Buncombe County Government Updated Summary of Employee Benefits

Effective January 1, 2023	
BUY-UP HEALTH PLAN	Blue Cross Blue Shield PPO Plan -Individual Deductible: $600, Family Deductible: $1,200 20% Co-Insurance Maximum out-of-pocket: Individual $1,600 Family $3,200 5 Tier Prescription Drug Plan: $0 generic, $10 generic, $40 brand name, $50 brand name, $50-$100 specialty drugs
CORE HEALTH PLAN	Blue Cross Blue Shield PPO - Individual Deductible: $750, Family Deductible: $1,500 30% Co-Insurance Maximum out-of-pocket: Individual $2,250 Family $4,500 5 Tier Prescription Drug Plan: $0 generic, $10 generic $40 brand name, $50 brand name, $50-$100 specialty drugs
HIGH DEDUCTIBLE HEALTH PLAN	Blue Cross Blue Shield - Individual Deductible: $1,500, Family Deductible: $3,000 30% Co-Insurance Maximum out-of-pocket: Individual $4,500 Family $9,000 5 Tier Prescription Drug Plan: copays apply after full deductible is met $0 generic, $10 generic $40 brand name, $50 brand name, $100 specialty drugs
CONDITIONAL SPOUSE COVERAGE	A spouse may only be added to an employee's health insurance policy if the spouse is not offered health insurance by his/her own employer.
HEALTH SAVINGS ACCOUNT (HSA)	Must be enrolled in the High Deductible Health Plan. For 2023 – Buncombe County will fund your HSA with $1500 for individual coverage and $3000 for coverage that carries a dependent. Payments will be split up into 3 equal installments in Jan, May and Sept. New hires/newly eligible employees will receive the next installment(s) following coverage effective date.
DENTAL INSURANCE	Delta Dental of NC Buy Up Plan -$2,500 annual maximum, Individual deductible: $25, Family Deductible: $75, 100% Diagnostic & Preventive Care, 80% Basic Services, 50% Major Services, 50% Orthodontics with a $5,000 lifetime maximum Delta Dental of NC Core Plan-$1,500 annual maximum, Individual deductible: $100, Family Deductible: $300, 100% Diagnostic & Preventive Care, 80% Basic Services, 50% Major Services
VISION HARDWARE	Superior Vision gives an annual $250 allowance, with a 20% discount off the remaining balance for frames, lenses and lens options once every plan year.

BIWEEKLY RATES (rounded):	EMPLOYEE	EMP/1 CHILD	EMP/CHILDREN	EMP/SPOUSE	FAMILY
Buy Up HEALTH	$74	$170	$202	$181	$202
Core HEALTH	$42	$85	$138	$106	$138
HDHP HEALTH	$42	$85	$138	$106	$138
Buy Up DENTAL	$22	$40	$63	$42	$74
Core DENTAL	$18	$33	$52	$34	$61
VISION HARDWARE	$4.86	n/a	$9.71	$9.23	$14.28

HEALTH RISK ASSESSMENTS (HRA)	Employees (and spouses if enrolled on the plan) are asked to complete a HRA in order to qualify for the discounted health insurance premium rate, which is **one-half** the regular rate above.
SHORT TERM DISABILITY	Weekly benefit up to 70% of gross weekly income ($750 weekly maximum) Coverage pays 1st day accident and 8th day sickness, up to 26 weeks $0.75 per $10 of weekly benefit Example: $200 weekly benefit ÷ $10 = 20 20 x 0.75 = $15.00 monthly cost
LONG TERM DISABILITY	(1)Local Governmental Employees' Retirement System disability for employees with five years of service (2) Lincoln Financial – employee paid benefit that covers 60% of your salary after 180 days of disability. There are three plan options available with 2 yrs, 5 yrs, or SSNRA coverage periods.
FLEXIBLE SPENDING ACCOUNTS	Portion of income set aside in reimbursement account on a pre-tax basis Account used to reimburse health care expenses ($260 minimum up to $3,050 maximum) Account used to reimburse dependent care expenses (maximum of $5,000) Taxable income is less and take-home pay is increased
BASIC LIFE INSURANCE	County paid Basic Life Insurance of 1X Salary & Accidental Death & Dismemberment of 1X Salary
SUPPLEMENTAL LIFE INSURANCE	Optional supplemental life insurance up to $200,000 Premiums progress in five year increments based on age as of January 1 of each year Guaranteed issue when first eligible
DEPENDENT LIFE INSURANCE	$5,000 coverage on eligible dependents over 6 months of age ($250 under 6 months) $1.80 monthly premium covers spouse and children Guaranteed issue when first eligible
SPOUSE LIFE INSURANCE	Up to $100,000 coverage on spouse Premiums progress in five year increments based on age as of January 1 of each year Guaranteed issue when first eligible up to $75,000
WHOLE LIFE INSURANCE	Portable Whole Life insurance offered through Transamerica. Enrollment available during open enrollment period only.

ACCIDENT INSURANCE	VOYA – pays you benefits for specific injuries and events resulting from a covered accident that occurs outside the job on or after your coverage effective date.
CRITICAL ILLNESS	VOYA – pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date.
HOLIDAYS	Thirteen paid County holidays
VACATION LEAVE (ANNUAL LEAVE)	If hire date is on or after 2/15/2011, employees accrue annually: Less than 2 years of service 10 days 2 but less than 5 years of service 12 days 5 but less than 10 years of service 14 days 10 but less than 15 years of service 16 days 15 but less than 20 years of service 18 days 20 or more years of service 20 days Rehired/newly hired employees may add their time working in other governments for their rate of annual leave accrual
PERSONAL TIME OFF (PTO)	Regular employees receive two days of PTO on January 1 of each year. Used for rest and relaxation, medical appointments for employees or family members, etc.
SICK LEAVE	12 days earned per year with unlimited accumulation May be used for employee or immediate family member's illness, medical/dental appointments One month of retirement service credit allowed for each 20 days, or portion, of unused sick leave Sick Leave balance from other local governments may be transferred to the County
MILITARY LEAVE CIVIL LEAVE FUNERAL LEAVE	15 days per year with partial compensation Jury Duty Leave with pay Three days with pay for death of immediate family member
HEALTHY HOURS EARNED (HHE) LEAVE TIME	County employees with benefits who get their numbers checked at Employee Health will receive four hours of HHE leave time When numbers are checked a second time and there is improvement in one or more of their numbers or they maintains good levels, employees receive four additional hours of HHE
WELLNESS PROGRAMS	Be Well Wellness Program - offered in 6 month sessions allows employees to complete healthy activities and earn points for 8 Healthy Hours Earned each session.
SCREENING MAMMOGRAM	For female employees/spouses/domestic partners age 35 or older enrolled on our health plan Time allowed away from work site without using leave time for visit
PROSTATE SPECIFIC ANTIGEN (PSA) TEST	For male employees/spouses/domestic partners enrolled on our health plan Time allowed away from work site without using leave time for visit
SKIN CANCER SCREENINGS	For employees enrolled on our health insurance plan WNC Dermatological Associates will waive the $40 co-pay Appointment, insurance card & certificate required
FREE PHYSICAL THERAPY	Free unlimited physical therapy through Southeastern Physical Therapy for employees and dependents enrolled in our co-pay health plans. Referral from Employee & Family Health Clinic required
EMPLOYEE & FAMILY HEALTH CLINIC	Health Care Services for employees and their family members enrolled on our health plan Located at 40 Coxe Avenue, same day appointments, 7:30 am to 4 pm $5 co-pay per visit, $0 co-pay per generic prescription
LONGEVITY PAY	Lump sum payment based on regular aggregate service with Buncombe County as of December 1 Less than 1 year = $100 1 year but < 2 = 1% 2 years but < 5 = 3% 5 years but < 10 = 4% 10 years but <15 = 5% 15 years but < 25 = 6% 25 years plus = 7%
CONSUMER PRICE INDEX (C.P.I.) SALARY ADJUSTMENT	Across the Board Salary Adjustment effective July based on prior year C.P.I.
COUNTY DISCOUNTS	Various discounts at local businesses, discount tickets for theme parks, cell phone provider discounts and various employee perks
EBLEN EMPLOYEE ASSISTANCE FUND	Buncombe County works in partnership with Eblen Charities to provides employees monetary assistance when crisis occurs and when needs go beyond the County's benefits and employee's financial means. Requesting assistance is confidential by calling Eblen at 828-255-3066.
RETIREMENT	Local Governmental Employees' Retirement System Full retirement benefit with 30 years of service, age 60 with 25 years, age 65 with five years Reduced retirement benefit age 50 with 20 years of service or age 60 with five years Death Benefit equal to the annual salary not less than $25,000 or more than $50,000
LAW ENFORCEMENT OFFICERS' SPECIAL SEPARATION ALLOWANCE	Provides separation benefits to Law Enforcement Officers Must complete 30 or more years creditable service or be at least age 55 with 5 years of service Paid until age 62
NC FIREMEN'S AND RESCUE SQUAD WORKERS' PENSION FUND	Eligible Emergency Medical Service employees may make application for membership Membership is voluntary and requires monthly payment by employee Benefits are payable to retired members who have served 20 years as an Emergency Medical Service employee
401(k) SUPPLEMENTAL RETIREMENT INCOME PLAN	Buncombe County contributes 8% of employee's salary Designed to supplement employees' retirement income Voluntary employee contributions to a variety of investment plans and also defers taxes Roth 401(k) employee contributions – taxes are paid now versus when funds are withdrawn

Please always refer to your Plan Documents for complete details. If the information in this summary conflicts with original Plan Documents and/or the Personnel Ordinance, the information in this summary will be null and void.

