



ADDENDUM #1

April 26, 2019

TO: ALL POTENTIAL BIDDERS

FROM: RON VENTURELLA, BUNCOMBE COUNTY PROCUREMENT MANAGER

SUBJECT: RESPONSE TO QUESTIONS FOR EMPLOYEE BENEFIT CONSULTANT RFP

The following changes, revisions, additions, and/or clarifications to the plans and/or specifications are hereby made a part of the original documents.

Addendum # 1

The following questions were asked by potential bidders (listed in no particular order):

Please confirm that the entire project cost can be provided on a time and materials basis, with hourly rates and estimated time budget provided. (Versus a fixed price guarantee). **The County is willing to look at both options.**

Please clarify the intent of the task(s) related to "GASB pronouncements relating to post-employment benefits." **This County wants the consultant to be aware that it may have to assist with the County's annual audit by providing information to the auditors and/or the County's Finance Department.**

Please define "brokerage services" requested. From your scope of work description, we anticipate providing analysis which would facilitate the selection of the best ancillary vendors. **The County wants the consultant to assist in procuring ancillary benefits for the County (i.e. group life, short-term disability).**

May we ask the reason behind re-procuring this contract? **The County has never issued a formal RFP for an employee benefits consultant.**

Can you share the name of the current vendor? **WNC Health Insurance.**

How long has the current vendor been under contract? **Since January of 2018.**

What is the plan year for the proposed/recommended plan design changes we would come up with? **The County's plan year runs from January – December.**

Is the plan year the same for all benefits offered? **Yes.**

Obviously we will propose consulting fees for the work we do which would typically be collected monthly either directly or as part of the TPA/carrier billing statement. Would you be open to a lower

more competitive consulting fee paired with bonus payments for achieving certain savings related to reductions in medical spend in the program? **Yes.**

What are the current consulting fees under the County's current arrangement? **The consultant receives \$2.00 PEP (1736 subscribers) and a commissions on County's ancillary benefits that is around \$430 per month.**

When will the work begin and expected date to be completed? **The County hopes that work can begin no later than July 1, 2019 and the contract should run for three years.**

What is the matrix to determine finalists? **The County will be looking at scope of services offered, philosophical fit with the County, cost of service and references to determine the finalists.**

Are there any situations/criteria that would automatically eliminate an organization from consideration? **No.**

Does the County currently use a data aggregator/warehouse for analysis of medical and Rx costs and utilization? **No.**

Will the selected consultant/broker be asked to assist/manage the RFP process for H&W plans as contracts expire? **The County may ask the Consultant to assist with drafting the RFP but the County will handle the actual RFP process through its purchasing division.**

What are the current contract periods/renewal dates for Buncombe County's current vendor partners across all H&W plans? **Everything renews annually on January 1.**

What is Buncombe County's anticipated timing of the bidding and selection of this RFP? **Tentatively, after receiving the proposals, staff will review the proposals through May, have meetings/negotiations with the finalist in early June and select company by the end of June for a July 1, 2019 start date.**

Please explain any service concerns and/or limitations with the current consultant/broker? **None.**

When was the last RFP or market check for consultant/broker/actuary services? **This is the first time.**

Will the scope of services under this RFP include actuarial work (i.e. plan design alternatives, annual budget projections, rate setting, etc.?) **The County does want assistance with plan design alternatives, annual budget projects and rate setting. The County does not know if that involves actuarial work or not.**

Does Buncombe County require contracting with a local MWBE firm in Buncombe County? **No.**

Does the County offer an HDHP w/HSA option? **No**

Does the County offer voluntary benefits (i.e. accident, critical illness, hospital indemnity, identity theft, pet insurance, etc.?) **No.**

Who administers/manages the County's BC Fit Wellness Point Program? **The County**

Do you conduct claim audits of medical, Rx, disability and dental plans? If so, how are the fees paid? The County has not conducted any independent third party audits except for a pharmacy review in 2018. Any audits are done through Blue Cross and Blue Shield and BCBS associated venders, the County pays the negotiated rate.

When was your most recent Dependent Eligibility Verifications (DEV) audit? County staff checks eligibility on a monthly basis.

Who is your PBM or is the pharmacy carved in with BCBNC? Carved in with BCBSNC.

Are prescriptions dispensed from the Buncombe County Employee & Family Health Clinic ("the BCHC") Pharmacy for the County's plan participants processed through the PBM, Prime Therapeutics? No.

Does the BCHC Pharmacy dispense prescriptions for home delivery for the County's plan participants? No.

Has the County negotiated different pharmacy pricing terms for plan participants' claims processed by the BCHC Pharmacy? Employee gets medications for free or a nominal fee. There are no claims per se.

Does the County have a system in place to pay different rates for 340b eligible claims processed by the BCHC Pharmacy for the County's plan participants' qualified claims? No.

Is the selected consultant being asked to assist with both the active and retiree populations? Yes in terms of health care.

Does Buncombe County Government ("the County") offer benefits to Medicare Eligible persons? If so, what type of plan is provided (e.g., Medicare Advantage, Employer Group Waiver) and should our proposal include consulting services for that plan? County offers a Medicare Part D and Medicare Part J, F or G plan to retiree when he or she turns 65. The County does not need consulting services for Medicare at this time but may in the future.

Stop Loss – Can you share your current stop-loss rate? \$87.18.

Is there a 'Return of Premium' provision in your contract? No.

Is there a "no new laser" rate cap? The policy is no laser.

Piedmont Pharmaceutical Care Network - Can you provide more detail on the services provided by PPCN? PPCN provides disease management services where it provides a pharmacist to meet employees at different locations to review their medications and provide coaching. The program models the Asheville Project.

How long has the County partnered with PPCN? PPCN has been the vender since July of 2017.

Were other vendors considered during the review/analysis process? No.

Health Clinic – Who manages the health clinic? **The County manages the health clinic internally.**

What services does the clinic provide to employees? **The clinic has been in operation for 15 years. The clinic provides, acute care for minor conditions, pre-employment physicals for law enforcement and emergency services, sport and camp physicals, Know Your Numbers (cholesterol, blood sugar and blood pressure screenings), lifestyle medicine, health coaching, tobacco cessation, flu shots for the workforce and dependents and administers allergy shots.**

Will you confirm the length of time the current plan designs have been in place? **Since 2016.**

Will you confirm the employee and dependent contributions for Medical, Dental and Pharmacy? **See Benefit Summary.**

Will you confirm the length of time the current contributions have been in place? **Since 2016.**

Will you confirm the benefit offerings and cost for pre and post- 65 retirees? **Retirees who qualify do not pay premiums on health insurance. Retiree Dependents pay the employee rate for health insurance. Retirees do not pay any costs for Medicare.**

Does the County currently utilize a Benefit Administration System and if so, who is the vendor? **The County manages all of the benefits and open enrollment through Workday and BCBS employer portals.**

Would the County be willing to provide the annual claims cost for the Medical and Pharmacy plans for the previous 2 or 3 years? This would allow our actuaries insight into the cost drivers, but we understand if the County is not comfortable with releasing this information. **See Executive Summary.**

How often do you anticipate presentations are needed to governing boards? **Once or twice a year.**

Are benefits bargained? **No.**

For additional information the following documents are attached:

BCBS Priority Analysis
Benefits open Enrollment Guide
New Employee Benefits Guide
Dental Insurance Summary
Vision Hardware Insurance Summary
Post Retirement Benefits
Summary of Employee Benefits

END OF ADDENDUM #1

Buncombe County

Employee Benefit Consultant Request for Proposals

Introduction

Blue Cross NC is committed to helping our customers manage their health care costs. This utilization report presents key indicator statistics for your group to assist you in understanding how your employees are using their health care benefits.

This utilization report is based on claims incurred from December 2016 through November 2017, paid through January 2018 compared to December 2017 through November 2018, paid through January 2019. When the data for either period represent a period of less than six months, this information should be interpreted with caution. Due to factors such as seasonality, it may not be representative of what the group would have experienced over an entire year. In addition, when either study period is less than twelve months, data for this period have been annualized to represent a full year, for comparison purposes. Because the data are based on incurred dates, they may not match data in your group's financial reports or specific renewal statistics.

In this report, data for your group are compared to data for the Blue Cross NC Executive, Legislative, Public Finance, and General Government Industry benchmark. Most benchmarks have been statistically adjusted to remove the influences of age and gender differences between your group and the benchmark. Age and gender adjusting allows you to see expense and utilization patterns which are due to factors other than the demographics of your group, patterns which can potentially be changed. These benchmarks have not been benefit adjusted.

Report Contents**Page 1 - Introduction & Key Findings****Page 2 - Claims Overview****Page 3 - Facility Cost & Utilization****Page 4 - Professional Cost & Utilization****Page 5 - Pharmacy Cost & Utilization****Page 6 - Blue Cross NC Program Utilization****Pages 7 to 9 - Glossary****Key Findings for Buncombe County Government**

- Paid PMPM for Buncombe County Government increased 5% from the previous to most recent year; the Industry trend was 8%.
 - Inpatient payments decreased 9%, outpatient payments remained stable, professional payments increased 11% and prescription drug payments increased 16%
- Paid PMPM for your group was 21% higher than the Industry in the most recent year.
 - Inpatient payments were 5% higher, outpatient payments were 24% higher, professional payments were 28% lower, and prescription drugs payments were 20% lower than the Industry
- In the most recent year 39 claimants incurred \$100,000 or more in payments and were considered high cost claimants (HCCs). HCCs represented 1.0% of the member population and 23% of Buncombe County Government's total payments.
- The top three condition categories in the most recent year were musculoskeletal, endocrinology, neoplasms

Buncombe County Government

Utilization Review

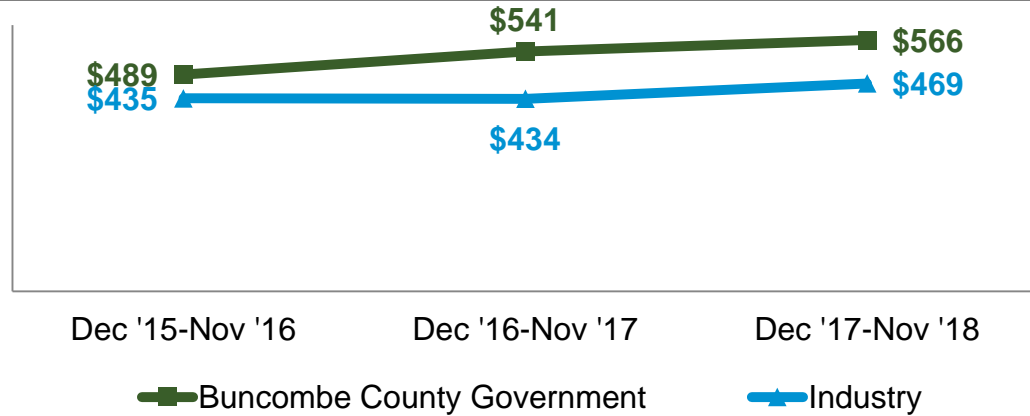
Claims Overview (page 2)



Most Recent Rolling Year: Data Incurred Dec '17-Nov '18

Previous Rolling Year: Data Incurred Dec '16-Nov '17

1. Three Year Medical & Prescription Drug PMPM Payment Trend



- Paid PMPM for your group increased 5% from the previous to the most recent year; the Industry trend was 8%.
- Over the past two years, Paid PMPM for your group increased 16%; the Industry trend was 8%.
- Paid PMPM for your group was 21% higher than the Industry in the most recent year.
- Over the past two years, the paid trend for your group without high cost claimants was 6%; the Industry trend was 9%.

2. Key Plan Statistics

Enrollment:	Previous	Most Recent	Industry
Avg. Subscribers	1,727	1,739	--
Avg. Members	3,972	3,981	--
Avg. Contract Size	2.3	2.3	1.7
Member Avg. Age	34.4	34.3	35.7
% Female	53%	53%	48%

Total Payments:

Payments (Med + Rx)	\$25.8 M	\$27.08 M	--
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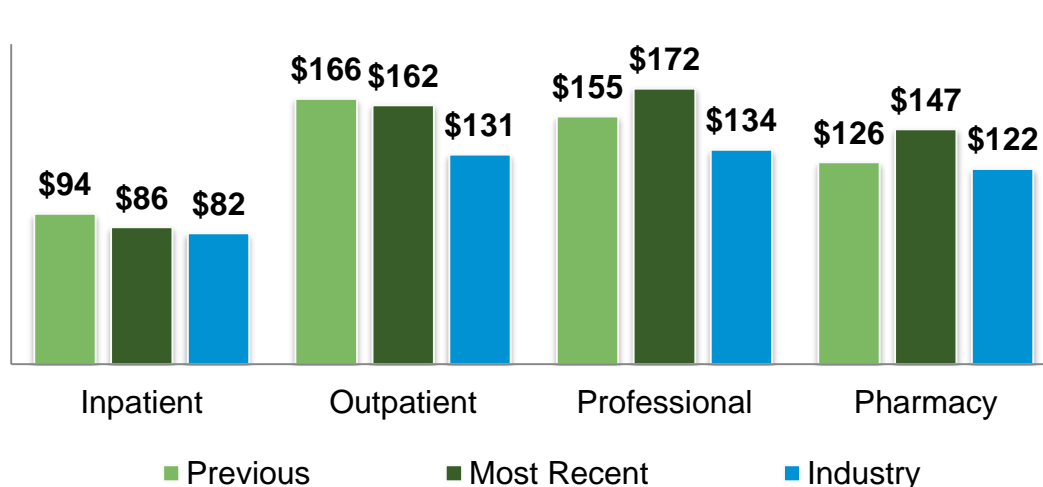
Discounts:

% Paid In-Network	98.4%	97.9%	--
Total Discount %	40.8%	43.8%	--

Components of Allowed Amount:

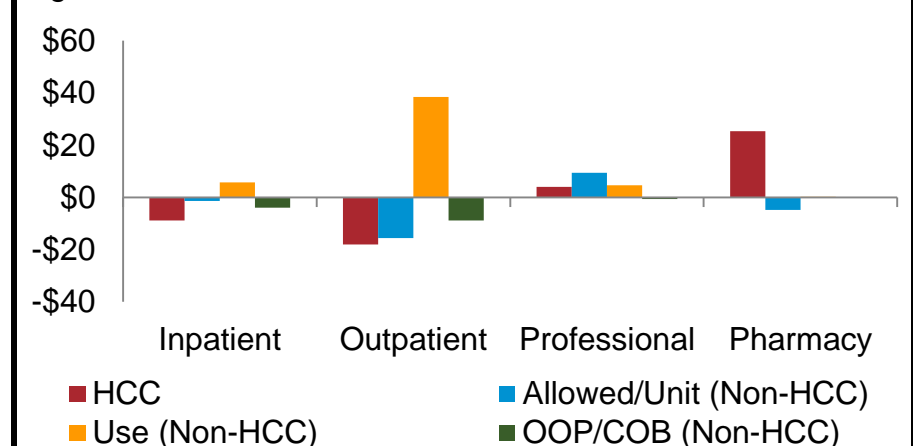
Plan Paid	92%	90%	83%
Member Out-of-Pocket	5%	5%	14%
Coordination of Benefits	3%	5%	4%

