, but decline dental and vision, or select dental, but no medical or vision. Any combination is acceptable.
- For medical benefits, there are different rates for full-time versus part-time team members. For dental and vision, the rates are the same.

The team member contributions for 2026 are shown in the following tables:

Full-time team members — 24 biweekly deductions

Coverage	Medical Savings Plan	Basic Medical	Choice Medical
Single	$40.22	$45.97	$60.91
+ Children*	$149.40	$174.68	$202.26
+ Spouse*	$234.44	$273.51	$306.84
+ Family*	$257.42	$299.94	$335.57

Part-time team members — 24 biweekly deductions

Coverage	Medical Savings Plan	Basic Medical	Choice Medical
Single	$112.62	$129.86	$143.65
+ Children*	$255.12	$297.65	$324.08
+ Spouse*	$322.93	$378.09	$412.57
+ Family*	$381.54	$444.74	$479.22

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

Other premiums

Working spouse/domestic partner premium

If your spouse/domestic partner is covered under one of the medical plan options offered by ECU Health, and they are eligible for medical coverage through their employer, you will pay an additional $55 premium per pay period. This extra premium is not necessary when:

- You and your spouse are both employed at ECU Health
- Your spouse has no group medical coverage available
- Your spouse is enrolled in Medicare coverage
- Your spouse is enrolled in TRICARE

Benefit deduction frequency

You are paid biweekly with 26 pay periods per year. However, the amount you pay for your ECU Health benefits will come out of 24 paychecks. For two pay periods (the last pay period within the month that there are three paychecks), no benefits deductions, with the exception of any retirement savings contributions (such as 401(k), will be applied to your paycheck.

Contact a provider 24/7 through ECU HealthNow. You receive free services when enrolled in any ECU Health medical plan. Make sure you register as an ECU Health team member on our medical plan.

Medical Plans and Pharmacy

You have options when it comes to your medical and pharmacy benefits — each with different levels of coverage to fit your needs.

Our plans are administered by Allegiance (a Cigna company), a medical plan administrator that specializes in managing claims. If you need to request an ID card, print or view an explanation of benefits (EOB) or find a provider, visit **askallegiance.com/ecuhealth**. The ECU Health group number for Allegiance is 2005028. For more information, please review the Allegiance Welcome Guide available on the **ECU Health Service Center Portal**.

Our prescription plans are administered by Capital Rx, a pharmacy benefit manager or PBM. Through Capital Rx, you will receive 24/7 support and access to tools and resources to help you manage your prescriptions and costs. To check which tier your medications are in, go to **cap-rx.com** or review the formulary on the **ECU Health Service Center Portal**.

Often-used terms

Before you review your medical plan options, you may want to get familiar with these terms:

- **Coinsurance:** A set percentage you pay of the cost of the care you receive.
- **Copay:** A set dollar amount you pay when you receive health care. For example, $50 when you see a specialist. Copays are not included in the deductible.
- **Deductible:** A set amount you must pay out of your pocket before the plan starts paying part of the cost, unless a copay applies. All deductible payments contribute to a plan's annual out-of-pocket maximum.
- **Out-of-pocket maximum (OOP max):** The most you will pay in a calendar year for provider visits, prescriptions, etc., and for covered expenses, including your deductible, copays and coinsurance. This safety net provides peace of mind for those who have a serious condition or illness. Family medical plans have single and family out-of-pocket maximums. Once a covered family member meets the individual out-of-pocket maximum, the plan will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum.

For more information, refer to the Summary Plan Descriptions on the **ECU Health Service Center Portal**. Or see the Summary of Benefits and coverage details on the **ECU Health | Total Rewards** website at **TotalRewards.ECUHealth.org**.

You have three medical plan choices: Medical Savings, Basic or Choice

1. **The Medical Savings Plan** is a High-Deductible Health Plan (HDHP) that puts you in control of how you spend your health care dollars. This plan has a higher deductible compared to our other plans but lower premiums. You will pay 100% of medical and prescription costs until you meet your deductible. You then pay coinsurance. If you reach your out-of-pocket maximum, your plan pays 100% of costs for the remainder of the plan year. The Medical Savings Plan is paired with a tax-advantaged Health Savings Account (HSA) to help you pay out-of-pocket expenses. You make before-tax contributions to your HSA, and ECU Health matches your contribution up to a certain amount each year, depending on your coverage level. For more details on how an HSA works, refer to page 18.

How does the Medical Savings Plan work?

AT FIRST	MEET DEDUCTIBLE	REACH OUT-OF-POCKET MAX
You pay 100% for medical services and prescriptions (HSA can be used to pay for expenses)	You and the plan share costs (HSA can be used to pay for expenses)	Plan pays 100%
You pay	Share costs	Plan pays

2. **The Basic Plan** is a Preferred Provider Organization (PPO) plan. You will pay a copay at the time of service for office visits or urgent care from a Tier 1 or Tier 2 provider. You will also pay a copay for most covered prescription drugs. For most other covered services, you will pay the deductible plus the coinsurance. When you reach your annual out-of-pocket maximum, the plan pays 100% for the remainder of the plan year.

3. **The Choice Plan** is also a PPO and works the same way as the Basic Plan. However, the Choice Plan has a lower deductible, lower out-of-pocket maximum and lower copays, but you will pay a higher premium than the Basic Plan.

How do the Basic and Choice Plans work?

AT FIRST	MEET DEDUCTIBLE	REACH OUT-OF-POCKET MAX
You pay a copay for medical services and prescriptions	You and the plan share costs (coinsurance)	Plan pays 100%
Share costs	Share costs	Plan pays

All three medical plans cover 100% in-network preventive care.

Tiers and Networks Explained

In-network means ECU Health has contracted with certain doctors, hospitals, pharmacies and other health care providers to provide team members with services and supplies at a discounted cost. To manage your costs most effectively, you can choose providers in our Tier 1 and Tier 2 networks.

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Tier 1: ECU Health Alliance Network

- Comprised of ECU Health providers, ECU Health facilities and other select providers.
- When you stay within Tier 1, your cost is considerably less.

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Tier 2: Allegiance Network

a Cigna Open Access Plus (OAP) network

- This network is comprised of providers and facilities within the Cigna OAP network.
- You will receive deeper discounts within the Cigna OAP network.
- You will pay more out-of-pocket than with Tier 1.
- Your costs are less than if you go out-of-network.

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Tier 3: Out-of-Network

- Providers and facilities that are **out-of-network**.
- You'll pay considerably more than with Tier 1 or Tier 2.
- Your deductible varies for each provider network. However, all deductible payments, regardless of tier, cross accumulate during the year, helping minimize your overall out-of-pocket costs.

How to find an in-network provider

Visit **askallegiance.com/ecuhealth** to access links for in-network provider directories. You can use these links to determine whether a provider qualifies as an in-network provider under the medical plan.

How to get the most out of your benefits

Using in-network hospitals, physicians and other providers helps balance access to high-quality health care with the high costs of that care.

