

Employee Benefit Guide



2020-21

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 27 and 28 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.

This year we are especially excited that we have partnered with Gallagher Insurance to serve as our benefits broker, and 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 HR, 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,



Davis H. Brinson

Duplin County Manager

About Your Benefits

We are pleased to provide you with the 2020-2021 Duplin County Benefits Guide. This Guide is designed for employees and pre-65 retirees who are eligible to enroll in the Duplin County benefit plans. Duplin County offers you choices in medical & vision, dental coverage, term life and AD&D insurance, short and long term disability, accident and cancer insurance, hospital indemnity, universal life insurance and flexible spending 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. Should you need more detail, please refer to the summary plan documents. These can be found at <https://duplincounty.benefitconnector.com>.

If additional assistance is needed, please see contact information on page 26.

New this year, we will be offering a new way to enroll in benefits. Duplin County has a benefit administration system tool called Benefit Connector, owned by Triune Technologies. This tool has a self service portal and you will be able to use it to review your current enrollment elections and make changes to any new elections using this system directly. You will need to register at Benefit Connector. Instructions of how to register and use the system are on pages 6 and 7, of the benefits guide.

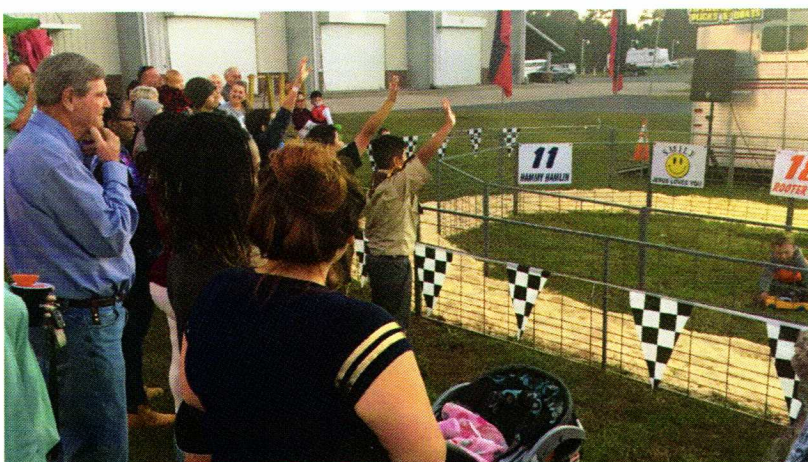


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Eligibility

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

Annual Enrollment is held this year May 18th-May 22nd. You may make any desired changes to your benefits during that time. Any changes or enrollments made during Annual Enrollment will take effect on July 1st. You cannot make any changes to your benefits until the next 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 and 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
- 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://duplincounty.benefitconnector.com> and enroll. 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.

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

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.

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 paid for by the employee. View page 25 for more information about your costs for coverage.

Employee Payroll Contributions

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

Enrollment Instructions—How to Register

Step 1

Log on to:

<https://duplincounty.benefitconnector.com>



Register

Duplin County
North Carolina

If you have not previously been assigned a username and password you will need to register before attempting to log in.

Register

[Forgot Login](#)
[Forgot Password](#)

Step 2

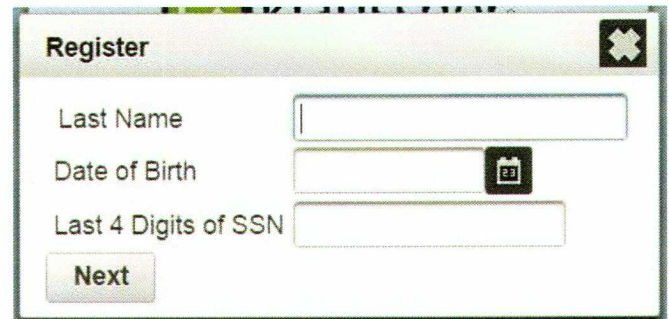
If you have never accessed the site, you must register.

From the login screen, click 'register' to begin registration process.

Step 3


Enter the Registration Information—Last Name, Date of Birth, Last 4-Digits of SSNo.

