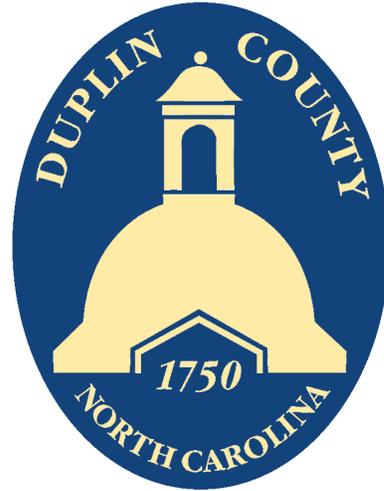


2018 - 2019

Benefits

July 1, 2018 - June 30, 2019



www.duplincountync.com

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Benefits (July 1, 2018 – June 30, 2019)

BENEFITS

We are pleased to provide you with the 2018-2019 Duplin County Benefits Guide. This guide is designed for employees and pre-65 retirees who are eligible to enroll in the Duplin County benefit plans. Duplin County offers you choices in medical/vision, dental coverage, term life and AD&D insurance, short and long term disability, accident and cancer insurance, hospital indemnity, universal life insurance, and flexible spending arrangements.

The Duplin County benefit package is a valuable part of the total compensation package you receive as an employee. Give thoughtful consideration to the benefit choices you make to ensure they accommodate your personal health care financial budget, and insurance needs. This guide only provides an overview of the benefit options. Should you need more detail, please refer to the summary plan documents. These can be found on your benefits website at www.duplincounty.bcenroll.net.

If additional assistance is needed, please see contact information on the last page of this guide.

When Does Your Coverage Begin?

Annual Enrollment

Annual Enrollment is held each year in April/May. You may make any desired changes to your benefits during that time. Any changes or enrollments made during Annual Enrollment will take effect on July 1st. You cannot make any changes to your benefits until the next Annual Enrollment period unless you have a qualifying life event or change of status as described below.

New Employees

If you are a newly hired employee, you will be given the opportunity to enroll and benefits will be effective on the 1st of the month following one (1) month of employment. These benefits include medical, vision, dental, term life. Other available benefits will be offered and enrolled once per year during Annual Enrollment.

Status Change

If you have a change in your employee status (move from part time to full time or full time to part time), you may make changes/elections within 31 days of the effective date of the status change. Benefit election changes are effective the 1st of the month following the date of the status change.

Qualified Event

In general, you can only change your benefits coverage outside of the Annual Enrollment period if you have a qualifying life event. Any changes you make for yourself and your dependents must be consistent with and as a result of the qualifying life event or status change.

Life Events / Status Changes

- Employee gains a tax dependent through birth, legal adoption or placement for adoption
- Marriage, divorce or annulment
- Dependent child marries or reaches age 26
- Spouse gains, loses, or changes coverage due to gaining or losing employment/eligibility with current employer
- Death of spouse or dependent child
- Spouse/dependent becomes Medicare/Medicaid eligible or ineligible
- Court order

An employee who desires to change a benefit election due to a life event or status change must contact Human Resources within 31 days of the event. If you fail to make the changes within 31 days, you must wait until the next Annual Enrollment period.

ELIGIBILITY

Below you will find eligibility information and details concerning the Duplin County employee benefit plan. This information includes eligibility requirements for you and your dependents.

Who Is Eligible?

Eligible Dependents

Duplin County allows benefit coverage for employees' eligible dependents. Eligible dependents include:

- A Legal Spouse: The term "Spouse" as defined by the State of North Carolina
- A Dependent Child: The term "Child" includes a natural biological child, step child, legally adopted child, or a child placed under you or your spouse's permanent legal guardianship up to age 26

Your dependents are eligible for medical/vision, dental, optional life and voluntary benefits (as applicable).

Coverage Levels

When you enroll, you will choose a coverage level as listed below:

- Medical/Vision = Employee Only; Employee + 1 Dependent (spouse or 1 child); Employee + Family
(Vision coverage and the HealthiestYou access is included and only available if enrolled on the medical plan)
- Dental = Employee Only; Employee + Spouse; Employee + Child(ren); Employee + Family

Sharing the Cost for Coverage

Duplin County pays 100% of the cost of the medical, HealthiestYou and vision coverage for the employee. All other coverages for the employee and their dependents are optional benefits and paid for by the employee.

Employee Payroll Contributions

- Pre-Tax = Employee contributions for medical/vision, dental, flexible spending accounts, cancer, accident, and hospital select will be deducted from your paycheck on a pre-tax basis. This means that you do not pay federal, state or Social Security taxes on your contribution.
- After-Tax = Employee contributions for Term Life, disability, and universal (permanent) life are paid for with after-tax contributions.