Questions? Contact Laura Calloway or Beth Ray in Human Resources at 250-4166.

New hire have 14 days to elect their benefits in Workday, and 30 days to complete their Health Risk Assessment (HRA). Schedule your HRA by calling Employee & Family Health at 828-250-6150.

2023 Employee Benefits Open Enrollment Guide

Open Enrollment is Nov 1 – Nov 15, 2022

Table of Contents

This Guide is a brief summary of benefits offered to you and does not constitute a policy. If there are any discrepancies between the information in this guide and the SPD or certificates, the language in the insurance contracts will always prevail.

What's New For 2023?

- For the Standard, Buy Up and Core medical plans, there will be no changes to the premium rates for 2023, and no changes to the deductibles or out of pocket maximums.

- We are introducing a new High Deductible Health Plan (HDHP) as another medical plan option for 2023, along with an accompanying Health Savings Account (HSA). In 2023, the County will fund the HSA for the full deductible amount. Funding will be spread over three payments during the year (Jan – May – Sept).

  Our HSA vendor, Health Equity, has built a cost comparison tool to help you decide if the HDHP is a good fit for you. Go to https://www.comparemyhsa.com/Buncombe to compare the annual cost of your plan options.

- Your premiums for Delta Dental insurance are increasing by 8%, beginning with your first paycheck in January.

- Pharmacy home delivery will be provided through Amazon Home Delivery.

- We will change our Whole Life Insurance vendor from VOYA to Transamerica for ease of enrollment and administration.

- We will change our Term Life Insurance and Short Term Disability insurance from USAble to Lincoln Financial, gaining better terms and increasing the County paid Basic Term life insurance to 1X your salary.

- Employees may purchase Supplemental Life insurance up to $200,000 with a guaranteed issue! No medical questions required, and you cannot be turned down.

- There are NEW RULES concerning the purchase of Dependent Life Insurance and Spouse Life Insurance. You must carry Supplemental Life Insurance to have Spouse or Dependent Life Insurance, and Spouse Life insurance cannot exceed 50% of Supplemental Insurance.

- We will offer a new Long Term Disability option through Lincoln Financial.

- If you participated in a flexible spending account (FSA) last year and wish to participate for 2023, you must RE-ENROLL through the Workday open enrollment process.

What Do I Need To Do?

Benefits Open Enrollment is **8 am Tuesday, November 1 through 5 pm Tuesday, November 15.** You may or may not need to actively enroll – depending on your current benefits and the changes you wish to make for 2023.

Remember this is your only opportunity to make changes to your benefit plans for 2023, unless you have a qualifying life event.

The benefits that Buncombe County makes available to you represent a significant portion of your total compensation package and provide important protection for you and your family in the case of illness or injury. This Benefits Open Enrollment Guide covers highlights of what you need to know to help you make informed choices as you enroll in your 2023 benefits.

Open Enrollment will show up as a task in your Workday inbox by 8 am on November 1st. This task will automatically disappear from your inbox at 5 pm on November 15th if you choose not to participate in Open Enrollment. Please refer to the Workday User Guide for Open Enrollment for step-by-step instructions.

If you do not want to make any changes to your benefits, you do not have to do anything unless you wish to enroll or reenroll in the Flexible Spending Account (FSA). Approved changes made during open enrollment will be effective January 1, 2023.

How Do I Make Changes?

A complete step by step **Workday User Guide for Open Enrollment** is available on County Central or within Workday (type "Need Help with Benefits?" in the Workday search box), but this will get you started:

- Log into Workday.
- Go to "Awaiting Your Action" from the homepage.
- Click on your "Open Enrollment Change" task in your Inbox.
- Complete the entire enrollment process. On the final Review and Sign page, check the "I Accept" button and SUBMIT.

Dependent Eligibility

Eligible dependents for medical, dental and vision hardware insurance include:

- Your legal spouse* regardless of age for an employee and under age 65 for a retiree. As of January 1, 2016, you MAY NOT add your spouse to your health insurance if your spouse is offered health insurance by his or her own employer.

- Your children, including:
  - Natural children
  - Legally adopted children and children placed with you for adoption
  - Stepchildren
  - Children of whom you have legal custody
  - Legally disabled child over age 26 but under age 65

Children may stay on your insurance until age 26 regardless of student status or marital status.

Dependent eligibility for Life Insurance or Disability Insurance products may differ. Refer to the policies for more details.

Required Documentation

If you are adding new dependents to any of the benefit plans, you will need to submit documentation to verify the eligibility of those dependents. Here's what you will need to submit with your Open Enrollment Change task in Workday:

- For a spouse, a copy of your marriage certificate **and** a signed Spouse Health Waiver (available on County Central OR enter "Spouse Health Waiver" in the Workday search box).

- For child(ren), a copy of one of the following:
  - A birth certificate verifying the child is your natural child or your spouse's natural child.
  - Legal adoption papers placing the child with you for adoption
  - Legal custody papers

*Effective 10/3/2017 Buncombe County no longer offers Domestic Partner coverage for new enrollments.

Life Events

With Pre-Tax benefit plans, the IRS only allows you to change your election during each annual open enrollment period unless you have a qualifying life event. **Life Event changes must be requested within 30 days of the event:**

- Marriage, divorce, legal separation, annulment, or death of your spouse;
- Birth, adoption, placement for adoption or death of dependent child;
- Qualified Medical Child Support Order;
- Open enrollment under spouse's employer's health plan;
- Termination or commencement of spouse's employment;
- Dependent child's gain or loss of plan eligibility due to age, marriage or student status;
- A change from part–time to full–time employment (or vice versa) by you or your spouse;
- A significant change in your spouse's employer provided insurance coverage; or
- Taking a leave of absence by you or your spouse.

YOUR RESPONSIBILTY

Did you just get divorced? Married? Have a baby? Let Employee Benefits know within 30 days!

An ex-spouse is not eligible to be on your plan. If you do not contact Employee Benefits within 30 days of your divorce, you could be given a disciplinary action and you will be responsible for paying back the full amount of any claims made on your ex-spouses behalf.

Pre-Tax Cafeteria Plans

The County of Buncombe Pre-Tax Premium Plan is another way we help keep the cost of our group insurance coverage as affordable as possible. The cost of your insurance coverage is deducted from your paycheck **before** taxes are calculated. Because you are taxed on a smaller portion of your earnings, you end up paying less in taxes and you take home more money.

Life Insurance plans and the Disability Insurance plans are paid for with **after-tax** dollars.

Please Note: The Pre-Tax Premium Plan and the Pre-Tax FSA Plan may reduce your compensation for Social Security tax purposes. Social Security benefits could be decreased due to the decreased amount of compensation that is considered for Social Security purposes.

Summary of Medical Plan Options

For Plan Year 2023, you have the following options for medical coverage through Blue Cross Blue Shield of NC:

Standard, Buy Up and Core Health Plans are PPO (Preferred Provider Organization) plans that offer qualified medical services, including preventative services and coverage, for in and out-of-network providers. You pay more out of pocket when visiting an out of network provider.

These plans include copays for covered services. Once you reach the deductible, you are responsible for your portion of the coinsurance until maximum out-of-pocket is met. An optional tax advantaged Health Flexible Spending Account may be used to complement the PPO Plan.

HDHP (High Deductible Health Plan) is a health plan that offers qualified medical services including preventative services and coverage, for in and out-of-network provider. You pay more out of pocket when visiting an out of network provider. Members are subject to a higher deductible.

There are no copays with this plan. You must pay the full allowed amount of the service until your deductible is met, and then you will pay for your portion of the coinsurance until your out-of-pocket max is met. You must enroll in a mandatory tax advantaged Health Savings Account(HSA) to complement the HDHP. The HSA is an employer and employee contributed account managed by the employee.

	Standard, Buy Up or Core Plans	HDHP
Co-pays for office visits	✓	✗
Co-pays for prescriptions	✓	only after deductible is met
Aggregate Deductible*	✗	✓
Qualify for no cost physcial therapy	✓	✗
Qualify for $5 acute care visits to Employee & Family Health	✓	✗
Qualify for Health Savings Account	✗	✓
Qualify for Flexible Spending Account	✓	✗
Preventive services are covered at 100%	✓	✓

For members of the HDHP, visits to Employee & Family Health and referred visits to Southeastern Physical Therapy will be charged $50 until their deductible is met. It is the employee's responsibility to self-disclose that they should be charged.

*Aggregate Deductible: The entire family deductible must be paid out of pocket before your insurance coverage begins. The deducible can be reached by one family member, or a combination of members in the family.

