2025 Employee Benefits Guide

Table of Contents

A Message from Town of Waynesville

Benefits Open Enrollment is Here!

Welcome to your 2025 employee benefits guide. Town of Waynesville believes that our success is due to the efforts of our most valued resource, **OUR EMPLOYEES**. We continue to keep this in mind as we evaluate benefit programs, and work to strike the best balance between absorbing the increasing costs of employee benefits and controlling your out-of-pocket costs. We are committed to offering you a high quality, market-competitive, affordable benefits package that includes the following:

- Medical Insurance with a Town-paid HRA Reimbursement
- Medical Flexible Spending Account
- Dental Insurance with Orthodontia Coverage
- Company Paid Life and Accidental Death Insurance
- Voluntary Life and Accidental Death Insurance
- Vision benefit
- Voluntary Accident and Critical Illness offerings
- Mental Health and Wellbeing Benefit *New with Bree Health*
- Retirement Plan with Town contributions
- Paid Time Off and Paid Holidays
- Town Sponsored Wellness Program

We encourage you to read this Employee Benefits Guide thoroughly to understand the benefits available to you and your family members in the upcoming plan year and keep it for your reference.

We are available to assist you with any questions that you may have regarding the various benefit offerings by contacting Human Resources at 828-456-2028.

Town of Waynesville Health & Wellness Program

Wellness Mission Statement

“It is the mission of the Town of Waynesville Wellness Committee to promote well-being of all its employees through education and initiatives that support healthy lifestyle choices both professionally and personally and to empower and encourage employees to take responsibility for their own well-being through healthy lifestyle choices.

We want to provide you with resources and tools to engage in healthier lifestyles and we will reward you for your actions with a quarterly incentive.

For more information, please contact Brittany Angel, HR Coordinator at 828-456-2028 or bangel@waynesvillenc.gov.

Eligibility

Who is Eligible?

All employees working at least 30 hours per week and eligible dependents may participate in the benefit program. Benefits will begin on the 1st of the month following the date of hire.

You may choose to enroll eligible dependents in many of our benefits. Generally, for the Town of Waynesville benefits program, dependents are defined as:

- Your legal spouse
- Dependent child(ren) up to age 26

Healthcare Reform Impact

- All lines of coverage provided for dependents to age, 26 regardless of student status.
- Preventive care, as specified by Patient Protection and Affordable Care Act, covered at 100% if in network.
- No pre-existing conditions for anyone, regardless of age.
- No lifetime dollar limit on Essential Health Benefits.
- Maximum Out of Pocket Limits

When and How Can I Enroll?

All eligible employees are required to complete the enrollment process or make changes to their benefits each year through Employee Navigator.

When is Coverage Effective?

The effective date for your benefits is July 1, 2025, or following date of hire.

Changing Coverage During the Year

You can change coverage during the year only when you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event. Here is a list of potential qualifying life events:

Life Events are Defined as:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse
- Change in spouses' employment
- Change of employment status (part/full-time)
- Gain or loss of other coverage
- Loss of dependent child status

Medical Insurance

Medical Coverage is provided by Blue Cross Blue Shield of NC. For a list of participating providers, visit www.bluecrossnc.com and select **Find a Doctor**; your plan is called Blue Options 1-2-3 (Group PPO Plan).

For more information on claims and benefit coverage, contact BCBSNC at 1-877-258-3334 or visit them on the web at www.bluecrossnc.com.

	In-Network Benefits
Pharmacy	
Prescription - Retail Less: Company Paid HRA Net Rx Copay	$10 Tier 1 / $100 Tiers 2, 3, & 4 $0 Tier 1 / $60 Tiers 2, 3, & 4 $10 Tier 1 / $40 Tiers 2, 3, & 4
Office Visits	
Preventive Care	Covered 100% For non-diagnostic preventative visits and labs
Primary Care	$25 Copay
Virtual Visits (TELADOC)	$0 Copay
Urgent Care	$100 Copay
Specialty Care	Deductible + 40%
Inpatient Hospital	$250 Copay + Deductible + 20%
Deductitble	
Individual Less: Company Paid HRA Net Deductible	$5,000 ($4,500) $500
Family Less: Company Paid HRA Net Deductible	$10,000 ($9,000) $1,000
Coinsurance (what you pay)	
Inpatient	Deductible + 20%
Outpatient	Deductible + 40%
Coinsurance Maximum	
Employee	$2,500
Family	$5,000
Total Out-of-Pocket Maximum after company paid HRA Reimbursement	
Employee	$3,000
Family	$6,000

Prescriptions

BCBS pays for prescription amounts over $100 per Rx. If you purchase your brand name prescriptions from **Kim's Pharmacy or Mark's Pharmacy**, they will charge you the applicable prescription amount, up to $40 for tiers 2, 3, & 4.

Retail	
Supply Amount Covered by Copayment	30 Days Supply
Tier 1	$10 copay
Tiers 2, 3 & 4	$100 copay

TELEHEALTH

See a doctor from home, at work or on the go

Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc®. Because telehealth is such a convenient and effective option, Blue Cross NC encourages you to set up your account today.

Convenient care for your total health

- **Range of services.** Your telehealth offering includes acute care as well as behavioral health services and substance use support.[1]
- **Affordable care.** Costs vary depending on your benefits. If you are enrolled in a copay plan, you can expect to pay no more than your no more than your primary care provider (PCP) copay. For deductible and coinsurance plans, you will pay no more than the cost of the service.[2]
- Available 24 hours a day, seven days a week (even holidays) for acute care.
- Low wait times.[3]
- Prescriptions sent electronically to your local pharmacy if needed.[4]
- On the couch, at work or traveling – you can use Teladoc anywhere in the U.S.[5]
- Pediatricians available if your child gets sick.[6]
- Teladoc doctors are board-certified with an average of 20 years' experience.[7] Specialties range from primary care and internal medicine, to pediatrics and family medicine.

Acute/non-emergency health problems

- Allergies
- Cough, cold and flu
- Diarrhea
- Ear problems
- Fever[6]
- Headaches
- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems[6]
- And more

Behavioral health[1]

- Addictions
- Anxiety
- Depression
- Grief and loss
- Relationship issues
- And more

Learn more at **Teladoc.com** or by calling **1-855-549-2214**.

$0 Copay for Telehealth Services.

3 ways to sign up today

So it's ready when you need it!

Download the Teladoc mobile app
(iOS- / Android™-supported)

Go to Teladoc.com and click **"Log in/Register"**

Call 1-855-549-2214

Please Note:

You must wait until your health plan effective date before registering for telehealth services.

Happy customers

Teladoc has a >95% satisfaction rate with 92% of issues resolved after the first visit.[8]

1 Behavioral health telehealth is currently only available to members ages 13 or older.

2 www.teladoc.com/health-talk/time-and-money/ (Accessed January 2024).

3 www.teladoc.com/start (Accessed December 2023).

4 In some states, laws require that a doctor only prescribe medication in certain situations and subject to certain limitations.