MEDICAL INSURANCE

Carolina Health Alliance (EMPLOYEE ONLY PAID BY EMPLOYER)

- Eligibility:**
- 1 - All Full-time and Part-time employees working at least 30 hours per week
 - 2 – Retirees under 65 years of age that have met Duplin County requirements
 - 3 - Effective date of coverage will be 1st of month following 1 month of employment
 - 4 – Spouses who do not have availability to an employer sponsored plan
 - 5 - Dependent children can be covered up to age 26

Type of Service	Open Access	
Physician Services		
Office Visits		
Primary Care Physicians (PCP)	\$25 co-pay then 100%	
Specialists / Urgent Care	\$50 co-pay then 100%	
Preventive Care/Wellness		
Routine Child Care (up to age 6) -includes physicals, office visits, immunizations, lab work, x-rays	Covered at 100%	
Routine Adult Care (age 6 and over) -includes physicals, office visits, pap smears, ob-gyn visits, sigmoidoscopy, lab work, x-rays, blood tests, immunizations	Covered at 100%	
Prescriptions (RX)		
Pharmacy Co-Pays Generic	PRIVATE PHARMACY (30 or 90 day available) (90 day = 3X co-pay)	RETAIL (30 day only) \$100.00 / year deductible applies
	\$0 co-pay	\$10 co-pay
Preferred Brand	\$20 co-pay	\$45 co-pay
Non-Preferred Brand	\$45 co-pay	\$75 co-pay
Specialty (30 day only)	\$100 co-pay <i>Requires pre-authorization (PA) and step therapy</i>	\$100 co-pay <i>Requires pre-authorization (PA) and step therapy</i>
Diagnostic Services		
-including but not limited to MRI, Pet Scan, CAT scan, nuclear cardiology, imaging studies, endoscopies, colonoscopies, and non-maternity related ultrasounds – prior authorization required	\$100 co-pay per test	
Hospital Services		
Deductible		
Member	\$1,500	
Family	\$3,000	
Co-Insurance		
Plan Pays	70%	
You Pay	30%	
Emergency Room	\$500 / visit	
Maximum Out-of-Pocket Limits		
Member	\$4,000	
Family	\$10,000	

Tier Level - "Who To Cover"	Monthly
Employee Only	Paid for by Duplin County
Employee + 1 Dependent (Spouse or One child)	\$225.00
Employee + 2 or more Dependents (Spouse/Children)	\$525.00

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

MEDICAL INSURANCE

Reference Based Reimbursement (RBR):

Reference Based Reimbursement is a health plan design and benefit payment methodology that provides hospital and physician reimbursement based on the fair market value of services rendered. AMPS RBR dramatically reduces Health Plan medical spending and improves operating margins while also helping to decrease employee/member out-of-pocket costs.

Member Advocacy and Outreach:

Health plan members will have comprehensive levels of support available both before and after a facility claim is reviewed and paid. AMPS is an extension of the Group's Benefits Team, providing:

- Proactive Outreach: Contacting Members upon claim intake to educate and re-assure
- Ongoing Advocacy: Aiding Members 7 am to – 8pm EST, from Atlanta-based call-center (multi-language)
- Advocate Authorization: Assuming authorized role for Members to communicate with Providers on their behalf
- Credit Protection: Assisting Members that identify a credit ding due to Provider pursuits for inaccurate billings (<0.05% of claims)

Fair and Defensible:

AMPS seeks to ensure fairness to both patients (not overcharged) and providers (not underpaid) by using methodologies built upon statistically relevant sample sizes and multiple data points, to derive an allowed amount for healthcare claims. AMPS calculation process utilizes the following:

Care Connex and Care Navigator:

Many ELECTIVE procedures and diagnostic services may be set up through the Care Connex program. This program has entered into contracts with various types of providers to be safe harbors for employees to use. If a covered medical plan member plans their procedure through this program, it will save them (and the plan) significant costs. **Please call Pinnacle Benefits (919-774-1133) prior to scheduling anything associated with the suggested treatment.** Pinnacle will contact a Care Navigator with AMPS to assist the member in finding quality providers at fair rates. The Care Navigator will educate the member on how to receive elective procedures at very affordable costs. This program is designed to steer a member in a proper direction to allow for good healthcare buying decisions.

Balance Bill Support:

AMPS recognizes that balance bills are a byproduct of most payment systems if the provider received payment less than what was charged. The AMPS balance bill response process supports pro-active advocacy. AMPS will contact a member upon review and repricing of a claim when a possibility of balance billing may occur. **A member should always contact AMPS (800-425-9373) immediately (must contact within 60 days) when a balance bill is received.** In either instance, once AMPS is notified of a member receiving a balance bill, a series of communications is initiated to assume authorization from the member and inform the provider of the adverse benefits determination. A Care Advocate will then log all interactions and communicate any progress toward resolution via updates to members, payers and providers.

How to View Processed Claims:

1. Register at www.abmsusa.com
2. To register, select "EMPLOYEE" in the upper menu and then "EMPLOYEE ACCESS"
3. For first time users: Enter your email address and select a password. Select "GO"
4. Returning users: Select "LOG IN" under the "GO" button
5. Select "GET STARTED" under the Advance Benefit Management Systems, Inc. logo
6. Enter your ID number from your medical card in the box labeled "FAMILY ID".....Leave the "INSURED ID" field blank.
7. Enter your last name, first name, and date of birth
8. Select "SUBMIT"

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

PRESCRIPTIONS

Below is information about your prescription drug plan benefits. You have two options in getting your prescriptions filled. You will have access to over 57,000 national and independent pharmacies. But, certain local pharmacies can be utilized to reduce cost to you and the county health plan. Duplin County has entered into private contracts that allow the plan to only have to pay pharmacy acquisition cost plus a handling fee (no normal pharmacy mark ups).

