

Employee Benefit Guide



Availability of Summary Health Information

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 eligible dependents in the case of illness or injury.

The Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage, is available at <https://www.duplincountync.com/human-resources/>.

Medicare Part D—Prescription Drug Information

If you (and/or your eligible dependents) are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 28 and 29 for more details.

Letter from the Manager



Duplin County Board of Commissioners

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County Manager
Davis H. Brinson

Asst. County Manager
George Futrelle

Colleagues:

I would like to take this opportunity to express my appreciation and honest thanks for your dedication and devotion to the citizens of Duplin County. Please know that your service truly makes a difference and effects positive change in the daily lives of your fellow citizens.

The Board of County Commissioners is committed to providing you with a competitive benefits package designed to help protect and shield you and your family's physical health, financial security and general well-being. This guide is designed to help you make informed decisions on benefits as a new hire or during our open enrollment period. This guide offers you a range of insurance options that we hope you will find helpful.

Duplin County has partnered with Gallagher Insurance to serve as our benefits broker, and they will be providing health insurance coverage to our employees and their families through BlueCross BlueShield of North Carolina. Duplin County has joined the North Carolina Health Insurance Pool (NCHIP). In becoming a member of NCHIP, we have joined together with other local governments from across the state to take control of our health care future by stabilizing premiums while at the same time improving the health insurance benefits we are able to offer to our employees.

Your Human Resources, Finance and Administrative team have worked very hard to make our benefits package as competitive and comprehensive as possible.

Thank you for your dedication and service to the citizens of Duplin County!

Sincerely,

A handwritten signature in black ink, appearing to read "Davis H. Brinson", with a horizontal line extending to the right.

Davis H. Brinson
Duplin County Manager

About Your Benefits

We are pleased to provide you with the 2022-2023 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 critical illness insurance, hospital indemnity, (new) whole life insurance and flexible spending accounts.

The Duplin County benefits 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. To complement this guide, a recorded presentation is available to offer another informative way to learn about your benefits. You can click on the link provided and listen on your computer [Employee Benefits Presentation](#) or use your mobile device by scanning this QR code.

Should you need more detail, please refer to the Summary of Benefits and Coverage in the Reference Center. These can be found at <https://benefitsolver.com>. If additional assistance is needed, please see contact information on page 27.

To enroll in your benefits, you will use an online benefit administration system called Benefit Solver. This tool has a self service portal and you will be able to use it to make your elections for you and your family. Instructions on how to register at Benefit Solver and use the system are on pages 6 and 7 of this benefits guide.

Scan QR Code to view Employee Benefits Presentation on your smartphone or click the link to the left to watch on your computer.



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Eligibility

At Duplin County, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Duplin County benefits.

Annual Enrollment—Active Enrollment!

Annual Enrollment is held this year from **May 16th-May 20th**. This year's Annual Enrollment is an active enrollment. You must make an election to add or drop benefits or you will not have any coverage. You may make any desired changes to your benefits during this 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 enrollment period unless you have a qualifying life event or change of status as described below.

Eligibility and Enrollment

You are eligible to participate in Duplin County's medical and vision benefits if you are a full-time or part-time employee working at least 30 hours per week. For voluntary benefits, eligibility begins if you are working at least 20 hours per week. If you enroll for benefits, you may also cover your:

- Legal 'spouse' as defined by the State of NC (please see below for spousal eligibility)
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

The term 'Child' includes a biological child, step child, legally adopted child, foster child, or a child placed under you or your spouse's permanent legal guardianship.

As a newly hired employee, you will be given the opportunity to enroll in benefits. You have 30 days from your hire date to log on to: <https://benefitsolver.com> and enroll. If you fail to log on to BenefitSolver and enroll in your benefits within 30 days from your date of hire, you forfeit your opportunity to elect benefits and will only be enrolled in those benefits the county provides its employees. You will not be able to make changes to your benefits until the next Open Enrollment unless you have a qualifying event. Your benefits begin on the first of the month following one (1) month of employment. These benefits include medical, vision, dental, and term life. Other available benefits will be offered and enrolled once per year during Annual Enrollment.

Working Spouse Waiver Form

Duplin County believes that each employer should take responsibility for providing medical coverage to its own employees. Therefore, if your spouse is employed and has access to health care coverage through their employer, they are not eligible for Duplin County health coverage. If your spouse does not work, works only part-time, is not eligible for coverage or has lost coverage as an active employee but has been offered COBRA, the spousal election exclusion does not apply. If your spouse is covered by Medicare, the exclusion does not apply. If your spouse experiences a qualifying life event (loss of job, etc.) during the year, he or she can be added to your health coverage within 31 days of the qualifying life event. Ask Human Resources for the [Working Spouse Waiver Form](#) to designate your spouse as a dependent to be enrolled in the Duplin County health insurance. A waiver form will be sent to you requesting verification of their eligibility for coverage. Duplin County reserves the right to verify the validity of information provided.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage, divorce, or annulment
- Birth, adoption or fostering of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent
- Spouse/dependent becomes Medicare/Medicaid eligible or ineligible
- Court Order

You have 31 days from the date of the event to contact Human Resources to produce required documentation of your qualifying event. Keep in mind, the changes you make must be directly related to the event and are effective the 1st of the month following the date of the status change.

Coverage Level

When you enroll in health insurance, you will choose a coverage level as listed below.

Employee Only

Employee + Spouse

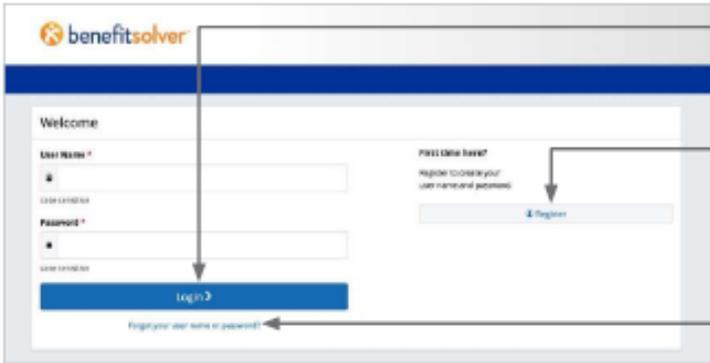
Employee + Child (medical) or Employee + Child (ren) (dental)

Employee + Family

Employee Payroll Contributions

- Pre-Tax = Employee contributions for medical/vision, dental, flexible spending accounts, critical illness, accident, and hospital indemnity 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 voluntary whole life are paid for with after - tax contributions.