5 Consults can only be held within the United States.

6 Children under 36 months who present with fever must be referred to their pediatrician (medical home), child friendly urgent care center or emergency department for clinical evaluation and care. Teladoc doctors may not treat any children with urinary symptoms. Parent/guardian will be required to complete a different medical history disclosure form for children under the age of 36 months prior to making an appointment with an Teladoc doctor.

7 Member.teladoc.com/ih (Accessed January 2024).

8 Teladoc Health General Medicine brochure. (19 April 2021). assets.ctfassets.net/l3v9j0ltz3yi/73VhGDN96SJh2DTdtZs0XV/42ec6017429167ea0645ad2b8b183c04/General_Medical_Sell_Sheet.pdf (Accessed December 2023).

Health Reimbursement Arrangement (HRA)

Administered by Health Equity

The Town of Waynesville provides a Health Reimbursement Arrangement (HRA) through Health Equity for the Medical Deductible and Town for the prescription reimbursement.

Medical

For Individual coverage, you will be responsible for the first $500 of your deductible and the Town of Waynesville will reimburse the remaining $4,500. For Family coverage, you will be responsible for the first $1,000 of the deductible and the Town of Waynesville will reimburse the remaining $9,000. REIMBURSEMENTS will be administered by Health Equity and sent directly to the provider, in most instances. Visit your member portal to access account information.

To Log on to your HealthEquity member portal:

- Go to www.myhealthequity.com.
- Type in your username and password.
- If you have never been logged in before, select that you are logging for the first time as a member. Be prepared to enter your first and last name, the last four digits of your social security number, birth date, and the ZIP code of your current address. This information is used to identify you as the actual account member.
- HealthEquity's expert specialists are standing by 24/7/365 to answer your questions about anything and everything related to your HealthEquity accounts. If you have any questions regarding how to log in or how to best use your accounts, please contact HealthEquity at **877-713-7682**.

Prescriptions

BCBS pays for prescription amounts over $100 per Rx. If you purchase your brand name prescriptions from **Kim's Pharmacy or Mark's Pharmacy**, they will charge you the applicable prescription amount, up to $40 for tiers 2, 3, & 4.

Want to save money on Prescriptions? **GoodRx** is a website and mobile app that tracks prescription drug prices and offers drug coupons at various pharmacies throughout the United States. For potential savings visit: www.goodrx.com.

Medical Flexible Spending Account

Administered by Flores & Associates

You have the option to set aside a certain amount of your earnings before tax each pay period; the pre-tax dollars are set aside in your medical flexible spending account until needed. The IRS allows you to use these pre-tax dollars to pay IRS approved out-of-pocket medical, dental, or vision expenses. You may set aside up to $2,650 annually.

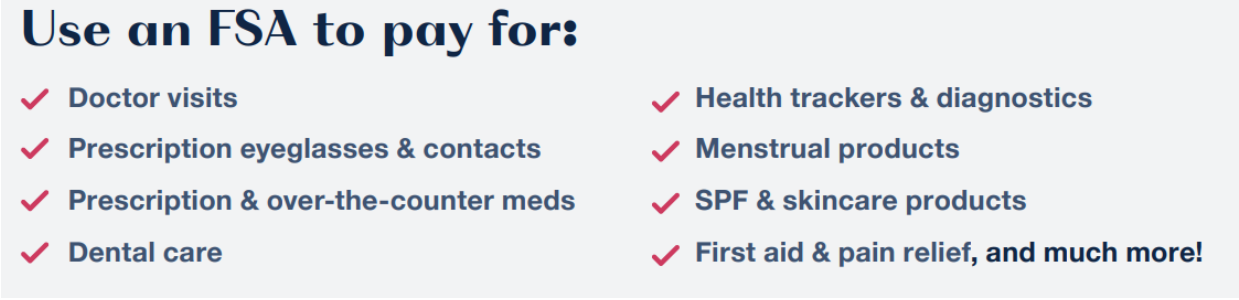
Your Steps to Savings!

Realize the Tax Savings

You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for $2,650 you would save $662.50 In taxes.

Estimate You Expenses

Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found below. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.



Medical FSA Frequently Asked Questions

How can I submit a claim?

Claims may be uploaded to your account on our participant website, www.flores247.com, or using our e-Receipt mobile application. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

What must be included in the receipts?

Al receipts for reimbursement must include the following information: Date of Service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

Will I have a Debit Card?

Possibly. If your plan offers the debit card, you can use your “Benny Card” at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

Do I need to Re-Enroll in the Medical FSA Each Year?

Yes, you must re-enroll with each new plan year. Elections do not roll over from year to year.

When will I have access to the funds in my Medical FSA?

After your first Medical FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

How will reimbursement be issued?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollar.

Can I change my election during the plan year?

You may change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change to change your election. See the Allowable Status Change Guide on our website (www.flores247.com) for further information.

Can I submit my spouse/dependent medical expenses to my Medical FSA?

Regardless of who is covered on your medical insurance, the Medical FSA may reimburse expenses for your spouse, if you file jointly on your federal tax return, or any qualifying tax or adult dependent.

What happens to my medical FSA if I terminate from the company?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you are terminated. In certain situations, you may be eligible to continue your participation in the Medical FSA through the election of COBRA. Please contact your Human Resource Department for further information.

Dental Insurance

Town of Waynesville will continue to offer dental insurance through Ameritas and pays 100% of the premium for employees on a *plan year* basis.

	In & Out of Network Benefits
Plan Year Deductible	
Individual	$50
Family	$150
Waived for Preventive Care?	Yes
Out of Network Providers are paid at 90% UCR	
Plan Year Maximum	
Per Person / Family	$1,250
Preventive ▪ Routine Oral Exams ▪ Bitewing X-rays ▪ Routine Cleanings ▪ Fluoride Treatment ▪ Sealants ▪ Space Maintainers ▪ Pre-Diagnostic Test	100%
Basic ▪ Cavity Fillings ▪ Anesthesia ▪ Denture Repair ▪ Restorative Composites ▪ Periodontics (surgical and non-surgical) ▪ Endodontics (surgical and non-surgical)	80% after deductible
Major ▪ Crowns ▪ Inlays/Onlays ▪ Bridges ▪ Dentures ▪ Dentures Relines/Rebases ▪ Implants	50% after deductible
Orthodontia (children only through age 18)	
Benefit Percentage	50%
Lifetime Maximum	$1,250

Dental Rewards – Rollover Benefit		
This dental plan includes a feature that allows you to carry over part of your unused annual maximum. You will earn a carryover amount by submitting at least one claim every year that does not exceed a $500 benefit threshold.		
Benefit Threshold	$500	Benefits received for the year cannot exceed this amount
Annual Carryover Amount	$250	Amount that is added to the following year's maximum
Maximum Carryover Allowed	$1,000	Maximum accumulation for Dental Rewards