3. Medical & Prescription Drug Payment PMPM by Service Category



4. Components of Year-over-Year Change in Paid PMPM

High Cost Claimant: Member with >\$100,000 in Paid Dollars



Buncombe County Government

Utilization Review

Facility Cost & Utilization (page 3)



Most Recent Rolling Year: Data Incurred Dec '17-Nov '18
Previous Rolling Year: Data Incurred Dec '16-Nov '17

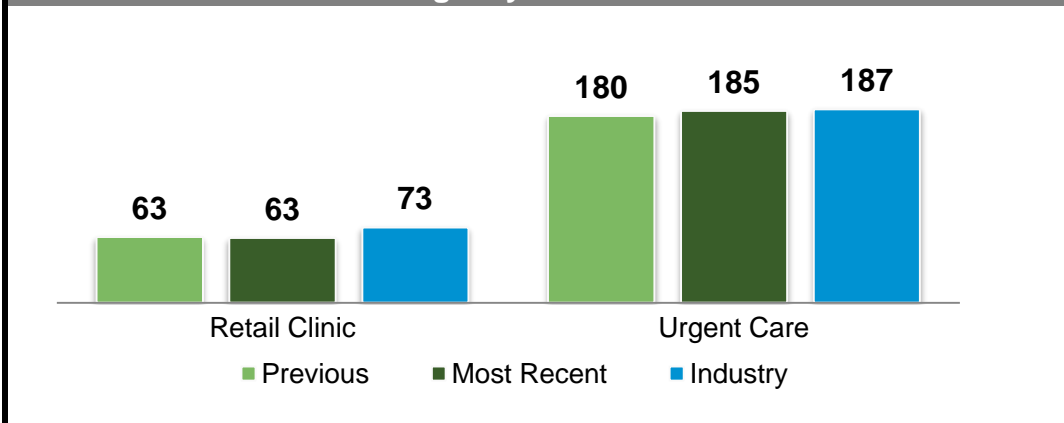
5. Inpatient Facility Cost & Utilization

	Previous	Most Recent	% Change	Industry	% Variance
Paid PMPM	\$93.92	\$85.55	-9%	\$81.72	5%
Admissions/1,000	51.1	52.0	2%	48.9	6%
Days/1,000	294.8	285.4	-3%	229.0	25%
Avg. Length of Stay	5.8	5.5	-5%	4.7	17%
Allowed/Admission	\$24,338	\$22,818	-6%	\$22,573	1%
Case Mix Factor	1.70	1.58	-7%	1.57	1%

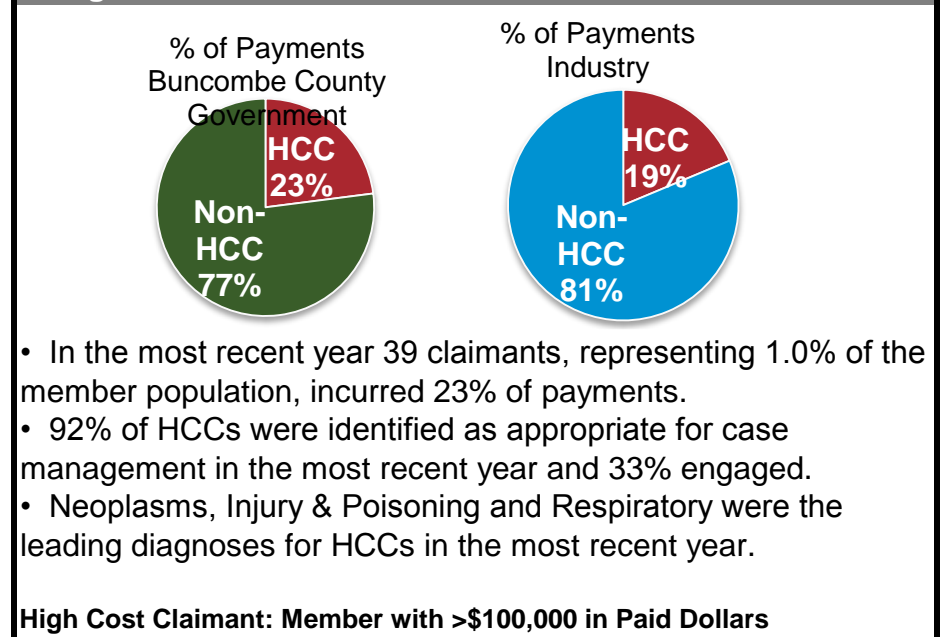
6. Outpatient Facility Cost & Utilization

	Previous	Most Recent	% Change	Industry	% Variance
Outpatient (Non-ER)					
Paid PMPM	\$135.22	\$130.04	-4%	\$105.31	23%
Visits/1,000	992	1,227	24%	1,060	16%
Allowed/Visit	\$1,759	\$1,468	-17%	\$1,509	-3%
ER					
Paid PMPM	\$30.59	\$31.74	4%	\$25.61	24%
Visits/1,000	172	173	1%	194	-11%
Allowed/Visit	\$2,422	\$2,428	0%	\$2,242	8%
% Non-Urgent	38%	35%	-3% pts.	39%	-4% pts.

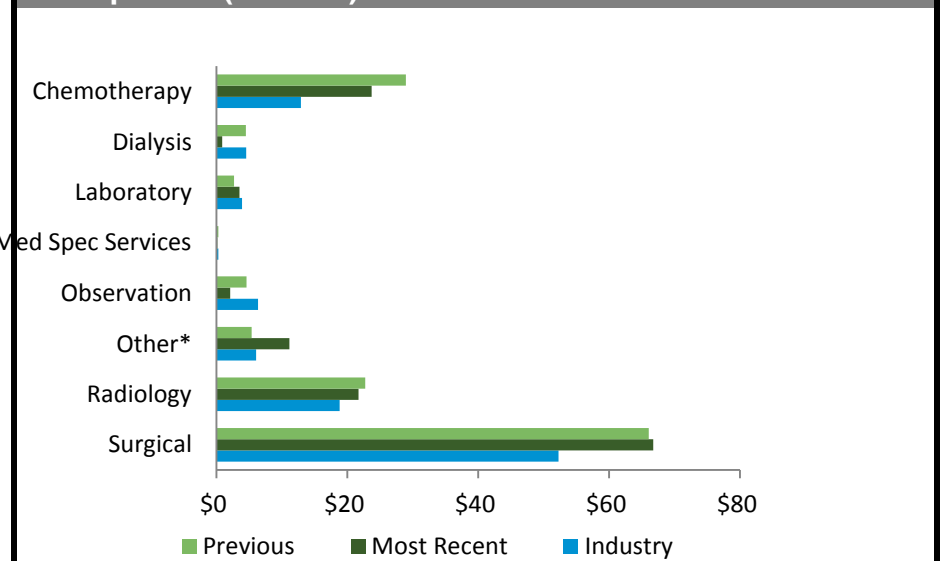
7. Alternative Sites for Emergency Care



8. High Cost Claimants



9. Outpatient (Non-ER) Paid PMPM



Buncombe County Government

Utilization Review

Professional Cost & Utilization (page 4)



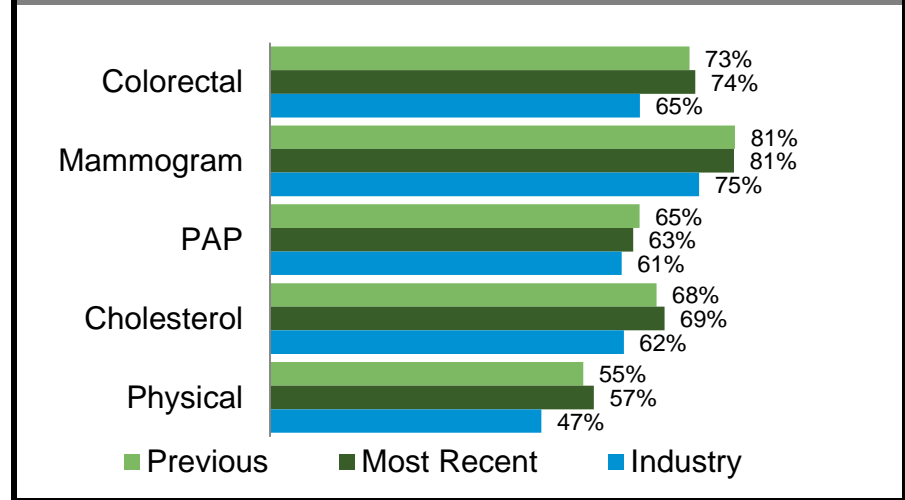
Most Recent Rolling Year: Data Incurred Dec '17-Nov '18

Previous Rolling Year: Data Incurred Dec '16-Nov '17

10. Professional Cost & Utilization

	Previous	Most Recent	% Change	Industry	% Variance
Paid PMPM	\$154.77	\$172.21	11%	\$134.04	28%
Office	\$100.51	\$113.45	13%	\$83.45	36%
Inpatient	\$14.99	\$16.88	13%	\$15.47	9%
Outpatient	\$24.46	\$25.31	3%	\$23.08	10%
Other	\$14.81	\$16.58	12%	\$12.03	38%
PCP					
Visits/Member	3.14	3.06	-3%	2.94	4%
Allowed/Visit	\$166	\$170	3%	\$178	-4%
Specialist					
Visits/Member	4.80	5.14	7%	3.42	51%
Allowed/Visit	\$185	\$201	9%	\$220	-9%

11. Preventive Care Rates



12. Top 10 Condition Categories

	Previous	Most Recent	Year-Over-Year Change	Difference from Industry
Musculoskeletal	\$84.82	\$74.12	-\$10.70	\$26.90
Endocrinology	\$51.40	\$59.41	\$8.01	\$19.87
Neoplasms	\$57.03	\$45.27	-\$11.76	\$1.94
Neurology	\$31.36	\$40.56	\$9.20	\$22.50
Gastroenterology	\$30.42	\$31.82	\$1.40	\$5.09
Psychiatry	\$27.66	\$30.70	\$3.04	\$16.13
Cardiology	\$25.44	\$27.31	\$1.87	-\$1.18
Preventive & Administrative	\$16.98	\$18.95	\$1.97	\$3.35
Dermatology	\$17.59	\$17.78	\$0.19	\$0.61
Gynecology	\$17.86	\$16.54	-\$1.32	\$6.97

13. Value-Based Primary Care

	Previous	Most Recent	Industry
% Members Attributed to a PCP	80.9%	80.7%	74.8%
% Attributed Seeing a Value-Based PCP	81.4%	81.4%	53.9%

- Use of value-based primary care physicians has resulted in total cost of care savings of \$25.01 PMPM or approximately \$1,196,000.
- Use of a value-based provider for primary care is associated with total cost of care savings, due to: Lower facility expense and fewer ER visits.
- Value-based care focuses on the delivery of coordinated patient-centered care, clinical quality, and cost efficiency.

Buncombe County Government

Utilization Review

Pharmacy Cost & Utilization (page 5)



Most Recent Rolling Year: Data Incurred Dec '17-Nov '18
Previous Rolling Year: Data Incurred Dec '16-Nov '17

14. Rx Executive Summary

Payments PMPM

\$146.79
▲ 16.3%
▲ 20.3% than Industry

Generic Utilization Rate

86.8%
↔ -0.2%
▲ 1.1% than Industry

Payments Per Script

\$89.17
▲ 14.8%
▲ 8.0% than Industry

Specialty % of Payments PMPM

35.3%
▲ 3.7%
▲ 1.8% than Industry

Member Contribution

3.4%
↔ -0.4%
▲ 6.3% than Industry

Specialty Payments Per Script

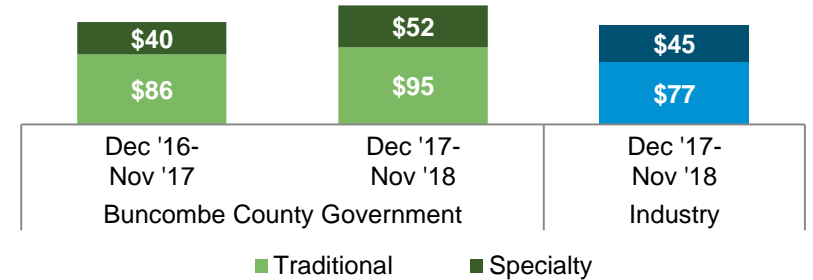
\$5,822.89
▲ 11.8%
▲ 23.5% than Industry

16. Top Core Categories By Paid PMPM

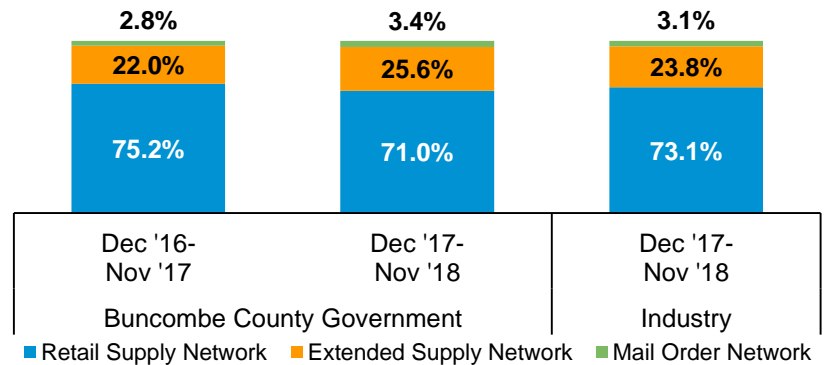
Name	Previous	Most Recent	% Change
Traditional			
DIABETES	\$21.49	\$24.11	12%
ADHD	\$6.76	\$7.24	7%
PAIN	\$6.61	\$6.29	-5%
ANTICONVULSANT	\$4.69	\$6.11	30%
DEPRESSION	\$3.46	\$4.28	24%
Specialty			
MULTIPLE SCLEROSIS	\$12.62	\$11.41	-10%
AUTOIMMUNE	\$11.83	\$11.39	-4%
CYSTIC FIBROSIS	\$5.46	\$10.51	92%
CANCER-ORAL	\$6.94	\$8.07	16%
HIGH COST OTHERS	\$1.49	\$4.44	199%

15. Pharmacy Payments PMPM

Payments PMPM



17. % of Payments by Channel



- Specialty drugs represent 0.5% of all scripts and 35% of total drug costs. Forty-Nine members, or 1.2% of the population, had a specialty pharmacy prescription in the most recent year. This has increased 4% from forty-seven claimants in the previous year.
- Traditional utilization remained stable and was 11% higher than the Industry. Traditional cost per script increased 9% and was 11% higher than the Industry.
- The generic dispensing rate was higher than the Industry in the most recent year and the substitution rate was similar.