How Your Plan Works

Generic Drugs

A Generic drug has the same active ingredients, safety, quality, and strength as its Brand counterpart. The Generics may be packaged differently, but are produced to be either the Brand equivalent or the Brand therapeutic alternative. These prescriptions generally cost considerably less than the Brands.

Preferred Brand Drugs

A Preferred Brand drug is a prescription that does not have a Generic equivalent or Generic alternative. These Brands are more clinically effective than other drugs in the same therapeutic class and are most often less costly as well.

Non-Preferred Brand Drugs

A Non-Preferred Brand drug is a prescription that can have multiple Generic and less costly Brand drug alternatives. These drugs are always more expensive and alternatives should be requested.

Benefit Detail

Pharmacy Co-Pays	PRIVATE PHARMACY (30 or 90 day available) 90 day = 3X co-pay	RETAIL (30 day only) \$100.00 /year deductible applies
Generic	\$0 co-pay	\$10 co-pay
Preferred Brand	\$20 co-pay	\$45 co-pay
Non-Preferred Brand	\$45 co-pay	\$75 co-pay
Specialty (30 day only)	\$100 co-pay Requires preauthorization (PA) and step therapy	\$100 co-pay Requires preauthorization (PA) and step therapy

Resources

At www.pharmavail.com you will find helpful prescription drug benefits information, tool, and resources. You have the ability to call the pharmacy help desk at 866-950-9949 and receive advice 24/7 concerning your pharmaceutical questions. Research can be done to help identify alternative lower cost medications and concerns that you may have with drug interactions.

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

HealthiestYou

(PAID BY EMPLOYER)

- Eligibility:**
- 1 - All Full-time and Part-time (greater than 30 hours) employees enrolled in the medical plan
 - 2 - Retirees under 65 years of age enrolled in the medical plan
 - 3 - Effective date of coverage will be 1st of month following 1 month of employment
 - 4 - Dependent children can be covered up to age 26
 - 5 - Spouse and Children who are not on medical plan can be covered

Your employer is providing you an amazing benefit...**HealthiestYou**. You will be receiving a welcome packet via mail, but in the meantime, here is some information that explains what it is and how you can take advantage of it right now!

What is it?

Talk with a Doctor from your office, car, couch, you name it!

NO scheduling! - NO waiting! - NO traveling! - NO waiting rooms! - No cost!

- Available 24/7/365 – Service is unlimited and available to everyone enrolled as well as your spouse and dependents
- NO Co-pay! – board certified, US based, and licensed physician that can diagnose, treat, and prescribe for acute illnesses (ex. Flu, allergies, earache, and many more)
- Can handle over 70% of your typical doctor's office or urgent care visits

What Do I Do Next?

1. Register online at member.healthiestyou.com to use HealthiestYou from your online computer.

- Click REGISTER NOW
- Click whether you are the EMPLOYEE or INDIVIDUAL (spouse or dependent).
- Enter primary member's last name, date of birth, zip code and hit NEXT.
- The system will lead you through to complete your Registration.

2. You will be given the OPTION to download the smartphone HealthiestYou app during your registration process. Use of a smartphone app is not a requirement to utilize HealthiestYou. You may call the physician access number from any phone. However, we encourage the use of the smartphone app to unleash all the features in HealthiestYou while you are on the go.

Ensure your phone number is accurate (this is the number the physician network will call you back on when you click CLICK DOCTOR).

3. Add the physician access number 1-866-703-1259 to your phone directory (and to your spouse and dependents phone directory as well!). Your membership is verified using the primary's last name, birthdate, and zip code, so you will never need a group number or member number to access service.

4. Easy to Use: Call 1-866-703-1259 if you are already a REGISTERED member and are feeling under the weather!

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

VISION INSURANCE

Superior Vision Services

(PAID BY EMPLOYER)

- Eligibility:**
- 1 - All Full-time and Part-time employees enrolled in the medical plan
 - 2 - Retirees under 65 years of age enrolled in the medical plan
 - 3 - Effective date of coverage will be 1st of month following 1 month of employment
 - 4 - Dependent children can be covered up to age 26

Under the Superior Vision plan you can receive:

Co-Pays		Services	Frequency
Exam	\$0.00	Exam	One per 12 months
Materials (<i>Applies to lenses and frames only, not contact lenses</i>)	\$25.00	Frames	One per 12 months
Contact Lens Fitting	\$25.00	Contact Lens Fitting	One per 12 months
		Lenses	One per 12 months
		Contact Lenses	One per 12 months

Benefits	In-Network	Out-of-Network
Exam (Ophthalmologist)	Covered in Full	Up to \$44
Exam (Optometrist)	Covered in Full	Up to \$39
Frames	\$130 retail allowance	Up to \$52
Contact Lens Fitting (Standard) <i>-Applies to a current lens user who wears disposable, daily wear, or extended wear only</i>	Covered in Full	Not Covered
Contact Lens Fitting (Specialty) <i>-Applies to a new contact wearer and/or a member who wears toric, gas permeable, or multi-focal lenses</i>	\$50 retail allowance	Not Covered
Lenses (Standard) Per Pair:		
Single Vision	Covered in Full	Up to \$26
Bifocal	Covered in Full	Up to \$34
Trifocal	Covered in Full	Up to \$50
Progressive	Covered in lined trifocal level	Up to \$50
Lenticular	Covered in Full	Up to \$76
Contact Lenses (<i>in lieu of eyeglass lenses and frames benefit</i>)	\$130 retail allowance	Up to \$100
Medically Necessary Contact Lenses	Covered in Full	Up to \$210

