

2024 **Employee** Benefits Open Enrollment Guide



BENEFITS DESIGNED

WITH YOU

IN MIND



CABARRUS COUNTY
America Thrives Here

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DISCLAIMER

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at benefits.cabarruscounty.us

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



VIEW YOUR BENEFITS

For details about all of your benefits, product videos, policy certificates, enrollment and contact information visit the Cabarrus County benefits site at benefits.cabarruscounty.us



Welcome to Your Cabarrus County Benefits!

At Cabarrus County Government, it's our employees who make the difference in our success. That's why, each year, you can choose from a variety of benefits that can make a real difference in your life.

We offer a broad range of benefits, including health care, life insurance, disability insurance, and much more. You can customize a benefits program that's exactly right for your personal situation.

The benefits described in this guide are to help you achieve your healthcare goals and protect your loved ones. We strive to provide a benefits package that will meet your needs while balancing the cost to you and Cabarrus County. Please review it carefully and make your elections before the deadline. All elections you make during the Open Enrollment period will be effective on July 1, 2024. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

Thank you for being a valued part of our employee family with Cabarrus County.



CABARRUS COUNTY
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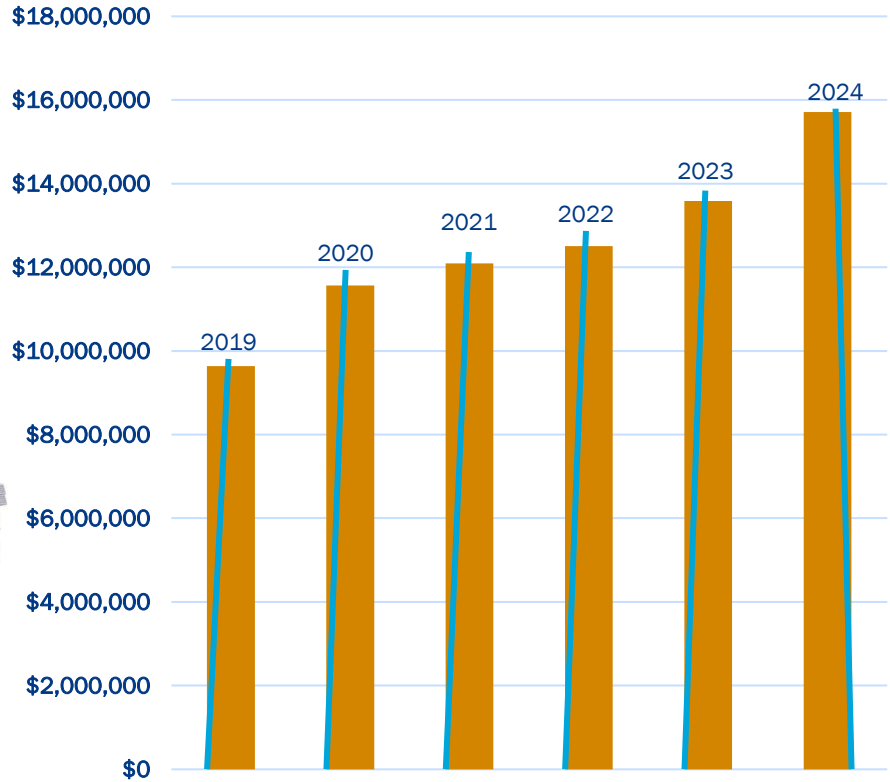
Cabarrus County Medical/Rx Trend

While Cabarrus County employees will not see an increase to your premiums on the medical plan this year, please note the County is absorbing an increase of about 12.3%. The cost for 2024 is expected to be over \$15 million.

Cabarrus County provides Health Coverage through a Self-Insured Arrangement

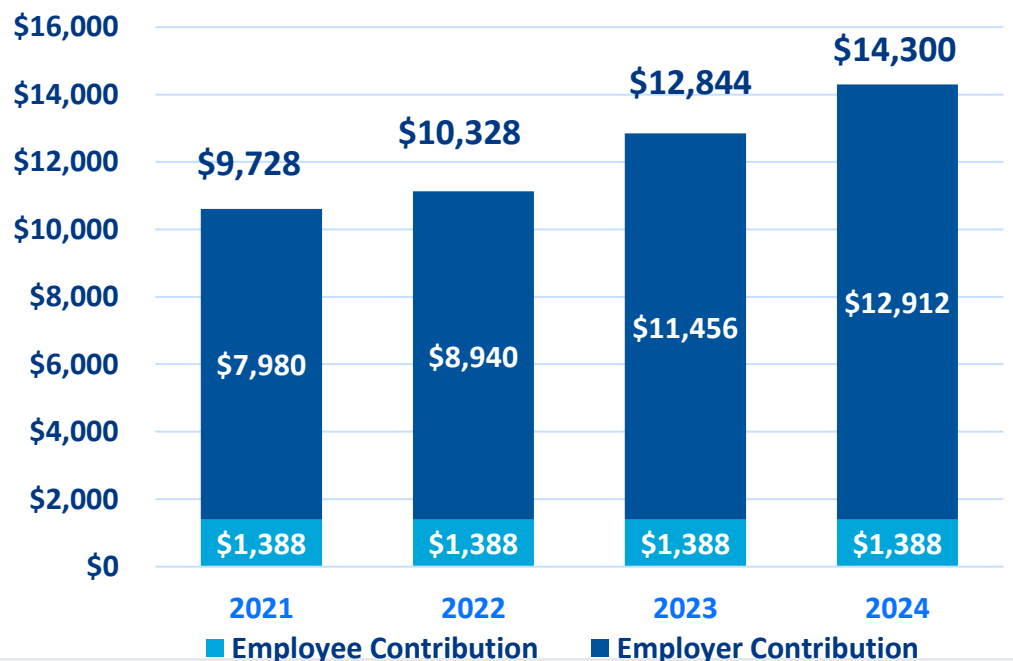
Cigna is the claims administrator, but all covered claims are paid from Cabarrus County's health fund account.

Cabarrus County will absorb a 12.3% increase in 2024; no increase to Employees



Cabarrus County Annual Medical/Rx Plan Cost per Employee

Cabarrus County Annual Medical/Rx Plan Cost for 2024 expected to be over \$15 million



Cabarrus County 2024 Open Enrollment

May 8th – May 22th, 2024 – You Must Actively Enroll to Have Coverage in 2024

What's New or Changing for July 1, 2024 to June 30, 2025

- **Benefits website:** You have access to benefits information, important documents, videos, carrier contact information, and more in one convenient location. From any internet browser, visit benefits.cabarruscounty.us – no login or password needed.
- **Online Platform** for enrollment with Benefitfirst.
- **Benefit Counselors** are scheduled to be on-site during enrollment to help support you in reviewing benefits, answering questions, and enrolling in coverages. Please look for communications to schedule a meeting with a benefits counselor when they are on-site at your location.
- **Medical Dual Option** - ALL eligible full-time employees can enroll in either medical plan.
- **Medical, Prescription** – There are no rate changes for 2024, but there will be significant plan improvements to the OAP plan! These features include a lower deductible, lower out-of-pocket maximum, and the addition of copays – all with no increase in premium!
- **Dental Plan** – No Plan changes, but an increase to Employee Premiums for 2024.
- Visit a dentist in the Delta Dental PPO network to maximize your savings. Network dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill. Visit www.deltadentalnc.com/findadentist.
- **Unum Life and AD&D, Lincoln Financial Short-Term Disability or Long-Term Disability** – No plan changes, but an increase to Employee Premiums for 2024 for Disability coverage.
- **Aflac Accident & Critical Illness Insurance** – Benefit enhancements to both the Accident & Critical Illness plans in 2024 with no increase in rates!
- **Health savings account (HSA) limit increases:** If enrolled in the Cigna HDHP with HSA Plan in 2024, you may now contribute even more to your HSA. HSA contribution limits for 2024 are:
 - Individual: \$4,150
 - Family: \$8,300
 - If you are age 55 and over, you may contribute an additional \$1,000 catch-up contribution
- **Flexible spending account (FSA) limit increases:** Health FSA enrollees may contribute more to these accounts if you enroll for 2024. Current IRS FSA contribution limits are:
 - Health FSA: \$3,200
 - Dependent Care: \$5,000

2024 Open Enrollment: May 8 – May 22, 2024

Your Open Enrollment to-do list

1. **REVIEW** this guide and Cabarrus County’s benefits website at benefits.cabarruscounty.us
2. **CONSIDER** your health and benefit needs.
3. **ENROLL** or **MAKE CHANGES** at benefits.cabarruscounty.us
4. **ADD** or **DROP** family members.

Helpful enrollment tips

Check to see that your current plans still fit your lifestyle. Choosing the same coverage year-after-year is easy. Life changes and updating your benefits preferences can make a difference.

Don’t look only at the costs. You want to prepare for the unexpected by selecting a plan that fits your needs and your wallet. Evaluate your family’s healthcare needs. You don’t want to overspend on premiums if you and your family don’t need a higher level of coverage.

Read up on the other benefits offered by the County. The worse-case scenario rarely happens but being prepared is wise. A small investment now could mean a life-changing financial scenario for you or your loved ones.

How to Enroll



Follow these important steps to enroll in your benefits.

1. Determine Your Needs

Be a smart health care consumer and ask yourself the following questions:

- Who should I cover?
- How much did I spend on health care last year?
- Will I need more, or less, health coverage next year?

2. Review Your Options

Review this benefit guide to compare your options and evaluate plan costs and potential savings.

3. Ways to Enroll in Your Benefits

- Access the link to enroll at benefits.cabarruscounty.us
- Once on the homepage of the benefit site at benefits.cabarruscounty.us click on the 2024 Open Enrollment tab located at the top of the homepage.
- Click ENROLL at Benefitfirst, located under Quick Links, you will be directed to the Cabarrus County authentication page. Use your Cabarrus County Username and Password to login to the Benefitfirst site.

Once on the Benefitfirst enrollment site follow the below steps:

- If you are a new hire, choose ENROLL IN or DECLINE BENEFITS AS A NEWLY ELIGIBLE EMPLOYEE.
- If you are an existing employee going through Open Enrollment or wanting to make a family status change, choose the appropriate transaction and click CONTINUE
- Check your personal information for accuracy and click NEXT.
- Starting with the medical screen, complete your selections. Choose the level of coverage, the plan desired and the dependents to be added.
- **At the final enrollment screen, you will be required to review your elections and certify them by entering a password/pin for signature. “Your PIN is your Birth year +” – “the last 4 digits of your SSN” Example Password/PIN would be 1976-4561**
- The final step is to click the SUBMIT button. That’s it ... your open enrollment is complete!