Medical Savings Plan

	Tier 1 ECU Health Alliance/In-Network	Tier 2 Allegiance/In-Network	Tier 3 Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Ded., then 50% coins.
Plan Coinsurance	Ded., then 15% coins.	Ded., then 25% coins.	Plan pays 50%, you pay 50%
Primary Care Provider (PCP) Visit	Ded., then 5% coins.	Ded., then 5% coins.	Ded., then 50% coins.
Specialty Visit	Ded., then 10% coins.	Ded., then 25% coins.	Ded., then 50% coins.
Behavioral Health Office Visit	Ded., then 5% coins.	Ded., then 5% coins.	Ded., then 50% coins.
ECU HealthNow	Covered at 100%	Covered at 100%	Covered at 100%
Med Deductible (Single/Family)	$2,000/$4,000	$2,500/$5,000	$6,000/$12,000
Med Max OOP (Single/Family)	$6,000/$12,000	$6,750/$13,500	$12,500/$25,000
Prescription Max OOP (Single/Family)	Included in OOP max	Included in OOP max	Included in OOP max
Combined OOP Max (Med + Rx)	$6,000/$12,000	$6,750/$13,500	$12,500/$25,000
Emergency Room	Ded., then 15% coins.	Tier 1 ded., then 15% coins.*	Tier 1 ded., then 15% coins.*
Urgent Care	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.
Inpatient/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

* For these services, you first pay the Tier 1 deductible. Once the Tier 1 deductible is met, you will then pay only the coinsurance.

Basic Plan

	Tier 1 ECU Health Alliance/In-Network	Tier 2 Allegiance/In-Network	Tier 3 Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Ded., then 50% coins.
Plan Coinsurance	Plan pays 85%, you pay 15%	Plan pays 75%, you pay 25%	Plan pays 50%, you pay 50%
PCP Visit	$10 copay	$10 copay	Ded., then 50% coins.
Specialty Visit	$25 copay	$60 copay	Ded., then 50% coins.
Behavioral Health Office Visit	$10 copay	$10 copay	Ded., then 50% coins.
ECU HealthNow	Covered at 100%	Covered at 100%	Covered at 100%
Med Deductible (Single/Family)	$1,200/$2,400	$1,500/$3,000	$4,500/$9,000
Med Max OOP (Single/Family)	$4,000/$8,000	$5,000/$10,000	$10,000/$20,000
Prescription Max OOP (Single/Family)	$2,500/$5,000	$2,500/$5,000	$2,500/$5,000
Combined OOP Max (Med + Rx)	$6,500/$13,000	$7,500/$15,000	$12,500/$25,000
Emergency Room	$250 copay + ded./ 15% coins.	$250 copay + Tier 1 ded./ 15% coins.*	$250 copay + Tier 1 ded./ 15% coins.*
Urgent Care	$50 copay	$60 copay	Ded., then 50% coins.
Inpatient/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

* For these services, you first pay the Tier 1 deductible and then coinsurance.

Choice Plan

	Tier 1 ECU Health Alliance/In-Network	Tier 2 Allegiance/In-Network	Tier 3 Out-of-Network
Preventive	Covered at 100%	Covered at 100%	Ded., then 50% coins.
Plan Coinsurance	Plan pays 85%, you pay 15%	Plan pays 75%, you pay 25%	Plan pays 50%, you pay 50%
PCP Visit	$10 copay	$10 copay	Ded., then 50% coins.
Specialty Visit	$15 copay	$50 copay	Ded., then 50% coins.
Behavioral Health Office Visit	$10 copay	$10 copay	Ded., then 50% coins.
ECU HealthNow	Covered at 100%	Covered at 100%	Covered at 100%
Med Deductible (Single/Family)	$850/$1,700	$1,250/$2,500	$3,500/$7,000
Med Max OOP (Single/Family)	$3,300/$6,600	$4,500/$9,000	$8,000/$16,000
Prescription Max OOP (Single/Family)	$2,500/$5,000	$2,500/$5,000	$2,500/$5,000
Combined OOP Max (Med + Rx)	$5,800/$11,600	$7,000/$14,000	$10,500/$21,000
Emergency Room	$200 copay + ded./ 15% coins.	$200 copay + Tier 1 ded./ 15% coins.*	$200 copay + Tier 1 ded./ 15% coins.*
Urgent Care	$40 copay	$50 copay	Ded., then 50% coins.
Inpatient/Outpatient Hospital	Ded., then 15% coins.	Ded., then 25% coins.	Ded., then 50% coins.

* For these services, you first pay the Tier 1 deductible, and then the coinsurance.

For more information, refer to the Summary Plan Descriptions on the **ECU Health Service Center Portal**. Or see the Summary of Benefits and coverage details on the **ECU Health | Total Rewards** website at **TotalRewards.ECUHealth.org**.

Prescription Drug Coverage

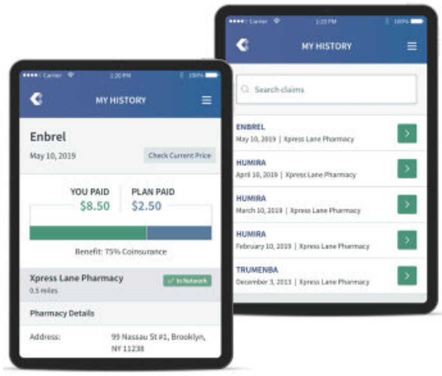
We partner with Capital Rx to administer the prescription drug benefit included with each of the ECU Health medical plans. Capital Rx is responsible for overseeing the prescription drug benefit, prescription drug claims processing and providing support and resources to help you manage your medication.

Manage your prescriptions with Capital Rx

Customer care experts are available 24/7 by calling **833-554-4733** or visit **cap-rx.com**. You can also access the Capital Rx mobile app to experience a personal prescription advisor.

Get started with the Capital Rx mobile app:

- Visit **app.cap-rx.com/register**.
- Fill in your personal information and click **validate**.
- Complete the credentials form and click **create account**.
- Check your email and locate the verification code sent from Capital Rx.
- Enter the code provided to validate your email address.



Filling your prescriptions

When you or a covered family member need a prescription filled, you will use your combination medical and pharmacy ID card to fill it. **As a reminder, you will access exclusive savings by visiting the ECU Health Employee Pharmacy.** You may also choose to visit other in-network retail pharmacies.

