



BENEFITS DIGEST

2024-2025 Town of Chapel Hill

WELCOME



We are pleased to provide you with the 2024-2025 Benefits Digest booklet. This guide is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview and you must review specific plan brochures and plan documents for full program details, limitations and exclusions.

At Town of Chapel Hill, we are confident that our people are the reason behind our success. We truly value you as an employee and part of our professional family. Our goal is to offer the very best healthcare possible to you and your loved ones. With this in mind, we have developed a comprehensive employee benefit package designed to protect you and your family.

This brochure provides benefit information available September 1, 2024 through August 31, 2025.

TABLE OF CONTENTS

General Information.....	3
Medical Plan.....	4-5
Dental Plan.....	6
Vision Plan.....	7
Life & Disability Plan.....	8-9
Voluntary Disability & Pet Insurance.....	9
Accident & Critical Illness.....	10
Employee Assistance Program.....	11
Flexible Spending Account.....	12
Payroll Deductions.....	13

GENERAL INFORMATION

Employee Eligibility

All employees working 20 hours or more per week are eligible for benefits.

BENEFITS BEGIN:	Date of hire *Life, Disability, Critical Illness, Accident and Pet: 1st of the month following date of hire
BENEFITS TERMINATE:	End of the month following date of termination *Critical Illness, Accident and Pet: Date of termination

Dependent Age Limits

MEDICAL:	Age 26
DENTAL:	Age 26
VOLUNTARY LIFE:	Age 26
DOMESTIC PARTNER:	Same and Opposite Sex

MEDICAL PLAN

BLUE CROSS OF NC (BCBSNC) | 1-877-258-3334 | WWW.BLUECROSSNC.COM

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Contract	
Office Visit		
Primary Care	\$20 Copay ¹	70% after deductible
Specialist	\$40 Copay	70% after deductible
Virtual Visit	\$10 Copay	Not Covered
Prescription Drugs	Essential Formulary	Copay + charge over in-network allowed amount
Tier 1	\$4 Copay	
Tier 2	\$15 Copay	
Tier 3	\$35 Copay	
Tier 4	\$50 Copay	
Tier 5	25% to \$100 max	
Mail Order	3 x Copay	
Emergency Room	\$300 Copay	
Urgent Care	\$40 Copay	\$80 Copay
Inpatient Care	100% after deductible	70% after deductible
Outpatient Care	100% after deductible	70% after deductible
Annual Deductible		
Single	\$250	\$500
Family	\$500	\$1,000
Out-of-Pocket Maximum		
Single	\$3,000	\$3,000
Family	\$6,000	\$6,000
	(includes deductibles, coinsurance & medical/Rx copays)	(includes deductibles, coinsurance & medical/Rx copays)

¹PCP Copay is waived for the first 3 visits if PCP has been selected in Blue Connect. This applies to NC PCPs only.

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

Transgender Benefits (Gender Dysphoria) – The American Medical Association and the American Psychological Association recognize that healthcare related to gender transition is medically necessary. For this reason, and to ensure an inclusive and welcoming work environment, our health benefits cover, gender-affirming procedures, hormone therapy, mental healthcare and associated medical visits and laboratory services.

(For more detailed information, please see the Blue Cross of NC medical policy related to gender dysphoria.)

TELEMEDICINE



WWW.TELADOC.COM | 1-800-835-2362

BCBSNC has partnered with telemedicine provider Teladoc to provide you and your family with access to fast and convenient quality medical and behavioral health care. Video consultations are available 24/7.

- This is intended for non-emergent care only.
- Provides diagnosis and treatment (including some prescription drugs) by board-certified physicians for ailments such as allergies, sore throat, flu, respiratory infections etc. Behavioral Health is also available.
- Consultations available online or available through the Teladoc mobile application available on the iTunes store and Google Play.
- Members will pay \$10 consultation fee for acute care.
- Reference your BCBSNC Group Number (on your medical ID card) when accessing care.

DENTAL PLAN



DELTA DENTAL | 1-800-524-0149 | WWW.DELTADENTALNC.COM

There is no penalty for not using the network. Whether your dentist is in or out-of-network, the benefits will be paid the same regardless.