Summary of Medical Plan Options

Bi-weekly Premium Deductions

	STANDARD PLAN (Hired before 2010)	BUY UP PLAN	CORE PLAN	HDHP
	Discounted Rate - Health Risk Assessment Compliance			
Employee Only	$26.65	$37.31	$21.32	$11.00
Employee + One Child	$42.64	$85.28	$42.64	$42.64
Employee + Children	$74.62	$101.27	$69.29	$69.29
Employee + Spouse	$69.29	$90.61	$53.30	$53.30
Family	$74.62	$101.27	$69.29	$69.29
	Regular Rate - Health Risk Assessment **NON**-Compliance			
Employee Only	$53.30	$74.62	$42.64	$42.64
Employee + One Child	$85.28	$170.56	$85.28	$85.28
Employee + Children	$149.24	$202.54	$138.58	$138.58
Employee + Spouse	$138.58	$181.22	$106.60	$106.60
Family	$149.24	$202.54	$138.58	$138.58

2023 IN-NETWORK (please refer to your Summary Plan Descriptions for Out of Network costs)

Plan Design		STANDARD PLAN (Hired before 2010)	BUY UP PLAN	CORE PLAN	HDHP
Calendar Year Deductible:	Individual	$525	$600	$750	$1,500
	Family member	$525	$600	$750	$3,000
	Family	$1,050	$1,200	$1,500	$3,000
	Health Saving Account County Contribution	$0	$0	$0	$1500 ind / $3000 fam
Coinsurance Limit:		5% Co-Insurance	20% Co-Insurance	30% Co-Insurance	30% Co-Insurance
Out-of-Pocket Limit:	Individual	$1,375	$1,600	$2,250	$4,500
	Family	$2,750	$3,200	$4,500	$9,000

Plan Design continued.	STANDARD PLAN (Hired before 2010)	BUY UP PLAN	CORE PLAN	HDHP
Physician Office Services: Primary Care Provider	$25 co-pay	$25 co-pay	$25 co-pay	30% after Deductible
Specialist	$40 co-pay	$40 co-pay	$40 co-pay	30% after Deductible
Preventative Care Visits: Primary Care Provider	FREE	FREE	FREE	FREE
Rehab Therapies:30 combined visits per calendar year for physical, occupational, and chiropractic care. 30 visits per calendar year for speech therapy.	$40 co-pay	$40 co-pay	$40 co-pay	30% after Deductible
Prescription Drugs				After Deductible:
Tier 1: Generic	$0	$0	$0	$0
Tier 2: Generic - Narcotics	$10	$10	$10	$10
Tier 3: Brand	$40	$40	$40	$40
Tier 4: Non-Preferred Brand	$50	$50	$50	$50
Tier 5: Specialty Drugs	$50 - $100	$50 - $100	$50 - $100	$100
Inpatient and Outpatient Hospital Services				
Hospital and Hospital Based Services	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Outpatient Clinic Services	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Professional Services	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Outpatient Mammograms when performed alone	$0	$0	$0	$0
Outpatient Labs & Mammograms with other services	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Outpatient X-rays, Ultrasounds, ECGs EEGs, EKGs, PFTs	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
CT scans, MRI, MRA, and PET scans	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Ambulatory (Outpatient) Surgical Center	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Urgent Care Center Visit	$40 co-pay	$40 co-pay	$40 co-pay	30% after Deductible
Emergency Room Visit	$150 co-pay	$150 co-pay	$150 co-pay	30% after Deductible
Mental Health and Substance Abuse Services				
Office Visit	$25 co-pay	$25 co-pay	$25 co-pay	30% after Deductible
Inpatient/Outpatient	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Prior authorization may be required				
Ambulance, Durable Medical Equipment, Home Care, and Hospice	5% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Routine Eye Exam - annual	$25 co-pay	$25 co-pay	$25 co-pay	30% after Deductible

Pharmacy Formulary

Each of our BCBS medical plan options have the same Pharmacy Formulary.

Buncombe County's BCBSNC health plan participates in a program called NetResults. With NetResults, certain drugs are discouraged by the formulary. For each discouraged drug, there are lower cost drugs in the same therapeutic class.

If you want to use one of the discouraged drugs without a penalty, your doctor must certify that it is a medical necessity. You can review which drugs are covered under the plan by logging into your account at www.bcbsnc.com and going to "find a drug".

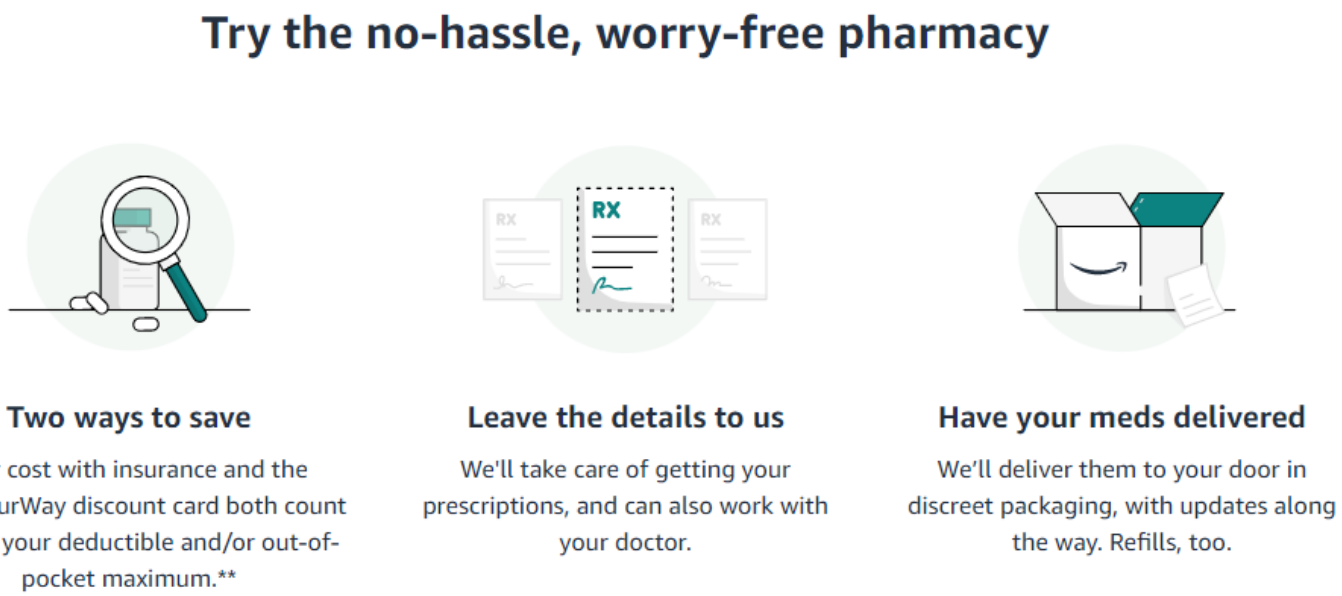
Pharmacy Home Delivery

New for 2023, home delivery prescriptions will only be available through Amazon Pharmacy. If you currently have home delivery set up with Express Scripts, you will be hearing from BCBS soon about how to switch to Amazon.

Home delivery offers convenience to manage your long-term conditions, including:

- A 90-day supply of medicine
- Auto refills (if offered by the pharmacy and allowed by your health plan)
- Free standard shipping and 24/7 support from pharmacy experts

Learn more about Amazon Pharmacy



Health Risk Assessments

Buncombe County Government is dedicated to keeping your insurance plans as rich as sustainably possible. It is important for employees to work in partnership with the County to keep costs low by keeping themselves healthy and properly managing chronic conditions. To this end, the County is encouraging all employees and covered spouses on the County's health plan to participate in the annual Health Risk Assessment.

Employees and covered spouses who complete the HRA each fall, and who stay in compliance with any follow-up visit requirements, will receive a discounted health premium rate for the new plan year.

Children and adult children dependents will not need to get an HRA.

For complete details about the HRA and HRA Follow-Up Visits, visit the County Central HRA information page.

Health Promotion Follow-Up Visits for 2023:

Your number of high risk factors will be included in your results letter after the event. Wellness Discounted Rate participants (employees and spouses) who have **two or more** high risk factors must complete follow-up visits with the Employee Health Clinic or your doctor before the deadlines listed below.

First visit due by April 30, 2023
Second visit due by August 31, 2023

County Wellness Programs

We hope you will take advantage of the many Wellness offerings provided to you by Buncombe County in 2023! You must be on the one of the County's medical plans to use these benefits. Some restrictions apply for those enrolled on the HDHP. Contact HR for details.

SmartShopper lets you compare various procedures among providers and will give you cash back if you select a high-quality, lower-cost facility.

Free, unlimited physical therapy is available through Southeastern Physical Therapy. A referral from our Employee & Family Health Clinic is required.

The **Employee & Family Health Clinic** only costs $5 per visit and is available for you and your family members if you're enrolled in the County's health care plan. Visit the clinic for everything from a fever to minor work-related injuries. It is open Monday-Friday, 7:30 a.m.-3:30 p.m.

The Employee Clinic also features **Lifestyle Medicine and Health Coaching** programs that can help you quit smoking, lose weight, be more physically active, and more.

The **BE Well Wellness Program** allows you to monitor your health while earning healthy hours you can use to take time off from work.

The Employee Assistance Network provides confidential and professional assistance to help resolve problems that are affecting you and your family. This program is dedicated to assessment/referral/problem solving services to all employees.

Synergy Healthcare can help you manage your chronic conditions or autoimmune issues. Check out the details on County Central.

We have a dedicated Plan Advocate to assist you with any medical insurance issues you may experience with Blue Cross Blue Shield. Check out County Central for details.

Perks Through our Benefit Vendors

Blue 365

Blue365 is an online destination where participating members can find healthy deals and exclusive discounts. Learn more at www.bcbsnc.com/blue365

BlueConnect

You have your own website portal called BlueConnect where you can access your insurance ID card, see if you have met your out of pocket cost limits, review your claims, find in-network doctors, check if a drug is covered and more. Learn how to register for your BlueConnect portal.