Buncombe County Government

Utilization Review

Blue Cross NC Program Utilization (page 6)



Most Recent Rolling Year: Data Incurred Dec '17-Nov '18

Previous Rolling Year: Data Incurred Dec '16-Nov '17

18. Complex Case Management (CM)

	Previous	Most Recent	Industry
Attempted Members	243	322	--
Engaged Members	36	23	--
Engagement Rate	15%	7%	10%
No Response Rate	44%	54%	52%
Decline Rate	22%	16%	16%
No Contact Info. Rate	15%	21%	21%
Pre/Post Op Identified	15	14	--
Pre/Post Op Engaged Rate	53%	36%	42%

• Buncombe County Government Case Management Savings = \$2.39 PMPM or approximately \$114,000.

• The engagement rate decreased and was lower than the Industry in the most recent year.

• Non-responders increased and the rate was higher than the Industry.

• The percent of members declining decreased and was similar to the Industry.

• The portion of members lacking contact information increased and was similar to the Industry.

• Potential CM Savings PMPM w/ 10% Increase in Engagement Rate = \$3.25 PMPM.

19. Healthy Outcomes Disease Management

	Identification	
	Most Recent	Industry
Heart Failure	2.2%	1.6%
COPD	1.4%	1.2%
Heart Disease	1.9%	2.5%
Diabetes	7.5%	8.7%
Asthma	7.1%	5.5%
Total Core DM	20.0%	19.1%

	Most Recent	Industry
Total Core DM	16%	21%
Chronic Condition Adherence Rate	85%	77%
Low Acuity (education only) Members	476	--
High Acuity (non-device) Members	126	--
High Acuity (with device) Members	7	--

• Disease Management Savings = \$2.48 PMPM, or approximately \$119,000

• 20% of members were identified for a core disease management program in the most recent year.

• 22% of members identified for a core disease management program were identified for a high engagement level.

Buncombe County Government

Utilization Review

Glossary (pages 7-9)

Glossary

Admissions per 1,000: The number of inpatient admissions divided by the number of members, multiplied by 1,000. This number is a rate and allows comparisons across periods and groups with different size memberships.

Adj. (Adjusted) Scripts: Prescription counts weighted by days supply - prescription with up to 31 Days Supply = 1 Adjusted Script; 32 to 62 Days Supply = 2 Adjusted Scripts; >62 Days Supply = 3 Adjusted Scripts.

Age and Gender Adjustment: Statistical adjustment of data to remove influences due to age and gender differences in two or more populations. In this report, data for the comparison populations (e.g., the benchmark) are age and gender adjusted.

Allowed Amount: The negotiated amount which BCBSNC will pay for services rendered by a provider. The difference between the billed charge and allowed charge represents the savings to the group.

Annualized: The statistical adjustment of data for a partial year to represent a full year's worth of data. This allows meaningful comparisons to be made with data across reporting periods.

Average Length of Stay: The total number of inpatient days divided by the number of admissions; expressed in days.

Benchmark: A statistical average calculated for a comparison population of all BCBSNC members. The benchmark is either based on the Book of Business or based on members in the same industry and is used for comparison purposes.

Brand Name Drug: A drug which has been patented by the manufacturer under a specific name. Until the patent to the drug expires, no other manufacturer can make and sell a generic equivalent.

Case Mix Factor: Index of severity of the inpatient admission based on the Diagnosis Related Group (DRG) weight (average = 1.00).

Case Management (CM): A service that provides support to BCBSNC members with rare diseases or chronic conditions, complex health issues or a health incident that has resulted in the need for rehabilitation or additional health care support. Case Management and the health care staff at BCBSNC include nurse case managers, social workers, licensed registered dietitians, transplant support services and behavioral health coaching.

Components of Change (chart 4): This chart shows key factors that influence paid trend by Service Category: High cost claimants (HCCs) – the change in paid PMPM for claimants who accounted for \$50k in payments during the reporting period, Price (excludes HCCs) – the allowed per medical service or prescription drug, Use (excludes HCCs) – the number of medical services or prescription drugs utilized, Out-of-Pocket/Coordination of Benefits (excludes HCCs) – the portion of payments paid for by the member or third party.

Contract Size: The average number of members per subscriber.

Coordination of Benefits: Represents the portion of allowed amount paid by a third party through coordination of benefits.

Days per 1,000: The number of inpatient days divided by the number of members, multiplied by 1,000. This number is a rate and allows comparisons across periods and groups with different size memberships.

Diagnostic Category: A broad grouping of diagnoses, by body systems and/or diseases (e.g., neoplasms, circulatory), as defined and used by the International Classification of Diseases (ICD-9).

Episode: All treatment rendered in a specified time frame for a specific disease defined using the Symmetry Episode Treatment Grouper (ETG). ETG is an illness classification system that combines ambulatory, inpatient, and pharmacy claims to build a complete treatment episode from the onset of symptoms until treatment is complete.

Facility Service: Health care service provided in or by facilities such as hospitals and freestanding ambulatory surgery facilities. This is further categorized by: Inpatient, Outpatient and Emergency Room (ER).

Buncombe County Government

Utilization Review

Glossary (pages 7-9)

Glossary

Generic Dispensing Rate: The proportion of total prescriptions which are filled as generic. For example, a generic dispensing rate of 65 percent means that 65 percent of all prescriptions were filled using generic drugs.

Generic Drug: A drug product which has the same established name, active ingredient, strength, quantity, and dosage form, and which is therapeutically equivalent to the brand drug product identified in the prescription.

Healthy Outcomes - Condition Care: Our new innovative, integrated approach to disease management (DM), one that offers nursing support in partnership with the member and his or her health care provider to provide individualized care and peace of mind. This program is for: Coronary artery disease, Heart failure, Asthma, Diabetes, and Chronic obstructive pulmonary disease (added to DM for 2013). Condition Care helps individuals with these chronic conditions live as they'd like to live. Drawing on a wealth of member data, we segment and stratify individual members for care – to make sure they receive the care most appropriate for their unique needs.

High Cost Claimants (HCCs): Claimants with \$50,000 (or \$100,000 depending on group size) or greater in incurred claim payments during the reporting time period.

Inpatient: Service provided by a hospital or ambulatory surgery center for treatment that requires at least one overnight stay.

Inpatient Professional: Professional service provided at the inpatient setting

Member Out-of-Pocket: Represents the portion of allowed amount paid by the member through copayments, deductible, and coinsurance.

Member: Individual enrolled for services under a health plan. This includes both subscribers and their dependents.

Non-Urgent ER Visits: ER visits that were considered non-emergent or primary care treatable.

Office: A physician's office or the office of another health professional. This is further categorized by Primary Care (family practice, internal medicine, gynecologists / obstetricians, pediatrics, nurse practitioners) and Specialist (all other specialties).

Other Professional: Types of services include such items as medical supplies and durable medical equipment, ambulance services, and private-duty nursing.

Outpatient: Service provided by a hospital or ambulatory surgery center for treatment that does not require an overnight stay.

Outpatient Professional: Professional service provided at the outpatient setting.

Paid-in-Network: Represents claims paid at in-network benefits to in-network (contracted) providers and claims paid at in-network benefits to out-of-network (non-contracted) providers (these are typically claims for hospital-based providers like Emergency Room physicians, Anesthesiologists, and Radiologists).

Payments (Paid) per Member per Month (PMPM): Average amount paid per member per month. Calculated by dividing total payments by the total number of members in the group, then dividing by the number of months in the period.

Pharmacy Service: Service provided through the filling of a prescription administered through the pharmacy benefit manager.

Prescription (Scripts): For purposes of this report, a prescription is identified as any claim for a prescription drug filed by a pharmacy, mail-order company, or subscriber. This includes original prescriptions as well as refills. A Prescription can also be referred to as a script.

Preventive Care Rates: The portion of eligible members who received the recommended preventive screening within the appropriate time frame, e.g., the mammogram rate represents the percent of female members 40 to 69 years of age who have had a mammogram within the last 2 years.

Professional Service: Service provided by a physician or other health care professional, in any setting (facility or non-facility).

Buncombe County Government

Utilization Review

Glossary (pages 7-9)

Glossary

Rate: A measure of utilization calculated by dividing the number of services by the total population being studied. Rates are usually expressed per 1,000 or per 10,000 persons, such as days per 1,000 participants, and are used like a "batting average," to compare and contrast statistics despite the size of the population or employee group. So that meaningful comparisons can be made across different periods, rates may be annualized.

Retail Clinic Visits/1,000: The average number of visits at Retail Clinics (e.g. MinuteClinic) per 1,000 members.

Specialty Pharmacy: Complex and costly prescription drugs are used to treat chronic and complex conditions. These drugs usually need special storage and handling. Defined in this report as drugs included in BCBSNC's specialty pharmacy program through Accredo.

Subscriber: An individual who has contracted for services under a health plan. Sometimes referred to as policy or certificate holders. Other individuals enrolled on the contract are dependents.

Therapeutic Class: A broad categorization of prescription drugs grouped together by similarities for the disease states they treat or by the effect they can produce in the human body.

Total Discount: Represents savings due to BCBSNC provider contracted rates using the industry agreed upon methodology developed by the Consortium Health Plans. The calculation takes into account all claims, both in and out-of-network.

Urgent Care Visits/1,000: The average number of visits at Urgent Care Centers per 1,000 members.

Utilization: A measure of how much a group is using available medical services. Admission rate, day rate and outpatient visit rates are examples of utilization measures.

Visits: Include all services that were performed on the same day, by the same provider for the same person. When possible, any ancillary services are combined as well.

Buncombe County
2019 Employee Benefits
Open Enrollment Guide
November 1-15, 2018



Benefits Open Enrollment is Here

The benefits that Buncombe County makes available to you represent a significant portion of your compensation package and provides 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 2019 benefits.

Remember this is your only opportunity to make changes to your benefit plans for 2019, unless you have a qualifying life event.

HIGHLIGHTS FOR PLAN YEAR 2019

- 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.
- There will be no rate or co-pay increases to any of the Health Plans or the Dental Plan.
- Dental is NOT open to enrollment this year. If you wish to cancel dental, please contact Laura Calloway in Employee Benefits.
- The Short-Term Disability insurance plan and Dependent Life Insurance are open to enrollment (no Evidence of Insurability required).
- Our Telehealth provider will change from Doctor on Demand to MDLive effective January 1, 2019. Stay tuned to County Central for more information.
- Participation in Open Enrollment is optional. If you do nothing, your current coverage will continue in 2019 (except for Flexible Spending Accounts).
- Again, this year, up to \$500 of your Medical FSA may roll over into the next plan year and is available for use after April 1. If you participated in the FSA last year and wish to participate for 2019, you must **RE-ENROLL thru the Workday open enrollment process**.



Table of Contents

HIGHLIGHTS FOR PLAN YEAR 2019.....	2
WHAT YOU NEED TO DO	4
HOW DO I MAKE CHANGES?	5
DEPENDENT ELIGIBILITY.....	6
LIFE EVENTS.....	7
PRE TAX CAFETERIA PLANS	7
HEALTH INSURANCE PLANS	8
BLUE 20/20 VISION HARDWARE PLAN	11
<u>FLEXIBLE SPENDING ACCOUNTS</u>	<u>12</u>
LIFE INSURANCE	13
SHORT TERM DISABILITY	16
HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) PRIVACY RULE.....	17
RESOURCES	17

WHAT YOU NEED TO DO

Benefits Open Enrollment is **8 am Thursday, November 1 through 5 pm Thursday, November 15**. You may or may not need to actively enroll – depending on your current benefits and the changes you wish to make for 2019.

Review Your Current Benefit Elections

From the home page in Workday, click on the Benefits worklet, then click on View – Benefit Elections.



View

Benefit Elections

Answer these questions:

- Do you want to change your Health Plan option?
- Do you want to contribute to a Health Care Flexible Spending Account (FSA) for 2019?
- Do you need to add or remove a dependent from coverage?
- Do you want to add or remove Vision Hardware coverage?
- Do you want to increase or decrease any of your current life insurance coverages?
- Do you want to enroll in a benefit in which you were not enrolled for 2018?

If you answered **“NO”** to all of these questions –

You don't need to do anything. Your current elections (except for FSA) will roll over for 2019.


If you answered **“YES”** to any of these questions –

Go to Workday and find your Open Enrollment Change task in your Workday inbox. Enter your changes and click submit. The Workday User Guide for Open Enrollment can walk you through the process.

Approved changes made during open enrollment will be effective January 1, 2019.

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 “Workday User Guide for Open Enrollment” in the search box), but this will get you started:

- Log into Workday
- Go to your Workday Inbox 
- Click on your Open Enrollment Change task in your Inbox
- Complete the entire enrollment process

Open Enrollment Change: Laura Calloway (8400) on
01/01/2019 ☆
2 day(s) ago - Effective 01/01/2019

****IMPORTANT INFORMATION****

Save your confirmation page! Every year after open enrollment ends, we receive calls from employees who THINK they completed open enrollment, but did not go all the way through to the confirmation page. As a result, their elections weren't captured and they didn't get the coverage they wanted.



**Still have questions
after reading this guide?
Contact Employee Benefits**

Laura Calloway
laura.calloway@buncombecounty.org
250-4168

Don't wait until the last minute! Call volume during the last few days of Open Enrollment is very high! Please leave a message if your call goes to voicemail. We strive to return calls the same day. Missed calls without a message will not be returned.



DEPENDENT ELIGIBILITY

Eligible dependents include:

- 1) 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.
- 2) Your children, which include
 - 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 health insurance until age 26 regardless of student status or marital status.

Children may stay on your dental insurance until age 19. From age 19 to age 24, they must be unmarried, full time students.

Required Documentation

If you are adding a new dependent 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 Wavier" 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

If you decide to participate in the Pre-Tax 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 RESPONSIBILITY

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. Employees can choose to carry group medical and/or dental insurance coverage on yourself and your dependents under the Pre-Tax Premium Plan. Your cost of 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.

Most employees are already enrolled in the Pre-Tax Premium Plan

The Workday Open Enrollment program will display pre-tax or after-tax contributions on your health and/or dental premiums. **Pay close attention to which plan you are choosing when you make your elections in Workday.**

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.

HEALTH INSURANCE PLANS

Buncombe County remains committed to providing affordable quality health care coverage for our employees. With our PPO plans through Blue Cross Blue Shield of NC (BCBSNC), you may receive care in-network and out-of-network. However, if you visit an out-of-network provider, you are responsible for more of the costs for services. Having a PPO plan gives you the security of knowing you can receive care no matter where you are.

Buncombe County's health insurance plan is SELF FUNDED, which means that Buncombe County (not BCBS) is paying for the claims. After you pay your portion of the bill (co-pays, deductibles or co-insurance), Buncombe County pays the rest of the bill.

This means that keeping health care costs down is an important to all of us. We all have a stake in how much the County spends on Healthcare, and this has a direct effect on the benefits that the County can afford to offer employees.

On Oct. 2, 2018 the Buncombe County Board of Commissioners voted to maintain the current health benefits for County employees. What does this mean for employees? Your current plan will remain the same unless you choose to change it during open enrollment.