Click 'Next' to continue.



Register

Last Name

Date of Birth 

Last 4 Digits of SSN

Next

Step 4.

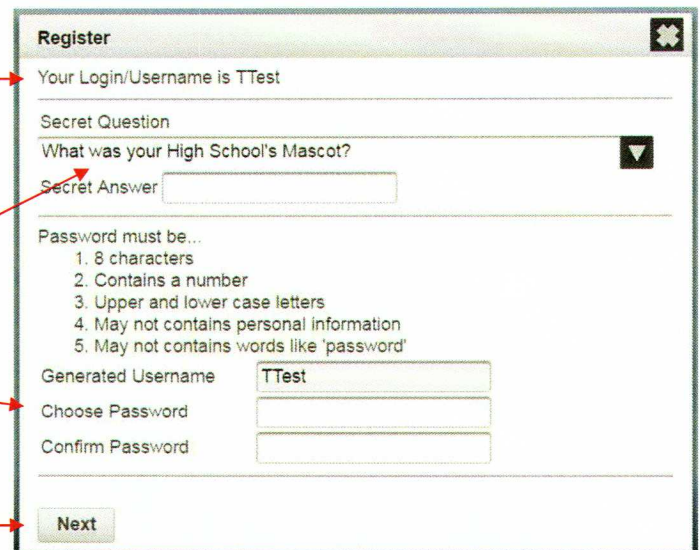
Make Note of your Login/Username

Select and answer a Secret Question

Create and Verify a Password.

Password strength is displayed as password is developed.

Click 'Next' to continue.



Register

Your Login/Username is TTest

Secret Question
What was your High School's Mascot?

Secret Answer

Password must be...

1. 8 characters
2. Contains a number
3. Upper and lower case letters
4. May not contain personal information
5. May not contain words like 'password'

Generated Username

Choose Password

Confirm Password

Next

Be sure to remember your Login/Username and Password for future access to Benefit Connector. If you forget your Password, it can be reset by following the instructions for 'Forgot Login/Password' in the log in box.



Enrollment Instructions - How to use Benefit Connector



Your employer will provide you with the specific site address for the enrollment site. To access the site go to:

<https://duplincounty.benefitconnector.com>

User Name and Password are required to enter the enrollment site. If you are a first time user you must go through the registration process. Click on 'Register' and follow the simple registration instructions. A default User Name will be assigned. You will create your Password.



Start Enrollment My Info My Family My Current Benefits

Start Enrollment

During an Open Enrollment period click **Start Enrollment** to begin the enrollment process. Depending on case settings you may or may not be asked to verify both employee and dependent information. Dependents who are currently listed in the system can be updated and verified at this point. **Important:** You'll be given the opportunity to add dependents during the actual enrollment process.

My Info

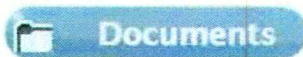
Your demographic information will be displayed in the **My Info** tab, some of which can be edited. If there is incorrect information in fields that you are not allowed to edit, please contact your HR Dept and provide them with the correct information. **Suggestion:** Depending on case settings you may or may not be asked to verify your employee information during the enrollment process. Complete your enrollment first. If you were not asked to verify your information during the enrollment process, you can view/update your information once you've completed enrollment.

My Family

Dependents who are currently listed in the system will be displayed in the **My Family** tab. Where allowed you can update and correct dependent information. **Suggestion:** Depending on case settings you may or may not be asked to verify your dependent information during the enrollment process. Complete your enrollment first. If you were not asked to verify your dependent information during the enrollment process, you can view/update your dependents once you've completed enrollment.

My Current Benefits

Select **My Current Benefits** to view a summary of the benefits you are currently enrolled in.



Selects **Documents** to view and print any Forms or Documents that have been posted by your employer.

Selects **Settings** to change your Password or your Registration information.

Click for additional help information.

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	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
Office Visits	Telemedicine Acute Care Primary Care Specialist Urgent Care	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	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)	

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.BCBCNC.com or call 888-487-5553 to find providers in the Blue Cross Blue Shield network.



