# Employee Benefit Guide

## 2025-2026

ASHEBORO

NORTH CAROLINA

*Exactly where I want to be.*

CITY OF ASHEBORO
HUMAN RESOURCES

City of Asheboro Human Resources
Phone: 336-629-2037
Email: Kristen Terry, kterry@ci.asheboro.nc.us
Web: www.asheboronc.gov/government/departments/human_resources_department.php

# Contact Information

## Carrier Contacts

The following are your carrier numbers and websites should you need assistance understanding your benefits, claims or other insurance related information.

| | |
|---|---|
| Allegiance a Cigna Company — Medical, Dental, Vision | • 1-800-877-1122<br>• www.askallegiance.com |
| OPTUMRx — Prescription Drug (Rx) | • 1-844-265-1719<br>• www.optumrx.com/public/landing |
| THE HARTFORD — Life, AD&D, Disability, Accident, Cancer and Specified Diseases | • 1-800-523-2233<br>• www.thehartford.com/employee-benefits/employees |
| NorthCarolina WELLNESS CONSULTANTS — On-site Clinic | • Monday, Wednesday, Thursday 8 AM-5 PM. Tuesday/Friday 7 AM-3:30 PM<br>• 336-626-1234 x 2509<br>• Public Works Building at 1312 N Fayetteville St |
| Telemedicine | • 1-855-6RECURO<br>• www.recurohealth.com |
| THE HARTFORD — EAP | • 1-800-96-HELPS<br>• www.guidanceresources.com |

**ID Cards**

Obtaining an ID card can be as simple as downloading an app on your smartphone. Please visit your cell phone provider's app store to see if your carriers listed above have one available. You can also refer to the website or phone number listed above.

# Employee Benefits

## Pick the best benefits for you and your family.

This guide provides a general overview of your benefit choices so you can select the coverage that is right for you and your family. Our program offers a broad range of plan options and has been carefully designed to meet the needs of our diverse workforce. With choice comes responsibility and planning.

In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of health care services
- Plan thoughtfully regarding the level of health coverage necessary for you and your family

**Benefits are effective July 1, 2025 through June30, 2026**

### *Summary of Benefits and Coverage (SBC)*

*A Summary of Benefits and Coverage (SBC) for the medical plans offered to full-time Employees has been prepared by our insurance carrier, Allegiance, in accordance with the requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively referred to as "PPACA").*

*Contact Human Resources to obtain a copy of this document.*

# Eligibility

## *Am I Eligible?*

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents.

### Eligible dependents may include:

- Your legal spouse who is not eligible for medical coverage through his/her employer
- Your unmarried children of any age who are incapable of self-support due to a mental or physical disability and who are totally dependent on you
- Dependent children to age 26, regardless of full-time student status or marital status

*Additional information on the eligibility requirements is available in the Summary Plan Description.*

Once your new hire elections have been made, you cannot make changes until the next annual enrollment period unless you experience a **qualified change in status** such as:

- A change in your legal marital status (such as marriage, divorce or death of a spouse)
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent)
- A change in your spouse's employment status including commencement or termination of employment, a change from full-time to part-time status (or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage

**Please Note:**

Not every change in status permits a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan.

A **Spousal Affidavit** form is required for all employees electing medical coverage. If your spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain medical coverage under City of Asheboro's group health plan.

Please notify Human Resources immediately if you experience a status change event. Changes must be made within **30 days** of the qualifying event date.

# Medical Plan

The City of Asheboro offers one medical plan to eligible full-time employees. Please review the coverage carefully to understand how your medical benefits will impact you and your family. The chart below provides a brief summary of benefits.

Allegiance® a Cigna Company

| Medical and Rx Plan | Employee Cost 24 Payroll Deductions |
|---|---|
| Employee Only | $0.00 |
| Employee + Spouse | $202.00 |
| Employee + Child(ren) | $168.00 |
| Employee + Family | $308.00 |

The City of Asheboro pays the full cost of $365 each payroll for everyone in the Employee Only tier covered in the medical plan!

| Medical PPO Plan | |
|---|---|
| **Benefit Summary** | **In-Network You Pay:** |
| Deductible<br>(Embedded for HSA) | Single \| $2,500<br>Family \| $7,500 |
| Out-of-Pocket<br>(Includes Deductible and Coinsurance, does not include copays) | Single \| $5,000<br>Family \| $10,000 |
| Co-Insurance<br>(Your responsibility) | You pay 20% |
| Primary Care Physician<br>Specialist<br>Urgent Care<br>Adult & Child Preventative | $30 Copay<br>$60 Copay<br>$60 Copay<br>Covered at 100% |
| Emergency Room | Deductible, then 20% |
| Inpatient Services | Deductible, then 20% |
| Outpatient Services | Deductible, then 20% |
| Deductible<br>Coinsurance<br>Out-of-Pocket Maximum | **Out-of-Network You Pay:**<br>$5,000 / $15,000<br>50%<br>There is no OOP limit for OON |

**It pays**... to stay in-network...ask for outpatient facilities...get your check-ups!

# Prescription Drug (Rx)

| Pharmacy / Prescription Drug (Rx) Plan | |
|---|---|
| Pharmacy Retail 30-day Supply:<br>Tier 1 (Generic)<br>Tier 2 (Preferred Brand)<br>Tier 3 (Non-Preferred Brand)<br>Tier 4 (Specialty) | <br>$4 Copay<br>$35 Copay<br>$50 Copay<br>$50 Copay |
| Pharmacy Mail Order 90-day Supply:<br>Tier 1 (Generic)<br>Tier 2 (Preferred Brand)<br>Tier 3 (Non-Preferred Brand) | <br>$8 Copay<br>$70 Copay<br>$100 Copay |


OPTUMRx®

## Take advantage of convenient options that make it easier for you to get your medication.

- Register for an account and manage your medications online
- Download the OptumRx app to manage your medication on the go
- Locate a pharmacy in your plan's network near you on the OptumRx app or on **optumrx.com**. Remember to present your member ID card at the pharmacy counter
- Use the pricing tool on the OptumRx app or on **optumrx.com** to see how much your medication will cost
- Learn about our home delivery service to see if it's right for you

## Use OptumRx® home delivery.

Get medications you take regularly through the OptumRx home delivery service:

- Order up to a 90-day supply
- Pharmacists are available 24/7
- Set up medication reminders and automatic refills

## The automatic refill program is an easy way to get refills for the medications you take regularly.

## When it's time to refill your prescription, we'll automatically:

- Contact you to let you know your order will ship soon
- Bill the amount due to the approved payment method on file
- Send you a 3-month supply of your medication to the address you provided

## Take a specialty medication? We'll take care of it.

At Optum® Specialty Pharmacy, we offer the resources, programs and clinical support you need to manage your specialty medications with confidence. Go to **specialty.optumrx.com** or call **1-855-427-4682**

# Diabetes Incentive Program



HealthMapRx is a voluntary program available to City of Asheboro employees and covered dependents with Diabetes. As an active participant, you will be eligible for free testing supplies to treat and monitor diabetes, cash awards for compliance, and waived copays for applicable prescription drugs (incentives are subject to change).

Providing incentives associated with the program and offering this additional service at **NO COST** to eligible plan members represents a significant investment on the part of City of Asheboro. Participants are expected to comply with basic program requirements.

Contact HR for the application.

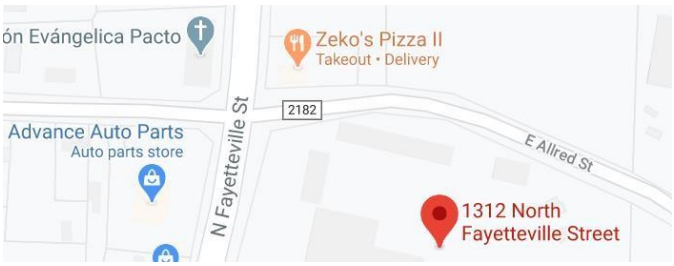
**HealthMapRx™** is a chronic condition care management program designed to reduce financial and clinical risks associated with prevalent chronic conditions, including Pre-Diabetes, Diabetes, Cardiovascular Disease, Asthma and Behavioral Health. **HealthMapRx™** reliably produces savings for our customers through reduced hospitalizations and ER visits, as well as avoidance of preventable complications commonly associated with these conditions.

**Key Features of the HealthMapRx™ Program:**
Program participants are paired with a licensed Pharmacist Care Manager and meet face to face, in private, and by appointment 4-6 times per year, usually at the work site and during work hours. Most sessions are scheduled for 30-45 minutes. Participants receive incentives for participation and for working with their Pharmacist Care Manager to meet basic program requirements.

**During each appointment, the Pharmacist Care Manager focuses on:**
➢ Optimization of drug therapy, including promoting adherence
➢ Assessment and improvement of participant knowledge and self-care skills
➢ Establishment of personal goals relevant to health risk priorities
➢ Providing motivation and support for achievement of goals and healthier lifestyle
➢ Preventative care – identification and management of “care gaps” vs. accepted standards
➢ Communication and coordination with participant’s medical provider(s)
➢ Accountability - for participants and Pharmacist Care Managers in adhering to program requirements

# On-site Clinic

The City of Asheboro offers a FREE on-site employee health clinic.




**On-site clinic**

Monday, Wednesday, Thursday 8 AM - 5 PM.
Tuesday/Friday 7 AM-3:30 PM
Call: 336-626-1234 x 2258 or 2259
Location: Public Works Building at 1312 N Fayetteville St

**What is an on-site employee health clinic?**

On-site employee health clinics place health care providers close to employees to provide convenience and cost savings. Your clinic provides many of the same services as your local primary care doctor. Because we are close and convenient we can see you more often and spend the time to get to know you. We are here to treat you when you are sick and to increase your overall health. We can help you manage your chronic condition, lose weight, stop smoking or just track your health from year to year.

