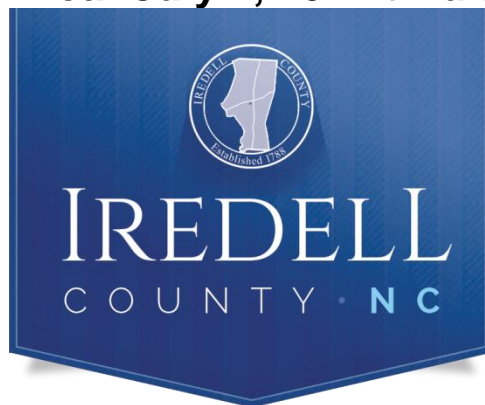




# Iredell County Benefits Handbook

Benefits Plan Year July 1, 2022 thru June 30, 2023



This Benefit Handbook has been prepared to help you review the key factors that are associated with our benefit plans. This Handbook does not provide all of the contractual provisions, limitations or exclusions included in our policies and should be considered only as a summary of our current benefits. If any differences exist between this Handbook and the official Contracts, the Contracts shall prevail.

**Iredell County Government** offers all full-time employees a comprehensive Cafeteria Benefits Plan. The Cafeteria Benefits Plan is arranged by USI Insurance Services Brokerage Firm. USI is one of the Nation’s largest Employee Benefits Firms and has a wide breadth of experience working with the Public Sector. The Cafeteria Benefits Plan allows you to pay for certain insurance premiums, child care and unreimbursed medical expenses before taxes are taken out of your paycheck. Paying for these benefits via this method reduces your taxes and increases your take home pay. **The Plan Year begins July 1, 2022 and ends June 30, 2023.**

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As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option 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, to help you compare your options. You can locate the SBC and detailed plan documents on MUNIS Employee Self-Service (<http://munisweb2.co.nc.us/mss/>)

# GROUP MEDICAL INSURANCE BENEFITS SUMMARY

Everyone has different medical benefit needs. Iredell County offers a variety of medical benefits through Blue Cross Blue Shield of North Carolina (BCBSNC). We are pleased to announce that you have an option to choose from three medical insurance plan offerings!

**(See drug formulary list at: [www.BlueCrossNC.com](http://www.BlueCrossNC.com) (Select Rx E3 - NetResults 5 Tier C, Broad Plus Network))**



Blue Cross Blue Shield of North Carolina Plan Options	HDHP HSA		BASE PPO		BUY-UP PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	\$2,000	\$4,000	\$2,000	\$4,000	\$1,500	\$3,000
Family	\$3,500	\$7,000	\$4,000	\$8,000	\$3,000	\$6,000
Member Coinsurance	30%	50%	30%	50%	30%	50%
Out-of-Pocket Max (Includes deductible, coinsurance & copays)						
Individual	\$4,000	\$9,000	\$5,000	\$6,000	\$4,000	\$8,000
Family	\$5,500	\$12,000	\$10,000	\$18,000	\$8,000	\$16,000
2022 HSA Contribution Limits	Individual: \$3,650 Family: \$7,300 Age 55+, not on Medicare, can contribute additional \$1,000		N/A		N/A	
Doctor Office Visits						
Preventive Care Screenings & Immunizations	No Charge	Dr. Visit & Immunizations Not Covered / Screening: Ded, 50%	No Charge	Dr. Visit & Immunizations Not Covered / Screening: Ded, 50%	No Charge	Dr. Visit & Immunizations Not Covered / Screening: Ded, 50%
Primary Care Physician	Ded, 30%	Ded, 50%	\$40	Ded, 50%	\$40	Ded, 50%
Specialist	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	\$70	Ded, 50%
Diagnostic Test (x-rays, blood work)	Ded, 30%	Ded, 50%	No Charge	Ded, 50%	No Charge	Ded, 50%
Imaging (CT/PET/MRA/MRI)	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%
Urgent Care	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%	\$70	\$70
Emergency Room	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Hospital	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%
Surgical	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%
Chiropractic Care (30 visit max)	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%
Physical & Occupational Therapy (30 visit max)	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%
Mental Health / Substance Use Disorder	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%
Pregnancy - Initial Visit	Ded, 30%	Ded, 50%	\$40	Ded, 50%	\$40	Ded, 50%
-Pre & Post Natal	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%	Ded, 30%	Ded, 50%
Vision Eye Exam	Ded, 30%	Ded, 50%	\$30	\$45 allowed amount	\$30	\$45 allowed amount
Prescription Drugs						
Individual / Family Rx Deductible	None		\$150 / \$300		None	
Tier 1 (lower cost generics)	Ded, 30%		\$4		\$4	
Tier 2 (generics)	Ded, 30%		\$4		\$4	
Tier 3 (preferred brands)	Ded, 30%		\$45		\$45	
Tier 4 (other brands)	Ded, 30%		\$60		\$60	
Tier 5 (specialty)	Ded, 70%		25% up to \$100 max		25% up to \$100 max	
Mail Order / 90-day supply	2 x Retail		2 x Retail		2 x Retail	

## **OPT-OUT HRA PLAN**

Employees may elect to waive the County’s Health Insurance Coverage with BCBSNC and will receive an incentive. A Health Reimbursement Account (HRA) will be set-up by the County which can be used to reimburse Employee Only medical expenses processed under your other Health Insurance Plan.

- Proof of other health coverage is **required** to be eligible for the Opt-Out HRA Plan.
  - Individual Policies through the Exchange do not qualify as other coverage.
- HRA maximum reimbursement is \$2,000 for Employee Only or Pre-65 Retiree only; dependents are not eligible.
  - HRA funds are not available before services are rendered; they are on a reimbursement basis only.
  - There is no roll over provision for unused balances; it is a “Use it or Lose it” plan by 6/30/23.
  - There is no charge to be enrolled on the Opt-Out HRA Plan.
- Covered medical expenses must be incurred for dates of service between 7/1/2022 – 6/30/2023.
  - **Covered Medical Expenses Include:** Medical and Prescription Drug Deductibles, Doctor Office Copays, Prescription Drug Copays, Urgent Care Center Copays, Emergency Room Copays, Other Medical Provider Copays for Therapy Visits, Diagnostics, Durable Medical Equipment, and Medical and Prescription Drug Coinsurance.
  - **Non-covered Expenses:** Vision, Dental and other non-medical covered items are **NOT** reimbursable.

## **SEMI-MONTHLY (24) PAYROLL DEDUCTIONS FOR BCBSNC HEALTH INSURANCE**

### **Discounted Rates for Wellness Program Compliance**

	HDHP HSA	BASE PPO	BUY-UP PPO
Employee Only	\$0	\$0	\$30.00
Employee/Spouse	\$143.50	\$143.50	\$203.50
Employee/1 Child	\$127.50	\$127.50	\$167.50
Employee/Children	\$182.00	\$182.00	\$232.00
Employee/Family	\$234.50	\$234.50	\$314.50

### **Non-Wellness Program Rates\***

	HDHP HSA	BASE PPO	BUY-UP PPO
Employee Only	\$30.00	\$30.00	\$60.00
Employee/Spouse	\$173.50	\$173.50	\$233.50
Employee/1 Child	\$157.50	\$157.50	\$197.50
Employee/Children	\$212.00	\$212.00	\$262.00
Employee/Family	\$264.50	\$264.50	\$344.50

❖ **Non-participating spouse and/or dependents over the age of 18, in the Wellness Program, will result in additional \$30.00 per person per pay period.**

**Medical Claims/Customer Service:** 877-275-9787 or 800-446-8053 | Website: [www.BlueCrossNC.com](http://www.BlueCrossNC.com)

**Pharmacy Coverage** – Provided by Prime Therapeutics | Website: [Myprime.com](http://Myprime.com)

Pharmacist Help Desk: 888-274-5186

**Preferred Home Delivery Pharmacy** - Express Scripts Pharmacy | Website: [www.Express-scripts.com](http://www.Express-scripts.com)

Express Scripts Customer Service for Members: 833-599-0449

**Preferred Specialty Pharmacy** – Provided by Accredo | Website: [www.Accredo.com](http://www.Accredo.com)

Accredo Customer Service for Members: 800-803-2523

## BCBSNC PPO HEALTH SAVINGS ACCOUNT (HSA)

This product combines traditional medical coverage with a savings account and investment options. You can make tax-free contributions to the savings account up to federal limits.

**Your 2022/2023 annual contribution is limited to \$3,650 for individuals and \$7,300 for families.** Limits for future years will be set by the IRS.

If you are age 55 or older, and are not enrolled in Medicare, you may make an additional contribution of up to \$1,000. Please consult with your Tax Advisor for further information.

Maximum contributions are based upon maintaining enrollment in a qualified HSA medical plan on the 1<sup>st</sup> of the month for 12 months of the contract year. For enrollment less than 12 months, you may not be eligible for the maximum contribution. Please consult your Tax Advisor.

HSA dollars can be used to reimburse yourself for qualified healthcare expenses incurred by you, your spouse, or eligible dependents. Qualified expenses include medical, dental, and vision expenses as defined under Section 213(d) of the Tax Code and include expenses that are not covered by your HSA qualified medical plan. Qualified dependents are children, siblings, parents and others who are considered an exemption under Section 152 of the Tax Code.

Any money remaining in your savings account at the end of the year carries over to the next year. If you change employers or retire, you may take any money in your savings account with you.

The plan deductible is the portion of covered medical and pharmacy expenses that you pay before your plan will begin to cover healthcare expenses. Only covered services count toward the plan deductible. Once your plan deductible has been met, your plan begins providing coverage for eligible services as described below. All covered expenses (including those expenses applied to the plan deductible) from BCBSNC negotiated discounts with participating providers and pharmacies are eligible for HSA funds.

You can choose how you pay for medical expenses that are submitted through your qualified HSA medical plan.

- You may pay for medical expenses on a claim-by-claim basis using the debit card issued by the State Employees Credit Union that comes with your HSA;
- You may choose to cover your expenses using your own personal funds. This allows you to save your HSA dollars for future years.



## Health Savings Account with High Deductible Health Plan

If an employee elects the High Deductible Health Plan, Iredell County will contribute \$750 into the employee's Health Savings Account (HSA). The money will be available on the first payroll of the new plan year. For new hires, the contribution will be pro-rated based on the month their benefits are effective. Employees can elect to have additional pre-tax funds added to their HSA account from their paycheck. Throughout the year employees can stop/start/adjust their personal HSA contribution; IRS limits apply.

If you are, or plan to enroll in the Health Savings Account, below are some points to keep in mind regarding your HSA. The IRS has specific guidelines in place that must be followed to remain eligible:

- Must be enrolled in a qualified high deductible health plan;
- Must not be covered through Medicare Part A or Part B;
- Must not be covered by spouse's medical or pharmacy plan;
- Cannot be claimed as a dependent on another person's tax return;
- Must not be covered under a general purpose Flexible Spending Account (FSA) through Employer or Spouse's plans.



\* For detailed coverage on medical plans, see the Summary of Benefits and Coverages located on MUNIS Employee Self-Service Center.

## ADDENDUM TO HEALTH INSURANCE PLANS

### Spouse Rule

A Spouse can only be covered on the Iredell County Health Plan if they **DO NOT** have health insurance coverage available through their own Employer. Failure to remove such said Spouse from the Health Plan may subject the employee to disciplinary action up to and including termination, as well as, reimbursements to the County for any claims paid on the Spouse and/or a reimbursement to the County for premiums subsidized by the County.

Iredell County Employees who are carrying a Spouse must complete a Spouse Employment Affidavit. Employees who are adding a Spouse and/or Dependents any time, must provide acceptable verification documents. Acceptable verification documents can be found on MUNIS Employee Self-Service.

## Breast Pumps/Durable Medical Equipment

Coverage for Breast Pumps includes the purchase of one breast pump per birth as ordered or prescribed by a physician and includes related supplies. Breast Pumps must be purchased from an in-network, contracted, Durable Medical Equipment (DME) provider. Since Breast Pumps are considered Durable Medical Equipment (DME), they are not covered under pharmacy benefits. Please note that not all participating DME vendors carry all items. Members will need to check with their local participating vendor of choice to see if they carry breast pumps or other DME that they wish to purchase or rent.

- Members can visit [BlueCrossNC.com](http://BlueCrossNC.com) and click **Find a Doctor** tool to find in-network DME providers for their plan. **Find a Doctor** tool can also be used to search the state where the breast pump will be supplied and if certain providers are still participating in network. Members may then contact that particular provider to see if they carry breast pumps.
- **Note: Edgepark** is an EXAMPLE of an in-network provider for North Carolina residents that carries breast pumps (800-321-0591, 8:30 a.m. to 5 p.m. EST M-F).

DME Supplier	Branch Location	Online Ordering	Branch Phone Number	Hours of Operation
Accucare, Inc.	Gastonia & Asheville		866-236-3100	M-F 8:30AM – 5PM
AdaptHealth	n/a	x	844-727-6667	M-F 8AM – 8PM
Aeroflow Breastpumps	n/a	x	844-867-9890	M-F 8AM – 5PM
Byram Healthcare	n/a	x	877-773-1972	M-F 9:00AM - 5PM
Carolinas Home Medical Equipment Inc.	Matthews		704-846-7503	M-F 8:30AM - 5PM
Dressen Medical Supply	Holly Springs		919-577-6458	M-F 8:30AM - 5PM
Edgepark	n/a	X	800-321-0591	M-F 8:30AM – 5PM
Edwards Health Care Services	n/a	X	888-344-3434	M-F 8:30AM - 5PM
Liberty Medical Supplies	Durham		919-490-0145	M-F 8:30AM - 5PM
	Fayetteville		910-864-3810	
	Monroe		704-238-0027	
	Morehead City		252-247-3657	
	Myrtle Beach		843-448-8315	
	Supply		910-755-0023	
	Thomasville		336-472-1741	
	Whiteville		910-642-2250	
	Wilmington		910-763-8229	
Pumping Essentials	n/a	x	866-688-4203	M-F 11AM – 8:30PM
Sunmed Medical	n/a	x	855-477-4509	M-F 9AM-7PM Saturday 9AM-3PM

\*This list is subject to change.



## PRIME THERAPEUTICS PHARMACY BENEFITS

Prime Therapeutics is our Pharmacy Benefit Manager, which means they manage your pharmacy benefits through Blue Cross Blue Shield of North Carolina (BCBSNC). This also means that you will use your BCBSNC ID card when at the Pharmacy; you do not need a separate ID card for pharmacy benefits. Prime Therapeutics strives to help you get the medicine you need to feel better and live well. They offer many ways to help save you time and money to give you some peace of mind.

### MAIL ORDER



Prime Therapeutics<sup>®</sup>, is now using **Express Scripts Pharmacy** and **Accredo** Specialty Medications to fill mail-order prescriptions while delivering great service, convenience and affordable medicine to you. BCBSNC members can get maintenance or long-term medicines delivered right to their door.