Key Action Item!

Each year you wish to participate in a Flexible Spending Account, Dependent Care Account or Health Savings Account, you must designate the amount you want to contribute to each account from your paycheck up to annual IRS limits.

Benefit Costs

Cabarrus County Government pays the full cost of many of your benefits. For others, Cabarrus County Government and you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

BENEFIT	WHO PAYS	PAYROLL DEDUCTION
Medical, Prescription	County/You	Pretax
Dental	You	Pretax
Vision	County/You	Pretax
Group Term Life Insurance	County	N/A
Voluntary Life Insurance	You	After-tax
Disability	You	After-tax
Flexible Spending Accounts	You	Pretax
Health Savings Accounts	County/You	Pretax
Group Accident	You	Pretax
Group Critical Illness with Cancer	You	Pretax
Voluntary Whole Life Insurance	You	After-tax
Pet Insurance	You	After-tax
Auto & Homeowners Insurance	You	Self-pay



ELIGIBILITY

If you are a full-time employee regularly scheduled to work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first of the month following one full calendar month of employment after date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

QUALIFYING LIFE EVENTS

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your medical, dental, vision, Dependent Care Flexible Spending Accounts unless you have a Qualified Life Event. If you do not contact Human Resources within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

	Qualified Life Event	Documentation Needed
Change in marital status	<ul style="list-style-type: none">• Marriage• Divorce / Legal Separation• Death	<ul style="list-style-type: none">• Copy of marriage certificate• Copy of divorce decree• Copy of death certificate
Change in number of dependents	<ul style="list-style-type: none">• Birth or adoption• Step-child• Death	<ul style="list-style-type: none">• Copy of birth certificate or copy of legal adoption papers• Copy of birth certificate plus a copy of the marriage certificate between employee and spouse• Copy of death certificate
Change in employment	<ul style="list-style-type: none">• Change in your eligibility status (i.e., full-time to part-time)• Change in spouse's benefits or employment status	<ul style="list-style-type: none">• Notification of increase or reduction of hours that changes coverage status• Notification of spouse's employment status that results in a loss or gain of coverage

HELPFUL BENEFIT TERMS & DEFINITIONS

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.

Copay – A fixed dollar amount you pay the provider at the time of service.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each contract year (7/1 to 6/30) before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services and some preventive medications.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

Embedded Deductible – Only a single member of a family needs to meet the individual deductible before coinsurance begins; the entire family deductible does not need to be met.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Non-Embedded Deductible – The entire family deductible amount must be met before the plan begins to pay, even if only one family member has medical costs.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase, and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You may share this cost with the company and pay your portion through regular payroll deductions.

Preventive Care – Routine health care, including annual physicals, screenings, and recommended vaccines to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Benefit Acronyms

AD&D = Accidental Death & Dismemberment

FSA = Flexible Spending Account

HDHP = High Deductible Health Plan

HRA = Health Reimbursement Arrangement

HSA = Health Savings Account

LTD = Long Term Disability

OOPM = Out-of-Pocket Maximum

PPO = Preferred Provider Organization

STD = Short Term Disability

Cigna HDHP medical plan

Your medical plan is likely the most important decision you will make each Open Enrollment, and we want to make it as easy as possible. The below plan through Cigna includes in-network and out-of-network benefits. For more information on the medical plan, visit our Cabarrus County Benefit website at benefits.cabarruscounty.us



HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Non-Embedded Deductible	Non-Embedded Deductible
Individual	\$1,600	\$3,200
Family	\$3,200	\$6,400
ANNUAL OUT OF POCKET LIMITS		
Individual	\$3,500	\$7,000
Family	\$5,000	\$10,000
COINSURANCE	Plan pays 80%; You pay 20%	Plan pays 60%; You pay 40%
OFFICE VISITS – Primary Care Physician	20% after plan deductible	40% after plan deductible
OFFICE VISITS – Specialist	20% after plan deductible	40% after plan deductible
PREVENTIVE CARE	100%, deductible waived	Not Covered
INPATIENT – Hospital	20% after plan deductible	40% after plan deductible
OUTPATIENT – Hospital	20% after plan deductible	40% after plan deductible
EMERGENCY ROOM	20% after plan deductible	
URGENT CARE	20% after plan deductible	

PRESCRIPTION DRUGS

Retail (30-day supply)

Generic/Preferred Brand/
Non-Preferred Brand &
Specialty)

20% after plan deductible

Mail Order (up to a 90-day supply)

(Generic/Preferred Brand/Non-Preferred Brand & Specialty)

20% after plan deductible

Cigna OAP medical plan



OPEN TO ALL ELIGIBLE FULL-TIME EMPLOYEES FOR 2024!!

The below plan through Cigna includes in-network and out-of-network benefits. For more information on the medical plan, visit our Cabarrus County Benefit website at benefits.cabarruscounty.us

OAP PLAN

	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Embedded Deductible	Embedded Deductible
Individual	\$750	\$1,500
Family	\$1,500	\$3,000
ANNUAL OUT OF POCKET LIMITS		
Individual	\$4,000	\$12,300
Family	\$8,000	\$24,600
COINSURANCE	Plan pays 80%; You pay 20%	Plan pays 60%; You pay 40%
OFFICE VISITS – Primary Care Physician	\$25 copay	40% after plan deductible
OFFICE VISITS – Specialist	\$38 copay	40% after plan deductible
PREVENTIVE CARE	100%, deductible waived	Not Covered
INPATIENT – Hospital	20% after plan deductible	40% after plan deductible
OUTPATIENT – Hospital	20% after plan deductible	40% after plan deductible
EMERGENCY ROOM		\$200 copay
URGENT CARE		20% after plan deductible

PRESCRIPTION DRUGS

Retail (30-day supply)

Generic:	\$10 copay
Preferred Brand:	\$30 copay
Non-Preferred Brand:	\$50 copay
Specialty:	25% (minimum \$50/maximum \$100)

Mail Order (up to a 90-day supply)

(Generic/Preferred Brand/Non-Preferred Brand)	2 x retail copayments (\$20 / \$60 / \$100)
Specialty:	25% (minimum \$100/maximum \$200)

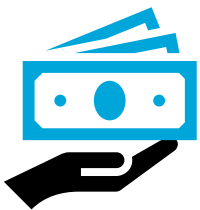
Medical Plan Cost

Cigna HDHP medical plan

Your Cost Semi-monthly	Non-Tobacco User & AIM Participant	Tobacco User or Non-AIM Participant	Tobacco User & Non-AIM Participant
Employee	\$0.00	\$25.00	\$50.00
Employee + Spouse	\$175.00	\$200.00	\$225.00
Employee + Child(ren)	\$120.00	\$145.00	\$170.00
Employee + Family	\$295.00	\$320.00	\$345.00

Cigna OAP medical plan

Your Cost Semi-monthly	Non-Tobacco User & AIM Participant	Tobacco User or Non-AIM Participant	Tobacco User & Non-AIM Participant
Employee	\$0.00	\$25.00	\$50.00
Employee + Spouse	\$191.00	\$216.00	\$241.00
Employee + Child(ren)	\$150.50	\$175.50	\$200.50
Employee + Family	\$336.00	\$361.00	\$386.00



Cabarrus County will contribute \$1,000 annually to your HSA account for each full-time employee electing the Cigna HDHP Plan in 2024. You will receive \$500 in July 2024 and an additional \$500 in January 2025. New hires will receive a prorated contribution.

EMPLOYEE HEALTH & WELLNESS CENTER

The Cabarrus County Employee Health and Wellness Center offers health care services to all Cabarrus County employees eligible for health insurance. Retirees, spouses, and dependents who are enrolled in the County's self-funded insurance plan may also utilize services.

The Employee Health and Wellness Center provides a basic level of routine primary medical care and health screenings. It is not intended to replace an individual's primary care physician, but rather to provide a convenient, low-cost access point for basic medical care.

The Health Center is staffed by a licensed nurse practitioner, two medical office assistants and a health coach with direct oversight by a licensed physician through a contract with Carolinas Medical Center HEALTHWORKS.

The Health Center will provide convenient, reliable and cost-effective health services for care related to:

- Sick visits (cold, flu, ear, and sinus infections)
- Prescriptions for medications
- Administer injectable medicines (such as allergy and testosterone)
- Preventative care services
- Minor injuries (e.g., sprains, cuts, etc.)
- Chronic condition management
- Physicals and sports physicals
- Flu shots
- Lab testing
- Worker's compensation

- Immunizations
- Health Coaching

LOCATION:

Church Street Commons (behind Mr. C's)
845 Church Street North, Suite 101, Concord

HOURS:

Monday through Friday

7:30 a.m. to 4:30 p.m.

(closed 12:00 a.m. to 1:00 p.m.)

APPOINTMENTS:

Appointments are required. To make an appointment, call (704) 403-0550



ACCOUNTABILITY IMPROVEMENT MEASURES

Take AIM at your health and your wallet: AIM is designed to save employees up to \$50 in monthly health insurance benefit premiums, and help participants assess and monitor their health and identify risks, while providing guidance on achieving realistic health goals.



Employees on Cabarrus County's insurance who wish to receive the \$50 monthly discount must take part in AIM, which consists of participation in a biometric screening and completion of an online health risk assessment survey through Atrium Health.

How to receive the \$50 monthly health insurance savings

If you are currently on Cabarrus County's health insurance plan and were:

▪ Hired on or before February 28, 2023, you must:

- Complete the AIM biometric screening and online health risk assessment.
- Meet three of four measures of the biometric screening, show improvement over 2023 results **OR** meet with a health coach two times per quarter (from July 2024 to June 2025) to maintain the \$50 monthly discount.

Note: If you are unable to meet the health coaching incentive, you might qualify for another opportunity to earn the same incentive.

See section 'what measurements will be taken during your screening' below.

