



Gallagher

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2022 **benefits** **DIGEST**

Town of Butner

We are pleased to provide you with the 2022-2023 Benefits Digest. This guide is intended to provide a high-level summary of the benefit programs available to all benefit eligible employees.

At Town of Butner, we are confident that our people are the reason behind our successes. We value you as an employee and part of our professional team. With this in mind, we have developed a comprehensive employee benefit package to protect you and your family.

This brochure provides benefit information available July 1, 2022 through June 30, 2023.

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

Employee Eligibility

All employees working 30 hours or more per week are eligible for benefits.

Benefits Begin:	1 st of the month following date of hire
Benefits Terminate:	End of the month following termination
Dependent Age Limits:	To age 26
Domestic Partner:	Available for Medical, Dental, and Vision (same sex and opposite sex)

Medical Plan – HDHP with HSA

www.bluecrossnc.com | 877-258-3334

Your medical coverage through Blue Cross Blue Shield of NC is an “open access” PPO/HSA qualified plan utilizing the Blue Options Network. As long as you remain in the network, your benefits will be covered at the higher in-network benefit amount. Out-of-network benefits are available; please see BCBSNC Benefit Highlight.

IN-NETWORK	
Benefit Period	Contract: 7/1 - 6/30
Preventive Care	100%*
Office Visit	80% after Deductible
Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4) Essential Formulary	Enhanced Preventive: 80% All Other: 80% after Deductible
Diagnostic Test (X-ray, lab work)	80% after Deductible
Emergency Room	80% after Deductible
Urgent Care	80% after Deductible
Annual Deductible	\$3,000/\$6,000 ¹
Out-of-Pocket Maximum	\$7,000/\$14,000 ¹
Inpatient Care	80% after Deductible
Outpatient Care	80% after Deductible

*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.bluecrossnc.com/preventive.

¹Embedded: For Family coverage, the Family Deductible and Out of Pocket can be met by any combination of family members with no member exceeding \$3,000 in-network deductible or \$7,000 in-network out of pocket.

Health Savings Account

www.healthequity.com | 866-855-8908

If you participate in the High Deductible Health Plan (HDHP), you are eligible to contribute to a Health Savings Account (HSA). The HSA is a personal savings account for health expenses. Employees may make pre-tax contributions to their HSA that can then be used to pay for eligible medical, dental or vision expenses as noted in Section 502 of the IRS Code. Items to consider:

- In 2022, participants can choose to save up to \$3,650 for an individual and \$7,300 for a family.
- In 2023, they may save up to \$3,850 for an individual and \$7,750 for a family.
- If you are age 55 or older you may make an additional \$1,000 catch-up contribution annually.
- Town of Butner contributes \$1,290 annually to your account.
- Eligible contributions are not taxable and funds roll over from year to year.
- The account is yours and is portable should you leave the Town of Butner.
- You are not eligible to contribute to an HSA if you are on Medicare or covered under a non-HDHP or if you or your spouse participate in a full purpose FSA.
- You cannot use HSA funds to pay for a non-qualified tax dependent’s medical expenses, even if the dependent is covered under your health plan. Typically, this applies to children over age 24.

Medical Plan – Traditional PPO

www.bluecrossnc.com | 877-258-3334

Your medical coverage through Blue Cross Blue Shield of NC is an “open access” PPO plan utilizing the Blue Options Network. As long as you remain in the network, your benefits will be covered at the higher in-network benefit amount. Out-of-network benefits are available; please see BCBSNC Benefit Highlight.

IN-NETWORK	
Benefit Period	Contract: 7/1 - 6/30
Preventive Care	100%*
Office Visit	\$20 Primary Care Physician ¹ \$40 Specialist \$10 Virtual Visits
Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4) Essential Formulary	Retail: \$10/\$20/\$30/\$45 ² Mail Order: 3x Copay
Diagnostic Test (X-ray, lab work)	80% after Deductible
Emergency Room	\$300 Copay
Urgent Care	\$40 Copay
Annual Deductible	\$5,000/\$10,000
Out-of-Pocket Maximum	\$6,000/\$12,000
Inpatient Care	80% after Deductible
Outpatient Care	80% after Deductible

*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.bluecrossnc.com/preventive.

¹PCP Copay is waived for the first 3 visits if PCP has been selected in Blue Connect (NC PCPs only)

²Tier 4 Specialty Drugs are subject to 25% coinsurance and have a \$50 per Drug Minimum and a \$100 per Drug Maximum for each 30-day supply.

Hospital-based clinics are physician offices owned and operated by a hospital. If your provider is based in a hospital-based clinic, your visit may be subject to deductible/coinsurance.