### Non-Specialty Medications – Two Options to Choose From for Mail Order:

➤ **Express Scripts Pharmacy (Non-Specialty Medications):**

Online: visit [BlueConnectNC.com](http://BlueConnectNC.com) to use your existing BCBSNC login – or go directly to [express-scripts.com](http://express-scripts.com).

Through the mail: Talk to your doctor and complete the *Express Scripts Pharmacy* order form. Find **Express Scripts Pharmacy** forms by going to [BlueConnectNC.com](http://BlueConnectNC.com) or [express-scripts.com](http://express-scripts.com), or by calling **Express Scripts Pharmacy** at **833-599-0449**.

➤ **Amazon MedsYourWay™ (Non-Specialty Medications):**

Online: Sign up and learn more at [www.amazon.com/bluecrossNC](http://www.amazon.com/bluecrossNC)

For questions, call Amazon Pharmacy Customer Care at **855-963-4546**.

Members may fill brand and generic medications (excluding controlled substances) and have access to **MedsYourWay™** discount card pricing. This innovative home delivery option is a consumer-centric Amazon digital shopping experience that is fast, easy, and offers employees low prices through Amazon Pharmacy.

#### **More MedsYourWay information:**

- The shopping experience seamlessly includes the **MedsYourWay™** drug discount card with no fumbling for a card or code, helping save time and money.
- Members will see the lowest price at Amazon Pharmacy whether it's your insurance co-pay or **MedsYourWay™** discount card pricing.
- Depending on your plan, both pricing options for covered medicines can accrue toward the out-of-pocket maximum.
- **MedsYourWay™** discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward their annual out-of-pocket maximum.
- Customer shopping experience
  - Quick and easy sign up process
  - Integrates with employee's plan information
  - Easy to navigate with both web and app enablement
  - Option for 90+ day fills
  - 24/7/365 access for employees to talk to a pharmacist
  - Agents available to assist with sign-up, fills/refills/renewals, order status, prescription transfers and cost estimates

### Delivery promise guarantees

With **MedsYourWay™**, you will receive a confirmed delivery date at checkout.

- Real-time package tracking
- Amazon Pharmacy offers easy shopping, ordering, and home delivery for medicines
- After checkout, the progress of prescription fulfillment and delivery can be tracked. Shipping is free and medicines will be delivered in discreet packaging. All prescription orders will be delivered to your preferred address on or before the Customer Delivery Promise Date, which you will see at checkout.
- Amazon Prime members get two-day free shipping on most orders; standard free shipping for non-Amazon Prime members is five days but can be expedited to a two-day delivery for \$5.99.

## SPECIALTY MEDICATIONS



Your health plan is committed to giving you a specialty pharmacy that offers the medicines and support you need to manage your complex health issues. That's what you get with **Accredo**. To start using **Accredo**, contact an **Accredo** patient care advocate at **800.803.2523**. They'll work with your doctor on the rest.

### Getting Started with Accredo Specialty Medications Delivery:

1. Call **Accredo** at 800-803-2523. **Accredo** will work with your doctor to get your prescription and then contact your BCBSNC Health Plan about your benefits.
2. **Accredo** will call you to schedule free delivery to your home or doctor's office on a date that works for you. We'll ship your medication with any special handling it may need, such as refrigeration.
3. Once you receive your first order, register online to easily order refills, set up reminders and get the status of future shipments.

You can access **Accredo.com** to: order refills online, check order status and track shipments, view order and medication history, set communication preferences, and learn more about your condition.

Check to see if your medicines are on the drug list and if your pharmacy is in Prime Therapeutic's network. View a real-time formulary list at [www.BlueCrossNC.com](http://www.BlueCrossNC.com) and then click on **Find a Drug** and choose the option: "**Rx E3 - NetResults 5 Tier C, Broad Plus Network.**" You may call Blue Cross NC customer service anytime or go online to your Blue Cross member portal to access Pharmacy information and be directed to the [Myprime.com](http://Myprime.com) website.

You will see a note next to some medicines on your plan's formulary if they have any special requirements:

- a. Prior Authorization** (approval is needed before medicine will be covered).
- b. Step Therapy** (You may need to try a different medicine first).
- c. Quantity Limits** (limits on how much medicine can be filled at one time).
- d. Drug List Exceptions** (Doctor will need to send a formulary exception form explaining why a particular medicine is the best choice for you).

If you take one of these medicines, talk to your doctor about choosing a different drug, or ask for an authorization on your current medicine.

## ADDITIONAL WAYS TO SAVE MONEY ON PRESCRIPTION COSTS

**GoodRx:** Prescription drug prices are not regulated. The cost of a prescription may differ significantly between pharmacies that are across the street or across town from each other. GoodRx helps you compare prescription cost by pharmacy so you can pick the pharmacy that makes the most financial sense in the situation.

The prices that you will see listed with GoodRx do not run through insurance, which means that subscribers on the PPO plan will not have to pay the \$150 individual/\$300 family deductible that applies when prescription costs run through insurance. For prescribers on the HSA plan who are responsible for the full cost of the prescription, this is very often a significantly cheaper alternative. You can use your HSA plan funds even with GoodRx. Please note that money spend through GoodRx **WILL NOT** count toward your deductible.

The prices that you see listed with GoodRx are not always cheaper than the insurance price, but often are. In addition to saving you money, using GoodRx also helps the County save money. Since the County is self-insured, all medical and prescription costs that are not paid by you are paid by the County. Helping to save the County money allows the County to be able to put that money saved toward improving the insurance plan.

To find out more about GoodRx, visit [www.goodrx.com](http://www.goodrx.com) or download the app.

**Marley Drug:** Marley Drug is an independent pharmacy that offers an Extended Supply Generic Drug Program. They base their prices off of what it costs them to acquire them, while many chain pharmacies price their generics based off of what the brand version costs. They offer 6 or 12 month supplies for \$37 or \$70, respectively. The more you buy, the more you save. Prescriptions are shipped to your door. Shipping is free for 6 month supplies or more (\$10 for all others). Costs do not run through insurance so ordering from Marley Drug can save the County money as well as you. Please note that costs **WILL NOT** go toward your deductible. You can use FSA and HSA funds to pay for these prescriptions.

For more information, visit their website at [www.marleydrug.com](http://www.marleydrug.com) or call them at 800-286-6781.

**Wal-Mart Pharmacy:** Wal-Mart offers 30-day generic medications for \$4 and 90-day prescriptions for \$10. Find a list of prescriptions at [www.walmart.com](http://www.walmart.com). You do not have to have health insurance to be eligible for Wal-Mart savings.

## BlueConnect™

### GET TO KNOW BLUE CONNECT

Blue Connect is more than just a Member Services website; it's a guide to the tools you need to manage your health plan and health care. With Blue Connect you can:

- See your deductible, claims and benefits in an instant so you know exactly where you stand.
- Access and print important documents like your digital ID card no matter where you are.
- Get health tips, articles and videos on everything from weight loss to prescription costs to dental health.
- See your current plan and your Explanation of Benefits (EOB).

Login to [BlueConnectNC.com](http://BlueConnectNC.com):



#### Our tools go where you go...

Smartphone, tablet or computer. Get the information you need through Blue Connect no matter where you are.

### Take the mystery out of health care - Explore your options for quality care

- Search and select an in-network primary care provider. They are one of the most important people on your health care team. Find doctors, specialists, hospitals and pharmacies no matter where you are, around the corner or nationwide.
- Compare Doctors; see their education, specialty, ratings and experience, or find one that speaks your languages.
- Compare estimated costs for doctors, hospitals, drugs, and treatments before you go there.
- Search for an Urgent Care Center, even when you are on the go/traveling.



Scan to register your account

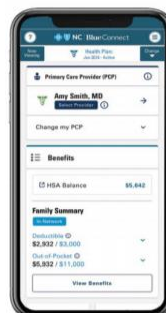
### Blue Connect Mobile

#### Available whenever and wherever you need it

Health questions, issues and concerns don't always happen when you're near your computer. Fortunately, with the Blue Connect Mobile app you have 24/7 access to the information you need to answer specific questions or complete various transactions. Go to [BlueCrossNC.com/Mobile](http://BlueCrossNC.com/Mobile) for details or search for Blue Connect on iTunes or Google Play.

#### You're in the driver's seat - the Blue Connect dashboard helps you take control

Learn more about your own health – from preventive care to getting and staying fit to managing illness – faster and easier than ever before.



Scan for the  
BlueConnect Mobile app

## PLAN MEMBER ADVOCATE

Iredell County provides a Plan Member Advocate through Synergy Healthcare as a resource for employees and families to help navigate our health insurance program and health care system. The Advocate, Teresa Gordon, is independent of any insurance company or medical provider and can offer help and recommendations based on your individual situation. Iredell County will not receive any individual information from Synergy Healthcare.

### Services Available to You:

- Help navigate our complex health care system and insurance coverage
- Find a primary care physician or specialist that matches your needs
- Explain medical and prescription drug coverage available to you
- Explain Iredell County Employee's physical therapy program and get information on how to utilize those services
- Identify and coordinate treatment and care providers, including facilities
- Assist with provider bills to ensure that you are not overcharged for services
- Research the benefit of a second opinion and identify appropriate providers
- Assist with locating community resources when care isn't covered by the health plan



Teresa Gordon is a Registered Nurse Plan Member Advocate and holds a Bachelor of Science in Nursing.

Synergy coordinates with Blue Cross Blue Shield, so members may receive a call from Teresa to provide any support needed while you are accessing care.

Email: [teresag@synergyhealthcare.net](mailto:teresag@synergyhealthcare.net) or Phone: 980-227-0500



## AUTOIMMUNE HEALTH COACHING SUPPORT PROGRAM

Iredell County provides an Autoimmune Health Coaching Support Program through Synergy Healthcare as a resource for employees and families with complex, debilitating autoimmune conditions such:

- Rheumatoid Arthritis
- Psoriasis
- Multiple Sclerosis
- Lupus
- Crohn's Disease (IBD)
- Ulcerative Colitis (IBD)
- Chronic Fatigue Syndrome
- Psoriatic Arthritis
- Hashimoto's Disease
- Celiac Disease
- Fibromyalgia
- Chronic Lyme Disease
- Guillain-Barre Syndrome

Synergy Healthcare health coaches utilize the functional medicine philosophy, educational guides, assessments and tools that were designed by the Institute for Functional Medicine (IFM) and the Cleveland Clinic to target Immune Dysregulation and Chronic Inflammation as significant areas of focus. This philosophy addresses root causes to identify the complexity of the disease. Per IFM, "We may find one condition has many different causes and likewise, one cause may result in many different conditions. As a result, Functional Medicine treatment targets the specific manifestations of disease in each individual."

Health Plan claim data enables Synergy Healthcare to identify individuals that may benefit from our Autoimmune Health Coaching Support Program. Synergy Advocates will contact eligible members to provide program information. If the member is interested and willing to make necessary life changes in the hope of reducing medication dependency, Synergy Healthcare will set up an initial appointment with a certified autoimmune health coach to develop a twelve-month program.

# IREDELL COUNTY INTEGRATED HEALTH AND WELLNESS PROGRAM

Iredell County is committed to providing a Health Insurance Plan for County employees. As a result, a Wellness Program serves as a means to help improve the health of employees and reduce insurance cost. In order to reduce insurance costs, there is a need for employees to increase their responsibility in managing their own healthcare. The goals of our Wellness Program are to:

1. Maintain or encourage a healthy workforce, including:
  - Maintaining the health of those who are well.
  - Improving the health of those who are chronically ill.
2. Manage the utilization of the Health Insurance Plan by:
  - Encouraging member engagement and responsibility for their healthcare.
  - Providing tools and incentives that result in healthy behaviors.
  - Influencing change in the healthcare demand based on demonstrated results.

It has been shown that unhealthy lifestyle choices have a negative impact on the health and well-being of a person. When unhealthy behaviors are eliminated, diseases and conditions that lead to premature deaths are reduced. To encourage employee compliance, the County is giving participating employees a discount on their health insurance premiums. Employees who opt-out of the Wellness Program will not be eligible to participate until the Health Risk Assessment (HRA) process is repeated during the month of their original month of hire.

**Wellness Requirements**

<p><b>For the Benefit Plan Year beginning July 1, 2022, employees who have two or more risk factors listed below will need to complete a wellness activity once per quarter to receive the discounted health insurance rate.</b></p>	<b>Risk Factor</b>
	<u>Waist Circumference</u> : Men $\geq 40"$ or Women $\geq 35"$
	<u>Blood Pressure</u> : $\geq 138/ \geq 86$
	<u>Cholesterol Ratio</u> : $\geq 4.5$
	<u>A1c</u> : $\geq 5.7\%$
	<u>Tobacco</u> : Tobacco Use
<p><b>If you have 2 or more risk factors, you will be required to complete a wellness activity quarterly in order to qualify for the discount.</b></p>	

**Q&A's**

**What is the Wellness Discount?** The Wellness Discount means you continue to receive Employee Only health insurance at "NO CHARGE" for the entire fiscal year 2022/2023, unless you opt for the Buy-Up Health Insurance Plan, which the Wellness Discount of \$30 per pay period for participants in the Wellness Program will still apply.

**What if I have 2 or more risk factors listed above?** You can still be eligible for the discount by completing a wellness activity once per quarter. Your screening will be due during the month of your original full-time hire date. Following that screening, the Quarters are:

July – September, October – December, January – March and April – June. A list of wellness activities will be published in the County Circle Newsletter and sent out monthly by email.

**What if I complete the screening and HRA and based on my results, I am required to complete a wellness activity, but I miss a quarter?** You will be charged \$25 per pay period (\$150 for the quarter) for each quarter missed. The charge will begin at the start of the next quarter.

**What if I am seeing my doctor every 3 months, am I still required to meet with a Provider at the County’s Wellness Clinic?** You can submit a note from your personal physician (listing your name and date of appointment) to count as a wellness activity. You will still need to complete the HRA screening in the Clinic (bloodwork within 90-days of your screening can be used from an outside provider).

**What if I do not want to participate in the Wellness Program?** You may opt-out of the Wellness Program. To do this, you will be required to pay \$30 per pay period for the Employee Only Health Insurance Tier for the entire fiscal year (individuals opting for the Buy-Up PPO Health Insurance Plan will be charged a rate of \$30 more per pay period than Wellness participants who opt for the Base PPO Plan). You will not be eligible to “opt-in” until your next screening appointment during the month of your original full-time hire date.

**Wellness Requirements for Dependents and Retirees**

The Wellness Program also includes Retirees and Dependents (Dependents include those of both Employees and Retirees, who are age 18 or above). The Wellness requirements for Retirees and Dependents will differ from those for Employees. Retirees and Dependents will be required to have an annual physical performed in the Clinic or from their personal physician. The physical must include blood work for lipids and glucose, a PSA (for males age 50+), blood pressure and height/weight. A form will need to be completed by the Clinic Staff or the dependent’s physician’s office verifying the wellness visit, which must be submitted to the Wellness Program Manager/Wellness Clinic.