▪ Hired between March 1, 2023 and February 28, 2024 you must:

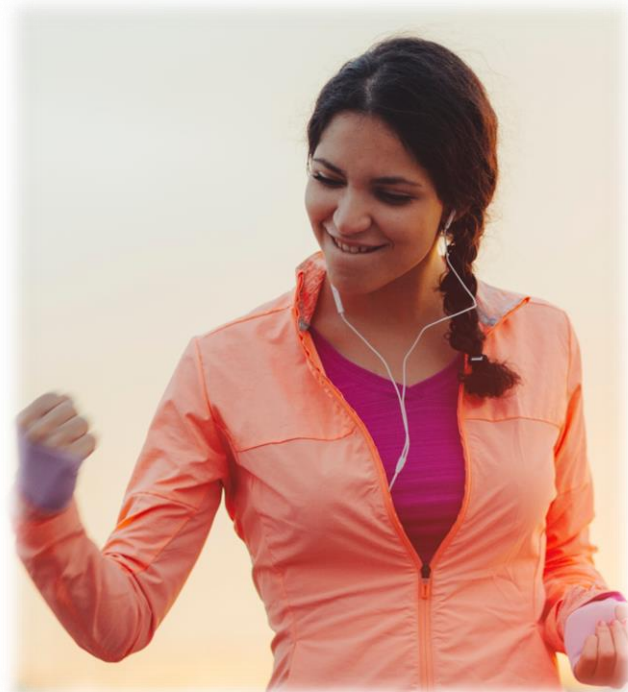
- Complete the AIM biometric screening and online health assessment.

This will establish a baseline for next year. You will automatically receive the \$50 monthly health insurance discount for the current AIM program year (July 2024 to June 2025).

To maintain the discount moving forward, you must:

- Complete AIM biometric screenings and online health risk assessments each year.
- Meet three of four biometric measures, show improvement over the previous year's results **OR** meet with the health coach twice per quarter.

See section 'what measurements will be taken during your screening' below.



ACCOUNTABILITY IMPROVEMENT MEASURES

CONTINUED

AIM

Accountability Improvement Measures

For Better Health

How to earn an extra \$150 through the waist and weight measurement incentive

Cabarrus County's AIM wellness incentive allows employees to earn an additional \$150 if you meet certain waist and weight measurements through AIM.

Requirements include meeting **one** of the following:

- Having a 2024 AIM waist measurement **less than or equal to 40"** (male) and **less than or equal to 35"** (female)
- Showing 5% improvement in waist or weight measurement from 2023 AIM data
- Attending health coaching twice per quarter (July 2024 – June 2025). If you are participating in the AIM Health Coaching alternative twice per quarter, you will only need to go one additional time per quarter for the Weight/Waist incentive.

Employees hired between March 1, 2023 and February 28, 2024, or did not participate in a 2023 AIM biometric screening can still qualify by:

- Having a 2024 AIM waist measurement < 40" (male) and < 35" (female)
- Attending health coaching twice per quarter (July 2023 – June 2024). If you are participating in the AIM Health Coaching alternative twice per quarter, you will only need to go one additional time per quarter for the Weight/Waist incentive.

Note: Employees hired after February 28, 2024 are not eligible for the incentive this year. This group will be eligible in 2025 after completing a weight/waist measurement during the AIM program in March 2025.

IF YOU HAVE ANY QUESTIONS

If you have any questions about insurance or will be on FMLA during AIM, contact:
Johanna Ray | Health & Wellness
Manager HR at (704) 920-2885 or
JRRay@cabarruscounty.us



ACCOUNTABILITY IMPROVEMENT MEASURES

CONTINUED

What measurements will be taken during your screening?

Screenings include a simple finger stick to obtain a lipid profile and blood glucose, blood pressure check, height and weight check and waist circumference measurement.

Below are the four measurements that the AIM program looks at:

Remember, you must meet three of the four measurement categories, show improvement over 2023 results OR meet with a health coach two times per quarter (from July 2024 to June 2025) to maintain the \$50 monthly discount.



AIM
Accountability Improvement Measures
For Better Health

- 1. Waist circumference: Less than or equal to 40" (male) or less than or equal to 35" (female)** If your waist circumference is greater than the above measurement but has reduced by 5% from the previous AIM program year, you still meet this category.
- 2. Blood pressure: Below or equal to 130/85 at the screening** If your blood pressure is above 130/85 but has reduced by 10/5 mmHg from the previous AIM program year, you still meet this category.
- 3. Cholesterol ratio: Less than or equal to 5.5 (male) or less than or equal to 4.5 (female) at the screening** If your cholesterol ratio is greater than 5.5 (male) or 4.5 (female) but has improved by 10% from the previous AIM program year, you still meet this category.
- 4. Blood glucose: Less than or equal to 117 mg/dL** If your blood glucose is greater than 117 mg/dL, but you score less than 5.7 on a Hemoglobin A1c test, you still meet this category.

Note: Venipuncture A1c testes now take place at the time of screening and are only required if your blood glucose is greater than 117 mg/dL. A1c test results will be mailed the first week of April . Please contact Health Coach Crystal Eaker (information below) if you do not receive your results by May 1.

Action required items

- 1. Schedule your biometric screening by March 11, 2024**

Screening registration link: <https://tinyurl.com/CabarrusCo2023Screenings>

After scheduling your screening, follow the prompt to continue with the online health risk assessment survey.

- 2. Complete the online health risk assessment survey by March 31, 2024**

If you did not do so after scheduling your screening appointment, you can return to complete the health risk assessment survey.

Survey link: <https://tinyurl.com/CabarrusCounty2023HRA>

Have questions?

If you have appointment questions or need rescheduling/cancellation assistance, contact:

Helpline at Atrium Health Employer Solutions 704-631-1173 | employersolutions.wellness@atriumhealth.org

If you have questions about the AIM program, please contact:

Sharon Matuck| Health Coach | Atrium Health Employer Solutions 704-924-0860 |

Sharon.matuck@atriumhealth.org

AIM SCREENING
EVENTS
Accountability Improvement Measures
For Better Health

Sheriff's Office, 7th Floor MPR
March 18-22, 13-17 from 6 a.m. to 11:20
a.m.

Government Center, MPR
March 6-8 from 6 a.m. to 11:20 a.m.

Department of Human Services,
Auditorium
March 11-15 from 6 a.m. to 11:20 a.m.



NON-TOBACCO POLICY & PROCEDURES

DEFINITION OF A TOBACCO USER

A person who has smoked a cigarette, cigar, or used a pipe or chewing tobacco, snuff or other tobacco product during the 6 months prior to the date he or she applies for health insurance.

APPLICATION

Cabarrus County's health insurance premium is \$890.00 per month for each qualified employee and retiree. July 1, 2024, Cabarrus County employees will be required to pay a portion of the health care benefit premium of \$50 a month, or \$25 semi-monthly. Cabarrus County's employee health insurance plan will offer a \$50 discount to non-tobacco users and tobacco users participating in a qualified smoking cessation program making their monthly contribution to their health insurance premium \$0.

Employees and retirees who enroll in Cabarrus County plans during open enrollment will enroll as either a tobacco user or a non-tobacco user by certifying their status in the Health Plan Participation Certificate. To receive the non-tobacco use discount, employees must complete the Health Plan Participation Certificate.

Current tobacco users may receive the non-tobacco use discount only if they enroll in the Health Coach program at the Employee Health and Wellness Center or local CHS Quit Smart program. To qualify for the discount, employees and retirees must submit proof of participation to Human Resources.

Each year during open enrollment and new hire orientation, employees will be asked to affirm whether they are a tobacco user or non-tobacco user. The employee contribution toward the health insurance premium will be determined each year prior to open enrollment or when benefits begin.

Employees who falsify the tobacco use Health Plan Participation Certificate, will be subject to disciplinary action up to and including dismissal under Article VII of the Cabarrus County Personnel Ordinance. Stated action(s) may also result in immediate loss of eligibility to participate in the Cabarrus County employee health plan.



MEDICAL PLAN

KNOW THE DIFFERENCE!

Below, we've outlined the key differences between HSAs, HRAs, and FSAs so you can see which is right for you and your family, the advantages to each and why they are offered.

HSA – HEALTH SAVINGS ACCOUNT

An HSA is an individual owned benefits plan funded by the employee. Employees must be enrolled in the High Deductible Health Plan (HDHP) to be eligible, which will lower insurance premiums.

HSAs have a triple-tax advantage, meaning distributions for qualified medical expenses and investment returns are tax free, and contributions are tax-deductible. They can also be invested, which lets employees grow their dollars!

Control - Owned by the employee

Funding - Employer and/or employee funded

Health Plan Eligibility - Must be enrolled in a High-Deductible Health Plan

Invest Funds? – Yes

HRA – HEALTH REIMBURSEMENT ACCOUNT

An HRA is an employer-funded benefits plan that employees use to save pre-tax dollars on medical cost. HRAs provide flexibility for employers and employees. You can customize your HRA to determine how much you want to contribute, what expenses are eligible and whether funds can be rolled over to the next plan year.

Control - Owned by the employer

Funding - 100% employer funded

Health Plan Eligibility - An HRA is only available to employees not eligible for a HSA due to enrollment in Medicare, Tricare or VA Benefits.

Invest Funds? – No

FSA - FLEXIBLE SPENDING ACCOUNT

An FSA is an employer-owned account that employees use to set aside funds for qualified expenses. FSAs offer pre-tax savings on eligible expense like medical or dependent care services. FSAs will also save you money! For example, if an employee is enrolled in the Medical FSA, he/she reduces the taxable income, which reduces the amount subject to Social Security and Medicare. You won't have to pay Social Security or Medicare tax on funds going into your FSA.

Control - Owned by the employer

Funding - Employer and/or employee funded

Health Plan Eligibility- Must be offered a group health plan by employer

Invest Funds? - No



HEALTH REIMBURSEMENT ACCOUNT

The HRA is only available in place of the HSA, for those employees not eligible for the HSA due to enrollment in Medicare, Tricare or VA benefits.

HOW DOES AN HRA WORK?

An HRA is a reimbursement account set up and funded by your employer that helps you pay for qualified medical expenses incurred throughout the Plan Year. Participation in the Plan begins on July 1, 2024 and ends on June 30, 2025. You will be eligible to join the Plan on the first of the month following a complete month of employment.

HOW WILL I BENEFIT FROM AN HRA?

An HRA is offered in conjunction with your health insurance plan and is designed to help offset out-of-pocket financial responsibilities associated with your healthcare. The money your employer contributes to the account is not included in your salary and is not considered taxable income.

HOW DO I USE MY HRA TO PAY FOR HEALTHCARE EXPENSES?

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via check or direct deposit. You may also use your Benefits Card to pay for expenses. You will have 90 days following the end of the Plan Year to submit claims that were incurred during the coverage period.

