CUMBERLAND COUNTY
NORTH CAROLINA

July 1, 2023
Benefits Guide

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Welcome!

At County of Cumberland, North Carolina we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees.

Sincerely,

County of Cumberland, North Carolina

Eligibility

Eligible Employees:

You may enroll in the County of Cumberland, North Carolina Employee Benefits Program if you are a Full-Time employee working at least 30 hours per week. All permanent employees who work 20 or more hours per week will be enrolled in Employer Paid Life & AD&D.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse* and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship.

*Note: If your spouse is currently eligible under their own employer's health insurance, they are not eligible to be enrolled in the County's medical plan. If your spouse does not have a medical plan available as a benefit of employment, you must submit a **Spouse Employment Affidavit** to add them to your medical plan.

When Coverage Begins:

The effective date for your benefits is July 1, 2023. Newly hired employees and dependents will be effective in County of Cumberland, North Carolina's benefits programs on date of hire for medical benefits, and the first of the month following date of hire for all other benefits. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

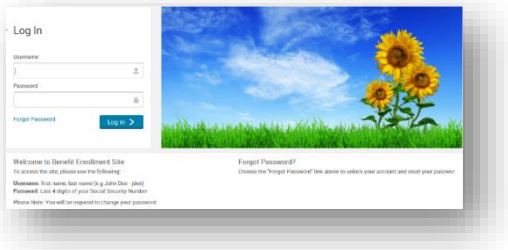
A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

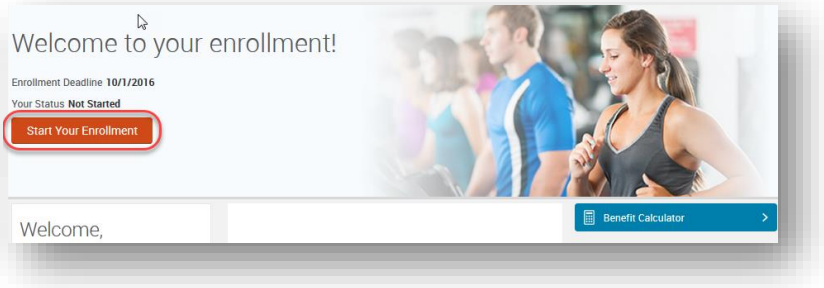
If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please log into the **Bswift Self-Service benefit portal** within the timeframe allotted to request these changes.

Bswift Employee Portal

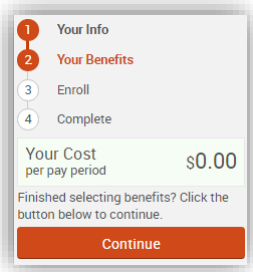
1. Login to Bswift at: https://cumberlandcounty.bswift.com
   - **Username**: your Employee ID number
   - **Password**: the last four digits of your social security number



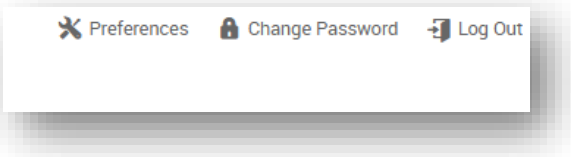
2. Click on **Start Your Enrollment**



3. Personal information
   Review and update (if applicable)
4. Family Information
   Add dependents (if applicable)
5. Selecting your benefits – all eligible plans type will be displayed
   View Plan Option to make elections



6. Review elections.
7. Review and Edit selections if necessary
8. Check the box to Agree and Finish Enrollment
9. View, Print or Email your confirmation statement
10. Once complete, please log out



Medical Insurance

County of Cumberland, North Carolina offers medical coverage through Blue Cross Blue Shield of North Carolina. The chart on the following page is a brief outline of the plan. Deductibles and Plan Year Maximums reset every **July 1**. Please refer to the summary plan description for complete plan details.

