



BENEFITS DIGEST

2026-2027 Town of Chapel Hill

WELCOME



We are pleased to provide you with the 2026-2027 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, 2026 through August 31, 2027.

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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

CIGNA | 1 (800) 244-6224 | www.cigna.com

| COVERAGE | IN-NETWORK | OUT-OF-NETWORK |
|--|--|---|
| Benefit Period | 9/1 - 8/31 | |
| Office Visit Primary Care Specialist Virtual Visit | \$20 Copay \$40 Copay Covered 100% | 70% after deductible 70% after deductible Not Covered |
| Prescription Drugs Tier 1 Tier 2 Tier 3 Specialty Mail Order | Performance Formulary \$4 Copay \$35 Copay \$50 Copay 25% to \$100 copay max \$12/\$105/\$150 | Retail: Covered 70% Mail Order: Covered 70% |
| 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 Family | \$250 \$500 | \$500 \$1,000 |
| Out-of-Pocket Maximum Single Family | \$3,000 \$6,000 | \$3,000 \$6,000 |

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.cigna/pc.com

(For more detailed information, please see the Cigna medical policy related to gender dysphoria.)



TELEMEDICINE



www.mycigna.com | 888-726-3171

Cigna has partnered with telemedicine provider MDLive 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 provides access to convenient virtual care services through Cigna Healthcare’s partnership with MDLIVE for non-emergent medical needs.
- Members can receive diagnosis and treatment from licensed providers and board-certified physicians for common medical conditions, dermatology concerns, and behavioral health needs.
- Urgent care, primary care, dermatology, and behavioral health services are available through virtual visits.
- Care is available by phone or video, with options to start a visit on demand or schedule an appointment, in English or Spanish.
- Prescriptions may be provided when appropriate and filled through home delivery or local pharmacies.
- Services can be accessed by logging into myCigna.com, using the myCigna app, or calling MDLIVE.

| How can we help? | Use it for: | Wait time ¹ | Prescriptions ² | Labs |
|---|---|--|---|---|
|  <p>Urgent Care Fastest care. No scheduling needed.</p> | Non-emergency medical conditions like sore throat, cold, flu, pink eye, etc. | Typically under 30 minutes |  |  |
|  <p>Wellness Screening Scheduled visit.</p> | Preventive annual lab screening and review with a Primary Care Provider. | 3-5 days |  |  |
|  <p>Routine Care Scheduled visit.</p> | Ongoing health conditions, requests for medication refills, lab tests, and any other questions and concerns. | 2-4 days |  |  |
|  <p>Therapy Scheduled visit.</p> | Emotional and behavioral health concerns like anxiety, relationship issues, stress management, trauma, and more. | 1-2 days |  |  |
|  <p>Psychiatry Scheduled visit.</p> | Behavioral conditions that require medication management, including depression, bipolar, panic disorders, and more. | 2-3 days |  |  |
|  <p>Dermatology Secure messaging.</p> | Rashes, acne treatment, hair, nails, and any other skin conditions. | Reply within 48 hours, typically within 24 hours |  |  |



Visit mycigna.com[®] and click “talk to a doctor” to see your cost of care and start your visit.

¹Wait times may vary. | ²Prescriptions as applicable. | *Your health benefit may not cover certain services.

This information is for educational purposes only. It's not medical advice. Always ask your doctor for appropriate examinations, treatment, testing and care recommendations.

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DENTAL PLAN



Blue Cross of NC | 1-888-471-2738 | WWW.BLUECROSSNC.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% (to age 26) | |
| Annual Deductible | \$50 per member; \$150 per family | |
| Benefit Maximum | \$1,500 | |
| Orthodontia Lifetime Maximum | \$1,500 | |

VISION PLAN



CIGNA | 1 (800) 244-6224 | www.cigna.com

| LEVEL OF COVERAGE | IN-NETWORK | OUT-OF-NETWORK |
|------------------------|--|----------------------|
| Frequency Period | Calendar Year | |
| Exam (every 12 months) | \$0 Copay | Up to \$45 Allowance |
| Discounts | <p>Up to 30% off additional complete pairs of glasses (frame and lenses)</p> <p>20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services</p> | 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).

To find an in-network provider:

1. Go to www.cigna.com
2. Type in the Address, City, or Zip code
3. Search by Doctor, Name, or Practice

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 22 weeks after the 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 or 42 months, if greater
- 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

VOLUNTARY SHORT-TERM DISABILITY

- 100% Employee-paid
- Benefit begins after 14 days of disability for accident or illness
- Weekly benefit, purchased in \$50 increments, not to exceed 25% of your pre-disability earnings up to \$400
- 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.