Qualifying Expenses

Eligible medical expenses include:

- Co-payments
- Co-insurance
- Prescription drugs
- Over-the-counter medications (with a prescription)
- Out-of-pocket medical expenses
- Dental/Vision expenses
- All 213(d) expenses



HRA FUNDING

Your employer is providing an HRA annual contribution of \$1,000. You will receive \$500 in July 2024 and an additional \$500 in January 2025. New hires will receive a prorated contribution.

Please note: If you are a new hire who joins the plan mid-year, your contribution will be prorated based on the remaining months in the Plan Year.

ONLINE & MOBILE ACCESS

Get instant access to your account with **the Wealthcare Portal** and **FBA Mobile App**. Register for the Wealthcare Portal at <https://fba.wealthcareportal.com/>

Download the FBA Mobile App at iTunes or Google Play:

Helpful Hints:

- Your employer puts money into your HRA and defines what medical expenses are eligible.
- Contributions made by your employer are excluded from your gross income and not taxable.
- Save your receipts when you spend your HRA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- If you do not use all of your HRA dollars during the Plan Year, the funds will continue to rollover each year as long as you are an active employee and remain covered on the Company's health plan.
- The easiest way to manage your account is online at <https://fba.wealthcareportal.com/> or through the FBA Mobile App.
- The funds in the account are available on the first day of the plan year.



FLEXIBLE SPENDING ACCOUNTS (FSAs)



Flexible Spending Accounts (FSAs) allow you to pay for eligible health and dependent care expenses using tax-free dollars. There are two types of FSAs – the Health Care FSA, and the Dependent Care FSA.



Health Care FSA

Used to pay for services not covered by your medical, dental or vision such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, dental expenses, contact lenses and eyeglasses.



Dependent Care FSA

Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

IT'S EASY TO USE THESE ACCOUNTS:

- 1 First, you contribute to the account(s) with pretax dollars deducted from your paycheck. That means no taxes (federal, state or Social Security) will be withheld from any of those dollars.
- 2 Then you may use your FSA debit card or submit claims (along with appropriate documentation) to be reimbursed for those expenses from the dollars in your account.

IMPORTANT NOTES!

Important: There is a **“use it or lose it”** rule imposed by the IRS. In other words, if you do not spend all the money in your FSA by the deadline, any unused dollars in your account(s) after the deadline will be forfeited. You will have until September 30th for expenses incurred by June 30th unused to file your claim for reimbursement. Any dollars remaining will be forfeited per IRS regulations for pretax contributions.

If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.

For more information, visit www.flex-admin.com

COMPARING (FSA) FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE	DEPENDENT CARE
Contribute up to \$3,200 per year, pretax.	Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
Receive a debit card to pay for eligible medical expenses.	You must submit claims and be reimbursed if you enroll in this FSA,; no debit cards are provided (funds must be available in your account).
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications and dental expenses.	Can only be used to pay for eligible dependent care expenses including day care, after-school programs, summer day camps and elder care programs.
Submit claims up to September 30 th of the following year for expenses from July 1 to June 30.	Submit claims up to September 30 th of the following year for expenses from July 1 to June 30.
If you do not spend all the money in the FSA by June 30 th per IRS regulations, unused dollars will be forfeited for pretax contributions.	If you do not spend all the money in the FSA by June 30 th , per IRS regulations, unused dollars will be forfeited for pretax contributions.

HOW YOU CAN SAVE ON TAXES WITH FSAs

How it works: Assume you earn \$35,000 a year and have \$1,500 in eligible expenses. See the chart below for the breakdown on how to save \$490* a year with your FSA!



HEALTH CARE FSA

	WITH FSA	WITHOUT FSA
Annual Pay	\$35,000	\$35,000
Pre-Tax FSA Contribution	-\$1,500	-\$0
Taxable income	=\$33,500	=\$35,000
Federal Income & Social Security Taxes	\$7,362	-\$7,852
After-Tax Dollars Spent on Eligible Expenses	-\$0	-\$1,500
Spendable Income	=\$26,138	=\$25,647
Your Tax Savings with FSA	\$490	\$0

*Sample tax savings for a single taxpayer with no dependents, actual savings will vary based on your individual tax situation. Consult a tax professional for more information.

WEALTHCARE PORTAL



Get CONNECTED with your account... Wherever, whenever.

Introducing... our convenient participant web site! With the online WealthCare Portal you can view your account status, submit claims and report your benefits card lost/stolen right from your computer.

Once your account is established, you can use the same username and password to access your account via our Mobile App!

FOLLOW THE SIMPLE STEPS BELOW TO ESTABLISH YOUR SECURE USER ACCOUNT

- Get started by visiting <https://fba.wealthcareportal.com/> and click the new user link.
- You will be directed to the registration page
- Follow the prompts to create your account
 - Username
 - Password
 - Name
 - Email Address
 - Employee ID (Your SSN, no spaces/dashes)
 - Registration ID
 - Employer ID (FBACAGV) of your Benefits Card number
- Once completed, please proceed to your account



GETTING STARTED IS EASY!

If you are having difficulty creating your user account or you have forgotten your password to an existing account, please contact us at (800) 437-3539 or flexdivision@flex-admin.com

Your healthcare finances are at your fingertips with the Flexible Benefit Administrators mobile app!



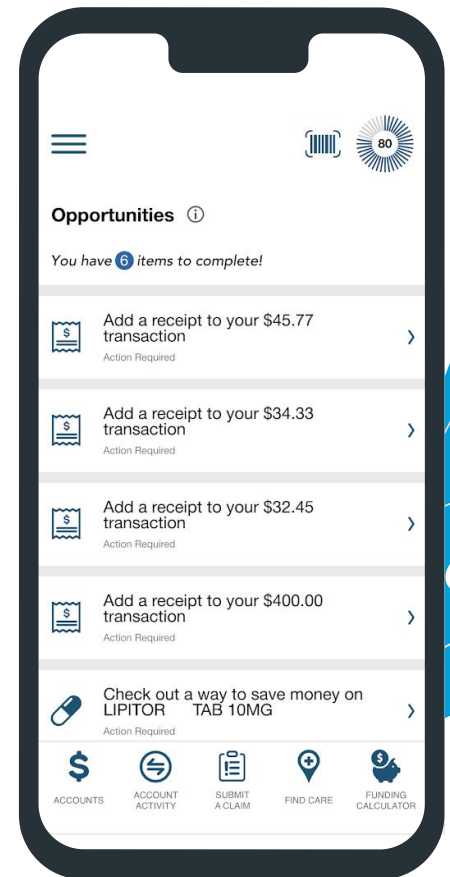
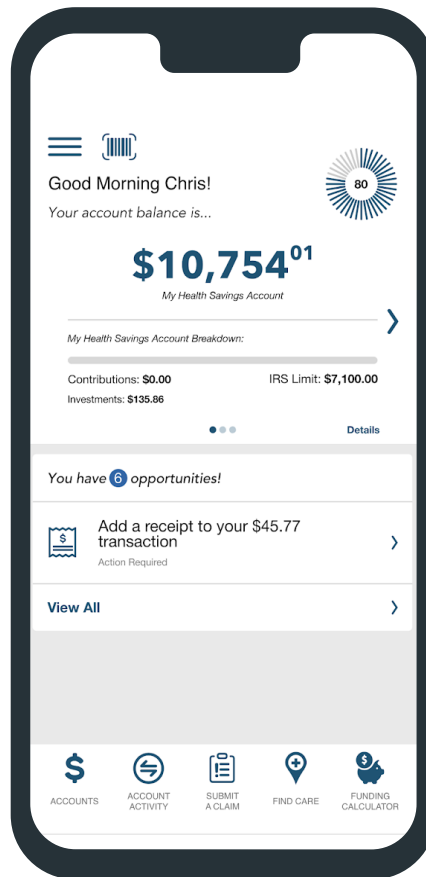
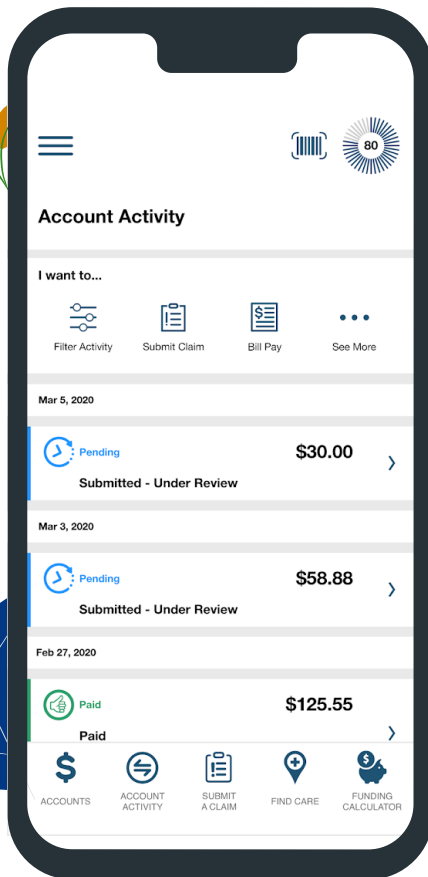
The Flexible Benefit Administrators mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device

FEATURES

- **Access accounts:** check balances, view transaction history, and more
- **Manage claims:** submit new claims, upload receipts and check claims status
- **Track and pay expenses:** track medical claims and other expenses, plus pay bills electronically
- **Access cards:** manage card details, access your PIN, and initiate card replacement for lost or stolen cards
- **Receive alerts:** view important account messages
- **Update your profile:** update personal information, including your email and cell phone

GET STARTED TODAY!

Simply search Flexible Benefit Administrators Mobile in iTunes or Google Play, store, select “Install”, and log-in online if previously registered or register. Registration requires an employee ID (generally your SSN), employer ID/benefit debit card number, and valid email address to begin.



DENTAL PLAN



Taking care of your oral health is a necessary component of long-term health. With a focus on prevention, early diagnosis and treatment, dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventative services are covered at no cost to you and includes routine exams and cleanings, in network. You will only pay a small deductible and coinsurance for basic and major services.