Pharmacy

	Medical Savings Plan		Basic and Choice	
	ECU Health Pharmacy	Retail Pharmacy	ECU Health Pharmacy	Retail Pharmacy
Rx Deductible	Included w/medical	Included w/medical	None	None
Rx Max OOP (Single/Family)	Included w/medical	Included w/medical	$2,500/$5,000	$2,500/$5,000
Generic (30 days)	Ded., then 10% coins.	Ded., then 20% coins.	$10 copay	$25 copay
Preferred Brand (30 days)	Ded., then 20% coins.	Ded., then 30% coins.	$25 copay	$50 copay
Non-Preferred Brand (30 days)	Ded., then 30% coins.	Ded., then 40% coins.	$50 copay	$100 copay
Generic (90 days)	Ded., then 10% coins.	Ded., then 20% coins.	$25 copay	$75 copay
Preferred Brand (90 days)	Ded., then 20% coins.	Ded., then 30% coins.	$62.50 copay	$150 copay
Non-Preferred Brand (90 days)	Ded., then 30% coins.	Ded., then 40% coins.	$125 copay	$300 copay
Preferred Brand Specialty Rx*	Ded., then 20% coins.	No coverage	$100 copay	No coverage
Non-Preferred Specialty Rx*	Ded., then 30% coins.	No coverage	$300 copay	No coverage
If cost exceeds $300 for all tiers and number of day supply	N/A	N/A	15% coins.	25% coins.

Once a covered family member meets the individual out-of-pocket maximum, the plan will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. The annual out-of-pocket maximum includes amounts paid toward your deductible.

* Certain specialty medications must be filled at the ECU Health Specialty Pharmacy.

Well-Being Benefits

Well-being is a personal and lifelong journey and having motivation and support from others can make all the difference. As you work to support our mission to improve the health and well-being of eastern North Carolina, we want you to know that supporting your well-being is central to our mission.

The first step on your path is to connect with your Well-Being Nurse Navigator who will help guide and support you in getting started. Initial steps may include completing your annual Health Risk Assessment and/or scheduling a Well-Being Consultation — both designed to help identify the resources and services that best support your unique needs.

Healthy eating:

- Nutrition counseling
- Weight loss support
- Culinary medicine and cooking classes

Physical activity:

- Discounted memberships at ECU Health Wellness Centers and other fitness centers
- Exercise is Medicine

Risky substances and restorative sleep:

- Tobacco Cessation
- Health coaching

Stress management and creating healthy relationships:

- Employee Assistance Program (EAP)
- Health coaching

Chronic care management:

- Weight Management Program
- Diabetes Program and supplies
- Lifestyle Medicine Program
- Musculoskeletal Exercise Program
- Cancer Support Programs
- Case management

Additional well-being services:

- Life-Work balance support/self-care and emotional support
- Employee clinic
- Employee pharmacy
- Legal and financial planning
- Advance care planning

Many services are free or discounted. Call a Well-Being Navigator at **252-847-5590** or learn more at **ECU Health | Total Rewards** website under Your Benefits > Well-Being.

Dental

You can choose between two dental options from Delta Dental. You can visit any licensed dentist, but you pay less with a dentist in the Delta Dental network. The chart below shows the differences in coverage and benefits for in- and out-of-network services. For a list of network providers, visit **deltadentalnc.com** or call **800-662-8856** (group number 10575).

Delta Dental has two networks — PPO and Premier. The main difference between the two is the discount. You may save more when you visit a PPO dentist. For more information, download the Delta Dental app from your smartphone app store.

ECU Health Dental Plan

	Basic		Choice	
	PPO/Premier Networks	Out-of-Network	PPO/Premier Networks	Out-of-Network
Annual Deductible	$50/$100	$75/$150	$50/$100	$75/$150
Annual Maximum	$1,000 per member	$750 per member	$2,000 per member	$1,500 per member
Preventive Cleanings	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)
Other Diagnostic/Preventive Services	20% coinsurance (ded. waived)	20% coinsurance (ded. waived)	Covered at 100% (ded. waived)	Covered at 100% (ded. waived)
Basic Services	40% after ded.	50% after ded.	20% after ded.	30% after ded.
Major Services	40% after ded.	50% after ded.	40% after ded.	50% after ded.
Orthodontia (Under Age 19)	No coverage		40% coinsurance (ded. waived)	50% coinsurance (ded. waived)
Orthodontia Lifetime Maximum	No coverage		$1,000 per person	

If you, or any member of your family, are covered by a dental plan in addition to the ECU Health Dental Plan, advise your dental office so benefits can be coordinated.

24 biweekly deductions

Coverage	Basic Dental	Choice Dental
Single	$10.15	$19.73
+ Children*	$18.60	$34.38
+ Spouse*	$21.42	$40.01
+ Family*	$30.43	$56.92

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

Vision

The Vision Care Plan through EyeMed covers the cost of exams, glasses and contact lenses. You can visit any licensed provider, but you pay less at an in-network provider. Go to **eyemed.com** or call **844-409-3401** for a list of in-network providers.

EyeMed Benefit Coverage	In-Network	Out-of-Network
Well Vision Exam ▶ Focuses on your eyes and overall wellness ▶ Every calendar year	$20 copay	Covered up to $44
Frames ▶ Every calendar year	Included in prescription glasses ▶ $200 allowance; 20% off amount over your allowance	Covered up to $77 retail
Lenses ▶ Single vision, lined bifocal and lined trifocal lenses ▶ Every calendar year	$20 copay	Covered up to $64 retail*
Lens Options	Scratch coat: $13 copay | Ultraviolet coat: $15 copay Tints, solid or gradients: $15 copay | Anti-reflective coat: $45 copay Polycarbonate: $40 copay | High index 1.6: $55 copay Photochromic: $75 copay	
Contacts (instead of lenses) ▶ Contact lens exam (fitting and evaluation) ▶ Every calendar year	Fit & Follow Up ▶ $25 copay (Standard) ▶ $25 copay; 10% off retail price, then apply $40 allowance (Premium) ▶ Conventional — 15% off balance over $150 allowance ▶ Disposable — $150 allowance	Fit & Follow Up ▶ Up to $40 reimbursement Contact Lenses ▶ Up to $100 reimbursement
Extra Savings and Discounts	▶ 40% off additional pairs of glasses once funded benefit is used ▶ 20% off any item not covered, including non-prescription sunglasses ▶ 15% discount on conventional lenses once funded benefit is used ▶ 15% off retail price or 5% off promotional price for LASIK or PRK through US Laser Network	Discounts may not be available for out-of-network providers

* Single lens covered up to $34 retail; bifocal covered up to $48 retail; trifocal covered up to $64 retail.

24 biweekly deductions

Coverage	Vision
Single	$4.11
+ Children*	$6.77
+ Spouse*	$6.18
+ Family*	$10.32

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

For more information about the Dental and Vision plans, refer to plan details on the **ECU Health Service Center Portal**. Or see the Summary of Benefits and coverage details on the **ECU Health | Total Rewards** website at **TotalRewards.ECUHealth.org**.

FINANCIAL SUPPORT

Savings and Spending Accounts

The Health Savings Account (HSA) and Flexible Spending Accounts (FSAs), available through WEX, help you save money on out-of-pocket expenses that you and your family incur during the calendar year. There are a number of different types of accounts that help reduce your taxable income when paying for eligible expenses for yourself, your spouse and eligible dependents.