Retirees and Dependents opting not to complete the online HRA and/or see their personal physician for their annual physical will be required to pay an additional \$30 per pay period, \$60/month, for their insurance premiums for the entire fiscal year **2023/2024**. This amount is per dependent, so if for instance, there are two dependents age 18 or older covered on your health insurance, and they both opt not to participate, you will be charged \$60 per pay period (\$120/month) in addition to regular premiums.

**Biometric Screening**

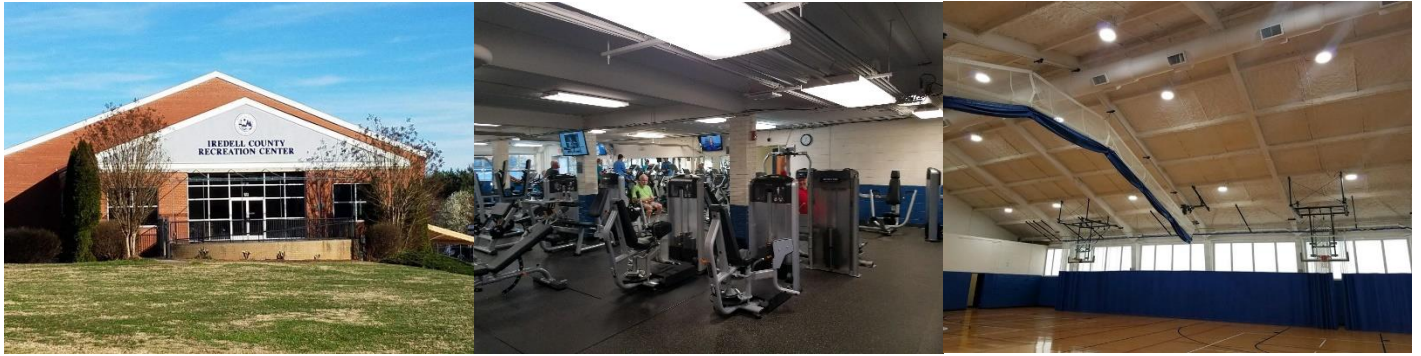
We are offering two exciting biometric screening incentives this year! Employees who meet certain standards during the health screening will receive up to \$500 in incentives. The standards relate to blood pressure, cholesterol ratio, A1c, the absence of tobacco use and waist circumference. You are eligible to receive a total of \$500 **IF** all five criteria are met. You are eligible for \$250 if you meet four of the five criteria.

**Incentives:**

Employees meeting four (4) out of five (5) of the criteria listed below qualify for a \$250 incentive. Employees who meet all five (5) criteria will qualify for a \$500 incentive.

<b>Risk Factor</b>	<b>Criteria for Additional Reward</b>
Blood Pressure	<138/<86mm/Hg
Cholesterol Ratio	< 4.5
A1c	< 5.7
Tobacco	Absence of Tobacco Use
Waist Circumference	< 40” Male or < 35” Female

*Your Plan is committed to helping you achieve your best health status. Rewards for participating in the Wellness Program are available to all employees. If you think you might be unable to meet the standard for a reward under this Wellness Program, you might qualify for an opportunity to earn the same reward by different means. Contact the Wellness Division at 704-878-3065 and we will work with you to find a Wellness Program with the same reward that is right for you in light of your health status.*



### **Gym Membership Rates**

Iredell County partners with local Gyms in order to provide reduced membership dues for employees. Discounted membership rates are available for the Iredell County Recreation Center, City of Statesville Fitness Center, 24/7 Total Fitness, F45 Langtree Lake Norman, and the Iredell County Public Safety Complex gym, but is limited to number of participants and equipment due to the size.

### **On-Site Wellness Clinic - 318 Turnersburg Hwy, Suite B, Statesville, NC 28625**

We are excited to offer an On-Site Wellness Clinic to employees, covered dependents who are eligible for benefits and retirees who are on our group health plan. The On-Site Wellness Clinic sees patients for primary care, chronic disease management, same day acute care, writing prescriptions, diagnosis and treatment for minor medical conditions, service referrals, advisory services, health education counseling, age specific annual physicals, and well-woman care.

The Clinic is staffed with a Nurse Practitioner and two Medical Office Assistants. It is open 30 hours per week. In addition, there is an On-Site Physical Therapy Clinic that is available 25 hours per week. It provides therapy for the non-surgical treatment of musculoskeletal injuries, as well as ergonomic assessments of the workstation to alleviate pain and prevent injuries.

There is no charge for visiting the Clinic and you are NOT required to use accrued sick leave to visit the Clinic if you work your full scheduled shift on the day you visit the Clinic. If you are referred outside of the Clinic, expenses will be subject to health insurance deductibles. Sick time will also be required to be used for any external appointments.

**Important Note:** Dependents must be at least 3 years of age and be covered on the County's health insurance plan (sick visits only for pediatric patients). Sick time will be required to be used for bringing Dependents to the Clinic.



#### **There are two ways to schedule your appointments:**

- Call 704-878-3065
  - Via MyIredell portal.
- To learn more about MyIredell patient portal, scan the QR code or visit [iredellhealth.org/patient-portal](http://iredellhealth.org/patient-portal)





# FLEX BENEFITS



**What is a Healthcare FSA?**

Provided by your Employer, a Healthcare Flexible Spending Account (FSA) is a reimbursement account that allows you to set aside a certain amount of money each paycheck, pre-tax, to help pay for out-of-pocket medical expenses for you and your family. The amount you elect is deducted from your gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified medical expenses, you can save an additional 20-30% on healthcare expenses.

The IRS determines what qualifies for eligible out-of-pocket medical expenses; which includes deductibles, coinsurance, copays, glasses and contacts, dental work, nicotine gum, and other non-covered expenses in excess of the maximum amounts allowed under your Health Plan.

**How Does the Healthcare FSA Work?**


You must decide on your FSA contribution at the beginning of the Plan Year, the amount will be equally divided and deducted among 24 pay periods. Estimate the amount you need based on your family’s typical number of copays, prescriptions, glasses or LASIK eye surgery, braces, etc. The IRS requires the full amount of money to be in your account at the beginning of the Plan Year, but also deems that if the money is not used by the end of the Plan Year, it will be forfeited. Once you decide on the amount you want to contribute, the money is automatically deposited into your account. **Note:** The IRS requires you to enroll every year if you wish to participate.

**How Does the Healthcare FSA Save Me Money?**

The following example illustrates the per pay period savings for an employee with a tax status of “Single & 1 Exemption”:

(bi-weekly payroll example)	With FSA	Without FSA
<b>Salary:</b>	\$1,000.00	\$1,000.00
Less Pre-Taxed Dollars:		
Healthcare Reimbursement	<u>-\$100.00</u>	<u>\$0.00</u>
Taxable Income	\$900.00	\$1,000.00
<b>Less:</b>		
Federal Income Tax (15%*)	-\$135.00	-\$150.00
State Income Tax (5.75%*)	-\$51.75	-\$57.50
Social Security (7.65%*)	-\$68.85	-\$76.50
Net Take Home Pay:	\$644.40	\$716.00
Less Healthcare Expenses	<u>-\$0.00</u>	<u>-\$100.00</u>
<b>Net After Expenses:</b>	<b>\$644.40</b>	<b>\$616.00</b>

**That’s a savings of  
\$28.40 in taxes per pay  
period....  
And an annual tax  
savings of \$681.60!**



\*Your income tax rates may vary based on your income and state you reside in.

**Can I Change My Contribution Amount?**

You may only change your contribution amount during the Plan Year if you have a qualifying status change: **Change in legal marital status, change in number of tax dependents**, termination or commencement of employment, or dependent satisfies or ceases to be an eligible dependent.

**What Is a Dependent Care FSA?**

A Dependent Care FSA works much like a Healthcare FSA in that it allows you to set aside a certain amount of money at the beginning of the plan from each paycheck on a pre-tax basis, thus saving you money on taxes, to be used for eligible dependent day care expenses. The IRS requires that all money in our account be used during the plan year. An eligible dependent is a person who can be claimed as a dependent for federal tax purposes and who is:

- A child <13 years of age
- A child >13 years of age who is physically or mentally incapable of self-care
- Your spouse who is physically or mentally incapable of self-care
- An elderly parent who resides with you and is physically or mentally incapable of self-care

The Dependent Care FSA is **not** a pre-funded account. Dependent care expenses can only be reimbursed after the care is provided. **This means that advance payments of dependent care expenses cannot be made.** The individual who provides the care cannot be your spouse or a dependent under age 19.

### **What Dependent Care Expenses Are Covered?**

Eligible dependent care expenses allow you and your spouse (if married) to work or attend school full time. Private school tuition (K4 and above) is not eligible for reimbursement. Below are examples of eligible dependent care expense:

- Day care facility fees
- Before/after school care
- Summer day camp (not overnight)
- FICA & FUTA taxes for day care provider
- Private preschool
- Babysitters or nannies that claim the child care as income

### **How Do I Get Reimbursed for Dependent Care Expense?**

**DIFFERENT from the Healthcare FSA**, you will only be reimbursed as you set funds aside. If you submit a claim for more than what has been set aside for that account, the unreimbursed claim portion will be placed in “pending” status until funds are received through payroll deduction, at which time you will receive reimbursement.

You have a few options:

1. Use your FSA Card if the provider accepts debit cards;
2. Submit your claim online <https://fba.wealthcareportal.com/> or via your mobile app;
3. Complete a Dependent Care FSA claim form and attach proof of payment from your day care provider. Fax or mail your completed claim form and documentation to Flexible Benefit Administrators.

### **How Does the FSA Debit Card Work?**

You will receive a FSA Debit Card shortly after you enroll in the Healthcare Flexible Spending Account Plan, to be used as you incur expenses, so you don't have to pay cash out of your pocket and wait to be reimbursed. The IRS does require that you keep your receipts to verify those expenses qualify; you may be asked to verify transactions from time to time.

### **What Happens If the FSA Card Is Used for an Ineligible Expense?**

Flexible Benefit Administrators will notify you for repayment of an invalid charge amount (according to IRS guidelines). Failure to repay within 30-days of request will result in loss of debit card privileges.

### **How Do I Provide Supporting Documentation and Keep my FSA Debit Card Active?**

If you receive a substantiation request letter, please go directly to [www.fba.wealthcareportal.com](http://www.fba.wealthcareportal.com) to electronically upload any required receipts. For each claim requiring a receipt, click “Add Receipt” at bottom of Add Claim screen. You will receive confirmation once uploaded successfully.

### **What Do I Need to Know About Pharmacy Prescriptions Under FSA?**

OTC medications and drugs (other than insulin) are not reimbursable by an FSA unless accompanied by a doctor's prescription. Medications or drugs must meet one of the following criteria:

- Medicine or Drug requires a prescription, is Insulin, or Member obtains a prescription for OTC drugs.

### **How Do I Submit Claims Electronically?**

Submit your claim online <https://fba.wealthcareportal.com/> or open your mobile app. and log-in to your account using your user name and password. Hover over **CLAIMS** and then click **SUBMIT CLAIM** on the portal or app.

Fill in all information on the form including:

- Service Dates
- Account Type
- Claim Amount
- Enter the provider information if payment is to go to the provider
- Nature of expense (Medical or Dependent Care)
- Attach a file or snap picture of your documentation
- Check certification box and click **OK**
- Once you have entered all your claims, check the certification box and then click **SUBMIT**. Once completed your claim will be posted immediately to your account and will be reviewed in 2-3 business days.

Our FSA Plans are administered by Flexible Benefit Administrators. Our Group ID: **FBAIRED**

- **Plan Year: July 1<sup>st</sup> – June 30<sup>th</sup>**
- **FSA is not available for Health Savings Account Participants**
- **Waiting Period: 1<sup>st</sup> of the Month following 30-days of employment**
- **Medical Reimbursement Plan Maximum: \$2,750**
- **Dependent Care Account Maximum: \$5,000** (\$2,500 if married filing individual separate tax return)
- **Claims Filing Limit:** All claims for reimbursement must be submitted within 90-days following the end of the plan year or within 90-days you cease to participate in the Plan, or claims will be denied.

**Manage Your Account Online 24/7 at**

<https://fba.wealthcareportal.com/>

- View plan year balance
- Submit Claims and receipts
- Manage over 25 alerts to keep you connected to your account
- View processed payments and dates
- Set up or edit ACH/Bank Draft Info
- Access interactive decision support tools



**FSA Mobile App may be downloaded from iTunes, or Google Play. Make sure to select the “FBA Mobile Wealthcare Mobile” App.**

If you would like assistance installing or logging into the mobile app, please contact Customer Contact Center at: <https://fba.wealthcareportal.com/>

Make sure to have your Participant ID Number (your SSN, no spaces/dashes), Employer ID (**FBAIRED**) / Benefit debit card number, and valid e-mail address to begin.

View your account balances and activity, upload receipts and file claims all using your Mobile App!

<b>Submit Your Claims:</b>	<b>Contact Us:</b>
<p><b>E-mail</b> <a href="mailto:Flexdivision@Flex-admin.com">Flexdivision@Flex-admin.com</a> or  <b>Fax</b> claims &amp; receipts to: <b>(757) 431-1155</b></p> <p><b>Mail</b> claims and receipts to:                      Flexible Benefit Administrators, Inc.                      PO BOX 8188   Virginia Beach, VA 23450                      (please keep your originals for your records)</p>	<p><b>Customer Claims Phone:</b>  <b>(800) 437-3539</b></p> <p>Email: <a href="mailto:Flexdivision@Flex-admin.com">Flexdivision@Flex-admin.com</a></p>

# COMMUNITY EYE CARE VISION



Iredell County is pleased to provide you with Voluntary Vision Benefits through Community Eye Care. Community Eye Care has a large Network of Optometrists (OD), Ophthalmologists (MD), and Retail Optical Chains so you have easy access to every type of Eye Care Provider. You have two plan options to choose from depending upon you and your dependents' needs.