	Blue Cross and Blue Shield of North Carolina Blue Options $2000 14162087	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductible – Plan Year		
Individual	$2,000	$3,000
Family	$6,000	$9,000
Coinsurance	Covered at 80%	Covered at 70%
Maximum Out-of-Pocket		
Individual	$5,000	$6,000
Family	$12,000	$21,000
Physician Office Visit		
Primary Care	$30 copay	70% after deductible
Specialty Care	$50 copay	70% after deductible
Preventive Care		
Adult Exams & Well-Child	Covered 100%	70% after deductible
Diagnostic Services		
Lab Tests	100% covered if: Lab is the only procedure at provider's office using in-network lab. 80% at facility if performed with other services	70% after deductible
Radiology	80% after deductible (may require Pre-Auth)	70% after Deductible
Urgent Care	80% after deductible	70% after deductible
Emergency Room Charge	80% after deductible	70% after deductible
Inpatient Hospital	80% after Deductible	70% after deductible
Outpatient Services	80% after deductible	70% after deductible
Mental Health		
Inpatient	80% after deductible	70% after deductible
Outpatient	$30 copay	70% after deductible
Substance Abuse		
Inpatient	80% after deductible	70% after deductible
Outpatient	$30 copay	70% after deductible
Other Services		
Chiropractor	$30 copay	70% after deductible

	Blue Cross and Blue Shield of North Carolina Blue Options $2000 14162087	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)		
Deductible	$150 Waived for Tier 1 & 2	$150 Waived for Tier 1
Tier 1 and Tier 2	$10 copay	You pay the in-network cost plus the difference between the charged amount and the allowed amount.
Tier 3	$55 copay	
Tier 4	$70 copay	
Tier 5	You pay 25% With a $50 min and $100 maximum charge	
Mail Order Pharmacy (90 Day Supply)		
Tier 1 and Tier 2	$25 copay	Not covered
Tier 3	$137.50 copay	
Tier 4	$175 copay	
Tier 5	You pay 25% With a $125 min and $250 maximum charge	

RX Bin# 015905

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options - Non-Wellness	
Employee	28.46
Employee & Spouse	134.48
Employee & Child	87.61
Employee & Children	141.73
Employee & Spouse & Child(ren) (Family)	181.91

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options - Wellness	
Employee	13.46
Employee & Spouse	119.48
Employee & Child	72.61
Employee & Children	126.73
Employee & Spouse & Child(ren) (Family)	166.91

The County of Cumberland Onsite Wellness Center Clinic & Employee Pharmacy

The County of Cumberland Wellness Center Clinic

In the interest and well-being of our employees, we are proud to provide you with an onsite Wellness Center Clinic. You can visit the clinic for diagnoses and treatment of common illnesses such as a cold, allergies, pink eye, ear infections and other minor conditions. The Wellness Center Clinic also offers Lifestyle education and Health coaching for a variety of health and wellness risk factors such as diabetes and weight management. **Primary Care services are also offered**. See next page for more details.

Wellness Programs:

You can also join one of our many Wellness programs! There is a variety of classes to participate in such as: Running & walking, Weight Watchers, Eat Smart Move More Weigh Less and the Incentive Prize Program.

The County of Cumberland Employee Pharmacy

The County of Cumberland, North Carolina offers an onsite pharmacy, where employees covered under our health plan have access to preventative or Tier 1 prescriptions at no cost.

Cumberland County Employee Pharmacy

A Closed-Door Pharmacy serving Cumberland County Employees and Retirees

Main Pharmacy Line: 910-433-3861
227 Fountainhead Lane, Suite 104, Fayetteville, NC

Monday-Thursday 7 a.m.–5:30 p.m.
Friday 8 a.m.–3 p.m.
Saturday 9 a.m.–1 p.m.

We are closed Sundays and Cumberland County holidays.
We are also closed if County offices are closed due to inclement weather.

Discounted Copays for Insured Employees, Dependents, and Retirees

Tier 1 drugs:	$0 for 1-90 days' supply
Tier 2 drugs:	$25 for 1-30 days' supply
	$50 for 31-60 days' supply
	$75 for 61-90 days' supply
Tier 3 drugs:	$40 for 1-30 days' supply
	$80 for 31-60 days' supply
	$120 for 61-90 days' supply

OTC Medications

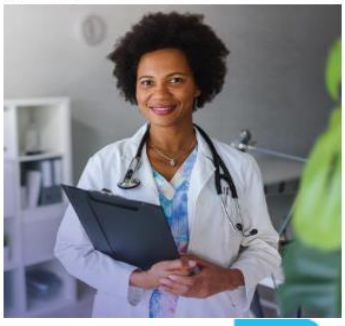
The Pharmacy sells a variety of OTC items at significantly reduced prices. Commonly stocked items include fever reducers, pain relievers, antacids, vitamins, first aid products, ointments, creams, and diabetic testing supplies. Only Cumberland County employees and retirees can purchase OTC items at the Pharmacy.