Enroll May 16th – May 20th, 2022



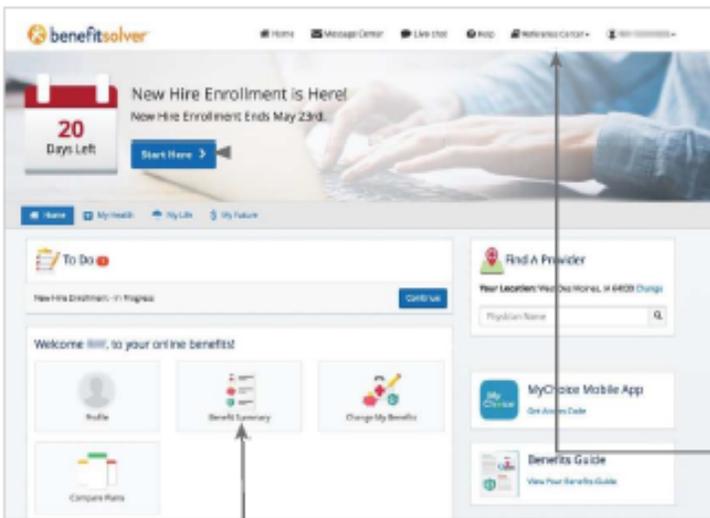
Get started

Visit www.benefitsolver.com and login by entering your user name and password.

If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is NCHIP (note: it's case sensitive).

Forgot your user name or password?

1. Visit www.benefitsolver.com and click on the 'Forgot your user name or password?' link.
2. Enter your social security number, company key and date of birth.
3. Answer your Security Phrase.
4. Enter and confirm your new password, then click 'Continue' to return to this page and login.



Begin enrollment

Click 'Start Here' and follow the instructions to enroll in your benefits or waive coverage.

You must make your elections by the deadline shown on the calendar. If you miss the deadline you will waive any electable benefit coverage, and have to wait until the next annual enrollment period to enroll.

Looking for more information?

View plan details, carrier specifics and benefit guides by clicking 'Reference Center' in the main navigation.

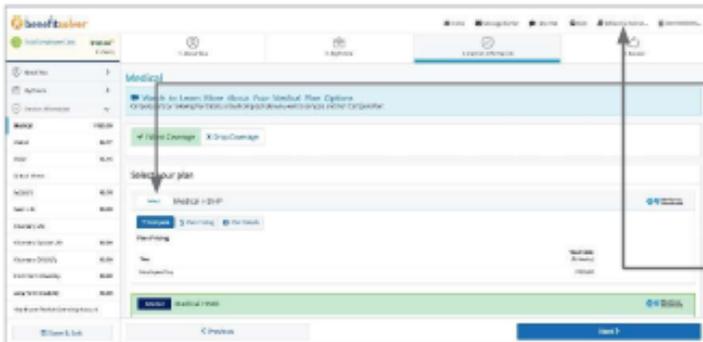
Want to review your current benefits?

You have year-round access to your benefit summary and specific benefit elections at www.benefitsolver.com. Click 'Benefits Summary' on the homepage to review your current benefits.



ENROLL ON THE GO

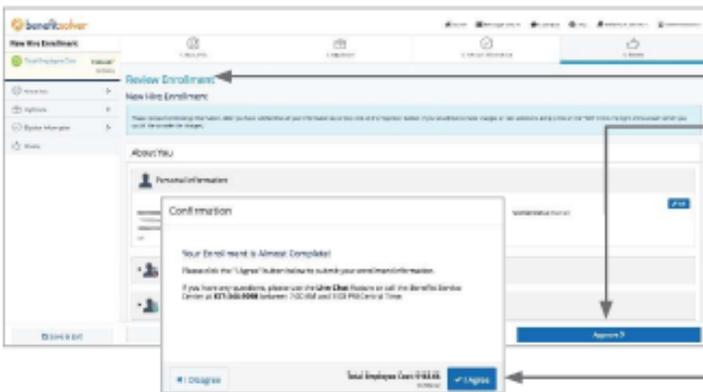
Enroll in your benefits from your mobile device. Visit www.benefitsolver.com and simply tap your way through your elections.



Make your elections

Review your options as you walk through the enrollment process. Click 'Select' on the plan(s) you would like to choose. Track your choices along the left side which updates with your total cost.

Use the 'Reference Center' to help you make the right elections.



Review your elections

Review, edit and approve your personal information, elections, dependents and beneficiaries.

Approve

Once you have reviewed your elections and they are accurate, click 'Approve' to continue.

Confirm your choices

Your enrollment isn't complete until you confirm your benefit elections and cost.



Print

Print your election information and confirmation number for future reference or save it to your Message Center.

The medical plan is offered through Blue Cross Blue Shield of North Carolina. Review the chart below for the amount you will pay for the medical service listed. When you enroll in the medical plan, you are automatically enrolled in the vision plan at the same coverage level. Full-time employees are eligible to enroll themselves and their families if they are working at least 30 hours per week.

PPO Plan	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance Plan Pays You Pay	70% after deductible 30% after deductible	60% after deductible 40% after deductible
Annual Out-of-pocket Maximum (Individual/Family)	\$4,000/\$10,000	\$8,000/\$20,000
Preventive Care Routine child care (up to age 6) and routine adult care - Physicals, office visits, pap smears, immunizations, blood tests, lab work, mammograms, prostate screening, colonoscopy screening and x-rays.	FREE	40% after deductible for HRC Services Only*
Office Visits Telemedicine Acute Care Primary Care Specialist Urgent Care	\$0 copay \$25 copay \$50 copay \$50 copay	N/A 40% after deductible 40% after deductible 40% after deductible
Mental Health Office Visits Office Visits - Tar Heel Human Services Telemedicine Behavioral Health Inpatient	\$10 copay \$0 (3 visits), then \$25 copay \$0 copay 30% after the deductible	40% after the deductible N/A N/A 40% after the deductible
Diagnostic Services Including but not limited to MRI, PET Scan, CAT scan, nuclear cardiology, imaging studies, endoscopies, colonoscopies, non maternity related ultrasounds (prior authorization required).	\$100 copay per test	40% after deductible
Emergency Room	\$500 copay (waived if admitted)	

* Health Care Reform (HRC) State and Federal mandates

Reminder!

Your first 3 visits per plan year with your In-Network Primary Care Provider (PCP) a **\$0 COPAY**.

You **MUST** register your PCP with BlueConnect at BlueCrossNC.com/ChooseYourPCP to be eligible for this benefit.

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.BCBSNC.com or call 877-275-9787 to find providers in the Blue Cross Blue Shield





See a doctor from home, at work or on the go

Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc. It's a good option for minor health problems when you can't see your regular doctor. Plus, it's often more convenient and cost effective than urgent care.

\$0 Copay / Visit

3 ways to sign up today

So it is ready when you need it!

Convenient care for your total health

- + **Range of services.** Your telehealth offering includes acute care as well as mental health services and substance abuse support.
- + **Affordable care.** Costs vary depending on your company's benefits and whether you have a copay or deductible/coinsurance plan. Telehealth is less expensive than a visit to urgent care.
- + Available 24 hours a day, seven days a week (even holidays) for acute care.
- + Low wait times and no appointment needed.
- + Prescriptions sent electronically to your local pharmacy if needed.
- + On the couch, at work, or traveling -- you can use Teladoc anywhere in the US.
- + Pediatricians available if your child gets sick.