Virtual Acute Health Care - BCBSNC

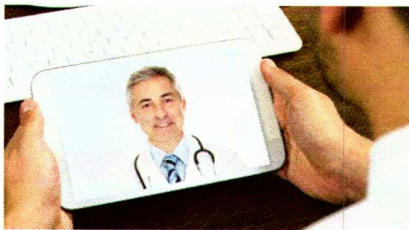
Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc provider is just a call or click away.

What conditions can Teladoc treat for acute care?

What does it cost? **\$0 COPAY** for acute care visits

Teladoc's doctors can diagnose and treat many non-emergency health problems:

- + Allergies
- + Cough, cold and flu
- + Diarrhea
- + Ear problems
- + Fever
- + Headache
- + Insect Bite
- + Nausea and vomiting
- + Sinus problems
- + Sore throat
- + Urinary problems and UTIs
- + And more



3 ways to sign up today

So it's ready when you need it!



Download the Teladoc mobile app
(iOS- / Android-supported)



Go to teladoc.com and click: "Log in/Register"



Call **1-800-835-2362**
(1-800-Teladoc)

If you think you have Covid-19 (coronavirus):

Contact us. We will advise you on what to do next. Teladoc is not able to write lab orders for testing at this time.

If you are experiencing shortness of breathe, call ahead to a local doctor's office. And request an in-person visit.

Don't go to your local emergency room for COVID-19 testing. The ER is only for those who need the most critical care.

Virtual Behavioral Health Care—BCBSNC

Access to convenient, confidential, and quality treatment by phone or video.

You have access to high quality care with board-certified psychiatrists, licensed psychologists, or licensed therapists. You can book appointments with ease and build ongoing relationships with mental health professionals of your choice—without having to travel to or wait at the provider's office.

How Virtual Behavioral Health Care works



Online assessment



Choose online provider



Schedule virtual visit



Meet with care provider (phone or video)



Ongoing treatment as needed

Common conditions treated:

- Anxiety
- Depression
- PTSD
- Stress
- Panic Disorder
- Family/marriage issues
- Grief
- Eating disorders
- Substance abuse
- Trauma resolution
- Work pressures
- ADHD

75% of members with depression or anxiety reported improvement after their third or fourth virtual care visit.

Cost of Behavioral Health Provider Visit	Fee
Initial Psychiatric Visit	\$200
Ongoing Psychiatric Visits for Individual/Family	\$95
Initial Therapist Visit	\$90
Ongoing Therapist Visits	\$85

Teladoc accepts most major credit and debit cards, and it's a qualified expense for HSAs, HRAs and FSAs.

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 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.

IT IS STRICTLY CONFIDENTIAL

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

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

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.

Generic Drugs

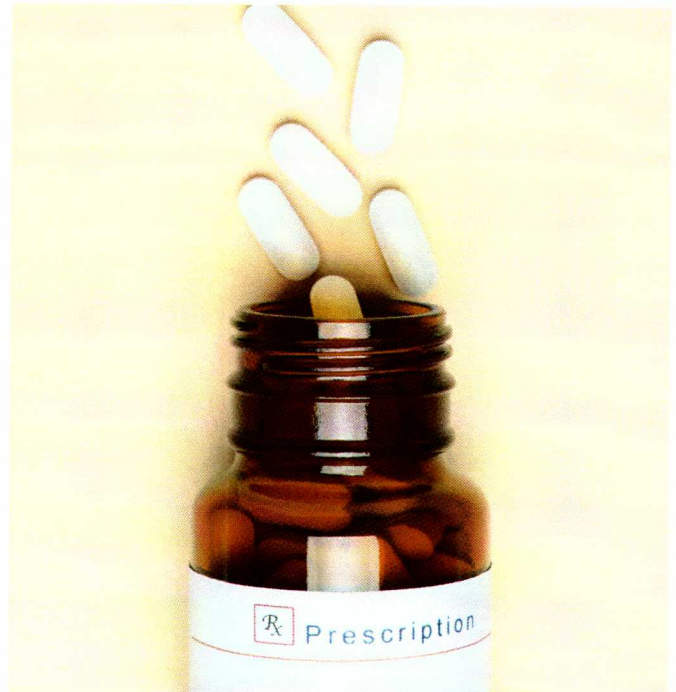
Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

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 Blue Cross Blue Shield's mail-order pharmacy. You can register for mail-order pharmacy by logging on to www.BlueConnectNC.com.