EMPLOYEE WELLNESS PROGRAM · YOU CAN DO IT

CUMBERLAND COUNTY
NORTH CAROLINA

Proactive MD

Cumberland County Employee Health Center



proactive md

Your first stop for healthcare for routine care, minor illnesses, or injuries. Your Cumberland County Employee Health Center Proactive MD Team will assess your symptoms and help you understand the best course of action.

226 Bradford Avenue, Fayetteville, NC
910-433-3847

Monday: 7:15 am to 3:30 p.m.
Tuesday: 7:15 a.m. to 3:30 p.m.

Additional information

- Primary Care services will be offered. If you do not have a primary care physician and need/want one, our Employee Health Center (EHC) **CAN BE** your primary care physician. Services will still be FREE to all employees, retirees, and eligible dependents that are on the county insurance plan. If you have a primary care physician, you can still use the EHC any time.
- All employees and retirees regardless of insurance coverage may use the EHC. Dependents age 2 and older who are covered on the county health plan may also be seen.
- Employees do not use sick leave to visit the EHC. If they are sent home by the provider because of illness, sick leave starts after departure from the EHC. If a pharmacy visit immediately follows and is part of the EHC visit, the pharmacy time will be included on the documentation. If the pharmacy visit is a separate drop off or pick up visit, employees must use leave.
- A nurse practitioner, patient advocate who is a licensed clinical social worker and certified medical assistant are on staff at the EHC.
- In person and virtual appointments are available.

CUMBERLAND COUNTY
NORTH CAROLINA

Above and beyond primary care

Proactive MD has partnered with Cumberland County to provide an employer-sponsored Health Center. Now you, your eligible dependents, and eligible retirees enrolled in the county health plan can receive exceptional primary whenever it's needed, at no cost to you.

Our Health Center offers services such as family medicine, acute care, prescriptions, lab work, and more. You have access to Proactive MD total wellness solutions where your provider and Patient Advocate will guide you through matters like weight-loss counseling, diabetes management, stress management, and smoking cessation.

Our providers and clinical care team practice medicine the way it was meant to be practiced: personally and proactively. We are here to serve you with compassion and transparency, and we promise to always fight for your greatest good. Come see what Care Without Compromise could mean for you!

Your Health Center Offers:

- Same-day sick appointments
- Less than 5-minute wait times
- Select onsite labs at no cost
- Mental health support
- Management of chronic conditions like diabetes and high blood pressure
- Disease and Illness prevention
- Treatments for common illness & infections
- Ear or sinus infection treatments
- Minor procedures
- And more!

Make an appointment to visit your new healthcare home and learn what else Care Without Compromise can do for you!

affordable, accessible, and effective. When you are a Proactive MD patient, you are never alone!

Stay Connected to Care

Communicating with your care team is simple.

Your patient portal allows you to request an appointment, ask your provider medical questions securely, and request prescription refills. You may contact the health center to request a link to sign up for the portal prior to your first appointment, or you can sign up while you are visiting the health center. To access the portal after registering, simply visit portal.proactive-md.com.

After-Hours Line

ACCESS TO A PROVIDER, 365 DAYS A YEAR

Your provider is available when your Health Center is not open, including after hours, on the weekends, and on holidays, at no additional cost.

Your provider can help you with:

- Understanding symptoms
- Medication advice & dosing
- Treating minor illnesses, cuts & injuries
- And much more!

1. Call your Health Center at **910.433.3847**
2. Leave a voicemail **Press "1" and leave a detailed message**
3. The provider will return your call!

**No controlled substances will be filled after hours.*
Contact your clinic during regular hours to refill a medication or schedule an appointment.

Smoking Cessation

QuitLineNC Smoking Cessation Program

About QuitlineNC
Since 2015, **Blue Cross NC members** have had access to QuitlineNC, a statewide, four-call tobacco cessation counseling program. Members work with a quit coach through a series of four phone calls. After completing all four calls, members receive a certificate of completion.

QuitlineNC Smoking Cessation Program Highlights through BCBSNC

- Up to 12 weeks of nicotine replacement therapy (NRT), **free of charge**, to all Blue Cross NC members
  NRT is available for two quit attempts per year, for up to 24 weeks each; 4 weeks at a time.
  NRT includes the patch, gum, lozenges, or combination; mailed to homes without prescription.
- Includes extra calls for pregnant women and people with certain BH conditions.
- Behavioral Health protocol:
  - Members with schizophrenia or bi-polar are automatically enrolled in the behavioral health protocol
  - Members with one of the other conditions are asked if that condition will interfere with their ability to quit. If they answer yes, they are enrolled in the behavioral health protocol.
  - A letter is sent to the participant's doctor letting them know their patient is trying to quit.
  - There is no charge to members for NRT or the behavioral health calls.