Health Reimbursement Program

www.probenefits.com | 888-722-8382

As part of our group medical insurance plan, you are provided with a Health Reimbursement Account (HRA). This program is for services that are rendered by in-network doctors and facilities. Should you incur an expense where a deductible applies, you will be reimbursed for a portion and your reimbursement will be tax-free. ProBenefits administer this program.

You are responsible for the first portion of the in-network deductible, and Town of Butner will reimburse the last portion of the in-network deductible.

Members can submit for reimbursement throughout the plan year as they incur eligible, in-network expenses. All claims must be submitted within 180 days from the end of the plan year to be considered for payment. It is your responsibility to submit your claims to ProBenefits to receive your reimbursement. Be sure you always save your EOBs and receipts. If you have any questions on the process please call ProBenefits.

PLAN BENEFIT: IN-NETWORK DEDUCTIBLE	Your Responsibility	Employer Reimbursement
\$5,000 Individual Deductible	\$1,000	\$4,000
\$10,000 Family Deductible	\$3,000 per dependent*	\$2,000

*For each covered dependent, the employee is responsible for the first \$3,000 of in-network deductible expenses. The plan will reimburse the next \$2,000. The maximum reimbursement is \$6,000 per household or family unit.

Virtual Visits

www.teladoc.com | 800-835-2362

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

- This is intended for non-emergency 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.
- Consultations available online or available through the Teladoc mobile application available on the iTunes store and Google Play.
- Members will pay applicable consultation fee (HDHP participants: 80% after deductible; Traditional PPO participants: \$10 copay). Reference your BCBSNC Group Number (on your medical ID card) when accessing care.

Dental

mybenefits.metlife.com | 800-275-4638

Your dental plan is provided by MetLife. Dentists who are in-network cannot balance bill you for amounts over the allowed charges. In-network dentists will always file claims on your behalf.

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
Preventive Care	100%	
Basic Care	80% after Deductible	
Major Care	50% after Deductible	
Orthodontia Care	50% (child only)	
Single/Family Deductible	\$25/\$75	
Benefit Maximum	\$5,000	
Orthodontia Lifetime Maximum	\$1,500	
UCR Level	Negotiated Fee	90 th

Vision

www.cecvision.com | 888-254-4290

Your vision plan is provided by Community Eye Care. Using an in-network provider will lower your cost.

IN-NETWORK / OUT-OF-NETWORK	
Benefit Frequency	Exam - 12 months Lenses & Contacts - 12 months Frames - 12 months
Exam	\$20 Copay
Frames & Lenses	\$20 Copay ¹
Elective Contact Lenses in lieu of Lenses & Frames	\$20 Copay ¹

¹Frames, Lenses & Contact Lenses are covered up to a combined \$140 Allowance plus discount on balance over allowance after copay.

Flexible Spending Account

www.probenefits.com | 888-722-8382

Our Flexible Spending Account plan allows employees to contribute tax free up to \$2,850 to your Flexible Spending Account and Limited Purpose Flexible Spending Account and up to \$5,000 to your Dependent Care Account.

- Plan year is July 1st through June 30th.
- If you don't use it, you lose it. You have 90 days following the end of the plan year to file for reimbursement of expenses incurred during the plan year.
- Your Flexible Spending Account allows up to \$570 to be rolled over each year.
- The only way to change your election during the plan year is to have a qualifying event.
- If you enroll in the HDHP, you cannot enroll in the Flexible Spending Account, but you may contribute up to \$2,850 to a Limited Purpose Flexible Spending Account for Dental & Vision expenditures only.

Employee Deductions

Town of Butner has 26 pay periods per year, but deductions are taken out of 24 pay periods. Deductions are withheld on a pre-tax basis.

MEDICAL – HDHP with HSA	PER PAY PERIOD DEDUCTION
Employee	\$0.00, TOB pays 100% of the cost
Employee + Spouse	\$321.01
Employee + Child(ren)	\$250.18
Family	\$616.38

MEDICAL – Traditional PPO	PER PAY PERIOD DEDUCTION
Employee	\$0.00, TOB pays 100% of the cost
Employee + Spouse	\$392.28
Employee + Child(ren)	\$305.73
Family	\$753.24

DENTAL	PER PAY PERIOD DEDUCTION
Employee	\$0.00, TOB pays 100% of the cost
Employee + Spouse	\$23.66
Employee + Child(ren)	\$31.30
Family	\$60.60

VISION	PER PAY PERIOD DEDUCTION
Employee	\$0.00, TOB pays 100% of the cost
Employee + Spouse	\$1.73
Employee + Child(ren)	\$1.80
Family	\$4.65

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.

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.”