Plan Features	IREDELLC02 <b><u>Eyewear Plan</u></b>		IREDELLC01 <b><u>Comprehensive Plan</u></b>	
	Participating Provider	Non-Participating Provider	Participating Provider	Non-Participating Provider
Vision Exam <i>Routine Retinal Screening included enhancement when seeing a CEC provider.</i>		N/A	\$10 Copay (up to \$80) <i>Included in Copay (up to \$39.00)</i>	Reimburse full cost minus copay
Contact Lens Fitting Visit	\$10 Copay (up to \$100)	Reimburse full cost up to \$100 minus copay	\$10 Copay (up to \$100)	Reimburse full cost up to \$100 minus copay
Eyewear \$150 Allowance	\$10 Copay		\$10 Copay	
<b><u>Frequency:</u></b>				
Vision Exam	N/A		12 Months	
Lenses or Contact Lenses	12 Months		12 Months	
Frames	12 Months		12 Months	
<b><u>Semi-Monthly Pre-Tax Deductions</u></b>				
Employee Only	\$ 0.00		\$ 1.83	
Employee & Spouse	\$ 2.35		\$ 6.64	
Employee & Child(ren)	\$ 1.69		\$ 5.37	
Employee & Family	\$ 4.03		\$10.27	

\*Members are eligible for their benefits every plan year. Members are not required to wait until the prior plan years' service date has passed to obtain their current benefit.

The Eyewear Allowance is completely flexible. It can be applied to frames, eyeglass lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, your only out-of-pocket expense for the eyewear is the \$10 copay.



If the eyewear you choose is more expensive than \$150, you are eligible for attractive discounts on the overage amount from most network providers: 20% for frames and lenses, and 10% for contact lenses.

Members will receive a 20% savings on additional pairs of glasses and sunglasses, including lens enhancements, from most CEC providers within 12 months of their last eye exam.

Members can save up to 50% relative to national averages from more than 1,000 participating LASIK providers, including TLC Laser Eye Center.

Note that the maximum coverage for contact lens examinations is \$100 for fittings and \$80 for annual evaluations. Members are responsible for any charges exceeding these amounts.

Non-prescription eyewear, including sunglasses, is included in your CEC vision plan. Other non-prescription eyewear such as blue-light blocking glasses, safety glasses and readers are also included.

### **How to Use Your Vision Benefits**

1. Select a provider from the Community Eye Care provider network
2. Call the provider to make an appointment and let them know you have Community Eye Care coverage
3. See the provider and select your eyewear
4. Pay the provider your co-pays, plus any discounted amount that exceeds the \$150 eyewear allowance

There are no claims to file when you see an in-network provider. Network providers file claims on your behalf. To locate a provider in your area, go to [www.CECvision.com](http://www.CECvision.com) and search by any of the following categories:

- County
- Doctor's last name
- Practice name
- Zip code

You can also shop online for your materials. You will need to access the Coastal.com feature:

1. Go to [www.CECvision.com](http://www.CECvision.com)
2. Search for a provider in your area
3. Click on the Coastal.com link in the search results
4. Follow the instructions on the Coastal.com CEC page



Members who obtain exams and eyewear from a non-network provider still receive their full benefit. The member simply submits a claim form to Community Eye Care and is reimbursed for the full cost of their exam (minus the copay) and for the cost of their eyewear, up to the amount of the allowance. Note that a claim form can be printed from the member benefit page of the Community Eye Care website. Alternatively, members can contact Community Eye Care to obtain a form or find on the MUNIS Employee Self Service.

#### **Customer Service and Claims Administration:**

**1-888-254-4290**

**FAX: 704-426-6044**

**Website: [www.CECvision.com](http://www.CECvision.com)**

**Independent Eye Care MSD, Inc.  
DBA Community Eye Care, LLC  
4944 Parkway Plaza Blvd. Suite 200  
Charlotte, NC 28217**

# LINCOLN FINANCIAL GROUP DENTAL PLANS



Iredell County is pleased to offer you a choice between two Dental Plans. The annual dental benefit maximums are \$1,500 on the Low Plan and \$2,000 on the High Plan. The orthodontia lifetime maximum is \$1,000 on the Low Plan and \$1,500 on the High Plan. **Benefits and deductibles run Plan Year (7/1 – 6/30), not Calendar Year (1/1 – 12/31).**

Both Plans are Passive PPOs, which means you may choose any Dentist without penalty; however, using Dentists participating in the Network should lower your out-of-pocket expenses. Non-Network Dentists' charges are reimbursed based on usual & customary rates which are an average of 9 out of 10 Dentist's charges in your area for the same services. Find a list of participating Network Dentists at [www.LincolnFinancial.com/FindA/Dentist](http://www.LincolnFinancial.com/FindA/Dentist).

Feature	Low Plan - Option 1	High Plan - Option 2
<b>Plan Year Maximum Benefit</b>	\$1,500	<b>\$2,000</b>
<b>Plan Year Deductible</b> <small>(not required for Orthodontia)</small>	Individual \$50 Family \$150	\$50 \$150
<b>Preventive Care Services</b> <small>(Exams, Cleanings, Fluoride Treatment, Space Maintainers, X-rays)</small>	100%, Deductible Waived	100%, Deductible Waived
<b>Basic Care Services</b> <small>(Sealants, Consults, Pain Treatment, Fillings, Extractions, Oral Surgery, General Anesthesia, Prosthetic Repair, Denture Reline &amp; Rebase)</small>	85%	85%
<b>Major Care Services</b> <small>(Crowns, Root Canals, Periodontics, Bridges, Partials, Inlays &amp; Onlays, Dentures, Fixed Bridges, Implants)</small>	50%	50%
<b>Orthodontia Benefit</b>	50% to \$1,000 Lifetime Max	50% to <b>\$1,500</b> Lifetime Max
Orthodontia Eligibility Includes	<b>Children Only - up to age 19</b>	Children <b>AND</b> Adults
<b>Semi-Monthly Premiums</b>		
Employee Only	\$ 0.00	\$ 2.99
Employee/Spouse	\$17.07	\$23.03
Employee/Child(ren)	\$24.54	\$31.12
Employee/Family	\$37.54	\$46.24

**Pre-determination of Benefits** – allows you to find the amount covered prior to having a dental procedure. We recommend you use this service when expenses are expected to exceed \$300.00.

**Missing Tooth Exclusion** - excludes coverage for replacement of natural teeth lost or extracted prior to being covered under this policy.

**Work in Progress** – coverage is based on the completion/placement date. Examples:

- **Root Canal:** A tooth opened prior-to but completed after the Lincoln Financial Group (LFG) dental plan effective date will be considered an eligible expense.
- **Crowns and Bridgework:** Treatment (preparation and impressions) started prior-to but placed after the LFG effective date will be considered an eligible expense.
- **Partial or Full Dentures:** Final impressions for appliances completed prior-to, but delivery made after the LFG effective date will be considered eligible expenses under the LFG dental plan subject to LFG plan frequency limits.

**Late Entrant Waiting Period** – eligible employees and dependents who do not enroll when first eligible may be subject to a waiting period for Major and Orthodontia services. Covered members will need to be on the dental plan for a period of 12 months for all dental service benefits. Preventive Care and Basic Care services are covered day one; waiting period waived.

DENTAL CLAIM SERVICES  
**800-423-2765**  
 Mon-Thu 8:00 a.m. - 8:00 p.m. ET  
 Fri 8:00 a.m. - 6:00 p.m. ET  
 Fax: 877-843-3945  
 Email: [Claims@LFG.com](mailto:Claims@LFG.com)

MAILING ADDRESS  
 Lincoln Financial Group  
 Dental Claims Input Center  
 PO Box 3464  
 Omaha, NE 68103-0464  
 Online service: [www.Lincoln4Benefits.com](http://www.Lincoln4Benefits.com)

# Transamerica Group Cancer Creative Worksite Solutions



## Group Voluntary Cancer

The financial costs of cancer can be a burden to people diagnosed with cancer, their families and society as a whole. National cancer care expenditures have been steadily increasing in the United States. Costs also are likely to increase as new, more advanced treatments are adopted as standards of care. With this supplemental benefit that Iredell County is making available, you'll not only have more resources to cope with any future diagnosis of cancer, but you'll also have wellness benefits to help you detect cancer early when it's most treatable.

### Why Should You Consider Buying Cancer Insurance?

- Helps you or a family member get a second opinion and potentially treatment from a top cancer hospital
- Helps pay for experimental treatments
- Helps pay for expenses while you are out of work

We have two Plans to choose from at affordable group rates. (The great news is that if you wish to enroll for this benefit, you are eligible to do so during your first 30-days' opportunity, and will have a **guarantee issue**; that means no medical tests or questions that could turn you down for coverage.) Another great benefit that comes with the cancer plan is that it offers a **\$100 Annual Wellness Screening Benefit that will be filed automatically for you** when you complete the Iredell County Health Risk Assessment!

**The \$100 Annual Wellness Benefit** is for each covered person per calendar year. Wellness screenings include: mammogram, pap smear, PSA blood test, triglycerides test, lipid panel, colonoscopy, and yearly physical for children. Wellness claims can be filed directly with TransAmerica by calling: 1-800-251-7254, option 2. You will need to provide the following:

- Policy Number or Social Security Number,
- Date of Birth,
- Zip Code,
- Date and Type of screening,
- Facility name and phone number,
- Referring physician name.

**Meeting Your Needs:** Our Cancer coverage can help offer you and your family members' financial support during a period of unexpected illness.

- Benefits will be paid directly to you unless otherwise assigned
- Coverage can be purchased for you and your spouse and children from birth through age 25
- No evidence of insurability is required at initial enrollment for new hires or if taken at Open Enrollment for the Plan Year.
- Includes lodging and transportation coverage for patients and family
- Waiver of premium after 60 consecutive days of total disability; total disability must begin prior to 70<sup>th</sup> birthday
- Covers 45 other Specified Illnesses and Diseases
- Portable Coverage

**Specified Diseases:** Adrenal Hypofunction (Addison's Disease), Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Botulism, Brucellosis, Budd-Chiari Syndrome, Cerebral Palsy, Cholera, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure or hepatoma), Histoplasmosis, Huntington's Chorea, Legionnaires' Disease, Lupus, Lyme Disease, Mad Cow Disease, Malaria, Meningitis, Muscular Dystrophy,

Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Q Fever, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Scleroderma, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Thalassemia, Toxic Epidermal Necrolysis, Toxic Shock Syndrome, Trichinosis, Tuberculosis, Tularemia, Typhoid Fever, and Whooping Cough (Pertussis).

**Patient Advocate:** Creative Worksite and USI will pay for an independent **Patient Advocate** should a policy holder have an initial diagnosis claim. Services include initial consultant and two follow-up visits. The Patient Advocate can help with the following:

**Diagnosis and Treatment**

- Understanding a diagnosis or illness
- Referral for a second opinion
- Support after a diagnosis
- Assistance understanding treatment options
- Support when deciding treatment
- Assistance identifying clinical trials or alternative therapies

**Coordination of Care and Support**

- Assistance creating and maintaining a medical team
- Coordination of resources and support

**Family Matters**

- Support talking about illness
- Assistance identifying resources for guidance
- Resources for partners and children

Additional service hours can be paid for by the employee. This is a wonderful benefit for anyone facing the complicated decisions and emotional concerns that cancer poses.

**Creative Worksite Solutions will file your wellness credits after you complete your Health Risk Assessments and will help file your cancer claims and coordinate Patient Advocate Services for you.**

Plan Features:	PLAN 1	PLAN 2
Initial Diagnosis Benefit	\$3,000	\$10,000
Reimbursements <b>per year</b> :		
Radiation & Chemotherapy	\$10,000	\$20,000
Blood, Plasma	\$10,000	\$20,000
Experimental	\$10,000	\$20,000
Additional Benefits Payable for Hospital Benefits, Surgery Benefits, Hospice, etc.		
<b>24 Pay Periods</b>	<b>Plan 1</b>	<b>Plan 2</b>
	Pre-tax Rates	Pre-tax Rates
Individual	\$10.31	\$19.61
Single Parent	\$11.86	\$22.09
Family	\$18.86	\$35.13

*Cancer Facts & Figures, American Cancer Society 2014*



# Transamerica Critical Illness Insurance Creative Worksite Solutions

## Critical Illness Insurance

Critical Illness Insurance pays lump sum benefits for specific illnesses. While you cannot predict a critical illness like a heart attack or stroke, you can prepare for the potential financial impact by having a policy to help pay for expenses like your medical insurance deductibles, copays, travel expenses for medical care, day care expenses, mortgage or rent, and other daily expenses that may be difficult to pay during a time of major illness.



Eligible employees and spouses may enroll for coverage at age 18 and up, eligible children may enroll from birth though age 25. You may choose your level of lump-sum benefits that range from \$10,000 to \$30,000.

## Benefit Amounts

BASE POLICY BENEFITS	PERCENTAGE OF BENEFIT	PLAN DETAIL
Heart Attack	100%	Included
Stroke	100%	Included
Major Organ Failure	100%	Included
End Stage Renal Failure	100%	Included
Other Specified Organ Failure (Loss of sight, speech or hearing)	100%	Included
Miscellaneous Diseases – Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton’s Disease) and Tuberculosis	100%	Included
Alzheimer’s Disease	30%	Included
Coronary Artery Disease Requiring Bypass Grafts	25%	Included
Coronary Artery Disease Requiring Angioplasty/Stent	5%	Included
		PLAN DETAIL
Dependent Insurance		50%
First Occurrence		First Occurrence after effective date
Rate Structure		Voluntary – Issue Age
<b>Additional Benefit</b>		PLAN DETAIL
Wellness Indemnity Benefit Rider - Per Calendar Year		\$100

## Wellness Benefit

The \$100 Annual Wellness Benefit is for each covered person per calendar year. Wellness screenings include: mammogram, pap smear, PSA blood test, triglycerides test, lipid panel, colonoscopy, and yearly physical for children. Wellness claims can be filed directly with TransAmerica by calling: 1-800-251-7254, option 2. You will need to provide the following:

- Policy Number or Social Security Number,
- Date of Birth,
- Zip Code,
- Date and Type of screening,
- Facility name and phone number,
- Referring physician name.

Premium rates are based on each covered member's age and tobacco use. Creative Worksite Solutions, who administers the Critical Illness Policy for Iredell County, will assist you in enrolling for coverage and give you your specific premium rate information at time of enrollment.

## Policy Continuation

Should you leave employment with Iredell County, you can keep this coverage and be billed for your premiums at home. Please make sure to contact Creative Worksite Solutions within 30-days of leaving employment or full-time eligible active status if you wish to keep your policy. You may **contact Creative Worksite Solutions at 1-866-971-9715.**



# AllState 24-Hour Accident Insurance Creative Worksite Solutions



Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly. Most major medical insurance plans only pay a portion of the bills. The AllState 24 Hour Accident Plan, on or off the job, can help provide you with cash to help cover the expenses; the benefits are paid directly to **you**.