Health Line Blue

As a BCBS member, you have access to Health Line Blue, your free 24/7 nurse support line. Trained medical professionals can give advice, help you decide where to get care, answer questions about medications and more. 1-877-477-2424

A 15 week online weight management program that works because it is not a diet - it's a lifestyle!

Buncombe County employees are required to pay a $30 completion incentive at the time of registration that is returned upon completion of the program and for meeting tracking requirements. Go to esmmweighless.com to see available class times and register for an upcoming class series. Enter the coupon code: **ASOBuncombeCo**

Enrolled in Critical Illness or Accident Insurance? Be sure you are taking advantage of your annual Wellness Benefit! This provides an annual benefit payment of $50 if you complete a health screening test. Learn more at Voya Employee Benefits.

Voya participants also have Voya Travel Assistance 24 hours a day, 365 days a year for: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

As a Buncombe County employee, Civic & Local Government Federal Credit Union is providing you with access to certified financial and housing experts, who will empower you to eliminate financial stress, get out of debt, increase savings, and achieve your financial goals. Learn more on County Central.

Enjoy a 30-minute retirement planning session to learn more about your 401(K) plans. Whether you are new to Buncombe County or planning to retire soon, these individual sessions are geared towards helping you plan for your retirement.

Click here to schedule a virtual or phone appointment.

Telehealth – Teladoc / MyStrength NEW FOR 2023!

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

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

Convenient care for your total health

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

TELADOC®

Acute Care Conditions

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

Cost

Co-pay plans: $10 Copay for both Acute Care and Behavioral Health Visits

HDHP Plan Per Visit Fees

Initial Psychiatric Visit* $180
Ongoing Psychiatric Visits for Individual/Family $95
Initial Therapist Visit $95
Ongoing Therapist Visits $85
General medicine/Acute care: $55
* Average wait time to schedule initial visit is 3-5 days.

Three ways to sign up today
So it is ready when you need it!

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

Call 1-800-Teladoc (835-2362)

Go to *BlueCrossNC.com/Teladoc* and click **"Get Started Now"**

Behavioral Health

- Addictions
- Anxiety
- Depression
- Grief and loss
- Relationship issues
- Eating Disorders
- Work Pressures
- ADHD
- Substance Abuse
- And more

Choose the therapist who best fits your needs

Schedule an appointment seven days a week

Have a visit by phone or video from wherever you are

Health Savings Account vs. Healthcare Flexible Spending Account

Health Savings Account (HSA) is an account in which you can set aside pre-tax dollars to save for future medical expenses. In order to receive the County's HSA contribution (seed money), you must elect a HDHP even if you do not plan to contribute any of your own money to the HSA. All remaining funds, including employee and employer contributions will rollover to the next plan year.

Healthcare Flexible Spending Account (FSA) is a pre-tax account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere. The funds you contribute on a bi-weekly basis are front loaded at the beginning of the plan year. This means you may use the funds as soon as they are available. Once funds are exhausted, bi-weekly deductions will still occur until the end of the plan year. You must re-enroll each year during Open Enrollment if you want to participate the following year. The amount an employee can rollover to the year 2023 for plan year 2022 is $550.

	Flores	HealthEquity
	Healthcare Flexible Spending Account (FSA)	**Health Savings Account (HSA)**
Medical Plan required	You do not need to be enrolled in a Medical plan in order to enroll in a FSA. However, you CANNOT have an FSA account if you (or the County) are contributing to an HSA.	Must be enrolled in a High Deductible Health Plan (HDHP)
County Contribution	The County does not contribute to the FSA	The County contributions to the HSA will be made over three payments (Jan,May,Sept) $1500 individual / $3000 family
Contribution Limits	$260 minimum / $2,850 maximum *subject to change for 2023	individuals can contribute a maximum of $3,850, families can contribute up to $7,750. Age 55 or older can catch-up an additional $1,000 *limits include the employer contribution
Contribution Changes	Contribution amounts can be changed only at open enrollment or within 30 days of a qualifying event	Contribution amounts can be changed at any point during the year
Account investments and earnings	Funds in the FSA do not earn interest, and there are no investment options	HSA funds are held in an interest-bearing account and may be invested after having a minimum balance of $2,000
Availability of funds	The full FSA annual election amount is available immediately	Only the balance of funds in the HSA is available to spend
Paying for Eligibile Expenses	Expenses can be paid by FSA Debit Card and/or Reimbursement Request	Expenses can be paid by HSA Debit Card and/or online bill pay
Savings Receipts	Save your receipts and EOB's. You may be required to submit documenation of your expenses.	Save your receipts and EOB's. The IRS requires documentation of HSA withdrawals during a tax audit
Reimbursement Deadline	You may claim expenses incurred from January 1, 2023 through December 31, 2023. $550 will rollover from plan year 2022 to plan year 2023.	There is no deadline

Flexible Spending Accounts (FSA)

There are two categories of Flexible Spending Accounts (FSA): **Medical Care** and **Dependent Care**. The administrator of our plan is Flores. Buncombe County pays all administrative cost of this benefit. Flexible Spending Accounts reduce the amount you pay in federal, state, and FICA (Social Security & Medicare) taxes.

Flexible Spending Accounts (FSA) do not automatically renew. If you want a FSA account for 2023, you MUST go through Workday Open Enrollment and elect this benefit.

Medical Flexible Spending Account (FSA)

WHAT EXPENSES ARE ELIGIBLE FOR FSA?

Your Heath Care FSA funds can be used for medically necessary medical, dental, vision, prescription, over-the-counter medications and supplies, as well as menstrual care items incurred during your active enrollment period. For a complete list of eligible expenses, visit: Https://www.irs.gov/publications/p502.

HOW DO I KNOW HOW MUCH MONEY TO CONTRIBUTE TO MY FSA?

The Health Care FSA has a minimum annual contribution limit of $260 and a maximum annual contribution limit of $2,850. Plan for your upcoming expenses and include your spouse and dependents, if eligible. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

To make Health Care FSAs more consumer-friendly and provide added flexibility, plan participants may carry over up to $550 into the next plan year. Any balance amount over $550 at the end of the year will be lost.

HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on the participant Flores247 Web Portal, www.flores247.com, or by using the Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

WHAT MUST BE INCLUDED ON RECEIPTS?

All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

WILL I HAVE A DEBIT CARD?

Yes. You can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA?

After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA?

Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COUNTY?

Any expenses submitted for reimbursement must be incurred prior to your termination date. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Employee Benefits Department for further information.

Dependent Care Flexible Spending Accounts (DCFSA)

The DCFSA can reimburse you for **daycare expenses** provided for your dependents so that you (and your spouse, if you are married) can work. Care must be for a dependent child under the age of 13 or a dependent of any age that lives in your household and is incapable of self-care.

You MAY still carry a Dependent Care FSA if you have a High Deductible Health Plan.

The Dependent Care FSA has a minimum annual contribution limit of $260 and a maximum contribution limit of $5,000 if the employee is single or married filing jointly on their tax return or $2,500 if married filing separately.

Expense		Allowed?	Comments
After-school care or extended day programs (supervised activities for children after the regular school program).	✓	Yes	These programs are generally custodial in nature although children may be supervised by qualified adults the primary purpose of the program is to care for children while parents are at work.
Au pair	✓	Yes	With the exception of airfare and other fixed costs as long as the expenses are within plan year.
Babysitter (inside or outside participants' home)	○	Maybe	Yes, unless babysitter is child of participant (or spouse) under 19 years of age or is otherwise claimed as a dependent by the employee or spouse on their federal tax return. Also, the primary purpose must be to care for children while the parents are at work.
Custodial or elder care expenses	○	Maybe	Eligible to extent not attributable to medical services as long as care is for legal dependent of participant.
Educational Expenses – First Grade and above	✗	No	
Educational Expenses – Kindergarten	✗	No	If child attends ½ day kindergarten and ½ day daycare the expenses may be prorated accordingly and the daycare charges may be reimbursed.
Educational Expenses – Nursery School	✓	Yes	Eligible as long as the primary purpose of the expense is custodial care so the parent can work. Most nursery schools (even Montessori) are custodial in nature.
FICA and FUTA taxes of daycare provider	✓	Yes	
Food Expenses	○	Maybe	Yes, if included in daycare charges. No, if separate charge.
Household services (housekeeper, maid, cook)	○	Maybe	Yes, if primary purpose is custodial care and household services are incidental.

Flores does not offer a MasterCard debit card for DCFSA. Instead, they try to make the reimbursement process as easy as possible by offering a No-Wait Dependent Care Claim Form, which allows you to submit only one claim form for your entire plan year's worth of expenses. You can submit your claim for the full amount of eligible expenses you'll incur during the plan year. They will enter this as a pending claim to your account and as you contribute to the account through your pre-tax payroll deductions, automatic reimbursements will be sent to you.

Since claims are reimbursed daily, we encourage you to enroll a checking or savings account with Flores so you don't have to wait for a check to arrive in the mail. You can add your bank account through the setting tab on www.flores247.com.

Delta Dental Insurance

You can choose one of two plans with Delta Dental of NC, the nation's largest dental network! The Consumer Toolkit lets you access your dental plan securely online at www.DeltaDentalNC.com.