To participate:

- Call the Blue Cross NC dedicated quit line at 1-844-8NCQUIT (1-844-862-7848).
- **Indicate you are a Blue Cross NC member**, who is not with the State Health Plan or Medicare Advantage D.
- Share their Blue Cross NC health insurance ID number – preferred but not required
- **Enroll** in the multi-call program to qualify for the NRT.
- If members call the national Quitline (1-800-QUITNOW), they will still have access to BCBSNC QuitlineNC services as long as they identify themselves as a Blue Cross NC member.

Dental Insurance

The County of Cumberland, North Carolina offers two dental options through Delta Dental of NC. Deductibles and Plan Year Maximums reset **every July 1**. The lifetime maximum for orthodontia does not reset. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Delta Dental of North Carolina Dental High Plan 1312		Delta Dental of North Carolina Dental Low Plan 1312	
Benefits Coverage	In-Network	Out-of-Network 90th UCR*	In-Network	Out-of-Network MAC**
Annual Deductible – Plan Year				
Individual	$0	$50	$0	$50
Family	$0	$150	$0	$150
Waived for Preventive	Yes	Yes	Yes	Yes
Annual Maximum – Combined in and out of network				
Per Person / Family	$1,500		$1,250	
Preventive	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	50%	50%	50%	50%
Orthodontia				
Benefit Percentage	50%	50%	50%	50%
Adult and Children	Covered	Covered	Covered	Covered
Lifetime Maximum	$1,000		$1,000	

*High Plan Out-of-Network reimbursement is based on 90th Usual/Customary/Reasonable (UCR) fees per network zone.
**Low Plan Out-of-Network reimbursement is based on the carrier's Maximum Allowable Charge (MAC).

Employee Contributions (Semi Monthly 24 per yr)		
	Dental High Plan	Dental Low Plan
Employee	$17.40	$16.15
Employee & 1 Dep	$35.12	$32.62
Employee & 2+ Deps	$52.01	$48.31

Rollover Rewards

The rewards program is easy and **automatic**. To qualify for a Rollover Reward, you must receive at least one covered dental service (any service) within the plan year. That's it!

- If claims paid out by Delta Dental do not exceed the maximum 'threshold' amount of $500 (of your current annual plan maximum) then you will receive Rollover Rewards for the next plan year.
- Annual maximum dollars are used first. Rollover dollars are used after the annual maximum is met. Accumulated Rollover maximum is capped at $1,000.00.

✓ Reward with PPO or Premier providers, only (receive rollover of)...$350.00
✓ Reward if you visit any non-participating providers $250.00

Vision Insurance

The County of Cumberland, North Carolina offers a comprehensive Vision program through EyeMed. You're on the Insight Network. **Benefit frequency is on a rolling 12-month basis.**

The chart below is a brief outline of the plan. Members are also able to receive a $20 contacts lens discount at www.contactsdirect.com. Additional in-network discounts include 40% off additional prescription eyeglasses and 20% non-prescription sunglasses. Please refer to the summary plan description for complete plan details.

	EyeMed Vision Care Vision 1017024
In-Network Copay and Allowance - 12 month Frequency	
Routine Exams	$10 copay
Vision Materials	
Materials Copay	$10 copay
Lenses	Benefit varies by type of lens; single, bifocal, trifocal $10 copay Progressive lenses range in copays from $65 - $185 Covered every 12 months
Contacts	Elective contacts covered up to $150 allowance: 15% off balance Medically necessary contacts are paid in full Covered every 12 months
Frames	Covered at up to $150 allowance: 20% off balance Covered every 12 months
Out of Network REIMBURSMENT	
Routine Exams	Up to $50
Lenses	Benefit varies by type of lens; from up to $40 for single vision to $100 for lenticular Covered every 12 months
Contacts	Elective contacts covered up to $120 Medically necessary contacts up to $210 Covered every 12 months
Frames	Frames covered up to $105 Covered every 12 months

Employee Contributions (Semi Monthly 24 per yr)	
Vision	
Employee	$3.98
Employee & 1 Dep	$7.70
Employee & 2+ Deps	$11.31

Life and AD&D

The County of Cumberland, North Carolina provides Basic Life and AD&D benefits to eligible employees at no cost. This benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Lincoln Financial Life and AD&D	
Employee	
Benefit	$5,000
Conversion	If your coverage ends you have the option to convert your group coverage to an individual policy.