Ameritas

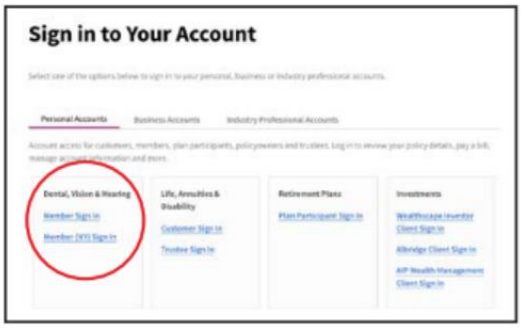
Find a Network Dentist

Who's Right for You

Find your Ameritas Dental Network name

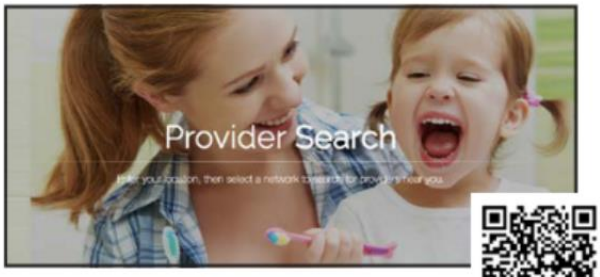
There are several ways to find your network name:

- Check your dental ID card or plan materials.
- Call customer connections at 800-487-5553 – in NY, 800-659-5556.
- Sign in to your secure member account.
- Download the Ameritas Benefits app for iOS or Android. Log in with the same user ID and password you use for your secure member account.



Search online

- Visit ameritas.com – Find a Health Provider to find a new dentist or see if your current provider is in the Ameritas Dental Network.
- For a list of providers that allow you to use your in-network benefits in Mexico, select Find a Contracted Provider in Mexico.



Member account registration

After your benefit effective date:

1. Go to **ameritas.com/sign-in** and select Member Sign In under Dental, Vision & Hearing.
2. Choose your account type, validate your identity, and follow the prompts to create your account.

Need help registering?
Follow this step-by-step registration guide.

Learn more about the features available in your member account.

Getting started in your account:

- Print or save your **ID card** to your smartphone.
- Review your **plan details** including maximum benefit, deductible amounts and your remaining benefits.
- Check if your current provider is part of the **Ameritas Dental Network**.
- See how **benefits** are calculated and payments are processed in the claims tab.
- Go **paperless** and sign up to receive your explanation of benefits (EOB) statements online.

Vision Insurance

Town of Waynesville provides vision insurance through Community Eye Care. Enrolling in CEC gives you the vision services you need and the ability to select the eyewear you want.

	Community Eye Care
Copay	
Routine Exams (Annual)	$10 copay
Vision Materials	
Materials Copay	$10 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered $10 copay every 12 months
Frames	Covered at $175 allowance every 12 months
Retinal Eye Exam (Optional Benefit)	**ATTENTION**: Additional fee of $39 will be charged for retinal eye screening exam for in-network providers

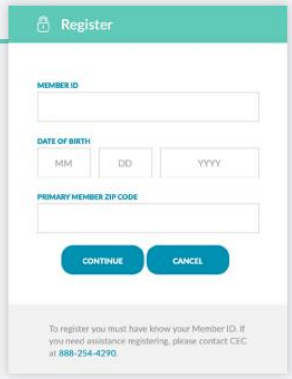
CEC community eye care

Access Your Plan Details Anytime, Anywhere

Active members and enrolled dependents who are 18 years of age or older can register for a member account on the **CEC Members Portal**, where you can have access to view your plan details online, 24/7.

How to Register for an Account

1. Visit cecvision.com/members/login
2. Click Not Registered?
3. Enter MEMBER ID, DATE OF BIRTH, and PRIMARY MEMBER ZIP CODE



Questions?

Our customer service team is available at **888-254-4290**, Monday through Friday, 8:00 am - 6:00 pm, and Saturday, 10:00 am - 3:00 pm. All times eastern.

Member Portal Features

- View Benefit Information
- View, Print, or Request ID Cards
- Update Demographic Information
- Check Current Eligibility
- View Claims & Provider Visit Information
- Submit an Out-of-Network Claim

Register or access your account at **cecvision.com/members/login.**

CEC community eye care | WARBY PARKER

Everything you need for happier eyes

From glasses to contacts to eye exams, Warby Parker is here for your everyday vision care. Whether you shop online or in stores, there's a range of ways you can treat your eyes and use your CEC vision benefits.

VISIT YOUR NEAREST STORE

Visit one of our 250+ stores to try on eyeglasses and sunglasses, get your annual eye exam, and enjoy free frame adjustments for life.

BOOK AN EYE EXAM

We offer quick and comprehensive eye exams with friendly, expert optometrists at most Warby Parker locations—for glasses, contacts or both. (Exams are available for adults and children ages 4 and up.)

SWIPE THE WARBY PARKER APP

Shop frames and contacts anytime, anywhere. With an iPhone X and above, you can instantly see yourself in frames using Virtual Try-On, as well as find your fit using our frame width tool.

Learn about the ways you can save at Warby Parker using your CEC vision benefits at **warbyparker.com/insurance**

Payroll Deductions

Employee Contributions (Per Pay Cycle)	
Blue Options 123	
Employee	$0.00
Employee & Spouse	$97.41
Employee & Child(ren)	$46.17
Employee & Spouse & Child(ren) (Family)	$148.26

Employee Contributions (Per Pay Cycle)	
Dental	
Employee	$0.00
Employee & Spouse	$17.18
Employee & Child(ren)	$30.98
Employee & Spouse & Child(ren) (Family)	$37.44

Employee Contributions (Per Pay Cycle)	
Vol Vision	
Employee	$4.95
Employee & 1 Dep	$9.40
Employee & 2+ Deps	$13.85

Employee Contributions (Per Month)*	
Basic Dependent Life	
Spouse & Children	$2.10

Life and AD&D Insurance

Town of Waynesville provides Basic Life and AD&D benefits to eligible employees through USAble Life. Life insurance protects your family members from financial losses that could result if something happens to you. It provides financial security, helps to pay off debts, helps to pay living expenses and helps to pay any medical or final expenses.

Group Term Life/Accidental Death & Dismemberment

All full-time employees will be eligible for one (1x) time your Basic Annual Earnings, rounded to the next higher $1,000 from a minimum of $25,000 to a maximum of $100,000 of company paid life insurance.

Benefits reduce:

- 65% at age 65
- 45% at age 70
- 30% at age 75
- Terminate when you are no longer eligible or your retirement whichever occurs first.

IMPORTANT: It is important to review your beneficiary information while you are electing benefits to ensure that it is up-to-date and accurate.

Dependent Life

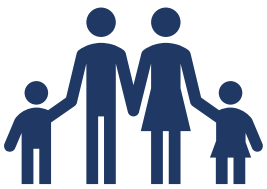
- ***Spouse*** - You may purchase coverage for your eligible spouse in the amount of $10,000.
- ***Children*** - You may purchase coverage for your eligible children between the ages of 6 months and 26 years in the amount of $5,000. Benefits are reduced to $500 for children from birth to 6 months.