Delta Dental PPO plus Premier	Delta Dental BUY UP Plan Pays	Delta Dental CORE Plan Pays
Diagnostic & Preventive		
Diagnostic & Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%
Radiographs - X-rays	100%	100%
Basic Services		
Minor Restorative Services - fillings and crown repair	80%	80%
Endodontic Services - root canals	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%
Other Basic Services - misc. services	80%	80%
Major Services		
Periodontic Services - to treat gum disease	50%	50%
Major Restorative Services - crowns, inlays, and veneers	50%	50%
Relines and Repairs - to bridges and dentures	50%	50%
Prosthodontic Services - bridges and dentures	50%	50%
Orthodontics		
Orthodontic Services - braces ($5,000 per person lifetime max)	50%	not covered
Orthodontic Age Limit	Up to age 99	
Payments		
Maximum calendar year payout (per person)	$2,500	$1,500
Deductible		
Per Person	$25	$100
Per Family	$75	$300
Biweekly Premiums (24 X per year)		
Employee Only	$22.17	$18.19
Employee / 1 Child	$39.80	$32.66
Employee / Children	$62.97	$51.69
Employee / Spouse	$42.02	$34.49
Family	$73.80	$60.57

For full dental coverage details, please refer to the Dental Insurance Summary found on County Central>Document Central.

Superior Vision Hardware Plan

Superior Vision offers a benefit to employees to help pay for glasses, contacts and eye exams. Be sure to find an in-network provider by going to www.superiorvision.com and clicking "Find an eye care professional". Select the "Insurance Through Your Employer" option and pick the Superior National network.

Benefits Include:

Vision Care Services	In-Network Member Benefit	Out-of-Network Benefit
Exam	$10 copay	Up to $39 - $44 retail
Frames	$200 retail allowance	Up to $80 retail
Contact Lens Fitting (standard)	$25 copay	Not covered
Lenses – single, bifocal, trifocal Scratch coat, Ultraviolet coat, tints, polycarbonate, blue light filtering	Covered in full $15 – 40 extra	Up to $26 - $50 retail Not covered
Contact lenses	$250 retail allowance	Up to $100 retail
Frequency: Exam, Frame, contact lens fitting, lenses, contact lenses	Allowance available once per year	

Discounts on covered materials: Look for providers in the provider directory who accept discounts, as some do not. Verify their services and discounts (range from 10% - 30%) prior to service as they vary.

Please refer to the plan documents on County Central for complete details.

Biweekly cost (24 per year)	Employee Only	Employee + Children	Employee + Spouse	Family
	$4.46	$8.92	$8.48	$13.12

Lincoln Financial Life Insurance

If you currently have Spouse or Dependent Life insurance, you must purchase enough Supplemental Insurance to keep those policies in 2023. For example, if you have Dependent Life in 2022, but no Supplemental Life, you must purchase at least $10,000 in Supplemental life for 2023 to keep the Dependent Life in 2023.

BASIC LIFE INSURANCE AND AD&D INSURANCE- County Paid

NEW FOR 2023: Buncombe County will provide, at no cost to employees, **1 X your salary** basic life insurance plus **1 X your salary** accidental death and dismemberment (AD&D) insurance to all eligible employees regardless of age. New hires/newly eligible employees have a 6-month waiting period for all Lincoln Financial policies. (1X salary is includes your Base Pay only, with a $250,000 maximum)

SUPPLEMENTAL LIFE INSURANCE - Employee Paid

NEW FOR 2023: Employees may purchase between $10,000 and $200,000 in coverage from Lincoln Financial. Rates are based on age as of January 1. There is a reduction in coverage after age 65. For employees age 70 & over, maximum coverage is $50,000. A complete listing of biweekly premium rates will be available when you make your election in Workday.

For 2023 only – there is no Evidence of Insurability required for this benefit, regardless of the amount of coverage you select.

SPOUSE LIFE INSURANCE - Employee Paid

NEW FOR 2023: You MUST purchase Supplement Life Insurance in order to have Spouse Life Insurance. Spouse Life Insurance cannot exceed 50% of your Supplemental Life Insurance.

Employees may purchase between $5,000 and $100,000 in spouse coverage from Lincoln Financial. Rates are based on spouse's age as of January 1. There is a reduction in coverage after age 65 A complete listing of biweekly premium rates will be available when you make your election in Workday.

For 2023 only –Evidence of Insurability is only required for Spouse Life on amounts greater than $75,000.

DEPENDENT LIFE INSURANCE - Employee Paid

NEW FOR 2023: You MUST purchase Supplement Life Insurance in order to have Dependent Life Insurance.

Employees may purchase a **$5,000** life insurance policy that covers their spouse and any dependent children under the age of 26. The premium rate is $0.90 biweekly.

Beneficiaries

Designate your life insurance benefit to your loved ones by making sure your beneficiaries are up to date. Please take the time to verify that your beneficiaries are what you prefer.

1. **Lincoln Financial Life Insurance** - Employees have **one** list of beneficiaries that covers ALL the Lincoln Financial policies. They are either stored on a piece of paper in your personnel file OR you have updated them in Workday. After you update your beneficiary in Workday, the paper form in your personnel file no longer applies.

   a) To access your personnel file – go to http://hrfiles.buncombe.org and look for the newest version of "PL_ONLY LIFE INSUR ENROLL" or "PL_ONLY LIFE INSUR BEN CHNG".

   b) In Workday – on your profile (click on your photo), go to Benefits on the left, and then go to My Beneficiaries at the top. Access the Workday User Guide for Open Enrollment for instructions on making updates.

The following beneficiary designations are NOT stored in Workday:

2. **Empower (401K)** - Go to www.ncplans.prudential.com and check your beneficiaries for the return of 401K contributions.

3. **NC Retirement System** - Go to www.myncretirement.com and login to ORBIT to check your beneficiaries for the return of NC Retirement contributions and the Death Benefit.

4. **VOYA Accident Insurance** - access your personnel file - go to http://hrfiles.buncombe.org and look for the newest version of "PL_ONLY BENEFIT CORRESPOND"

Lincoln Financial – Short Term Disability

Short Term Disability benefits are payable when you are unable to work due to an accident, sickness or pregnancy. Benefits will begin on the first day of disability due to an accident and the eighth day of a disability due to a sickness or pregnancy. This is the first day you are eligible for benefits. Benefits are payable up to 26 weeks, other than pregnancy that is approved for a 6 week benefit. Maternity benefits will not be paid until Paid Parental leave is exhausted.

No Evidence of Insurability will be required to elect this plan. The plan's pre- existing condition exclusion will still apply. This means any condition for which the employee received medical attention, treatment, advice or medication/prescriptions in the 12-month period prior to the enrollment date will not be covered.

You may select amounts of coverage in increments of $10 of weekly benefit to be paid to you. Benefits may not exceed 70% of your weekly salary. There is a **$30** minimum and a $**750** per week maximum. You may also drop this coverage through Workday open enrollment.

Short Term Disability Rates for 2023

$.75 per $10 of Weekly Benefit

Example: If you have elected a $500 benefit, your biweekly cost would be:
500 divided by 10 = 50
50 X .75 = $37.50 per month
$18.75 bi-weekly cost (24 pay periods)

Short Term Disability Weekly Benefit	Employee Cost Biweekly (24 pp)	Annual Salary is AT LEAST
$100.00	$3.75	$7,428.57
$150.00	$5.63	$11,142.86
$200.00	$7.50	$14,857.14
$250.00	$9.38	$18,571.43
$300.00	$11.25	$22,285.71
$350.00	$13.13	$26,000.00
$400.00	$15.00	$29,714.29
$450.00	$16.88	$33,428.57
$500.00	$18.75	$37,142.86
$550.00	$20.63	$40,857.14
$600.00	$22.50	$44,571.43
$650.00	$24.38	$48,285.71
$700.00	$26.25	$52,000.00
$750.00	$28.13	$55,714.29

Lincoln Financial – Long Term Disability – New for 2023!

The Lincoln Long-term Disability Insurance Plan provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery. It includes *EmployeeConnect* services, which give you and your family confidential access to counselors as well as personal, legal and financial assistance.

Employees have **THREE** different time period/premium rate options for Long Term Disability. A complete listing of biweekly premium rates will be available when you make your election in Workday.

	Option 1	Option 2	Option 3
Maximum coverage period	2 Years	5 Years	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later
Premium rate	$0.279 per $100 of monthly covered payroll	$0.49 per $100 of monthly covered payroll	$0.77 per $100 of monthly covered payroll
Monthly benefit amount	60% of your monthly salary limited to $8,000 per month	60% of your monthly salary limited to $8,000 per month	60% of your monthly salary limited to $8,000 per month
Elemination period	180 days	180 days	180 days
Coverage period for your occupation	24 Months	24 Months	24 Months

Maximum Coverage Period

• This is the total amount of time you can collect disability benefits (also known as the benefit duration).

• Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

Elimination Period

• This is the number of days you must be disabled before you can collect disability benefits.

• The 180 day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation

• This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).