**Who is North Carolina Wellness Consultants (NCWC)?**

NCWC is an independent company based in Asheboro. We are experienced in staffing and operating on-site clinics for private employers and local governments. We were selected by the City of Asheboro for our experience, quality service, and flexible offerings.

NorthCarolina
WELLNESS CONSULTANTS

**Why is the City of Asheboro offering this service?**

The purpose of the clinic is to offer you free, convenient, high-quality health care close to where you are. With a convenient location, short wait times, professional staff and no co-pays, NCWC strives to provide a pleasant experience without the hassle and expense of traditional health care providers. Our mission is to treat, manage, and educate with the goal of helping you live a healthier life. NCWC also helps the city control the rising cost of health care in two ways: 1) by offering this service directly to you without going through insurance and outside providers and 2) helping you manage your health to avoid costly long-term conditions and health complications.

**Who can use the City of Asheboro Employee Health Clinic and how much does it cost?**

Any employee, dependent (over 18 months of age) or retiree enrolled in the city's health insurance plan can use the clinic for free with no co-pay.

**Where is the clinic?**

The employee health clinic is located in the city's **Public Works Building at 1312 N Fayetteville St** in Asheboro.

# On-site Clinic *(continued p.2)*

**What are the clinic hours?**

**Monday, Wednesday, Thursday: 8:00 a.m. - 5:00 p.m.**
**Tuesday/Friday: 7:00 a.m.-3:30 p.m.**

Full services are offered when the Nurse Practitioner is on-site (Monday, Wednesday, Thursday 8am – 5pm; Tuesday and Friday 7am – 3:30pm.) Call anytime during the week if you have questions or want to schedule an appointment with the Nurse Practitioner.

**How do I make an appointment?**

Appointments are easy and you can often schedule an appointment the same day. Please call for your next non-emergency healthcare concern.

**The clinic phone number is: (336) 626-1234 x 2258 or 2259**

If we are with other patients when you call, please leave a voice mail and we will call you back immediately to find a convenient time for you to come in. Appointments are preferred to better manage wait times but we do accept walk-in patients.

**Will I have to sit in a waiting room full of sick people when I come to the clinic?**

Usually we will see you immediately if you have an appointment or if you called and we told you to come right over. The clinic is only open to City of Asheboro employees and their dependents so you will never be waiting with the general public to see a health care provider. We also keep our wait times short so you can get treatment and get back to your day.

**Am I required to use the on-site employee clinic for my health care?**

**No**. The clinic is provided as a convenient, cost-effective benefit that offers high-quality healthcare while providing cost savings to you and your employer. We encourage everyone to maintain a relationship with a primary care physician but we hope you will choose to utilize the on-site clinic for the majority of your healthcare needs. If you request it, we will even share your visit records with your primary care physician.

**What if I need a prescription, will I have to go to my doctor for that?**

Nurse practitioners operate under the supervision of a licensed medical doctor and can perform many of the same functions as a physician such as writing prescriptions. If your condition necessitates a prescription, we can usually take care of that in the clinic.

**I don't want my co-workers and managers to know about my health issues and lifestyle choices. Will my data be kept private?**

The clinic is operated by an independent company (NCWC) that is legally required to keep your visit information and health-related data private. Your data or personal health information will never be shared with your employer or other outside agencies without your written consent. NCWC takes the responsibility for privacy very seriously.

# On-site Clinic *(continued p.3)*

**What services does the clinic provide? Is it just for when if I'm feeling sick?**

Your on-site clinic offers many services for your convenience and improved health. Some examples are:

- Wake up not feeling well? Give the clinic a call and let's check your condition so we stay in-front of your ailment and get you healthy as quickly as possible.
- Need some bloodwork that your primary care doctor ordered? Give the clinic a call. We work with LabCorp and can fulfill the blood work order more conveniently than visiting a collection facility and in most cases it will be less expensive for both you and the city.
- Have a chronic condition like diabetes that you sometimes don't manage as well as you should? Let us help. The on-site clinic makes it convenient for you to receive maintenance visits. You won't be sitting in a waiting room full of sick people just to manage your condition.
- Wanting to lose weight or quit smoking but not sure where to start? Our providers are available and trained to partner with you as you attack these lifetime struggles. Our providers offer compassionate, non-judgmental assistance. We are there for you and are passionate about your long-term health and well-being. Call us and schedule a consultation today.
- Have a minor injury or some other health issue but you aren't sure if the on-site clinic is the right place to start? Give us a call and let us see if we can help. We always have your best interest in-mind and will refer you to the appropriate external provider when it is the best thing for you. When we can offer you the convenience and cost savings of the on-site clinic, we want to be there for you.

**Great news for City of Asheboro Employees who suffer from Musculoskeletal Aches and Pains!**

Joe Mullins, M.Ed., LAT, ATC is a nationally certified and state licensed athletic trainer treating City of Asheboro employees at the Employee Wellness Clinic on **Tuesdays and Thursdays. Hours vary based on availability. Appointments must be made in advance.**

City of Asheboro employees with musculoskeletal (muscles, tendons, joints) aches and pains can schedule an appointment by calling the City Nurse at (336) 626-1234 x 2258 or 2259 or visiting employeepainandinjuryclinic.com/.

Athletic Trainers are licensed health care providers trained in the care and management of musculoskeletal injuries and pain. For more information about Joe please visit www.joemullinsatc.com.

# Five Points Medical Center

NCWC partners with Five Points Medical Center to offer even greater convenience. You can visit FPMC Asheboro location at 1207 South Cox St. Hours of operations are Mon-Th 8:00 am-12:00 pm; 1:00 pm-5:00 pm; Fri 8:00am – 12:30pm. Visits to FPMC qualify for a reduced co-pay of only $5. For an appointment, please call FPMC Asheboro at (336) 625-1172. You can also visit their website at www.fpmedical.com


Five Points Medical Center, PC
1207 South Cox St.
Asheboro, NC 27203
Phone: 336-625-1172
Fax: 336-625-6434

For direct access to providers after hours call 336-301-5698

RECURO HEALTH

# Easy, Convenient, Affordable

**24/7/365 Access to U.S. Board Certified, State Licensed Doctors**

- Primary Care
- Pediatrics
- Urgent Care

| Phone Call | Online Portal | Mobile App |
|---|---|---|

## Healthcare that makes sense

| Type of Visit | Average Cost |
|---|---|
| Primary Care | $100 |
| Urgent Care | $150 |
| Emergency Room | $1400 |
| RECURO HEALTH | **$10 Copay** |

2013 Medical Expenditure Panel Survey / MEPS

## Common Conditions Treated

- Acid Reflux
- Allergies
- Asthma
- Nausea
- Bronchitis
- Cold & Flu
- Infections
- Bladder Infection
- Rashes
- Sinus Conditions
- Sore Throat
- Thyroid Conditions
- UTIs
- And More…

**Call 1.855.6RECURO**

**Visit www.recurohealth.com**

**Disclaimer:** Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

# Dental Benefits

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

| Dental Plan | Employee Cost 24 Payroll Deductions |
|---|---|
| Employee Only | $0.00 |
| Employee + Spouse | $25.00 |
| Employee + Child(ren) | $18.25 |
| Employee + Family | $30.00 |

The City of Asheboro pays the full cost of $18.56 each payroll for everyone in the Employee Only tier covered under the dental plan!

| Benefit Summary (based on July 1-June 30) | Indemnity Dental Plan |
|---|---|
| Deductible | |
| Individual | $50 |
| Family | $100 |
| Deductible Waived for Preventive? | Deductible Waived for Preventive |
| Annual Maximum | |
| Individual | $2,500 |
| Type I (Preventive) | |
| Exams | 100%, 2 Per Benefit Year |
| Cleanings | 100%, 2 Per Benefit Year |
| Fluoride Treatment | 100% 1 Per Benefit Year Under Age 14 |
| Space Maintainers | 100% |
| X-Rays | 100%, 1 Bitewing Per Benefit Year |
| Sealants | 100% |
| Type II (Basic Services) | |
| Fillings | 80% |
| Simple Extractions | 80% |
| Other X-Rays | 100%, Full Mouth 1 Per 3 Benefit Years |
| Endodontics (Root Canal) | 80% |
| Periodontics (Gum Disease) | 80% |
| Type III (Major Services) | |
| Crowns, Inlays, Outlays | 80% |
| Bridges and Dentures | 80% |
| Repairs and Adjustments | 80% |
| Type IV (Orthodontics) | |
| Lifetime Maximum | $3,000 |
| Deductible | $50 (Plan Deductible) |
| Coinsurance | 50% |
| Age Limitation | Dependent Age Children to Age 19 |
| Dependents Eligible to Age | 26 |

*If your charges will be more than $300, it is wise to obtain a benefit estimate.*

# Vision Benefits

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The City of Asheboro's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

| Vision Plan | Employee Cost 24 Payroll Deductions |
|---|---|
| Employee Only | $0.00 |
| Employee + Spouse | $3.75 |
| Employee + Child(ren) | $2.50 |
| Employee + Family | $5.50 |

The City of Asheboro pays the full cost of $3.90 each payroll for everyone in the Employee Only tier covered under the vision plan!

Remember, using a vision network provider is the best way to save on important care.

| Benefit Summary | Vision Plan |
|---|---|
| Routine Eye Exam | 100%; Deductible waived up to $200 maximum in a Benefit Year |
| Frames / glasses / contact lenses / prescription sunglasses / fitting for contact lenses | 100%; Deductible waived up to $350 maximum in a Benefit Year |

Deductible refers to the medical plan. Vision benefits are paid under the Allegiance medical plan. Benefit Year refers to the 12-month period starting July 1 to the following June 30.