Download the Teladoc app

on your smartphone or tablet and follow the steps to activate your account



Call 1-800-Teladoc (835-2362)



Go to [BlueCrossNC.com/Teladoc](https://www.BlueCrossNC.com/Teladoc) and click "Get Started Now"

Acute / Non - Emergent Conditions

- ⇒ Allergies
- ⇒ Cold, cough or flu
- ⇒ Diarrhea
- ⇒ Ear Problems
- ⇒ Fever
- ⇒ Headache
- ⇒ Insect bite
- ⇒ Nausea and vomiting
- ⇒ Sinus problems
- ⇒ Sore throat
- ⇒ Urinary problems
- ⇒ And more

Behavioral Health

- ⇒ Addictions
- ⇒ Anxiety
- ⇒ Depression
- ⇒ Grief and loss
- ⇒ Relationship issues
- ⇒ And more



Choose the therapist who best fits your needs



Schedule an appointment seven days a week

NEW!!

Dermatology

- ⇒ Acne
- ⇒ Alopecia
- ⇒ Bruises
- ⇒ Cold sores
- ⇒ Eczema
- ⇒ Psoriasis
- ⇒ Rashes
- ⇒ Rosacea
- ⇒ Skin Infections
- ⇒ Warts
- ⇒ And more

BCNC Concierge

NCHIP Concierge Program

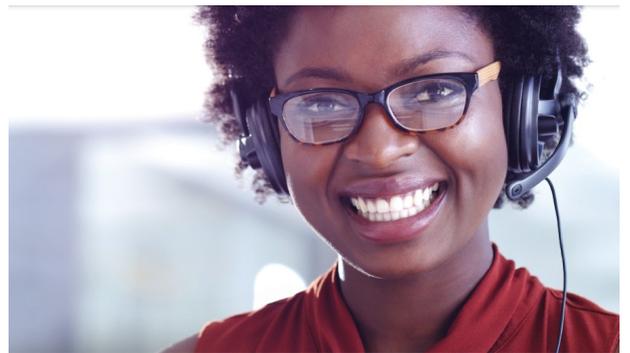
Enjoy the benefits of personalized service! Connect with North Carolina Health Insurance Pool (NCHIP) Concierge Program advocates for expert help by phone, chat or email. As a Blue Cross and Blue Shield of North Carolina (Blue Cross NC) customer, you have free access to one-on-one guidance finding the best care and cost options; advice from registered nurses; help with claims, billing and more. Learn more today at: [BlueCrossNC.com/NCHIPconcierge](https://www.bluecrossnc.com/NCHIPconcierge).

WE'RE HERE FOR YOU

With personalized customer support

Key Benefits:

- Convenient access to expert help
- Extended hours via phone or email
- Connects you with registered nurse support
- Assistance finding the best care and cost options
- Help making informed health care decisions
- Support for health issues
- Help with claims and billing



Connect with us

Call 1-800-795-9402

Monday-Friday, 8am—9pm EST

Or

Send secure email by logging in to [BlueConnectNC.com](https://www.blueconnectnc.com)

Earn Rally Coins to Purchase Blue Rewards

You now have even more ways to earn rewards with Rally Coins. You can earn this virtual currency to spend in the portal, with lots of different ways to get fun products and discounts. Your wellness program also comes with Blue Rewards, where you can earn extra Coins for doing wellness activities and more!

How it works...

1 Get an alert when an activity is waiting

BCNC will notify you by mail, email and/or SMS about some of the activities in your package when you become eligible.

2 View your available activities

Go to [BlueConnectNC.com](https://www.blueconnectnc.com) to access your wellness portal on Rally and see your available activities on the Blue Rewards page.

3 Select an activity to complete

Read each activity and how to complete it to qualify for rewards.

4 Earn Rally Coins

Once the activity is completed, Rally Coins will be deposited into your Coins Balance in the wellness portal.

5 Enjoy your reward

Cash in your Coins for discounts on fitness trackers and more, bid on rewards at auctions, use them to enter a sweepstakes or help a charity—all from your wellness portal.

Blue Rewards™



Employee Assistance Program (EAP)

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 / Legal concerns
- Personal or work related relationship issues
- 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 at no cost and if an employee needs further counseling services, the visits require a **\$25 co-pay** from the employee.
2. Employees may call **910-298-6207** from 8am to 8pm and the emergency phone number is **910-290-0153** for nights, weekends, and holidays.
3. Management support for Supervisors and Department Heads.

STRICTLY CONFIDENTIAL

Services will be provided off-site or for your convenience counselors are available at the Health Department weekly 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.

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.

Prescription drug coverage through BCBSNC is included with our medical plan. Review the chart below for the amount you will pay for the prescription drug service listed.

Pharmacy Copays		
	Private Pharmacy	In-Network Retail
Retail (30-day Supply)		
Generic	\$0 Copay	\$10 Copay
Preferred	\$20 Copay	\$45 Copay
Non-preferred	\$45 Copay	\$75 Copay
Specialty*	\$ 100 Copay	\$100 Copay
Mail-order (90-day Supply)		
Generic	\$0 Copay	
Preferred	\$60 Copay	
Non-preferred	\$135 Copay	
Specialty*	\$300 Copay	

Private Pharmacies

Realo/Beulaville Pharmacy

103 Crossover Road
 Beulaville, NC 28518
 Phone: 910-298-3093
 Hours: M-F 9am- 6pm, Sat 9am - 4pm

Kenansville Pharmacy

134-B Liberty Square
 Kenansville, NC 28349
 Phone: 910-296-0500
 Hours: M-F 9am - 6pm, Sat 9am - 1pm

* Requires Prior Authorization and Step Therapy.

MedsYourWay™

You can choose to get your home delivery prescription(s) through Amazon Pharmacy. With Amazon Pharmacy, you will also have access to MedsYourWay™ drug discount card pricing. It is seamlessly built into the Amazon Pharmacy experience, which allows you to get the lowest cost available while saving time. Unlike other discount cards, using the MedsYourWay™ discount card for covered medicines will also count toward your deductible and out-of-pocket maximum!

What to expect ...

- ⇒ 24/7/365 access to a pharmacist
- ⇒ Ability to manage your medicine and order history
- ⇒ Option for 90+ day fills

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

Blue Cross Blue Shield regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BlueCross BlueShield's mail-order pharmacy.

Mail Order Pharmacy

You can register for mail-order pharmacy by logging on to www.express-scripts.com or by calling 1-833-599-0449.



A new home delivery pharmacy option for you!
 Get started at:
Amazon.com/BlueCrossNC

Register with Blue Connect

Your gateway to online tools and resources

You can find information about your benefits and claims. It's designed to make health care easier, giving you on-the-go access when, where and how you want it. Register today to set up your User ID and Password!

Have your Blue Cross NC Member ID card on hand and follow the instructions below.

1 - Go to www.BlueConnectNC.com

2 - Click Register Now.

3 - Select the correct box based on who is registering.

Note: participants must register themselves unless they are under 13 years old, in which case they must be registered by one of their parents.

4 - To confirm your identity, enter your Subscriber ID found on your Blue Cross NC Member ID card. Your Subscriber ID contains both letters and numbers.