How it works

- Estimate your expenses and make an annual election for the accounts that apply to you.
- Your annual election is calculated on a per-pay-period basis and deducted from your paycheck and deposited into your personal account. Payroll deductions begin from the effective date of your election and continue through the end of the calendar year.
- A debit card will be issued to new participants.
- When you incur expenses throughout the year, present your debit card for payment. Receipts may be needed to substantiate claims are eligible expenses.
- Eligible expenses are only reimbursable if they occur on or after the date of benefit eligibility.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts are an easy way for you to keep more of your take-home pay by using pre-tax dollars for eligible expenses. Simply present your FSA debit card for the purchase of eligible services and goods. Using the debit card allows you to directly tap into your Health Care and/or Dependent Care FSA, meaning better cash flow for you and no waiting period for reimbursement.

Eligible Expenses* and Guidelines
Health Care Flexible Spending Account
▶ $3,400 annual maximum ▶ Medical plan office visit copays, deductibles and coinsurance ▶ Eligible expenses include but are not limited to: ▷ Dental plan copays, deductibles and coinsurance ▷ Orthodontia expenses ▷ Vision care expenses, including contacts, glasses and LASIK surgery ▷ Certain over-the-counter (OTC) items ▶ Expenses can be for you or anyone you claim as a dependent on your Federal tax return** ▶ Your entire election is available immediately, regardless of actual payroll deduction amounts ▶ You will be able to carry over up to $660 from calendar year 2025 to 2026 ▶ Expenses must be incurred by Dec. 31 and submitted for reimbursement by Apr. 30 of the following year

* This is only a sample of eligible expenses. Visit **WEX** for a complete list.
** Visit **irs.gov** for definition of eligible tax dependent.

Eligible Expenses* and Guidelines
Dependent Care Flexible Spending Account
▶ $7,500 annual maximum ▶ Used for Dependent Care expenses while you and your spouse work, look for work or attend school full-time ▶ Dependents include children under age 13 or dependents who are physically or mentally unable to care for themselves ▶ Can only be reimbursed up to what you have had payroll deducted (pay as you go) ▶ Expenses must be incurred by March 15 of the following year and submitted for reimbursement by April 30 of the following year

Limited Purpose Flexible Spending Account (Limited Purpose FSA)

The Limited Purpose FSA is for team members who are enrolled in the **Medical Savings Plan** and contributing to a Health Savings Account (or whose spouse/domestic partner is contributing to an HSA), in which case the regular Flexible Spending Account is not allowed.

The difference between a Limited Purpose FSA and Health Care FSA is that **medical expenses are not eligible for reimbursement with the Limited Purpose FSA.**

Team members contributing to an HSA most often choose to add a Limited Purpose FSA when they are planning a major dental, orthodontic or vision care expense within the calendar year. Common examples include braces or other orthodontia services, dental surgery and vision correction such as LASIK eye surgery.

Eligible Expenses* and Guidelines
Limited Purpose FSA
▶ $3,400 annual maximum ▶ Eligible expenses include but are not limited to: ▷ Dental plan copays, deductibles and coinsurance ▷ Orthodontia expenses ▷ Vision care expenses, including contacts, glasses and LASIK surgery ▶ Expenses can be for you or anyone you claim as a dependent on your Federal tax return** ▶ Medical expenses are not eligible for reimbursement ▶ Your entire election is available immediately, regardless of actual payroll deduction amounts ▶ You will be able to carry over up to $660 from calendar year 2025 to 2026 ▶ Expenses must be incurred by Dec. 31 and submitted for reimbursement by Apr. 30 of the following year

* This is only a sample of eligible expenses. Visit **WEX** for a complete list.
** Visit **irs.gov** for definition of eligible tax dependent.

Health Savings Account (HSA)

If you're enrolled in the **Medical Savings Plan**, you can contribute to an HSA and offset your out-of-pocket expenses with pre-tax dollars. Use your account funds to pay for eligible medical, dental and vision expenses.

How it works

Make pre-tax contributions through payroll deduction ($25 minimum)

Invest and earn tax-free interest

Take your HSA with you

ECU Health matches up to $600 annually for single, $1,200 for family

Withdraw tax-free for eligible expenses

Consider these restrictions before setting up an HSA:

- You can only have a Limited Purpose FSA.
- State taxes apply to contributions by residents of California, Alabama and New Jersey.
- You can't be covered by another non-HDHP, such as Medicare or a spouse's plan.
- If you are over age 65, you cannot contribute to an HSA.
- The penalty for using your HSA for ineligible expenses is 20% of the reimbursed amount.
- You can't contribute to your HSA if you're no longer enrolled in the Medical Savings Plan.

* If you are contributing to an HSA in 2026, and you have a balance of $660 or less in an FSA as of Dec. 31, 2025, your FSA will be converted to a Limited Purpose FSA for 2026. Any amounts over $660 in your FSA as of Dec. 31, 2025, will be forfeited.

HSA is administered by WEX. You can contact WEX at **wexinc.com** or call **866-451-3399**. You can also visit the WEX, IRS or the **ECU Health Service Center Portal** for more information.

You may be asked to provide WEX with identification documentation to verify and establish your HSA, in accordance with the USA Patriot Act.

2026 IRS maximum HSA contributions

- $4,400 for single coverage
- $8,750 per household
- $1,000 catch-up for ages 55 – 65

Retirement Program — 401(k)

The ECU Health Partnership Savings Plan through Fidelity consists of a pre-tax 401(k) plan and a Roth 401(k) plan, as well as an unmatched after-tax plan where you can save for retirement.

- New hires and first-time eligible team members are automatically enrolled in the Fidelity 401(k) Partnership Savings Plan in the pre-tax 401(k) at 5% of your earnings after 30 days, or as soon as administratively practical.
- Non-benefit-eligible team members may have the opportunity to contribute to the 401(k) Partnership Savings Plan. Refer to the **ECU Health | Total Rewards** website at **TotalRewards.ECUHealth.org** for additional details.
  - Non-benefit-eligible team members will not receive employer matching contributions.
- If you wish to start saving sooner or change the amount, you may do so by contacting Fidelity at **800-343-0860** or by going online to **netbenefits.com**.

The graduated match plan for non-pension-eligible team members is as follows:

Years of Service	Matching %
Less than 5	50%*
5 but less than 10	75%*
10+ years	100%*

* ECU Health will match up to the first 5% of a team member's compensation contributed to the plan.

- Effective 1/1/2026, team members in a benefit status are eligible for the employer match (up to 5%) immediately upon enrollment.
  - Note: ECU Health will match 50% up to 5% of a team member's compensation contributed to the 401(k) plan for team members who are eligible for the pension.

Vesting Schedule for New Team Members

Team members hired on or after Jan. 1, 2025, will be vested in their 401(k) Partnership Savings Plan after three years of service.

- Team members who leave the organization prior to three years of service will not receive the employer matching contributions — only team member contributions will be distributed.