Group Term Life insurance is designed to provide benefits to your designated beneficiary for loss of life. Group Term Life coverage also includes the following benefits:

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)

Accidental Death and Dismemberment (AD&D) is payable to employee's only (dependents are not covered), if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job. AD&D coverage also included the following benefits:

- Seat belt or airbag rider benefit
- Coma benefit
- Exposure & Disappearance benefit
- Repatriation benefit



Voluntary Life

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Employees can elect Voluntary Life insurance with USAble Life if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Employee – If you are age 69 or younger, you may purchase coverage in units of $10,000 to a maximum of $100,000 *without* medical evidence of insurability. Coverage over these amounts to a maximum of $300,000 is available with medical evidence of insurability. Coverage cannot exceed 5x your Basic Annual Earnings.

Spouse – You may purchase coverage for your eligible spouse, age 69 or younger, in unties of $5,000 from a minimum of $10,000 to a maximum of $20,000 *without* medical evidence of insurability. Coverage over these amounts to a maximum of $150,000 is available with medical evidence of insurability. Coverage cannot exceed 50% of the employee's benefit.

Children – You may purchase coverage for your eligible children between the ages of 6 months and 26 years in units of $2,000 to a maximum of $10,000. Benefits are reduced to $1,000 for children from birth to age 6 months.

Benefits reduce:

- 65% at age 65
- 50% at age 70
- Terminates when you are no longer eligible or your retirement, whichever occurs first. Children's coverage terminates when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VGTL coverage includes the following benefits:

- Accelerated Benefits Rider
- Portability
- Extended Life Insurance Benefit (Waiver of Premium)

Benefit	Voluntary GTL										
Units	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$0.16	$0.16	$0.19	$0.30	$0.39	$0.67	$1.09	$1.82	$2.01	$2.26	$3.58
$10,000	$0.32	$0.32	$0.37	$0.60	$0.79	$1.34	$2.17	$3.65	$4.02	$4.52	$7.15
$15,000	$0.49	$0.49	$0.55	$0.90	$1.18	$2.01	$3.25	$5.47	$6.02	$6.79	$10.73
$20,000	$0.65	$0.65	$0.74	$1.20	$1.57	$2.68	$4.34	$7.29	$8.03	$9.05	$14.31
$25,000	$0.81	$0.81	$0.92	$1.50	$1.96	$3.35	$5.42	$9.12	$10.04	$11.31	$17.89
$30,000	$0.97	$0.97	$1.11	$1.80	$2.35	$4.02	$6.51	$10.94	$12.05	$13.57	$21.46
$35,000	$1.13	$1.13	$1.29	$2.10	$2.75	$4.69	$7.59	$12.76	$14.05	$15.83	$25.04
$40,000	$1.29	$1.29	$1.48	$2.40	$3.14	$5.35	$8.68	$14.59	$16.06	$18.09	$28.62
$45,000	$1.45	$1.45	$1.66	$2.70	$3.53	$6.02	$9.76	$16.41	$18.07	$20.35	$32.19
$50,000	$1.62	$1.62	$1.85	$3.00	$3.92	$6.69	$10.85	$18.23	$20.08	$22.62	$35.77
$55,000	$1.78	$1.78	$2.03	$3.30	$4.32	$7.36	$11.93	$20.05	$22.09	$24.88	$39.35
$60,000	$1.94	$1.94	$2.22	$3.60	$4.71	$8.03	$13.02	$21.88	$24.09	$27.14	$42.92
$65,000	$2.10	$2.10	$2.40	$3.90	$5.10	$8.70	$14.10	$23.70	$26.10	$29.40	$46.50
$70,000	$2.26	$2.26	$2.59	$4.20	$5.49	$9.37	$15.19	$25.52	$28.11	$31.66	$50.08
$75,000	$2.42	$2.42	$2.77	$4.50	$5.89	$10.04	$16.27	$27.35	$30.12	$33.92	$53.65
$80,000	$2.59	$2.59	$2.95	$4.80	$6.28	$10.71	$17.35	$29.17	$32.12	$36.19	$57.23
$85,000	$2.75	$2.75	$3.14	$5.10	$6.67	$11.38	$18.44	$30.99	$34.13	$38.45	$60.81
$90,000	$2.91	$2.91	$3.32	$5.40	$7.06	$12.05	$19.52	$32.82	$36.14	$40.71	$64.39
$95,000	$3.07	$3.07	$3.51	$5.70	$7.45	$12.72	$20.61	$34.64	$38.15	$42.97	$67.96
$100,000	$3.23	$3.23	$3.69	$6.00	$7.85	$13.39	$21.69	$36.46	$40.15	$45.23	$71.54

VGTL PREMIUMS FOR CHILD	$2,000	$0.10
	$4,000	$0.19
	$6,000	$0.29
	$8,000	$0.38
	$10,000	$0.48

Voluntary Accident

Administered by Allstate

Accident Insurance is provided by Allstate under a group plan. Employees can purchase this benefit to provide coverage for treatment of accidental injuries, including broken bones and burns, and covered events such as medical treatment or hospitalization due to an off-the-job accident. Benefits are paid according to a flat schedule and can be used as the insured sees fit.

Base Policy Benefits		Plan
Initial Hospital Confinement (pays once/year)		$2,000
Daily Hospital Confinement (pays daily)		$400
Intensive Care (pays daily)		$800
Additional Riders Added to Base		
Accident Treatment and Urgent Care Rider		
Ambulance	*Ground*	$400
	Air	$1,200
Accident Physician's Treatment		$200
X-ray		$400
Urgent Care		$200
Dislocation or Fracture Rider		$8,000
Emergency Room Services Rider		$400
Additional Riders		
Outpatient Physician's Benefit Rider		$100
Accidental Death, Dismemberment and Functional Loss Rider		$100,000
Common Carrier Accidental Death (fare-paying passenger)		$250,000

Injury Benefit Schedule	
Complete Dislocation	**Plan**
Hip joint	$8,000
Knee or ankle joint, bone or bones of the foot	$3,200
Wrist joint	$2,800
Elbow joint	$2,400
Shoulder joint	$1,600
Bone or bones of the hand, collarbone	$1,200
Two or more fingers or toes	$560
One finger or toe	$240
Complete, Simple or Closed Fracture	
Hip, thigh (femur), pelvis	$8,000
Skull	$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$3,200
Foot, hand or wrist	$2,800
Lower jaw	$1,600
Two or more ribs, fingers or toes, bones of face or nose	$1,200
One rib, finger or toe, coccyx	$560

Example:

An Employee breaks his arm at a baseball game. The plan will pay the following estimated benefit:

Plan Example	
Emergency Room Visit	$400
Fracture of the Forearm	$3,200
Accident Physician Treatment	$200
Medical Testing Benefit (X-Ray)	$400
Total Estimated Benefit	**$4,200**

- Covers Off-the Job Accidents only.
- Coverage is portable at the same benefit level and premium amount, if premiums are paid to Allstate Benefits.

Outpatient Physician Benefit

Allstate will pay you $100 per visit, when you receive treatment by a physician outside of a hospital for any non-accident-related visit. There is a maximum of two (2) visits per calendar year if you enroll in Employee Only coverage; if you enroll your Spouse and/or Children, there is a maximum of four (4) visits, two (2) per person maximum.