5 - Enter the date of birth of the person who is being registered. Enter the date using 2 digits for the month, 2 digits for the day and 4 digits for the year.

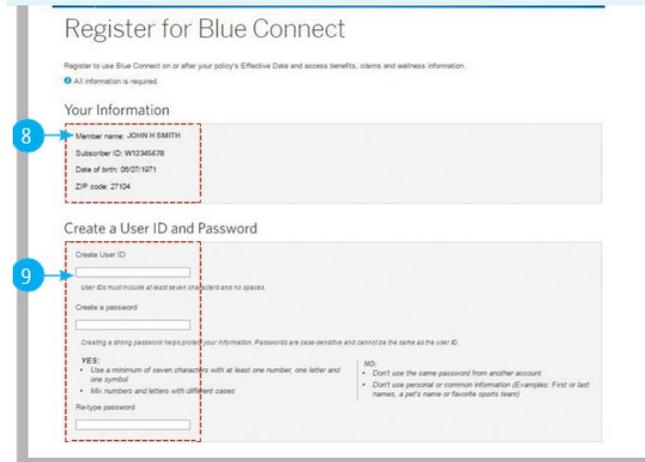
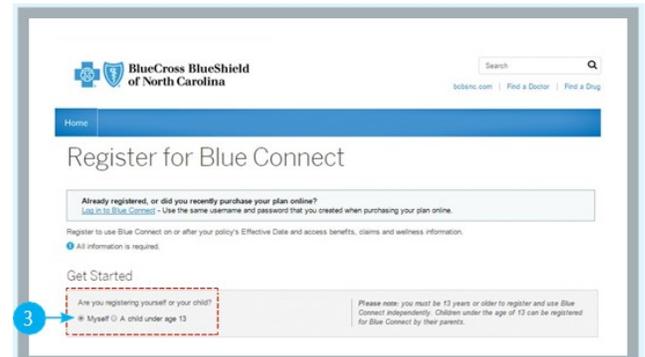
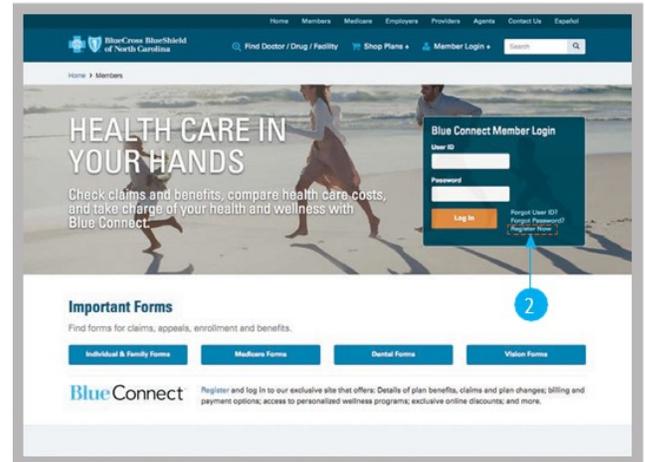
6 - Enter the ZIP code of the mailing address where you receive correspondence from Blue Cross NC regarding your health insurance.

7 - Click Continue to go to the next page.

8 - Verify that the information shown is correct and continue to step 9.

9 - You need to create a User ID and Password. Keep this information in a safe place. We also suggest using a User ID and Password that you can remember easily.

- The User ID must be at least 7 characters with no spaces, and can be a combination of numbers and letters.
- The Password must be at least 7 characters with no spaces, and must include a number or symbol.
- You need to enter your Password a second time to confirm it.



10 - Select a security question or choose to create your own and create your answer.

11 - Enter your email address, then click Finish.

10 - Select a security question or choose to create your own and create your answer.

11 - Enter your email address, then click Finish.

12 - Click Go to Blue Connect Home.

12 - Click Go to Blue Connect Home.

13 - Your registration will be complete when you see this screen.



Duplin County's Vision plan through Superior Vision covers routine eye exams and helps you pay for glasses or contact lenses. When you enroll in the medical plan, vision insurance is included. The Vision plan may not be purchased without the medical plan.

Vision Plan		
	In-Network	Out-of-Network
Eye Exam (Once every 12 months)	\$0 copay	\$44 allowance (ophthalmologist) \$39 allowance (optometrist)
Lenses¹ (Once every 12 months)	\$25 copay	
Single Vision	Covered in full	Up to \$26 allowance
Bifocal	Covered in full	Up to \$34 allowance
Trifocal	Covered in full	Up to \$50 allowance
Progressives lens upgrade	See Description ³	Up to \$50 allowance
Lenticular	Covered in Full	Up to \$76 allowance
Frames (Once every 12 months)	Up to \$130 allowance	Up to \$52 allowance
Contact Lenses⁴ (Once every 12 months)	\$130 retail allowance	Up to \$100 retail
Fitting ²	\$25 copay	Not Covered
Specialty Fitting ²	\$25 copay; \$50 retail allowance	Not Covered
Medically Necessary	Covered In Full	Up to \$210 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

1 - Materials co-pay applies to lenses and frames only, not contact lenses

2 - Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wears toric, gas permeable, or multi-focal lenses.

3 - Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

4 - Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames: 20% off amount over allowance

Lens options: 20% off retail

Progressives: 20% off amount over retail lined trifocal lens, including lens options

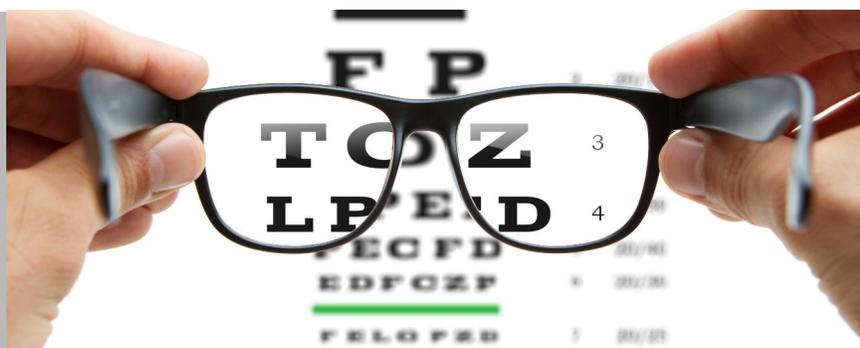
LASIK

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan.

Contact QualSight LASIK at 877-201-3602 for more information.

You can find an in-network eye doctor in the Superior Vision network by visiting www.superiorvision.com

- Under "LOCATE A PROVIDER" in the blue box on the right side of screen, select your network: "SUPERIOR NATIONAL"
- Enter the zip code you are interested in for vision services
- Click on "LOCATE"
- A list of network providers will be listed
- Or call 800-507-3800.



Duplin County offers the dental plans through Delta Dental of NC. There is no waiting period for preventive and basic care, but there is a 12 month waiting period for major services and orthodontia.