When you visit a dentist in the Delta Dental PPO or Premier Network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

Dental Benefits	In-Network	Out-of-Network
Annual Deductible		\$50 per Individual \$150 per Family
Annual Benefit Maximum		\$1,500
Diagnostic & Preventive Services (X-rays, cleanings, exams)	100% No deductible applies	100% of U&C No deductible applies
Basic & Restorative Services (fillings, extractions, sealants)	80% after deductible	80% of U&C, after deductible
Major Services (root canal, crowns, dentures)	50%, after deductible	50% of U&C, after deductible
Orthodontia (Adult & Children to age 26)	50% No deductible applies	50% of U&C No deductible applies
Orthodontia Lifetime Maximum		\$1,500

Employee Dental Rates	Semi-Monthly Rates
	PPO
Employee Only	\$15.30
Employee + Spouse	\$31.37
Employee + Child(ren)	\$37.51
Employee + Family	\$53.59

View Your Dental Benefits on the Cabarrus County benefits site at benefits.cabarruscounty.us



How Delta Dental Pays for Orthodontic Services

Proper tooth alignment is important not only for a beautiful smile, but also for function. When teeth are aligned, it's easier to chew and talk. And it's also important to correct and guide tooth and jaw development as a child grows, in order to ensure a healthy and functioning smile for adulthood.

Orthodontic services, often referred to as “ortho,” are services, treatment and procedures used to correct malposed or misaligned teeth. These services can include braces, retainers and other orthodontic appliances. Your coverage level for orthodontic services depends on the plan chosen by your employer/organization. Please refer to your Summary of Dental Plan Benefits for orthodontic services age restrictions and lifetime maximum per person limitations.

Do I need a referral to visit an orthodontist?

No referral is necessary if you go to an orthodontist. Both general dentists and orthodontists provide orthodontic treatment. You are free to visit the dentist of your choice. You can find a participating Delta Dental orthodontist online at www.deltadentalinc.com, by calling customer service at 800-662-8856, or by registering and logging in to Delta Dental's Member Portal from our website.

How will orthodontic services be paid?

Once your dentist submits an orthodontic treatment plan and treatment starts, Delta Dental will pay a percentage of the total fee as outlined in your benefits summary. Delta Dental will continue to make payments based on the type of treatment (18 months for comprehensive, 10 months for interceptive and eight months for limited) or until the lifetime orthodontic maximum is reached. Payments will be made quarterly.

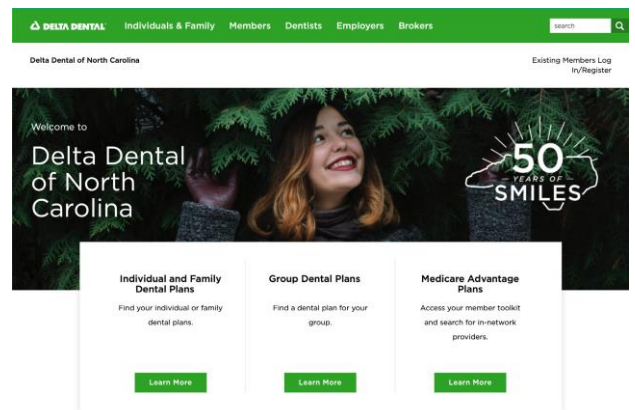
What if treatment has already begun under a different carrier?

For treatment that began with a different carrier, Delta Dental will make payments only for the months of treatment while eligibility is active with Delta Dental. Payments will be calculated based on the original claim form from the

provider. Delta Dental subtracts the initial/banding fee from the total fee (as this was incurred prior to eligibility with Delta Dental) and divides by the standard number of payment months. Delta Dental will then pay for the remaining payment months or until the lifetime orthodontic maximum is reached. If a group has the orthodontic maximums carried over from a prior carrier, Delta Dental will pay for only the remainder of the lifetime orthodontic maximum.

Find a Delta Dental Participating Dentist

1. Visit www.deltadentalinc.com. Scroll down on the homepage to the “Find a Dentist” tool. You may also go directly to www.deltadentalinc.com/findadentist.



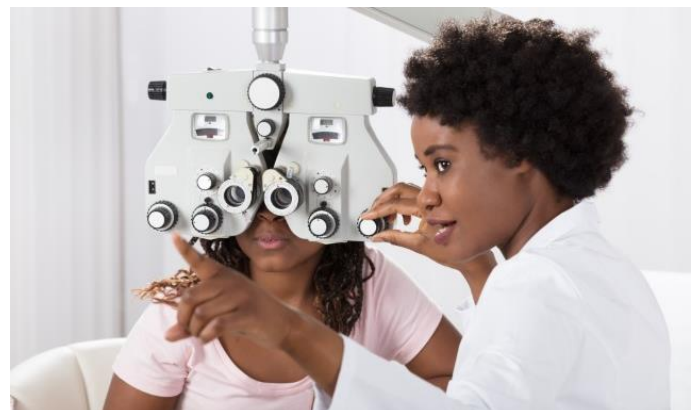
2. The Specialty menu defaults to any dentist. If you want to search for a specific specialty, select the specialty from the drop-down menu. Then, select the Your plan menu and choose the appropriate network option for you.
 - Delta Dental PPO—all providers who participate in Delta Dental PPO.
 - Delta Dental Premier—all providers who participate in Delta Dental Premier.
 - Delta Dental PPO plus Premier—all providers who participate in both Delta Dental PPO and Delta Dental Premier.
3. Your results will be displayed. Optional: You can filter your search results by distance, number of results, dental specialty, languages spoken and gender. You can also search for a specific dentist by name or office name.

VISION PLAN

ENJOY THE SIMPLICITY OF Community Eye Care (CEC)!

Enrolling in CEC gives you the vision services you need and the ability to select the eyewear you want. With CEC, there's never any confusion about what's covered. It's that simple!

Benefit	Description	Copay	Semi-Monthly Rates	
Exam Plan				
Exam	A routine eye exam once a year*	\$10	Employer paid for all eligible employees plus dependents covered by the health plan	
Contact Lens Fitting, Refit or Evaluation	Once a year*	\$0		
Eyewear Plan				
Eyewear	\$150 flexible allowance for eyewear annually* You can get frames, lenses, contact lenses & lens enchantments, even non-prescription sunglasses!	\$10	Employee Only	\$3.70
			Employee + One	\$7.21
			Employee + Family	\$10.92
Comprehensive Plan –available for employees not enrolled in the health plan				
Exam	A routine eye exam once a year*	\$10		
Eyewear	A \$150 flexible allowance for eyewear annually You can get frames, lenses, contact lenses & lens enchantments, even non-prescription sunglasses!	\$20	Employee Only	\$3.99
			Employee + One	\$7.58
			Employee + Family	\$11.57
Contact Lens Fitting, Re-fit or Evaluation	Once a year*	\$10		
Additional Information				
Frequency	*All benefits renew every 12 months; beginning July 1st			
Additional Savings	Members who exceed their allowance are eligible for discounts on the overage at most network providers – a 20% for glasses and a 10% discount for contact lenses			
Out-of-Network Benefits	CEC allows you to use your full benefit when visiting an out-of-network provider. You'll need to submit an out-of-network claim form and will be reimbursed for the cost of the exam (minus the co-pay) and for the cost of the eyewear, up to the amount of the eyewear allowance. Note that copays for out-of-network visits are deducted from reimbursements. Reimbursements generally occur within 60 days of submission. To learn more about filing an out-of-network claim, go to cecvision.com/oonform .			
Eligible Dependents	Provides Coverage On: <ul style="list-style-type: none"> Your Spouse Children up to age 26 			



View additional details of your Vision benefits on the Cabarrus County benefits site benefits.cabarruscounty.us

TERM LIFE AND AD&D



LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance, through Unum, provides financial security to you and your family if you pass away or become seriously injured.

BASIC LIFE AND AD&D INSURANCE

As an eligible employee, you receive Basic Term Life and AD&D insurance in the amount of \$20,000. This is payable for death from any cause to any person you name as beneficiary. Cabarrus County pays the full cost of this benefit.

OPTIONAL LIFE AND AD&D INSURANCE

In addition to Basic Life and AD&D, you may buy voluntary Term Life and AD&D coverage at discounted rates. The chart below describes the amount of coverage you can buy for yourself, your spouse, and your child(ren).

DEPENDENT LIFE INSURANCE- EMPLOYEE PAID

Provides coverage on:

- Your lawful spouse
- Your unmarried children from live birth up to age 26. Also, unmarried handicapped children can continue to be covered with no age limit, if the child is covered prior to age 26.

Department in writing when a dependent is ineligible for coverage. (Examples of ineligible dependent status are divorce, death or a child graduates from college.)

STATEMENT OF HEALTH

Increase in coverage by more than one level, a re-entry in the plan and participants who enroll 31 days beyond the eligibility period will be required to provide evidence of insurability satisfactory to Unum Life Insurance Company of America.

BENEFICIARY

You have the right to designate the beneficiary of your choice. The beneficiary elected on your life enrollment form designates your beneficiary for Basic and Optional coverage. You are automatically the beneficiary under Dependent Life. It is the responsibility of the insured to update one's beneficiary designation, as necessary.

Benefit Features	Optional Life / AD&D Options		
	Employee	Spouse	Dependent Child(ren)
Coverage Options	Increments of \$10,000 up to \$50,000	\$2,000 Flat amount	\$2,000 Flat amount for each eligible child
Maximum	\$50,000	\$2,000	\$2,000
Guaranteed Issue Amount	Benefit Amount Elected	\$2,000	\$2,000
Guaranteed Issue Period	Applies during your initial eligibility		
AD&D	Equal to the amount of voluntary life coverage		

SCHEDULE OF BENEFITS

BASIC EMPLOYEE LIFE INSURANCE & AD&D

- All Full-Time Employees - \$20,000 (At no cost to you)

OPTIONAL EMPLOYEE LIFE INSURANCE & AD&D (post-tax benefit)

Optional Employee Life Insurance & AD&D	Semi-Monthly Premium (24 pay periods)
\$10,000	\$1.00
\$20,000	\$2.00
\$30,000	\$3.00
\$40,000	\$4.00
\$50,000	\$5.00

OPTIONAL DEPENDENT LIFE INSURANCE* (post-tax benefit)

- \$2,000 on your spouse
- \$2,000 on each of your eligible children (from live birth to 6 months of age, the face amount of coverage is \$2,000)
- Family Coverage- \$0.27 (semi-monthly premium) (no matter how many children)