# Cost Summary and Taxability

| 24 pay period deductions | Medical | Dental | Vision |
|---|---|---|---|
| Employee Only | $365.00 paid 100% by The City of Asheboro | $18.56 paid 100% by The City of Asheboro | $4.62 paid 100% by The City of Asheboro |
| Employee + Spouse | $202.00 | $25.00 | $3.75 |
| Employee + Child(ren) | $168.00 | $18.25 | $2.50 |
| Employee + Family | $308.00 | $30.00 | $5.50 |

**Pre-Tax:**

A “pre-tax basis” means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or until you have a qualifying change in your status (i.e. birth of a child, divorce, separation, reduction in hours, etc.). If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

**Post-Tax:**

A “post-tax basis” means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. Although you do not get any premium savings from taxes, benefits you receive could be treated as tax-free income depending on policy terms. If you choose this option, you cannot drop coverage until the next annual enrollment period or until you have a qualifying change in your status (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

**Pre-Tax Plans Offered:**

- Allegiance/Cigna Medical
- Allegiance/Cigna Dental
- Allegiance/Cigna Vision
- Optum Rx

**Post-Tax Plans Offered:**

- The Hartford Group Accident
- The Hartford Group Critical Illness
- The Hartford Long-Term Disability
- The Hartford Short-Term Disability
- The Hartford Term Life

# What about you?


**Your employer** is committed to keeping its employees healthy and happy. Preventive measures, such as prostate screening tests, mammograms, colonoscopies, and Pap smears, are the best way to do this. That's why the costs for these procedures are covered under your health care plan—we're betting on your health.

You may take such screening tests for granted, but their power to help keep you healthier, longer should not be underestimated. These "**routine tests**" can detect problems early, resulting in easier and more effective treatment, and can sometimes even help prevent disease.

**Are you willing to risk something as important as your health?**

To make the most of your health coverage and ensure that you receive the best medical care available, please do your part to oversee your own preventive care.

**Call today to schedule the annual tests your health care provider recommends. It's one of the most important efforts you can make to protect yourself from illness.**

**Visit**
**www.askallegiance.com**

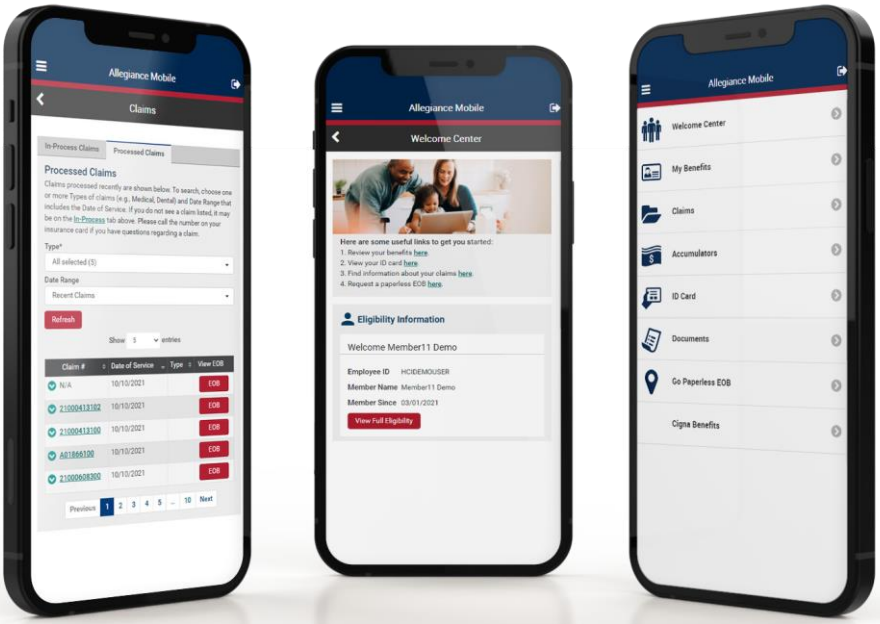
**to find a participating provider near you.**

| Cancer Statistics | |
|---|---|
| **Breast Cancer** | • A woman's lifetime chance of developing invasive breast cancer is 1 in 7 (14%).<br>• Mammograms will detect 80-90% of breast cancers in women without symptoms.<br>• Mammograms reduce the number of breast cancer deaths by 63%. |
| **Prostate Cancer** | • 1 out of every 3 cancer diagnoses in men each year is for prostate cancer.<br>• 67% of men age 50-74 reported having a discussion with their doctor about the advantages and disadvantages of the PSA test prior to having the screening.<br>• Men with a family history of prostate cancer may have a 2-11 times greater risk of developing the disease than men without a family history. |
| **Colorectal Cancer** | • More than half of the 55,000 people expected to die of colorectal cancer each year could be saved with appropriate testing.<br>• The 5-year survival rate is 90% when colon cancer is diagnosed at the earliest, most treatable stage.<br>• Only 39% of cases are diagnosed at an early stage. |
| **Cervical Cancer** | • When detected early, the 5-year survival rate for cervical cancer is approximately 91%. If discovered before it has invaded any surrounding tissues, the 5-year survival rate is nearly 100%.<br>• 60-80% of American women who are newly diagnosed with cervical cancer have not had a Pap smear within the last 5 years—if ever.<br>• One million new cases of HPV occur each year, and 20-40% of sexually active women have HPV. |

Allegiance®
a Cigna Company

# ALLEGIANCE Mobile App

Access your health plan 24/7 with the Allegiance Mobile App! Simply download the app and login with your participant ID. New users should first create a log in at www.AskAllegiance.com.




## The app makes it easy and convenient to:

- View claims and EOBs
- Verify benefits and eligibility
- Access an electronic version of your ID Card
- Search for a provider

Available on the App Store

ANDROID APP ON Google Play

## Start managing your account in seconds straight from your device!

Download the Allegiance Mobile App for free from the Apple App Store or Google Play today.

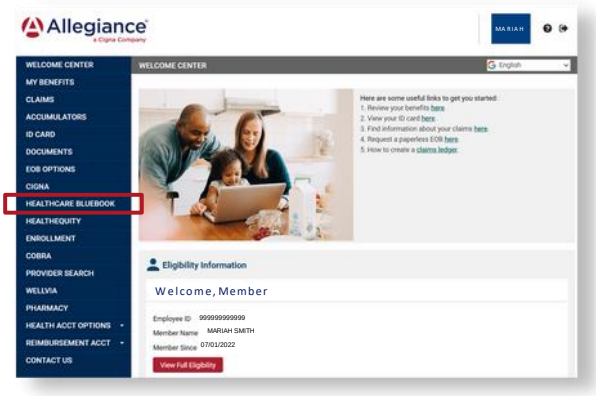
# Healthcare Bluebook™

Allegiance® a Cigna Company

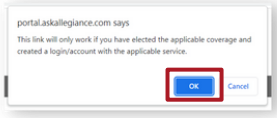
Your employer provides **Healthcare Bluebook** FREE as a benefit, so you can shop for medical procedures at in-network facilities in your area to find the best price and get an out-of-pocket cost estimate. It's easy!

In minutes, you can find hundreds to thousands of dollars in savings with a simple search and get a cost estimate before you schedule care.

**1** Login to your online account at **www.AskAllegiance.com.**
On the left side column, click on **HEALTHCARE BLUEBOOK**.

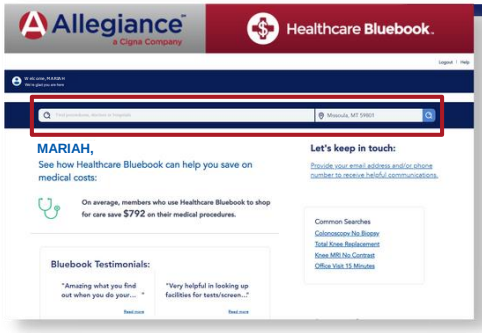



**2** When the pop-up box appears, click **OK**.




**3** Search for your medical procedure to access price information as well as a list of in-network facilities in your area. Use the green, yellow, and red color signs to guide you to Fair PriceTM (green) facilities.

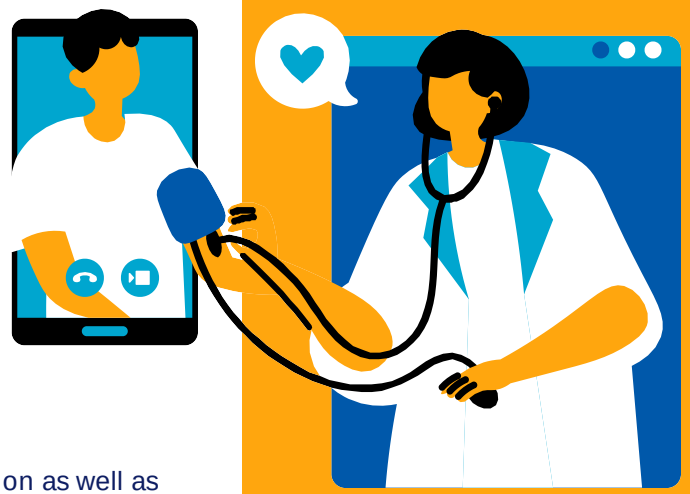
Select a Fair PriceTM (green) facility to see your estimated out-of-pocket cost pertaining to the selected in-network facility and details correlated to your deductible.




## COST RATINGS

- $ At or Below Fair Price
- $$ Slightly Above Fair Price
- $$$ Highest Price

## What is a Fair Price?



A Fair Price is the reasonable amount you should expect to pay for a procedure or medical service.

Check out the reverse side for an example of dramatic price differences and out-of-pocket cost estimates.