Dentists who are in-network cannot balance bill you for amounts over the allowed charges; however, non-network dentists may bill you for amounts over the allowed charges.

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	9/1 - 8/31	
Preventive Care	100%	
Basic Care	80% after deductible	
Major Care	50% after deductible	
Orthodontia Care	50% (adult & child)	
Annual Deductible	\$50 per member	
Benefit Maximum	\$1,500	
Orthodontia Lifetime Maximum	\$1,500	
UCR Level	Negotiated Fee	Standard PPO Scale

VISION PLAN



BLUE 20/20 | 855-400-3641 | WWW.EYEMEDVISIONCARE.COM

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Blue 20/20 Exam (every 12 months)	\$0 Copay	Up to \$39 Allowance
Discounts	Up to 35% off complete pair of prescription eye-glasses or sunglasses 20% off partial pair of glasses (frames only or lenses only) 20% off accessories (cleaners, solutions, etc) 15% on conventional contact lenses	Not Available

The Town of Chapel Hill will reimburse up to \$200 per plan year for prescription glasses and or contact lenses. You must submit your receipts along with the vision reimbursement claim form to Human Resources by 60 days after the plan year (October 30th).

Steps to find an in-network provider:

1. Go to <https://www.bluecrossnc.com/members/vision>
2. Under "I have Blue 20/20" select "Eye Doc locator"
3. Filter by location or provider name

LIFE & DISABILITY PLANS

HARTFORD | 888-563-1124 (LIFE) | 800-549-6514 (DISABILITY)

BASIC AND ADDITIONAL LIFE INSURANCE

- 100% Employer paid benefit of 1 x salary, up to a maximum of \$200,000
- Additional life insurance (voluntary life) is available for the employee, spouse and dependents
 - Employee - \$10,000 increments to the max of \$500,000 or 5 x salary; lesser of \$200,000 or 3 x salary guarantee issue
 - Spouse - \$5,000 increments to the lesser of \$250,000 or 50% of employee amount; \$100,000 guarantee issue
 - Dependents - \$1,500 (birth to 6 months); then \$5,000 or \$10,000 (to age 26); \$10,000 guarantee issue
 - Evidence of insurability (EOI) is required if increasing more than one increment, increasing over the guarantee issue or enrolling after you are first eligible; Benefit reduction schedule applies at age 70; Employee must elect employee voluntary life in order to purchase for spouse and dependent

SHORT TERM DISABILITY

- 100% Employer-paid
- Benefit begins after 30 days of disability for accident or illness
- Weekly benefit is 50% of your salary to a maximum of \$462
- Benefit period is 26 weeks including 30 day elimination period

LONG TERM DISABILITY

- 100% Employer-paid
- Benefit begins after 180-day elimination period
- Monthly benefit is 50% (offset by State Disability) of your salary to a maximum of \$6,000
- Benefit period is to Social Security Normal Retirement Age
- Pre-existing limitations apply if diagnosed or treated for an illness or injury in the 3 months prior to your policy effective date then the plan will not pay benefits for the same condition within the first 12 months after your policy goes into effect

DISABILITY & PET INSURANCE

SYMETRA | 1-800-426-7784 | WWW.SYMETRA.COM

SHORT TERM DISABILITY

- 100% Employee-paid
- Benefit begins after 14 days of disability for accident or illness
- Weekly benefit of \$50 not to exceed 25% of your pre-disability earnings
- Benefit period is 26 weeks including 14 day elimination period
- Evidence of insurability (EOI) is required if enrolling after you are first eligible or increasing your current amount.

ASPCA | 1-844-343-5314 | WWW.ASPCAPETHEALTHINSURANCE.COM/TOCH

PET INSURANCE

ASPCA provides a highly-customizable Pet Insurance Plan, to fit you and your pet's needs!

- **Choose your Plan Design:** Accident-Only, or Complete Coverage (Accident and Illness)
- **Choose your Reimbursement:** 70%, 80%, or 90%
- **Choose your Annual Deductible:** \$100, \$250, or \$500 (online); \$300, \$600, \$750, \$900, \$1,000 (call-center enrollment)
- **Choose your Annual Maximum:** \$3,000, \$4,000, \$5,000, \$7,000, or \$10,000. \$2,500, \$15,000, \$20,000, and Unlimited also available via call-center enrollment.