How to Use Your Benefits:

Select a provider from the Superior Vision Services provider network. Use your personalized ID card to identify yourself. Provider will call SVS to verify eligibility; no paperwork is required from you. Pay the provider directly for the co-pays and the cost of any non-covered items

Call SVS Member Services for your authorization number. Pay the out-of-network provider for all products and services. Submit your original itemized billing from the provider, along with your authorization number, to SVS Member Services for reimbursement in accordance with the out-of-network schedule of allowance less the co-pays, if applicable.

Finding a Provider:

1. Visit www.superiorvision.com
2. Under “**LOCATE A PROVIDER**” in the blue box on the right side of screen, select your network: “**SUPERIOR NATIONAL**”
3. Enter the zip code you are interested in for vision services
4. Click on “**LOCATE**”
5. At list of network providers will be listed

Materials Discount: 10% to 30% savings on additional purchases of eyewear and contact lenses

Refractive Surgery Discount: Special discounts available to Superior Vision Plan members from credentialed in-network ophthalmic surgeons. 20% discount off the provider’s surgical fee for refractive surgery procedures such as Radial Keratotomy (RK), Photo-Refractive Keratotomy (PRK), and LASIK

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

VOLUNTARY DENTAL INSURANCE

Delta Dental of North Carolina

(PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be 1st of month following 1 month of employment
 - 3 - Dependent children can be covered up to age 26

TYPE A – DIAGNOSTIC AND PREVENTATIVE SERVICESPLAN PAYS 100%

- Exams, cleanings, fluoride, and space maintainers
- Sealants - to prevent decay of permanent teeth
- Brush biopsy - to detect oral cancer
- Radiographs / X-rays

Type B and C Deductibles:	PPO/Premier Dentist -	None
	Non PPO/Premier Dentist -	\$50 / Person on Type B and C Services \$150 / Family Maximum for the Plan Year

TYPE B – BASIC SERVICESPLAN PAYS 80%

- Emergency Palliative Treatment - to temporarily relieve pain
- Minor Restorative Services - fillings and crown repair
- Endodontic Services - root canals
- Periodontic Services - to treat gum disease
- Oral Surgery Services - extractions and dental surgery
- Relines and Repairs - to bridges, implants and dentures
- Other Basic Services

TYPE C – MAJOR SERVICESPLAN PAYS 50%

- Major Restorative Services - crowns
- Prosthodontic Services - bridges, implants and dentures

TYPE D – ORTHODONTIA PLAN PAYS 50% UP TO \$1000

- Orthodontic Services - braces
- Orthodontic Age Limit – up to age 19

BENEFIT WAITING PERIOD:

- Type A and B - none
- Type C and D - 12 months

MAXIMUMS:

- \$1,500 / plan year for Types A, B, and C combined
- \$1,000 / lifetime for Orthodontia

Tier Level - "Who To Cover"	Monthly
Employee Only	\$34.42
Employee + Spouse	\$54.00
Employee + Children	\$67.00
Family	\$94.00

Finding a Provider:

1. Visit www.deltadentalnc.com
2. Select "FIND A DENTIST" at the upper right
3. Select "START YOUR DENTIST SEARCH" (Picture of group of people)
4. Under "NETWORK SELECTION", select either "DELTA DENTAL PPO" OR "DELTA DENTAL PREMIER" both networks are available
5. Under "YOUR LOCATION", enter your address/city/state or zip code
6. Under "SORTING, DISTANCE AND NUMBER OR RESULTS", select the desired sort results, maximum distance, and number or results
7. Under "ADDITIONAL SEARCH CRITERIA", enter doctors name, practice, facility name or specialty desired
8. Click on the "SEARCH FOR A DENTIST" button

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Mutual of Omaha

(PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be 1st of month following 1 month of employment
 - 3 – Dependent children can be covered up to age 26
-

EMPLOYEE

- **Benefit Amount:** \$10,000 up to \$150,000 (in \$10,000 increments) – limited to 5X employee salary
- **Guaranteed Issue:** To Maximum of \$150,000
The guarantee issue amount is available without evidence of insurability only at the initial enrollment period when an employee first becomes eligible. Life insurance increases, during future annual enrollment, greater than \$10,000 will be subject to evidence of insurability (health questions).
- **Benefit Reduction:**

Age 70-reduces to 65%	Age 85-reduces to 20%
Age 75-reduces to 45%	Age 90 and up-reduces to 15%
Age 80-reduces to 30%	
- **Monthly Rates:** Calculated rates are displayed within the online enrollment system specific to employee age
- **Coverage Termination:** Upon Retirement (conversion is an option at retirement)