Please be aware that Commissioners may ultimately revisit the issue of employee health care benefits in the future. In the meantime, **there are ways to save the County money on health care costs:**

- [SmartShopper](#) lets you compare various procedures among providers and will give you cash back if you select a high-quality, lower-cost facility.
- Enrolling in [Buncombe County Condition Care](#). If you suffer from diabetes, hypertension, high cholesterol, depression/anxiety, and/or asthma, Buncombe County has a management program to help you control your condition. In addition by participating in the program, you are eligible for \$250 a year.
- The [Employee 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.
- Using [Telehealth](#). Buncombe County offers telemedicine to employees who need a doctor during off-hours.
- 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.
- Use [BCFIT Wellness Program](#) allows you to monitor your health while earning healthy hours you can use to take time off from work.

COPAYMENTS, DEDUCTIBLE, COINSURANCE, AND OUT-OF-POCKET LIMIT

COPAYMENTS are fixed dollar amounts that you pay for covered health services and prescription drugs at the time you receive them. Copayments are not credited to the deductible; however, they are credited to the out-of-pocket limit. Examples of copayments for all plans are shown below:

Primary Care Provider: \$25	Urgent Care Center Visit: \$40
Specialist Provider: \$40	Emergency Room Visit: \$150
Prescription Drugs: Tier 1 Generic	\$0
Tier 2 Generic – Narcotics	\$10
Tier 3 Brand Name	\$40
Tier 4 Non-Preferred Brand	\$50
Tier 5 Specialty Drugs	\$50 - \$100

DEDUCTIBLE is the dollar amount you must pay when inpatient or outpatient physician and/or hospital based services are received. The deductible does not include copays or coinsurance, but it is credited to the out-of-pocket limit.

COINSURANCE is your share of the costs of inpatient or outpatient physician and/or hospital based services after you have met the deductible. The coinsurance is the percentage paid until the out-of-pocket limit is met. It is credited to the out-of-pocket limit.

OUT-OF-POCKET LIMIT is the most you will pay during the calendar year which includes **all** copayments, the deductible, and the coinsurance maximum.

	STANDARD	BUY-UP	CORE
Deductible:			
Individual (per calendar year)	\$300	\$400	\$650
Family (per calendar year)	\$600	\$750	\$1,000
Coinsurance Limit	5% coinsurance	20% coinsurance	30% coinsurance
Individual (per calendar year)	\$450	\$750	\$1250
Family (per calendar year)	\$900	\$1750	\$2750
Out-of-Pocket Limit			
Individual (per calendar year)	\$750	\$1,150	\$1,900
Family (per calendar year)	\$1,500	\$2,500	\$3,750

HEALTH PLAN BIWEEKLY PREMIUM RATES

Plan	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Family
Standard	\$25	\$40	\$70	\$65	\$70
Buy Up	\$35	\$80	\$95	\$85	\$95
Core	\$20	\$40	\$65	\$50	\$65

SUMMARY OF HEALTH PLANS

TYPE OF SERVICES		2019 IN-NETWORK STANDARD PLAN (Hired before 2010)	2019 IN-NETWORK BUY UP PLAN	2019 IN-NETWORK CORE PLAN
Calendar Year Deductible:	Individual	\$300	\$400	\$650
	Family	\$600	\$750	\$1,000
Coinsurance Limit:	Individual	5% Co-Insurance \$450	20% Co-Insurance \$750	30% Co-Insurance \$1,250
	Family	\$900	\$1,750	\$2,750
Out-of-Pocket Limit:	Individual	\$750	\$1,150	\$1,900
	Family	\$1,500	\$2,500	\$3,750
Physician Office Services:	Primary Care Provider	\$25 co-pay	\$25 co-pay	\$25 co-pay
	Specialist	\$40 co-pay	\$40 co-pay	\$40 co-pay
Preventative Care Visits:	Primary Care Provider	\$0 co-pay	\$0 co-pay	\$0 co-pay
	Specialist	\$0 co-pay	\$0 co-pay	\$0 co-pay
Short-Term Rehabilitative 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
Prescription Drugs				
Tier 1: Generic		\$0	\$0	\$0
Tier 2: Generic - Narcotics		\$10	\$10	\$10
Tier 3: Brand		\$40	\$40	\$40
Tier 4: Non-Preferred Brand		\$50	\$50	\$50
Tier 5: Specialty Drugs		\$50 - \$100	\$50 - \$100	\$50 - \$100
Inpatient and Outpatient Hospital Services				
Hospital and Hospital Based Services		5% after Deductible	20% after Deductible	30% after Deductible
Outpatient Clinic Services		5% after Deductible	20% after Deductible	30% after Deductible
Professional Services		5% after Deductible	20% after Deductible	30% after Deductible
Outpatient Labs & Mammograms when performed alone		\$0	\$0	\$0
Outpatient Labs & Mammograms with other services		5% after Deductible	20% after Deductible	30% after Deductible
Outpatient X-rays, Ultrasounds, ECGs EEGs, EKGs, PFTs		5% after Deductible	20% after Deductible	30% after Deductible
CT scans, MRI, MRA, and PET scans		5% after Deductible	20% after Deductible	30% after Deductible
Ambulatory (Outpatient) Surgical Center		5% after Deductible	20% after Deductible	30% after Deductible
Urgent Care Center Visit		\$40 co-pay	\$40 co-pay	\$40 co-pay
Emergency Room Visit		\$150 co-pay	\$150 co-pay	\$150 co-pay
Mental Health and Substance Abuse Services				
Office Visit		\$40 co-pay	\$40 co-pay	\$40 co-pay
Inpatient/Outpatient		5% after Deductible	20% after Deductible	30% after Deductible
<i>Prior authorization may be required</i>				
Ambulance, Durable Medical Equipment, Home Care, and Hospice		5% after Deductible	20% after Deductible	30% after Deductible
Routine Eye Exam - annual		\$25 co-pay	\$25 co-pay	\$25 co-pay

BLUE 20/20 VISION HARDWARE PLAN

Blue Cross Blue Shield is offering an optional Vision Hardware Plan for glasses and contact lenses. This plan will make lenses and frames more affordable, and can be used in conjunction with your medical flexible spending account (optional). You'll have access to 65,000 providers at both independent and retail locations including LensCrafters, JCPenney, Target and Pearle Vision.

Using your Vision Hardware Benefits:

1. Locate a participating provider - Go online to www.blue2020nc.com to find an IN-NETWORK provider in your area.
2. At the time of purchase - show your Vision Hardware insurance card OR ask your provider to look you up on the **Eyemed** system. You just need to give your name and birthdate.
3. Your \$250 discount and percentage off the remaining balance will be applied to your total right away. No claims to file!

If you use an out-of-network provider, your savings will be about half what they would have been at an in-network provider, AND you will have to file a claim.

Vision Care Services	In-Network Member Benefit	Out-of-Network Benefit
Frames, Lenses & Lens Options	\$250 allowance, 20% discount off remaining balance	\$125 Reimbursement
Contact Lenses:		
Conventional	\$250 allowance, 15% discount off remaining balance	
Disposable	\$250 allowance	\$200 Reimbursement
Medically necessary	Available at \$0 copay	
Laser Vision Correction:		
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	Not covered
Frequency: Frames & lenses or contact lenses	Allowance available once every 12 months	

Biweekly cost (24 per year)	Employee Only	Employee + Children	Employee + Spouse	Family
	\$4.86	\$9.71	\$9.23	\$14.28

Not covered: Lost or broken lenses, frames, glasses or contact lenses; non-prescription lenses, contact lenses or sunglasses; two pairs of glasses in place of bifocals. Discounts apply to materials only and not fittings for contact lenses. This benefit will not combine with any in-store offered discounts.

FLEXIBLE SPENDING ACCOUNTS (FSA)

There are two categories of Flexible Spending Accounts (FSA): **Medical Care** and **Dependent Care**. The administrator of our plan is Health Smart. 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 2019, you **MUST** go through Workday Open Enrollment and elect this benefit.

What is a Flexible Spending Account (FSA)?

A **Medical FSA** is an employer-sponsored benefit that allows you to pay for certain non-covered medical, dental, vision, and prescription drug expenses with Pre-Tax income which means prior to being taxed. A **Dependent Care FSA** allows you to pay for **day care expenses** on a Pre-Tax basis. Without FSA, medical and day care expenses are paid for with after-tax dollars.

How do I know how much money to contribute to my FSA?

The Medical FSA has a minimum annual contribution limit of \$260 and a maximum annual contribution limit of \$2,650. 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.

The IRS modified the longstanding “use-or-lose” rule. To make Medical FSAs more consumer-friendly and provide added flexibility, plan participants may carry over up to \$500 into the next plan year. This will permit employees to use their Medical FSA accounts the next plan year instead of forfeiting the unused amounts. **Please note:** The rollover funds will not be available for use until April 1, 2019 after the completion of the 2019 plan year’s 90 day run out period.

We recommend that you take a look at last year’s expenses to get the best idea of how much to defer for 2019. The Medical FSA is a great way to set aside funds to pay your copays, deductible, and coinsurance.

How do my contributions pay for claims?

Our plan year runs January 1st through December 31st. Your annual election will be divided among the 26 paychecks you get for the year and that amount will be deducted from your check on a pre-tax basis. Your ENTIRE annual election will be available to you on January 1 for the medical care FSA.

How does the FSA MasterCard factor in?

Your **Medical FSA** MasterCard is loaded with the **entire** amount you elect so you may begin using it right away. The **Dependent Care** FSA MasterCard is loaded bi-weekly with your payroll contribution amount. Use your FSA MasterCard to pay for qualified expenses or you may pay the expense out-of-pocket and submit a claim form along with the receipt for reimbursement. A Reimbursement Claim form is available on County Central >Document Central >Benefits >Flexible Spending Account.

What are the regulations for over the counter products?

Most over-the-counter (OTC) drugs and medicines have to be accompanied by a Medical Necessity Letter from your doctor in order to be reimbursed. You will pay out-of-pocket for the product and then submit a claim form along with the receipt and the Medical Necessity Letter to Health Smart. Once it is approved by Health Smart, you will be reimbursed. The Medical Necessity Letter and Reimbursement Claim Forms are available on County Central >Document Central >Benefits>Flexible Spending Account. The price scanners at most pharmacies and major retailers will show if the item is eligible to be purchased OTC using the FSA MasterCard.

LIFE INSURANCE

Life insurance can be a safety net that catches a family when tragedy strikes. It can be the heart of a family's financial security. No one likes thinking about it but if your family depends on you, then this is a subject you can't avoid.

Certificates of Coverage (plan descriptions) for all USAbLe life insurance policies are located on County Central>Document Central>Benefits.

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. **USAbLe Life Insurance** – you have one list of beneficiaries for ALL your USAbLe policies. They are either stored on a piece of paper in your personnel file OR you have updated them in Workday.
 - 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.
2. **Prudential** - Go to www.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.



During the initial switch to Workday, beneficiary information could not be transferred. The most current paper form in your employee file is your beneficiary record, unless you have already added a beneficiary in Workday. Entries you make in Workday will replace the paper form in your file and will become the current record for your beneficiary designation.

BASIC LIFE INSURANCE AND AD&D INSURANCE

Buncombe County currently provides, **at no cost to employees**, \$30,000 basic life insurance plus \$30,000 accidental death and dismemberment (AD&D) insurance through USABLE. All eligible employees are insured for the \$30,000 basic life insurance and \$30,000 AD&D regardless of age.

SUPPLEMENTAL LIFE INSURANCE

The supplemental life insurance rates staying the same. Supplemental life insurance (offered through USABLE) covers the employee in the amounts of \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000. The amounts decrease 35% at age 65 and 50% at age 70. Please see the Evidence of Insurability requirements on page 15.

SPOUSE LIFE INSURANCE

The spouse life insurance rates staying the same. Spouse life insurance (offered through USABLE) covers the employee's spouse in the amounts of \$10,000 or \$25,000. Please see the Evidence of Insurability requirements on page 15.

Supplemental Life and Spouse Life
BI-WEEKLY Life Insurance Rates (24 per year)
Deduction based upon age as of January 1, 2019

AGE GROUP	\$10,000 Employee or Spouse	\$25,000 Employee or Spouse	\$50,000 Employee Only	\$75,000 Employee Only	\$100,000 Employee Only
Under 30	0.25	0.63	1.25	1.88	2.50
30 – 34	0.30	0.75	1.50	2.25	3.00
35 – 39	0.40	1.00	2.00	3.00	4.00
40 – 44	0.65	1.63	3.25	4.88	6.50
45 – 49	1.20	3.00	6.00	9.00	12.00
50 – 54	1.90	4.75	9.50	14.25	19.00
55 – 59	3.05	7.63	15.25	22.88	30.50
60 – 64	4.75	11.88	23.75	35.63	47.50
	\$6,500	\$16,250	\$32,500	\$48,750	\$65,000
65 – 69	4.84	12.11	24.21	36.32	48.43
	\$5,000	\$12,500	\$25,000	\$37,500	\$50,000
70 Plus	5.70	14.25	28.50	42.75	57.00

DEPENDENT LIFE INSURANCE

The premium for the \$5,000 dependent life insurance coverage is \$0.90/biweekly (24 pay periods). The premium covers all eligible dependents to include your spouse and your unmarried children from 6-months to age 26. (Coverage for a dependent under 6-months is in the amount of \$250). No evidence of insurability will be required for 2019.

EVIDENCE OF INSURABILITY

Open Enrollment changes for life insurance must be approved by USABLE before they become effective. Approval (or denial) is decided by USABLE based on the medical information you provide on an Evidence of Insurability (EOI) form.

New for 2019 - Evidence of Insurability (EOI) forms will not be required in order to receive approval from USABLE under the following conditions (assuming you have not been medically declined by USABLE in the past):

- Existing or new enrollees can increase their Supplemental or Spouse Life election by one increment without submitting EOI forms.
- Any employees who have been hired since January 1, 2018 and waived the optional life insurance altogether as a new hire, will have one last “EOI-free” opportunity to elect an amount up to the \$100K guaranteed issue with no EOI.

About one week after the open enrollment period closes, any employee who needs to submit Evidence of Insurability will be contacted by USABLE via their work email address. USABLE will provide the EOI form(s) to you by email, and you will return the completed EOI forms directly to USABLE.

If you fail to complete the required EOI within 30 days of receipt, your elections will not be approved. They will revert back to the guaranteed issue amount (one increment increase from your 2018 election).

SHORT TERM DISABILITY

Short Term Disability benefits are payable when you become disabled 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.

The short term disability plan is open to enrollment (which means you do not need to submit any medical information). Employees may add or increase their coverage during this open enrollment period even if you have waived the coverage in the past. The plan's pre-existing condition exclusion will still apply meaning any condition for which the employee received medical attention, treatment, advice or medication/prescriptions in the 12 month period prior to the enrollment date.