To speak with a Fidelity retirement planner, contact:
Michael C. Kitto, CRPC®
Dedicated Retirement Planner
Personal and Workplace Investing
Email: **Michael.Kitto@FMR.com**
Phone: **252-481-2003** | Fax: **859-392-6600**

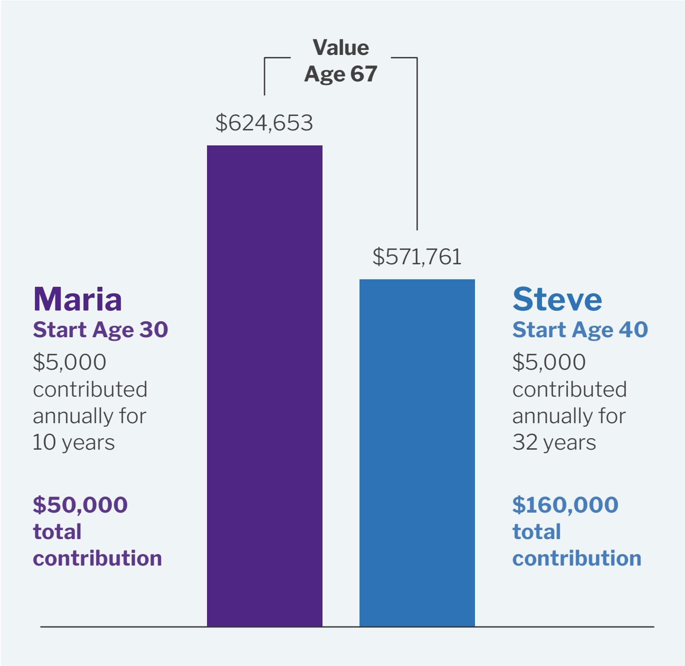
To reserve an appointment, call **800-642-7131** or visit **digital.fidelity.com/prgw/digital/wos/** to register.

Start early and put the power of compounding to work for you

Did you know, even when you save only $20 a week, compounding interest is working to your advantage as your savings and investments grow over time? Compounding interest works this way — interest is added to the principal amount invested, and then the interest rate applies to the new (larger) principal. This interest on interest can lead to exponential growth over time.

In the example on the right, Maria started earlier and invested the same amount as Steve, but for fewer years. Thanks to compounding interest, Maria came out ahead.

Curious how this can work for you? Take advantage of the **Fidelity Contribution Calculator**. You can enter different variables such as contribution increases, rates of return and company match to get an idea of what works best for you and your financial goals.



Retirement Program — Pension

You are eligible to accrue a traditional benefit in the Pension Plan only if your most recent date of hire with ECU Health was on or before Dec. 31, 2009. If you were hired on Jan. 1, 2010, or joined the ECU Health system after this date, you are not eligible to participate in the plan.

For pension-eligible team members:

- The Pension Plan is part of your overall retirement package, designed to provide you with a monthly income when you retire.
- As you look forward to retirement, keep in mind that your retirement income may consist of four parts: your benefit from this plan, your benefit from other plans (such as 401(k) and/or 403(b) plans), Social Security and the savings you have accumulated through the years.

If you are a participant in the Pension Plan and need assistance, please call the ECU Health Pension Center at **866-261-3573**.

You can also visit the Pension Portal at **myECUHealthpension.com**.

Income Protection

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) coverage administered by Reliance Matrix can help you prepare for the unexpected. Benefits are payable in the event of loss of life, limb, sight, speech or hearing. The chart below provides a summary of the coverage.

Team Member Basic Life and AD&D
▶ No cost, just elect your beneficiaries for this benefit ▶ Full-time team members — coverage equal to one times your annual base salary rounded to the next higher $1,000 **(maximum $1 million)** ▶ Part-time team members — coverage equal to **$10,000**
Team Member Optional Life and AD&D
▶ May purchase coverage in increments of your annual base salary ▶ Maximum coverage — up to four times your annual base salary **(maximum $500,000)** ▶ Request to add coverage subject to completion and approval of evidence of insurability form (if election not made when first eligible for coverage) ▶ For AD&D benefit, the amount matches your optional life coverage election
Spousal Life and AD&D
▶ Coverage amount of $50,000 for spouse/domestic partner ▶ If you and your spouse/domestic partner are ECU Health team members, you are ineligible to cover your spouse/domestic partner ▶ Request to add coverage subject to completion and approval of Evidence of Insurability (EOI) form (if election not made when first eligible for coverage)
Child Life and AD&D
▶ Coverage amount of **$15,000** per eligible child ▶ Children can only be covered by one parent ▶ If your child is an ECU Health team member, you are ineligible to cover your child

Note: These are term life insurance policies. There are life insurance amount reductions after age 70.

The rates for optional insurance depend on the amount of coverage you select and your age. When you enter the enrollment system, you will see the prices for coverage.

For more information, contact Reliance Matrix at **800-351-7500** or go to **reliancematrix.com**.

Designate your beneficiary

When you enroll for benefits, look for the prompts to designate a beneficiary for your ECU Health-provided life insurance coverage and/or your optional life insurance plans. If a beneficiary is not designated, benefits will be paid out in a specific order according to carrier policy, which is legal spouse/domestic partner, children in equal shares, surviving parents in equal shares, surviving siblings in equal shares and, lastly, to the Insured's Estate. It is not necessary to add a beneficiary for your spousal life or child life insurance coverage since you are automatically the beneficiary for any spouse or dependent coverage you elect.

Evidence of Insurability

You may need to provide Evidence of Insurability (EOI) or proof of good health if:

- You choose to delay enrolling when you are first eligible.
- You want to increase coverage after you enroll.

Disability

Disability benefits consist of Short-term Disability and Long-term Disability Plans administered by Reliance Matrix, as well as an Extended Illness Bank (EIB) for eligible team members. The plans work together to replace part of your income when you are on an approved absence due to a serious health condition.

Extended Illness Bank

- Team members with hours remaining in their EIB bank must opt in to using those hours annually
- Income replacement at 100%

Short-term Disability

- Provides coverage after a seven-day elimination period to full-time team members only
- Maximum duration is 90 days per event
- $2,000 maximum weekly benefit
- Team members with less than five years of service may purchase a supplemental buy-up plan to increase income replacement up to 80%
- Team members enrolled in the buy-up plan have a $2,500 maximum weekly benefit

Long-term Disability

- Provides coverage after a 90-day elimination period
- Replaces 50% of your pre-disability pay ($12,000 monthly maximum)
- Pre-existing conditions apply

Note: If you become disabled during the first 12 months of coverage due to a pre-existing condition, the Long-term Disability Plan may not pay benefits.

If you elect Disability coverage for Jan. 1, 2026, but are out on a leave of absence, your coverage will not become effective until you return to work. Contact HR Services immediately upon your return.

Contact Reliance Matrix at **877-202-0055** to file your disability claim.