SPOUSE

- **Benefit Amount:** \$10,000 up to \$50,000 (in \$10,000 increments)
Spouse is only eligible if employee enrolls in coverage; spouse amount cannot exceed the employee's enrolled amount
- **Guaranteed Issue:** To Maximum of \$50,000
The guarantee issue amount is available without evidence of insurability only at the initial enrollment period when an spouse first becomes eligible. All life insurance increases, during future annual enrollment, will be subject to evidence of insurability (health questions).
- **Rates:** Calculated rates are displayed within the online enrollment system specific to age
Rates for the spouse are based on the employee's age
- **Coverage Termination:** Employee Age 70

CHILD(REN)

- **Benefit Amount:** \$10,000
Child is only eligible if employee enrolls in coverage
 - **Guaranteed Issue:** \$10,000
The guarantee issue amount is available without evidence of insurability only at the initial enrollment period when an employee first becomes eligible.
 - **Rates:** \$2.00/month (same premium regardless of the number of children covered)
-

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

VOLUNTARY SHORT TERM DISABILITY INSURANCE

OneAmerica (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

BENEFIT SUMMARY	OPTION 1	OPTION 2
Benefit Amount	30% of weekly salary	60% of weekly salary
Injury Elimination Period	14 days	14 days
Sickness Elimination Period	14 days	14 days
Benefit Duration	24 weeks	24 weeks
Benefit Maximum	\$700	\$700
Pre-existing condition period*	3/12	3/12

Rates - determined by employee's salary and option elected

Portability – The short term disability policy can be taken with you should your employment end. You will be responsible for the premium for the coverage.

* Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

VOLUNTARY LONG TERM DISABILITY INSURANCE

OneAmerica (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

BENEFIT SUMMARY	OPTION 1	OPTION 2
Benefit Amount	30% of monthly salary	60% of monthly salary
Injury Elimination Period	180 days	180 days
Sickness Elimination Period	180 days	180 days
Benefit Duration	5 years / SSFRA**	5 years / SSFRA**
Benefit Maximum	\$3,000	\$3,000
Pre-existing condition period*	6/12/24	6/12/24

Rates - determined by employee's salary and option elected

Portability – The long term disability policy can be taken with you should your employment end. You will be responsible for the premium for the coverage.

* Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

** Social Security Full Retirement Age

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

VOLUNTARY UNIVERSAL LIFE

Transamerica (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

Coverage for You and Your Family

Universal life coverage is permanent...

- Premiums - There may be changes in your future, but your premium payments will always be the same. Because rates are based on your age when you buy the policy, you won't experience a premium increase in later years.
- Benefit - The death benefit for your beneficiaries will never decrease. As long as you pay premiums, your death amount will not go down even as you approach or enter retirement. Death benefit guaranteed to Age 80 at 5.25% interest.
- Long Term Care - Pays 4% of Policy Death Benefit monthly towards LTC services for up to 50 months.
- Your coverage stays with you - You own the policy, so it is yours no matter where you go, even if you change jobs.

Advantages of buying through your employer...

- Cost - You can elect coverage for a little as a few dollars per week
- Confidence - You have the opportunity to buy a high amount of life insurance at work, with no limitation based on salary
- Convenience - Premium payments are simplified through easy payroll deduction

Guarantee Coverage Available...

This benefit is available without health questions during initial enrollment for current employees. If not elected during this time or when first eligible, you will have to go through the underwriting process in the future if you decide you want this benefit.

- Employee Guarantee Issue - up to \$100,000
- Spouse Guarantee Issue - \$15,000
- Child / Grandchild Guarantee Issue - \$25,000

VOLUNTARY GROUP CANCER COVERAGE

Transamerica (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

MONEY TO HELP YOU FOCUS ON RECOVERY

If cancer strikes, the last thing you need to worry about is how to pay the bills. You can use the benefit however it is needed:

- Medical expenses
- Rent or mortgage
- Utilities
- Food
- Even a dream vacation to celebrate your recovery

BENEFITS AND SERVICES TO USE EVEN WHEN YOU'RE HEALTHY

What's more important than staying healthy? With this policy, you get a \$100 Wellness Benefit to use when you're healthy, to help you stay that way.

GUARANTEED ISSUE WITH HIGH OR LOW OPTION TO CHOOSE FROM

ISSUE AGE

If you are 18 years old or more you can elect this coverage. You can also elect to cover your eligible family members, including your spouse age 18 or older and your children from birth through age 25.

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

VOLUNTARY HOSPITAL SELECT INSURANCE

Transamerica (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

HOSPITAL SELECT INSURANCE PAYS

- YOU an amount for each day that you or your dependent is hospitalized, up to specific maximum limits
- Pre-existing conditions are covered with no waiting period
- Outpatient Surgery benefit included
- Critical Illness benefit with Cancer included

PORTABILITY

This policy can be taken with you should your employment end. You will be responsible for the premium for the coverage.

ISSUE AGE

There is no maximum issue age for employees and their spouses. Children through age 25 can be insured as well.

VOLUNTARY ACCIDENT INSURANCE

Transamerica (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

MONEY TO HELP YOU FOCUS ON RECOVERY

If an accident happens, the last thing you need to worry about is how to pay the bills. You can use the benefit however it is needed:

- Medical expenses
- Rent or mortgage
- Utilities
- Food
- Even a dream vacation to celebrate your recovery

BENEFITS AND SERVICES TO USE EVEN WHEN YOU'RE HEALTHY

What's more important than staying healthy? With this policy, you get a \$100 or \$50 Wellness Benefit depending on your choice of plans.