• You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

• Your disability is the result of a self-inflicted injury or act of war

• You are not under the regular care of a doctor when you request disability benefits

• Your disability is the result of cosmetic surgery, unless related to a disabling condition
• Your disability occurs while you are committing a felony or misdemeanor or participating in a riot
• Your disability occurs while you are imprisoned for committing a felony
• Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you are eligible to receive benefits from:
• A state disability plan or similar compulsory benefit act or law
• A retirement plan
• Social Security
• Any form of employment
• Workers' Compensation
• Salary continuance
• Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Additional Plan Information:

Progressive Income Benefit	Included
Family Care Expense Benefit	Included
Family Income Benefit	Included
Portability	Included

Evidence of Insurability
No evidence of insurability required.

Pre-existing Condition
If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

VOYA – Critical Illness Insurance

What is Critical Illness Insurance?

It pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date.

Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Critical Illness Insurance include:

- **Guaranteed Issue**: No medical questions or tests are required for coverage.
- **Flexible**: You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

Who is eligible for Critical Illness Insurance and what are the coverage amounts?

You—all Active Regular Associates working 20+ hours per week.

- You may elect a Critical Illness benefit amount of $10,000 or $20,000.

Your spouse*— Coverage is available only if associate coverage is elected.

- You may elect a spouse Critical Illness benefit amount of $5,000 or $10,000.

Your children—** birth to age 26. Coverage is available only if associate coverage is elected.

- A children's Critical Illness benefit amount at 50% of your benefit amount is included at no additional cost to you.

What benefits are available?

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Covered illnesses/conditions are broken out into groups called "modules." Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders located on County Central > Document Central> Benefits.

Base Module	
• Heart attack*	• Major organ transplant**
• Cancer	• Coronary artery bypass 25% of critical illness benefit amount
• Stroke	• Carcinoma in situ 25% of critical illness benefit amount

* A sudden cardiac arrest is not in itself considered a heart attack.
** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

Major Organ Module	
• Type 1 diabetes	• Severe burns
• Transient ischemic attacks (TIA) (10% of critical illness benefit)	• Transcatheter heart valve replacement or repair (10% of critical illness benefit)
• Ruptured or dissecting aneurysm (10% of critical illness benefit)	• Coronary angioplasty (10% of critical illness benefit)
• Abdominal aortic aneurysm (10% of critical illness benefit)	• Implantable/internal cardioverter defibrillator (ICD) placement (25% of critical illness benefit)
• Thoracic aortic aneurysm (10% of critical illness benefit)	• Pacemaker placement (10% of critical illness benefit)
• Open heart surgery for valve replacement or repair (25% of critical illness benefit)	

VOYA – Critical Illness Insurance

Enhanced Cancer Module	
• Benign brain tumor • Skin cancer (10% of critical illness benefit)	• Bone marrow transplant (25% of critical illness benefit) • Stem cell transplant (25% of critical illness benefit)

Quality of Life Module	
• Permanent paralysis • Loss of sight, hearing or speech • Coma • Multiple sclerosis • Amyotrophic lateral sclerosis (ALS) • Parkinson's disease • Advanced dementia, including Alzheimer's disease • Huntington's disease • Muscular dystrophy	• Infectious disease 25% of critical illness benefit amount • Addison's disease 10% of critical illness benefit amount • Myasthenia gravis 50% of critical illness benefit amount • Systemic lupus erythematosus (SLE) 50% of critical illness benefit amount • Systemic sclerosis (scleroderma) 10% of critical illness benefit amount

In addition, the module below applies to your insured children:

Additional Child Diseases Module (This module applies to your insured children only, and is in addition to the other modules available.)	
• Cerebral palsy • Congenital birth defects • Cystic fibrosis • Down syndrome • Gaucher disease, type II or III	• Niemann-Pick disease • Pompe disease • Type IV glycogen storage disease • Infantile Tay-Sachs

How many times can I receive a benefit payment?

Each benefit payable will be no more than 100% of the Critical Illness benefit amount. The maximum amount payable during the insured person's lifetime is called the total maximum benefit. You may be eligible to receive benefit payments for multiple conditions, up to the total maximum benefit amount. Each diagnosis must be a different diagnosis.

The total maximum benefit amount equals two times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

Please refer to your certificate of insurance and riders for more information.

What do you mean by different diagnosis?

To be eligible for a benefit payment, the diagnosis must be a "different diagnosis" than any previously diagnosed illness or condition. This can mean any of the following:

- An insured person has a diagnosis of a covered critical illness that is **different from a previously diagnosed illness or condition**. A cancer that has spread to a different area of the body is not a different illness/condition than the previously diagnosed cancer.
- An insured person receives **a subsequent diagnosis of a covered critical illness that is for the same illness or condition* as a critical illness for which benefits were payable under the critical illness insurance policy**. The subsequent diagnosis must occur more than 12 months after the date of the previous diagnosis.
- An insured person receives **a subsequent diagnosis of a covered critical illness that is for the same illness or condition* as an illness/condition previously diagnosed prior to his/her coverage effective date under the critical illness insurance policy**. The subsequent diagnosis must occur more than 12 months after the date of the previous diagnosis.

*Including a cancer that has spread to a different area of the body

VOYA – Critical Illness Insurance

Wellness Benefit included

This provides an annual benefit payment if you complete a health screening test.

- Your annual benefit amount is $50 for completing a health screening test.
- Your spouse's annual benefit amount is $50 for completing a health screening test.
- The annual benefit amount for each child is 50% of your benefit amount with an annual maximum of $100 for all children.

How much does Critical Illness Insurance cost?

See the chart(s) below for your cost. Rates shown are guaranteed until January 1st, 2024.

Employee Coverage Semi-Monthly Rates (24 pay periods) Includes Wellness Benefit Rider			Spouse Coverage* Semi-Monthly Rates (24 pay periods) Includes Wellness Benefit Rider		
	Uni-Tobacco			Uni-Tobacco	
Attained Age	$10,000	$20,000	Attained Age	$5,000	$10,000
Under 30	$1.85	$3.70	Under 30	$0.93	$1.85
30-39	$2.85	$5.70	30-39	$1.43	$2.85
40-49	$6.60	$13.20	40-49	$3.30	$6.60
50-59	$12.55	$25.10	50-59	$6.28	$12.55
60-64	$17.25	$34.50	60-64	$8.63	$17.25
65-69	$15.90	$31.80	65-69	$7.95	$15.90
70+	$21.25	$42.50	70+	$10.63	$21.25

Employee rates include Child Critical Illness coverage * *Spouse rates are based on the age of the spouse.*

Where do I get more information?

For more information, please call the Voya Employee Benefits Customer Service Team at (877) 236-7564 or log on to https://presents.voya.com/EBRC/BuncombeCounty-VoyaSuppHealthPlans

VOYA – Accident Insurance

What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Accident Insurance include:

- **Guaranteed issue**: No medical questions or tests are required for coverage.
- **Flexible**: You can use the benefit payments for any purpose you like.
- **Portable**: If you leave your current employer or retire, you can take your coverage with you.

How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

Who is eligible for Accident Insurance?

- **You—**All Active Regular Associates working 20+ hours per week.
- **Your spouse*—**If you have coverage on yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under your employer's plan as an associate. Your spouse will be covered for the same Accident benefits as you are.
- **Your children**—**If you have coverage on yourself; your natural children, stepchildren, adopted children or children for whom you are a legal guardian; up to the age of 26. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an associate; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an associate, then the other parent may apply for children's coverage.

What accident benefits are available?

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	$1,200
Surgery exploratory or without repair	$175
Blood, plasma, platelets	$600
Hospital admission	$1,250
Hospital confinement per day, up to 365 days	$275
Critical care unit confinement per day, up to 15 days	$450
Rehabilitation facility confinement per day, up to 90 days	$200
Coma duration of 14 or more days	$17,000
Transportation per trip, up to three per accident	$750
Lodging per day, up to 30 days	$180
Family Care per child up to 45 days	$25

VOYA – Accident Insurance

Accident care	
Initial doctor visit	$90
Urgent care facility treatment	$225
Emergency room treatment	$225
Ground ambulance	$360
Air ambulance	$1,500
Follow-up doctor treatment	$90
Chiropractic Treatment up to 6 per accident	$45
Medical equipment	$200
Physical or occupational therapy up to six per accident	$45
Speech therapy up to 6 per accident	$45
Prosthetic device (one)	$750
Prosthetic device (two or more)	$1,200
Major diagnostic exam	$275
Outpatient Surgery once per accident	$225
X-ray	$75
Common injuries	
Burns second degree, at least 36% of the body	$1,250
Burns third degree, at least nine but less than 35 square inches of the body	$7,500
Burns third degree, 35 or more square inches of the body	$15,000
Skin grafts	50% of the burn benefit
Emergency dental work	$350 crown, $90 extraction
Eye injury removal of foreign object	$100
Eye injury surgery	$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	$225
Torn knee cartilage surgical repair	$800

Laceration[1] treated no sutures	$30
Laceration[1] sutures up to 2"	$60
Laceration[1] sutures 2" – 6"	$240
Laceration[1] sutures over 6"	$480
Ruptured disk surgical repair	$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	$425
Tendon/ligament/rotator cuff one, surgical repair	$825
Tendon/ligament/rotator cuff two or more, surgical repair	$1,225
Concussion	$225
Paralysis - paraplegia	$16,000
Paralysis - quadriplegia	$24,000