Please see the certificate or accident brochure for coverage specifications.

Group Voluntary Accident			
EE	**EE/SP**	**EE/CH**	**EE/FAM**
$7.21	$16.49	$20.16	$26.20

Voluntary Critical Illness

Benefit Amounts	Plan 1	Plan 2
Initial Critical Illness Benefits		
Heart Attack (100%)	$10,000	$20,000
Stroke (100%)	$10,000	$20,000
Coronary Artery Bypass Surgery (25%)	$2,500	$5,000
Major Organ Transplant (100%)	$10,000	$20,000
End Stage Renal failure (100%)	$10,000	$20,000
Waiver of Premium (Employee Only)	Yes	Yes
Cancer Critical Illness Benefits		
Invasive Cancer (100%)	$10,000	$20,000
Carcinoma in Situ (25%)	$2,500	$5,000
Second Event Benefit		
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes
Supplemental Critical Illness Benefits II		
Advanced Alzheimer's Disease (25%)	$2,500	$5,000
Advanced Parkinson's Disease (25%)	$2,500	$5,000
Benign Brain Tumor (100%)	$10,000	$20,000
Coma (100%)	$10,000	$20,000
Complete Blindness (100%)	$10,000	$20,000
Complete Loss of Hearing (100%)	$10,000	$20,000
Paralysis (100%0	$10,000	$20,000
Additional Benefit		
Wellness Benefit (per year)	$100	$100

Wellness (Pays annually when one of 23 screening exams is performed)	
Biopsy for skin cancer	Hemoccult stool analysis
Blood test for triglycerides	HPV Vaccination (Human Papillomavirus)
Bone Marrow Testing	Lipid panel (Total cholesterol count)
CA15-3, CA125, CEA and PSA (Blood test)	Mammography (Including Breast Ultrasound)
Chest X-ray	Pap smear (ThinPrep Pap Test included)
Colonoscopy	Serum Protein Electrophoresis (Myeloma test)
Doppler screening for carotids and peripheral vascular disease	Stress test on bike or treadmill
Echocardiogram	Thermography
EKG (Electrocardiogram)	Ultrasound screening (abdominal aortic aneurysms)
Flexible sigmoidoscopy	

Bi-Weekly Rate Guide				
Ages	**Plan 1 - $10,000 Benefit**		**Plan 2 - $20,000 Benefit**	
	Employee, Employee + Child(ren)	**Employee + Spouse, Family**	**Employee, Employee + Child(ren)**	**Employee + Spouse, Family**
Non-Tobacco			**Non-Tobacco**	
18 – 35	$5.78	$9.72	$8.56	$13.88
36 – 50	$10.90	$17.40	$18.80	$29.24
51 – 60	$20.56	$31.88	$38.10	$58.18
61 – 63	$31.18	$47.80	$59.32	$90.04
64+	$45.48	$69.26	$87.94	$132.94
Tobacco			**Tobacco**	
18 – 35	$7.90	$12.90	$12.80	$20.24
36 – 50	$16.78	$26.20	$30.52	$46.82
51 – 60	$32.88	$50.36	$62.74	$95.16
61 – 63	$46.90	$71.40	$90.82	$137.26
64+	$69.16	$104.78	$135.30	$203.98

Allstate

MyBenefits
secure online claims filing

E-Signature
Gets your payment to you faster when you file your claim online

Check out our video to see how easy it is to file claims with MyBenefits - www.allstatevoluntary.com/videos/myben_esig.htm

Register at
mybenefits.allstate.com

Your claim

Payment
Tell us how you would like to get paid. We support either method listed.

Direct Deposit or Mail Check

Filing
Choose your coverage and enter your medical treatment/services information.

Accident, Critical Illness, Hospital Indemnity and additional coverages

E-Signature
Upload your supporting documents, like a hospital or doctor's bill. Review your claim and verify electronically with E-Signature!

Collect Bills | Upload Documents | Review Claims | E-Sign Online

Using your payment
MyBenefits with E-Signature helps you receive your claim payment fast to help you pay medical bills or spend it however you want. **There are no restrictions on how you use your payment.**

To find out more about what the MyBenefits site can offer, see the ***information on reverse***.

MyBenefits
Innovative online capabilities at your fingertips

Online Access 24/7
Access your claim and benefit information anytime, day or night

E-Signature
Upload supporting documents, like hospital or doctor's bills. Review and sign your claim electronically!

Coverage Information
Print or view your coverage details or certificates on existing coverage

Help Center
Gives you anytime access to our Forms Library, Upload Center, contact information and recent account activity

Message Center
Alerts you of claim status updates and other important information

Mobile Friendly
Use your mobile device to upload pictures of your claim forms and supporting documents

Mental Health & Wellbeing Benefit

Administered by Bree Health

What is EAP?

- **A confidential program that provides professional assistance to help resolve problems for individuals and families**
- **Designed to help employees before personal problems become work problems**
- **Types of problems that can arise:**
  - Financial
  - Stress or tension
  - Relationship
  - Family or parenting issues
  - Work
  - Depression or anxiety
  - Gambling or addictions
  - Alcohol or drug use
  - Difficulty sleeping
  - And more!

FAQ's

Is it confidential?

Yes – Confidentiality is a vital part of your EAP. Your employer will not know that you have requested assistance without your permission.

How much does it cost?

The cost of the initial evaluation and short-term counseling is prepaid by your employer. If further counseling is recommended, additional costs are the responsibility of the employee but will usually be covered by your health plan.

Who can use EAP?

Employees and their families (members of the immediate household) can use the EAP on a self-referral basis. Employees may also be referred to by their supervisors when personal problems affect job performance.

What happens when I go to EAP?

You will talk to a certified, licensed professional about your problems, and you will work with your counselor to establish a plan for further assistance.

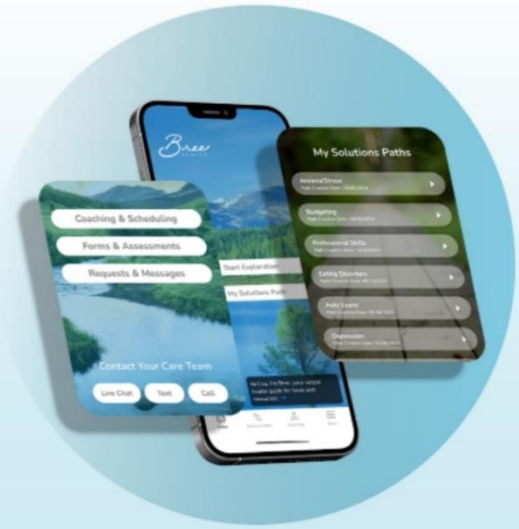
The best time to seek help with a problem is as soon as it begins to affect your well-being at home or work.

(800) 327-2255 login.breehealth.com Mobile App: Bree Health

Bree HEALTH

Barrier-Free Access to Personalized Mental Health Solutions

Get seamless access to expert care, resources, and personalized support—whenever and wherever you need it.



Bree Health offers a comprehensive range of services designed to support your mental health and well-being. Our goal is to make accessing care as easy and effective as possible, so you can focus on what matters most.