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 and there is a **\$750** per week maximum. You may also drop this coverage through Workday open enrollment.

Short Term Disability Rates for 2019

\$.79 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 .79 = \$39.50 per month

\$19.75 bi-weekly cost (24 pay periods)

Short Term Disability Weekly Benefit	Employee Cost Biweekly (24 pp)	Annual Salary is AT LEAST
\$100.00	\$3.95	\$7,428.57
\$150.00	\$5.93	\$11,142.86
\$200.00	\$7.90	\$14,857.14
\$250.00	\$9.88	\$18,571.43
\$300.00	\$11.85	\$22,285.71
\$350.00	\$13.83	\$26,000.00
\$400.00	\$15.80	\$29,714.29
\$450.00	\$17.78	\$33,428.57
\$500.00	\$19.75	\$37,142.86
\$550.00	\$21.73	\$40,857.14
\$600.00	\$23.70	\$44,571.43
\$650.00	\$25.68	\$48,285.71
\$700.00	\$27.65	\$52,000.00
\$750.00	\$29.63	\$55,714.29

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) PRIVACY RULE

In accordance with this law, we have posted the HIPAA Privacy Notice on [County Central > Document Central > Benefits > Health Insurance Information > HIPPA Notice](#).

RESOURCES

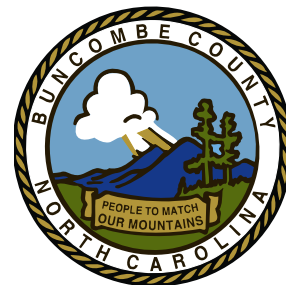
1. **Provider Websites** – most of our provider websites have “portals”, or websites personalized with your own information. You will need to give some registration information if you are a first time user to access the sites:

[Blue Cross Blue Shield](#)
[Prudential 401K or 457](#)
[North Carolina Retirement System \(ORBIT\)](#)
[Vision Hardware Plan](#)
[HealthSmart Flexible Spending Account](#)
2. **County Central** – Check out [County Central > Document Central > 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. Use this SPD to see exactly what your insurance plan covers. You can download a copy and send it to your home email address so you always have access to it.
3. **Workday** – click on the Benefits icon from your Workday homepage 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. You can also type the words “Need Help with Benefits?” into the Workday search box for links to more information.
4. **Employee Benefits Department** – please feel free to call or email Curt or Laura anytime with questions! We are here to help.
[Curt Euler](#), Director – 250-4177
[Laura Calloway](#), HR Analyst – 250-4168



BUNCOMBE COUNTY NEW EMPLOYEE GUIDE





CONTENTS

3	<i>Table of Contents</i>
4	<i>Overview of Benefits</i>
5-7	<i>Compensation Plans</i>
8	<i>Open Enrollment</i>
9	<i>Life Status Changes</i>
10	<i>Benefit Deductions</i>
11-12	<i>Health Insurance Plans</i>
13-4	<i>Employee Health Clinic</i>
15	<i>Dental Insurance</i>
16	<i>Vision</i>
17-18	<i>Wellness Programs</i>
19	<i>Flexible Spending Accounts</i>
20	<i>Employee Assistance Program</i>
22	<i>Short Term Disability</i>
24	<i>County Policies</i>
25	<i>FAQ's Payroll</i>
26	<i>County Discounts</i>





OVERVIEW OF BENEFITS

Who qualifies for benefits?

Employee working positions classified as full time regular employees and part time regular employees are eligible for benefits. Some temporary positions are eligible for health care and/or retirement on as case by case basis.

When do my benefits begin?

Benefit

NC Retirement

Prudential 401K

457 Plan

Health Insurance

Dental Insurance

Vision

Flexible Spending

Employee Health Clinic

Employee Assistance program

Life Insurance

Short Term Disability

Sick/Annual

PTO

Effective date

First day of employment

6 month waiting period

6 month waiting period

The first of the month following your first 30 days

The first of the month following your first 30 days

The first of the month following your first 30 days

The first of the month following your first 30 days

First day of employment

First day of employment

6 month waiting period

6 month waiting period

Accrual begins from first day

2 days effective first day of employment

A construction worker in a white t-shirt and blue cap is working on a wooden structure at a construction site. The t-shirt has a logo that says "plans for the day." and "available online". The worker is wearing a tool belt and is focused on his task. The background shows a large pile of dirt and some greenery.

LGERS

LOCAL GOVERNMENT EMPLOYEE'S RETIREMENT SYSTEM

- Every employee including temps who works at least 1,000 hours per year becomes a member of the N.C. Local Governmental Employees' Retirement System.
- All employees will be enrolled upon date of hire into the N.C. Local Governmental Employees' Retirement System or the N.C. Local Governmental Employees' Retirement System for Law Enforcement Officers. Your share of the retirement system cost is currently 6% of your compensation, and is automatically deducted from your paycheck.
- After five years of creditable service in the N.C. Local Governmental Employees' Retirement System, employees are vested for purposes of retirement benefits in accordance with the eligibility requirements established by the State Department of the Treasurer, Retirement Systems Division.

How do I access my North Carolina Retirement account?

Visit www.myncretirement.com.

- Click on "ORBIT" (on the right).
- If you are a first time user, you will need to register to create a new user ID and password.
- Once logged in, go to "View Account Summary".

How can I add or change my beneficiary?

- Click on "Change Beneficiary(ies)?".
- Add beneficiaries for the Return of Contributions AND again for the Death Benefit.



401K

The NC 401(k) Plan is a retirement savings plan available exclusively to North Carolina public employees who are actively contributing to one of the NC Retirement Systems. North Carolina state and local government employers offer this Plan to help you reach your retirement savings goals by taking advantage of:

- The plan is designed to supplement the regular employee's retirement income. It allows the regular employee to contribute by payroll deduction to an investment program which shall defer income taxes on both the employee's investment and the income in the investment until a later date. Employees may select from a variety of investment plans. Buncombe County contributes an eight percent amount of the regular employee's salary to the plan. Additional employee participation is voluntary.
- Employees are not eligible until after successful completion of the first six months of continuous employment. All sworn Law Enforcement Officers begin in plan upon date of employment. All amounts contributed are vested immediately.
- Temporary or contract employees are not eligible.

How can I access my 401K account, change my beneficiary, make investment changes, add or stop a contribution?

Visit the Plan website at **www.NCPlans.prudential.com** or **1-866-NC Plans** (1-866-627-5267)



457PLAN

- Through payroll deduction, employees may defer a portion of their salary on a regular basis through the 457 Plan. The program provides a tax shelter and investment opportunity.
- Taxes on the deferred amount and earnings are deferred until they are withdrawn, usually at retirement or when one leaves employment with the county.
- Deferred amounts may be invested in one fund or in a combination of funds to maximize the investment return.
- Gross wages are deferred to the program. The result is a smaller net income on which to pay federal tax, reducing current taxes. Both the amount deferred and what it earns are permitted to accumulate tax deferred in the employee's account.
- Federal income taxes on the deferred amount and earnings are not payable until payments are received from the accumulated account.



OPEN ENROLLMENT

What is Open Enrollment?

When you are hired with Buncombe County, you are given the opportunity to choose your benefit options such as Health, Dental and other options. Open Enrollment is a defined period of time that allows you to change your elections for the upcoming year.

- Health/Dental This may include giving you more than one insurance plan to choose from, as well the option of opening a flexible spending account (FSA), which lets you save money, tax free, to use later to pay medical bills
- Dental may not be available every year.
- Vision Hardware
- Supplementary Life Insurance
- Short Term Disability

When is Open Enrollment?

Exact dates will be posted on County Central.

When do the changes take place?

Changes made during Open Enrollment will be effective January of the upcoming year. Life changing circumstances allow you to change plans outside of open enrollment.



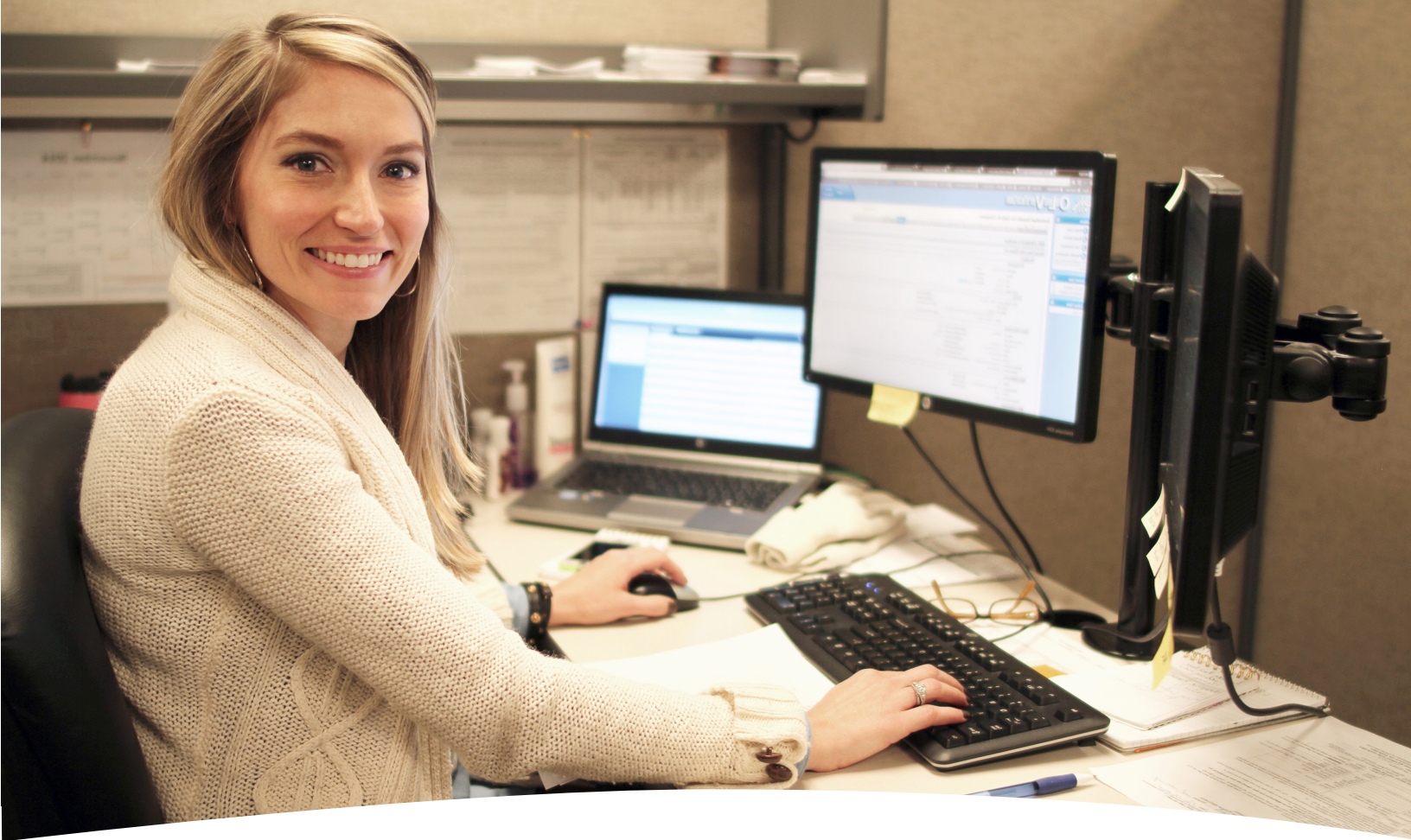
LIFE STATUSCHANGES

Adding, Changing or Ending Benefits other than during Open Enrollment

If you have a qualifying life event, you must notify Human Resources **within 30 days** of the change. If you do not notify Human Resources, you must wait until Open Enrollment or another qualifying life event to make changes to your current benefits. Documentation of these changes is required.

Examples of a life event:

Birth of a child, death of a dependent, legal separation, divorce – If you have a family status change, we encourage you to contact Human Resources to fully understand your options.



PRE-TAX PREMIUM PLANS

If you have received medical care recently, you know how important health insurance can be in preventing financial hardship for yourself and your family. The County of Buncombe Pre-Tax Premium Plan is one way we are trying to keep the cost of our group insurance coverage as affordable as possible.

As an employee of Buncombe County, you can choose to carry group medical and dental insurance coverage on yourself and your dependents under the Pre-Tax Premium Plan. Your cost of 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.



HEALTHINSURANCEPLANS

Buncombe County remains committed to providing affordable quality health care coverage for our employees. With our PPO plans through Blue Cross Blue Shield of NC (BCBSNC), you may receive care in-network and out-of-network. However, if you visit an out-of-network provider, you are responsible for more of the costs for services. Having a PPO plan gives you the security of knowing you can receive care no matter where you are.

The Blue Cross Health Insurance Plan Summaries are posted on *County Central *Document Central *Benefits.

As always if you need any assistance, please contact the Employee Benefits at **250-4168** or send an email to **laura.calloway@buncombecounty.org**.

	BUY-UP PLAN Employees hired on or AFTER 01/01/2010	CORE PLAN Employees hired on or AFTER 01/01/2010
Deductibles: (per calendar year)	Individual \$400 Family \$750	Individual \$650 Family \$1,000
Coinsurance Maximum: (per calendar year)	Individual \$750 Family \$1,750	Individual \$1,250 Family \$2,750
Out-of-Pocket Maximum: (per calendar year)	Individual \$1,150 Family \$2,500	Individual \$1,900 Family \$3,750
Physician Office Services Office Visit Primary Care Office Visit or Specialist	\$25 co-pay \$40 co-pay	\$25 co-pay \$40 co-pay
Short-term Rehabilitative Therapies - 30 combined visits per calendar year for physical, occupational & chiropractic care. 30 visits per calendar year for speech.	\$40 co-pay	\$40 co-pay
Prescription Drugs Generic - Tier 1 Generic - Tier 2 Preferred Brand Brand Specialty Drugs	In-Network Pharmacy \$0 \$10 \$40 \$50 \$50 - \$100	In-Network Pharmacy \$0 \$10 \$40 \$50 \$50 - \$100
Ambulatory Surgical Center	20% after deductible	30% after deductible
Inpatient Hospital	20% after deductible	30% after deductible
Urgent Care Centers Emergency Room Visit	\$40 co-pay \$150 co-pay	\$40 co-pay \$150 co-pay
Mental Health and Substance Abuse Office Visits/Outpatient Inpatient	Certified \$40 co-pay 20% after deductible	Certified \$40 co-pay 30% after deductible
Skilled Nursing Facility (60 days per calendar year)	20% after deductible	30% after deductible
Home Health Care, Ambulance, Durable Medical Equipment, and Hospice	20% after deductible	30% after deductible
Vision Care Comprehensive Eye Exam	\$25 co-pay	\$25 co-pay



EMPLOYEE HEALTH CLINIC

We want to encourage regular and probationary employees and their family members who are enrolled on one of our health insurance plans to utilize the Employee & Family Health Clinic. Here are some of the reasons why:

- Low cost of only \$5 (A visit to your primary care doctor is \$25);
- On-site (40 Coxe Ave.);
- Scheduled appointments with little or no waiting time before seen;
- No cost for generic drugs and most often, you will leave with your prescription in hand;
- Health services for minor injuries or minor ailments;
- Employees being seen at the clinic do not use their leave time;
- When you bring your child to the clinic, you will not be charged sick leave for the first hour;
- Save time and money by using the Employee and Family Health Clinic.

