



July 1, 2020 Benefits Guide

Table of Contents

Welcome!.....	3
Eligibility.....	4
Medical Insurance.....	5
Onsite Wellness Clinic and Employee Pharmacy.....	7
Telehealth.....	8
NC Smoking Cessation Program.....	8
Dental Insurance.....	9
Vision Insurance.....	10
Life and AD&D.....	11
Voluntary Life and AD&D.....	11
Short-Term Disability.....	11
Long-Term Disability.....	12
Flexible Spending Accounts.....	13
Critical Illness.....	14
Permanent Life.....	14
Employee Assistance Program EAP.....	15
Global Travel Assistance.....	15
Benefit Resource Center.....	16
Changes in Benefit Elections.....	16
Contact Information.....	17
REQUIRED NOTIFICATIONS.....	19
1. Paperwork Reduction Act Statement.....	28



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.

You can also view overviews of our benefit plans by accessing our benefits website at <https://www.infinityhr.com>. Your benefit information is available 24/7 through the InfinityHR online portal.

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 are eligible for Basic Life & AD&D as of date of hire.

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, step-children 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, 2020. 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 **InfinityHR benefit portal** within the timeframe allotted to request these changes.

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		
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	80% after deductible	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
Telehealth	\$15 copay	Not Available

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	\$150 Waived for Tier 1
Generic (Tier 1)	\$10 copay	You pay the in-network cost plus the difference between the charged amount and the allowed amount.
Preferred (Tier 2)	\$55 copay	
Non-Preferred (Tier 3)	\$70 copay	
Preferred Specialty (Tier 4)	You pay 25% With a \$50 min and \$100 maximum charge	
Mail Order Pharmacy (90 Day Supply)		
Generic (Tier 1)	\$25 copay	Not covered
Preferred (Tier 2)	\$137.50 copay	
Non-Preferred (Tier 3)	\$175 copay	
Preferred Specialty (Tier 4)	Specialty not available through mail order	

RX Bin# 015905

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options - <u>Non-Wellness</u>	
Employee	\$25.50
Employee & Spouse	\$120.50
Employee & Child	\$78.50
Employee & Children	\$127.00
Employee & Spouse & Child(ren) (Family)	\$163.00

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options - <u>Wellness</u>	
Employee	\$10.50
Employee & Spouse	\$105.50
Employee & Child	\$63.50
Employee & Children	\$112.00
Employee & Spouse & Child(ren) (Family)	\$148.00

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. You can also join one of our many Wellness programs! There a variety of classes as well as sport teams to participate in such as: Running, walking & biking ~ Zumba & Yoga ~ volleyball, softball & basketball ~ Weight Watchers at Work Cooking classes ~ and a Wellness Garden.

The Wellness Clinic is located at 226 Bradford Avenue. Employees do not have to take sick leave to visit the clinic and do not have a co-pay. You can call (910) 433-3847 to schedule an appointment or go to: <http://co.cumberland.nc.us/departments/employee-wellness-group/employee-wellness-center-clinic>.

Hours of operation are Monday, Tuesday & Thursday 7:15 a.m. – 3:30 p.m.; Wednesday 8:15 a.m. – 5:30 p.m.; and Friday 7:15 a.m. – 1 p.m. *Provider unavailable from 12:15-12:45 p.m.

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.

The County of Cumberland Employee Pharmacy is located at 227 Fountainhead Lane, Suite 104. Phone # (910) 433-3861. The hours of operation are Monday – Thursday 7 a.m. – 5:30 p.m.; Friday 8 a.m. – 3 p.m.; and Saturday 9 a.m. – 1 p.m.

Who May Use the County of Cumberland Pharmacy?

Employees on the County's health insurance plan may use the pharmacy and not have a co-payment for most generic prescriptions. These individuals will also have cheaper rates for brand-name medications under the County's plan. Employees who do not have insurance may use the pharmacy but must pay the cost of the medication. The pharmacy will not file claims for any other insurance.

County Employee Pharmacy Copays 30-day supply - no deductible	
Tier 1	\$0 copay
Tier 2	\$25 copay
Tier 3	\$40 copay

Up to 90 days available

We also offer a variety of over the counter (OTC) medications at a significantly reduced price. Only County of Cumberland employees may purchase OTC items at the Employee Pharmacy.

Telehealth and Smoking Cessation

through Blue Cross and Blue Shield of North Carolina

Telehealth – included in our Blue Cross Blue Shield medical plan

With telehealth, you can see a **board-certified doctor** via secure online video from the MDLIVE app or your computer **24/7**. MDLIVE's doctors can diagnose symptoms, prescribe non-narcotic medication (if needed) and send e-prescriptions to your local pharmacy. This service also **includes** access to **Dermatology** and **Behavioral/Mental Health** providers.