Short-term Disability Income Replacement Schedule

Years of Service	Income Replacement Level
Less than 5 years	60%
Greater than 5 but less than 10 years	80%
10+ years	100%

Full-time team members receive a benefit for income replacement based on years of service.

If you become disabled during the first 12 months of coverage due to a pre-existing condition, the disability plan may not pay benefits.

Your effective date of coverage is the first of the month following your date of hire or transferring into a benefit-eligible classification.

Example: When Short-term Disability pay begins

- If date of disability is Jan. 15, 2026, the waiting period would be Jan. 15 – 21 (PTO can be used during the seven-day waiting period).
  - Short-term Disability (STD) pay (income replacement) begins Jan. 22, 2026.
  - STD pay ends Apr. 14, 2026 (90th day of disability), at which time Long-term Disability benefits may be payable.

For more information, refer to plan details on the **ECU Health Service Center Portal**. Or see the Summary of Benefits and coverage details on the **ECU Health | Total Rewards** website at **TotalRewards.ECUHealth.org**.

Voluntary Benefits

Voluntary benefits provide an additional layer of financial protection for you and your family. These benefits will help cover any extra out-of-pocket expenses if you suffer an unexpected, serious illness or qualifying accident.

Accident Insurance

Injuries occurring off the job can be protected with Voya Accident Insurance. This plan is designed to pay cash directly to you. This additional cash support can be used to help pay any out-of-pocket expenses related to your injury. Payments are made tax-free, to be used at your discretion.

The table below highlights some of the key benefits covered under this plan. The table on the right gives an example of how the plan would pay out for a broken ankle.

Earn a $75 wellness benefit for Accident Insurance each year by completing a routine wellness screening. Your insured spouse and children can receive $75 too.

Some Covered Services	Benefit Amount
Hospital Admission	$1,550
Daily Hospital Confinement (up to 365 days)	$275
Daily ICU Confinement (up to 15 days)	$450
Burns	Up to $20,000
Ambulance (ground/air)	$400/$2,000
Torn Knee Cartilage	$900

For more information about any of these Voluntary Benefits, call VOYA at **877-236-7564** or go to **voya.com**.

Example: Broken Ankle	Example Benefit Amount
Emergency Room with X-Ray	$315
Broken Ankle, Closed Reduction (no surgery)	$2,250
Crutches	$250
Physical Therapy (6 sessions)	$360
Physician Follow-Up (per visit)	$100
25% Benefit Enhancement up to $1,000 per accident for using an ECU facility	$756.25
Total Dollars Payable to You	**$4,031.25***

* This is an example only.

Receive a 25% bigger payout for Accident Insurance claims when you get care at an ECU Health facility. There's a $1,000 maximum per covered accident.

Accident Insurance Plan	24 Biweekly Deductions
Single	$3.73
+ Spouse*	$6.50
+ Children*	$7.72
+ Family*	$10.49

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

Critical Illness Insurance

There can be a lot of expenses associated with a critical illness, and a major medical plan may not cover them all. Critical Illness coverage with Voya pays cash directly to you upon a diagnosis.

You have the option to select the tiered coverage amount of your choice, with certain pre-existing condition limitations. The policy will cover team members for diagnosed conditions on or after coverage effective date.

- Team members can elect up to $30,000 of coverage on a guarantee issue basis.
- Spouse and child(ren) coverage is automatically included at 50% of the team member's benefit amount.
- A team member must elect coverage for themselves in order for dependents to receive coverage.

Below is an example of how the Critical Illness Plan works:

Donna's life was turned upside down when she suffered a heart attack, which was followed by a stroke only a month later. Not only did she miss work, but so did her husband to help her during her recovery. Their income took a hit, and bills piled up. Donna had enrolled in Voya's Critical Illness Plan with a $30,000 benefit amount per diagnosis. She received a total benefit payment of $60,000 in her family's greatest time of need.

Example: Amount Paid to Donna	
Heart Attack	$30,000
Stroke	$30,000
Total Direct Benefit Payment to Donna	**$60,000***

* This is an example.

Receive a $75 wellness benefit for Critical Illness Insurance each year by completing a routine wellness screening. Your insured spouse and children can earn $75 too.

Hospital Indemnity Insurance

Hospital Indemnity Insurance with Voya provides financial assistance when you're admitted to the hospital, supplementing your current coverage. Team members can use the benefit for any out-of-pocket expenses and extra bills. Benefits are paid directly to you.

Receive a 50% bigger payout for hospital indemnity claims with no maximum when you get care at an ECU Health facility.

Covered Benefits	Benefit Amount
Hospital Admission Benefit	$1,000
ICU Admission Benefit (pays in addition to Hospital Admission)	$1,000
Daily Hospital Confinement (up to 30 days per confinement)	$200
Daily ICU Confinement (up to 15 days per confinement)	$400

Hospital Indemnity Plan	24 Biweekly Deductions
Single	$12.33
+ Spouse*	$21.29
+ Children*	$20.92
+ Family*	$29.88

* Includes domestic partner/domestic partner's children. Family must include you, your spouse/domestic partner and at least one child.

Earn a $75 wellness benefit for Hospital Indemnity Insurance each year by completing a routine wellness screening. Your insured spouse and children can receive $75 too.

Whole Life Insurance

Whole Life Insurance through UNUM provides you with a fixed death benefit and locks premiums in at the age you purchase coverage. You can add long-term care coverage to this plan as well.

Whole Life Insurance also builds cash value at a guaranteed rate of 4.5%. You can borrow from that cash value or buy a smaller, paid-up policy — with no added premium due.

This plan requires a special enrollment process outside bswift. Below is the link to the website with more information, as well as the phone number for the call center that can assist you with enrollment or answer any questions:

- **unum.com/employees**
- **800-635-5597**

Identity Theft

LifeLock helps provide you peace of mind with comprehensive identity theft protection. If a potential threat is detected, you're notified via email, text, phone or mobile app alerts. Should you become a victim of identity theft, LifeLock provides a dedicated restoration specialist to help restore your identity. For plan coverage details, go to **TotalRewards.ECUHealth.org**.

	24 Biweekly Deductions
Single	$5.00
+ Family	$9.49

For more information, call **800-607-9174** or go to **gendigital.com/us/en/partner/employee-benefits/premier-plan**.

Legal Insurance

You can protect yourself with Legal Insurance offered through ARAG. Your plan covers things like will preparation, traffic tickets and real estate property protection. Your ARAG Legal Plan also covers more complex legal issues, such as divorce and trusts. Talk to an attorney without worrying about the high hourly cost.

- The fee is paid in full if you use an in-network attorney.
- If an out-of-network attorney is used, their fee will be discounted through the plan.
- **Once enrolled, this plan cannot be dropped mid-year.**

ARAG Plan	24 Biweekly Deductions
Single/Family	$9.88

For more information, call **800-247-4184** or go to **ARAGlegal.com/myinfo**. Access Code: **18778ecu**.