	Dental Plan	
	PPO/Premier Network Dentist	Non PPO/Premier Network Dentist*
Annual Deductible (Individual/Family)	NONE	\$50 (Person on Type B and C) \$150 (Family Max for Plan Year)
Annual Maximum (Per Person)	\$1,500	\$1,500
Preventive Care (Type A) Routine Cleanings, Exams, Fluoride and space maintainers Sealants to prevent decay of permanent teeth Brush biopsy to detect oral cancer X-rays and radiographs	Plan pays 100%	Plan Pays 100%
Basic Services (Type B) Emergency Palliative Treatment to temporarily relieve pain Minor Restorative Services - fillings and crown repair Endodontics - root canals Periodontics - to treat gum disease Oral Surgery - extractions and dental surgery Relines and repairs to bridges, implants, and dentures	Plan Pays: 80%	Plan Pays: 80% after deductible
Major Services (Type C) Major restorative Services—Crowns Prosthodontics—Bridges, implants, and dentures	Plan Pays: 50%	Plan Pays: 50% after deductible
Orthodontia (Type D) Braces (Children up to age 19)	Plan Pays: 50%	Plan Pays: 50% after deductible
Orthodontia Lifetime Maximum (Per Person)	Up to \$1,000	Up to \$1,000

- When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

You pay less for services when you use a dentist in the network. You can find an in-network dentist by visiting www.deltadentalnc.com or calling 800-662-8856.



Visit www.deltadentalnc.com

Select "FIND A DENTIST" at the upper right

Select "START YOUR DENTIST SEARCH" (Picture of group of people)

Under "NETWORK SELECTION", select either "DELTA DENTAL PPO" OR "DELTA DENTAL PREMIER" both networks are available

Under "YOUR LOCATION", enter your address/city/state or zip code

Under "SORTING, DISTANCE AND NUMBER OR RESULTS", select the desired sort results, maximum distance, and number or results

Under "ADDITIONAL SEARCH CRITERIA", enter doctors name, practice, facility name or specialty desired

Click on the "SEARCH FOR A DENTIST" button

Paying for Health Care

Flexible Spending Accounts (FSAs) allow employees to allocate *pre-tax* dollars to a healthcare and/or dependent care spending account to pay for eligible after-tax expenses. These accounts allow you to use a portion of your pay, before it is taxed, to provide coverage that can reimburse you for certain qualified expenses. You can participate in one, both or neither of the accounts—it is your choice. The FSA Plan year runs from July 1st through June 30th.

There are two types of Flexible Spending Accounts available to you:

1. Health Care Reimbursement Account
2. Dependent Care Reimbursement Account

Important Notes

Federal tax law requires separate accounts for the two types of expenses, and you must elect a separate amount to be deposited in each account in which you elect to participate.

Health Care Flexible Spending Account (FSA)	
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses) https://www.irs.gov/pub/irs-pdf/p969.pdf
When can I use the funds?	All of the funds you elect for the year are available July 1st
Can I roll over funds each year?	If you do not incur enough expenses during the plan year to use all of the coverage provided by your medical spending account, the plan allows \$500 to be rolled over to be used in the next plan year. “Use it or Lose it:” Any amount over the \$500, will be lost.
How do I pay for eligible expenses?	With your Flores debit card (you can also submit claims for reimbursement online at www.flores247.com)
Can I use my FSA for OTC medicine?	Over-the-counter medicines now require a prescription, written by a physician, for FSA reimbursement.
How much can I contribute each year?	Between \$500 and \$2,850 in 2022
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

SAVE ON QUALIFIED EXPENSES

You can use the tax-free dollars in your FSA for any qualified expense, for example:

- Medical Co-pays, coinsurance & deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Prescribed and Non-prescribed over-the-counter items
- Menstrual products



1-800-532-3327

HOW TO SUBMIT:

- Online: www.flores247.com
- Get form online and fax in claim
- Download the app for mobile filing

Paying for Dependent Care

You can contribute pre-tax dollars into a Dependent Care FSA to pay for eligible child or elderly care expenses.

Dependent Care FSA	
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	You can also submit claims for reimbursement online at www.flores247.com or by using the Flores mobile app. You may also submit via fax or mail.
How much can I contribute each year?	The maximum you can contribute is \$5,000 or \$2,500 if you are married and file separate tax returns.



Important Note

Both the health care and dependent care FSAs have a **use-it-or-lose-it rule**. For the health care FSA, you can rollover \$500 into the next plan year, anything greater will be forfeited. The dependent care FSA does not have a rollover provision. Any unused funds at the end of the year will be forfeited.

The following are some examples of eligible expenses for dependent care:

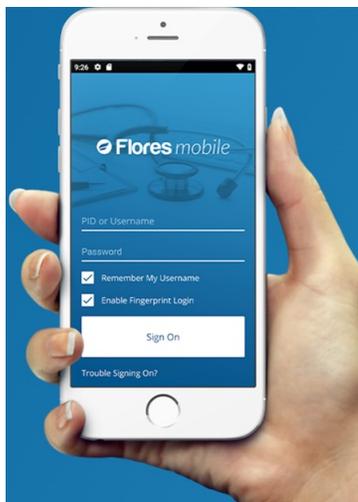
- Before and after school programs
- Nursery and pre-school tuition
- Summer and sports day camp
- Au pair / nanny expenses
- Day care centers
- Care at home by a licensed provider

1-800-532-3327

HOW TO SUBMIT:

- Online: www.flores247.com
- Get form online and fax in claim
- Download the app for mobile filing
- Mail: P O Box 313397 Charlotte, N.C. 28231
- Fax: 704.335.0818 or 800.726.9982

Flores Mobile App



Self-Service Features:

- Access your account information
- Requests for reimbursement from your account
- Submit supporting documentation for transactions
- Available through App store or Google Play

Life and AD&D Insurance

Duplin County provides basic life and accidental death and dismemberment (AD&D) insurance through One America for employees working 30 hours of more per week at **no cost to you**. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates. Spouse and child(ren) are only eligible for voluntary life coverage if the employee enrolls in voluntary life coverage. The spouse amount cannot exceed the employee's enrolled amount. If electing Voluntary Life, you will automatically be enrolled in Voluntary AD&D. The Voluntary AD&D amount will be equal to the Voluntary Life insurance amount elected.

Employee Basic Life and AD&D (Employer paid)	
Benefit Amount	\$10,000 Benefit Reductions Apply*

Voluntary Life and AD&D Insurance

All full-time and part-time employees working at least 20 hours per week are eligible to purchase Voluntary Life and AD&D Insurance. Guaranteed issue is only available to new hires who enroll in the first 30 days of employment. After the initial opportunity to enroll, any election in coverage will require evidence of insurability (medical questions). As an employee, if you have current coverage, you may increase up to \$10,000 or 10% (which ever is greater) without EOI.

Future Annual Enrollments: For employees, life insurance elections or increases during future annual enrollment greater than \$10,000 or 10% of current benefit, will be subject to evidence of insurability (health questions). Any additions or increases for your spouse and/or dependents will be subject to evidence of insurability.