Certified Life Coaching & Counseling

Access to Certified Life Coaching & Counseling for a variety of personal and professional needs, including managing stress, career growth, relationship challenges, and family matters.

Solutions Paths

Get personalized Solutions Paths with step-by-step guidance, tools, and resources that adapt to your needs, providing continuous support to reach your goals.

Legal & Financial Resources

Access no-cost 30-minute legal consultations, 90-minute financial consultations, a library of tools and resources, and discounted rates for continued services.

Bree Video Library

Access guided meditations, relaxation videos, educational content, and weekly mood-boosting insights to enhance your focus and refresh your mind.

Virtual Concierge Services

Provides dedicated Personal Assistants to help with research, referrals, and information on child/elder care, travel, events, relocation, dining, entertainment, and more.

Employee Discounts

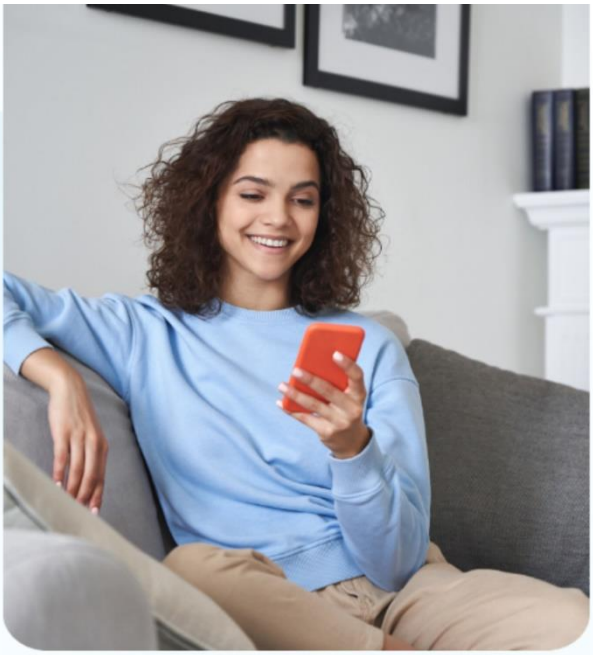
Enjoy exclusive savings on events, entertainment, travel, shopping, experiences, and more through our partner, Working Advantage.

Barrier-Free, 24/7 Access

Enjoy barrier-free access to all resources anytime, anywhere, through our user-friendly app or web platform, ensuring that reliable support is always available when you need it.

(800) 327-2255 | login.breehealth.com | Mobile App: Bree Health

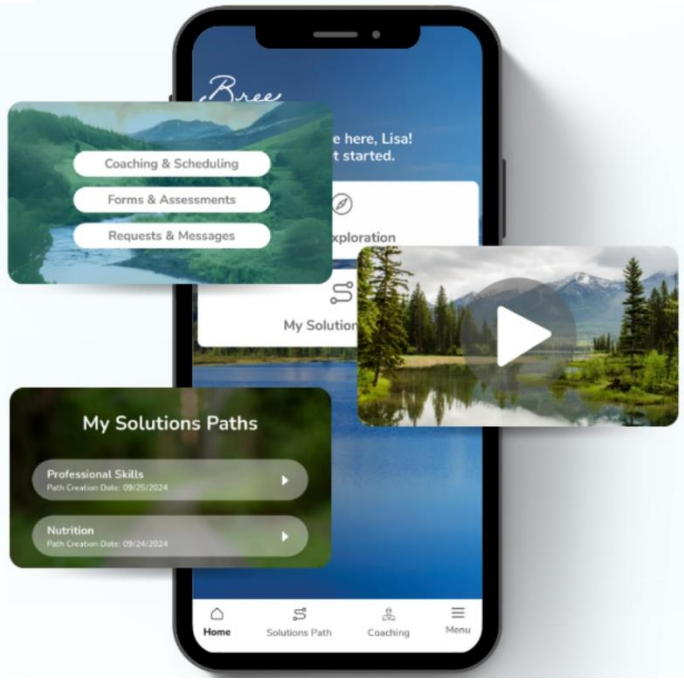
EFFORTLESS ACCESS TO EXPERT COACHING AND MENTAL HEALTH SUPPORT



DISCOVER THE POWER OF THE BREE HEALTH APP

DISCOVER THE POWER OF THE BREE HEALTH APP

Take control of your mental health and well-being with the Bree Health App—your all-in-one solution for personalized, barrier-free access to essential support services. Whether you're managing stress, seeking mental health guidance, or navigating life's everyday challenges, our app is designed to make care effortless, accessible, and personalized to your needs.



CONFIDENTIAL ASSISTANCE

We ensure that your information and identity is kept completely confidential - even from your employer. Exceptions occur only when members are at risk of harming themselves or others or when the welfare of a child is in question.

BEGIN YOUR JOURNEY TO TOTAL WELL-BEING TODAY

COMPANY ID: 10999

Visit login.breehealth.com or scan the QR code to download the app and take the first step toward a more balanced and fulfilling life.

Additional Supplemental Benefits

Administered by Aflac

In case of an accident or illness, it is reassuring to know you have cash benefits to help you get back on your feet. When you receive your claim payments from Aflac, you can use the money any way you see fit. You can use the money to pay deductibles and co-payments, or for daily living expenses such as house payments, utilities, food, gas, etc., as well as out-of-pocket expenses, and to replace loss of income.

For employees of the Town of Waynesville, Aflac offers Caner Protection, Critical Care Protection and Short-Term disability.

Cancer Protection, benefits are paid for the treatment of Cancer of Associated Cancerous condition, everything from a wellness benefit to a lump sum of initial diagnosis, chemotherapy, radiation, surgery, travel expenses and more.

Critical Care Protection covers both sickness and injury, including heart attack, stroke, sudden cardiac arrest, coronary artery bypass graft surgery, end-stage renal failure, coma, paralysis, third degree burns, persistent vegetative state and major organ transplant.

Not only does this policy pay a first occurrence lump sum benefit, but it also pays for benefits for hospitalization, heart specific surgery, continuing care, travel and lodging. Lastly, Aflac offers a guaranteed issue Short-Term Disability, meaning there are no health questions asked.

Short-Term Disability product helps by replacing a portion of your income when you must miss work due to sickness or injury.

The majority of our products now fall under the ONE DAY PAY claims process, so you can have your money in your pocket in 24 hours.

Your AFLAC representative is

Josh Fields

Contact him at

828-342-1993

Retirement Plan

The Town of Waynesville offers a retirement plan through the NC Retirement System.

- **Employee Contribution** – 6% Gross Earnings
- **Town of Waynesville Contribution** – Regular Employees & Fire 14.35%
- **Town of Waynesville Contribution** – Police Employees 16.10%

NC retirement system (ORBIT) - Link: https://orbit.myncretirement.com/ ; Phone: 919-814-4590

401(k)

Town of Waynesville Contribution – For all full-time employees, 5% of gross earnings, from the first day of hire. Employees may also begin contributing on the first day of employment.

457 – Optional Retirement Savings (Employee Contribution Only)

Part-time Employees are eligible to contribute.