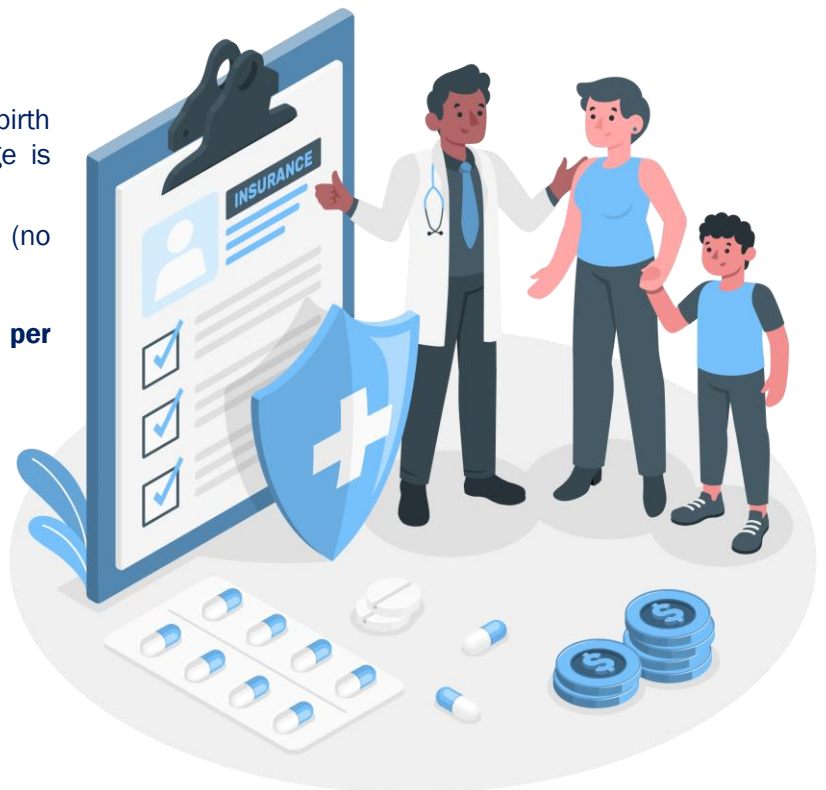
***Optional Dependent coverage is not a pre-tax item per IRS Section 125 regulations.**

NOTE: If you are an existing employee and you are increasing your current coverage amount or if you are applying for coverage the very first time (did not apply when first hired) you are required to complete an Evidence of Insurability. This applies to your dependents as well.

CLAIMS PROCEDURE

Claim forms needed to file for benefits under the group insurance plan can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your employer, who is usually able to provide the necessary information. Your claim can also be submitted online at the following address: www.unum.com/claims.

This summary has been prepared to give you the highlights of coverage now being offered by your employer to meet your insurance needs. For further information, please contact your Human Resources Office, and refer to your certificate booklet.



SHORT-TERM DISABILITY INSURANCE



If you have a serious injury or illness that keeps you from working, how will you pay your bills? Disability Insurance replaces a portion of your income when you are unable to work due to a qualified illness or injury. Pregnancy, a scheduled surgery, or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

COVERAGE	BENEFIT
Short-Term Disability	<ul style="list-style-type: none"> Elect in \$100 increments up to 70% of your basic monthly earnings to a maximum monthly benefit of \$2,000, for a maximum of 13 weeks. Benefit begins immediately following a disability from an injury and 7 days of disability from sickness Pre-existing condition 3/12

A 3/12 Pre-Existing Condition” means the insured employee received medical treatment, consultation, care of services including diagnostic measures or took prescribed drugs or medicines within the 3 months prior to his/her effective date of coverage; then the LTD policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness and begins during the first 12 months after employee’s effective date of coverage.

LFG Short-Term Disability Semi-Monthly Rates	
Monthly Benefit	Semi-Monthly Premium
\$500	\$7.82
\$600	\$9.38
\$700	\$11.02
\$800	\$12.58
\$900	\$14.14
\$1,000	\$15.71
\$1,100	\$17.27
\$1,200	\$18.84
\$1,300	\$20.40
\$1,400	\$21.96
\$1,500	\$23.53
\$1,600	\$25.09
\$1,700	\$26.66
\$1,800	\$28.22
\$1,900	\$29.78
\$2,000	\$31.42



Disability Income Insurance can help protect your finances if you experience an eligible illness or injury that leaves you unable to work.

View additional details of your Short-Term Disability Benefits on the Cabarrus County Benefits site at benefits.cabarruscounty.us

LONG-TERM DISABILITY (LTD) INSURANCE



LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to illness or injury. LTD payments will last up to 5 years, as long as you are disabled. Certain exclusions and pre-existing condition limitations may apply. EOI's are required for those that have been previously declined or withdrew coverage in the past.

COVERAGE	BENEFIT
Long-Term Disability	<ul style="list-style-type: none"> Elect in \$500 increments up to 60% of your basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum is \$500. Benefit begins after 90 days of disability, and payments will last for as long as you are disabled up to five years if disabled prior to age 61. Pre-existing condition 3/12*

A "3/12 Pre-Existing Condition" means the insured employee received medical treatment, consultation, care of services including diagnostic measures or took prescribed drugs or medicines within the 3 months prior to his/her effective date of coverage; then the LTD policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness and begins during the first 12 months after employee's effective date of coverage.

Age When Total Disability Begins	Maximum Period Benefits are Payable
Prior to Age 61	5 Years
61	Lesser of SSFRA or 5 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
Age 69 and Over	12 Months

Monthly Benefit Amount	Semi-Monthly Rates
\$500	\$5.83
\$1,000	\$11.67
\$1,500	\$17.50
\$2,000	\$23.33

Special Conditions

Benefits for Disability due to Special Conditions, whether benefits were sought because of the condition, will not be payable beyond 24 months. Benefit payments for Special Conditions are cumulative for the lifetime of the Contract.

Mental & Nervous / Drug & Alcohol

Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments may be extended if the treatment for the disability is received while hospitalized or institutionalized in a facility licensed to provide care and treatment for the disability.

LTD Total Disability Definition:

An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. After benefits have been paid for 24 months, the definition of disability changes to mean the Insured cannot perform the material and substantial duties of any Gainful Occupation for which he is reasonably fitted for by training, education or experience

View additional details of your LTD Benefits on the Cabarrus County benefits site at benefits.cabarruscounty.us

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Whether you're dealing with personal or work situations, the EAP is here to help. Guidance Resources offers 6 sessions (in-person, telephonic or virtual), 24/7 access to the EAP, and more. All services are completely confidential and there is no cost for using this service.



**In-person
guidance**



**Unlimited
24/7 assistance**



**Online
resources**

**WHATEVER YOU NEED,
WE ARE HERE TO HELP.
ANY TIME. ANY DAY.**



MYgroup
McLAUGHLIN YOUNG

4 Ways the EAP Makes Life Easier

With the busyness of life, our well-being often gets pushed aside for more pressing needs. A better, healthier life starts with taking time to get the support we need. The Employee Assistance Program (EAP), through McLaughlin Young, is here to help.

1. Unlimited 24/7 Support

Anytime you have a question or need a listening ear, counselors are available to take your call. They can also offer referrals for services, including in-person.

2. Family Resources

Managing your family's needs can feel overwhelming. The EAP shares the burden by offering guidance and resources for parenting, childcare, and elder care.

3. Managing Daily Life

Juggling the demands of work, family challenges, health issues, and your ever-growing to-do list can be hectic. The EAP offers tools and useful information to handle it all.

4. Legal and Financial Services

Whether you need help with a monthly budget or are looking for long-term savings strategies, the EAP offers information and resources for a secure financial future. You can also access legal assistance through a free 30 min. session with an attorney.



Call **800-633-3353** to access the EAP or visit www.mygroup.com. An employee assistance professional may assess your situation prior to scheduling an appointment to ensure that you are receiving the most appropriate care.







Additional Resources available to help you with The EmployeeConnect Employee Assistance Program through Lincoln Financial. You can call 888-628-4824 anytime, day or night, or visit www.guidanceresources.com



(user name: LFGsupport; password: LFGsupport1). Download the Guidance Now app for on-the-go access.

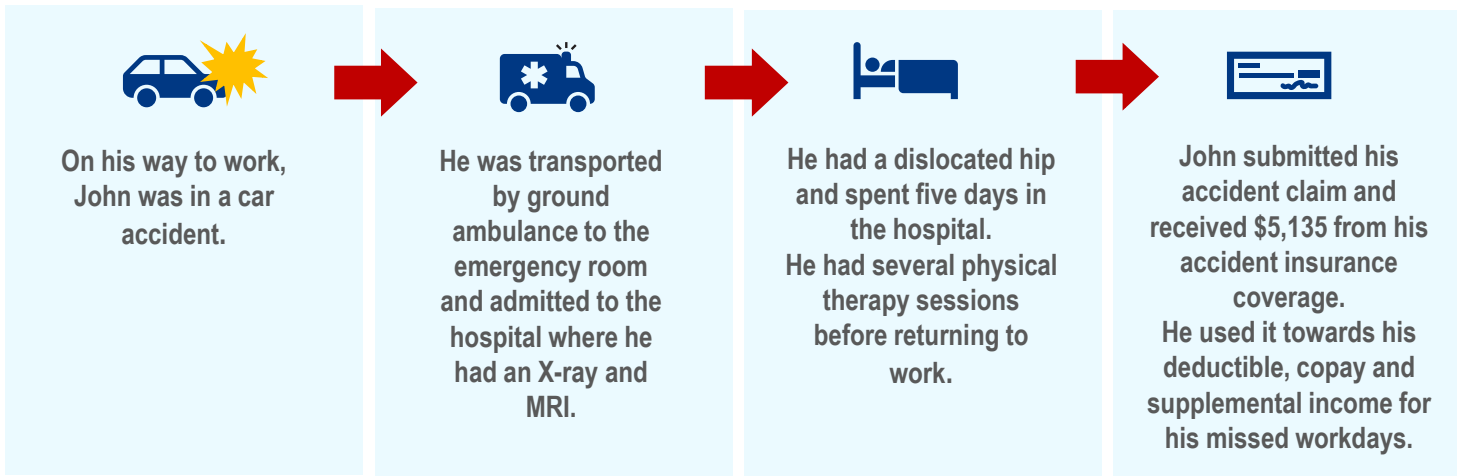
GROUP ACCIDENT INSURANCE

Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage).

 <p>Emergency Room Treatment</p>	 <p>Medical Exams – including major diagnostic exams</p>
 <p>Hospital Stays</p>	 <p>Physical Therapy</p>
 <p>Fractures and Dislocations</p>	 <p>Transportation and Lodging- refer to the guide on details</p>

HOW THE PLAN WORKS

Again, these benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you (unless otherwise assigned). You can use this money in any way you like, including deductibles, childcare, housecleaning, groceries, utilities, or any purpose that can help you meet your personal, financial or household needs.