**Download the OptumRx app now**
from the Apple® App Store or Google Play™.

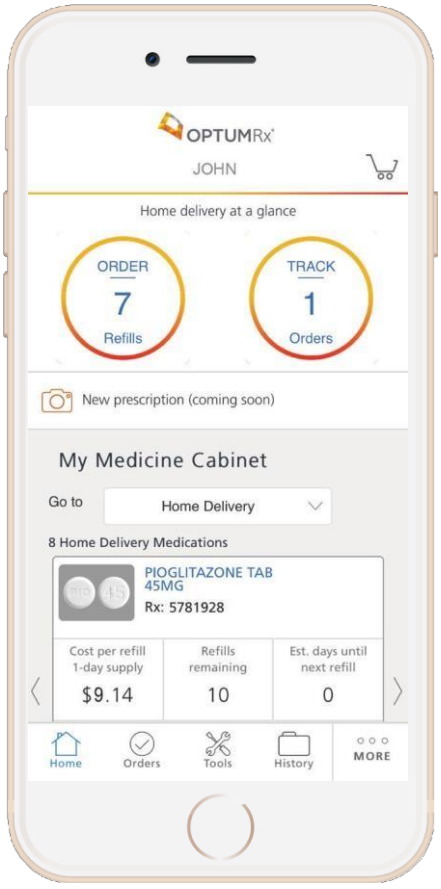
Download on the App Store

GET IT ON Google play

# OptumRx app

**The OptumRx app makes the online pharmacy experience as simple as possible. You can easily:**

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID card if your plan allows




## Manage home delivery orders

- Transfer a prescription to home delivery
- Track your order
- Refill a prescription

**The OptumRx app: the most convenient way to manage your prescriptions.**

### Simple
Refill a medication or transfer a retail prescription to home delivery.

### Current
The OptumRx app gives you quick access to your plan's most current drug coverage information.

### Personalized
Access a complete profile of your prescriptions when you view My Medicine Cabinet. You can see all your recent and past prescriptions.

### Save time and money
Compare prescription drug options and identify potential cost savings.

**optumrx.com**

OptumRx is a pharmacy care services company helping clients and more than 65 million members achieve better health outcomes and lower overall costs through innovative prescription drug benefit services. Learn more at **optum.com**.

# Short-Term Disability Benefits

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Without disability coverage, can you afford to be out of work for an extended period of time on top of medical bills that come with a serious injury or illness? Short Term Disability can offer you peace of mind.

The City of Asheboro's disability insurance is available on a voluntary basis. This means employees pay the full cost of this coverage. Please note: You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

| Benefit Summary | Voluntary Short-Term Disability<br>100% Employee Paid |
|---|---|
| Benefits Begin | 1st day accident / 8th day illness |
| Benefits Payable | 13 weeks<br>(including the Elimination Period) |
| % of Income Replaced | 70% of Weekly Income |
| Maximum Benefit | Up to $2,000 weekly |
| Pre-Existing Limitation | 6 months prior / 6 months treatment free / 12 months insured |
| Cost | Employee Pays based on age |

# Short-Term Disability Cost

24 Payroll Deduction cost illustration

| STD | Semi-Monthly payroll by age range | | |
|---|---|---|---|
| Weekly Benefit | < 50 | 50-59 | 60+ |
| $100 | $4.30 | $5.38 | $9.56 |
| $200 | $8.60 | $10.75 | $19.12 |
| $300 | $12.90 | $16.13 | $28.69 |
| $400 | $17.20 | $21.50 | $38.25 |
| $500 | $21.50 | $26.88 | $47.81 |
| $600 | $25.80 | $32.25 | $57.37 |
| $700 | $30.10 | $37.63 | $66.93 |
| $800 | $34.40 | $43.00 | $76.50 |
| $900 | $38.70 | $48.38 | $86.06 |
| $1,000 | $43.00 | $53.75 | $95.62 |
| $1,100 | $47.30 | $59.13 | $105.18 |
| $1,200 | $51.60 | $64.50 | $114.74 |
| $1,300 | $55.90 | $69.88 | $124.31 |
| $1,400 | $60.20 | $75.25 | $133.87 |
| $1,500 | $64.50 | $80.63 | $143.43 |
| $1,600 | $68.80 | $86.00 | $152.99 |
| $1,700 | $73.10 | $91.38 | $162.55 |
| $1,800 | $77.40 | $96.75 | $172.12 |
| $1,900 | $81.70 | $102.13 | $181.68 |
| $2,000 | $86.00 | $107.50 | $191.24 |

| Age Band | Payroll Rates Per $100 |
|---|---|
| <50 | $4.30 |
| 50-59 | $5.38 |
| 60+ | $9.56 |

Your weekly STD benefit amount per $100*premium rate = each payroll cost. The weekly STD benefit amount you select can not be greater than 70% of your salary.

**Example:** Your annual salary is $45,000. Your weekly salary is $865. Your maximum short-term disability weekly benefit would be 70% of $865, or $605. You could select $100 increments up to $600 based on your age to determine your payroll cost.

If you had a qualifying short-term disability episode, you could get this weekly benefit amount instead of no pay while you are not working!

Examples of short-term disabilities: pregnancy, injury, illness

# Long-Term Disability Benefits

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury, or sickness. The City of Asheboro's disability insurance is available on a voluntary basis. This means employees pay the full cost of this coverage.

| Benefit Summary | Voluntary Long-Term Disability<br>100% Employee Paid |
|---|---|
| Benefits Begin | 91st day of disability |
| Benefits Payable | To Social Security Normal Retirement Age |
| % of Income Replaced | 60% of Monthly Income |
| Maximum Benefit | $2,000 monthly |
| Pre-Existing Limitation | 3 months prior/12 months insured |
| Cost | Employee Pays based on age |

# Long-Term Disability Cost

Your annual salary / 12 /100 *premium rate = each payroll cost

| Age Band | < 25 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60-64 | 65-69 | 70+ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Semi-monthly rate per $1,000 salary | $0.0460 | $0.0440 | $0.0680 | $0.1195 | $0.2005 | $0.3295 | $0.3580 | $0.6925 | $0.6950 | $0.6805 | $0.6805 |

24 Payroll Deduction Cost Illustration

| Salary by Age | 25 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60-64 | 65-69 | 70+ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| $10,000 | $0.38 | $0.37 | $0.57 | $1.00 | $1.67 | $2.75 | $2.98 | $5.77 | $5.79 | $5.67 | $5.67 |
| $20,000 | $0.77 | $0.73 | $1.13 | $1.99 | $3.34 | $5.49 | $5.97 | $11.54 | $11.58 | $11.34 | $11.34 |
| $30,000 | $1.15 | $1.10 | $1.70 | $2.99 | $5.01 | $8.24 | $8.95 | $17.31 | $17.38 | $17.01 | $17.01 |
| $40,000 | $1.53 | $1.47 | $2.27 | $3.98 | $6.68 | $10.98 | $11.93 | $23.08 | $23.17 | $22.68 | $22.68 |
| $50,000 | $1.92 | $1.83 | $2.83 | $4.98 | $8.35 | $13.73 | $14.92 | $28.85 | $28.96 | $28.35 | $28.35 |
| $60,000 | $2.30 | $2.20 | $3.40 | $5.98 | $10.03 | $16.48 | $17.90 | $34.63 | $34.75 | $34.03 | $34.03 |
| $70,000 | $2.68 | $2.57 | $3.97 | $6.97 | $11.70 | $19.22 | $20.88 | $40.40 | $40.54 | $39.70 | $39.70 |
| $80,000 | $3.07 | $2.93 | $4.53 | $7.97 | $13.37 | $21.97 | $23.87 | $46.17 | $46.33 | $45.37 | $45.37 |
| $90,000 | $3.45 | $3.30 | $5.10 | $8.96 | $15.04 | $24.71 | $26.85 | $51.94 | $52.13 | $51.04 | $51.04 |
| $100,000 | $3.83 | $3.67 | $5.67 | $9.96 | $16.71 | $27.46 | $29.83 | $57.71 | $57.92 | $56.71 | $56.71 |

Examples of long-term disabilities: cancer, stroke, arthritis

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Cancer and Specified Diseases insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose – from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills. Don't forget to submit your wellness screening benefit each year!

The City of Asheboro is offering 2 benefit options, a $10,000 plan or a $20,000 plan. Your cost per paycheck depends on your tobacco usage and employee age. Contact HR for the cost worksheets.

| COVERAGE AMOUNTS | |
|---|---|
| Employee Coverage Amount | $10,000 or $20,000 |
| Spouse Coverage Amount | 50% of your coverage amount |
| Child(ren) Coverage Amount | $5,000 |
| **COVERED ILLNESSES** | **BENEFIT AMOUNTS** |
| **CANCER CONDITIONS** | |
| Benign Brain Tumor*; Invasive Cancer* | 100% of coverage amount |
| Non-invasive Cancer | 25% of coverage amount |
| **VASCULAR CONDITIONS** | |
| Heart Attack*; Heart Transplant*; Stroke* | 100% of coverage amount |
| Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft | 25% of coverage amount |
| **OTHER SPECIFIED CONDITIONS** | |
| Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis | 100% of coverage amount |
| Bone Marrow Transplant | 25% of coverage amount |
| **NEUROLOGICAL CONDITIONS** | |
| Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's) | 100% of coverage amount] |
| **ADDITIONAL BENEFITS** | **BENEFIT AMOUNTS** |
| | |
| Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*) | 100% of your coverage amount |
| Health Screening Benefit | $100 per person per year |
| **FEATURES** | **BENEFIT AMOUNTS** |
| | |
| Coverage Maximum – Primary Insured & Spouse | 500% of coverage amount |
| Coverage Maximum – Child(ren) | 300% of coverage amount |
| Ability Assist® EAP[2]– 24/7/365 access to help for financial, legal or emotional issues | |
| HealthChampion℠[2] – Administrative and clinical support following serious illness or injury | |

My plan is _____and my cost is _____.