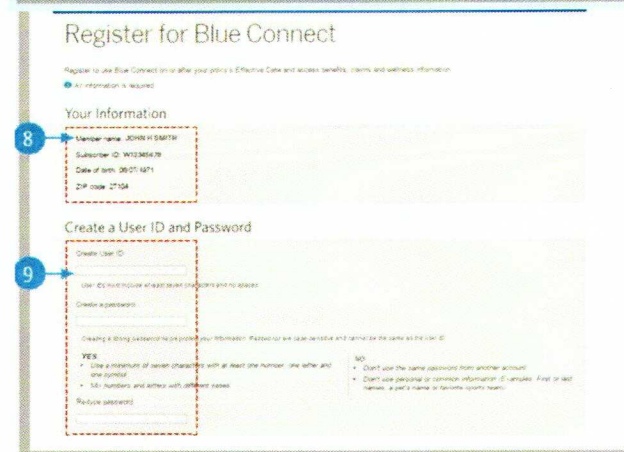
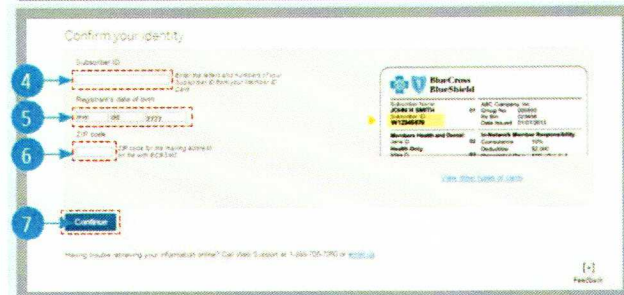
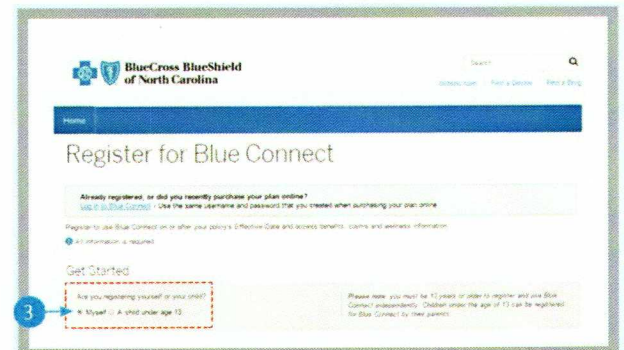
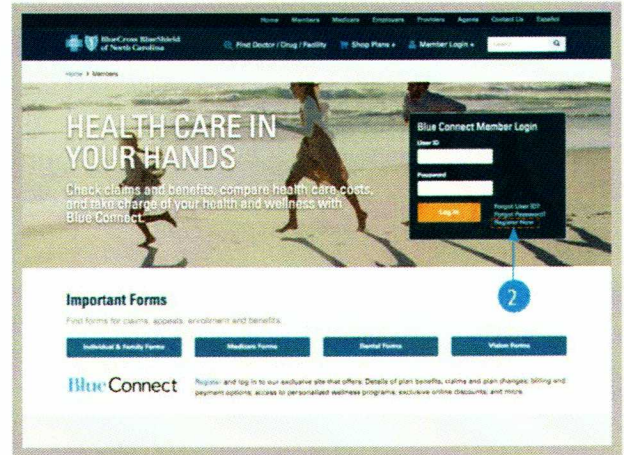
Register with Blue Connect

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.