To schedule an appointment, please call **250-6150** between **7:30 a.m. - 4:00 p.m.**

HEALTH SERVICES FOR **COUNTY EMPLOYEES** AND THEIR FAMILIES

The Buncombe County Employee & Family Health Clinic offers quick access to health care for County employees and their family members.

Clinic hours:

7:30 am to 4:00 pm Monday through Friday
40 Coxe Ave.

Cost: \$5 co-pay per visit
 \$0 co-pay per generic prescription
 \$6 co-pay per brand name prescription filled @ the clinic
 (For BCHC clinic visit only)

To schedule an appointment call **250-6150** between 7:30 am – 4:00 pm
You can be seen for:

- Fever, chills, sweats
- Cough and/or common cold
- Bronchitis
- Sinusitis and/or sinus drainage and/or congestion
- Sore throat and/or tonsillitis
- Ear ache
- Headaches
- Stomachache, nausea and/or vomiting
- Body aches and/or fatigue
- Mouth sores and/or gum pain
- Painful or swollen joints
- Muscle aches and/or pains
- Strains and/or sprains
- Abrasions and/or bruises
- Constipation and/or diarrhea
- Bladder infection and/or urinary symptoms
- Rash, eczema and/or dry skin
- Insect bites and/or stings
- Swelling and/or inflammation

Health services will be available to all employees, spouses and dependents enrolled on our group health plan. Employees coming to the Employee and Family Health Clinic do not have to use their sick leave. If an employee brings their child or dependent to the Employee Health Clinic, they will not be charged sick leave for the first hour. However, any time away from the work site beyond the first hour will be charged as sick leave.

Remember if you have an emergency, go to the Urgent Care or Emergency Room for treatment. Also, if your condition is considered to be a chronic medical condition such as asthma or diabetes, you will need to be seen by your primary health care provider.



DENTAL INSURANCE

Dental Services

UCR* = Usual, Customary, & Reasonable Amount

Diagnostic & Preventive Services
Routine Oral Exams, Cleanings, X-rays,
Fluoride Application, Sealants

100% of UCR* Paid by BCBS

Basic Services
Routine Fillings, Oral Surgery, Simple
Extractions, Endodontic Treatment

80% of UCR* Paid by BCBS after Dental Deductible

Major Services
Crowns, Inlays, On-lays, Dentures,
Periodontal Services, Dental Implants

50% of UCR* Paid by BCBS after Dental Deductible

Benefit Period Deductible:
Applies to Basic and Major Services

Individual – per calendar year

\$25

Family – per calendar year

\$75

**Benefit Period Maximum – Per
Individual Per Calendar Year**
(Includes Diagnostic & Preventive,
Basic and Major Services)

\$2,500

Orthodontic Services
For eligible members through age 18

50%

Lifetime Orthodontic Maximum

\$5,000

- Exam and cleaning covered twice per calendar year
- Bitewing X-rays covered once per calendar year
- Full-mouth or panoramic X-rays limited to once every 3 years
- Fluoride applications covered through age 18; twice per calendar year
- Sealants for first and second molars covered for ages 6 – 15 (one reapplication per tooth every 5 years)
- Crowns, inlays, on-lays covered once every eight years per tooth



BLUE20/20VISIONPLAN

Blue Cross Blue Shield is offering an optional Vision Plan for glasses and contact lenses. Blue 20/20 vision coverage will make lenses and frames more affordable. You'll have access to 65,000 providers at both independent and retail locations including LensCrafters, JCPenney, Sears, Target and Pearle Vision. Blue 20/20 has online access at blue2020nc.com to review your benefits, find a provider, check claim status and access eye health information.

<i>Vision Care Services</i>	<i>In-Network Member Benefit</i>	<i>Out-of-Network Benefit</i>
Frames, Lenses & Lens Options	\$250 allowance, 20% discount off remaining balance	\$125 Reimbursement
<i>Contact Lenses:</i>		
Conventional	\$250 allowance,	\$200 Reimbursement
Disposable	15% discount off remaining balance	
Medically necessary	\$250 allowance Available at \$0 copay	
<i>Laser Vision Correction:</i>		
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	Not covered
<i>Frequency:</i>		
Frames & lenses or contact lenses	Allowance available once every 12 months	

Not covered: Lost or broken lenses, frames, glasses or contact lenses; non-prescription lenses, contact lenses or sunglasses; two pairs of glasses in place of bifocals. Discounts apply to materials only and not fittings for contact lenses.

WELLNESS PROGRAM

BC FIT WELLNESS POINTS PROGRAM

Preventable conditions are a leading driver of health care costs. Preventable illness makes up approximately 90% of all health care costs and more than that, preventable illness also accounts for eight of the nine leading categories of death. Our Wellness Point Program is designed to help you prevent illness and be more active and healthy. The program is for employees who are enrolled on our health insurance plan. Employees may participate two times per year with the starting dates of January 1 and July 1. Each employee is responsible for obtaining documentation for each series of points. At the end of each 6 month period, submit the points form with a total of 150 points or more with the documentation to Human Resources and receive 8 hours Healthy Hours Earned (HHE).

FAQ'S

Who is eligible to participate?

All employees enrolled on the County's health insurance may participate.

How do I start the Wellness Points Program?

Go to County Central/Wellness and choose the Wellness Points Program Form, this is where your series of points and the points value is located,

How do I access the Health Risk Assessment?

www.mybcbsnc.com - Enroll with your user ID and password, if you have not logged in previously, you will need information from your BCBSNC card.

What are the approved devices and apps for tracking running, walking and biking?

a. Suggestions for free apps that are available through your phone or computer are:

- Endomondo - (www.endomondo.com) available for iPhone, Android, Blackberry, Windows Phone and Nokia
- RunKeeper - (www.runkeeper.com) available for iPhone and Android
- Sports Tracker - (www.sports-tracker.com) available for iPhone, Android, Windows Phone and Nokia

b. Heart Rate Monitor/GPS Watch

c. FitBit

d. Actiped or similar device

Do I have to keep up with my points?

You are responsible for keeping up with your points and your documentation.

What kind of documentation do I need?

For each series of points there is documentation listed that you need to acquire.

Will my points transfer from one 6 month period to the next six month period?

Each six month period is a new start – points may not transfer.

Who should I contact if I have questions?

Please contact Human Resources at 250-4166 or at hr@buncombecounty.org

CONDITIONCARE

Do you or your dependent have a chronic health condition?

High Blood Pressure

High Cholesterol

Diabetes

Asthma

Depression

A program is available to **put you in control of your chronic condition**. Program highlights include:

Education – Participants learn about their chronic condition, medication, how to monitor and what lifestyle changes may be helpful

Support – Pharmacist care manager provides you with the ongoing support needed to help you succeed.

FAQ

What's in it for me?

Incentive awards for routine program compliance.

What about my current pharmacist?

Pharmacist care manager does not replace your community pharmacist. You continue to get your prescriptions through the pharmacy of your choice.

How much does this program cost?

The program is free to all Buncombe County employees, spouses, domestic partners and dependents covered on the County's medical insurance.

FLEXIBLE SPENDING ACCOUNTS

There are two categories of Flexible Spending Accounts (FSA): Medical Care and Dependent Care. The administrator of our plan is Health Smart. 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

What is a Flexible Spending Account (FSA)?

A Medical FSA is an employer-sponsored benefit that allows you to pay for certain non-covered medical, dental, vision, and prescription drug expenses with Pre-Tax income which means prior to being taxed. A Dependent Care FSA allows you to pay for day care expenses on a Pre-Tax basis. Without FSA, medical and day care expenses are paid for with after-tax dollars.

How do I know how much money to contribute to my FSA?

The Medical FSA has a minimum annual contribution limit of \$260 and a maximum annual contribution limit of \$2,650. 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.

The IRS modified the longstanding “use-or-lose” rule. To make Medical FSAs more consumer-friendly and provide added flexibility, plan participants may carry over up to \$500 into the next plan year. This will permit employees to use their Medical FSA accounts the next plan year instead of forfeiting the unused amounts. **Please note:** The rollover funds will not be available for use until April 1st of the following year after the completion of the current plan year’s 90 day run out period.

How does the FSA MasterCard factor in?

Your Medical FSA MasterCard is loaded with the entire amount you elect so you may begin using it right away. The Dependent Care FSA MasterCard is loaded bi-weekly with your payroll contribution amount. Use your FSA MasterCard to pay for qualified expenses or you may pay the expense out-of-pocket and submit a claim form along with the receipt for reimbursement. A Reimbursement Claim form is available on *County Central *Document Central *Human Resources *Flexible Spending Account.

What are the regulations for over the counter products?

Most over-the-counter (OTC) drugs and medicines have to be accompanied by a Medical Necessity Letter from your doctor in order to be reimbursed. You will pay out-of-pocket for the product and then submit a claim form along with the receipt and the Medical Necessity Letter to Health Smart. Once it is approved by Health Smart, you will be reimbursed. The Medical Necessity Letter and Reimbursement Claim Forms are available on *County Central *Document Central *Human Resources



EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program provides confidential and professional assistance to help resolve problems that are affecting you and your family.

- You must be a regular employee to use the Employee Assistance program.
- If you or members of your family are experiencing family, emotional or other problems, please call the Employee Assistance Network to make an appointment with a qualified professional. In Asheville area call : 252-5725 and in the Hendersonville area call 697-2953.
- You are eligible for the program when employment begins.
- You are no longer eligible for the program when your employment ends.
- Buncombe County has prepaid the cost of the initial evaluation and the brief counseling session(s). If further counseling is recommended, additional costs are the responsibility of the employee.

For more information about the Employee Assistance Program, please visit the Employee Assistance Network.



LIFE INSURANCE

BASIC LIFE INSURANCE AND AD&D INSURANCE

Life insurance can be a safety net that catches a family when tragedy strikes. It can be the heart of a family's financial security. No one likes thinking about it but if your family depends on you, then this is a subject you can't avoid. Buncombe County currently provides, at no cost to employees, \$30,000 basic life insurance plus \$30,000 accidental death and dismemberment (AD&D) insurance. All eligible employees are insured for the \$30,000 basic life insurance and \$30,000 AD&D regardless of age.

SUPPLEMENTAL LIFE INSURANCE AND SPOUSE LIFE INSURANCE

The supplemental life insurance and spouse life insurance rates remain the same. Employees may add or increase the supplemental life and/or spouse life insurance coverage by submitting an Evidence of Insurability (EOI) form to HR in order to receive the approval or denial determination from our life insurance company. The EOI forms are available on *County Central *Document Central *Human Resources *Open Enrollment.

Supplemental life insurance covers the employee in the amounts of \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000. The amounts decrease 35% at age 65 and 50% at age 70. Spouse life insurance is available in the amount of \$10,000 or \$25,000. The amounts decrease 35% at age 65 and 50% at age 70.

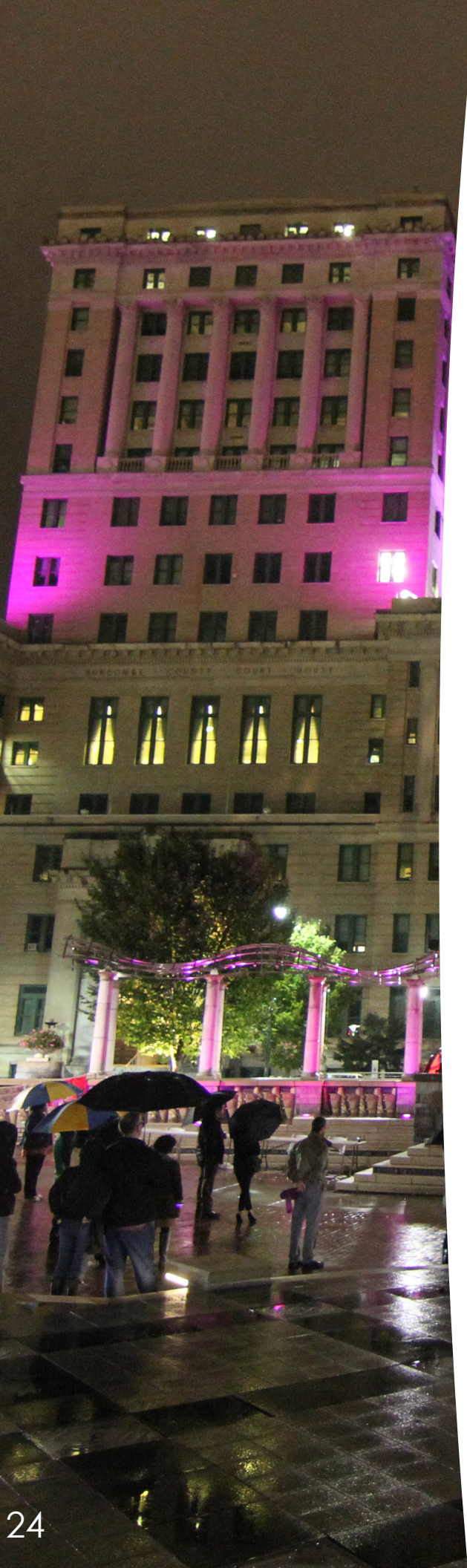


SHORT TERM DISABILITY

Short Term Disability benefits are payable when you become disabled 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. You have 90 days to file a claim from your first day of disability.

Benefits are payable for up to 26 weeks or to the end of the period of disability whichever occurs first. Pregnancy is approved for 6 weeks unless medical necessity is to remove you from work prior to delivery. In order to receive benefits you must be under the care of a licensed physician. US Able Life will require a physician's update form to be completed every 6 weeks, or sooner, depending on how the physician completes the forms. This form must be based on a doctor's visit to be valid.

You pay your Short Term Disability benefits with after tax dollars therefore this is NOT taxable income. The amount you elected to be paid per week is what you will receive. No taxes are withheld.



POLICIES

All Buncombe County policies are located on
County Central – Document Central-Human
Resources – Other Policies

As a Buncombe County employee, it is your
responsibility to go to County Central and view
the policies and procedures listed here:

- Drug Free Workplace
- Buncombe County Drug and Alcohol
- Internet Use
- Life Insurance Beneficiaries
- Responsibility of Employee
- Tobacco Product Policy
- Travel Policies and Other Info
- Vehicle Policy

The following information is located in the
Personnel Ordinance and also on County Central
under Human Resources:

- ADA Grievance Procedure
- Grievance Procedure
- Family and Medical Leave Act Summary
- Sexual Harassment Policy
- Disciplinary Action Policy
- Leave Without Pay Policy and other Leave of
Absence Policies

If you have any questions on any County
Policies, please contact Human Resources or
refer to the Personnel Ordinance located on
County Central.



