



2024



A Guide to Your Employee Benefits Open Enrollment

Medical Plan - 2024

Benefits	In-Network	Out-of-Network
Plan Year Deductible	Individual - \$ 2,500 Family - \$7,500	Individual - 5,000 Family - \$15,000
Coinsurance	70/30%	60/40%
Out of Pocket Limit	Individual - \$5,000 Family - \$15,000	Individual - \$10,000 Family - \$30,000
Lifetime Maximum	Unlimited	Unlimited
Primary Care Office Visit	\$35 Copay	60% after deductible
Preventative Care*	100%, no deductible	State Mandates Only
*most up to date list of preventative/ screenings online at bcbsnc.com		
Inpatient Hospital Services	70% after deductible	60% after deductible
Specialist Office Visit	\$70 Copay	60% after deductible
Urgent Care Centers	\$75 Copay	\$75 Copay
Emergency Room Visit	\$500 Copay	\$500 Copay
Outpatient Hospital Services	70% after deductible	60% after deductible
Mental Health/Substance Abuse	\$10 Copay/Outpatient, 70%after deductible inpatient	60% after deductible



Group # 14161265
Customer Service: 1-877-258-3334
 Website: www.bcbsnc.com

Prescription Plan - 2024

Prescription Drug Benefit Preventative OTC Medications and Contraceptive Drugs and Devices as listed online*	In-Network	Out of Network
Tier 1	0% no deductible	0% no deductible
Tier 2	\$15 copay	\$15 copay
Tier 3	\$25 copay	\$25 copay
Tier 4	\$40 copay	\$40 copay
Tier 5 www.bcbsnc.com/content/ services/formulary/ presdrugben.htm Consider options such as: AMAZON RX	\$80 Copay	\$80 copay

There is a \$250 per Prescription Maximum for each 30-day supply of Tier 5 drugs. You are responsible for charges over the allowed amount received from an Out-of-Network pharmacy. Limits apply to infertility drugs.

Up to a 30 day supply is one copayment. 31-60 day supply is two copayments. 61-90 day supply is three copayments. Prescription Drug copayments, coinsurance and deductibles apply to the Out of Pocket Limit.

MAC B Pricing (Brand Penalty when Generic Equivalent is available and Provider does not require Brand to be dispensed).

Essential 5 Tier Commercial, Broad Network Formulary.

*see drugs and devices as listed at bluecrossnc.com/preventive

Dental Plan - 2024

Policy Year Deductible Individual Family (three individuals) Waived for Preventative Services	\$50 \$150 Yes
Policy Year Maximum Per Person	\$1,000—Includes Preventive Max Waiver—Preventive Services do not apply to the Yearly Maximum. \$250 Annual Rollover. (Annual Rollover only available if not exceed \$500 in Basic/Major services)
Orthodontics Lifetime Maximum (up to age 19)	\$1,000
Preventive Services (No deductible)- Type 1 Basic Services — Type 2 Major Services — Type 3 Orthodontics—Child Only (up to age 19)	100% 80% 50% 50%
Endodontics	Basic Services
Periodontics	Basic Services
Waiting Periods Preventive Services Waiting Period Major Services Waiting Period Basic Services Waiting Period	None None None

U&C - Usual and Customary allowance means plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. Your plan pays at the 90th Percentile which means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure. If your dentist charges higher than the U&C allowance, you will be responsible for the difference.

Provider: Ameritas
Group Number: 10-61940
Customer Service: 1-800-487-5553

Voluntary Vision 2024



Paid By Employee



Benefit	COPAY—IN NETWORK BENEFITS
Routine Eye Exam/Non-Medical	\$10 COPAY/In Network
Frequency	Once every 12 months
Retinal Screening	
An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye.	\$39 COPAY/In Network
Eye Wear/Contact Lenses	
An annual \$150 flexible allowance for prescription and non-prescription eyewear and contact lenses	\$25 Annual COPAY/In Network Benefit up to \$150/year
Plus a 20% discount on glasses or 10% discount on contacts if	
Annual Contact Lens Fitting	\$25 COPAY/In Network

**Provider Network: Community Eye Care
Group Number :TWNCARBE01**

Website: www.cecvision.com

Customer Service 1-888-254-4290

Flexible Spending Account

Why would I want to participate in the Flexible Spending Account? BECAUSE YOU CAN SAVE MONEY!

If you are in a 30% tax bracket, for every \$100 you set aside on a pre-tax basis, you save \$30 in taxes. Flex contributions are exempt from federal and state income tax as well as FICA. You may contribute a minimum of \$300 year and a maximum of \$3,200/year pre-tax.

Save on Qualified Expenses Such As:

- Co-payments for doctor, Specialist, Urgent Care, Emergency Room visits
- Health plan deductibles and co-insurance
- Prescription co-pays
- Dental and orthodontic care
- Hearing aids
- Eyeglasses, contact lenses
- Laser eye surgery
- Menstrual Care products
- Over-The-Counter medication as provided for under the CARES Act.
- Even massage and acupuncture with Medical Necessity Statement!

Any unused money remaining at the end of the claims run-out period will be forfeited.

Your full year's contribution is available to you from day one.