| Voluntary Cancer and Specified Diseases Insurance<br>Per 24 Payroll Deductions | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Non-Tobacco User | | | | | | | | | | | | | |
| Benefit Amount | Age | 18-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 |
| $10,000 | Employee Only | $3.54 | $3.54 | $4.30 | $4.30 | $6.61 | $6.61 | $10.61 | $10.61 | 18.98 | $18.98 | $33.40 | $33.40 |
| | Employee & Spouse | $6.27 | $6.27 | $7.45 | $7.45 | $11.12 | $11.12 | $17.37 | $17.37 | $30.27 | $30.27 | $52.26 | $52.26 |
| | Employee & Child(ren) | $5.77 | $5.77 | $6.54 | $6.54 | $8.85 | $8.85 | $12.84 | $12.84 | $21.21 | $21.21 | $35.63 | $35.63 |
| | Family | $8.88 | $8.88 | $10.05 | $10.05 | $13.73 | $13.73 | $19.97 | $19.97 | $32.88 | $32.88 | $54.86 | $54.86 |
| $20,000 | Employee Only | $4.96 | $4.96 | $6.38 | $6.38 | $10.78 | $10.78 | $18.68 | $18.68 | $35.41 | $35.41 | $64.25 | $64.25 |
| | Employee & Spouse | $8.40 | $8.40 | $10.55 | $10.55 | $17.38 | $17.38 | $29.68 | $29.68 | $55.47 | $55.47 | $99.43 | $99.43 |
| | Employee & Child(ren) | $7.20 | $7.20 | $8.62 | $8.62 | $13.01 | $13.01 | $20.92 | $20.92 | $37.65 | $37.65 | $66.49 | $66.49 |
| | Family | $11.01 | $11.01 | $13.16 | $13.16 | $19.98 | $19.98 | $32.29 | $32.29 | $58.07 | $58.07 | $102.04 | $102.04 |

| Voluntary Cancer and Specified Diseases Insurance<br>Per 24 Payroll Deductions | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Tobacco User | | | | | | | | | | | | | |
| Benefit Amount | Age | 18-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 |
| $10,000 | Employee Only | $3.71 | $3.86 | $4.92 | $4.92 | $9.10 | $9.10 | $17.62 | $17.62 | $36.70 | $36.70 | $62.68 | $62.68 |
| | Employee & Spouse | $6.54 | $6.54 | $8.41 | $8.41 | $15.03 | $15.03 | $28.26 | $28.26 | $57.64 | $57.64 | $97.71 | $97.71 |
| | Employee & Child(ren) | $5.94 | $5.94 | $7.15 | $7.15 | $11.34 | $11.34 | $19.86 | $19.86 | $38.94 | $38.94 | $64.91 | $64.91 |
| | Family | $9.14 | $9.14 | $11.02 | $11.02 | $17.64 | $17.64 | $30.87 | $30.87 | $60.25 | $60.25 | $100.32 | $100.32 |
| $20,000 | Employee Only | $5.31 | $5.31 | $7.62 | $7.62 | $15.76 | $15.76 | $32.71 | $32.71 | $70.86 | $70.86 | $122.81 | $122.81 |
| | Employee & Spouse | $8.94 | $8.94 | $12.47 | $12.47 | $25.20 | $25.50 | $51.48 | $51.48 | $110.21 | $110.21 | $190.35 | $190.35 |
| | Employee & Child(ren) | $7.54 | $7.54 | $9.85 | $9.85 | $17.99 | $17.99 | $34.95 | $34.95 | $73.10 | $73.10 | $125.04 | $125.04 |
| | Family | $11.54 | $11.54 | $15.08 | $15.08 | $27.81 | $27.81 | $54.08 | $54.08 | $112.82 | $112.82 | $192.95 | $192.95 |

# Accident Insurance

## WHAT IS IT?

With **Accident insurance**, you'll receive a cash benefit for each covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

**Plus, getting coverage is easy and affordable with:**

- Guaranteed Acceptance coverage; no health questions asked
- Easy payroll deduction of premiums (that'll never increase due to your age)
- Benefits available for your spouse and dependent child (ren)
- Direct payment to you or to your beneficiary
- Coverage portability. If you change jobs, you can take coverage with you.

NOTE: Your Accident Insurance Benefit Highlight Sheet lists covered accidents and additional benefits that may be included in your plan.

## COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

| Per 24 Payroll Deductions | Employee | Employee/Spouse | Employee/Children | Employee/Family |
|---|---|---|---|---|
| Plan 1 | $2.23 | $3.52 | $3.64 | $5.76 |
| Plan 3 | $5.21 | $8.22 | $8.82 | $13.83 |

## HOW DOES THE COVERAGE WORK?

Accident insurance provides benefits for covered accidental injuries, related services and treatments. This may include:

- Diagnostic exams, X-rays and other emergency services
- Initial and follow-up physician visits
- Ambulance transportation
- Bone fractures and dislocation incidents
- Concussions
- Follow-up/recovery services, including physical therapy
- And more...

In the U.S., **84 preventable injuries** occur every minute in the United States.[1]

More than **3.5 million children** ages 14 and younger **get hurt each year** playing sports or participating in recreational activities.[2]

# Accident Insurance *(continued p.2)*



The chart below summarizes the benefit payout based on the type of accident you incur. Contact The Hartford to see if your specific accident applies. Don't' forget to submit your wellness claim each year!

| PLAN INFORMATION | | PLAN 1 | PLAN 3 |
|---|---|---|---|
| Coverage Type | | Off-job only | Off-job only |
| **BENEFITS** | | **PLAN 1** | **PLAN 3** |
| **EMERGENCY, HOSPITAL & TREATMENT CARE** | | | |
| Accident Follow-Up | Up to 3 visits per accident | $50 | $100 |
| Acupuncture/Chiropractic Care/PT | Up to 10 visits each per accident | $25 | $50 |
| Ambulance – Air | Once per accident | $600 | $1,200 |
| Ambulance – Ground | Once per accident | $200 | $400 |
| Blood/Plasma/Platelets | Once per accident | $150 | $300 |
| Child Care | Up to 30 days per accident while insured is confined | $25 | $30 |
| Daily Hospital Confinement | Up to 365 days per lifetime | $100 | $300 |
| Daily ICU Confinement | Up to 30 days per accident | $300 | $600 |
| Diagnostic Exam | Once per accident | $100 | $300 |
| Emergency Dental | Once per accident | Up to $150 | Up to $450 |
| Emergency Room | Once per accident | $100 | $200 |
| Hospital Admission | Once per accident | $500 | $1,500 |
| Initial Physician Office Visit | Once per accident | $50 | $100 |
| Lodging | Up to 30 nights per lifetime | $100 | $150 |
| Medical Appliance | Once per accident | $50 | $150 |
| Rehabilitation Facility | Up to 15 days per lifetime | $50 | $150 |
| Transportation | Up to 3 trips per accident | $200 | $500 |
| Urgent Care | Once per accident | $50 | $100 |
| X-ray | Once per accident | $50 | $75 |
| Health Screening Benefit | Once per year for each covered person | $50 | $50 |
| **SPECIFIED INJURY & SURGERY** | | **PLAN 1** | **PLAN 3** |
| Abdominal/Thoracic Surgery | Once per accident | $1,000 | $2,000 |
| Arthroscopic Surgery | Once per accident | $200 | $400 |
| Burn | Once per accident | Up to $5,000 | Up to $15,000 |
| Burn – Skin Graft | Once per accident for third degree burn(s) | 25% of burn benefit | 25% of burn benefit |
| Concussion | Up to 3 per year | $100 | $200 |
| Dislocation | Once per joint per lifetime | Up to $2,000 | Up to $8,000 |
| Eye Injury | Once per accident | Up to $300 | Up to $600 |
| Fracture | Once per bone per accident | Up to $3,000 | Up to $9,000 |
| Hernia Repair | Once per accident | $100 | $200 |
| Joint Replacement | Once per accident | $1,500 | $3,000 |
| Knee Cartilage | Once per accident | Up to $500 | Up to $1,000 |
| Laceration | Once per accident | Up to $400 | Up to $600 |
| Ruptured Disc | Once per accident | $500 | $1,000 |
| Tendon/Ligament/Rotator Cuff | Up to 2 per accident | Up to $800 | Up to $1,500 |
| **CATASTROPHIC** | | **PLAN 1** | **PLAN 3** |
| Accidental Death | Within 90 days; Spouse @ 50% and child @ 25% | $20,000 | $50,000 |
| Common Carrier Death | Within 90 days; | 3 times death benefit | 3 times death benefit |
| Coma | Once per accident | $5,000 | $15,000 |
| Dismemberment | Once per accident | Up to $20,000 | Up to $50,000 |
| Home Health Care | Up to 30 days per accident | $50 | $50 |
| Paralysis | Once per accident | Up to $5,000 | Up to $15,000 |
| Prosthesis | Up to 2 per accident | Up to $1,000 | Up to $2,000 |
| **FEATURES** | | **PLAN 1** | **PLAN 3** |
| Ability Assist® EAP[2] – 24/7/365 access to help for financial, legal or emotional issues | | Included | Included |
| HealthChampion[SM2] – Administrative & clinical support following serious illness or injury | | Included | Included |

Yes…we know there is not a Plan 2, we opted out of the middle plan option.

# Life and AD&D Benefits

## Basic Term Life and AD&D Insurance

Life insurance can help provide for your loved ones if something where to happen to you. The City of Asheboro provides full-time employees coverage in group basic life and accidental death and dismemberment (AD&D) insurance. Contact HR to determine the basic life amount you are eligible for.

The City of Asheboro pays for the full cost of this benefit—meaning you are not responsible for paying any payroll premiums for employee basic life/AD&D. Contact HR if you would like to update your beneficiary information. Please remember to review and update your beneficiaries yearly.

Employees can also purchase basic term life and AD&D insurance for their dependents. This cost is $1.50 per each payroll deduction for up to $10,000 in coverage per dependent.