Awards / Bonuses

Town of Waynesville is proud to recognize employees with awards and bonuses. Listed below are some of the awards and bonuses offered:

- **Longevity Award –** Set dollar amount based on years of service. Employees hired after July 1, 2020, will receive after 5 years of service.
- **Service Recognition -** awards beginning at 5 years of services, and 5-year increments thereafter.
- **Holiday Bonus -** $500 for full year, pro-rated for partial year.

Paid Time Off

New hires from another unit of government which participates in NC LGERS (Local/State) may transfer unused sick leave to the Town of Waynesville, provided appropriate documentation is provided form the previous governmental unit. New hires will receive credit for years of service in calculating annual leave for total years served in any unit of government which participates in NC LGERS.

Vacation is earned by the eligible employee in the following hourly, or fraction thereof, amounts:

Length of Service/Years	Hours Earned Each Month	Days Earned Each Year
0 - 5	9.20	14
5 -10	11.20	17
10 -15	13.20	20
15 -20	15.20	23
20+	17.20	26

Employee Holiday Schedule

- New Years Day
- Martin Luther King Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

Full-Time Employees Sick/Personal Leave Schedule

8 hours per month	96 hours per year	12 days
** No maximum accumulation ** Used towards retirement **		

**Town of Waynesville holiday schedule will coincide with the State of North Carolina holiday schedule.

Town of Waynesville Tobacco Use Affidavit

This form is being used to determine your medical insurance premium. This form, and your response to this form, is not being used to determine your employment status (unless found to be false).

Your health plan is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Benefits & Wellness Department and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Check the applicable box(s) below:

I declare that I use tobacco products in some form.
NOTE: Tobacco products include cigarettes, cigars, chewing or pipe tobacco, vaporized cigarettes (e-cigarettes) or any other tobacco products regardless of the frequency or method of use.

☐ **Yes** ☐ **No, I do not use tobacco products.**

By signing this form, I certify the following:

- I have truthfully checked the Yes or No boxes above that accurately reflect my current use of tobacco products.
- I understand that tobacco products include cigarettes, cigars, chewing or pipe tobacco, vaporized cigarettes (e-cigarettes), or any other tobacco products regardless of the frequency or method of use.
- I understand that the higher regular premium **will apply beginning July 1, 2025**. Tobacco users and any employees who fail to complete this affidavit will be charged a higher premium with a surcharge of $25.00.
- I certify that if this information changes at any time in the future, while I have health insurance coverage through the Town of Waynesville, I will notify the Town of Waynesville of such change within 30 days through completion and re-submission of this form with the required documentation from physician or smoking cessation program. I understand that all premium changes will be prospective. I will not be refunded any part of the insurance premium. However, I will have the opportunity to earn the non-tobacco premium each year.
- I understand that if I fail to complete this Affidavit truthfully, the Town of Waynesville may adjust my premium charges retroactively for the higher regular premium. Upon written notification, I must reimburse the Town of Waynesville for any amounts reduced from my premiums for the period for which I falsely certified eligibility for the premium. Repeating offenses may result in termination of employment.

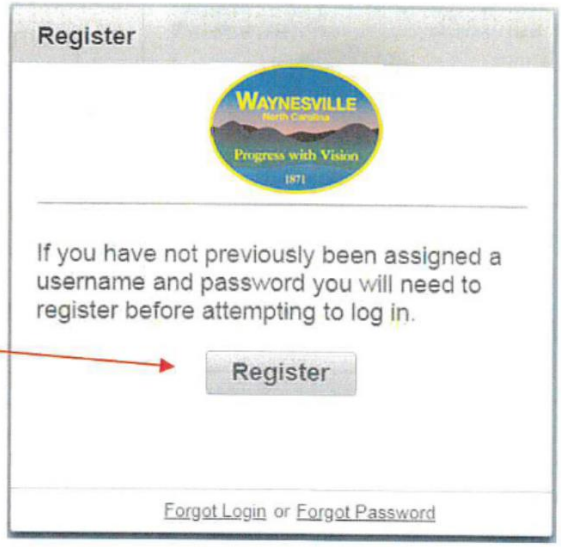
How to Enroll

Registering on the Benefit Connector Enrollment Site

Step 1
Log on to:
https://townofwaynesville.benefitconnector.com

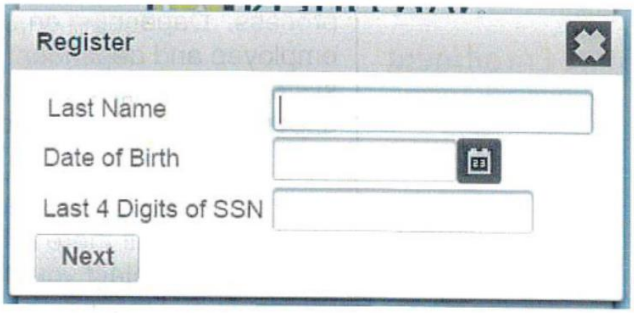
Step 2
If you have never accessed the site, you must register.

- From the log in screen, click '**register**' to begin registration process.



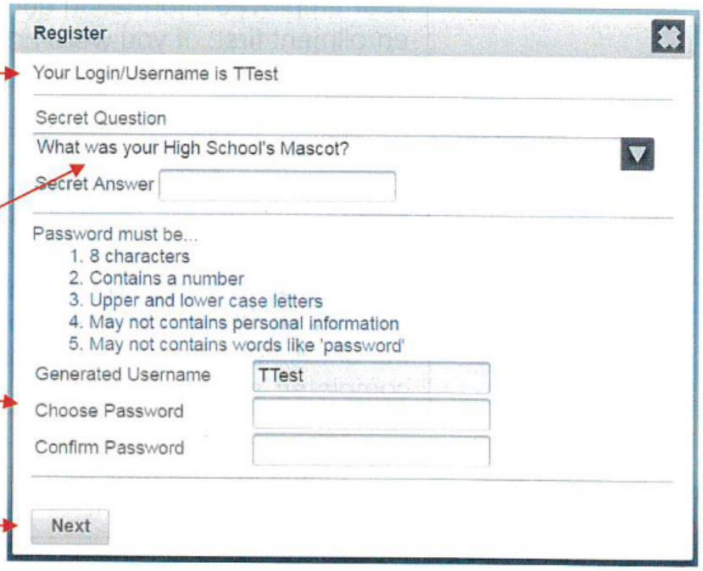
Step 3

- Enter the **Registration Information** - Last Name, Date of Birth, Last 4-Digits of SS#.
- Click 'Next' to continue.



Step 4

- Make note of your **Login/Username**
- Select and answer a **Secret Question**
- Create and verify a **Password**. Password strength is displayed as password is developed.
- Click 'Next' to continue.



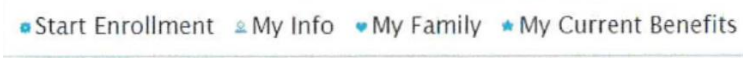
Be sure to remember your Login/Username and Password for future access to Benefit Connector. If you forget your Password, it can be reset it by following the instructions for **'Forgot Login/Password'** in the log in box.