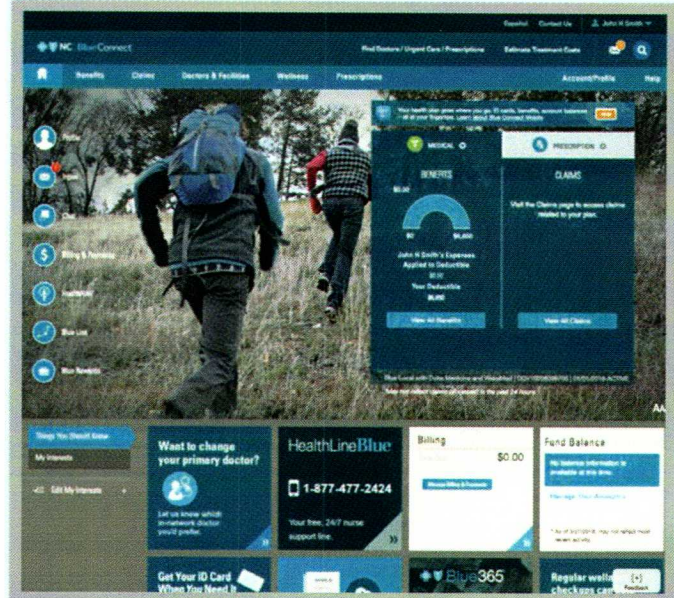
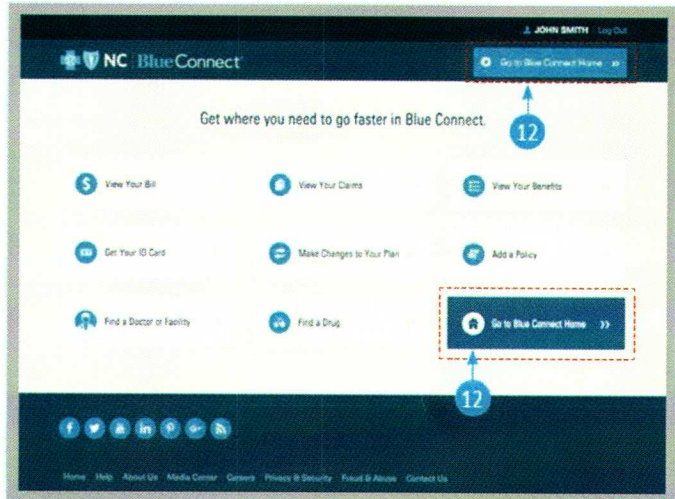
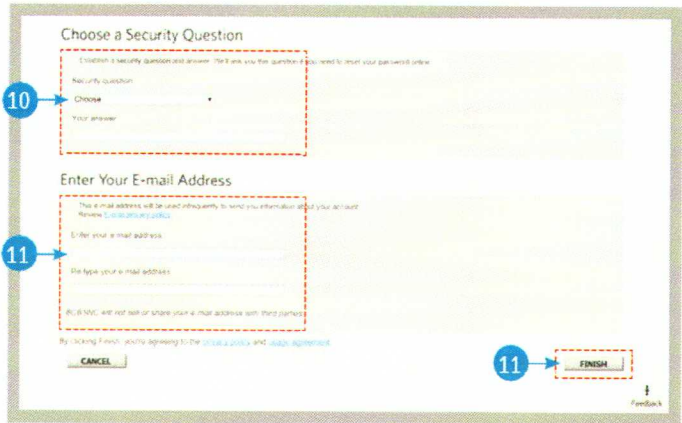


10 - Select a security question or choose to create your own and create your answer.

11 - Enter your email address, then click Finish.