With a Flexible Spending Account, you do not have to wait until you have sufficient dollars in your account before a claim is paid. If your claim is equal to or less than the amount you have elected to set aside for the plan year, then you will be reimbursed when the claim is submitted as long as the claim is approved.

Dependent Care Reimbursement Account

You may contribute a maximum of \$5,000 (\$2,500 if married and filing separately). The amount you set aside is an irrevocable election for the plan year unless you have a status change or qualifying event, such as marriage, divorce, birth, change in daycare situation (this includes rate changes), etc.

Life Insurance 2024

Employee cost share

Employee Life –Employer Paid	
Employee Life Amount*	1 x Salary up to \$175,000—Employer Paid
Employee AD&D Amount*	1 x Salary up to \$175,000— Employer Paid

Employee & Dependent Life Insurance - Employee Paid	
Group Employee Voluntary Insurance*	Units of \$10,000 up to 100k max
Group Employee AD&D Insurance*	Units of \$10,000 up to 100k max
Group Dependent Life <ul style="list-style-type: none"> • Spouse \$2,000 • Child(ren) - Live Birth to 6 Months \$1,000 • Child(ren) - 6 months to 26 (26 years if a full-time student) \$2,000 	\$.25/cents per pay day
<ul style="list-style-type: none"> • Voluntary Spouse Life & AD&D* Insurance. If you have purchased Voluntary coverage for yourself, you can purchase coverage for your spouse up to half the amount you are insured for. 	Units of \$5,000 up to max of \$30k
<ul style="list-style-type: none"> • Voluntary Child Life & AD&D Insurance. If you have purchased Voluntary coverage for yourself, you can purchase coverage for your child up to \$10,000 	Units of \$5,000 or \$10,000**. Benefit is \$1,000 for children from live birth to 6 months

*Benefits reduce, based on your age, to 50% at age 70 and terminate at retirement or when no longer employed.

**Benefits end for dependent child at the end of the month in which they turn 26

Lifestyle Spending Account 2024

Paid by Employer

Plan Provisions	
Employee Amount	\$500/per Plan Year (Taxable)
A lifestyle spending account is a post-tax account that reimburses eligible expenses related to employee wellbeing, be it physical, emotional, social or financial. "Mind, Body and Spirit"	Submit claims for reimbursement to Health Equity. Reimbursement will occur through Town Payroll the next month following the quarter end.

Fitness

- Gym Membership
- Sports Equipment
- Entry Fees

Wellness

- Massage, Acupuncture
- Yoga, Stretch Lab
- Vitamins/Supplements

Finances

- Student Loans
- Tax/Budget Software/App
- Financial Planner

Family

- Pet Insurance
- Video Games
- Bark Box



Short Term Disability 2024

Paid By Employer

Municipal Insurance Trust of North Carolina Short Term Disability Rider

The following benefits provided by the Municipal Insurance Trust of North Carolina (MITNC) shall be effective July 01, 2003 for Governmental Units, which elected short-term disability.

Short Term Disability Benefits Schedule of Benefits

Amount of Benefit:	60% of Basic Weekly Salary
Benefit Begins:	8th day of a Disability due to an Accident or Sickness
Maximum Payment Period:	26 Weeks

- Only employees working 30 hours or more per week are eligible for this benefit.

Short Term Disability Benefits For Employees

If a Participant while covered under this Plan for short term disability benefits, shall become wholly and continuously disabled so as to be actually prevented from the performance of every duty of his or her occupation or employment for salary or wages, due to bodily injury or sickness, the MITNC will pay benefits to such Participant according to the Schedule of Benefits.

Employees must be actively at work on the effective date of the short-term disability benefit plan to be eligible for benefits. If the employee is not actively at work, short-term disability benefits will be postponed until the employee returns to work for at least five consecutive workdays. For the purpose of this plan, actively at work shall mean the active expenditure of time and energy in the service of the governmental unit, except that a Participant shall be deemed actively at work on each day of a regular paid vacation, or on a regular non-working day, on which he or she is not disabled, provided he or she was actively at work on the last preceding regular working day.

Successive periods of disability shall be considered as one continuous period of disability unless: (1) the subsequent disability is due to causes entirely unrelated to the causes of the previous disability; or (2) they are separated by a continuous period of at least two weeks during which the Participant is not absent from active work on a full-time basis.

Changes in the amount of benefits due to change in occupation, position, salary or wage will become effective on the first day of the month following the date of change, except if the Participant is away from work due to disability on the date an increase in the amount of benefit would become effective, it will be postponed until the Participant returns to active full-time work.

Supplemental Programs

The Town also offers the following Supplemental Employee Benefits:

- Accident Coverage
 - Cancer
 - Critical Care
- Long Term Disability
- Optional Life Insurance
- Lifetime Benefit Term Life Insurance (with money for Long Term Care)
 - Legal Shield
 - Identity Shield—Free
 - Travel Protection—Free
- Last Will and Testament—Free

Additional Information about all these valuable products is available from Human Resources. Some products may require an Evidence of Insurability prior to issuance.

Please take the time to learn more about these optional products.

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding “grandfathering” of plans or others) required by the health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact the Human Resources Department for further information.