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# Town of Chapel Hill

## Annual Enrollment Information Effective September 1, 2024

**Now is the time to consider your benefit elections. Below is information that will guide you through your benefits and payroll deductions.**

At Town of Chapel Hill we are confident that our people are the reason behind our success. We recognize your hard work and have put together a benefits package that will take care of you and your family's needs throughout the year.

### What You Need To Do

Medical/Dental/Vision	Complete a form only to enroll or make changes.
Flexible Spending Account	To enroll for 2024-25 plan year, you must complete a form.
Life Insurance Coverage	You can update your beneficiary information at any time by completing a beneficiary form.
Voluntary Life Voluntary Disability	If you wish to enroll in these benefits, please see HR. Proof of good health is required.
Accident Critical Illness	To enroll you must complete a form
Pet Insurance	Visit <a href="http://www.aspcapethealthinsurance.com/TOCH">www.aspcapethealthinsurance.com/TOCH</a> to enroll
Identity Theft	Visit <a href="http://National Plan IDShield (legalshield.com)">National Plan IDShield (legalshield.com)</a> to enroll.

**Please turn in all forms by July 19, 2024. If you have any questions, please contact Human Resources.**



## Medical Plan

### Blue Cross Blue Shield of NC (BCBSNC)

We are continuing our medical plan through BCBSNC. This plan gives you the choice to see “in-network” or “out-of-network” physicians. By choosing an “in-network” physician, your out-of-pocket expenses will be considerably less. The medical chart below is a high level summary of your in-network medical benefits. You may also visit the BCBSNC website at [www.bluecrossnc.com](http://www.bluecrossnc.com) to see a listing of participating providers in your area.

Place of Service	In-Network
Preventive Care <sup>1</sup>	100%
Office Visit	PCP: \$20 Copay <sup>2</sup> Specialist: \$40 Copay Virtual Visit: \$10 Copay
Prescription Drugs (Tier 1/Tier 2/Tier 3) Essential Formulary	Retail: \$4/\$15/\$35/\$50/25% to a \$100 max Mail: 3 x Copay
Emergency Room	\$300 Copay
Urgent Care	\$40 Copay
Inpatient & Outpatient Care	100% after deductible
Annual Deductible	\$250/\$500
Out-of-Pocket Maximum	\$3,000/\$6,000

<sup>1</sup>Preventive Care is covered at 100% with a preventive primary diagnosis code. The service must be a covered preventive care benefit under healthcare reform. During your annual physical if anything is discussed or performed outside of the healthcare reform approved screenings, your visit may not be covered at 100%. For a list of covered preventive benefits under healthcare reform please visit [www.bcbsnc.com/preventive](http://www.bcbsnc.com/preventive)

<sup>2</sup>PCP Copay is waived for the first 3 visits if PCP has been selected in Blue Connect. This applies to NC PCPs only.

### Virtual Visits through BCBSNC Teladoc

BCBSNC has partnered with Teladoc to provide you and your family with access to fast and convenient quality medical care 24 hours a day, 7 days a week. This is intended for non-emergent care only. Teladoc provides diagnosis and treatment by board-certified physicians for ailments such as allergies, sore throat, flu, respiratory infections etc. Behavioral Health is also available.

## Vision Plan

### Blue 20/20

For those enrolled in the medical plan, the Town of Chapel Hill will continue to provide a routine eye exam annually through BCBSNC Blue 20/20. In addition to the eye exam, Town of Chapel



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Hill will reimburse up to \$200 a year for prescription glasses and/or contacts. The deadline to file for reimbursement is 60 days from the end of the plan year (October 30<sup>th</sup>).

## Dental Plan

### Delta Dental

We understand the importance of dental insurance to protect you and your family from oral health problems and expenses. Our dental insurance coverage will continue with Delta Dental. If you visit a non-participating dental provider, you may be asked to pay for the visit up front.

## Life & Voluntary Life Insurance Plans

### Hartford

All full-time employees are provided with life insurance coverage. You also have the opportunity to purchase additional life insurance for yourself, your spouse and/or your dependents. Should you wish to enroll or increase your current amount of supplemental life insurance, please see Human Resources. If you didn't enroll when first eligible or wish to increase your amount, you will need to complete an evidence of insurability form.

## Short Term & Long Term Disability Plan

### Hartford

We provide you with short and long term disability coverage through Hartford. Disability insurance will provide a percentage of your current earnings should you become unable to work due to a disability.

## Voluntary Short Term Disability Plan

### Symetra

We also offer you the opportunity to purchase voluntary short term disability coverage through Symetra. If you didn't enroll when first eligible or wish to increase your amount, you will need to complete an evidence of insurability form.

## Flexible Spending Account

### Flores & Associates

We offer our employees the opportunity to participate in a Health Flexible Spending Account and/or a Dependent Care Account administered by Flores & Associates. You may elect to contribute in pre-tax dollars up to \$5,000 to your dependent care account and up to \$3,200 in the Health Spending Account. These accounts allow you and your family to save tax dollars on either predictable out-of-pocket health related expenses not reimbursed by insurance or day care expenses.

Health FSA participants are able to carry over up to \$640 of Healthcare FSA balances remaining at the end of a plan year. The carryover amount will not count toward the \$3,200 plan year maximum. The carryover feature does not apply to Dependent care accounts.



### EAP ComPsych

The EAP is an employer-sponsored assessment and referral service that gives you and your family confidential, individual assistance with a wide range of personal and work-related issues. Through your EAP you have access to up to 5 face-to-face sessions with a licensed therapist at no charge. Call 800-272-7255 or visit [www.guidanceresources.com](http://www.guidanceresources.com) WebID: COM589.

### Worksite Guardian, LegalShield & ASPCA

Additional voluntary benefits, Accident & Critical Illness, are available during open enrollment through Guardian. Identity Theft, through LegalShield, and Pet Insurance through ASPCA are also available.

### Payroll Deductions 2024-2025 Plan Year

	*Medical & Vision Full-Time & Part-Time 30 Hours	*Medical & Vision Part-Time 20 Hours	Dental
Employee Only	\$0.00	\$207.15	\$18.23
Employee + Spouse	\$260.81	\$598.35	\$37.06
Employee + Child(ren)	\$179.40	\$476.25	\$39.08
Employee + Family	\$367.29	\$758.08	\$65.15

\*Employees must complete the HRA through the onsite clinic by the June deadline to avoid the \$20/month health insurance premium increase.

*Medical and Dental premiums are deducted from pay on a pre-tax basis. Changes to pre-tax benefits can only be made during the annual open enrollment period, or if you have a change in status during the plan year.*

Note: Any premiums paid by an employee for domestic partner coverage (domestic partner and domestic partner's children) will be deducted from the employee's check on an after-tax basis. This is based on the assumption that the domestic partner and covered children are not the employee's tax dependents. If any of those covered individuals is a tax dependent, the employee must notify HR and complete the necessary tax status certification form/domestic partner affidavit. In addition, the portion of the premium paid by the employer for levels of coverage beyond employee only coverage will be considered imputed income will be reported on the employee's Form W-2 each calendar year.

*"This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specialize in this practice area."*