# Voluntary Term Life and AD&D Insurance

- If you are enrolled in coverage, during the annual enrollment period you may elect to increase your benefit by the lesser of $10,000 or one plan increment (subject to the guarantee issue total maximum) without providing a medical questionnaire.
- If you are enrolling outside of your initial eligibility period or a qualifying life event for coverage, any amount you apply for will require completion of a medical questionnaire.
- Spouse cost is based on Employee age.
- Each child has a benefit amount of $10,000. The cost is the same, flat rate for 1 child or several children.
- If you leave The City of Asheboro you may be eligible to convert or port your basic and/or voluntary life coverage to individual policies at coverage levels you had as an active Employee. However, you must contact The Hartford within **30 days** of your termination to take advantage of this option. The individual rates are typically higher by converting or porting your active group coverage, you may be able to avoid a medical examination that could be required when purchasing new coverage.
- Employee pays the full cost of the benefit.

| Benefit | Voluntary Life and AD&D Insurance |
|---|---|
| Employee | $10,000 increments not to exceed 5X annual earnings or up to $100,000 max<br>Minimum of $10,000 |
| Spouse | $5,000 increments up to $50,000 not to exceed 50% of Employee amount.<br>Minimum of $5,000 |
| Child(ren) 6 months to 26 years | $10,000 each child |
| Child(ren) birth to 6 months | $250 each child |
| Guarantee Issue Amount | Employee $100,000<br>Spouse $50,000<br>Child $10,000 |

# Voluntary Term Life and AD&D Cost

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current lifestyle. To help you assess your needs, you can contact The Hartford.

- 24 pay deductions shown
- Life & AD&D combined.
- Spouse cost based on Employee age
- Benefit reductions after age 65
- Child(ren) Policy $0.50 per each 24 payroll deduction for $10,000 Life Insurance

## Employee Cost Summary

| EE Age | Rate Per $1,000 | $10,000 | $20,000 | $30,000 | $40,000 | $50,000 | $60,000 | $70,000 | $80,000 | $90,000 | $100,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| <20 | $0.055 | $0.55 | $1.10 | $1.65 | $2.20 | $2.75 | $3.30 | $3.85 | $4.40 | $4.95 | $5.50 |
| 20-24 | $0.055 | $0.55 | $1.10 | $1.65 | $2.20 | $2.75 | $3.30 | $3.85 | $4.40 | $4.95 | $5.50 |
| 25-29 | $0.055 | $0.55 | $1.10 | $1.65 | $2.20 | $2.75 | $3.30 | $3.85 | $4.40 | $4.95 | $5.50 |
| 30-34 | $0.060 | $0.60 | $1.20 | $1.80 | $2.40 | $3.00 | $3.60 | $4.20 | $4.80 | $5.40 | $6.00 |
| 35-39 | $0.065 | $0.65 | $1.30 | $1.95 | $2.60 | $3.25 | $3.90 | $4.55 | $5.20 | $5.85 | $6.50 |
| 40-44 | $0.090 | $0.90 | $1.80 | $2.70 | $3.60 | $4.50 | $5.40 | $6.30 | $7.20 | $8.10 | $9.00 |
| 45-49 | $0.140 | $1.40 | $2.80 | $4.20 | $5.60 | $7.00 | $8.40 | $9.80 | $11.20 | $12.60 | $14.00 |
| 50-54 | $0.250 | $2.50 | $5.00 | $7.50 | $10.00 | $12.50 | $15.00 | $17.50 | $20.00 | $22.50 | $25.00 |
| 55-59 | $0.380 | $3.80 | $7.60 | $11.40 | $15.20 | $19.00 | $22.80 | $26.60 | $30.40 | $34.20 | $38.00 |
| 60-64 | $0.450 | $4.50 | $9.00 | $13.50 | $18.00 | $22.50 | $27.00 | $31.50 | $36.00 | $40.50 | $45.00 |
| 65-69 | $0.790 | $7.90 | $15.80 | $23.70 | $31.60 | $39.50 | $47.40 | $55.30 | $63.20 | $71.10 | $79.00 |
| 70-74 | $1.520 | $15.20 | $30.40 | $45.60 | $60.80 | $76.00 | $91.20 | $106.40 | $121.60 | $136.80 | $152.00 |
| 75+ | $4.045 | $40.45 | $80.90 | $121.35 | $161.80 | $202.25 | $242.70 | $283.15 | $323.60 | $364.05 | $404.50 |

## Spouse Cost Summary

| EE Age | Rate Per $1,000 | $5,000 | $10,000 | $15,000 | $20,000 | $25,000 | $30,000 | $35,000 | $40,000 | $45,000 | $50,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| <20 | $0.055 | $0.28 | $0.55 | $0.83 | $1.10 | $1.38 | $1.65 | $1.93 | $2.20 | $2.48 | $2.75 |
| 20-24 | $0.055 | $0.28 | $0.55 | $0.83 | $1.10 | $1.38 | $1.65 | $1.93 | $2.20 | $2.48 | $2.75 |
| 25-29 | $0.055 | $0.28 | $0.55 | $0.83 | $1.10 | $1.38 | $1.65 | $1.93 | $2.20 | $2.48 | $2.75 |
| 30-34 | $0.060 | $0.30 | $0.60 | $0.90 | $1.20 | $1.50 | $1.80 | $2.10 | $2.40 | $2.70 | $3.00 |
| 35-39 | $0.065 | $0.33 | $0.65 | $0.98 | $1.30 | $1.63 | $1.95 | $2.28 | $2.60 | $2.93 | $3.25 |
| 40-44 | $0.090 | $0.45 | $0.90 | $1.35 | $1.80 | $2.25 | $2.70 | $3.15 | $3.60 | $4.05 | $4.50 |
| 45-49 | $0.140 | $0.70 | $1.40 | $2.10 | $2.80 | $3.50 | $4.20 | $4.90 | $5.60 | $6.30 | $7.00 |
| 50-54 | $0.250 | $1.25 | $2.50 | $3.75 | $5.00 | $6.25 | $7.50 | $8.75 | $10.00 | $11.25 | $12.50 |
| 55-59 | $0.380 | $1.90 | $3.80 | $5.70 | $7.60 | $9.50 | $11.40 | $13.30 | $15.20 | $17.10 | $19.00 |
| 60-64 | $0.450 | $2.25 | $4.50 | $6.75 | $9.00 | $11.25 | $13.50 | $15.75 | $18.00 | $20.25 | $22.50 |
| 65-69 | $0.790 | $3.95 | $7.90 | $11.85 | $15.80 | $19.75 | $23.70 | $27.65 | $31.60 | $35.55 | $39.50 |
| 70-74 | $1.520 | $7.60 | $15.20 | $22.80 | $30.40 | $38.00 | $45.60 | $53.20 | $60.80 | $68.40 | $76.00 |
| 75+ | $4.045 | $20.23 | $40.45 | $60.68 | $80.90 | $101.13 | $121.35 | $141.58 | $161.80 | $182.03 | $202.25 |

# Filing a Wellness Claim



Healthy lifestyles are rewarded under Accident (AI) and Critical Illness (CI) insurance coverages. A health screening benefit is included in each coverage for you and your dependents. You are eligible to receive a benefit for having a health screening while insured and filing a claim.[2] If you have more than one coverage, for example AI and CI, one health screening would be eligible for each coverage that includes this feature. You can file a new claim as of January 1.

## THE HARTFORD MAKES IT EASY TO FILE A CLAIM ON THE PHONE – NO FORMS REQUIRED. JUST FOLLOW THESE STEPS:

### STEP 1

Review the list on the back of this page to determine if your health screening is eligible for the benefit.

### STEP 2

Prepare to file your claim.[1] You'll need the following information:

- Name, address and the group policy number;
- Name of the health screening or test performed and the date completed; and
- Details of where the health screening was received and physician contact information (if applicable).

### STEP 3

File your claim by calling **866-547-4205**.

- Monday through Friday, 8:00am – 6:00pm EST.
- Once the claim has been approved, the standard turnaround time for benefits to be paid is between three to ten business days.[3]
- Standard mail times will apply (if applicable).

## ELIGIBLE HEALTH SCREENINGS[4]

- Bone Marrow Testing
- CA15-e (cancer antigen 15-3 blood test for breast cancer)
- CA125 (cancer antigen 125 blood test for ovarian cancer)
- CEA (carcinoembryonic antigen blood test for colon cancer)
- Chest X-Ray
- Colonoscopy
- Flexible Sigmoidoscopy
- Hemoccult Stool Analysis
- Mammography (including breast ultrasound)
- Pap Smear (including ThinPrep Pap Test)
- PSA (prostate specific antigen blood test for prostate cancer)
- Serum Protein Electrophoresis
- Biopsy for Skin Cancer
- Blood Test for Triglycerides
- HPV (Human Papillomavirus) Vaccination
- Lipid Panel (total cholesterol count)
- Doppler Screening for Carotids
- Doppler Screening for Peripheral Vascular Disease
- Thermography
- Echocardiogram
- Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
- EKG
- Stress Test on Bike or Treadmill
- Fasting Blood Glucose Test
- Serum Cholesterol to determine level of HDL & LDL

**TO FILE YOUR HEALTH SCREENING CLAIM, CALL THIS NUMBER:**

866-547-4205
Monday through Friday,
8:00am – 6:00pm EST

**WHEN YOU CALL THE HARTFORD, YOU'LL NEED TO PROVIDE:**

- Name, address and the group policy number;
- Name of the health screening or test performed and the date completed; and
- Details of where the health screening was received and physician contact info (if applicable).