VOYA – Accident Insurance

Dislocations	Closed/open reduction[2]
Hip joint	$3,850/$7,700
Knee	$2,400/$4,800
Ankle or foot bone(s) other than toes	$1,500/$3,000
Shoulder	$1,600/$3,200
Elbow	$1,100/$2,200
Wrist	$1,100/$2,200
Finger/toe	$275/$550
Hand bone(s) other than fingers	$1,100/$2,200
Lower jaw	$1,100/$2,200
Collarbone	$1,100/$2,200
Partial dislocations	25% of the closed reduction amount
Fractures	**Closed/open reduction[3]**
Hip	$3,000/$6,000
Leg	$2,500/$5,000
Ankle	$1,800/$3,600
Kneecap	$1,800/$3,600
Foot excluding toes, heel	$1,800/$3,600
Upper arm	$2,100/$2,400
Forearm, hand, wrist except fingers	$1,800/$3,600
Finger, toe	$240/$480
Vertebral body	$3,360/$6,720
Vertebral processes	$1,440/$2,880
Pelvis except coccyx	$3,200/$6,400
Coccyx	$400/$800
Bones of face except nose	$1,200/$2,400
Nose	$600/$1,200
Upper jaw	$1,500/$3,000
Lower jaw	$1,440/$2,880
Collarbone	$1,440/$2,880
Rib or ribs	$400/$800
Skull – simple except bones of face	$1,400/$2,800
Skull – depressed except bones of face	$3,000/$6,000
Sternum	$360/$720
Shoulder blade	$1,800/$3,600
Chip fractures	25% of the closed reduction amount

[1] Laceration benefits are a total of all lacerations per accident.
[2] Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.
[3] Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

VOYA – Accident Insurance

What does my Accident Insurance include?

The benefits listed below are included with your Accident Insurance coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- **Sports Accident Benefit**: If your accident occurs while participating in an organized sporting activity as defined in the certificate; the accident hospital care, accident care or common injuries benefit will be increased by 25%; to a maximum additional benefit of $1000.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
  - The annual benefit amount is $50 for completing a health screening test.
  - Your spouse's benefit amount is $50.
  - The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of $100 for all children.

- **Accidental Death and Dismemberment (AD&D) coverage**: If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.
  - **Common carrier**: If the death occurs as a result of a covered accident on a common carrier, a higher benefit will be payable. Common carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.

Accidental Death Benefits	Benefit
Common Carrier	
Associate	$85,000
Spouse	$40,000
Children	$20,000
Other accident	
Associate	$40,000
Spouse	$15,000
Children	$8,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	$24,000
Loss of one hand or one foot AND the sight of one eye	$18,000
Loss of one hand AND one foot	$10,000
Loss of two o more fingers or toes	$1,500
Loss of one finger or one toe	$1,000

Are there additional non-insurance services available?

Voya Travel Assistance: When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

How much does Accident Insurance cost?

See the chart below for the premium amounts. Rates shown are guaranteed until 1/01/2024.

Semi-Monthly Rates (24 Pay Periods)			
Employee	**Employee and Spouse**	**Employee and Children**	**Family**
$3.96	$7.96	$7.45	$11.45

VOYA – Accident Insurance

Exclusions and Limitations*

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.)

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

Where do I get more information?

For more information, please call the Voya Employee Benefits Customer Service Team at (877) 236-7564 or log on to https://presents.voya.com/EBRC/BuncombeCounty-VoyaSuppHealthPlans

TransAmerica – Whole Life Insurance

What is Whole Life Insurance?

Whole Life Insurance is an individual life insurance policy that pays a benefit to your beneficiary if you pass away. Your premium payments will stay the same for the life of the policy, as long as you meet the required premium payments.

Plus, the policy builds cash value, which you can borrow against. Any unpaid loan would be subtracted from the benefit that is paid to your beneficiary.

You cannot enroll in Whole Life Insurance through Workday Open Enrollment.
You *must* apply for this benefit through Transamerica's website!
See enrollment instructions on the next page.

While you are completing your online application, Transamerica will automatically decide if your application is approved, based on the responses you give on the application. If you need assistance with the application process you can call 855-874-0835.

Features of Premier Whole Life Insurance include:

- Flexibility: After the first policy year, the death benefit may be increased to meet your changing needs.
- Payroll deduction: Premiums are paid through convenient payroll deductions.
- Keep your coverage: Should you leave your current employer or retire, you can take your coverage with you and choose one of a number of convenient payment plans.

Who is eligible for life insurance?

- You — all active regular employees working 20+ hours per week, between the ages of 16 - 70.
- Your spouse — 16 through 65 years. Must not be disabled. Coverage is available as long as the employee is eligible to apply, even if the employee chooses not to do so. If both you and your spouse are employees, you may elect to be covered with an employee or a spouse policy, but not both. Each person can only be covered by one policy.
- Your children — 15 days through 25 years. Must not be disabled. Coverage is available as long as the employee is eligible to apply, even if the employee chooses not to do so. Coverage is available to children and dependent grandchildren. Each child/grandchild must be equally insured. If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children under this benefit. If the parent who is covering the children stops being insured as an employee than the other parent may apply for children's coverage.

What amount of coverage am I eligible for?

- For you — Eligible for up to $500,000
- For your spouse — Eligible for up to $100,000
- For your children and/or grandchildren — Eligible for up to $25,000.

How much does Whole Life Insurance cost?

For details regarding the specific premium with the various benefits, you will need to go through the application process during open enrollment.

TransAmerica – Whole Life Insurance

Selecting your Whole Life Insurance is fast, easy and convenient with our online enrollment system! Enroll online – and get immediate confirmation of your selections.

STEP 1

Connect to the benefits selection website at https://transamerica.benselect.com/Buncombe.

STEP 2

Employee Login

At the Employee Login screen, enter:
(1) your Employee ID Number or Social Security Number and
(2) your Personal Identification Number (PIN).

Temporary PIN

Your PIN is a combination of the last four digits of your Social Security Number (SSN) and the two digit year of your birth. Example: If the last four digits of your SSN are 3214, and you were born on September 21, 1968, your PIN would be **321468**.

Create a new PIN

You will be asked to change your PIN the first time you log in to the system. Be sure to make note of your new, secure PIN for future use.

Enrollment Support

If you are having trouble logging in to the website, contact your USI benefits at 855-874-0835.

Please note: Every year, the PIN automatically defaults back to the last 4 digits of SSN + 2 digit year of birth. During each Open Enrollment period, you will need to change your PIN as outlined here.

STEP 3

When the Welcome Page appears on your screen, you are ready to enroll! Follow the onscreen instructions to enroll in your benefits, find answers to your questions, download forms and more.

Information Resources

- **Provider Websites –** Most of our provider websites have "portals", or websites personalized with your own information. You will need to give some registration information if you are a first-time user to access the sites:

Carrier	Phone Number	Website
Blue Cross Blue Shield of NC	(877) 275-9787	bcbsnc.com
Delta Dental	(800) 662-8856	deltadentalnc.com
Superior Vision	(800) 879-6901	Superiorvision.com/members
Lincoln Financial	(877) 275-5462	Lincolnfinancial.com
Voya Financial	(877) 236-7564	presents.voya.com/EBRC/BuncombeCounty-VoyaSuppHealthPlans
Flores (FSA)	(800) 532-3327	Flores247.com
Health Equity	(866) 346-5800	Healthequity.com
TransAmerica	(800) 797-2643	Transamerica.com

- **County Central** – Check out County Central > Document Central> Other Documents>Benefits to view summaries and user guides for your different insurance policies. This is where the Summary Plan Description (SPD) for your health insurance policy is located as well as other Certificates of Coverage. Use these documents to see exactly what your insurance plan covers. Copies can be downloaded.

- **Workday –** click on your photo in the top right corner of the Workday homepage (it may be a cloud icon if you have no photo) and select "View Profile". Click on the Benefits icon on the left side of the screen to view your current benefit elections. From here you can see who is covered on your policy, which policy you have, when it started and how much it costs (the Regular Rate is always displayed instead of the Discounted Rate if you qualify).

  You can also type the words "Need Help with Benefits?" into the Workday search box for links to more information.

- **Employee Benefits Department** – Please feel free to call or email Laura or Beth anytime with questions! We are here to help.

  Laura Calloway, Benefits Specialist – 250-4168
  Beth Ray, Benefits Specialist – 250-4167

Legal Notices

Newborns Act Disclosure

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

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

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

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

Notice Regarding Wellness Programs

Buncombe County Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for a lipids panel. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a reduction in medical plan employee contributions. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a reduction in employee contributions.

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your health coach in order to provide you with services under the wellness program, including your Wellworks for You portal.

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

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

Important Notice from Buncombe 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 Buncombe 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:

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.

Buncombe County has determined that the prescription drug coverage offered by the Buncombe County Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15thto 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 Buncombe County coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current Buncombe County coverage, be aware that you and your dependents will be able to get this coverage back.

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 [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium.
You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information Buncombe County, (828)-250-4168. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Buncombe County changes. You also may request a copy of this notice at any time.