## Here's How It Works

Coverage pays you cash benefits that correspond with a variety of covered occurrences, such as: dismemberment; dislocation or fracture; hospital confinement; ambulance services and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Benefits are Paid to You	Protection for accidental injuries on or off the job, 24-hours a day		Key Features:
1. CHOOSE	2. USE	3. CLAIM	
You choose the benefits to help protect yourself and family members from accidental injury expenses.	You experience an accidental injury and seek medical attention from a medical professional.	You go online and file a claim. The cash benefits are paid to you, to use however you wish.	<ul style="list-style-type: none"> <li>Guaranteed Issue coverage, no medical questions to answer</li> <li>Coverage available for Spouse &amp; Children</li> <li>Affordable, pre-tax premiums</li> <li>Coverage can be continued if leave employment</li> </ul>

## Added Wellness Reimbursement Feature

Visit your Doctor, Eye Doctor or Dentist and **get reimbursed \$50 each visit, up to \$100 annually for Individual coverage or up to \$200 annually for Family coverage (2 per person max).**

\*\*Please send official documentation with the following information via fax: 843-971-9015 or e-mail: [customerservice@creativeworksitesolutions.com](mailto:customerservice@creativeworksitesolutions.com) \*\*

- An office visit clearly stated on the bill or major medical EOB
- Date of service
- Provider's name, phone number and address
- Policy holder's name, phone number and e-mail address

## Benefit Amounts

BASE ACCIDENT BENEFITS		PLAN
<b>Accidental Death &amp; Dismemberment*</b> (Pays up to the amount shown on below table)	Employee	<b>\$40,000</b>
	Spouse	<b>\$20,000</b>
	Children	<b>\$10,000</b>
<b>Common Carrier Accidental Death</b> (fare-paying passenger)	Employee	<b>\$200,000</b>
	Spouse	<b>\$100,000</b>
	Children	<b>\$50,000</b>
<b>Dislocation or Fracture*</b> (Pays up to amount shown on below table)	Employee	<b>\$4,000</b>
	Spouse	<b>\$2,000</b>
	Children	<b>\$1,000</b>
<b>Initial Hospital Confinement</b> (Pays once)		<b>\$1,000</b>
<b>Hospital Confinement</b> (Pays daily, max 90 days per injury)		<b>\$200</b>
<b>Intensive Care</b> (Pays daily, max 90 days per injury)		<b>\$400</b>
<b>Medical Expenses</b> (Pays up to amount shown)		<b>\$500</b>
<b>Ambulance</b>	Ground	<b>\$200</b>
	Air	<b>\$600</b>
<b>Outpatient Physician's Treatment</b> (Pays per visit, max 2 visits/year, 4 if dependents are covered)		<b>\$50</b>

*\*AD&D and Dislocation or Fracture: Multiple dismemberments, dislocations, and fractures from the same accident are limited to the amount shown in the Injury Benefit Schedule.*

## Injury Benefit Schedule

Benefit amounts for coverage and one occurrence are shown below. Covered spouse gets 50% of the amounts shown and children get 25%.

LOSS OF LIFE OR LIMB	PLAN
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
One eye, hand, arm, foot or leg	\$20,000
One or more entire toes or fingers	\$4,000
COMPLETE DISLOCATION	PLAN
Hip joint	\$4,000
Knee or ankle joint*, bone or bones of the foot*	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand*, collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN
Hip, thigh (femur), pelvis**	\$4,000
Skull **	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot **, hand or wrist**	\$1,400
Lower jaw **	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280

\*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers).

\*\*Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

### SEMI-MONTHLY PRE-TAX PREMIUMS

Employee Only	\$ 7.76
Employee & Spouse	\$14.44
Employee & Child(ren)	\$15.93
Employee & Family	\$19.64



### Coverage ends under the policy on the earliest of:

- The date the policy is canceled;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment, except as provided under the Temporarily Not Working provision;
- The date you are no longer in an eligible class (full-time active employee);
- The date your class is no longer eligible;

**Spouse coverage ends** upon valid decree of divorce or your death.


**Child coverage ends** when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

You will have up to 60 days after coverage ends to contact Creative Worksite Solutions to let them know you wish to keep your coverage and be billed at home. You may **contact Creative Worksite Solutions at: 1-866-971-9715.**

# LINCOLN FINANCIAL GROUP SHORT-TERM DISABILITY


Short-Term Disability is intended to protect your income for a short period of time should you become ill or injured. All full-time eligible employees are able to take advantage of this coverage when first offered as a New Hire or at Annual Open Enrollment (July 1<sup>st</sup>) without (EOI) Evidence of Insurability (a health examination).

Eligible employees may join at minimum level of \$100. Pre-existing Condition Exclusion will apply on any new or increased amount of coverage.

 <b>STD Benefit</b>	<b>Weekly Benefit</b>  Any \$50 increment, with a minimum of \$100 of coverage  Maximum: \$500 per week, not to exceed 70% of salary	<b>Elimination Period</b>  Benefits begin on: Accident: 1 <sup>st</sup> day Illness: 8 <sup>th</sup> day	<b>Maximum Duration</b>  13 Weeks
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.		
<b>Amount of Weekly Total Disability Benefit equals the lesser of:</b>	<ul style="list-style-type: none"> <li>Employee's Basic Weekly Earnings multiplied by the 70%; minus other income benefits except any pay received under the Employer's Sick Leave or Salary Continuance Plan;</li> <li>100% of the Insured Person's Basic Weekly Earnings; minus Other Income Benefits including any pay received under the Employer's Sick Leave or Salary Continuance Plan; or</li> <li>The Maximum Weekly Benefit.</li> </ul>		
<b>Waiver of Premium</b>	Premium payments for disabled employees are not waived while benefits are payable.		
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 30 days of returning to work, you will not need to complete a new Elimination Period.		
<b>24 Pay Periods Premium Calculation *</b>		<b>EXAMPLE</b>	
1. List your weekly earnings (*Maximum covered payroll is \$714 weekly) \$ _____		\$610	<u>Composite Rate Factor to Determine Premiums:</u>  <b>Class 1: \$0.04315</b>  \$100 Weekly Benefit Cost: \$ 4.32 \$150 Weekly Benefit Cost: \$ 6.45 \$200 Weekly Benefit Cost: \$ 8.63 \$250 Weekly Benefit Cost: \$10.79 \$300 Weekly Benefit Cost: \$12.95 \$350 Weekly Benefit Cost: \$15.10 \$400 Weekly Benefit Cost: \$17.26 \$450 Weekly Benefit Cost: \$19.41 \$500 Weekly Benefit Cost: \$21.58
2. Multiply by 70%		\$427	
3. Determine the coverage you want, not to exceed the number on Line 2	\$ _____ (Round down to next lower \$50 increment)	(\$427 rounds down to \$400)	
4. Write the total amount of coverage you elected	\$ _____	\$400	
5. Multiply by premium factor	x <u>0.04315</u>	X 0.04315	
6. Your Estimated Semi-Monthly Premium **	\$ _____	\$17.26	
* This is an estimate of premium cost. Actual deductions may vary slightly due to rounding.			

# LINCOLN FINANCIAL GROUP LONG-TERM DISABILITY

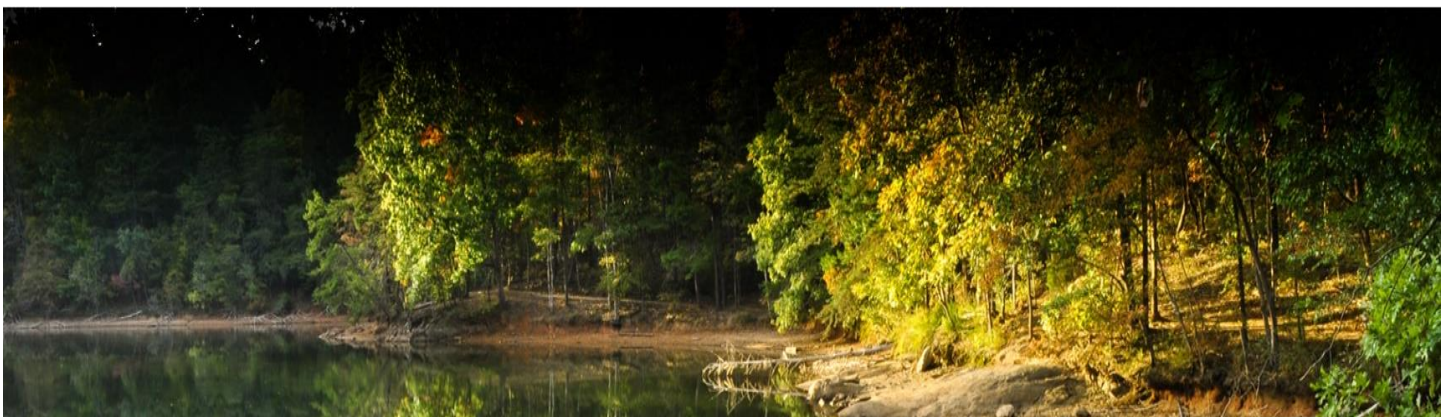
Long-Term Disability is intended to protect your income for a long duration after you have depleted Short-Term Disability or any sick leave the County may offer. All full-time eligible employees are able to take advantage of this coverage when first offered as a New Hire or at each Annual Open Enrollment (July 1<sup>st</sup>), without (EOI) Evidence of Insurability (a health examination). Pre-existing conditions will apply.

	<b>Monthly Benefit</b>	<b>Maximum Benefit Duration</b>	<b>Own Occupation Period</b>	<b>Elimination Period</b>
<b>Employee Paid Plan</b>	\$500 increments up to 60% of monthly salary  Minimum: \$500 per month Maximum: \$2,000 per month	5 Years / To Age 70	24 Months	90 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.			
<b>Waiver of Premium</b>	Premium payments for disabled employees are waived while benefits are payable.			
<b>Benefit Limitations</b>	Mental Illness: 24 months Substance Abuse: 24 months Specified Illness/Self-Reported Conditions: 24 Months Limitation of 24 Months is combined for all above limited conditions			
<b>24 Pay Periods Premium Calculation **</b>				
<b>EXAMPLE</b>				
List your monthly earnings (*Maximum covered payroll is \$3,333 Monthly)	\$ _____	\$2,643	<b>Composite Rate Factor to Determine Premiums:</b>  <b>\$0.00640</b>  \$500 Monthly Benefit Cost: \$ 3.20 \$1,000 Monthly Benefit Cost: \$ 6.40 \$1,500 Monthly Benefit Cost: \$ 9.60 \$2,000 Monthly Benefit Cost: \$12.80	
Multiply by 60.00% Based on the amount shown above, determine the coverage you want, not to exceed the number above.	\$ _____ (Round down to next lower \$100 increment)	\$1,586 (\$1,586 rounds down to \$1,500)		
Write the total amount of coverage you elected, not to exceed the limit above	\$ _____	\$1,500		
Multiply by your premium factor	<u>0.00640</u>	0.00640		
Your Estimated Semi-Monthly Premium **	\$ _____	\$9.60		
** This is an estimate of premium cost. Actual deductions may vary slightly due to rounding.				

## Understanding Your STD/LTD Benefits

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The occupation, trade, or profession you were employed in prior to your disability.
<b>Definition of Disability</b>	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> <li>• You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment unless, in the opinion of a Physician, future or continued treatment would be of no benefit, and</li> <li>• During the elimination period and the next 24 months are unable to earn more than 99% of predisability earnings at your Own Occupation for any employer in your Local economy, and</li> <li>• After such period, are unable to earn more than 80% of your predisability earnings from any employer in your Local economy at any gainful occupation for which you are reasonably qualified considering your training, prior education and experience.</li> </ul>
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 180 days of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received medical treatment, consultation, care or services, took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect. If you have been actively at work and covered under the same benefit amount for 12 months, you will have satisfied the 3/12 pre-existing condition.
<b>Statement of Health (SOH)</b>	You may be required to provide a Statement of Health if you wish to add coverage or increase benefit level of coverage after it was initially offered to you. The Statement of Health Form requires you to answer health questions and provide medical evidence of eligibility. Underwriting will determine if you are eligible for the benefit or increase of benefit. A Statement of Health is not applicable/not needed for Short Term Disability benefits.
<b>Benefit Exclusions</b>	<p>You will not receive benefits in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Your disability is the result of a self-inflicted injury.</li> <li>• Attempted suicide.</li> <li>• You are not under the regular care of a doctor when requesting disability benefits.</li> <li>• You were involved in a felony commission, act of war, or participation in a riot.</li> <li>• We will not pay Disability Benefits for any Disability caused or contributed to by elective treatment or procedures such as: <ul style="list-style-type: none"> <li>○ Cosmetic surgery or treatment primarily due to change appearance;</li> <li>○ Sex-change surgery;</li> <li>○ Reversal of sterilization;</li> <li>○ Liposuction;</li> <li>○ Visual correction surgery; and</li> <li>○ In vitro fertilization, embryo transfer procedure, or artificial insemination.</li> </ul> </li> </ul>

<b>Benefit Reductions</b>	<p>Your benefits may be reduced if you are receiving benefits from any of the following sources:</p> <ul style="list-style-type: none"> <li>• Any compulsory benefit act or law (such as state disability plans);</li> <li>• Any governmental retirement system earned as a result of working for the current policyholder;</li> <li>• Any disability or retirement benefit received under a retirement plan by the insured person or by their spouse or children;</li> <li>• Any Social Security or similar plan or act, benefits by the insured person or by their spouse or children;</li> <li>• Earnings from any form of employment;</li> <li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li> </ul>
<b>Coverage Termination</b>	<p>Coverage will terminate when you terminate employment with Iredell County or at your retirement.</p>
<b>Portability</b>	<p>Employees can purchase disability income insurance under a separate group disability contract upon an Insured Employee's termination from this plan provided:</p> <ol style="list-style-type: none"> <li>(1) Insured employee <b>is not disabled, retired or on a leave of absence; and</b></li> <li>(2) Insured employee <b>was insured under Employer's Group Short Term Disability and/or Long-Term Disability Plan for at least 12 months in a row</b>, just prior to the date employment ended.</li> </ol> <p>To continue insurance, written application and the first premium payment must be made within 30 days of the date insurance ends with employment ending. The amount of coverage may not exceed the amount in force when employment ends. A former employee may decrease the amount of continued insurance:</p> <ol style="list-style-type: none"> <li>(1) At any time during the continuation period;</li> <li>(2) By completing the request form supplied by the Insurance Company.</li> </ol>
<b>Additional Benefits</b>	<p>Progressive Income Work Incentive Benefit, Rehabilitation Incentive Benefit, Family Care Incentive Benefit, Survivor Income Benefit, and Reasonable Accommodation Benefit.</p> <p>Conversion is available for Long Term Disability; it is not available for Short Term Disability.</p> <p>For more information, please contact Creative Worksite Solutions at <b>1-866-971-9715</b> for a complete explanation of these additional benefits.</p>





# LINCOLN FINANCIAL GROUP BASIC LIFE / AD&D



**CLASS 1:** Iredell County provides Basic Life/Accidental Death and Dismemberment (AD&D) for eligible employees, at no cost, **one times basic annual earnings rounded to next higher \$1,000**. The minimum employee amount of coverage is \$25,000 and maximum amount of coverage is \$75,000. The Guarantee Issue Amount of coverage is \$75,000. AD&D coverage will equal the life benefit amount. Guarantee Issue means no medical tests or questions that could turn you down for coverage.