JOHN'S ACCIDENT INSURANCE BENEFITS PAID A TOTAL OF \$5,760

Ground Ambulance \$400	MRI \$150	Dislocated Hip \$2,250
Emergency Room Treatment \$150	Hospital Stay- Admission \$1000	Physical Therapy \$210 (6 sessions)
X-ray \$50	Hospital Confinement \$1,125	

BENEFIT OUTLINE	ACCIDENT INSURANCE COVERAGE
Accidental Death & Dismemberment	Employee – \$50,000 Spouse – \$25,000 Child -\$10,000
Ground Ambulance	\$400
Air Ambulance	\$1000
Hospital Admission	\$1000
Hospital Confinement	\$250/day – max 365 days
Intensive Care	\$300/day – max 365 days
Physical Therapy	\$35 (10 sessions per accident)
Dislocations – Open	Up to \$5,000
Dislocations – Closed Reduction	Up to \$2,500
Emergency Room	\$150
Doctor Office	\$150
X-ray	\$50
Inpatient Surgery and Anesthesia	\$1,000
Rehabilitation Unit	\$75/day (min 31 days per confinement; no more than 62 days total per calendar year)
Coma (lasting 30 days or more)	\$7,500
Fracture – Open	Up to \$6,000
Fracture – Closed Reduction	Up to \$3,000
Portable even if Group Master contract terminates?	Yes
Post Accident Follow up	\$35 – max 6 per covered accident
Wellness	\$50 – one per insured per calendar year
Pre-Existing Conditions Exclusion	None
Organized Athletic Injury (Rider)	Added 10%

*This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

If you enroll in Accident or Critical Illness insurance, you have access to a Wellness Benefit or Health Screening Benefits, which provides a wellness or annual benefit if you complete a health screening test, whether there were any out-of-pocket costs.

GROUP CRITICAL ILLNESS INSURANCE

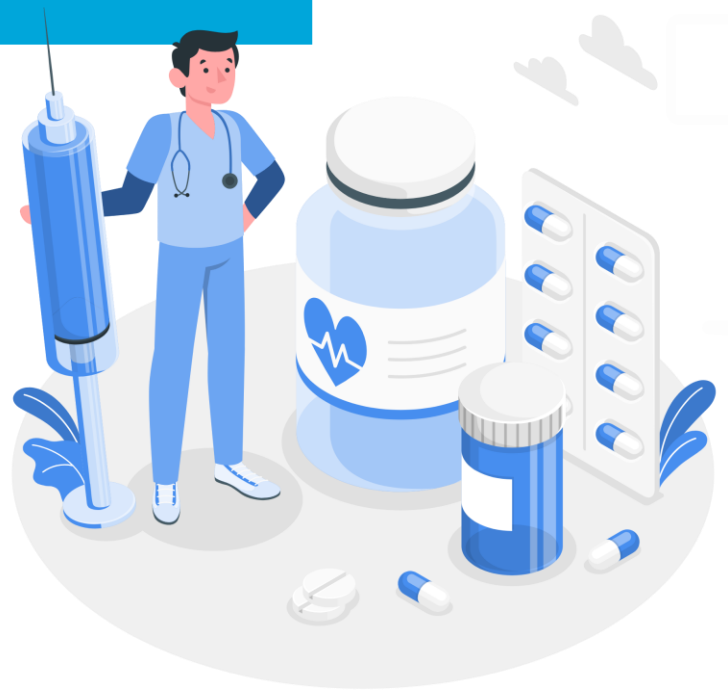


Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered critical illness or condition on or after your coverage effective date. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit plan. Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

 <p>Portable (with certain stipulations)</p>	 <p>No Deductibles & No Copayments</p>	 <p>Guaranteed-issue Coverage</p>	 <p>No Network Restrictions</p>
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Health Screening Benefit

A **\$100** Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.



GROUP CRITICAL ILLNESS INSURANCE



Benefit Outline	Critical Illness with Cancer
Guarantee Issue	Up to \$30k Employee & Spouse \$15k Children
HSA Compliant	Yes
Issue Age EE & Spouse	Attained Age
Pre-Ex Waiting Period	None**
Coverage Amounts: Employee Spouse Children	\$5,000 up to \$30,000 100% of Employee 50% of Employee
SPECIFIC ILLNESSESS COVERED (see your certificate for a complete list)	
Cancer	100%
Loss of Sight	100%
Coma	100%
Coronary Artery Bypass Surgery	25%
Advanced Alzheimer's Disease	25%
Amyotrophic Lateral Sclerosis (ALS)	100%
Advanced Parkinson's Disease	25%
Heart Attack	100%
Stroke	100%
Multiple Sclerosis (MS)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Health Screening Benefit (employee & spouse only; not payable for dependent children)	\$100
Childhood Conditions	50%
Autism Spectrum Disorder	\$3,000
Specified Disease (Human Coronavirus)	Up to 40%

IMPORTANT NOTE REGARDING CRITICAL ILLNESS PLAN:

- Under the Critical Illness with Cancer there is no pre-existing, however there is a 12-month treatment free waiting period for any previous cancer diagnosis.

This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.



Whole Life Insurance

Can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too – it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also earns interest, or “cash value”, at a guaranteed rate of 4.5%. You can borrow from that cash value, or you can buy a smaller, paid-up policy – with no more premiums due.

What's Included? A “Living” Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're expected to live 12 months or less. It 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

Who can get coverage?

You:	You can purchase \$10,000, \$25,000, \$50,000 or \$75,000 of coverage for yourself.
Your spouse: Individual coverage	Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase \$10,000 or \$25,000 of coverage for your spouse.
Your children: Individual coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of \$10,000 or \$25,000 of coverage for each 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.



PET INSURANCE



Cabarrus County offers employees with the opportunity to save on veterinary costs with Pet Insurance through Nationwide. This plan allows you to get reimbursed for eligible vet bills. See the summary of services below.

- ✓ **Cash back** on eligible vet bills, choose your reimbursement level: 70% or 50%
- ✓ **Available exclusively for employees**, not to the general public. We're the only company with a dedicated product for voluntary benefits.
- ✓ **Use any vet**, anywhere, no networks, no pre-approvals

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.

Both plans are guaranteed issuance, have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.

**Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing*

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓

How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

www.petinsurance.com/cabarruscountync | 877-738-7874

How do I file a claim?

It's easy. Simply pay your vet bill and then send us a claim for reimbursement via mail, email, or online.

Mail: Nationwide Claims Dept., P.O. Box 2344, Brea, CA 92822-2344

Email: submitmyclaim@petinsurance.com

Online: Submit your claims through your Nationwide Pet Account Access page at my.petinsurance.com. Please allow 48 hours from the time you submit your claim for it to appear online.



- Unlimited access to veterinary care experts
- Download the app and schedule a video consultation anytime 24/7
- No additional cost to use for Nationwide pet insurance members.

AUTO & HOMEOWNERS INSURANCE



Employee benefits now include savings on auto and home insurance! Cabarrus County Government has teamed up with Liberty Mutual to offer employees Group Savings Plus®. This unique program allows you to purchase high-quality auto, home and renters insurance at low group rates through the convenience of bank draft.

LIBERTY GUARD AUTO INSURANCE

Liberty Guard Auto Insurance provides coverage from collision to theft and includes extra benefits to help make insurance easier for you. Here is a brief list of some of the coverages that come with a Liberty Guard Auto Insurance policy.

LIABILITY COVERAGE

- If you cause an accident, your policy will pay the damages up to your policy limits.
- We will pay the legal expenses if a suit is brought against you.

MEDICAL PAYMENTS COVERAGE

In some states, Medical Payments Coverage is required, and is included in your policy. In other states, you may choose to purchase Medical Payments Coverage at an additional cost. This coverage covers anyone injured in your vehicle for reasonable medical and funeral expenses for up to three years after the accident.

UNINSURED MOTORIST COVERAGE

In some states, Uninsured Motorist Coverage is required, and is included in your policy. In other states, you may choose to purchase Uninsured Motorist Coverage at an additional cost. If you are in an accident with someone who does not have enough, or any, insurance, this coverage will protect you up to your policy limits.

YOU CAN PURCHASE COVERAGE FOR DAMAGE TO YOUR AUTO THAT BEST FITS YOUR NEEDS —

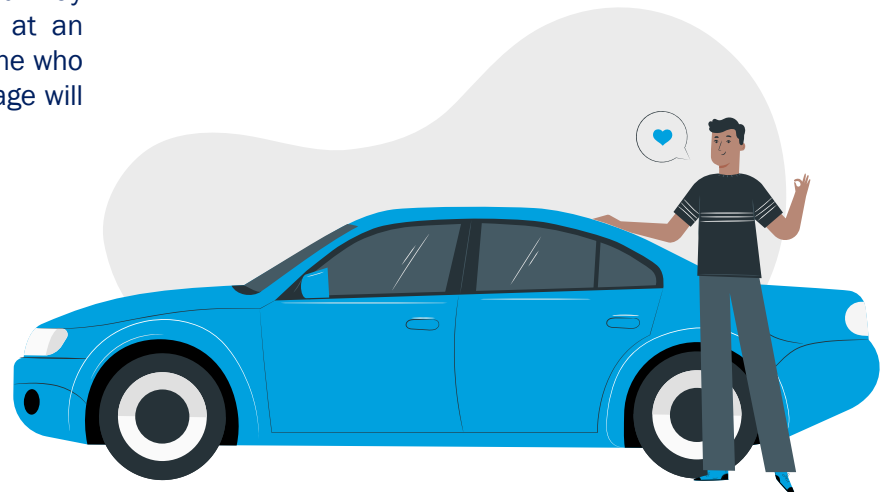
- Collision coverage provides protection if your car rolls over, is hit by another car, or hits another car or object
- Other Than Collision coverage protects your car when it is damaged by other perils, such as birds, animals, fire, theft, vandalism, windstorm, earthquake, and hail.
- Towing and Labor coverage provides for towing each time you need it.

LIBERTYGUARD® DELUXE HOMEOWNERS INSURANCE

Your home is not only one of the largest investments you'll ever make, it is also one of the most important assets you and your family have. You need to feel secure about your home and its contents, and that starts with the right insurance coverage.

