



**Gallagher**

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# 2023 **benefits** **DIGEST**

## Town of Butner

We are pleased to provide you with the 2023-2024 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, 2023 through June 30, 2024.

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 <sup>st</sup> 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

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

We are continuing our medical plans through BCBSNC. Our plans encourage you to use network providers to maximize your benefit and limit your out-of-pocket expenses. They also allow you to see out-of-network providers if you choose.

The chart below is a high-level summary of your in-network medical benefits. We encourage all plan participants to visit [www.bluecrossnc.com](http://www.bluecrossnc.com) to find providers, view medical and prescription drug benefits, manage your claims and more.

| Place of Service   | HDHP with HSA<br>In-Network                     | Traditional PPO<br>In-Network                  |
|--|---|--|
| Office Visit   | 80% after deductible                            | \$20 Primary Care Physician<br>\$40 Specialist |
| Prescription Drugs<br>(Tier 1/Tier 2/Tier 3/Tier 4)<br>Essential Formulary | 80% after deductible<br>Enhanced Preventive 80% | Retail: \$10/\$20/\$30/\$45 <sup>2</sup>       |
| Diagnostic Test<br>(X-ray, blood work)                                     | 80% after deductible                            | 80% after deductible                           |
| Emergency Room   | 80% after deductible                            | \$300 Copay                                    |
| Urgent Care  | 80% after deductible                            | \$40 Copay                                     |
| Inpatient Care   | 80% after deductible                            | 80% after deductible                           |
| Outpatient Care  | 80% after deductible                            | 80% after deductible                           |
| Annual Deductible  | \$3,000/\$6,000 <sup>1</sup>                    | \$5,000/\$10,000                               |
| Out-of-Pocket Maximum  | \$7,000/\$14,000 <sup>1</sup>                   | \$6,000/\$12,000                               |

<sup>1</sup>Embedded: For Family coverage, the Family Deductible and/or 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.

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

Preventive Care is covered at 100% with a preventive primary diagnosis code. 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%. Visit [www.bcbsnc.com/preventive](http://www.bcbsnc.com/preventive) for a summary of preventive care services.

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 Savings Account

If you participate in the High Deductible Health Plan (HDHP), you are eligible to open or maintain a Health Savings Account (HSA).

The HSA is a personal savings account for health expenses, much like an IRA is used to save for retirement. Employees may make pre-tax contributions to their HSA used to pay for eligible medical, dental or vision expenses.

Items to consider:

- In 2023, participants can save up to \$3,850 for an individual and \$7,750 for a family.
- In 2024, participants can save up to \$4,150 for an individual and \$8,300 for a family.
- If you are age 55 or older you may make an additional \$1,000 catch-up contribution annually.
- Funds roll over from year to year; the account is yours and is portable should you leave.
- Town of Butner contributes \$1,350 annually to your account. (\$56.25 per pay period)
- You are not eligible to contribute to an HSA if you are on Medicare, covered under your spouse's non-HDHP, or if you participate in a general purpose Flexible Spending Account.
- HSA funds may be used for any medical eligible expense noted in Section 502 of the IRS Code. Examples of eligible expenses include, but are not limited to dental treatment, corrective vision surgery, hearing aids, etc.

### Health Reimbursement Program

As part of your Traditional PPO medical plan, you are provided with a Health Reimbursement Account (HRA) that reimburses you for a portion of your deductible, tax-free.

| Plan Benefit                         | Your Responsibility    | Employer Reimbursement |
|--------------------------------------|------------------------|------------------------|
| <b>\$5,000 Individual Deductible</b> | \$1,000                | \$4,000                |
| <b>\$10,000 Family Deductible</b>    | \$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.*

### Telemedicine

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-emergency care only. Teladoc provides diagnosis and treatment (including some prescription drugs) by board- certified physicians for ailments such as allergies, sore throat, flu, respiratory infections etc. These consultations are available online or available through the Teladoc mobile application available on the iTunes store and Google Play.

Members will pay applicable consultation fee (\$80% after Deductible for HDHP participants, \$10 for PPO participants). Reference your BCBSNC Group Number (on your medical ID card) when accessing care.



## Dental Plan

### MetLife

Our dental insurance coverage will continue with MetLife. You may see the dentist of your choice; however, be mindful that non-network dentists may ask you to pay up front, may not agree to file claims on your behalf, and may balance-bill for services rendered.

| Service                             | In-Network | Out-of-Network       |
|-------------------------------------|------------|----------------------|
| <b>Preventive Care</b>              |            | 100%                 |
| <b>Basic Care</b>                   |            | 80% after deductible |
| <b>Major Care</b>                   |            | 50% after deductible |
| <b>Orthodontia (Child Only)</b>     |            | 50%                  |
| <b>Deductible</b>                   |            | \$25/\$75            |
| <b>Annual Maximum</b>               |            | \$5,000              |
| <b>Orthodontia Lifetime Maximum</b> |            | \$1,500              |

## Vision Plan

### Community Eye Care

The vision benefit, provided by Community Eye Care, allows you to receive one routine eye examination every 12 months for \$20 if you visit an in-network provider. The vision plan also provides benefits towards the purchase of contact lenses or glasses.

## Flexible Spending Account

### Flores has purchased ProBenefits

We offer our employees the opportunity to participate in a Health Spending Account and/or a Dependent Care Account administered by Flores. You may elect to contribute pre-tax dollars up to \$3,050 in the Medical Spending Account and \$5,000 to your Dependent Care Account. These accounts allow you and your family to save tax dollars on predictable out-of-pocket qualified expenses.

Health FSA participants are able to carry over up to \$610 of Healthcare FSA balances remaining at the end of a plan year. The carryover amount will not count toward the \$3,050 plan year maximum, and does not apply to Dependent Care Accounts.

Employees who currently participate in an HSA with a high deductible health plan (HDHP) cannot participate in a traditional general-purpose health FSA (i.e., a health FSA that reimburses all Code Section 213(d) medical expenses), because it is considered impermissible "other coverage" under the HSA rules. However, employees can participate in a limited-purpose health FSA, which reimburses dental and vision expenses only.



## Payroll 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<br>BI-WEEKLY DEDUCTIONS | TRADITIONAL PPO<br>BI-WEEKLY DEDUCTIONS |
|-----------------------|---------------------------------------|---|
| Employee Only         | \$0.00, TOB pays 100% of the cost     | \$0.00, TOB pays 100% of the cost       |
| Employee + Spouse     | \$330.78                              | \$411.88                                |
| Employee + Child(ren) | \$259.90                              | \$323.63                                |
| Employee + Family     | \$626.11                              | \$779.64                                |

|                       | DENTAL<br>BI-WEEKLY DEDUCTIONS    | VISION<br>BI-WEEKLY DEDUCTIONS    |
|-----------------------|-----------------------------------|-----------------------------------|
| Employee Only         | \$0.00, TOB pays 100% of the cost | \$0.00, TOB pays 100% of the cost |
| Employee + Spouse     | \$23.66                           | \$1.73                            |
| Employee + Child(ren) | \$31.31                           | \$1.80                            |
| Employee + Family     | \$60.60                           | \$4.65                            |

*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. 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 any domestic partners are considered a qualified tax dependent, the employee must notify HR [and complete the necessary tax status certification form/domestic partner affidavit].*

## What You Need To Do

|   |   |
|---|---|
| Medical/Dental/Vision                                   | Please review your elections in Employee Navigator and make any applicable updates. |
| Flexible Spending Account and/or Health Savings Account | Everyone must make an election, even if you are waiving coverage.                   |



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*“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.”*