Voluntary Life Insurance

In addition to the employer paid Life Insurance coverage, you have the option to purchase additional Voluntary Life Insurance. Your election, however, could be subject to medical questions, or Evidence Of Insurability (EOI). Your contributions will depend on your age and the amount of coverage you choose. Enrollment after your initial eligibility or increases over the annual buy-up allowance will require EOI. See plan documents for more details.

Lincoln Financial Voluntary Life	
Benefit Options	
Employee	Increments of $10,000 to a maximum of $100,000 (not to exceed 5x your salary)
Spouse	Flat $10,000. Terminates at age 70
Child	Flat $5,000 (Birth to 6 months coverage is $1,000; auto increases to $5,000 at 6 months)

- All amounts are Guarantee Issue when first eligible.
- You must be enrolled yourself for your spouse and/or child(ren) to be enrolled.
- Rates are Age Banded. Login to the Employee Self-Serve Portal benefits portal to calculate the premium amounts.
- Portability and Conversion included.
- Benefit begins to reduce at age 65.

Annual Buy-Up Option for those enrolled in Voluntary Life Insurance

Evidence of Insurability (EOI) is not required to increase coverage (for those already enrolled) by two increments of $10,000 - up to $20,000 - during the Annual Enrollment Period, only. Enrollment after your initial eligibility or increases over the annual buy-up allowance will require EOI.

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Short-Term Disability

Voluntary Short-Term Disability (STD) benefits through Lincoln Financial Group replace up to 70% of your weekly salary. You may elect in $100 increments up to a maximum benefit of $500 per week. STD is income replacement should you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury (excluding on-the-job injuries which are covered by workers compensation insurance).

Benefits are available for either a maximum of 13 or 26 weeks depending on the option you choose. This benefit is provided to you on a Post-Tax basis. Please see the plan documents for complete details.

Voluntary Long-Term Disability

Voluntary Long-Term Disability (LTD) benefits through Lincoln Financial Group offers income protection if you become disabled and cannot work due to an accident or sickness for an extended period of time.

During the first 2 years, benefits are paid if you are unable to perform the duties of your "own occupation". After 2 years, you must be unable to perform "any occupation" for which you are reasonably suited. You can choose a benefit duration of a 5-year term or to have benefits paid to Social Security Normal Retirement Age, deductions are on a Post- Tax basis. Please see the plan documents for complete plan details.

Voluntary SHORT-TERM Disability (STD)		Voluntary LONG-TERM Disability (LTD)	
Benefit Options		Benefit Options	
% of Salary	Up to 70% if Weekly Salary	% of Salary	60% of Monthly Salary
Maximum Weekly Benefit	Up to $500 weekly, in $100 increments	Maximum Monthly Benefit	Up to $10,000
Elimination Period	0 Day Injury (Benefits begin on 1st day) 7 Days Illness (Benefits begin on 8th day)	Elimination Period	180 Days (Approximately 26 weeks)
Duration Period Options	Option 1: 13 weeks Option 2: 26 weeks	Duration Period Options	Option 1: Core- 5-year term Option 2: High - Social Security Normal Retirement Age
Pre-Existing Conditions	Your plan does not cover a disability due to pre-existing condition during the 12 months after your effective date for treatment received within 3 months prior to your effective date.	Pre- Existing Conditions	Your plan does not cover a disability due to pre-existing condition during the 12 months after your effective date for treatment received within 6 months prior to your effective date.

Please login to the Employee Self-Serve Portal benefits portal to calculate the premium amounts for the voluntary disability products illustrated.

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with County of Cumberland, North Carolina allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. The plan is administrated by **Sentinel Benefits.**

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

2023 IRS Maximum Election Limit	
Health Care FSA	$3,050
Dependent Care Account	$5,000

Please plan your FSA contributions carefully, as any funds not used by the end of the Grace Period will be forfeited. Re-enrollment is required each year.

Plan Guidelines:

- **Plan Year**: Runs from July 1st through June 30th each year.
- **Grace Period**: An additional 2 1/2 months to incur services, to September 15th.
- **Last day to submit claims**: 30 days after the grace period ends, until October 15th.