Telehealth is a good care option for minor health problems when you can't see your regular doctor. Plus, it's often more convenient and cost effective than urgent care. There is even a convenient **MOBILE APP** available for consultations on the go....

Your Cost: Only a **\$15** Copay (half your Primary Care Copay) and is applied towards your medical Maximum Out of Pocket limit.

Signing up is easy!

Visit: MDLIVE.com/ncvideodoc and click 'Activate Now', or
Call: 888-657-9982

MDLIVE[®]



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.

2019 QuitlineNC Service Enhancements 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.
- Behavioral health protocol to QuitlineNC's services.
This includes additional calls, also free of charge, with a coach who is specially trained in mental illness and tobacco cessation. Members with depression, post-traumatic stress disorder, drug or alcohol use, generalized anxiety disorder, or attention deficit hyperactivity disorder are asked if their condition(s) will interfere with their ability to quit. If their answer is yes, they are enrolled in the behavioral health protocol.

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.
- **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 90 th UCR*	In-Network	Out-of-Network MAC**
Annual Deductible				
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	\$16.24	\$15.08
Employee & 1 Dep	\$32.78	\$30.44
Employee & 2+ Deps	\$48.54	\$45.09

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 a Vision program through EyeMed. You're on the Insight Network.

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	
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 REIMBURSEMENT	
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.

OneAmerica 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 and AD&D Insurance to cover any gaps in your existing coverage that may be a result of cost of living, existing financial obligations, etc. 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 elect. See plan documents for more details.

OneAmerica Voluntary Life and AD&D	
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)

- You must be enrolled yourself for your spouse and/or child(ren) to be enrolled.
- Rates are Age Banded. Login to the InfinityHR 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 and AD&D

Evidence of Insurability (EOI) is not required to increase coverage by one increment of **\$10,000** up to the maximum allowed amount 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 OneAmerica replaces 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 elect. 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 OneAmerica 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.

OneAmerica Voluntary SHORT-TERM Disability (STD)		OneAmerica 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 1 st day) 7 Days Illness (Benefits begin on 8 th 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 InfinityHR 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.

2020 IRS Maximum Election Limit	
Health Care FSA	\$2,750
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.



Additional Offerings

Critical Illness



Guardian Voluntary Critical Illness coverage provides a **lump-sum cash** benefit to help you cover the out-of-pocket expenses associated with a critical illness. Pay for treatment or expenses that your health insurance plan doesn't cover like deductibles, copays and coinsurance you incur for treating a serious illness like cancer or heart attack. Premiums based on Issue Age and do not increase. No Evidence of Insurability (EOI) required when first eligible or at open enrollment.

- Employee may choose a lump sum benefit of \$5,000 to \$20,000 in increments of \$5,000. If employee enrolls then;
- Child (birth to age 26) is 25% of employee benefit at NO EXTRA CHARGE.
- Spouse may choose a lump sum benefit of \$2,500 to \$10,000 increments of \$2,500 up to 50% of the employee benefit. Spouse rate based on employee's age bracket.
- Wellness Screening benefit of \$100 each for employee, spouse and/or child.

When you elect Critical Illness coverage, coverage details (certificate books, policy riders, confirmation of benefits) will be available online at GuardianAnytime.com. Guardian does not automatically mail the policies out to employee's homes. Login to the InfinityHR benefits portal to calculate the premium amounts.

If you leave the company, you have the option to port you Critical Illness coverage. Employees and dependents must be younger than age 70 on the date coverage under the group plan ends. (Although employees cannot port coverage after reaching age 70, ported coverage does not terminate at age 70.)

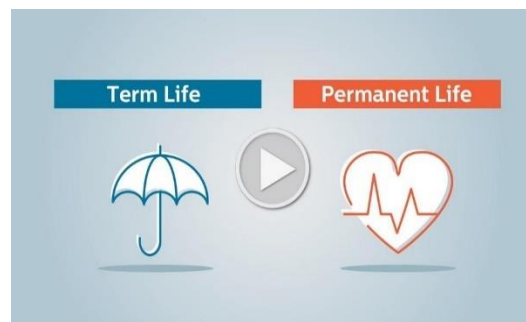
Permanent Life

Guardian Permanent life insurance provides lifelong protection and the ability to accumulate cash value on a tax-deferred basis. Unlike term insurance, it will remain in force for as long as you continue to pay your premiums. Premium rates based on age at time of (each) purchase and do not increase. EOI is waived when first eligible but required for any election or increase thereafter.