Also Included: Mobile App, 24/7 TeleVet Helpline, and 24/7 Poison Control Hotline & Coverage for Consultation Fee.

ACCIDENT & CRITICAL ILLNESS

GUARDIAN | 800-525-4542 | WWW.GUARDIANLIFE.COM

ACCIDENT

Help cover the costs associated with unexpected bills due to off the job accident. Two levels of coverage are available.

- Accidental Death and Dismemberment Benefit of up to \$40,000 or \$60,000 included
- **\$100 Wellness benefit** payable per year for completing certain routine wellness screenings or procedures

Pays benefits to you for a multitude of accidental situations including office and ER visits, hospital stays, and more!

CRITICAL ILLNESS

- Lump sum benefit payable if the following conditions are diagnosed: Cancer, Heart attack/stroke, Major organ transplant, as well as many others.
- Choose your benefit amount of **\$10,000, \$20,000 or \$30,000**
- \$100 wellness benefit per year, per person.
- Family Coverage Available:
 - Spouses: \$10,000, \$20,000 or \$30,000 up to 100% of employee amount.
 - Children under the age of 26 are covered at **50%** of the employee benefit election at no additional cost
 - Childhood illnesses and disorders paid at **100%** of child benefit: Autism Spectrum Disorder, Cerebral Palsy, Cleft Lip/Cleft Palate, Club Foot, Congenital Heart Defect, Cystic Fibrosis, Diabetes – Type 1, Down Syndrome, Hemophilia, Multisystem Inflammatory Disease (MLS), Muscular Dystrophy, and Spina Bifida

EMPLOYEE ASSISTANCE PROGRAM



COMPSYCH | 800-272-7255 | WWW.GUIDANCERESOURCES.COM | WEBID: COM589

You and your family have access to an Employee Assistance Program (EAP) through ComPsych at no cost to you. 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.

FLEXIBLE SPENDING ACCOUNT

FLORES AND ASSOCIATES | 1-800-532-3327 | WWW.FLORES247.COM

During the open enrollment period, you should make elections regarding the amount that you wish to contribute to your FSA. As a reminder, Health FSA participants will be able to carryover unused amounts of up to \$640 for expenses incurred in the next plan year, and still contribute up to \$3,200 annually.

The carryover feature does not apply to Dependent care accounts.

- Contribute up to \$3,200 to your *Medical Spending Account*
- Contribute up to \$5,000 to your *Dependent Care Account*
- Plan year is September 1st through August 31st.
- Health FSA participants can carryover unused amounts up to \$640
- The only way to change your election during the plan year is to have a qualifying event

IMPORTANT NOTES ABOUT THE FSA

Eligible FSA Expenses include but are not limited to:

- Deductible/coinsurance
- Doctor/Dentist Copays
- Eyeglasses/contacts
- Over the Counter Drugs without an Rx
- Orthodontics

Eligible DCAP Expenses include but are not limited to:

- Daycare fees
- Before & After care fees
- Elder Care
- Preschool fees

Non-Eligible FSA Expenses include but are not limited to:

- Cosmetic Procedures & teeth whitening
- Diet foods
- Health Club Memberships
- Vitamins

Non-Eligible DCAP Expenses include but are not limited to:

- Education Expenses Grades K-12
- Overnight Camp Fees
- Babysitting to attend social events

EMPLOYEE CONTRIBUTIONS

Employee contributions are the employee's share of premium cost and are made through payroll deductions. Payroll deductions, as listed below, are deducted on a pre-tax basis.

MEDICAL & VISION	FULL TIME* & PART TIME-30 HOURS*	PART TIME-20 HOURS*
Employee	\$0	\$207.15
Employee / Spouse	\$260.81	\$598.35
Employee / Children	\$179.40	\$476.25
Family	\$367.29	\$758.08

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

DENTAL	
Employee	\$18.23
Employee / Spouse	\$37.06
Employee / Children	\$39.08
Family	\$65.15

If you have comments, questions, or other inquiries please contact Human Resources.

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.