Tuition Assistance

At ECU Health, our vision is to be the national model for rural health and wellness by creating a premier, trusted health care delivery and education system. Continuous learning is fundamental to achieving this vision.

Offering tuition assistance is one way we support team members who want to continue their education through voluntary, off-the-job instruction.

Tuition Assistance per Calendar Year		
Degree	Full-Time Team Members	Part-Time Team Members
Associates	$4,000	$2,000
Bachelors	$4,000	$2,000
Graduate/Professional	$5,000	$2,500

Maximum tuition assistance is calculated based on the calendar year, not the academic year. End-of-year payments may be paid in the next calendar year and will count toward the maximum tuition assistance amounts allowable that calendar year. The date of the actual check determines the calendar year in which it is considered received. All tuition assistance payments are subject to available funds.

Colleges, universities and courses

The educational institution an eligible team member attends must be recognized by one of the Regional Accrediting Organizations. Degree and coursework should relate to the team member's current position or some future position within the health system. Coursework should be advancing the team member toward a degree (associate's/bachelor's/master's/doctorate). Grades of a C or above are eligible for tuition assistance.

Getting started

For a complete list of eligibility requirements, team member responsibilities and information regarding the application process, please review the Tuition Reimbursement Benefit (VH-HR89) in PolicyStat. Then, if you're ready to study at an accredited two- or four-year college or university, contact ECU Health HR Services to assure the degree, major and coursework are eligible for tuition assistance.

For more information, contact the **ECU Health Service Center Portal** at **252-816-7446**.

Note: At completion of the course(s), team members must still meet all eligibility standards to receive payment.

Adoption Assistance

Team members can receive up to $2,500 per child (with a maximum of $5,000 in a fiscal year) of financial assistance to reimburse eligible expenses associated with the adoption of a child. Eligible expenses include legal and court fees, temporary foster care charges, travel expenses associated with the adoption, counseling, placement and agency fees.

For more eligibility information and to get your questions answered, please visit the **ECU Health Service Center Portal**.

Pet Insurance

At ECU Health, we recognize how important pets are to our team members and their families. Wishbone Pet Insurance (a Pet Benefit Solutions plan) can help you manage the cost of caring for your pet(s).

Coverage includes up to 90% reimbursement after a $250 deductible (up to an annual maximum of $25,000) to visit any licensed vet. Additional discounts on pet care are also available upon enrollment. Visit **wishboneinsurance.com/ecuhealth** for plan details.

BENEFITS EXTRAS

Paying for Coverage

When you enroll in a benefit that requires you make contributions (like FSAs and HSAs), your share is deducted from your paycheck on a before-tax basis. The funds are taken out of your pay before the following taxes have been deducted:

- Federal income taxes
- State income taxes
- Social Security taxes

This means your current taxable income is lower, and you pay less in taxes.

Who pays for benefits before and after taxes

ECU Health

- Life Insurance — Basic
- Life Insurance — AD&D
- Employee Assistance Program (EAP)
- Paid Time Off (PTO)
- Adoption Assistance
- Tuition Assistance

ECU Health and You (before tax)

- Medical and Prescription Drug Coverage*
- Dental Coverage*
- Health Savings Account (HSA)**
- Short-term Disability (STD)***
- Retirement Savings Plans and 401(k) Plans****

You (before tax)

- Vision Coverage*
- Flexible Spending Accounts (Health Care and Dependent Care)

You (after tax)

- Life Insurance — Optional
- Life Insurance — Optional AD&D
- Life Insurance — Spouse
- Life Insurance — Child
- Long-term Disability (LTD)
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Whole Life Insurance
- Identity Theft
- Legal Insurance
- Pet Insurance

* IRS-imputed guidelines may apply.

** Shared only when contributions are through ECU Health payroll deductions.

*** Only shared if you elect Short-term Disability Insurance buy-up. Available to team members who have less than five years of service.

**** Uses both before-tax and after-tax contributions.

Enroll online

Visit **myhr.ECUHealth.org** and enter your user ID (employee ID number) and password. Select the Benefits Enrollment tile (with the bswift logo) and enter your ECU Health email address and Employee Self Service password. Select "View the Enrollment Center". Then, you can start electing your benefits through the bswift enrollment platform. Finally, double-check that your benefit selections are correct for 2026.

Update and review information

- Update your address through Employee Self Service. Visit **myhr.ECUHealth.org** and click on the Personal Details tile.
- Designate your beneficiaries (or review and update your beneficiaries as needed) during your enrollment period within the bswift enrollment platform.

Enrollment is easy and just a click away

Below are a few reminders and hints to help you through the process:

- If you do not take action and enroll, your benefits elections from 2025 will roll over into 2026, except **your HSA, Health Care FSA and Dependent Care FSA elections**. Don't want benefits? You still need to log in and assign beneficiaries when prompted, as well as decline coverage.
- New hires must enroll within 30 days of their start date. Newly benefits-eligible team members must enroll within 30 days of the date they become benefit eligible. Keep in mind that once benefits elections have been submitted, changes to selections cannot be made until the next annual enrollment period, with the exception of Qualified Life Events.
- Once you are ready to enroll, you will need:
  - ECU Health email, employee ID number and Employee Self Service password
  - Social Security numbers and dates of birth for any covered dependents
  - Beneficiary information, such as names, dates of birth, addresses and Social Security numbers
  - All team members will need to provide documentation to verify their covered dependents. Once benefits are submitted, bswift will provide instructions on how to upload dependent verification documents, as needed
- Your selections are complete once you click the "Complete Enrollment" button.

Paid Time Off (PTO)

Disconnecting from work is important to help maintain a life-work balance. ECU Health provides Paid Time Off (PTO) to eligible team members as paid, personal time away from work. PTO may be used for vacation, holiday, religious observance, personal/family business, disability/illness or as best fits a team member's current life needs.

All benefit-eligible, full-time and part-time team members accrue Paid Time Off. PTO does not accrue during periods of unpaid leave. Nor does it accrue on the following paid hours: Short-term Disability, Long-term Disability and/or Extended Illness Bank (EIB).

Time accrues over the course of a year and is credited into the team member's PTO bank each pay period. The PTO accrual schedule is as follows.

Years of Service	Days*	Hours*
Less than 1	26 (prorated)	Up to 208
1 ≤ 1.99	26	208
2 ≤ 3.99	27	216
4 ≤ 5.99	28	224
6 ≤ 7.99	29	232
8 ≤ 9.99	30	240
10 ≤ 11.99	31	248
12 ≤ 13.99	32	256
14 +	33	264

* If a non-exempt team member works fewer/more hours (up to 1.0 FTE) than their FTE value, the accrual will be prorated based on the actual hours paid.

Effective Jan. 1, 2026, PTO will no longer accrue over the 400-hour maximum. You will need to keep your balance below the 400-hour maximum each pay period in order to accrue more time, so consider using your PTO benefit or participate in the PTO cash-out benefit.