LEGALSHIELD | WWW.SHILDBENEFITS.COM/TOCH

IDENTITY THEFT PROTECTION

- Provides unlimited counseling with investigator, SSN fraud detection, monthly ID theft updates, emergency assistance 24/7/365, data breach notifications, Identity alert systems, and so much more
- **Restoration:** Licensed private investigators, complete restoration for Medical ID, financial and complete identity, \$5 million service guarantee
- Privacy & Security Monitoring

ACCIDENT & CRITICAL ILLNESS

Hartford | 866-547-4205 | www.thehartford.com

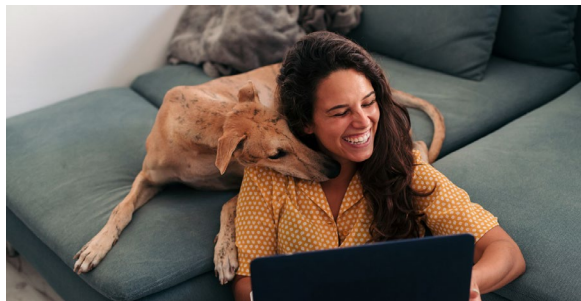
ACCIDENT

- Helps cover costs after a covered off-the-job accident
- Two plan options available
- Pays benefits directly to you for accident-related care, including doctor visits, ER visits, and hospital stays
- Can also help with everyday expenses
- Includes a \$150 annual health screening or accident prevention benefit

CRITICAL ILLNESS

- Lump-sum benefit language for covered diagnoses
- Examples of covered conditions from this plan (such as invasive cancer, heart attack, stroke, major organ failure, ESRD, coma, and paralysis)
- Employee coverage choices: \$10,000, \$20,000, or \$30,000
- Spouse coverage: up to 100% of the employee election
- Child coverage: automatic at 50% of the employee amount through age 26 at no additional cost
- Health Screening Benefit: \$100 once per policy year for each covered person

Employee Assistance Program (EAP)



An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. It's confidential and free to you and your household family members.

MY Portal

MY Portal is your gateway into MYgroup services to help you with the ups and downs of life. You'll find 24/7/365 access to your benefits with MYgroup in MY Portal, along with our toll-free number.

Assessment & Counseling

Help is available 24/7/365 through our toll-free number. When you and your family members call the EAP, you are matched with a licensed and experienced clinician. You can schedule counseling sessions with that clinician that are in person, virtual, or by telephone. You have the option of using BetterHelp for your virtual sessions.

Online Peer Support

You and your family members have access to our online peer support community, a safe, anonymous space where people connect through shared experiences.

Online Resources

- Resource locators
- Internet-based Cognitive Behavioral Therapy (iCBT)
- Legal center, including a free online will generator
- Financial center
- Savings Center: BenefitHUB
- Health & lifestyle assessments
- Soft skills courses
- Interactive checklists
- Calculators
- Webinars
- Podcasts
- Live chat

Legal Services

- Free 30-minute telephonic appointment for legal consultation
- In most cases, 25% discount for ongoing attorney fees
- Excludes legal action against the employer or EAP

Mediation

Includes a free 30-minute in-person or telephonic appointment with a mediator and in most cases, a 25% discount of the mediator's rate.

24-Hour Emergency Services

In the event of being jailed or arrested, provides access to legal providers after-hours and on weekends.

Financial Services

- Financial counseling designed to help restore financial balance to your life
- Free 30-minute session with a financial coach
- Consultation with a tax professional to address tax questions or discuss tax savings strategies

ID Theft & Resolution

The identity theft & fraud resolution program assists consumers with fraud-related emergencies and is a comprehensive, affordable, and expedient process.



Access Your EAP

Call 800.633.3353 or visit mygroup.com > LOGIN

To access MY Portal: First time users enter **toch2026** for organization code. Then set up your account with your email address and a password. If you have previously logged in and have forgotten your password, please use the "Forgot Password" feature to have your password reset.

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 \$680 for expenses incurred in the next plan year, and still contribute up to \$3,400 annually. The carryover feature does not apply to Dependent care accounts.

- Contribute up to \$3,400 to your *Medical Spending Account*
- Contribute up to \$7,500 to your *Dependent Care Account*
- Plan year is September 1st through August 31st.
- Health FSA participants can carryover unused amounts up to \$680
- 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 | \$0.00 | \$242.50 |
| Employee / Spouse | \$305.30 | \$700.44 |
| Employee / Children | \$210.00 | \$557.50 |
| Family | \$429.94 | \$887.41 |

| DENTAL | FULL TIME & PART TIME-30 HOURS | PART TIME-20 HOURS |
|---------------------|--------------------------------|--------------------|
| Employee | \$0.00 | \$9.47 |
| Employee / Spouse | \$19.55 | \$29.02 |
| Employee / Children | \$21.65 | \$31.12 |
| Family | \$48.72 | \$58.19 |

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

NOTES

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.