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:	January 1, 2023
Name of Entity/Sender:	Buncombe County
Contact--Position/Office:	Benefits Administrator
Address:	200 College Street, Asheville, NC 28801
Phone Number:	(828)-250-4168

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 July 31, 2022. Contact your State for more information on eligibility –

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

INDIANA Medicaid	MINNESOTA Medicaid
Healthy Indiana Plan for low-income adults 19-64Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and- services/other-insurance.jsp Phone: 1-800-657-3739
IOWA Medicaid and CHIP (Hawki)	**MISSOURI Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS Medicaid	**MONTANA Medicaid**
Website: https://www.kancare.ks.gov/Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY Medicaid	**NEBRASKA Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA Medicaid	**NEVADA Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488(LaHIPP)	Medicaid Website: http://dhcfp.nv.govMedicaid Phone: 1-800-992-0900
MAINE Medicaid	**NEW HAMPSHIRE Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY Medicaid and CHIP	**SOUTH DAKOTA Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.htmlCHIP Phone: 1-800-701-0710	Website: http://dss.sd.govPhone: 1-888-828-0059
NEW YORK Medicaid	**TEXAS Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/Phone: 1-800-440-0493
NORTH CAROLINA Medicaid	**UTAH Medicaid and CHIP**

Website: https://medicaid.ncdhhs.gov/Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA Medicaid	**VERMONT Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/Phone: 1-800-250-8427
OKLAHOMA Medicaid and CHIP	**VIRGINIA Medicaid and CHIP**
Website: http://www.insureoklahoma.orgPhone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON Medicaid	**WASHINGTON Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/Phone: 1-800-562-3022
PENNSYLVANIA Medicaid	**WEST VIRGINIA Medicaid**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HI PP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND Medicaid and CHIP	**WISCONSIN Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA Medicaid	**WYOMING Medicaid**
Website: https://www.scdhhs.govPhone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and- eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee

Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

HIPAA Notice of Privacy Practices for Personal Health Information (PHI) of the Buncombe County Group Health Plan

The Health Insurance Portability and Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. The office of Employee Benefits of Buncombe County currently administers a self-insured Group Health Plan ("Plan") for County employees and retirees on behalf of Buncombe County ("Plan Sponsor"). The Plan may include health insurance, dental insurance, certain wellness plans, and flexible spending plans. Federal law requires that a Notice of Privacy Practices be sent to all current enrollees. If you are not enrolled in the Plan, please disregard this notice.

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

This notice gives you information about the duties and practices in place to protect the privacy of your medical or health information for the Group Health Plan for Buncombe County employees and retirees that is administered and self-insured by Buncombe County ("Plan"). The Plan is sponsored by Buncombe County ("Plan Sponsor"). The Plan provides health benefits to you and receives and maintains health information in providing these benefits to you. The Plan may also hire business associates to help provide and administer these benefits. These business associates also receive and maintain health information related to you in the course of assisting the Plan. The Plan is required by law to maintain the privacy of protected health information (PHI) and to provide enrollees with a notice of its legal duties and privacy practices with respect to protected health information. The Plan is also required to notify affected individuals following a "breach" of unsecured PHI (as defined by HIPAA).

The effective date of this notice is October 1, 2021. The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan amends this notice, the new notice will be displayed on the County Central website and made available upon request as detailed on the last page of this document. The Plan reserves the right to make the new changes apply to all of your health information maintained by the Plan before and after the effective date of the new notice.

WHEN A PLAN MAY USE OR DISCLOSE YOUR MEDICAL OR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION

The following categories describe when the Plan may use or disclose your medical or health information without your consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

Treatment: For example, the Plan may disclose health information at your doctor's request to facilitate receipt of treatment.

Payment: For example, the Plan may use or disclose your health information to determine eligibility or plan responsibility for benefits; confirm enrollment and coverages; facilitate payment for treatment and covered services received; coordinate benefits with other insurance carriers; and adjudicate benefit claims and appeals.

Health Care Operations: For example, the Plan may use or disclose your health information to conduct quality assessment and improvement activities and to reduce health care costs. Your health information may be used or disclosed for underwriting, premium rating, or other activities related to creating an insurance contract; data aggregation services; care coordination, case management, and customer service; auditing, legal, and medical reviews of the Plan; and to manage, plan, or develop the Plan's business. Your information may also be used to facilitate activities such as preventative health, disease management and case management programs, including use of healthcare screenings and claims data to identify individuals at risk of conditions associated with the County's wellness programs. Genetic information may not be used to decide whether we will give you coverage nor the price of that coverage.

Health Services: The Plan or its business associates may use your health information to contact you with information about treatment alternatives or other health-related benefits and services for which you may be eligible and that may be of interest to you. The Plan may also disclose limited information to business associates or other Covered Entities in order to notify you of disease management or other wellness programs available to you and to invite your participation in these offerings.

To Business Associates: The Plan may disclose your health information to business associates that assist the Plan in administrative, billing, claims, and other matters. Each business associate must agree in writing to ensure the continuing confidentiality and security of your health information. Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your PHI to a Business Associate to process your claims for Plan benefits or to provide support services such as utilization management, member advocacy, pharmacy benefit management, or subrogation, but only after the Business Associate contracts with us.

To Plan Sponsor: Where permitted by law, the Plan may disclose your protected health information to the Plan Sponsor of your group health plan to permit the Plan Sponsor to perform plan administration functions. The Plan may disclose to the Plan Sponsor, in summary form, claims history and similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor that you are enrolled in or dis-enrolled from the Plan. For example, your information may be shared with the Plan Sponsor to evaluate future changes to your benefit plan and to obtain premium bids for the health insurance offered by the Plan.

As Required by Law: A Plan may use or disclose your personal health information for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example:

- To the U.S. Department of Health and Human Services to audit Plan records.
- As authorized by state workers' compensation laws.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a governmental agency authorized to oversee the health care system or government programs.
- To public officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes

The Plan may also use and disclose your health information as follows:

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- To consider claims and appeals regarding coverage, exclusion, cost, and privacy issues.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.

NOTE ON WELLNESS PROGRAMS

We are required by law to maintain the privacy and security of your personally identifiable health information. If you participate in the wellness program(s) offered by the County, your personal information may be used to help you understand your current health and potential risks, and to offer you additional services. Information may be shared with a business associate managing the wellness program(s) offered by the County to support you in managing your wellness goals.

Although the wellness program(s), the Group Health Plan, and Buncombe County as the Plan Sponsor may use aggregate information collected to design a program based on identified health risks in the workplace, medical information that

personally identifies you, provided in connection with a wellness program, will never be publicly disclosed and may never be used to make decisions regarding your employment.
Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program(s). Anyone who receives your information for purposes of providing you services as part of the wellness program(s) will abide by the same confidentiality requirements.

USES AND DISCLOSURES WITH YOUR PERMISSION

The Plan will not use or disclose your health information for other purposes, unless you give the Plan your written authorization. If you give the Plan written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

YOUR RIGHTS

You may request in writing that a Plan do the following concerning your health information that the Plan maintains:

- Put additional restrictions on a Plan's use and disclosure of your health information. A Plan does not have to agree to your request.
- Communicate with you in confidence about your health information by a different means or at a different location than a Plan currently does. Your request must specify the alternative means or location to communicate with you. A Plan does not have to agree to your request.
- See or receive copies of your health information. The Plan may deny your request to inspect and copy your PHI in certain very limited circumstances. HIPAA provides several important exceptions to your right to access your PHI. For example, you will not be permitted to access psychotherapy notes or information compiled in anticipation of, or for use in, a civil, criminal or administrative action or proceeding. The Plan will not allow you to access your PHI if these or any of the exceptions permitted under HIPAA apply. If you are denied access to your PHI, you may request a review of the denial.
- Ask the Plan to amend the information if you feel the information is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, you must submit your request in writing to the appropriate Privacy Contact listed below. Your request must list the specific PHI you want amended and explain why it is incorrect or incomplete. The Plan may deny your request for an amendment if it is not in writing or does not list why it is incorrect or incomplete. In addition, the Plan may deny your request if you ask the Plan to amend information that is:
    - Not part of the PHI kept by or for the Plan;
    - Not created by the Plan or its third party administrators;
    - Not part of the information which you would be permitted to inspect and copy; or
    - Accurate and complete;
- Receive a list of disclosures of your health information from a stated time period (not more than 6 years) during the prior years that the Plan made for certain purposes. This listing will not include disclosures made to you; for treatment, payment, or health care operation purposes; or other exceptions.
- Send you a paper copy of this notice. You may also view or download a copy of this notice at http://humanresources.buncombe.org/Documents/hipaa-notice.pdf

To exercise any right described in this notice, please contact the Compliance Officer at the address, e-mail, or phone numbers listed below.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Compliance Officer identified below or with the Secretary of the Department of Health and Human Services by sending a letter to U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html

We will not retaliate against you if you choose to file a complaint.

CONTACT INFORMATION

To request additional copies of this notice or more information about Plan privacy practices or to file a complaint, please contact the Compliance Officer.

Legal and Risk
Attn: Compliance Officer
200 College St.
Asheville, NC 28801
tammy.stewart@buncombecounty.org
Desk: 828-250-5603
Cell: 828-273-5763

New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

How Can I Get More Information?

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

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name BUNCOMBE COUNTY GOVERNMENT	4. Employer Identification Number (EIN) 56-6000279	
5. Employer address 200 COLLEGE STREET	6. Employer phone number 828-250-4166	
7. City ASHEVILLE	8. State NORTH CAROLINA	9. ZIP code 28801
10. Who can we contact about employee health coverage at this job? LAURA CALLOWAY- BENEFITS ADMINISTRATOR		
11. Phone number (if different from above)	12. Email address Laura.Calloway@buncombecounty.org	

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:
    Regular employees working at least 30 hours per week.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    Spouse (if not offered coverage by their employer)
    Dependent children (under the age of 26 or under the age of 65 if disabled)
  - ☐ We do not offer coverage.

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

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

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

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