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 wear 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

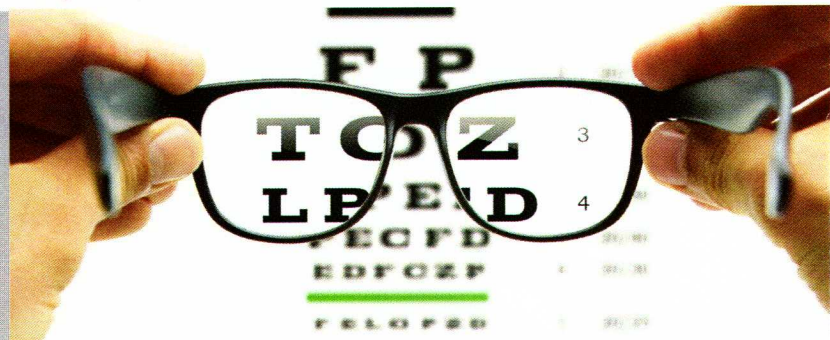
- Frames: 20% off amount over allowance
- Lens options: 20% off retail
- Progressives: 20% off amount over retail lined trifocal lens, including lens options

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.



Voluntary Dental Coverage

Delta Dental

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 \$2,750 in 2020
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

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.

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?	With your Flores debit card. You can also submit claims for reimbursement online at www.flores247.com
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:

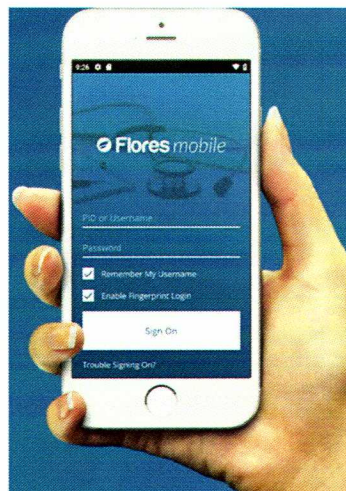
- Before and after school programs
- Nursery and pre-school tuition
- Summer and sports day camp
- Au pair / nanny expenses
- Day care centers
- Care at home by a licensed provider

1-800-532-3327

HOW TO SUBMIT:

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

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 offers basic life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha. 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 if employee enrolls in coverage. Spouse amount cannot exceed the employee's enrolled amount.

How it Works		Voluntary Life and AD&D (Employee-paid benefit)
Voluntary Life	Your beneficiaries receive this benefit if you pass away	<p>You: Increments of \$10,000 up to \$150,000 (limited to 5x salary). Guaranteed Issue is 150,000. Age reduction applies.*</p> <p>Your spouse: Increments of \$5,000 up to \$50,000 (limited to not exceed employee's enrolled amount). Guaranteed Issue is \$50,000.</p> <p>Your child(ren): \$10,000 (only eligible if employee enrolls). Guaranteed Issue is \$10,000. Dependent child can be covered up to age 26.</p>
Voluntary AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	<p>You: Increments of \$10,000 up to \$150,000 (limited to 5x salary). Guaranteed Issue is 150,000. Age reduction applies.*</p> <p>Your spouse: Increments of \$5,000 up to \$50,000 (limited to not exceed employee's enrolled amount). Guaranteed Issue is \$50,000.</p> <p>Your child(ren): \$10,000 (only eligible if employee enrolls). Guaranteed Issue is \$10,000. Dependent child can be covered up to age 26.</p>

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

*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.

The **guarantee issue** amount is available without evidence of insurability only at the initial enrollment period when an employee first becomes eligible.

For employees, life insurance increases during future annual enrollment greater than \$10,000, will be subject to evidence of insurability (health questions). Any increases for spouse and/or dependents will be subject to evidence of insurability.



Keep Your Beneficiaries Up to Date

You must log on to www.mutualofomaha.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

One America

Voluntary Disability Insurance

Duplin County also provides 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 employee 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 Universal Life

Coverage for You and Your Family

Universal life coverage is permanent...

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

Guarantee Coverage Available...

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

Employee Guarantee Issue – up to \$100,000

Spouse Guarantee Issue - \$15,000

Child / Grandchild Guarantee Issue - \$25,000

Advantages of buying through your employer...

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



Voluntary Group Cancer Coverage

MONEY TO HELP YOU FOCUS ON RECOVERY

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

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

You get a \$100 Wellness Benefit to use when you're healthy, to help you stay that way.

Guaranteed Issue with High or Low Option to choose from.