PAYROLLFAQ'S

When do I get paid?

Payroll periods are on a biweekly basis. Our payroll period is on a two week delay.

For example: Pay period Saturday January 8, 2016 – Friday January 22, 2016 would be paid on Friday February 5, 2016.

How do I change my Direct Deposit?

Changes to your direct deposit and tax exemptions can be done through the Workday home page.

Can I have money deposited into more than one account?

Yes, you may add additional direct deposit accounts. This will reflect on EVERY payment you receive. Your deposits may be in multiple banks.



Employee Interests

[Birthdays](#)[Commissioner's Agenda](#)[Condition Care](#)

County Discounts

Note:

Employees wishing to purchase discount tickets for family/friends must accompany the purchaser. We will accept cash from the purchaser or a check from the employee. We will continue to accept checks from churches and other non-profits. Please bring your Buncombe County I.D. with you when making these purchases. If you purchase tickets with cash, please have the correct change.

COUNTYDISCOUNTS

A wide range of discounts are available by simply showing your County Employee ID card to many local business participating in our program.

The Employee Discount Card Program was started with the purpose of showing support and thanks for the great job County employees do of serving the citizens. The program has been a tremendous success, benefiting both the employee and the participant companies.

Other Discount tickets are available through Human Resources such as Regal Movie Tickets, Asheville Tourist, Biltmore Estate and many more. Please see County Central for more details.

SUMMARY OF DENTAL BENEFITS

Additional Benefit Endorsement As Selected by the PLAN ADMINISTRATOR

This section provides a summary of your Blue Options benefits. A more complete description of your benefits is found in "COVERED SERVICES." Exclusions may also apply - please see "What Is Not Covered?" As you review the chart, keep in mind:

- Deductible and coinsurance amounts are based on the ALLOWED AMOUNT
- Coinsurance percentages shown below are the part of the ALLOWED AMOUNT that you pay
- DENTAL SERVICES in the following summary of benefits do not apply to the medical deductible or the medical OUT-OF-POCKET LIMIT.

Please note: Blue Cross NC has contracted with certain PROVIDERS for DENTAL SERVICES. If you receive DENTAL SERVICES from PROVIDERS who have contracts with Blue Cross NC, you only pay the coinsurance amount and any applicable deductible listed below. If you receive DENTAL SERVICES from PROVIDERS who do not contract with Blue Cross NC, in addition to the coinsurance and any deductible listed below, you may be responsible for the difference between the PROVIDER'S actual charge and the ALLOWED AMOUNT. For a list of PROVIDERS who have contracted with Blue Cross NC, see Blue Cross NC's website at BlueCrossNC.com.

Dental Blue - Traditional Plan

BENEFIT PERIOD - January 1, 2019 through December 31, 2019

DENTAL SERVICES	Your Cost
Diagnostic and Preventive Services	0%
Basic Services	20% after dental deductible
Major Services	50% after dental deductible
Individual Dental Deductible per BENEFIT PERIOD, includes basic and major services	\$25
Family Dental Deductible per BENEFIT PERIOD, includes basic and major services	\$75
Dental BENEFIT PERIOD MAXIMUM per individual, includes diagnostic and preventive, basic and major services	\$2,500
Orthodontic Services	50%
Orthodontic LIFETIME MAXIMUM	\$5,000

Dental Benefits

Your dental benefits provide coverage for the services listed below, which may be obtained from any eligible PROVIDER of DENTAL SERVICES. For information about how to enroll for dental coverage, see "When Coverage Begins and Ends."

Diagnostic and Preventive Services

Many dental expenses result from problems that could have been prevented by regular checkups. The PLAN helps you avoid such expenses by providing benefits for preventive services.

The following are COVERED SERVICES:

- Oral evaluations
 - periodic (twice per BENEFIT PERIOD)
 - comprehensive oral or periodontal (limit one per PROVIDER and one per BENEFIT PERIOD, counts toward periodic frequency limit above)
 - limited, detailed, problem focused (twice per BENEFIT PERIOD)
- Consultations (once per PROVIDER, only covered if no other services except x-rays performed)
- Cleaning - prophylaxis, (twice each BENEFIT PERIOD). NOTE: A prophylaxis performed on a MEMBER under the age of 14 will be covered as a child prophylaxis.
- X-rays
 - full-mouth or panoramic for MEMBERS ages 6 and older (limited to once every three years unless taken for diagnosis of third molars, cysts, or neoplasms)
 - supplemental bitewings - x-rays (maximum of four films per BENEFIT PERIOD)
 - vertical bitewings (limit of one set per BENEFIT PERIOD, associated with periodontics)
 - periapical and occlusal x-ray of a tooth (limited to four films per BENEFIT PERIOD)
 - extraoral (two films per BENEFIT PERIOD)
- Pulp-testing (limited to one charge per visit, regardless of the number of teeth tested)
- Topical fluoride application (twice each BENEFIT PERIOD, covered through age 18)
- Interim caries arresting medicament - Limit of one application per tooth, per lifetime for posterior primary teeth only. Covered through age 6.
 - Silver diamine fluoride
- Palliative EMERGENCY treatment for relief of pain only (limit of two per BENEFIT PERIOD)
- Sealants for first and second permanent molars for MEMBERS ages 6 through 15 (one reapplication per tooth every 5 years)
- Space maintainers - devices to keep space from closing after loss of a primary tooth (limited to DEPENDENTS through age 15, one tooth per lifetime)
 - Recementation (limit of three per lifetime, not within six months of placement)
- Diagnostic casts - only if not related to orthodontic or prosthetic services.

Basic Services

The following are COVERED SERVICES:

- Routine fillings to restore diseased teeth, including interim therapeutic restoration (limit of one restoration per tooth every two years, unless new decay appears)
 - amalgam
 - composite resin
- Simple extractions
- Surgical extractions
- Complex oral surgery
 - oroantral fistula closure/closure of sinus perforation (once per tooth)
 - surgical access of unerupted tooth to aid eruption (once per tooth)
 - transseptal fibrotomy (once per site every three years)

COVERED SERVICES (cont.)

- alveoloplasty (once per site every three years)
- vestibuloplasty (once per site every three years)
- removal of exostosis (once per site every three years)
- incision and drainage of intraoral abscess
- frenulectomy (once per site per lifetime)
- excision of hyperplastic tissue or pericoronal gingiva (once per site every three years)
- Anesthesia limited to deep sedation and intravenous when CLINICALLY NECESSARY and related to covered complex oral surgery or surgical extractions when three or more quadrants are involved
- Stainless steel crowns
 - primary posterior (one per tooth per lifetime)
 - primary anterior (one per tooth every three years)
 - permanent (one per tooth every eight years)
- Endodontics
 - pulpotomy (once per tooth per lifetime)
 - retrograde filling (limit one per root)
 - root amputation (limit one per root)
 - endodontic therapy (once per lifetime and retreatment once per lifetime after 12 months from initial treatment)
 - apexification
 - hemisection (once per root per lifetime)
 - apicoectomy (once per root per lifetime)
 - periradicular surgery - including bone graft, biological materials and guided tissue regeneration (once per root per lifetime)
- Pin retention (limit of once per restoration).

Major Services

A DENTIST may use an artificial device to restore natural teeth or treat diseases of the gum and tissues around the teeth. Please note, treatment of crowns, bridges or gold restorations is deemed INCURRED when the tooth is prepared for the procedure.

The following are COVERED SERVICES:

- Inlays, onlays, crowns (one restoration per tooth every eight years, covered only when a filling cannot restore the tooth)
- Core build-up, cast post and core (one per tooth every eight years)
- Labial veneers, anterior only (one per tooth every five years)
- Complete dentures (once every eight years, no additional allowances for over-dentures or customized dentures)
- Removable partial dentures (once every eight years, no additional allowances for precision or semi-precision attachments)
- Fixed partial dentures (once every eight years, no additional allowances for removable partial dentures)
- Tissue conditioning done more than six months after initial delivery or rebasing or relining (once per 12 months per prosthesis)
- Denture relining done more than six months after the initial delivery (once every two years)
- Rebasing of complete and partial dentures done more than five years after the initial delivery (once every five years)
- Crown, partial and complete denture repairs and addition of teeth to existing partial dentures (limited to repairs or adjustments done after 12 months following the initial delivery)
- Replacement of broken teeth on partial or complete denture (once per tooth every three years)
- Recementing or rebonding of inlays, onlays, crowns and/or fixed partial dentures
- Occlusal guard, for treatment of bruxism only (once every five years).

Periodontics - treatment of the diseases of the gums and bone surrounding the teeth. The following are covered periodontal services:

- Crown lengthening (once per tooth every three years per site or quadrant)
- Root planing and periodontal scaling - active periodontal therapy (once per quadrant every three years)
- Full mouth debridement (once every five years)
- Provisional splinting (once every three years)
- Periodontal maintenance following active periodontal therapy (twice each BENEFIT PERIOD)
- Complex surgical periodontal care (limited to one complex surgical periodontal service per area every three years):
 - gingivectomy and gingivoplasty
 - gingival flap procedure
 - osseous surgery

COVERED SERVICES (cont.)

- bone replacement graft
- guided tissue regeneration
- soft tissue graft/allograft/connective tissue graft
- distal or proximal wedge.

Orthodontic Services

Benefits for a comprehensive orthodontic treatment are covered for all eligible MEMBERS. If you receive orthodontic treatment before your EFFECTIVE DATE, benefits may be available for further orthodontic services as long as you have satisfied any applicable WAITING PERIOD. The following are COVERED SERVICES and considered part of comprehensive orthodontic care:

- Diagnosis, including the examination, study models, x-rays, and other diagnostic aids needed to define the problem
- Appliance - Coverage includes the design, making, placement and adjustment of the appliance or device. Benefits are not provided to repair or replace an appliance or device.
- Treatment may include Phase I or Phase II treatment.

Phase I treatment is minor orthodontic treatment and can be paid in one total fee when treatment begins.

Phase II treatment is comprehensive orthodontics and is divided into multiple payments. The first benefit payment is 50 percent of your initial payment, but no more than half of the LIFETIME MAXIMUM for orthodontics. This is followed by monthly coinsurance payments based on the existing treatment plan, up to the LIFETIME MAXIMUM for orthodontics. In order for benefits to continue throughout the treatment plan, this PLAN must remain in effect, monthly maintenance claims must be submitted to the carrier, the MEMBER must remain enrolled on the PLAN, and the MEMBER'S orthodontic LIFETIME MAXIMUM must not be met.

Alternate Course of Treatment

In all cases involving services in which either you or your PROVIDER selects a course of treatment, benefits will be based on the procedures that are consistent with professional standards of dental practice for the dental condition. Clinical situations that can be effectively treated by a more cost-effective, clinically acceptable, alternative procedure will be assigned a benefit based on the less costly procedures. For example, gold, titanium and high noble metal restorations and prosthodontics will be covered at the level of noble metal procedures.

Pre-Treatment Estimate of Benefits

When the charges from a DENTIST for a proposed course of treatment are expected to be over \$250, a pre-treatment estimate of benefits is strongly recommended before any services are performed. You or your DENTIST can mail information to Blue Cross NC for a pre-treatment estimate of benefits. Blue Cross NC will provide information on the portion of the charges that will be allowed.

This chart lists documentation required for a pre-treatment estimate or payment:

	Restorations Single Unit Fixed	Periodontics	Restorations Multiple Unit Fixed	Endodontics	Oral Surgery	Anesthesia
Description	- Crowns, Inlays, Onlays - Build-ups - Cast post and cores	- Root planing and scaling - Osseous surgery	- Abutments - Pontics - Implant (if covered)	- Conventional endodontics and retreatments	- Surgical extractions (Including impactions) - Complex oral surgery	- General/Deep - IV sedation
Information Required for Claim Processing	- Pre-operative x-ray(s)	- Periodontal charting - Pre-operative x-ray(s) - Date of active therapy - Narrative Report for surgery	- Pre-operative x-ray(s) (full arch)	- Pre- and post-operative x-ray(s)	- Pre-operative x-ray(s) - Narrative Report	- Type used - Duration in 15 minute intervals - Narrative Report

Please mail the information to:
Blue Cross NC
Claims Unit
PO Box 2100
Winston Salem, NC 27102-2100

When You File a Claim

In order to process a claim, Blue Cross NC may need additional information and require proof of the condition and treatment of your teeth or mouth. For example, Blue Cross NC may request your complete dental chart, including:

- Dates of previous dental work
- Itemized bills
- X-rays
- Lab report
- Diagnostic casts, photographs or study models.

Dental Limitations And Exclusions

- Services or supplies deemed not CLINICALLY NECESSARY
- DENTAL SERVICES covered under your medical plan
- OFFICE VISITS for purposes of observation or presentation of dental treatment plan
- Hospitalization for any dental procedure
- Dental procedures performed solely for COSMETIC or aesthetic reasons, except when otherwise covered by your medical benefit plan. See "Dental Treatment Covered Under Your Medical Benefit" in your Medical Benefit Booklet.
- Dental procedures not directly associated with dental disease
- Procedures not performed in a dental setting
- Procedures that are considered to be EXPERIMENTAL, including pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics
- Placement of dental implants and any related services. This includes pharmacological regimens.
- Drugs or medications, obtainable with or without a PRESCRIPTION, unless they are dispensed and utilized in the dental office during the patient visit
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue
- Treatment of malignant or benign neoplasms, cysts, or other pathology, except for excisional removal. (Hard or soft tissue biopsies of neoplasms, cysts, or hard or soft tissue growths of unknown cellular makeup are not excluded.)
- Treatment of CONGENITAL malformations of hard or soft tissue, including excision
- Temporomandibular joint (TMJ) treatment, either bilateral or unilateral, and any associated services such as arthrogram including injections, TMJ films, tomographic survey, temporomandibular therapy, and occlusal orthotic devices
- Services received or begun prior to the MEMBER'S EFFECTIVE DATE of coverage, except as specifically covered by the PLAN
- Anesthesia, including local, regional block, trigeminal division block, nitrous oxide, analgesia, anxiolysis non-intravenous conscious sedation, except as otherwise covered by your benefit plan. Evaluation for deep sedation or general anesthesia
- Periodontal-related services such as anatomical crown exposure, apically positioned flap, and surgical revisions
- Attachments to conventional removable prostheses or fixed bridgework, including semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature
- Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO)
- Services for incision and drainage of an extraoral soft tissue
- Placement of fixed bridgework solely for the purpose of achieving periodontal stability
- Cleaning and inspection of a removable appliance
- Sealant repair
- Repair, replacement, rebonding, or recementing of orthodontic appliances or retainer
- Cone beam including the interpretation and post processing of images
- Cytology sample
- Application of desensitizing material
- Services for temporary or provisional pontic
- Services for pulp cap, direct or indirect
- Radiographs not specifically stated as covered are considered noncovered, such as skull and bone survey
- Tooth re-implantation or transplantation from one site to another
- Removal of foreign bodies or non-vital bones
- 3D photographic images
- Services related to the salivary gland

COVERED SERVICES *(cont.)*

- Surgical procedures, surgical placement of temporary anchorage device, LeFort, emergency tracheotomy and synthetic graft
- Tests, exams and oral pathology laboratory not specifically listed as a COVERED SERVICE
- Destruction of lesions by physical or chemical method
- Maxillofacial prosthesis
- Indirect resin-based composite crowns
- Temporary or provisional crowns and pontics
- Services related to the removal of odontogenic and nonodontogenic cysts
- Interim denture
- Removable unilateral partial denture (one-piece cast metal), including clasps and teeth
- Services for a brush biopsy
- Any dental services not specifically listed as a COVERED SERVICE.