Triune Technologies

Instructions For Using On-Line with Benefit Connector™

Your employer will provide you with the specific site address for the enrollment site. To access the site go to: https://townofwaynesville.benefitconnector.com

User Name and Password are required to enter the enrollment site. If you are a first time user you must go through the registration process. Click on **'Register'** and follow the simple registration instructions. A default User Name will be assigned. You will create your Password.



Start Enrollment

During an Open Enrollment period click **Start Enrollment** to begin the enrollment process. Depending on case settings you may or may not be asked to verify both employee and dependent information. Dependents who are currently listed in the system can be updated and verified at this point. Important: You'll be given the opportunity to add dependents during the actual enrollment process.

My Info

Your demographic information will be displayed in the **My Info** tab, some of which can be edited. If there is incorrect information in fields that you are not allowed to edit, please contact your HR Dept and provide them with the correct information. Suggestion: Depending on case settings you may or may not be asked to verify your employee information during the enrollment process. Complete your enrollment first. If you were not asked to verity your information during the enrollment process, you can view/update your information once you've completed enrollment.

My Family

Dependents who are currently listed in the system will be displayed in the **My Family** tab. Where allowed you can update and correct dependent information. Suggestion: Depending on case settings you may or may not be asked to verify your dependent information during the enrollment process. Complete your enrollment first. If you were not asked to verity your dependent information during the enrollment process, you can view/update your dependents once you've completed enrollment.

My Current Benefits

Select **My Current Benefits** to view a summary of the benefits you are currently enrolled in.

Selects **Documents** to view and print any Forms or Documents that have been posted by your employer.

Selects **Settings** to change your Password or your Registration information.

Click for additional help information.

MyBenefits2GO

Free Benefits App for iPhone & Android

You and your enrolled dependents can access benefit summaries and other important information about our group plans using MyBenefits2GO. View up-to-date plan information, store photos of ID cards, and easily locate carrier and HR contact information—all in one place.

Contacts

Have Questions? Need Help?

Town of Waynesville is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

Carrier Customer Service

Benefits Plan	Carrier	Phone Number	Website
Medical PPO	BCBS NC Group #14161863	888-206-4697	www.bcbsnc.com
Dental PPO	Ameritas	800-487-5553	www.ameritas.com
Vision	Community Eye Care Group #TOWNWAY01	888-254-4290	www.cecvision.com
Health Reimbursement Arrangement	Health Equity	866-382-3510	www.healthequity.com
Flexible Spending Account	Flores & Associates	800-532-3327	www.flores-associates.com
Life and AD&D	USAble Life Group #50004011	800-370-5856	www.usablelife.com
Voluntary Life	USAble Life	800-370-5856	www.usablelife.com
Accident	Allstate	800-521-3535	www.allstate.com
Retirement (State)	NC Orbit	919-814-4590	www.orbit.myncretirement.com
401(k) & 457	Empower	866-627-5267	www.plan.empower-retirement.com

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0835 or via e-mail at BRCSouth@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Contact the Benefit Resource Center (BRC)

Our Benefits Specialists can assist you
Monday through Friday, 8am to 5pm EST & CST

Toll Free: 855-874-0835 **BRCSouth@usi.com**

Important Legal Notices Affecting Your Health Plan Coverage

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

Blue Cross Blue Shield medical plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, go to bcbsnc.com.

You do not need prior authorization from BCBSNC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, go to bcbsnc.com

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage
If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries
In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights
If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file a suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials are not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which are denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions
If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

Important Legal Notices Affecting Your Health Plan Coverage

ADA NOTICE REGARDING WELLNESS PROGRAMS

The Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

However, employees who choose to participate in the wellness program and track activity points will receive an incentive of 75-99 points: $25, 100-125 points: $50, and 126 points & up: $75 for each quarter.

Additional incentives may be available for employees who participate in certain health-related activities such as non-smoking or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to reasonable accommodation or an alternative standard. You may request reasonable accommodation or an alternative standard by contacting Brittany Angel, HR.

Protections from Disclosure of Medical Information
We are required by law to maintain the privacy and security of your personal identifiable health information. Although the wellness program and Town of Waynesville may use aggregate information it collects to design a program based on identified health risks in the workplace, Health and Wellness Points Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable

accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Brittany Angel, Human Resources.

HIPAA WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Brittany Angel
16 S. Main Street
Waynesville, NC 28786
828-456-2028
bangel@waynesvillenc.gov

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. ***Please review it carefully****.*
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html**.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share**.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- July 1, 2025
- Brittany Angel; bangel@waynesvillenc.gov

MODEL INDIVIDUAL **NON-CREDITABLE COVERAGE** DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice From Town Of Waynesville About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Town of Waynesville and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Town of Waynesville has determined that the prescription drug coverage offered by the medical plan for the plan year 2025 is, on average for all plan participants, **NOT** expected to pay out as much as standard Medicare prescription drug coverage pays. **Therefore, your coverage is considered Non-Creditable Coverage.** This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the medical plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from medical plan. However, because your coverage is **non-creditable**, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you decide to drop your current coverage with Town of Waynesville, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under medical plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- If otherwise eligible under the terms of the plan, you may stay in the medical plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date but you **will have to pay a higher premium (penalty)** because you did not have creditable coverage.
- COBRA may be terminated when, *after* having elected COBRA continuation coverage, you enroll in Medicare. Otherwise, you may stay in the medical plan and also enroll in the Medicare prescription drug plan. The medical plan will be a **secondary payer** for prescription drugs and Medicare Part D will be a primary payer.
- You may decline coverage in the medical plan and choose to enroll in Medicare as the only payer for all medical and prescription drug expenses. If you do decide to join a Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents (if they elect to drop COBRA coverage as well) will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

Since the coverage under medical plan, is **not creditable** for the plan year [insert plan year], and depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Town of Waynesville changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	July 1, 2025
Name/Entity of Sender:	Town of Waynesville; Brittany Angel
Contact Position/Office:	Human Resources
Address:	16 S. Main Street, Waynesville NC 28786
Phone Number:	828-456-2028

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsphttps://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: https://dhhr.wv.gov/bms/

http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
Error! Hyperlink reference not valid.1-877-267-2323,

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub.L.104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C.3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C.3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Town of Waynesville / Brittany Angel
Contact--Position/Office:	Human Resources
Address:	16 S Main Street, Waynesville, NC 28786
Phone Number:	828-456-2028

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3.Name of Employer Town of Waynesville		4.Employer Identification Number (EIN) 56-6001367
5. Employer address 16 S. Main Street		6. Employer phone number 828-456-2028
7. City Waynesville	8. State NC	9. ZIP code 28786
10. Who can we contact about employee health coverage at this job? Brittany Angel		
11. Phone number (if different from above)	12. Email address bangel@waynesvillenc.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are:

    Full Time Employees working 30 hours or more per week

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Eligible dependents, spouse, children to age 26

  - ☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

WAYNESVILLE
North Carolina
Progress with Vision
1871