	Benefit Amounts (Benefit Reductions Apply*)	Benefit Maximum (Employee paid)	Guaranteed Issue
Employee	\$10,000 Increments	The lesser of 5 X annual earnings or \$500,000 (minimum \$10,000)	\$150,000
Spouse	\$5,000 Increments	The lesser of 100% of the employee life amount or \$250,000 (minimum \$10,000)	\$50,000
Child(ren)	Flat	Birth to 6 months: \$ 1,000 6 month to age 26: The lesser of 100% of the employee life amount or \$10,000	6 months to 26: \$10,000

Conversion: If your employment ends, such as retirement, you may apply for an individual life policy without having to provide evidence of insurability.

*Age Reduction Schedule

Age 70 reduces to 65% Age 85 reduces to 20%
 Age 75 reduces to 45% Age 90+ reduces to 15%
 Age 80 reduces to 30%
 Spouse coverage terminates when employee reaches age 70.

Submitting your online EOI application

To elect amounts over the guarantee issue will require completing an Evidence of Insurability form. To get started, register to use the One America online EOI website by going to www.eoi.oneamerica.com/register and enter the Duplin County Client ID: 609625SK95.

For more detailed instructions, please go to the **Reference Center** in Benefitsolver for *How to Submit your EOI Document*.



Keep Your Beneficiaries Up to Date

You must log on to www.benefitsolver.com to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Voluntary Disability Insurance

Duplin County offers disability insurance through One America. This benefit replaces a portion of your income if you become disabled and are unable to work.

Eligibility

All full-time and part-time employees working at least 20 hours per week. Effective date of coverage will be July 1st of each year.

Portability

The disability policies can be taken with you should your employment end at the County.

Short-Term Disability (STD)

Benefit Summary	Option 1	Option 2
Benefit Amount	30% of weekly salary	60% of weekly salary
Benefit waiting period		
Injury	14 days	14 days
Sickness	14 days	14 days
Benefit Duration	24 weeks	24 weeks
Benefit Maximum	\$700/week	\$700/week
Pre-existing condition period*	3/12	3/12

Rates for STD and LTD Insurance are determined by employee's salary and option selected.



Long-Term Disability (LTD)

Benefit Summary	Option 1	Option 2
Benefit Amount	30% of monthly salary	60% of monthly salary
Benefit waiting period		
Injury	180 days	180 days
Sickness	180 days	180 days
Benefit Duration	5 years or until Social Security Full Retirement Age	5 years or until Social Security Full Retirement Age
Benefit Maximum	\$3000/month	\$3000/month
Pre-existing condition period*	6/12/24	6/12/24

*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 Whole Life Insurance

Duplin County offers whole life insurance through Unum. This benefit can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition, and more. Your whole life coverage is completely portable and the cost and benefit amount will not increase or decrease as you age. That means you'll get protection during your working years and into retirement.

Whole life insurance also builds cash value at a guaranteed rate of 3.75%.* You can borrow from that cash value, or you can buy a smaller, paid-up policy with no more premiums due.

Eligibility

All full-time and part-time employee working at least 20 hours per week.

Coverage	
Employee	You can purchase a minimum benefit amount of \$2,000 to a max of \$100,000. The cost is based on your age when coverage is issued and whether you use tobacco.
Spouse	You can purchase coverage for your spouse even if you don't purchase coverage for yourself. You can purchase a minimum benefit amount of \$2,000 to a max of \$50,000. The cost is based on your spouse's age and whether they use tobacco.
Child(ren)	You can purchase coverage for your children even if you don't purchase coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a minimum benefit amount of \$5,000 to a max of \$50,000 per child.

Why should I buy coverage now?

- ⇒ It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- ⇒ The cost is conveniently deducted from your paycheck.
- ⇒ Whole life gives you valuable protection in addition to any term life insurance you might have.



What's included?

"Living" Benefit

You can request an early payout of your policy's death benefit if you're diagnosed with a terminal illness and expected to live 12 months or less. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.

Long Term Care Rider

You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more details.



* *The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

Eligibility—All full-time and part-time employees working at least 20 hours per week

Accident, Critical Illness, and Hospital Indemnity Coverages are only offered **once a year during open enrollment**. At this time, it will be your first opportunity to enroll in these benefits. Coverage can be purchased for yourself, your spouse, and your children or for your entire family. Each of these policies can be taken with you should your employment end. You will be responsible for the premium payment directly with Voya.

Voluntary Accident Insurance

Accidents happen. Treatment can be vital to recovery, but it can also be expensive and the financial worries can grow quickly.

Accident insurance pays you cash benefits that correspond to a covered accident. Your plan also includes benefits for a variety of occurrences such as: accident care resulting in surgeries or confinement, dislocations or fractures, ambulance services, physical therapy and much more. The cash benefits can be used to help pay for deductibles, treatment, and additional incurred expenses. With VOYA, you can help protect your finances against life’s slips and falls.

[Voya Accident Video](#)

Voluntary Critical Illness Coverage

You can’t predict the future, but you can plan for it. Critical Illness coverage helps offer financial support if you are diagnosed with a covered critical illness.

You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, the policy also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

[Voya Critical Illness Video](#)

Voluntary Hospital Indemnity

Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a cash benefit due to a hospitalization. You can receive benefits when you’re admitted to the hospital for a covered accident, illness, or childbirth.

Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to the Employee based on the schedule of benefits, regardless of the actual cost of treatment.

[Voya Hospital Confinement Video](#)

Benefit Overview	Plan Feature
First Day Hospital Confinement*	\$1,500; Once/year
First Day of ICU Admission*	\$1,500; Once/year
Daily Hospital Confinement	\$100 per day; Up to 31 days/year (beginning on day 2)
Daily Critical Care Unit Confinement	\$200 per day; Up to 31 days/year (beginning on day 2)

[Voya Employee Benefit Resource Center for Duplin County](#)



Each of these plans includes a Wellness Benefit of \$50 for both the employee and their spouse. And, their Child(ren) may receive 50% of the employee’s wellness benefit amount, to a maximum of \$100 for all children. The Wellness Benefit Rider pays a benefit when a covered person has a health screening test and reports it to VOYA. If all three policies are purchased, the wellness benefits apply to each policy. Meaning, you can accumulate all three!

Plan Features

Benefit Amounts Available:

- Employee – choice of \$10,000, \$20,000, or \$30,000
- Spouse – 50% of Employee’s Coverage Amount
- Child(ren) – 50% of Employee’s Coverage

What is covered? (see plan document for additional conditions)

Heart Attack - 100%
Cancer - 100%
Stroke - 100%

Coronary artery bypass - 25%
Carcinoma in situ - 25% (localized)

Either Admission or ICU Admission

Plan 1: Benefit is Payable Once Per Insured Per Calendar Year

Plan 2: Benefit is Payable 2x Max Per Insured Per Calendar Year

Wellness Program



WELLNESS

Duplin County Government believes that healthy employees can more effectively perform their assigned duties. 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, Health care services, optional gym membership and other wellness opportunities.

Eligibility

- All Full-time and Part-time active employees working at least 30 hours per week
- Retirees of Duplin County

Employee Health Clinic

Duplin County Health Department
340 Seminary Street
Kenansville, NC 28349
(910) 372-9165

No Cost to You!!