To pay at the point-of-service, use the Benny Card.

- Cards are good for 3 years.
- If you can't use the Benny Card, claims can be made Online, via Mobile App, Fax and/or Mail.
- Download the Sentinel Benefits Mobile App

Additional Offerings with CHUBB

Critical Illness

Voluntary Critical Illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness – such as deductibles, copays, and coinsurance. Premiums based on Issue Age and do not increase. No Evidence of Insurability (EOI) is required when first eligible. EOI will be required thereafter.

- Employee may choose a lump sum benefit of either $10,000 to $20,000
- When an employee enrolls, a child (up to age 26) benefit at 25% of employee benefit is included at no extra charge.
- Spouse benefit, if elected, is 50% of the employee benefit. Rate based on employee's age.
- Wellness specified screening benefit of $100 for each covered member.

Accident Insurance

Provides you and your family financial protection in the event of an accident, works as supplementary coverage to your health plan. Employee and family options. Available when first eligible and at each Open Enrollment. Guarantee issue, no Evidence of Insurability (EOI) required.

It pays a specified amount per off-the-job occurrence such as:

- Benefits for Initial Care Benefits (ER, Urgent Care, and Provider Visits)
- Hospital/Facility Benefits (Inpatient Hospital, Outpatient Hospital, Rehab, etc.)
- Other occurrences such as: ambulance, blood, burns, lacerations, x-rays, therapy, and more.
- Wellness specified screening benefit of $50 for each covered member.

See Benefit Schedule for details.

Life Insurance with Long Term Care Benefit

Only available during the annual Open Enrollment period. No Evidence of Insurability (EOI) required when first eligible (new hires must wait for first Open Enrollment). EOI is required thereafter.

Benefit

- Employee: Ages 19 - 70: $100,000 ($25,000 increments)
- Spouse up to age 60: 50% of employee amount to a maximum of $25,000 (1 medical question)
- Child: Up to $25,000 ($5,000 increments) regardless the number of children

Guaranteed Benefits

While the policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70. Even after age 70, it will never be less than 50% of the original death benefit, designed to last to age 99.

Paid-up Benefits

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid-up benefit is guaranteed.

Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed through age 100.

Benefits for Long Term Care

This plan pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.

Death Benefit Restoration

A percentage of the death benefit will be restored; assuring the beneficiary will receive a death benefit even if the original death benefit was fully accelerated for Long Term Care.

Employer Paid Benefits:

Employee Assistance Program and Global Travel Assistance

Employee Connect EAP Program

Employee Connect offers professional, confidential services to help you and your loved ones improve your quality of life,

In-person guidance:

- In-person help for short-term issues (**up to five sessions** with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

Unlimited 24/7 assistance:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning.

Online Resources

- Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow app for:
  - Articles and tutorials
  - Videos
  - Interactive tools, including financial calculators, budgeting worksheets, and more

For more information about the program, visit GuidanceResources.com, download the GuidanceNow mobile app, or call 888-628-4824. GuidanceResources.com login credentials:
Username**: LFGSupport** Password: **LFGSupport1**

Travel Connect© Global Assistance Program

Provides 24/7 benefits when traveling more than 100 miles from home. Services include, but are not limited to:

- Medical, dental, and pharmacy referrals, Corrective lenses and medical device replacement
- Recovering lost or stolen documents or luggage, ID recovery assistance, Language translation
- Emergency evacuation, Legal consultation
- Arranging travel if injured and need emergency evacuation to a medical facility, Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort

For a complete list of Travel Connect® services, go to MyOnCallPortal.com and enter **Group ID: LFGTravel123.**
Brochures on both the EAP and Travel Assist services are located on the Employee Self-Serve Portal benefits portal.

Benefit Resource Center

The Benefit Resource Center ("BRC") is Always Here to Help!

Our Benefits Specialists can help you:
choose the right plan, translate confusing jargon and answer questions about which benefits your employer offers. Plus, they can work directly with insurance carriers to resolve issues related to claims and denials of service—and more!

Benefit Resource Center
BRCEast@usi.com | Toll Free: 855-874-6699
Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

Mobile App

Benefits Information At Your Fingertips

County of Cumberland, North Carolina

Have you downloaded **MyBenefits2GO**? Access key coverage details and contact information from anywhere.