BLUE 20/20 VISION PLAN

NEW FOR 2018!

Blue Cross Blue Shield is offering an optional Vision Plan for glasses and contact lenses. Blue 20/20 vision coverage will make lenses and frames more affordable. You'll have access to 65,000 providers at both independent and retail locations including LensCrafters, JCPenney, Sears, Target and Pearle Vision.

Blue 20/20 has online access at blue2020nc.com to review your benefits, find a provider, check claim status and access eye health information.

Vision Care Services	In-Network Member Benefit	Out-of-Network Benefit
Frames, Lenses & Lens Options	\$250 allowance, 20% discount off remaining balance	\$125 Reimbursement
Contact Lenses: Conventional Disposable Medically necessary	\$250 allowance, 15% discount off remaining balance \$250 allowance Available at \$0 copay	\$200 Reimbursement
Laser Vision Correction: LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	Not covered
Frequency: Frames & lenses or contact lenses	Allowance available once every 12 months	

Biweekly cost (24 per year)	Employee Only	Employee + Children	Employee + Spouse	Family
	\$4.86	\$9.71	\$9.23	\$14.28

Not covered: Lost or broken lenses, frames, glasses or contact lenses; non-prescription lenses, contact lenses or sunglasses; two pairs of glasses in place of bifocals. Discounts apply to materials only and not fittings for contact lenses.

15 years but less than 25 years	6.00%
25 years plus	7.00%

3. Eligibility requirements

- a. An employee must have an appointment in either a full-time regular or part-time regular position and regularly scheduled to work at least twenty hours or more per week. No other employees are eligible for longevity payment.
- b. Credit for the aggregate total service requirement shall not be given for temporary employment.
- c. Upon change of appointment to temporary part-time or less than half-time (twenty hours per week) the employee is ineligible for continued longevity pay.
- d. Credit shall not be given towards aggregate service time for any employment other than with Buncombe County.
- e. For persons rehired after July 1, 2016, the individual's total aggregate longevity county service shall be calculated from the date of rehire.

4. Effect of longevity pay

Longevity pay is not considered a part of annual base pay for classification and pay purposes, nor is it to be recorded in personnel records as a part of annual pay.

E. Severance pay

Severance pay is also considered a form of deferred compensation and *ARTICLE VIII. SEPARATION, DISCIPLINARY ACTION, AND EMPLOYEE APPEALS, Section 5. Reduction in Force* is hereby incorporated into this section.

F. Law Enforcement Officers Special Separation Allowance

This provides separation benefits to Law Enforcement Officers who complete thirty or more years of creditable service or be at least age fifty-five with five years of service, and have not attained age sixty-two.

G. Health Insurance Coverage after Retirement

1. Health insurance upon retirement per this Personnel Ordinance is considered deferred compensation. Upon retirement, eligibility for health insurance coverage is eliminated for all employees hired after June 30, 2015.
2. Costs of coverage:

- a. The cost of such group medical/hospitalization insurance shall be paid entirely by the County for the employee only and shall be paid only until attainment of age sixty-five by the employee.
- b. The qualifying retiree may also continue family coverage for dependents by paying the full difference between the total insurance cost and the cost of the individual coverage provided by the County. Provided, however, that qualifying retirees with dependents still entitled to coverage when the retiree reaches age sixty-five shall continue to receive the County paid premium for individual coverage and may continue dependent coverage at their own expense as long as they have eligible dependents.
- c. Effective March 1, 2004, employees retiring with twenty or more years of service with Buncombe County are able to continue health insurance coverage for their dependents at the same premium that active employees pay for dependent coverage. Dependents still eligible for coverage when the retiree reaches age sixty-five may continue coverage at the same premium that active employees pay for dependent coverage. This action will not be retroactive to employees who retired prior to March 1, 2004.

3. Eligibility for Coverage

- a. Any regular employee who, upon retirement qualifies for a monthly retirement benefit in accordance with the provisions of the N.C. Local Governmental Employees' Retirement System and has been covered by the County group medical/hospitalization plan for the three years immediately preceding retirement, shall be eligible to remain in the County group medical/hospitalization plan.
- b. Regular employees hired on or after July 1, 2008 must have twenty years of service with Buncombe County to be eligible for health insurance coverage after retirement.
- c. Any individual having held the office of County Commissioner for at least three terms shall be eligible for the same health insurance coverage as a retiring County regular employee.
- d. Eligible disabled retirees eligible for benefits under Title XVIII (Medicare) of the Social Security Act may remain covered hereunder until attainment of age sixty-five. Benefits hereunder will be paid with Medicare as the primary coverage and the County group medical/hospitalization plan as secondary coverage.
- e. Coverage for dependents may be continued until age sixty-five and/or Medicare coverage entitlement in the case of the spouse and until attainment of age twenty-six in the case of dependents. To the extent the provisions of this Personnel Ordinance are inconsistent with the Patient Protection and Affordable Care Act, the Patient Protection and Affordable Care Act will control. In any case, coverage ceases upon entitlement for Medicare/Medicaid. Upon the death of a retiree, insurance may be maintained by the decedent's dependents as long as the dependent premium is paid as established above.

H. Retirement Incentive Benefits

1. Eligibility

Any individual having held elected office for fifteen continuous years. Any regular employee having completed a minimum of twenty-five years of service with Buncombe County (fifteen continuous years for those employees required to be appointed by the Buncombe County Board of Commissioners) and having contributed to the N.C. Local Governmental

Employees' Retirement System for a minimum of twenty-five years (fifteen continuous years for those employees required to be appointed by the Buncombe County Board of Commissioners) shall upon retirement be eligible for the following benefit options.

2. Benefits Options:

The qualifying retiree or elected official may choose from one of the following:

a. Medicare Supplement Purchase Plan

- i. Upon the attainment of age sixty-five and eligibility for Medicare, the County of Buncombe shall purchase a monthly Medicare Supplement Plan F coverage and monthly Medicare Part D Prescription Plan for the remainder of the participant's life.
- ii. As future Medicare revisions and reforms take effect, should the current benefits of the Medicare Supplement Plan F and/or Medicare Part D no longer be offered, the County of Buncombe will provide the Medicare Supplement Plan and prescription drug plan that most closely mirrors the benefits of the Medicare Supplement Plan F and Medicare Part D.
- iii. Purchase of all coverage shall be from an authorized carrier of the County's choice.

b. Medicare Supplement Payment Plan

- i. Upon the attainment of age sixty-five and eligibility for Medicare, the County of Buncombe shall pay a monthly sum of \$268.00 for the purpose of purchasing a Medicare Supplement and assisting in prescription drug cost.
- ii. This amount shall be paid to the participant for the remainder of the participant's life.
- iii. The amount of \$268.00 shall not be decreased or increased as future Medicare reforms and revisions take effect.
- iv. Any and all payments shall terminate upon the participant's death.

c. Lump Sum Payment Plan

- i. Receive a lump sum payment equal to one-half the participant's annual salary.

3. Restrictions

- a. Any participant who accepts the benefits under this section or any other Buncombe County Retirement Incentive Agreement shall only be eligible to return to work in temporary non-benefited positions.
- b. The benefits in this section shall not be retroactive to employees who retired prior to September 1, 2006.
- c. Employees hired after June 30, 2014 are not eligible for the benefits in this section.

I. N.C. Firemen's and Rescue Squad Worker's Pension Fund

1. Any eligible Emergency Medical Service employee may make application for membership in this pension fund.

Buncombe County Government Updated Summary of Employee Benefits

Effective January 2019					
STANDARD HEALTH PLAN – EMPLOYEES HIRED BEFORE 01/01/2010	*Blue Cross Blue Shield PPO Plan *\$25 Primary Care Visit *\$40 Specialist Visit *\$25 Eye Exam *\$40 Urgent Care Visit *\$150 Emergency Room *5% co-insurance after deductible *Individual Deductible: \$300 *Family Deductible: \$600 *Maximum out-of-pocket: Individual \$750, Family \$1,500 *5 Tier Prescription Drug Plan: \$0 generic, \$10 generic, \$40 brand name, \$50 brand name, \$50-\$100 specialty drugs				
BUY-UP HEALTH PLAN - EMPLOYEES HIRED ON OR AFTER 01/01/2010	*Blue Cross Blue Shield PPO Plan *\$25 Primary Care Visit *\$40 Specialist Visit *\$25 Eye Exam *\$40 Urgent Care Visit *\$150 Emergency Room *20% co-insurance for other services *Individual Deductible: \$400 *Family Deductible: \$750 *Maximum out-of-pocket: Individual \$1,150 Family \$2,500 *5 Tier Prescription Drug Plan: \$0 generic, \$10 generic, \$40 brand name, \$50 brand name, \$50-\$100 specialty drugs				
CORE HEALTH PLAN - EMPLOYEES HIRED ON OR AFTER 01/01/2010	*Blue Cross Blue Shield PPO Plan *\$25 Primary Care Visit *\$40 Specialist Visit *\$25 Eye Exam *\$40 Urgent Care Visit *\$150 Emergency Room *30% co-insurance for other services *Individual Deductible: \$650 *Family Deductible: \$1,000 *Maximum out-of-pocket: Individual \$1,900 Family \$3,750 *5 Tier Prescription Drug Plan: \$0 generic, \$10 generic \$40 brand name, \$50 brand name, \$50-\$100 specialty drugs				
DENTAL INSURANCE	*\$2,500 annual maximum *Individual deductible: \$25 *Family Deductible: \$75 *100% Diagnostic & Preventive Care *80% Maintenance and Surgical Care *50% Periodontal Services, Dental Implants, and Complex Restorative Care *50% Orthodontics for children up to age 19 with a \$5,000 lifetime maximum				
VISION HARDWARE	Blue Cross Blue Shield Plan gives an annual \$250 allowance, with a 20% discount off the remaining balance for frames, lenses and lens options once every 12 months.				
BIWEEKLY RATES: STANDARD BUY-UP CORE DENTAL	EMPLOYEE	EMP/1 CHILD	EMP/CHILDREN	EMP/SPOUSE-DOM PARTNER	FAMILY
	\$25	\$40	\$70	\$65	\$70
	\$35	\$80	\$95	\$85	\$95
	\$20	\$40	\$65	\$50	\$65
	\$21	\$35	\$58	\$35	\$58
	\$4.86	n/a	\$9.71	\$9.23	\$14.28
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				
EMPLOYEE & FAMILY HEALTH CLINIC	*Health Care Services for employees and their family members enrolled on our health plan *\$5 co-pay per visit *\$0 co-pay per generic prescription and \$6 co-pay for all other clinic prescribed medications				
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				
401(k) SUPPLEMENTAL RETIREMENT INCOME PLAN	*Employer, Buncombe County, contributes 8% of employee's salary into investment plans of employee's choice *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				
457 DEFERRED COMPENSATION PLAN	*May defer a portion of salary through payroll deductions *Provides a tax shelter and investment opportunity				
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 *\$0.79 per \$10 of weekly benefit *Example: \$200 weekly benefit ÷ \$10 = 20 20 x 0.79 = \$15.80 monthly cost				
LONG TERM DISABILITY	*Local Governmental Employees' Retirement System disability for employees with five years of service				
SECTION 125 PRE-TAX PLAN	*Allows payment of health and dental insurance premiums with before-tax dollars *Taxable income is less and take-home pay is increased				

FLEXIBLE SPENDING ACCOUNT FOR HEALTH CARE AND DEPENDENT CARE REIMBURSEMENT	*Portion of income set aside in reimbursement account on a pre-tax basis *Account used to reimburse health care expenses (\$260 minimum up to \$2,700 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 \$30,000 & Accidental Death & Dismemberment of \$30,000			
SUPPLEMENTAL LIFE INSURANCE	*Optional supplemental life insurance amounts: \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000 *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/domestic partner and children *Guaranteed issue when first eligible			
SPOUSE LIFE INSURANCE	*\$10,000 or \$25,000 coverage on spouse *Premiums progress in five year increments based on age as of January 1 of each year *Guaranteed issue when first eligible			
HOLIDAYS	*Twelve paid County holidays			
SICK LEAVE	*12 days earned per year with unlimited accumulation *May be used for employee or immediate family member's illness, medical/dental appointments, death of a relative *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			
VACATION LEAVE (ANNUAL LEAVE)	YEARS OF SERVICE	If hire date is before 8/1/2002	If hire date is on or after 8/1/2002	If hire date is on or after 2/15/2011
	DAYS EARNED PER YEAR			
	Less than 2 years	12 days	10 days	10 days
	2 but less than 5 years	14 days	12 days	12 days
	5 but less than 10 years	18 days	16 days	14 days
	10 but less than 15 years	21 days	19 days	16 days
	15 but less than 20 years	24 days	22 days	18 days
	20 or more years	27 days	25 days	20 days
	Employees rehired or employees transferring from within the NC State Retirement System may use their time working in government 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.			
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			
MILITARY LEAVE	*15 days per year with partial compensation			
CIVIL LEAVE	*Jury Duty Leave with pay			
FUNERAL LEAVE	*Three days with pay for death of immediate family member			
PREMIER FEDERAL CREDIT UNION	*Membership open to the employees and family members *Checking and savings accounts, loans, IRA, and Christmas Clubs			
LOCAL GOVERNMENT FEDERAL CREDIT UNION	*Membership open to the employees and family members *Checking and savings accounts, loans, IRA, and Christmas Clubs			
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			
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%			
RETIREE HEALTH INSURANCE – only for employees hired BEFORE July 1, 2015	*County paid health insurance coverage for the retiree only until age 65 *Continuation of dependent coverage is available at a cost *After 20 years of service with Buncombe County, dependent coverage may continue at the employee rate			
RETIREE DENTAL	*Dental insurance coverage for retiree (until age 65) and their dependents at the employee rate			
RETIREMENT INCENTIVE PLAN	*Employees must have 25 years of service with Buncombe County and the NC Retirement System. *Choice of one of the following: (1) Medicare Supplement & Prescription Plan beginning at age 65 paid by Buncombe County (2) Medicare Supplement Payment Plan of \$268 per month beginning at age 65 paid by Buncombe County (3) Lump sum Payment Plan of ½ annual salary, paid at time of retirement			
CONSUMER PRICE INDEX (C.P.I.) SALARY ADJUSTMENT	*Across the Board Salary Adjustment during April based on prior year C.P.I.			