Available to ALL County employees (and their dependents) for routine medical care and health screenings that have Duplin County Health Insurance.

Note: County employees and dependents on medical insurance other than Duplin County Health Insurance must present insurance cards for filling claims. But, *copays are waived*.

Employees can access medical services at the Health Department Employee Health Clinic without using sick or petty leave. These visits must be coordinated through the Supervisor or Department Head if during work hours and employees must call ahead to schedule an appointment. Should the employee be sent home after the visit to the Employee Health Clinic, the employee must use sick and/or petty leave beginning the time they are checked out of the Clinic. The employee must obtain a medical note from the Clinic, attach it to their time sheet, and mark the time on their time sheet as Employee Health Clinic. If the employee accesses medical services at the Health Department Employee Health Clinic without going to work at all that day, the employee must use leave for the day. However, whenever employees utilize the Employee Health Clinic for dependent visits during a work day, they must use their leave.

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



The Employee Health Clinic offers the following services:

- Provide basic level and episodic care for all eligible employees and dependents through the Employee Health Clinic
- 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 (fasting required)
- Tobacco Cessation counseling and nicotine replacement therapies are available
- Gym Services - 24 hours a day/7 days a week
- Health Performance Incentives offers opportunities for eligible full-time employees to earn extra vacation time or money by participating in health oriented activities.
- Sleep study assessment

Wellness Program

Vaccinations available at the Employee Health Clinic

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. Vaccine visits are by appointment only.

- Childhood vaccines – birth to 18 years
- Tetanus, Diphtheria, and pertussis vaccines including Td, Dtap, and Tdap
- Hepatitis A & B
- Measles, Mumps, Rubella
- Meningococcal (Meningitis) vaccines including Menactra and Bexsero
- Pneumococcal (Pneumonia) vaccines including PPSV23 and Prevnar 20
- Influenza (Flu), Pediatric, regular and high dose available
- Rabies - pre and post exposure
- Varicella (chicken pox)
- Human Papilloma Virus (HPV)
- Shingles
- Covid-19

Annual Health Risk Assessment

Full-time employees will earn eight (8) hours and 20+ hours
part-time employees will earn a pro-rated amount of vacation leave.

The Health Risk Assessment consists of:

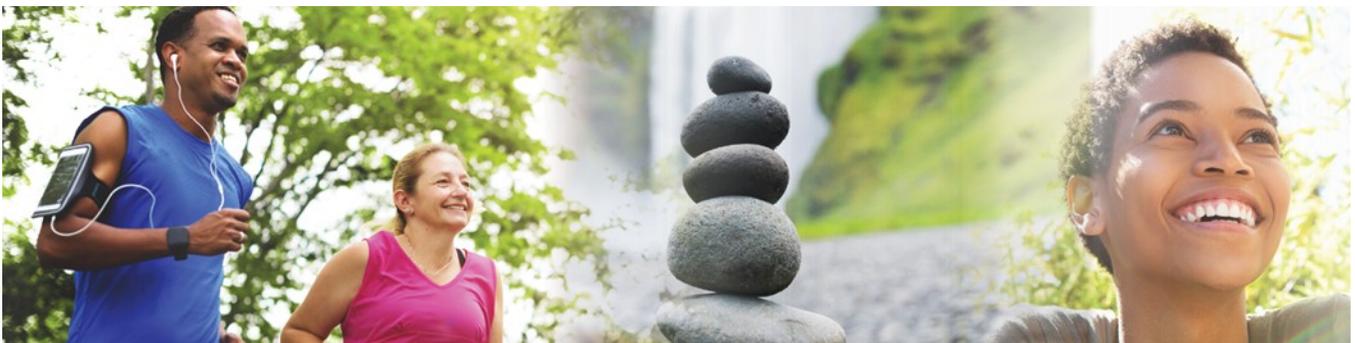
- A Fasting lab work that includes cholesterol, glucose and A1c.
- Blood Pressure
- Weight and Height
- Health Survey
- Wellness Coaching



Vaccines are by Appointment Only

Duplin County Gym (24/7)

Duplin County encourages employees to participate in athletic, exercise, wellness, and recreational programs. Participating in these activities is open to all full-time employees working 30 hours or more per week, their spouses, and dependents 18 years or older who are on the county health plan. It is voluntary and generally should take place outside of normal work time. Gym membership fees are payroll deducted bi-weekly for employees and their dependents. Please be aware that any children below the age of 18 using the county gym or any other inappropriate activity may result in termination of the employee's (and dependents) membership and disciplinary action may be applied.



Wellness Incentive Program



EARN 50 Points GET \$300!!

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***. In the case where an employee has a disability or religious belief that precludes his or her participation in a category, an alternative option for achieving the corresponding point total will be made available. 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 by the following payroll.

How To Earn Points:

Non-Tobacco Use-12 points

Option A: Non-tobacco user automatically receives 12 points.

Option B: Tobacco users (this includes electronic cigarettes), may receive points by providing proof of participation in the Quitline NC Program. Online support is available at QuitlineNC.com. Telephone service is available 24/7 toll free at 1-800-QUIT-NOW (1-800-784-8669).

Yearly Physical-10 points

Have a physical exam completed at the Wellness Center or show proper documentation of a physical completed at your medical provider's office.

Lunch and Learns-1 point per class, up to 3 points total.

Participate in classes through the Duplin County Wellness Program. Classes are available online and/or in person. Be sure to sign-in at the class for credit. Class information is distributed through county email.

Recommended screenings-5 points. (Examples: mammogram, dental exam & cleaning, skin cancer screening, prostate exam, eye specialist exam, colonoscopy)

Complete a recommended screening and show proper documentation by a health care provider.

Cholesterol-3 points

Option A: Have a documented cholesterol of ≤ 5.1 ratio by a health care provider.

Option B: If your cholesterol ratio is > 5.1 ratio, have a documented treatment plan by your health care provider.

Donating Blood-2 Points

Provide documentation of donating blood.

Healthy Weight-5 points

Option A: Have a documented BMI ≤ 27 by a health care provider.

Option B: If your BMI is >27 , you may earn points by showing a documented loss of 10% of your body weight. Starting weight and ending weight must be documented at the Wellness Center.

Option C: Have a documented Body Fat Percentage of $<28\%$ for women and $< 22\%$ for men by a health institute such as: an established gym, Wellness Clinic, dietitian, health care facility etc.

Blood Pressure-5 points

Option A: Have a documented blood pressure $\leq 140/90$ mmHg by a health care provider.

Option B: Have a documented treatment plan for hypertension by your health care provider.

Glucose-5 points

Option A: Have a documented Hemoglobin A1c of ≤ 6.0 for non-diabetes patients or ≤ 7.0 for patients with diabetes.

Option B: Have a documented treatment plan for diabetes by your health care provider.

Physical Activity-4 points

Option A: Participate by joining the county gym for a minimum of 3 months.

Option B: Provide documentation of participation at another gym for a minimum of 3 months.