PTO cash-out benefit

ECU Health offers team members the opportunity to exchange up to 80 hours of eligible Paid Time Off (PTO) for cash each year. You can receive 100% of your hourly compensation rate in cash.

Things to consider before you exchange PTO hours:

- You must have a minimum balance of 40 hours before you can cash out.
- PTO above the 400-hour maximum that isn't used, banked, donated or cashed out by the final pay period of the calendar year is automatically forfeited.
- You can exchange up to 80 PTO hours per calendar year.
- Check your PTO balance in Employee Self Service.

To cash out PTO hours at a 100% value, you must elect the hours you plan to exchange during the opt-in period each fall. Decide how many hours you want to exchange, taking into account your current and projected PTO balances. Then opt in to make your election.

If you do not participate in the opt-in period, or if you cash out more PTO than you elected, you can still exchange up to 80 PTO hours for cash any time — at 90% of your hourly compensation rate.

Team members are encouraged to plan ahead and opt in each fall to maximize your PTO hours as well as the value of your PTO cash-out benefit. For additional information, visit the **ECU Health Service Center Portal**.

For complete information regarding ECU Health PTO, please visit PolicyStat.

Benefits Extras

ECU Health offers additional benefits for team members, including:

NC 529 Plan (NC College Savings Plan)

An easy way to build a college fund over time

You can enroll at any time in the NC 529 Plan through College Foundation of North Carolina (CFNC). The 529 Plan is a tax-advantaged program that helps you save money for education for yourself, a child or grandchild. Your investment grows on a tax-deferred basis and can be withdrawn tax-free if the money is used to pay for qualified higher education expenses. When you sign up and determine a per-paycheck amount, ECU Health makes it easy by providing automatic payroll contributions to your 529 Plan.

For more information, contact College Foundation of North Carolina at **866-866-2362** or go to **cfnc.org**.

Beneplace — Team member discounts

Thousands of ways to save

Beneplace is your place. You have access to 30,000+ national and local discounts in over 20 different categories, ranging from electronics, home appliances, food and groceries, car buying, travel and fitness — to name a few.

To find additional details about these benefits, visit **auth.savings.beneplace.com/ecuhealth/sign-in**.

Circles Concierge

Save on gifts, travel and more

Circles Concierge saves you time and money by helping you shop for gifts, organize team-building activities, plan personal travel, find trustworthy contractors and more. The service is available to you 24/7 and at no cost to you. You only pay for the goods or services you request.

Register at **my.circles.com** or download the Circles Concierge app. Click on “Create Account” and enter “well-being” (all lowercase, with hyphen) for the welcome code. You can also access Circles by calling **888-786-7786** or emailing **circlesconcierge@circles.com** through your personal email.

Benefits Contacts

Got a question about benefits?

- For detailed plans and additional resources, go to the **ECU Health | Total Rewards** website at **TotalRewards.ECUHealth.org**.
- Ask a question at the **ECU Health Service Center Portal** or call **252-816-7446**.

Use the chart below for contact information for each of the benefits offered in this guide.

Benefit	Provider	Phone #	Website	Services
Critical Illness, Accident or Hospital Indemnity Insurance	VOYA	**877-236-7564**	**voya.com/claims**	Claims for unexpected serious illness or qualifying accident
Dental Plan	Delta Dental	**800-662-8856**	**DeltaDentalNC.com**	Dental claims, provider networks, ID card
Disability — Short- and Long-term	Reliance Matrix	**877-202-0055**	**matrixabsence.com**	Disability claims and covered benefits
Discount Page	Beneplace	**800-683-2886**	**auth.savings.beneplace.com/ecuhealth/sign-in**	Discounts for a variety of merchants
ECU Health Employee Pharmacy	ECU Health	**252-847-4311**	**myECUHealth.org/teamcentral/wellness/Pages/EmployeePharmacy.aspx**	Discounted prescription refills and OTC medicines
Employee Assistance Program (EAP)	ECU Health	**877-843-7207** or **252-847-4357**	**ECUHealth.org/employee-assistance-program/contact-us/**	Counseling services, behavioral health, legal advice and substance abuse assistance resources
Flexible Spending Accounts (FSAs) — Health Care and Dependent Care	WEX	**866-451-3399**	**wexinc.com**	Flexible spending claims and covered expenses
Health Savings Account (HSA)	WEX	**866-451-3399**	**wexinc.com**	HSA claims and covered expenses
ID Theft Protection	Norton LifeLock	**800-607-9174** 9 a.m. – 7 p.m. EST	**gendigital.com/us/en/partner/employee-benefits/premier-plan**	LifeLock identity theft protection services, claims
Legal Services	ARAG	**800-247-4184** Monday – Friday 8 a.m. – 8 p.m. EST	**ARAGlegal.com/myinfo** Access Code: 18778ecu	Will preparation, traffic tickets, real estate property protection, divorce, trusts and other legal services
Life Insurance	Reliance Matrix	**800-351-7500**	**reliancematrix.com**	Life claims and covered benefits
Medical Plan	Allegiance, a Cigna Healthcare network	**800-258-5794**	**askallegiance.com/ecuhealth** Plan Group Number: 2005028	Medical claims, provider networks, temporary ID card
NC 529 College Savings Plan	CFNC	**866-866-2362**	**cfnc.org**	Enrollment in the NC 529 College Savings Plan

Benefits Contacts (continued)

Benefit	Provider	Phone #	Website	Services
Pet Health Insurance	Pet Benefit Solutions (Wishbone)	**800-891-2565**	**wishboneinsurance.com/ecuhealth**	Pet health insurance information and covered benefits
Pharmacy — Prescription Drug Benefit	Capital Rx	**833-554-4733**	**cap-rx.com**	Pharmacy claims and covered benefits
Retirement — Pension	ECU Health Pension Center	**866-261-3573**	**myECUHealthpension.com**	Pension information for eligible team members
Retirement Savings Plans: 401(k)	Fidelity Investments	**800-343-0860**	**netbenefits.com**	Online enrollment and customer service assistance
Vision	EyeMed	**888-581-3648**	**eyemed.com**	Vision claims and covered benefits
Whole Life Insurance	UNUM	**800-635-5597**	**unum.com/employees**	Enrollment in fixed death benefit, claims assistance
Workers' Compensation	ECU Health	**252-847-5509**	**myECUHealth.org**	Support for work-related injuries and return-to-work services

Annual Required Notices

The annual required notices are located in the Document Library of the **ECU Health | Total Rewards** website and are accessible from any workstation, personal computer or smartphone. Visit **TotalRewards.ECUHealth.org/notices** to access the required notices. The annual required notices contain general information about benefits with ECU Health, and you should take the opportunity to read and review them. You may also request, at any time, printed copies of these annual required notices by contacting Human Resources. By providing electronic access of annual required notices, ECU Health can be a better steward of resources, such as time, people and paper.

NOTES

ECU HEALTH

This benefits guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.