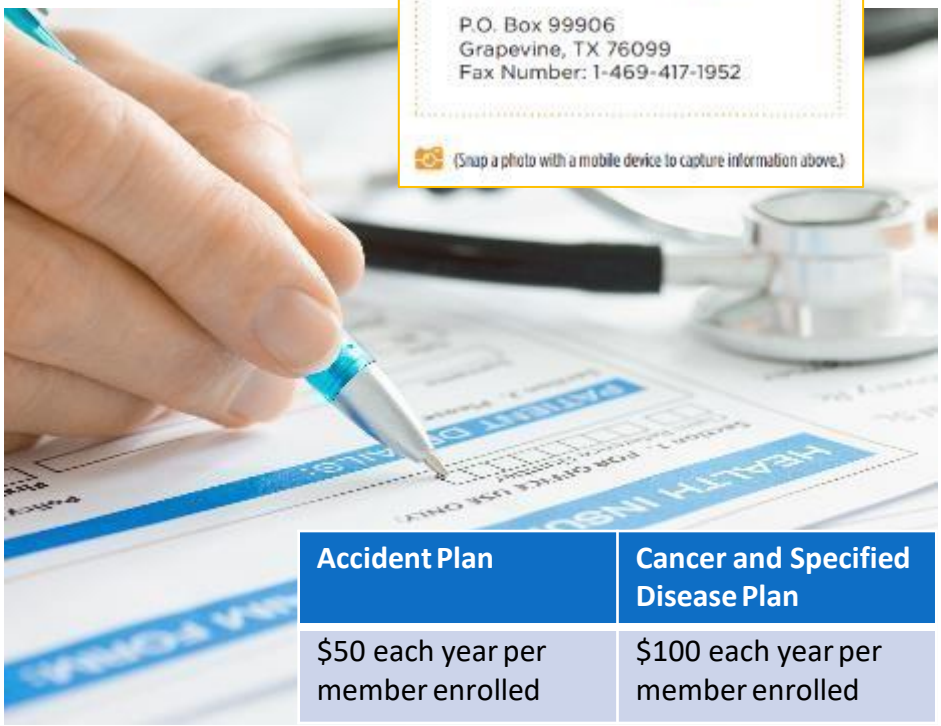
In addition, you can visit TheHartford.com/benefits/myclaim and download your health screening benefit form.

Mail or fax the documentation to:

THE HARTFORD SUPPLEMENTAL INSURANCE BENEFIT DEPARTMENT

P.O. Box 99906
Grapevine, TX 76099
Fax Number: 1-469-417-1952

(Snap a photo with a mobile device to capture information above.)



| Accident Plan | Cancer and Specified Disease Plan |
|---|---|
| $50 each year per member enrolled | $100 each year per member enrolled |



[1] Claims must be submitted within 12 months of screening date.

[2] Each person must complete an eligible health screening. Benefit payment is once per year, per covered person.

[3] Based on average claims turnaround time.

[4] This document explains the typical Health Screening Benefits covered, but in no way changes or affects the policy as actually issued. For a full list of benefits covered, please refer to your company's policy booklet.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

7630 NS 10/19

# Additional Benefits



## Travel Assistance

### TRAVEL ASSISTANCE

If you are covered by your employer's group policy from The Hartford and you need pre-trip information, emergency medical assistance or personal assistance services while traveling, contact Generali Global Assistance, Inc.

**Have a serious medical emergency?** Please obtain emergency medical services first (contact the local "911"), and then contact Generali Global Assistance, Inc. to alert them to your situation.

Call: 1-800-243-6108 | Fax: 202-331-1528
Collect from other locations: 202-828-5885

### WHAT TO HAVE READY:

- Your employer's name
- Phone number where you can be reached
- Nature of the problem
- Travel Assistance Identification Number: GLD-09012
- Your Policy No. # 891062

*(Policy Number can be obtained through your Human Resources department.)*

(Snap a photo with a mobile device to capture information above.)

## Funeral Services

| FEATURES | |
|---|---|
| **24/7 Advisor Assistance** | • Round-the-clock access to expert advisors<br>• Personal support from licensed funeral directors |
| **PriceFinder℠ Research Reports** | • The only nationwide database of funeral home prices<br>• Detailed online price comparisons |
| **Pre-Planning Tools** | • Document and store your wishes so they can be shared with your family when needed |
| **Online Planning Tools** | • Unlimited use of online funeral planning, research, and knowledge tools |
| **At-Need Family Support** | • Communicate your personal funeral plan with your selected funeral home, removing your family from a sales-focused environment<br>• Cost negotiation often resulting in significant savings |
| **Hartford Express Pay** | • Delivers benefits in as little as 48 hours<br>• Allows beneficiaries to use proceeds immediately for funeral expenses |

## ID Theft

| | |
|---|---|
| **EMERGENCY MEDICAL ASSISTANCE[6]** | • Medical referrals<br>• Medical monitoring<br>• Medical evacuation<br>• Repatriation<br>• Traveling companion assistance<br>• Dependent children assistance<br>• Visit by a family member or friend<br>• Emergency medical payments<br>• Return of mortal remains |
| **PRE-TRIP INFORMATION** | • Visa and passport requirements<br>• Inoculation and immunization requirements<br>• Foreign exchange rates<br>• Embassy and consular referrals |
| **EMERGENCY PERSONAL SERVICES[7]** | • Medication and eyeglass prescription assistance<br>• Emergency travel arrangements[8]<br>• Emergency cash[8]<br>• Locating lost items<br>• Bail advancement |
| **IDENTITY THEFT ASSISTANCE** | • Prevention Services<br>  - Education<br>  - Identity Theft Resolution Kit<br>• Detection Services<br>  - Fraud alert to three credit bureaus<br>• Resolution Guidance and Assistance<br>  - Credit information review<br>  - ID Theft Affidavit Assistance<br>  - Card replacement<br>• Personal Services<br>  - Translation<br>  - Emergency cash advance* |

*Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.

## Will Prep Services

www.estateguidance.com

USE THIS CODE: WILLHLF

**Then follow the easy steps below:**

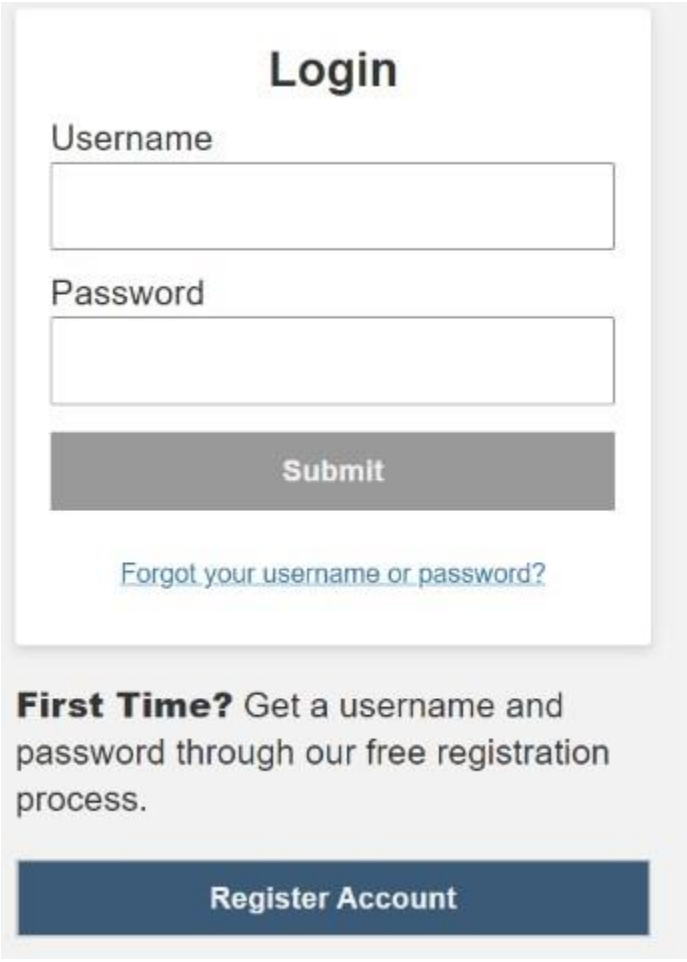
1. Access The Hartford's EstateGuidance* Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.

**Ability Assist**
**Health care service support**
For employees covered under disability or voluntary products of The Hartford

**Beneficiary Assist**
**Grief and estate support**
For employees covered under life or accident products of The Hartford

# View Your Benefits – The Hartford






**Employee Portal**

- Submit disability claims and leave of absence requests.
- View claim and payment status.
- Check their medical underwriting status for evidence of insurability.
- File an STD claim in place of telephonic submission (if your plan offers this coverage).
- Start an LTD claim.
- Upload and view documents from mobile or desktop.
- Registered users can access forms specific to your plan's coverage(s).
- Obtain information on coverage overviews and frequently asked benefit questions.
- Enroll in direct deposit for their claim payments.
- Manage their preference for alerts/notifications – email and text.

| | |
|---|---|
| Group Disability Claims | 800-549-6514<br>M-F: 9 a.m. to 9 p.m. ET |

# Glossary of Insurance Terms

## Balance Billing

An out-of-network healthcare provider billing a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

## Co-Insurance

The percentage of costs of a covered health care service shared between insurance carrier and the insured after you pay your deductible.

## Copayment

A fixed amount you pay for a covered health care service.

## Deductible

The amount you pay for applicable out-of-pocket covered health care services before your insurance plan starts to pay.

## Emergency Services

Sudden and unexpected accident or illness that requires advanced or immediate medical treatment.

## Formulary

A list of prescription drugs that are covered by your health insurance plan. Depending on the type and brand, drugs are categorized into tiers, which may affect how much you pay for each drug. This is sometimes referred to as Prescription Drug List (PDL).

## Non-Preferred Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider and will have more administrative responsibilities.

## Out-Of-Pocket Maximum

The maximum amount you can pay during a plan year for your share of the costs of covered services. This includes deductibles, copays, and coinsurance, but not premiums. After you meet this limit, the plan will pay 100% of the allowed amount.

## Prior Authorization

Certain services or procedures may require written permission or recommendation from a health care professional to validate medical necessity in order to be covered by your insurance.