- Employee may choose amounts from \$10,000 to \$200,000 (GI). If employee enrolls then;
- Spouse may choose amounts from \$10,000 (GI) to \$100,000 not to exceed 50% of the employee amount, therefore an employee must elect \$20,000 to elect a spouse. Amounts over \$10,000 would require EOI.
- Child (birth to age 26) insurance is available for a flat \$10,000 (GI).

Rates are age banded and Tobacco/Non-Tobacco rated. Spouse's age determines spouse rate. Login to the InfinityHR benefits portal to calculate the premium amounts.

When you elect Permanent Life insurance, coverage details (certificate books, policy riders, confirmation of benefits) will be mailed to your home. You will automatically be direct billed upon termination if you have Permanent Life coverage.



Employer paid benefits:

Employee Assistance Program and Global Travel Assistance

ComPsych® Guidance Resources EAP Program

ComPsych® Guidance Resources EAP services are confidential and are designed to support you and your family with everyday issues that affect you most, such as:

COUNSELING: Confidential Counseling - includes 3 in-person visits per issue per year

- Stress management
- Relationship and marital conflicts
- Child and Elder care
- Grief and Loss

FINANCE: Financial Planning - speak by phone on such issues as,

- Debt, credit card or loan problem
- Tax questions, saving for college
- Retirement or Estate planning

LEGAL: Legal Support with free telephonic consultations. If representation is needed, free in-person 30-minute consultation and a 25% reduction in customary fees

- Divorce and family law, Debt and bankruptcy
- Landlord/tenant issues, Real Estate Transaction
- Civil and criminal actions, Contracts

WILLS: Free Online Will Prep through EstateGuidance®

- Name an Executor, choose a Guardian, provide burial instructions, and more

Contact: 855-387-9727

TDD: 800-697-0353

Online: www.guidanceresources.com

Company Web ID: ONEAMERICA3

Generali Global Assistance® Travel Assistance

Provides benefits when traveling more than 100 miles from home on a trip that last 90 days or less for business or pleasure. Travel Assistance coverage is extended to your spouse and children even when they are traveling without you.

- Medical and dental referral, replacement of medication or eyeglasses, Dependent children assistance,
- Traveling companion assistance, Emergency evacuation, Repatriation of remains, Emergency medical payment,
- Trip interruption transportation and accommodation assistance due to medical emergency.

Call: 1-866-294-2469 (US/Canada)

+1-240-330-1509 (Call Collect from other locations)

Email: ops@europassistance-usa.com

Brochures on both the EAP and Travel Assist services are located on the InfinityHR benefits portal.



Why won't they pay my claim?
Services denied?!

How can my claim still be "in process"?
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

**Call the Benefit Resource Center ("BRC"),
We're Here To Help!**

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

Call Toll Free: **855-874-6699**

E-mail: BRCEast@usi.com

Hours of Operation: 8am – 5pm CST and EST



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 2020 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 Customer Service



	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)	OneAmerica	1-800-553-5318	www.oneamerica.com
Flexible Spending (FSA)	Sentinel Benefits	1-888-762-6088	www.sentinelgroup.com
Critical Illness Permanent Life	Guardian	1-888-482-7342	www.guardiananytime.com
Employee Assistance (EAP)	ComPsych	1-800-697-0353	www.guidanceresources.com
Global Travel Assistance	Generali Global Assist	1-866-294-2469 (US) +1-240-330-1509	Email: ops@europassistance-usa.com
Benefits Coordinator - Julie Crawford	County of Cumberland	1-910-223-3327	jcrawford@co.cumberland.nc.us
Link to InfinityHR instructional video		https://view.vzaar.com/21440024/video	
Link to Benefits overview video		https://www.brainshark.com/usi/vu?pi=zIFzOZogkzc2eGz0&tx=cumberland_OE_NH&intk=516245088	



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 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 purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) 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@co.cumberland.nc.us.

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 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@co.cumberland.nc.us

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. 20201, 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, 2020
Julie Crawford / Benefit Coordinator
County of Cumberland, North Carolina
PO Box 1829 Room 451
Fayetteville, NC 28302
910-223-3327 / jcrawford@co.cumberland.nc.us

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, 2020
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 the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

UTAH – Medicaid and CHIP		WISCONSIN – Medicaid and CHIP	
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669		Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002	
VERMONT– Medicaid		WYOMING – Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427		Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531	
VIRGINIA – Medicaid and CHIP			
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282			

To see if any other states have added a premium assistance program since July 31, 2019, 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
---	--

1. Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 5-31-2020)

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@co.cumberland.nc.us	

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)