GUARANTEED ISSUE WITH HIGH OR LOW OPTION TO CHOOSE FROM

ISSUE AGE

If you are between 18 years old and 64, you can elect this coverage. You can also elect to cover your eligible family members, including your spouse age 18 or older, and your children from birth through age 25.

ACCIDENT INSURANCE PAYS

- An amount for each day the insured is hospitalized, up to specific maximum limits
- Provides benefit for broken bone, dislocations, lacerations, ER visit
- Non-occupational Coverage for Accidents only

PORTABILITY

This policy can be taken with you should your employment end. You will be responsible for the premium for the coverage.

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

FLEXIBLE SPENDING ARRANGEMENTS (Healthcare)

Gilsbar (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time employees working at least 30 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

HEALTHCARE FSA

A benefit that saves you money

Did you know that there is a way to pay your health care expenses and save money at the same time? By enrolling in the Flexible Spending Arrangement (FSA) plan offered by your employer, you can set aside pretax dollars to pay for out-of-pocket healthcare expenses for you and your family. By directing these funds into your healthcare flexible account before federal income or social security taxes are withheld, you pay less in taxes, and ultimately have more disposable income.

How does the healthcare FSA work?

The annual amount that you decide at the beginning of the plan year to put into the account is payroll deducted pretax in equal installments based on your pay cycle.

How much can I contribute?

The healthcare plan maximum that you can contribute each year is \$2,550.

Rollover provision

You can now rollover up to \$500 in unused FSA funds annually.

The convenience of a FSA debit card

You will receive a FSA debit card to use for your eligible healthcare expenses. With the debit card the funds will be taken directly from your flexible spending account so you don't have to pay with cash out of pocket.

What expenses does an FSA cover?

This non-exhaustive list of expenses reimbursable by your Medical Flexible Spending Account is based on Internal Revenue Code 213(d). For complete details on IRS eligible expenses, go to: www.irs.gov/publications/p502/ar02.html

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth
- Automobile modifications (hand controls, lifts, etc.)
- Bandages
- Birth control
- Blood pressure monitor
- Braille books & magazines
- Care for mental handicap
- Chiropractors
- Copays, deductibles, & coinsurance
- Contact lenses & supplies
- Contraception
- Costs for physical/mental illness
- Crutches
- Deductible, all family members
- Dentist fees (if not cosmetic: e.g., teeth whitening is a non-reimbursable expense)
- Dentures
- Diagnostic fees
- Diagnostic devices
- Drug & alcohol addiction treatment
- Drug & medical supplies
- Eyeglasses, incl. exam fee
- Guide dog
- Handicapped persons' schools
- Hearing devices & batteries
- Insulin
- Laboratory fees
- Lactation expenses
- Laser eye surgery
- Learning disability - special school fees
- Obstetrical expenses (after services have been performed)
- Operations (medically necessary)
- Orthodontia (special rules apply)
- Orthotics/Orthopedic shoe inserts
- Osteopath fees (licensed)
- Oxygen
- Physical therapy
- Physician fees
- Practical nurse fees
- Prescribed medicine (if not cosmetic; hair-loss medications are not reimbursable)
- Psychiatrist's care
- Psychologist's fees
- Routine physicals
- Smoking cessation (prescribed drugs and non-drug programs)
- Special communications equipment for the deaf
- Special education for the blind
- Surgical fees
- Transportation expenses for medical service
- Tubal ligation
- Tuition at special school for the handicapped
- Vasectomy
- Wheelchair
- X-ray

Can I use my FSA for over the counter (OTC) medicine?

Over-the-counter drugs and medicines now require a prescription for FSA reimbursement. The prescription must be written by a physician on an official prescription pad and must include the name of the patient, the specific OTC drug or medicine, and the number of refills or duration of treatment. You may submit a copy of the prescription and a receipt for purchase of the product with your reimbursement claim form.

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

FLEXIBLE SPENDING ARRANGEMENTS (Dependent Care)

Gilsbar (PAID BY EMPLOYEE)

- Eligibility:**
- 1 - All Full-time and Part-time employees working at least 30 hours per week
 - 2 - Effective date of coverage will be July 1st of each year

DEPENDENT CARE FSA

A benefit that saves you money

Did you know that there is a way to pay your dependent daycare expenses and save money at the same time? By enrolling in the Dependent Care Flexible Spending Arrangement (FSA) plan offered by your employer, you can set aside pretax dollars to pay for dependent daycare. By directing these funds into your dependent daycare flexible account before federal income or social security taxes are withheld, you pay less in taxes, and ultimately have more disposable income.

How does the dependent care FSA work?

The annual amount that you decide at the beginning of the plan year to put into the account is payroll deducted pretax in equal installments based on your pay cycle.

How much can I contribute?

The dependent care plan maximum that you can contribute each year is \$5,000 or \$2,500 if you are married and file separate tax returns.

How do I submit a request for reimbursement?