**CLASS 2:** Pre-65 Retirees = **\$10,000** Basic Life Insurance Policy will automatically terminate when turning 65 or upon obtaining Medicare (whichever occurs first); with conversion available.

**Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D)** is paid by the County for all benefit eligible employees. Employees who retire prior to age 65 and are eligible for Retiree Health Insurance and keep the County’s Health Plan, will have their coverage automatically moved to Class 2 and have Basic Term Life Insurance coverage (AD&D is not applicable) for \$1.15 per month. A death benefit is paid to the designated beneficiary upon the death of the insured; there is no cash value associated with this policy.

Basic Term Life for Dependents is available for, 24 pay periods, payroll deductions of **\$0.89** for all eligible dependents.

<b>Spouse:</b>	\$10,000
<b>Child age 14 days to 6 months:</b>	\$100
<b>Child age 6 months to age 26 years:</b>	\$10,000

Benefits reduce by 35% when an employee attains age 65; and an additional 15% of the original amount at age 70. Spouse benefits terminate when employee retires or employee’s coverage terminates. Dependent benefits are eligible for conversion to an individual life policy (which may be more expensive). Dependent Eligibility Deferment requires that the Dependent is not confined to hospital, home or receiving disability income from any source to be eligible for coverage. Note, that if Spouse is also an employee of Iredell County, they are not eligible for Dependent Life Coverage.

**Additional Benefits**

- Accelerated Death Benefit provides an option for a portion (up to 80%) of your life insurance benefit to be paid when diagnosed as terminally ill; this benefit not available to dependent Spouse or Child(ren), nor Class 2, Pre-65 Retirees.
- AD&D insurance provides double life insurance coverage should you die in an accident and provides partial payment while living, for loss of a hand, foot or eye.
- Should you cease employment for a reason other than sickness, injury or retirement, continuation of coverage is available if you have been covered for at least 12 months and you continue to pay the required premiums. Coverage terminates at age 65. Contact Creative Worksite Solutions at: 1-866-971-9715 within 30-days of termination to get assistance in keeping the benefits and be billed at home.
- Seatbelt/Air Benefit is 10% up to \$25,000, and Air Bag Benefit is 5% up to \$10,000 of the principal sum, whichever is less, if you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will double the amount that they would otherwise apply.

\*Spouse coverage does not include additional AD&D Benefits.

## VOLUNTARY LIFE INSURANCE

### Voluntary Life Insurance

Iredell County is pleased to offer the opportunity to purchase additional life term life insurance coverage for eligible Employees and their dependents via easy payroll deduction for premiums. Employee and Spouse premiums are calculated separately. You must purchase life insurance on yourself if you want to purchase coverage on Spouse and Children. Employees and Spouses who were enrolled prior to July 1, 2022 may continue their coverage in a “grandfathered” status. Dependent Children may continue coverage or add coverage without Evidence of Insurability (EOI). A request to change or increase benefit amounts will require policy maximums, limits and rules be followed as indicated below and in the Lincoln Financial Group Policy.

#### **Evidence of Insurability (EOI) will be required in the following situations:**

1. Anyone requesting more than the maximum Guaranteed Issue amount.
2. An employee who is not currently on the Voluntary Life Plan and elects more than 2 increments (total of \$20K). An EOI would need to be submitted for amounts greater than the \$20,000.
3. An employee who is currently on the Voluntary Life Plan and increases their benefit by more than 2 increments (\$20K). An EOI would need to be submitted for increases greater than the \$20,000.
4. An employee who does not have Voluntary Spouse Life and elects more than 2 increments (total of \$10K). An EOI for the Spouse would need to be submitted for amounts greater than the \$10,000.
5. An employee who currently has Voluntary Spouse Life and increases their benefit by more than 2 increments (\$10K). An EOI for the Spouse would need to be submitted for increases greater than the \$10,000.
6. An employee is in a grandfathered class. Once they make a change to their benefits, they move into the active classes and depending on the change they are making, EOI may be required.

Evidence of Insurability (EOI) means health examination and/or health questions must be answered and approved by Lincoln Financial Group Underwriting before coverage can be issued.

**\* Note: If an employee or spouse applies for coverage through the EOI process and they are Denied or Withdrawn, then any increase request in the future will require a new EOI application; they will no longer be eligible for the annual incremental increase.**

**Portability and Conversion privileges are included**, which allows you to take coverage with you by converting to an individual policy and pay premiums from home should you terminate employment for a reason other than total disability or retirement. Conversion election must be made within 30-days of employment termination.

Conversion and Portability must be made on the employee before it can be made for the spouse and/or dependent children coverage must be in force for at least a full 12 consecutive months to have portability privileges.

Voluntary Life	Employee	Spouse	Dependent Child
<b>Life Benefit Amount</b>	<b>Choice of \$10,000 increments</b>	<b>Choice of \$5,000 increments</b>	Age 14 days to 6 months: <b>\$250.</b> 6 months to 26 years: <b>\$5,000-\$10,000</b>
<b>Minimum Amount</b>	\$10,000	\$5,000	\$5,000
<b>Maximum Amount</b>	\$500,000, limited to 7 times your annual salary; rounded to next higher \$10,000. <b>Employees age 70 &amp; over, maximum coverage is \$50,000.</b>	\$250,000, not to exceed 7 times the employee's annual salary or 100% of employee amount; rounded to next higher \$5,000	\$10,000
<b>Guarantee Issue:</b> <b>Newly Eligible EE</b> <b>*Annual Enrollment</b>	\$200,000 Increase up to \$20,000	\$30,000 Increase up to \$10,000	\$10,000
<b>Benefit Reduction</b>	N/A, terminates at retirement	N/A, terminates at retirement	Not Applicable
<b>Eligibility</b>	All eligible Employees	Cannot be in a period of limited activity on the day coverage takes effect. Employee must elect coverage on self in order to elect Dependent coverage.	

**EMPLOYEE & SPOUSE 24 PAY PERIODS RATE CHART (Spouse rate based on Spouse's age):**

Rate per \$1,000	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.0300	<29	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.0400	30-34	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
0.0450	35-39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
0.0750	40-44	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
0.1100	45-49	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
0.1800	50-54	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00
0.2950	55-59	\$2.95	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$20.65	\$23.60	\$26.55	\$29.50
0.4650	60-64	\$4.65	\$9.30	\$13.95	\$18.60	\$23.25	\$27.90	\$32.55	\$37.20	\$41.85	\$46.50
0.7450	65-69	\$7.45	\$14.90	\$22.35	\$29.80	\$37.25	\$44.70	\$52.15	\$59.60	\$67.05	\$74.50
1.1600	70-74	\$11.60	\$23.20	\$34.80	\$46.40	\$58.00	\$69.60	\$81.20	\$92.80	\$104.40	\$116.00
2.0800	75-99	\$20.80	\$41.60	\$62.40	\$83.20	\$104.00	\$124.80	\$145.60	\$166.40	\$187.20	\$208.00

**EXAMPLE:** Use this formula to calculate premium for benefit amounts over \$100,000:

Age	24 Pay Periods Rate per \$1,000	X	Benefit in \$1,000's	=	24 Pay Periods Cost
35	\$0.0450	x	150	=	\$6.75
<b>Dependent Children Benefit:</b>			<b>\$5,000</b>		<b>\$10,000</b>
<b>24 Pay Periods Rate:</b> (Premium covers <u>all</u> dependent children, regardless of the number of children up to age 26 years)			\$0.60		\$1.20

# VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT



## Voluntary Accidental Death and Dismemberment (AD&D)

Employee and Spouse premiums are calculated separately. You must purchase Accidental Death and Dismemberment insurance on yourself if you want to purchase coverage on spouse and children. Anyone applying for coverage after the initial eligibility period as a New Hire, will be required to complete Evidence of Insurability and must be approved by Underwriting. Enrollees covered prior to July 1, 2022 may continue their coverage in a “grandfathered” status.

Voluntary AD&D	Employee Only Plan	Spouse	Child(ren)
AD&D Benefit Amount	Choice of \$10,000 increments	Increments of \$5,000	Increments of \$5,000 <i>Age 14 Days – 6 months: \$500</i>
Minimum Amount	\$25,000	\$5,000	\$5,000
Maximum Amount	\$250,000, limited to 7 times your annual salary, rounded to next higher \$1,000	\$250,000 not to exceed 100% of the employee’s Voluntary AD&D Benefit Amount, rounded to next higher \$1,000	\$10,000
Benefit Reduction	EMPLOYEE	SPOUSE	CHILD
Benefits will reduce:	No Age Reduction, terminates at retirement	No Age Reduction, terminates at employee’s retirement	Children less than 6 months of age will have limited benefits
Eligibility	EMPLOYEE All eligible employees	SPOUSE Cannot be in a period of limited activity on the day coverage takes effect	CHILD
Additional Benefits include Coma benefit, Plegia benefit, Education, Spouse Training, Conversion, Portability, Waiver of Premium, Child Care, Common Carrier, Disappearance Benefit, Exposure Benefit. Employee and Spouse Conversion or Portability election must be made within 30-days of employment termination.			

### Employee 24 Pay Periods Premium for AD&D Coverage

**Example:** Use this formula to calculate AD&D premium:

Member	24 Pay Periods Rate per \$1,000	x	Benefit in \$1,000’s	=	24 Pay Periods Cost
Employee	0.0115	x	\$25,000	=	\$0.29
			\$50,000		\$0.58
			\$100,000		\$1.15
			\$150,000		\$1.73
Spouse	0.0115	x	\$12,500	=	\$0.15
			\$25,000		\$0.29
			\$50,000		\$0.58
			\$75,000		\$0.87
Example of EE Only	\$0.0115	x	150	=	\$1.725 or \$1.73

Premium cost may vary slightly due to rounding.

Dependent Children Voluntary AD&D Benefit:	\$5,000	\$10,000
<b>24 Pay Periods Rate:</b> (Premium covers <u>all</u> dependent children, regardless of the number of children up to age 26 years)	\$0.09	\$0.18

**Limited Activity** is a period when a Spouse or Dependent is confined in a Healthcare Facility; or whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.

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**Lincoln Financial Group Policy Exclusions for Basic Life/AD&D, Optional Life, and Optional AD&D**  
**No benefit will be paid for loss resulting from:**

- Suicide, attempted suicide, or intentional self-inflicted injury, while sane or insane;
- War or any act of war (whether declared or undeclared) or participation in a riot or insurrection;
- Any accident occurring while the Insured Person or covered Dependent is serving on full-time active duty in the armed forces of any state or country (except for duty of 30 days or less for training in the Reserves for the National Guard);
- Travel or flight in (or boarding or leaving) any aircraft or device which can fly above the earth's surface, if:
  - The aircraft or device is being used for tests, experimental purposes, or travel beyond the earth's atmosphere (or is designed for such travel);
  - The aircraft or device is being used by or for any military authority (except for aircraft flown by the U.S. Military Aircraft Command or similar service of any country);
  - The aircraft or device is other than a chartered aircraft; and it is being used by or for the Group Policyholder, Employer or its subsidiary or affiliate (whether it is owned, leased, operated or controlled as defined below);
  - The Insured Person or covered Dependent is serving as a pilot, crew member or student taking a flying lesson (and is not riding as a passenger); or
  - The Insured Person or covered Dependent is hang-gliding or parachuting (except where he or she must make a parachute jump for self-preservation);
- The Insured Person's or covered Dependent's commission of a felony;
- Sickness, disease or bodily infirmity; except for:
  - A bacterial infection resulting from an accidental cut or wound; or the accidental ingestion of poisonous food substance; or
- The Insured Person is under the influence of any narcotic, unless administered by the advice of a physician; or
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed; or
- The Insured Person's or covered Dependent's driving a motor vehicle while intoxicated, impaired or under the influence of drugs (except for drugs taken as prescribed by a licensed physician).

***This is not a complete list; additional limitations and exclusions may be found in the policy and may vary by state.***



# LINCOLN FINANCIAL GROUP VALUE-ADDED BENEFITS



**Value Added Benefits are at no additional cost to all full-time Employees, and are provided if you are enrolled for the Iredell County Basic Life Insurance Plan.**



**EmployeeConnect<sup>SM</sup>** offers professional, confidential services to help you and your loved ones improve your quality of life



### In-person guidance

Some matters are best resolved by meeting with a professional in person. With **EmployeeConnect<sup>SM</sup>**, you and your family get:

- In-person help for short-term issue (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings



### Unlimited 24/7 assistance

You and your family can access the following services anytime – online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short-term and long-term planning



### Online resources

**EmployeeConnect<sup>SM</sup>** offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit [GuidanceResources.com](http://GuidanceResources.com) or download the **GuidanceNow<sup>SM</sup>** mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive financial calculators, budgeting worksheets and more

Insurance products issued by:  
The Lincoln National Life Insurance Company  
Lincoln Life & Annuity Company of New York  
Lincoln Life Assurance Company of Boston

### **EmployeeConnect<sup>SM</sup> counselors are experienced and credentialed.**

When you call the toll-free line, you will talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you will meet with a credentialed, state-licensed counselor.



### **Take advantage of EmployeeConnect<sup>SM</sup> Employee Assistance Program Services**



For more information about the program, visit [GuidanceResources.com](http://GuidanceResources.com), download the **GuidanceNow<sup>SM</sup>** mobile app or Call **1-888-628-4824**.

GuidanceResources.com login credentials:  
Username: **LFGSupport** Password: **LFGSupport1**

EmployeeConnect<sup>SM</sup> services are provided by ComPsych Corporation, Chicago, IL.

Because life doesn't always go as planned.



No matter how well you plan, unexpected challenges will arise.

When they do, help and support are nearby — thanks to **LifeKeys<sup>®</sup>** services from Lincoln Financial Group.



**LifeKeys<sup>®</sup> Services Include:**



**Save money on shopping and entertainment**

You have access to GuidanceResources<sup>®</sup> Online that includes 24/7 access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, such as electronics, health and fitness, Broadway shows and much more. Also available in the GuidanceNow mobile app.



**Help with important life matters**

You'll find supportive tools and advice on a wide range of topics — including legal, financial, family and career on GuidanceResources<sup>®</sup> Online. It's one way to stay "in the know" on matters that impact your personal and professional life.



**Protection against identity theft**

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.



**Online will preparation**

Creating a will allows you to make vital decisions ahead of time — such as naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. EstateGuidance<sup>®</sup> offers you a quick and easy way to create and execute a will so you can rest easy knowing you've planned ahead for your family.



**Guidance and support for your beneficiaries**

LifeKeys' comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters and help coping with the occasional challenges of day-to-day life.