## Preferred Provider

A provider who has a contract with your insurer or plan to provide services to you at a discount. Preferred providers will file claims on your behalf and will not balance bill.

## Premium

The amount that must be paid for your insurance plan each month. This amount may be shared by you and your employer.

## Pre-existing Condition

A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took medications in the timeframe prior to your effective date of coverage.

For example, the LTD pre-existing condition under this plan is 3/12 which means any condition you are disabled due to an injury or sickness (including pregnancy) for which treatment was received or recommended in the 3 months prior to your effective date, benefits for that condition will not be covered if you become disabled within the first 12 months you are covered under the plan for that condition.

## Primary Care Physician

A physician, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

## Specialist

A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

## Reasonable and Customary (R&C)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical services. The R&C amount may be used to determine the allowed amount.

## Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

# HEALTH PLAN COMPLIANCE NOTICES

The City of Asheboro

7/1/2025

Provided by: Scott Benefit Services

# ACA Section 1557 Nondiscrimination Notice

## Discrimination is Against the Law

The City of Asheboro complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The City of Asheboro does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The City of Asheboro:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Doug Kemp.

**[THE FOLLOWING APPLIES ONLY TO EMPLOYERS WITH 15 OR MORE EMPLOYEES]**

If you believe that The City of Asheboro has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Doug Kemp, Human Resources Director
225 E. Academy Street
Asheboro, NC 27203
336-629-2037

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Doug Kemp, Human Resources Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/filing-with-ocr/index.html.

## 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 premiumassistance 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 yourState 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 dependentsmight 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 eligiblefor 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)**.

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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, 2022. Contact your State for more information on eligibility.

| ALABAMA-Medicaid | CALIFORNIA-Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **ALASKA-Medicaid** | **COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711Health Insurance Buy-In Program<br>(HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>~~HIBI Cust~~omer Service: 1-855-692-6442 |
| **ARKANSAS-Medicaid** | **FLORIDA-Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **GEORGIA-Medicaid** | **MAINE-Medicaid** |
| A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1GA<br>CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization- act-2009-chipra<br>Phone: (678) 564-1162, Press 2 | Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 |

| INDIANA-Medicaid | MASSACHUSETTS-Medicaid and CHIP |
|---|---|
| Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840 |
| **IOWA-Medicaid and CHIP (Hawki)** | **MINNESOTA-Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366 Hawki<br>Website: http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 |
| **KANSAS-Medicaid** | **MISSOURI-Medicaid** |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 |
| **KENTUCKY-Medicaid** | **MONTANA-Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspxPhone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 |
| **LOUISIANA-Medicaid** | **NEBRASKA-Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahippPhone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: http://www.ACCESSNebraska.ne.govPhone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA-Medicaid** | **SOUTH CAROLINA-Medicaid** |
| Medicaid Website: http://dhcfp.nv.govMedicaid<br>Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **NEW HAMPSHIRE-Medicaid** | **SOUTH DAKOTA-Medicaid** |
| Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345,ext 5218 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **NEW JERSEY-Medicaid and CHIP** | **TEXAS-Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.htmlCHIP<br>Phone: 1-800-701-0710 | Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 |
| **NEW YORK-Medicaid** | **UTAH-Medicaid and CHIP** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chipPhone: 1-877-543-7669 |

| NORTH CAROLINA-Medicaid | VERMONT-Medicaid |
|---|---|
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **NORTH DAKOTA-Medicaid** | **VIRGINIA-Medicaid and CHIP** |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 | Website: https://www.coverva.org/en/famis-select<br>https://www.coverva.org/en/hipp<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-800-432-5924 |
| **OKLAHOMA-Medicaid and CHIP** | **WASHINGTON-Medicaid** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **OREGON-Medicaid** | **WEST VIRGINIA-Medicaid and CHIP** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **PENNSYLVANIA-Medicaid** | **WISCONSIN-Medicaid and CHIP** |
| Website:<br>https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm<br>Phone: 1-800-362-3002 |
| **RHODE ISLAND-Medicaid and CHIP** | **WYOMING-Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2022, or for more information onspecial enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

## 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, anddisplays 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 personshall 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.

# General Notice of COBRA Rights

*(For use by single-employer group health plans)*

## Continuation Coverage Rights Under COBRA

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The City of Asheboro, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to:**

**Doug Kemp**
**225 E. Academy Street**
**Asheboro, NC 27203**

## How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

## Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

## Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

## Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

## If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

## Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan contact information

2025 – 2026 Plan Year
Doug Kemp
225 E. Academy Street
Asheboro, NC 27203

## General FMLA Notice

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

### The United States Department of Labor Wage and Hour Division

#### Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

#### Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

#### Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

## Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

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For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

## What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## You are protected from balance billing for:

**Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

**Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

## When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact the No Surprises Helpdesk, operated by the U.S. Department of Health and Human Services, at 1-800-985-3059.

Visit https://www.cms.gov/files/document/memo-no-surprises-act-phone-number-and-website-url-clean-508-mm2.pdf for more information about your rights under

# Health Insurance Exchange Notice

***For Employers Who Offer a Health Plan to Some or All Employees***

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### 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.[2]

**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:

Doug Kemp
225 E. Academy Street
Asheboro, NC 27203

[2] 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.

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.

## 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<br>The City of Asheboro | 4. Employer Identification Number (EIN)<br>56-6001167 | |
| 5. Employer address<br>225 E. Academy Street | 6. Employer phone number<br>336-629-2037 | |
| 7. City<br>Asheboro | 8. State<br>NC | 9. ZIP code<br>27203 |
| 10. Who can we contact about employee health coverage at this job?<br>Doug Kemp | | |
| 11. Phone number<br>336-629-2037 | 12. Email address<br>dkemp@ci.asheboro.nc.us | |

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

- As your employer, we offer a health plan to:
  - ☑ Some employees. Eligible employees are: Full-time employees and eligible retirees
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are: Qualified dependents of eligible employees, contact HR for more information.

☑ 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.

Note: 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.

# Medicare Part D Creditable Coverage Notice

## Important Notice from The City of Asheboro 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 The City of Asheboro 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. The City of Asheboro has determined that the prescription drug coverage offered by the 2025- 2026 Plan Year 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 The City of Asheboro coverage will be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get the coverage back until the next open enrollment period. The exception to this is a qualified status change.

If you do decide to join a Medicare drug plan and drop your current The City of Asheboro coverage, be aware that you and your dependents will 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 The City of Asheboro 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 call Doug Kemp at 336-629-2037. 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 The City of Asheboro 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: 4/10/2025

Name of Entity/Sender: The City of Asheboro

Contact--Position/Office: Doug Kemp, Human Resources Director

Address: 225 E. Academy Street Asheboro, NC 27203

Phone Number: 336-629-2037

# Newborns' and Mothers' Health Protection Act Notice

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 Patient Protections

The 2025 - 2026 Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Doug Kemp at 225 E. Academy Street, Asheboro, NC 27203.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The City of Asheboro 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. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Doug Kemp at 225 E. Academy Street, Asheboro, NC 27203, 336-629-2037, dkemp@ci.asheboro.nc.us.

# Genetic Information Nondiscrimination Act (GINA) Disclosures

## Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

# Notice of Privacy Practices

The City of Asheboro
225 E. Academy Street
Asheboro, NC 27203

Effective Date: 07/01/2025
**Privacy Official:**
Doug Kemp
225 E. Academy Street
Asheboro, NC 27203

## Your Information. Your Rights. Our Responsibilities.

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.**

## 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 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, and we may say "no" if it would affect your care.

**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 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 at:
  Doug Kemp
  225 E. Academy Street
  Asheboro, NC 27203
- 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.*

**Run our organization**

- We can use and share 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.*

**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.*

## 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/noticepp.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, and we will mail a copy to you.

## 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).

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.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Doug Kemp at 225 E. Academy Street, Asheboro, NC 27203.

# Summary of Material Reduction in Covered Services or Benefits to 2025 - 2026 Plan Year

**This Summary of Material Reduction in Covered Services ("SMR") modifies some of the information contained in the Summary Plan Description ("SPD") for the 2025 – 2026 Plan Year (the "Plan") that describes the Plan as of 07/01/2025.**

Note: In the event of any discrepancy between this SMR and the SPD, the provisions of this SMR will govern.

## Modification(s)

No changes under the Plan will go into effect on 07/01/2025.

If you have questions about these changes in benefits, please contact your Plan Administrator at 336-629-2027.

# Summary of Material Modifications to 2025 - 2026 Plan Year

**This Summary of Material Modifications ("SMM") modifies some of the information contained in the Summary Plan Description ("SPD") for the 2025 - 2026 Plan Year (the "Plan") that describes the Plan as of 07/01/2025.**

Note: In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

## Modification(s)

- Vision Exam Benefit increases to $200
- Vision Material Benefit increases to $350

If you have questions about these changes in benefits, please contact your Plan Administrator at 336-629-2037.

# USERRA Notice

***Your Rights Under USERRA***

## A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

## B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

## C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
    - Initial employment;
    - Reemployment;
    - Retention in employment;
    - Promotion; or
    - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at *http://www.dol.gov/vets.* An interactive online USERRA Advisor can be viewed at *http://www.dol.gov/elaws/userra.htm.*

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: *http://www.dol.gov/vets/programs/userra/poster.htm.* Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

# Women's Health and Cancer Rights Act (WHCRA) Notices

## Enrollment Notice

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, the following deductibles and coinsurance apply: $2500 deductible (in-network) and 20% coinsurance (in-network) and $5000 deductible (out-of-network) and 50% coinsurance (out-of-network). If you would like more information on WHCRA benefits, call your plan administrator at 336-629-2037.

## Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 336-629-2037 for more information.

# Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the 2025 - 2026 Plan Year with respect to mental health or substance use disorder benefits, please contact your plan administrator at 336-629-2037.

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Benefit Services

2025 - 2026

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