To submit a request for reimbursement, you must complete the dependent care spending account claim form. The form can be submitted online at www.gilsbar.com. Claims must include the federal tax id or social security number of the provider, dates of service, type of service rendered, and name of dependent. The individual who provides the care cannot be your spouse or a dependent under the age of 19. With a Dependent Care FSA, you will 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 a “pending” status until funds are received through payroll deduction, at which time you will receive reimbursement.

Can I use my FSA Debit card to pay for my daycare?

No, the FSA debit card cannot be used to pay for daycare expenses.

Who are eligible dependents for my dependent care FSA?

- A child under 13 years of age
- A child over the age of 13 who is physically or mentally incapable of self-care
- Your spouse who is physically or mentally incapable of self-care
- An elderly parent who resided with you and is physically or mentally incapable of self-care

What expenses does my dependent care FSA cover?

For complete details on IRS eligible expenses, go to: www.irs.gov/publications/p503/ar02.html

- Day care facility fees
- Before / after school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for Kindergarten
- In home babysitting fees, if not provided by another dependent and claimed as income by the care provider

What expenses does my dependent care FSA NOT cover?

- Child support payments
- Food, clothing and entertainment
- Educational supplies, extracurricular activities or registration fees
- Private school tuition for dependents in kindergarten or higher grades
- Overnight camps

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WELLNESS PROGRAM

- Eligibility:** 1 - All Full-time and Part-time active employees working at least 20 hours per week
2 – Retirees of Duplin County

Duplin County offers a wellness program for regular, permanent, probationary, and trainee status full-time and part-time employees. The wellness program is designed to encourage and promote healthy lifestyles to improve employee morale and work performance and to reduce absences, presenteeism, workplace accidents, and healthcare costs. The wellness program includes biometric screenings and health risk assessments for eligible employees, exercise opportunities, wellness seminars.

HEALTH & WELLNESS CENTER

Duplin County Government believes that healthy employees can more effectively perform their assigned duties. A Health & Wellness Center located at Duplin County Health Department is available to all County employees and their dependents for routine medical care and health screenings at no cost to the employee. However, employees and their dependents on medical insurance other than Duplin County Health Insurance must present their insurance cards to the Health Department Health & Wellness Center for filing claims but co-pays are waived.

Employees can access medical services at the Wellness Center without using sick or petty leave if he/she returns to work immediately after the appointment or visit. These visits must be coordinated through the Supervisor or Department Head if during work hours. Employees should call to schedule an appointment and may request the Wellness Center or request the Wellness Center to call when the best time to arrive without a long wait. The employee would use sick and/or petty leave if the employee fails to return to work after his/her medical appointment. The employee must obtain a medical note from the Wellness Center, attach it to their time sheet and mark the time on their time sheet as Wellness Center. When an employee utilizes the Health & Wellness Center for dependent visits during a work day, they must use their leave.

The Health & Wellness Center offers the following services:

- Provide basic level and episodic care for all eligible employees and dependents
- Contracted services with a Chiropractor, Physical Therapist, Pharmacy, and Durable Medical Equipment Provider
- Assist with disease management by advising and guiding employees and their dependents with chronic disease such as diabetes and high blood pressure
- Provide preventive health care information
- Administer routine physicals and recommended vaccinations
- Provide pre-employment screenings
- Provide fitness for duty examinations
- Provide Worker's Compensation examinations, treatment, follow-up and the development of a back-to-work plan
- Contracted services with a Pharmacy to dispense no cost generic medications and reduced cost brand name medications
- Provide annual Health Risk Assessments – biometric measurements including glucose, cholesterol, blood pressure, height and weight
- Provide laboratory services
- Tobacco Cessation counseling and nicotine replacement therapies are available
- Breast Feeding consultations with a certified lactation consultant and breast pumps at no charge
- Durable Medical Equipment is available (Sleep apnea machines, nebulizers, crutches, etc.) for a 20% cost share
- Registered Dietitians / Nutritionists available for nutrition counseling and weight management
- Diabetic Classes with free diabetic monitors and strips
- Refer patients to their primary care physician and/or specialist when appropriate

All employee and dependent medical information is confidential and regulated by HIPAA

NOTE: This is only a summary of plan benefits. The employee certificates fully describe policy benefits and limitations.

WELLNESS PROGRAM

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 – Retirees of Duplin County

VACCINES AVAILABLE AT THE HEALTH DEPARTMENT

Your health care provider will counsel you on the vaccines that you need, the appropriate intervals of vaccine dosage and the recommended age for the vaccine. Some of the vaccines listed below are available in combination with other vaccines. Your health care provider will determine which vaccine is right for you.

- Flu
- Tetanus
- Hepatitis B
- Hepatitis A
- Twinrix - (Combination Hepatitis A and Hepatitis B)
- MMR (Measles, Mumps, Rubella)
- Varicella
- Pneumococcal
- Meningococcal
- Zostavax
- Rabies (pre- and post-exposure)
- HIB
- Poliovirus
- Gardasil
- Prenar
- Rotovirus

\$300 HEALTH PERFORMANCE INCENTIVE PROGRAM (Full-time Employees only)

In order to be eligible for the \$300 Health Performance Incentive Payment, full-time employees must achieve 50 of a possible 60 points in any combination from a designated list of risk categories. Employees have from July 1 to May 31 to qualify. The manner in which employees qualify for the Health Performance incentive will be compiled by The Health Department and will not be disclosed to Management. The Health Department will verify that the employee has earned the necessary amount of points and will then notify Personnel. Personnel will then notify Finance and the reward will be processed the following payroll.