Option C: Submit a Physical Activity Log documenting at least 3 days a week of 30+ minutes of physical activity each day, for a total of 12 weeks.

Flu shot, Covid-19 vaccine, or other recommended vaccines-6 points

Option A: Provide documentation of a flu shot or other recommended vaccine.

Option B: Produce a note from your health care provider advising that you should not receive the recommended vaccine.

Available to Full Time Employees Only.

Coverage Costs

Below is an overview of your benefit coverage costs.

Per-paycheck Cost for Medical/Vision and Dental Coverage

Coverage Tier	PPO Plan and Vision Plan	Voluntary Dental Plan
Employee Only	\$0.00	\$18.25
Employee + Spouse	\$167.50	\$28.63
Employee + Child - Medical Employee + Child (ren) - Dental	\$117.50	\$35.52
Employee + Family	\$305.00	\$49.84



Per-paycheck Cost for Voluntary Life and AD&D Insurance

Employee			Spouse		
Rates	Monthly	Per-paycheck Cost (24)	Rates	Monthly	Per-paycheck Cost (24)
Age Range	per \$10,000		Age Range	per \$5,000	
0-39	\$2.20	\$1.10	0-39	\$1.10	\$0.55
40-44	\$3.00	\$1.50	40-44	\$1.50	\$0.75
45-49	\$3.60	\$1.80	45-49	\$1.80	\$0.90
50-59	\$3.80	\$1.90	50-59	\$1.90	\$0.95
60-64	\$5.10	\$2.55	60-64	\$2.55	\$1.28
65-74	\$10.00	\$5.00	65-69	\$5.00	\$2.50
75+	\$16.00	\$8.00			
Child Rate	\$2.00	\$1.00			

Note: Insurance benefits and guarantee issue amounts are subject to age reductions: At age 70, amounts reduce to 65%, At age 75, amounts reduce to 45%, At age 80, amounts reduce to 30%, At age 85, amounts reduce to 20%, At age 90, amounts reduce to 15%. Spouse coverage terminates when you reach age 70. Your Spouse's rate is based on your age.



What Will It Cost?

Duplin County is committed to offering you comprehensive benefits at a fair cost. Duplin County pays 100% of the cost for medical and vision coverage for the employee. All other coverages for the employee and their dependents are voluntary benefits and are paid for by the employee.

Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	Blue Cross Blue Shield of NC	877 - 275 - 9787	www.bcbsnc.com
Employee Wellness Clinic	Duplin County Health Department	910 - 372 - 9165	https://dchealth.duplincountync.com/
Vision	Superior Vision	800 - 507 - 3800	www.superiorvision.com
Voluntary Dental	Delta Dental of NC	800 - 662 - 8856	www.deltadentalnc.com
Flexible Savings Account	Flores & Associates	800 - 532 - 3327	www.flores247.com
Life and AD&D	OneAmerica	800 - 553 - 5318	www.employeebenefits.aul.com
Short-term and Long-term Disability	OneAmerica	800 - 553 - 5318	www.employeebenefits.aul.com
Voluntary Whole Life	Unum	866-679-3054	www.unum.com
Voluntary Critical Illness	Voya Financial	877 - 236 - 7564	voya.com/claims
Voluntary Accident	Voya Financial	877 - 236 - 7564	voya.com/claims
Voluntary Hospital Indemnity	Voya Financial	877 - 236 - 7564	voya.com/claims
Employee Assistance Program	Tar Heel Human Services, P.C.	910 - 298 - 6207	contact@tarheelinc.com

Duplin County Human Resources Department

Pam Brame, HR Director: pam.brame@duplincountync.com
 910 - 372 - 9251
 Semeka Bryant-Perry: semeka.perry@duplincountync.com
 910 - 372 - 9258
 Kimberly Wickline: kimberly.wickline@duplincountync.com
 910 - 372 - 9259
<https://www.duplincountync.com/human-resources/>



Medicare Notices

Notice of Creditable Coverage Important Notice from Duplin County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Duplin County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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. Duplin County has determined that the prescription drug coverage offered by the medical plan is, 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.

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 15th to December 7th.

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 Duplin County coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Duplin County coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Duplin County Benefit Plan.

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 Duplin 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) as long as 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 Duplin County changes. You also may request a copy of this notice at any time.

Medicare Notices

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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
- 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, 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 01, 2022
Name of Entity/Sender: Duplin County
Contact—Position/Office: Pam Brame - Human Resources Director
Office Address: 224 Seminary Street
Kenansville, North Carolina 28349
United States
Phone Number: 910.372.9251

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA **

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Legal Notices

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Pam Brame.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Legal Notices

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Duplin County
Pam Brame - Human Resources Director
224 Seminary Street
Kenansville, North Carolina 28349
United States
910.372.9251

¹<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Duplin County is committed to the privacy of your health information. The administrators of the Duplin County Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Pam Brame - Human Resources Director at 910.372.9251 or pam.brame@duplincountync.com.

HIPAA Special Enrollment Rights

Duplin County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Duplin County Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 your 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Pam Brame - Human Resources Director at 910.372.9251 or pam.brame@duplincountync.com.

Legal Notices

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.

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 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 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 October 15, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840

Legal Notices

INDIANA – Medicaid	MINNESOTA – Medicaid
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KANSAS – Medicaid	MONTANA – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
KENTUCKY – Medicaid	NEBRASKA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
LOUISIANA – Medicaid	NEVADA – Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

Legal Notices

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>	<p>Website: http://dss.sd.gov</p> <p>Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>	<p>Website: http://gethipptexas.com/</p> <p>Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/CHIP</p> <p>Website: http://health.utah.gov/chip</p> <p>Phone: 1-877-543-7669</p>
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-844-854-4825</p>	<p>Website: http://www.greenmountaincare.org/</p> <p>Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>	<p>Website: https://www.coverva.org/en/famis-select</p> <p>https://www.coverva.org/en/hipp</p> <p>Medicaid Phone: 1-800-432-5924</p> <p>CHIP Phone: 1-800-432-5924</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx</p> <p>http://www.oregonhealthcare.gov/index-es.html</p> <p>Phone: 1-800-699-9075</p>	<p>Website: https://www.hca.wa.gov/</p> <p>Phone: 1-800-562-3022</p>
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</p> <p>Phone: 1-800-692-7462</p>	<p>Website: http://mywvhipp.com/</p> <p>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/</p> <p>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</p> <p>Phone: 1-800-362-3002</p>
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
<p>Website: https://www.scdhhs.gov</p> <p>Phone: 1-888-549-0820</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</p> <p>Phone: 1-800-251-1269</p>

Legal Notices

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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 and reference the OMB Control Number 1210-0137.

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

Women's Health & Cancer Rights Act

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 the plan. Therefore, the following deductibles and coinsurance apply:

PPO Plan (Individual: 30% coinsurance and \$1,500 deductible; Family: 30% coinsurance and \$3,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 910.372.9251 or pam.brame@duplincountync.com.



Gallagher

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The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (“ERISA”) as a Summary of Material Modifications and should be kept with your most recent summary plan description.