**For your beneficiaries: help, guidance and support at a difficult time**

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys* services can be a welcome resource for your beneficiaries. These services are available for up to one year after a loss. Your beneficiaries will have access to six in-person sessions for grief counseling, legal or financial information and unlimited phone counseling.

**Grief counseling-advice, information and referrals on:**

- Grief and loss
- Memorial planning information
- Stress, anxiety and depression
- Concerns about children and teens

**Legal support-quick access to legal information on:**

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents your beneficiaries need

**Financial services-online resources or advice from financial specialists on:**

- Estate planning and Investments
- Budgeting and overcoming debt
- Bankruptcy

**Help with everyday life-comprehensive information on:**

- Finding child care or elder care
- Financing your home and making major purchases
- Moving and relocation



**It's easy to access LifeKeys services. Just visit [GuidanceResources.com](http://GuidanceResources.com), download the GuidanceNow mobile app, or call 1-855-891-3684. (First-time user: Enter Web ID LifeKeys)**

If you are enrolled in Lincoln Financial Group Life and/or AD&D insurance, you and your loved ones can count on *TravelConnect* services 24 hours a day, 7 days a week.



**TravelConnect** services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations.

\*On Call International must coordinate and provide all arrangements for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

### TravelConnect services you can count on during an emergency.\*

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect* helps with:

- Arranging travel if you are injured and need emergency medical evacuation to a medical facility.
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort.
- Planning and paying for a safe evacuation because of a natural disaster or a political security threat.
- Arranging transportation of a deceased traveler.
- Securing emergency pet boarding and/or return and vehicle return.

### Ongoing support when you're far from home.

From planning the trip until flying home, these *TravelConnect* services can help you on your way.

- Medical record requests
- Medication and vaccine delivery
- Medical, dental and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information



For a complete list of *TravelConnect*® services, go to [mysearchlightportal.com](http://mysearchlightportal.com) and enter your Group ID: LFGTravel123.

Insurance products are issued by the Lincoln National Life Insurance Company, Fort Wayne, IN and Lincoln Life Assurance Company of Boston, Dover, NH. Limitations and exclusions apply.

If you need medical, security or travel assistance, regardless of the nature or severity of your situation, contact On Call 24 hours a day:

Call collect from anywhere in the world: +1-603-328-1955  
 Call toll free from U.S. or Canada: 866-525-1955  
 Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

Global Assistance Services must be coordinated and approved by On Call in order to be covered. See your plan description for full terms and conditions of the services offered in your plan.



On Call International  
 A member of the Tokio Marine HCC group of companies

**TravelConnect**®

**GLOBAL ASSISTANCE PROGRAM**

Provided by On Call International  
 Medical, security and travel assistance services for participants traveling 100+ miles from home

Visit [mysearchlightportal.com](http://mysearchlightportal.com) and enter Group ID #: LFGTravel123 for access to plan documents, international calling instructions and destination information.





# Transamerica Whole Life – Trans\$ure Creative Worksite Solutions



## Voluntary Whole Life

Trans\$ure is an interest sensitive whole life insurance policy underwritten by TransAmerica Life Insurance Company in Cedar Rapids, Iowa.

**4% guaranteed interest rate and coverage for your eligible family members.** Now without a medical exam you can buy interest sensitive whole life insurance coverage and build cash value with a guaranteed 4% interest rate! You can help protect yourself and eligible members of your family, all with the convenience of payroll deduction. You'll be able to keep your coverage and take it with you if you ever leave the company.

### Half of all American households say they need more life insurance. How about you and your family?

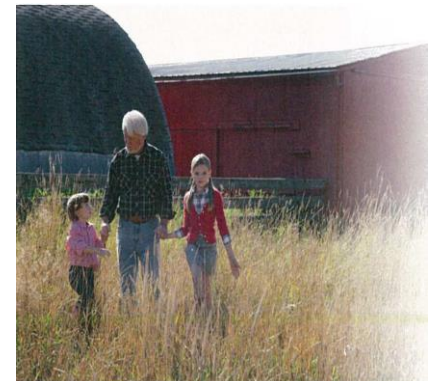
You can act now by choosing the amount of coverage you need between \$5,000 and \$500,000. None of us likes to think about these things, but it's important that you can also tap into your life insurance death benefit early if you're ever diagnosed with a terminal illness. If you're ever laid off from your full-time job, there's also protection to keep paying for your policy for as long as six months. Here's another plus: if you buy this policy and pay the monthly cost, after 15 years or at age 65, whichever is later, you'll have paid-up life insurance policy for half of the benefit amount that's yours to keep.

### You can cover yourself, your spouse, and your eligible dependents.

If addition to your coverage, you can buy whole life policies for your spouse and each eligible child and grandchild. Or you could choose to attach term life insurance protection to your policy or your spouse's to add extra coverage for your children.

#### Who would you like to cover?

Coverage For:	Ages Available	Amounts Available
<b>Yourself</b>	16 - 70	\$5,000 - \$500,000
<b>Spouse</b>	16 – 65	\$5,000 - \$100,000
<b>Child or Grandchild</b>	15 days – 24 years	\$25,000 whole life policy
<b>Child</b>	15 days – 25 years	\$10,000 child term rider



### You can purchase coverage for just a few dollars per week.

The price you pay will depend on your age and whether you use tobacco. The minimum 24 Pay Periods cost to participate is \$8. Sample costs below show you how much coverage you can buy for just \$8 or \$20 per Pay Period.

Non-Tobacco Issue Ages	Death Benefit Amount	Terminal Illness Benefit Amount	Reduced Paid Up Policy Amount at 15 years or Age 65, whichever is later*
<b>\$8 Per Pay Period</b>			
25	\$26,414	\$19,810	\$22,295
35	\$17,851	\$8,679	\$13,604
45	\$11,569	\$8,676	\$7,154
55	\$6,568	\$4,926	\$3,438
<b>\$20 Per Pay Period</b>			
25	\$66,010	\$49,507	\$55,716
35	\$44,610	\$33,457	\$33,997
45	\$28,914	\$21,685	\$17,880
55	\$16,414	\$12,310	\$5,915

LIMRA, Trends in Life Insurance Ownership study, 2010.

## Liberty Mutual Auto & Homeowners



You are part of an exclusive group that has partnered with Liberty Mutual to save you money. The best part is, you receive knowledgeable support, immediate claims assistance, and the latest information to keep you and your family safe.

### Savings you can count on

As an Iredell County Government employee, you could save hundreds of dollars a year on car and home insurance with Liberty Mutual. Here's how:

- Get exclusive group savings off our already competitive rates.
- Add extra savings on your home insurance when you insure both your car and home.
- Obtain additional discounts based on your driving experience, car, home safety features, and more.

### Service and support when and where you need it

- **We're here for you:** With 24-Hour Claims Assistance, 24-Hour Emergency Home Repair, and our optional 24-Hour Roadside Assistance, we have you covered.
- **Service your way:** Interact the way you want with a Personal Licensed Sales Agent Representative, online, in person, by phone, or via your mobile device.
- **Choose the payment option best for you:** We offer direct billing, online payment or automatic deductions from your bank account, or credit card.

For a free, no obligation quote, please call: **Jared Campbell**  
Office Address: 9115 Harris Corners Parkway, Huntersville, NC 28078  
Direct Phone: 704-375-2136 x55732 / Cell: 704-221-3228 / Fax: 704-875-2451  
Website: [www.LibertyMutual.com/jaredCampbell](http://www.LibertyMutual.com/jaredCampbell)

# County Provided Benefits

Listed below is a brief overview of the County provided benefits. For more detailed information, please review the Iredell County Personnel Ordinance located on Employee Self Services.

**LEAVES - New Accruals Effective January 26, 2023**

**Holidays** - The County offers 11-12 paid holidays per year (depending on what day Christmas falls). Certain positions within the Sheriff, EMS & ECOM will be paid holiday pay in addition to their regular pay each pay period. You must be in pay status 8 hours before and after the holiday in order to be paid.

**Annual Leave** - Each regular salaried employee occupying an established budgeted position shall earn annual leave each payroll period in accordance with the following schedule of total service:

Years Worked	Regular Employees 80 Hours	Sheriff, Jail, ECOM, EMS 84 Hours
Less than 2	3.6950	3.8490
2 but less than 5	4.3110	4.4960
5 but less than 10	5.2310	5.4620
10 but less than 15	6.1590	6.4370
15 but less than 20	7.0790	7.4030
20 or more	7.9990	8.3690

Employees may use annual leave after successful completion of a 6-month probationary period. Vacation must be taken in 15-minute increments. Annual leave may be accumulated without any applicable maximum until the payroll period that includes December 31<sup>st</sup> of each calendar year. Any employee with more than thirty (30) days or 240 of accumulated leave at the end of the payroll period that includes December 31<sup>st</sup>, shall have the excess accumulation converted to sick leave. In addition, any employee coming directly from another NC Governmental unit may be eligible to receive credit for years of service for annual leave accrual rate purposes. Accrual level changes take effect on the check following the anniversary date.

**Sick Leave** - Sick leave is a privilege granted by the BOC and is a benefit for the employee to use for their own personal sickness, medical appointment, and/or 3 days for the death of an immediate family member. Leave must be taken in 15-minute increments. There is no maximum amount to earn; therefore, the balance will carry over each year. At the time of retirement, unused sick leave may be used to increase years of creditable service.

**Sick Transfer** – Employees may be eligible to transfer unused Sick Leave time in accordance to the Iredell County Personnel Ordinance. Contact Human Resources for more information.

**Maximum Unpaid Leave of Absence** - May be granted with approval up to a maximum of six months.

**FMLA Leave** - Employees are eligible for FMLA after being employed with Iredell County at least twelve months and having worked at least 1,250 hours in the previous 12-month period. Eligible for up to 12 weeks of leave (intermittently and/or continuously) which may be granted to care for yourself, a spouse, a child or parent with a serious health condition; the birth or adoption of a child; for a serious health condition related to the employee; qualifying military exigency leave; and military caregiver leave (see Personnel Ordinance for details).

**Child Involvement Leave** - Employees are granted up to eight hours of unpaid leave to attend or otherwise be involved in activities at their child's school (see Personnel Ordinance for details).

**Military Leave** - A regular employee who is a member of the National Guard or Armed Forces Reserved is allowed ten workdays of military training leave annually, with partial compensation. All employees who are Guardsmen and Reservists have all job rights specified in the Vietnam Veterans Readjustment Assistance Act (see Personnel Ordinance for details).

**Civil Leave** - An employee called for jury duty or whose official job duties require attendance in court or at a job related legal proceeding will be considered work time and may use civil leave with pay for the period of time required to be at court and will receive any fees received for jury duty (see Personnel Ordinance for details).

**Educational Leave** - An employee meeting the eligible criteria for educational leave may request a leave of absence at full-pay for one course at a time or may receive reimbursement for one course at a time taken outside of working hours which will better equip the employee to perform assigned duties (see Educational Leave Policy for details).

**Worker's Compensation Leave** - Provides coverage to all full and part-time employees to cover medical expenses and lost time from work due to work-related injuries.

**Administrative Leave** - Administrative leave with pay may be granted by the County Manager when circumstances are such that the Manager deems it to be in the best interest of the County and the employees for work to be temporarily halted.

**Shared Leave** - This policy provides an opportunity for employees to assist other employees affected by a qualifying FMLA serious medical condition that requires their absence from work for a prolonged period of time (for a minimum of 160 hours and maximum of 480 hours) resulting in possible loss of income due to lack of accumulated paid leave.

## **RETIREMENT BENEFITS**

**Local Government Retirement System** - Each employee in a budgeted position, working a minimum of 1,000 hours per rolling calendar year, will be enrolled in the Local Government Employees' Retirement System. Employees contribute through payroll deduction, six percent (6%) of their gross salary each month to the system. The County contributes an actuarially determined percentage of the gross payroll each month to the system. Employee is vested after five years of service. To set-up your account and learn more about this retirement plan and, go to [www.nctreasurer.com](http://www.nctreasurer.com).

**Death Benefit** - If an employee dies, while still in active service with at least one year as a contributing member of the Local Government Retirement System, the employee's beneficiary will receive a lump sum payment in an amount established by the Local Government Retirement System. This benefit is also paid if the employee dies within 180 days after the last day for which he or she received wages.

**401(k) Plan** - The 401(k) is a Supplemental Retirement Income Plan of North Carolina, which provides an automatic 5% of gross pay contribution by the employer for all participating members of the Local Government Employees Retirement System. Participant is 100% vested immediately.

To set-up your account and learn more about this retirement plan and, go to [www.ncplans.prudential.com](http://www.ncplans.prudential.com).

**457 Plan** - The 457 is an additional Supplemental Retirement Income Plan of North Carolina. While the 401(k) and 457 Plan are similar in many ways, there are some unique differences between the two. Please visit Employee Self-Service to view a chart of the differences.

To set-up your account and learn more about this retirement plan and, go to [www.ncplans.prudential.com](http://www.ncplans.prudential.com).

**OTHER**

**Unemployment Compensation** - Employees who are laid off or dismissed from County service may apply for unemployment compensation through the North Carolina Department of Commerce (NCDES).

**Old Age and Survivor’s Insurance (Social Security)** - The County, to the extent of its lawful authority and power, shall extend Social Security benefits for its eligible employees in accordance with the provisions of the Social Security Act.

**Employee Assistance Program (EAP)** - Iredell County provides this service up to six (6) free visits total, to all employees and immediate family members in resolving family problems, alcoholism, marriage difficulties, financial trouble, stress, drugs, depression, etc. Below is the contact information:

Children’s Hope Alliance	Brenda Martin Counseling	Hope Renewed, PLLC
156 Frazier Loop Statesville, NC 28677 1-800-320-4157 <a href="http://www.childrenshopalliance.org">www.childrenshopalliance.org</a>	127 North Green St. Statesville, NC 28677 704-873-7816, x2 <a href="http://www.brendamartincounseling.com">www.brendamartincounseling.com</a>	<b>Kara Clouse</b> 934 Davie Avenue Statesville, NC 28677 704-880-2246

First Responder Assistance Program (Available for EMS, Sheriff and ECOM employees)

Website: <https://responder1stcall.com/frap.html>.

Phone: 855-207-1747

Organization Name: North Carolina Association of County Commissioners Joint Risk Management Agency or NCACC.



## **Continuation of Benefits If you leave Employment with Iredell County**

**ALLSTATE ACCIDENT** - When you leave employment, you can keep the 24-Hour Accident policy by paying premiums from home. You will have no more than 60 days after the coverage under the policy ends to let AllState know that you want to continue coverage, so please do not wait. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information.**

**ANNUAL LEAVE** - An employee will be paid for annual leave accumulated to the date of separation, not to exceed a maximum of 240 hours (30 days). Any advanced annual leave owed to the County will be deducted from the employee's final check.