ANNUAL HEALTH RISK ASSESSMENT

Full-time employees will earn eight (8) hours and part-time employees will earn a pro-rated amount of vacation leave. The Health Risk Assessment consists of:

- A blood draw which typically test for glucose and cholesterol levels
- Blood Pressure
- Weight and Height
- Health Survey
- Wellness Coaching

COUNTY GYM

Duplin County encourages employees to participate in athletic, exercise, wellness, and recreational programs. Participation in these activities is open to all active and retired employees and spouses on the county health plan. It is voluntary and generally should take place outside of normal work time. Gym membership fees are payroll deducted monthly for employees and their spouses or drafted from the retirees' bank accounts.



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EMPLOYEE ASSISTANCE PROGRAM (EAP)

(PAID BY EMPLOYER)

- Eligibility:**
- 1 - All Full-time and Part-time active employees working at least 20 hours per week
 - 2 - Effective date of coverage will be 1st of month following 1 month of employment
 - 3 – Spouses and Dependent children up to age 26 will be covered

The County recognizes that a wide range of personal, family, and work-related problems may impair an employee's work performance and may also impact their fellow employees. The County also realizes that with early intervention and proper support, employees can be assisted with overcoming their problem and becoming able to fully function at work and at home. As a result, the County has established an Employee Assistance Program (EAP) for its employees.

The EAP is a voluntary and confidential program designed to assist with employee problems including, but not limited to, depression, substance abuse, emotional distress, coping with major life events, healthcare concerns, financial or legal concerns, personal or work-related relationship issues, and concerns about aging parents.

WHAT ARE MY BENEFITS?

The EAP program includes a variety of benefits at no cost to eligible employees such as:

1. Up to three (3) employee visits to an EAP counselor and if an employee needs further counseling services, the visits require a co-pay from the employee.
2. Employees may call [910-298-6207](tel:910-298-6207) from 8 am to 8 pm and the emergency phone number is [910-290-0153](tel:910-290-0153) for nights, weekends, and holidays.
3. Management support for Supervisors and Department Heads.

REFERRALS TO EAP

1. **Self-Referral to the EAP.** Employees and their eligible family members are encouraged to call the EAP directly and arrange an appointment with a counselor. Time off and sick leave for EAP consultation and treatment may be granted in accordance with Article VI – Employee Leave Benefits, Section 4. Sick Leave as it relates to doctor's appointments.
2. **Management Referral to the EAP.** Employees may be referred to the EAP by their supervisor, department head, or Human Resources if a decline in job performance or conduct seems to be affected by job-related problems. It is the employee's responsibility to cooperate in any designated treatment or rehabilitation plan.

Employees who are referred to the EAP are expected to fully participate in the recommendations received through the program. Merely utilizing the EAP services will not alter the application of disciplinary actions nor will it serve as an exemption from disciplinary procedures. Improving job performance to an acceptable level is the only basis for continued employment.

If the employee refuses the offer of help through the EAP and job performance does not improve, disciplinary action will be taken which could result in termination.

IS IT CONFIDENTIAL?

Services will be provided off-site and appointments will be scheduled by the provider to ensure anonymity. All communications between the employee and the EAP will be strictly confidential and will not be released without an employee's written consent unless otherwise specified by law. In the event of a management referral, information other than whether the employee attended the appointment and whether the employee accepted the assistance that was offered will not be released without the employee's written permission.

DISCLAIMER

Voluntary participation in the EAP does not affect an employee's job security or career advancement with the County nor does it prevent employee disciplinary actions, including discharge.

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CONTACT INFORMATION

Pinnacle Benefit Resources

800.477.1553

- Benefits Help Line
 - Eligibility
- Account Managers: Ann McDowell
June Wicker

ann@pbresources.com
june@pbresources.com

Association Services

800.279.1498

- Claims – Voluntary Benefits
OneAmerica / Transamerica
- Account Managers: Harris Winston
Gayle Bonner

harrisw@asrnc.com
service@asrnc.com

Duplin County Human Resources

- Pamela Brame, HR Director
Pamela.brame@duplincountync.com
- Kathy Wallace, HR Supervisor
kathyw@duplincountync.com

910.372.9251

910.372.9259

Duplin County Health Department

- Employee Wellness Clinic

910.372.9165

ABMS

844.624.0404

www.abmsusa.com

- Medical

HealthiestYou

866.703.1259

member.healthiestyou.com

- 24/7/365 access

PharmAvail

866.950.9949

www.pharmavail.com

- Prescription Help Desk
- Prescription Pre-Authorization

Gilsbar

888.472.4352

www.gilsbar.com

- Flexible Spending Arrangements

Delta Dental

800.662.8856

www.deltadentalnc.com

- Dental

Superior Vision Services

800.507.3800

www.superiorvision.com

- Vision

Mutual of Omaha

800.775.8805

www.mutualofomaha.com

- Term Life Insurance and AD&D

Duplin County Government Benefits

800.477.1553

www.duplincounty.bcenroll.net



www.pbresources.com



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