Search *MyBenefits2GO* and when prompted, enter code:

A82763

Available for iPhone and Android

- Eco-friendly. No more sifting through paper packets!
- Store and share your ID cards, view group ID numbers, and click-to-dial contacts.
- Available to the whole family.
- Find health coverage details when you need it.

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your annual benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero ($0) elections.

Contact Information

	CARRIER	PHONE NUMBER	WEBSITE
Medical	Blue Cross Blue Shield of North Carolina	1-888-206-4697	www.blueconnectnc.com
Pharmacy	Prime Therapeutics	1-888-274-5186	www.myprime.com
Dental	Delta Dental of North Carolina	1-800-587-9514	www.deltadental.com
Vision	EyeMed	1-866-804-0982	www.eyemed.com
Life and AD&D Short Term Disability (STD) Long Term Disability (LTD)	Lincoln Financial Group	1-877-275-5462	www.lincolnfinancial.com
Flexible Spending (FSA) Health Reimbursement Arrangement (HRA)	Sentinel Benefits	1-888-762-6088	www.sentinelgroup.com
Critical Illness and Accident	CHUBB	1-833-542-2013	www.chubbworkplacebenefits.com
Life with Long Term Care	CHUBB	To File a Claim call 1-855-241-9891 fax 1-603-352-1179 or email: CLAIMS@gotoservice.chubb.com	csmail@gotoservice.chubb.com
Benefits Coordinator - Julie Crawford	County of Cumberland	1-910-223-3327	jcrawford@cumberlandcountync.gov

This brochure summarizes the benefit plans that are available to County of Cumberland, North Carolina eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, deductibles and coinsurance apply as noted in this Benefit Guide.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

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

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

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

PATIENT PROTECTION DISCLOSURE

You do not need prior authorization from **BCBSNC** or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

NOTICE REGARDING WELLNESS PROGRAMS, ADA & GINA

The County of Cumberland, North Carolina wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will also be asked to complete a **biometric screening**, which will include a blood test for cholesterol ratio and glucose level, as well as waist circumference and blood pressure reading. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in this wellness program can receive **lower employee contributions for their medical premiums** for completing the screening and meeting certain biometric levels . Although you are not required to participate in the biometric screening, only employees who do so will have the opportunity to qualify for reduced medical premiums.

The information from the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, with the Health Coach in the Employee Clinic. You also are encouraged to share your results or concerns with your own doctor.

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for the purpose of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) The staff at Novant Health that conducts the screening, including the NP and RN in the Employee Clinic, who are also Novant employees, in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, contact Cumberland County's Benefit Coordinator, Julie Crawford, at 910-223-3327 or jcrawford@cumberlandcountync.gov .

WELLNESS PROGRAM DISCLOSURE, HIPAA

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be **unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.** Contact Tammy Gillis 910-678-7728 or tgillis@co.cumberland.nc.us, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants. No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $152 per day (up to a $1,527 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Julie Crawford / Benefit Coordinator
County of Cumberland, North Carolina
PO Box 1829 Room 451
Fayetteville, NC 28302
jcrawford@cumberlandcountync.gov

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

Privacy Notice

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20211, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:

Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective July 1, 2023
  Julie Crawford / Benefit Coordinator
  County of Cumberland, North Carolina
  PO Box 1829 Room 451
  Fayetteville, NC 28302
  910-223-3327 / jcrawford@cumberlandcountync.gov

Important Notice from County of Cumberland, North Carolina About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with County of Cumberland, North Carolina and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current County of Cumberland, North Carolina coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current County of Cumberland, North Carolina coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with County of Cumberland, North Carolina and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through County of Cumberland, North Carolina changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2023
Name of Entity/Sender:	County of Cumberland, North Carolina
Contact--Position/Office:	Julie Crawford / Benefit Coordinator
Address:	PO Box 1829 Room 451, Fayetteville, North Carolina 28301
Phone Number:	910-223-3327

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name County of Cumberland, North Carolina	4. Employer Identification Number (EIN) 56-6000291	
5. Employer address PO Box 1829 Room 451	6. Employer phone number 910-223-3327	
7. City Fayetteville	8. State North Carolina	9. ZIP code 28301
10. Who can we contact about employee health coverage at this job? Julie Crawford - Benefits Coordinator		
11. Phone number (if different from above) 910-223-3327	12. Email address jcrawford@cumberlandcountync.gov	

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Full time active employees working a minimum of 30 hours or more.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.
  - ☐ We do not offer coverage.

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

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

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

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