**COMMUNITY EYE CARE VISION** - Under the Community Eye Care plan, you may continue the vision coverage once you leave employment by electing COBRA. You may **contact Flexible Benefit Administrators (FBA) at 1-800-437-3539.**

**COUNTY PPO & HIGH DEDUCTIBLE HEALTH PLAN** - After you leave employment, you and your covered dependents are eligible to continue health coverage for a specified period through COBRA according to the "Qualifying Events". In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue health coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. **If you have COBRA questions, you may contact FBA (Flexible Benefit Administrators) at 1-800-437-3539.**

**COUNTY HEALTH SAVINGS ACCOUNT** - After you leave employment, you can continue the HSA with after-tax dollar contributions. Please visit the State Employees Credit Union for more details. You may call the **State Employees Credit Union at 704-873-1405.**

**FLEXIBLE BENEFIT ADMINISTRATORS (FBA) FLEX SPENDING ACCOUNTS** - If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Health Care Spending Account at the time of your termination, you may continue to participate in the Plan for the remainder of the Plan Year. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if expenses were not incurred prior to the date of termination. For more detailed information, you may **contact Flexible Benefit Administrators (FBA) at 1-800-437-3539.**

**CLAIMS FILING LIMIT:** All claims for reimbursement must be submitted within 90-days following the end of the plan year; or if earlier, 90-days following the date you cease to participate in the Plan (example, if you terminate employment), or the claims will be denied.

**LINCOLN FINANCIAL GROUP AD&D** - When you leave employment, you and your spouse can continue term insurance through the portability provision benefit. Portability option allows you to continue term insurance under a different policy when coverage terminates. Minimums, maximums and other conditions apply. You must request portability within 30-days of termination. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information.**

**LINCOLN FINANCIAL GROUP DENTAL** - Under Lincoln Financial Group Dental, you and your covered dependents are eligible to continue coverage for a specified period through COBRA according to the following

“Qualifying Events”. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue dental coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. Should you have any questions you may **contact FBA (Flexible Benefit Administrators) at 1-800-437-3539.**

**LINCOLN FINANCIAL GROUP LONG-TERM DISABILITY** - When you leave employment, you may be able to keep coverage for up to one year after you leave employment at the same premium, drafted from your personal bank account. Portability coverage is not available for anyone who retires (when the person receives payment from an Employer’s Retirement Plan as recognition of past services or has concluded his/her working career), is disabled or on a leave of absence. Portability is available only if you have been continuously covered under the disability policy for the consecutive 12 months prior to ending eligibility. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information.**

**LINCOLN FINANCIAL GROUP TERM LIFE** – When you leave employment, you can convert your Basic Term Life Insurance to a Personal Life Insurance Policy. You may continue the Personal Life Insurance Policy by paying premiums from home. Premiums may increase when the policy converts from a group policy to an individual policy; however, you will not be subject to answering any medical questions and will not be turned down for coverage, so long as you have requested the converted policy within 30-days of leaving employment with the County.

Portability Privilege is available when an insured person’s employment terminates for a reason other than sickness or injury or retirement at the Social Security Normal Retirement Age (SSNRA). The insured person’s coverage must be in-force for at least 12 months in a row just prior to the date employment ends. The person has the option to continue all or part of his or her insurance and the first premium payment must be made within the time specified in the policy. Coverage can continue until the earlier of the date the master policy terminates or to age 65. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information.**

**LINCOLN FINANCIAL GROUP OPTIONAL LIFE** – When you leave employment, you and your spouse can convert your Optional Term Life Insurance Policy to Personal Life Insurance Policies. You also have the option to Port your policies allowing you to continue coverage while being billed at home. Minimums, maximums and other conditions apply. You will have 30-days after the coverage ends to let Lincoln Financial Group know that you want to continue coverage. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information**

**TRANSAMERICA CRITICAL ILLNESS** – When you leave employment, you can keep the TransAmerica Critical Illness Policy by paying premiums from home. You will have 30-days after the coverage ends to let TransAmerica know that you want to continue coverage, so please do not wait. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information.**

**TRANSAMERICA GROUP CANCER** – When you leave employment, you can keep the TransAmerica Group Cancer Policy by paying premiums from home. You will have 30-days after the coverage ends to let TransAmerica know that you want to continue coverage, so please do not wait. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information.**

**TRANSAMERICA WHOLE LIFE** – When you leave employment you can keep the TransAmerica Whole Life Insurance Policy by paying premiums from home. You will have 30-days after the coverage ends to let TransAmerica know that you want to continue coverage, so please do not wait. Please **contact Creative Worksite Solutions at 1-866-971-9715 for more information.**

## BENEFITS PHONE DIRECTORY

- BCBSNC Medical Customer Service 1-877-275-9787 or  
1-800-446-8053
  
- COBRA Administrator Flexible Benefits Administration (FBA) 1-800-437-3539
  - BCBSNC Medical
  - Community Eye Care Vision
  - Iredell County Health Reimbursement Account
  - Lincoln Financial Group Dental
  
- Community Eye Care 1-888-254-4290
  
- Lincoln Financial Group Dental Customer Service 1-800-423-2765
  
- Medical and Dependent Care FSA Flexible Benefits Administration (FBA) 1-800-437-3539
  
- Iredell County Government Human Resources Department 704-878-3000
  
- Liberty Mutual Auto & Homeowners 704-375-2136 x55732
  
- Prime Therapeutics Rx Mail Order Services 1-800-345-1985
  
- State Employees Credit Union (HSA) 704-873-1405 or  
704-252-5580
  - Local Statesville Branch Fax 704-871-8126 or  
704-252-5582
  
- Wellness Program 704-832-2329 or  
704-878-3057
  
- Wellness Clinic 704-878-3065

**Call 1-866-971-9715 Creative Worksite Solutions For All Benefits Listed Below:**

- AllState Accident
- Lincoln Financial Group Basic Life/AD&D
- Lincoln Financial Group Voluntary Accidental Death & Dismemberment
- Lincoln Financial Group Voluntary Life
- Lincoln Financial Group Voluntary Short-Term and Long-Term Disability
- TransAmerica Cancer
- TransAmerica Critical Illness
- TransAmerica Whole Life

Fax All Claims to: **843-971-9015** or emailed: [customerservice@creativeworksitesolutions.com](mailto:customerservice@creativeworksitesolutions.com)



# BENEFIT RESOURCE CENTER (BRC)



Why won't they pay my claim?  
Services denied?!

How can my claim still be "in process"? It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"),  
We're Here To Help!

## We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



## Benefit Resource Center

BRCSouth@usi.com | Toll Free: 855-874-0835  
Monday through Friday 8:00am to 5:00pm Eastern & Central  
Standard Time

## REQUIRED NOTIFICATIONS

### Important Legal Notices Affecting Your Health Plan Coverage

#### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 this plan. Therefore, the following deductibles and coinsurance apply: Base PPO Plan Individual deductible \$2,000 and 70% coinsurance after deductible. Buy Up PPO Plan Individual deductible \$1,500 and 70% coinsurance after deductible. HDHP HSA Plan Individual deductible \$2,000 and 70% coinsurance after deductible.

#### NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

#### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 you 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).

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact person listed at the end of this summary.

**NOTICE REGARDING WELLNESS PROGRAMS**

**THE NOTICE ISSUED BY THE EEOC IS BELOW:**

Iredell County's Wellness Program is a voluntary program available to all employees. The program is administered according to federal rules permitting employer-sponsored Wellness Programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Wellness Program you will be asked to complete a voluntary Health Risk Assessment or "HRA" which will include a blood test for cholesterol ratio, triglycerides, PSA for men age 40+, A1c and CBC; a measurement for blood pressure, height, weight and waist circumference. You are not required to complete the HRA.

Employees who choose to participate in the Wellness Program will receive a discounted rate on their Health Insurance Premiums. They may also qualify for up to \$500 in incentives by achieving certain biometric criteria.

**Biometric Screening** - We offer two exciting Biometric Screening Incentives! Employees who meet certain standards during the health screenings will receive a \$250 or \$500 incentive! The standards are relating to blood pressure, waist circumference, cholesterol ratio, A1C, and the absence of tobacco use. **You are eligible to receive a total of \$500 if all five (5) criteria are met!**

**Incentive 1**

**Employees meeting at least four (4) out of five (5) of the criteria listed below qualify for a \$250 incentive. Employees meeting all five (5) criteria qualify for a \$500 incentive.**

<b>Risk Factor</b>	<b>Criteria for Additional Reward</b>
Blood Pressure	< 138/< 86mm/Hg
Cholesterol Ratio	< 4.5
A1c	< 5.7%
Tobacco	Absence of Tobacco use
Waist Circumference	< 40" Male or < 35" Female

Although you are not required to complete the HRA, only employees who do so will be eligible for any of the incentives listed above.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Wellness Division at 704-832-2329 or 704-878-3057.

The information from your HRA and results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as on-site Clinician services, literature, etc. You also are encouraged to share your results or concerns with your own doctor.

### **Protections from Disclosure of Medical Information**

Iredell County is required by law to maintain the privacy and security of your personally identifiable health information. Although the Wellness Program and Iredell County may use aggregate information it collects to design a program based on identified health risks in the workplace, Iredell County Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Wellness Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Wellness Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Wellness Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Wellness Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Wellness Program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a third-party vendor who will receive information to provide an aggregate summary of the whole Iredell County group. A third-party vendor may also share your data with an on-site Clinician or a Health Coach, in order to, provide you with services under the Wellness Program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the Wellness Program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide, in connection with the Wellness Program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Wellness Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Wellness Division at 704-832-2329 or 704-878-3057.

## **CONTACT INFORMATION**

Questions regarding any of this information can be directed to:  
Human Resources  
200 S Center Street, PO Box 788, Statesville, North Carolina 28687  
Phone: 704-878-3000

## **Important Notice from Iredell County about your Prescription Drug Coverage and Medicare – For Members Enrolled on BASE PPO -or- BUY-UP PPO – or - HDHP with HSA**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Iredell County and about your options under Medicare's Prescription Drug coverage. This information can help you decide whether 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. Iredell County has determined that the prescription drug coverage offered by the County's **Base PPO, Buy-Up PPO and HDHP with HSA Plans** are 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.

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### **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 15<sup>th</sup> to December 7<sup>th</sup>.

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 Iredell County coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage. If you joined a Medicare Drug Plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare Drug Plan and drop your current Iredell County coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of special enrollment opportunity).

### **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 Iredell County 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) if 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 Iredell County changes. You may also request a copy of this notice at any time.

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:	July 1, 2022
Name of Entity/Sender:	Iredell County
Contact--Position/Office:	Human Resources Department
Address:	P.O. Box 788, Statesville, NC 28687
Phone Number:	704-878-3000

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

## **Your Information. Your Rights. Our Responsibilities.**

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations
- We are not required to agree to your request

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information
- We will make sure the person has this authority and can act for you before we take any action

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation



*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans

*Example: We use health information about you to develop better services for you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## **Other Instructions for Notice**

- July 1, 2022 | Sandra Gregory, [sgregory@co.iredell.nc.us](mailto:sgregory@co.iredell.nc.us), 704-878-3128

## 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, 2022. Contact your State for more information on eligibility –**

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <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>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
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="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	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://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/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.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	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

<p align="center"><b>GEORGIA-Medicaid</b></p> <p>A 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</p>	<p align="center"><b>MAINE-Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>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: -800-977-6740.  TTY: Maine relay 711</p>
<p align="center"><b>INDIANA-Medicaid</b></p> <p>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</p>	<p align="center"><b>MASSACHUSETTS-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840</p>
<p align="center"><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>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</p>	<p align="center"><b>MINNESOTA-Medicaid</b></p> <p>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</p>
<p align="center"><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MISSOURI-Medicaid</b></p> <p>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</p>
<p align="center"><b>KENTUCKY-Medicaid</b></p> <p>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></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>MONTANA-Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
<p align="center"><b>LOUISIANA-Medicaid</b></p> <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.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)</p>	<p align="center"><b>NEBRASKA-Medicaid</b></p> <p>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</p>
<p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><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>

<b>NEW HAMPSHIRE-Medicaid</b>	<b>SOUTH DAKOTA-Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW JERSEY-Medicaid and CHIP</b>	<b>TEXAS-Medicaid</b>
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> CHIP Phone: 1-800-701-0710	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NEW YORK-Medicaid</b>	<b>UTAH-Medicaid and CHIP</b>
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	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
<b>NORTH CAROLINA-Medicaid</b>	<b>VERMONT-Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH DAKOTA-Medicaid</b>	<b>VIRGINIA-Medicaid and CHIP</b>
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	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OKLAHOMA-Medicaid and CHIP</b>	<b>WASHINGTON-Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>OREGON-Medicaid</b>	<b>WEST VIRGINIA-Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	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)
<b>PENNSYLVANIA-Medicaid</b>	<b>WISCONSIN-Medicaid and CHIP</b>
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	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
<b>RHODE ISLAND-Medicaid and CHIP</b>	<b>WYOMING-Medicaid</b>
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)	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

To see if any other states have added a premium assistance program since January 31, 2022, 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

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMBNo.1210-0149  
(expires 6-30-2023)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for

Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Iredell County</b>	4. Employer Identification Number (EIN) <b>56-6000309</b>	
5. Employer address <b>PO Box 788</b>	6. Employer phone number <b>704-878-3000</b>	
7. City <b>Statesville</b>	8. State <b>NC</b>	9. ZIP code <b>28687</b>
10. Who can we contact about employee health coverage at this job?  <b>Tania Trent, Human Resources Department</b>		
11. Phone number (if different from above)	12. Email address <a href="mailto:Tania.Trent@co.iredell.nc.us">Tania.Trent@co.iredell.nc.us</a>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Active full-time EMPLOYEE who works 30 or more hours per week. However, your EMPLOYER may establish additional criteria you must meet before you are eligible for coverage. This may include satisfying a probationary period before your coverage begins. You may also be eligible for coverage under the PLAN if the PLAN ADMINISTRATOR allows eligibility to extend to other persons, such as retirees.

Some employees / Pre-65 Retirees. Eligible employees/Pre-65 Retirees are:

Pre-65 Retirees who were employees hired before 07/01/2014 and met set requirements for years of service with Iredell County based on age.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

- Spouse who cannot get coverage through their own employer... note that Spouse means under an existing marriage that is legally recognized under any state law.
- Dependent Children through the end of the month of their 26<sup>th</sup> birthday.
- Dependent Children who, in accordance with North Carolina law, is and continues to be either intellectually disabled or physically handicapped and incapable of self-support may continue to be covered under the PLAN regardless of age if the condition exists and coverage is in effect when the child reaches the end of eligibility for DEPENDENT CHILDREN. The handicap must be medically certified by the child's DOCTOR and may be verified annually by the PLAN.

If checked, this coverage meets the minimum value standard\*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

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• An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



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6100 Fairview Road | Charlotte, North Carolina 28210  
Please visit us at: [www.usi.com](http://www.usi.com)



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