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

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

Voluntary Accident Insurance

Money to help you focus on Recovery

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

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

You get a \$100 or \$50 Wellness Benefit depending on your choice of plans to use when you're healthy, to help you stay that way.

ACCIDENT INSURANCE PAYS

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

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

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

Voluntary Hospital Select

HOSPITAL SELECT INSURANCE PAYS

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

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

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



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 employee 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:

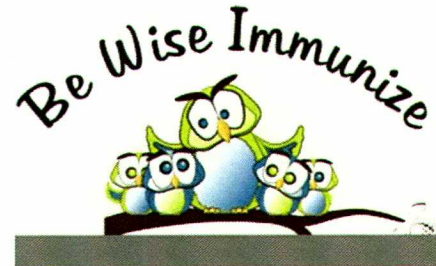
- Provide basic level and episodic care for all eligible employees and dependents through the Employee Health Clinic
- Provide Worker's Compensation examinations, treatment, follow-up and the development of a back-to-work plan
- Contracted services with a Pharmacy to dispense no cost generic medications 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
- Breast Feeding consultations with breast pumps at no charge
- Durable Medical Equipment is available (Sleep apnea machines, diabetic supplies, nebulizers, crutches, etc.) for a 20% cost share
- Registered Dieticians / Nutritionists available for nutrition counseling and weight management
- Diabetic Classes
- Gym Services
- Health Performance Incentives offers opportunities for eligible employees to earn extra vacation time or money by participating in health oriented activities.

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. Walk-ins for vaccines only visits are accepted but calling first is encouraged to minimize wait time.

- 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 13
- Influenza (Flu) pediatric, regular and high dose available
- Rabies - pre and post exposure
- Varicella (chicken pox)
- Human Papilloma Virus (HPV)
- Shingles



Appointments encouraged, but walk-ins are welcome for immunizations only. Call first to minimize wait time.

Annual Health Risk Assessment

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

The Health Risk Assessment consists of:

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

Duplin County Gym

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



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**. 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 completing the NC Quitline Program and providing proof of participation. 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. 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 by a health care provider.

Option B: Have a documented treatment plan for diabetes by your health care provider and attend the diabetic education classes at Duplin County Health Department (total of 3 classes).

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 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, Dental and Vision Coverage

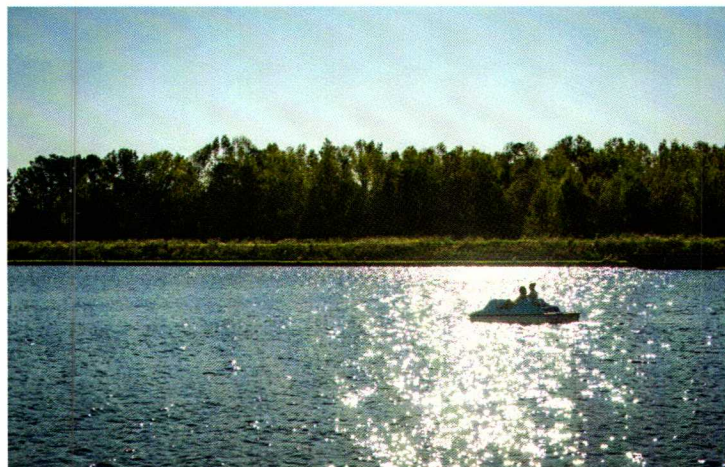
Coverage Tier	PPO Plan and Vision Plan	Voluntary Dental Plan
Employee Only	\$0.00	\$18.25
Employee + Spouse	\$162.50	\$28.63
Employee + Child - Medical Employee + Child (ren) - Dental	\$112.50	\$35.52
Employee + Family	\$300.00	\$49.84



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

	Employee	Per-paycheck Cost (24)		Spouse	Per-paycheck Cost (24)
Rates	Life and AD&D	Total	Rates	Life and AD&D	Total
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	Child Rate for \$10,000	\$0.20	\$0.10

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 Spouses rate is based on your age.



Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	Blue Cross Blue Shield of NC	888 - 487 - 5553	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	Mutual of Omaha	800 - 775 - 8805	www.mutualofomaha.com
Short-term and Long-term Disability	OneAmerica	800 - 553 - 5318	www.employeebenefits.aul.com
Voluntary Universal Life	Transamerica	800 - 797 - 2643	www.transamerica.com
Voluntary Cancer	Transamerica	800 - 797 - 2643	www.transamerica.com
Voluntary Hospital Select	Transamerica	800 - 797 - 2643	www.transamerica.com
Voluntary Accident	Transamerica	800 - 797 - 2643	www.transamerica.com
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

Kathy Wallace, HR Supervisor: kathy.wallace@duplincountync.com
910 - 372 - 9259

Semeka Bryant-Perry: semeka.perry@duplincountync.com
910 - 372 - 9258

<https://www.duplincountync.com/human-resources/>



Medicare Notices

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 Duplin County 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 this year from October 15th through 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 19 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.

Medicare Notices

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Human Resources 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 changes. You also may request a copy of this notice at anytime.

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: May 2020

Name of Entity: Duplin County

Contact: Pam Brame

Office Address: 224 Seminary Street

Phone: Kenansville, NC 28349

Legal Notices

Know Your COBRA Notification Responsibilities

It is your responsibility to notify Human Resources when a dependent becomes eligible or ceases to be eligible for coverage under our benefit plans. All eligibility changes should be reported within 30 days of the event. Failure to report changes in a timely manner can impact your ability to add newly eligible dependents or discontinue pre-tax premium contributions on ineligible dependents.

In addition, failure to report a loss of eligibility due to legal separation or divorce or a dependent that has otherwise ceased to be eligible, such as a child reaching the maximum dependent child age limit, can impact your dependent's rights for group health plan coverage under the federal law known as COBRA. If you fail to report the loss of eligibility within 60 days of the event, your dependents may be left with no continuation coverage under our plan. Please see your COBRA notice or your group health plan summary plan description for additional information.

Protecting Your Health Information Privacy Rights

We are committed to the privacy of your health information. The administrators of our Health Care 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 Human resources.

Notice of your HIPAA Special Enrollment Rights

Loss of Other Coverage - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage.

To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of 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/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption.

Medicaid Coverage - The Duplin County group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. Termination of Medicaid or CHIP coverage - If the employee or dependent is covered under a Medicaid plan or under a State Child Health Plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of
2. Eligibility for premium assistance under Medicaid or CHIP- If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends

To request special enrollment or obtain more information, please contact Duplin County Human Resources.

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 January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus(CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	FLORIDA – Medicaid
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	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co_nt.aspx Phone: 1-800-541-5555	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: http://www.indianamedicaid.com Phone 1-800-403-0864

Legal Notices

IOWA – Medicaid and CHIP(Hawki)	NEBRASKA – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki</p> <p>Hawki Phone: 1-800-257-8563</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
KANSAS – Medicaid	NEVADA – Medicaid
<p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>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: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hot-line) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
MAINE – Medicaid	NEW YORK – Medicaid
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>

Legal Notices

<p align="center">MINNESOTA – Medicaid</p>	<p align="center">NORTH DAKOTA – Medicaid</p>
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MISSOURI – Medicaid</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p>
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MONTANA – Medicaid</p>	<p align="center">OREGON – Medicaid</p>
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p>
<p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p>
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p align="center">SOUTH DAKOTA - Medicaid</p>	<p align="center">WASHINGTON – Medicaid</p>
<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">TEXAS – Medicaid</p>	<p align="center">WEST VIRGINIA – Medicaid</p>
<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)</p>

Legal Notices

UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, 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 (expires 1/31/2023).

Legal Notices

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year.

These services include:

- . Reconstruction of the breast upon which the mastectomy has been performed;
- . Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- . Prosthesis; and
- . Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- . Interfere with a participant's rights under the plan to avoid these requirements; or
- . Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law

However, the plan may apply deductibles, coinsurance, and co-pays consistent with other coverage provided by the Plan.





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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.