Think you need to live near water to need flood insurance? Think again. Floods can be caused by storms, hurricanes and even melting snow. Don't get caught in rising water – protect your home with flood insurance.

Flood insurance is provided by Liberty Mutual authorized by the Federal Emergency Management Agency for over 18,000 participating communities. Flood coverage must be purchased as a separate policy as flood damage is not covered under homeowner policies.



AUTO AND HOMEOWNERS INSURANCE



LIBERTYGUARD® TENANTS INSURANCE

Collision coverage provides protection if your car rolls over, is hit by another car, or hits another car or object. Insurance is not just for homeowners. If you rent your home, you should consider protecting your possessions with a LibertyGuard® Tenants Insurance policy. It covers you for items such as computer equipment, jewelry, stereo equipment, furniture, and clothing if these belongings are stolen or damaged, whether they are at home or anywhere in the world. You will also have protection against claims for accidental bodily injury or property damage, at or away from your home.

Watercraft Insurance can be added to your Tenants policy as well as many other endorsements for an additional cost.

LIBERTYGUARD® DELUXE HOMEOWNERS INSURANCE

Your condominium is more than a place to live; it is a home—filled with memories and your valuable possessions. Should you ever suffer a loss due to fire, robbery, or other circumstances, you want to be sure your belongings are protected. Liberty Mutual's LibertyGuard® Condominium Insurance will provide you with the coverage you need. The LibertyGuard® Condominium policy also provides coverage for the alterations, appliances, fixtures and improvements which are part of your unit. See for yourself how much money you could save with Liberty Mutual compared to your current insurance provider.

FOR A FREE, NO-OBLIGATION QUOTE, PLEASE CALL:

Matt Morrison

704.549.8944 x. 55741 (Direct)

704.881.2895 (Cell)

603.334.8996 (Fax)

Office Address:

9115 Harris Corners Parkway, Suite 200,
Charlotte, NC 28269

Website: <https://www.libertymutual.com/matt-morrison>



BENEFITS AVAILABLE FOR RETIREES

The Standard Dental and Superior Vision Insurance Plans for Retirees of State or Local Government Offered Through North Carolina Retired Governmental Employees' Association, Inc.

With over 54,000 members, the North Carolina Retired Governmental Employees' Association is the largest single group representing retirees before the N.C. General Assembly, the Retirement Systems Boards of Trustees, and the State Health Plan trustees. For retirees or future retirees of state or local governments in North Carolina (including teachers, legislators, National Guard, and judicial), NCRGEA is your voice for sustaining and increasing your benefits after retirement.

Additionally, there are many benefits included with membership at no additional cost (\$10,000 AD&D Insurance, bimonthly newsletter, weekly electronic legislative updates while the General Assembly is in session, a toll-free number to call for information and assistance, hearing assistance and vision care discount programs, and free district meetings).

The Association also offers optional The Standard Dental Insurance and Superior Vision Insurance plans for our members. Those premiums are conveniently deducted from your retirement benefit check monthly. Please contact us at NCRGEA, PO Box 10561, Raleigh, NC 27605, 1-800-356-1190, or go to our website, www.ncrgea.com, for further information.



CONTINUATION OF BENEFITS *IF YOU LEAVE EMPLOYMENT*

AFLAC GROUP ACCIDENT & CRITICAL ILLNESS

You may continue your Aflac Accident and/or Critical Illness plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home. For more information, contact Aflac at **1-800-433-3036**

DELTA DENTAL & CIGNA HEALTH

Under the Delta Dental & Cigna Health plans, you and your covered dependents are eligible to continue coverage through COBRA according to the “qualifying events”. If you and your dependents are enrolled in either plan, you will be eligible to continue coverage through COBRA for a specified time after you leave your employment. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue dental coverage through COBRA. While you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA.

Examples of an ineligible dependent would be when your child graduates from college or reaches the age of not being eligible for dependent coverage. You will receive notification with premium and continuation options shortly following your termination of employment. Should you have any questions you can contact your **Benefits Department at 704-920-2200**.

COMMUNITY EYE CARE (CEC) VISION

Under the Community Eye Care plan, you may continue the Vision coverage once you leave employment by calling Community Eye Care and set up your deduction to be bank drafted or paid by Visa and or Mastercard. The premium will remain the same even though you have ceased employment. You may contact **CEC at 1-888-254-4290**.

FBA FLEXIBLE SPENDING ACCOUNT

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. You will receive notification and continuation options shortly following your termination of employment. To obtain your balance you may contact FBA at 1-800-437-3539.

LIBERTY MUTUAL AUTO & HOMEOWNER

When you leave employment, you may continue the coverage that you have with Liberty Mutual. The coverage will continue to be drafted from your bank account. If you have questions, you may contact Liberty Mutual at 704-596-4045.

CONTINUATION OF BENEFITS *CONTINUED*

NATIONWIDE PET INSURANCE

When you leave employment, you may continue your Pet Insurance by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. To set up bank draft, contact **Nationwide at 1-877-738-7874**.

TEXAS LIFE WHOLE LIFE

When you leave employment, you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Texas Life at 1-800-283-9233 prompt #2**.

UNUM TERM LIFE

Conversion: If your employment terminates while you are covered under the plan or when you are approved for long-term disability, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy. You must apply for conversion within 31 days after the date your coverage terminates. This applies to Optional Life and Dependent Life as well as the Basic coverage. To get information for converting to an individual life plan, please contact your **Benefits Department at 704-920-2200 or Unum Life Benefits Department at 1-800-445-0402**.

Portability: (applies to Optional Employee coverage only). Such insurance may be continued by paying the required premiums when:

- Your employment with your Employer ends for a reason other than total disability or retirement;
- The insurance has been in force for at least 12 months in a row just prior to the date employment ends.

To continue insurance, written application and the first premium payment must be made to the company, within 31 days of the date insurance would otherwise end. To get information for porting your life plan, please contact your **Benefits Department at 704-920-2200 or Unum Life Benefits Department at 1-800-445-0402**.

USERRA (UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing exclusions) except for service-connected illnesses or injuries. If you have questions you may contact your **Benefits Department at 704-920-2200**.

AFLAC GROUP ACCIDENT & CRITICAL ILLNESS INSURANCE

You may continue your Aflac Accident and/or Critical Illness plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home. For more information, contact Aflac Group at 1-800-433-3036



FILING A CLAIM

DELTA DENTAL

Delta Dental providers will file claims on your behalf. Visit www.memberportal.com to check on the status of claims.

CEC VISION

There are three options for submitting routine vision claims:

1. Online. You can submit claims by logging into your Provider Portal and clicking on the “claims” tab.
2. Paper Forms. These forms can be submitted by:
 - A. Faxing them to (704) 426-6044- Attention: Claims
 - B. Mailing them to CEC, Attention: Claims, 2359 Perimeter Pointe Pkwy, Suite 150, Charlotte NC, 28208
3. E-Claims: CEC accepts claims via electronic 837 file format

GROUP AFLAC

Simply logon to <https://www.aflacgroupinsurance.com> and click on **Customer Service** and then **File a Claim**. Choose from hospital, critical illness, accident, or wellness and follow the instructions. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information. That’s it!

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Columbia, South Carolina. AGC2300834 EXP 5/25

LFG DISABILITY

Visit benefits.cabarruscounty.com, this will take you to your microsite to download your claim form. Below are the options for submitting your Short- or Long-Term Disability claims:

Short Term Disability (STD)

Call 1-866-783-2255 to submit your STD claim over the phone. You should have all your information available before calling the disability claim team.

Long Term Disability (LTD)

File your LTD claim in three easy steps:

1. Download the form at Lincoln4benefits.com
2. Follow the instructions to complete the form. There are separate sections for employer, employee, and doctor to fill out.
3. File your disability claim by:
 1. Email: DisabilityClaims@LFG.com
 2. Fax: 1-877-843-3950
 3. Mail: Lincoln Financial Group Disability Claims
 1. PO Box 2609 Omaha, NE 68103

UNUM GROUP TERM LIFE

If an insured person passes away, you can simplify the claims process by filing online. Visit <https://www.unum.com/employees/file-a-claim> and click File a Claim. This will take you to your Unum login page to file an online claim.



All claim forms can also be accessed on the Cabarrus County benefits site benefits.cabarruscounty.us

Questions? We have answers



Comprehensive information including full plan details, contacts, notices, costs, links, videos, and more can all be found at benefits.cabarruscounty.us. You can also contact the vendors below for more information on their benefits.

BENEFIT	PROVIDER	EMAIL / WEBSITE	PHONE NUMBER
General Benefits Questions & Issues	USI Benefit Resource Center (BRC)	Email: brcsouth@usi.com	1-855-874-0835
	Cabarrus County Government Benefits Department	benefits.cabarruscounty.us	704-920-2200
Medical / Rx	Cigna	www.mycigna.com	1-800-244-6224
Dental	Delta Dental	www.deltadentalinc.com	1-800-662-8856
Vision	Community Eye Care (CEC)	www.cecvision.com	1-888-254-4290
Flexible Spending Account and Dependent Care Account	Flexible Benefit Administrators (FBA)	www.flex-admin.com	1-800-437-3539
Disability	Lincoln Financial Group (LFG)	www.lfg.com	Customer Service: 1-800-423-2765 Disability Claims: 1-866-783-2255
Term Life Insurance	UNUM	www.unum.com	1-800-445-0402
Whole Life Insurance	UNUM	www.unum.com	1-800-635-5597
Supplemental Accident & Critical Illness	Aflac Group	www.Aflac.com	1-800-433-3036
Cabarrus County Health & Wellness Center	Atrium Health		704-403-0550
Employee Assistance Program (EAP)	McLaughlin Young Employee Services	www.mygroup.com Work-Life Login (UN: cabarrus PW: guest)	1-800-633-3353
	LFG EmployeeConnect		1-888-628-4824
Pet Insurance	Nationwide Pet Insurance	www.petinsurance.com	1-800-540-2016

Other Resources

This Open Enrollment guide highlights what you need to know to enroll in your 2024-2025 benefits. If you want more information on a specific plan – eligibility, coverage details, how it works – you have several resources:

- Cabarrus County Benefits website at benefits.cabarruscounty.us
- Summary plan descriptions (SPDs) link on benefits.cabarruscounty.us
- Health care reform requires us to provide you with a summary of benefits coverage (SBC), available on benefits.cabarruscounty.us

Notes:



CABARRUS COUNTY
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