

BENEFITS GUIDE



ALBEMARLE
NORTH CAROLINA
Water. Air. Land. Opportunity.

2022-2023



CONTACTS



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This employee benefits reference guide provides you with an overview of City of Albemarle's benefits program. **Note Carefully:** The information in this Enrollment Guide is presented for illustrative purposes only. The text contained in this Guide includes benefit information and was taken, in part, from summary plan descriptions. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In the event of a discrepancy between the Guide and plan documents (Summary Plan Description or Evidence of Coverage), the plan documents will prevail. If you have any questions about your Guide, contact your Human Resources Department.

Please contact Human Resources for a copy of the Legal Notices package associated with our benefit offerings and this Benefits Guide.

Welcome to your 2022-2023 Benefit Information Guide!

The City of Albemarle is by definition, a community-oriented organization. We pride ourselves on building long-lasting relationships with our employees and the community that we serve. Our organizational philosophy and how we do “business” is summarized on the next page. Please take time to read it whether you are a new employee or a tenured one – it’s all important to us!

This guide provides a general overview of your benefit choices and requirements so you can select the coverage that is right for you and your family. Our program offers a broad range of plan options and has been carefully designed to meet the needs of our diverse workforce. With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time.
- Read and understand each benefit offering.
- Ensure that you and your family are educated consumers of health care services.
- Plan thoughtfully regarding the level of health coverage necessary for you and your family.

City of Albemarle offers eligible employees a comprehensive benefit package that provides both financial stability and protection. Our offering provides flexibility for employees to design a package to meet their unique needs.

Effective July 1, 2022

- **NEW!** Medical benefit plans with **MedCost**
 - **NEW** plan choice!
- Dental plan with **Guardian**
- Vision plan with **Community Eye Care**
- All Voluntary Benefits **with Colonial**

After you have enrolled in insurance coverage, you will receive additional information in the mail from the insurance carriers. This information will contain your personal identification cards. In the meantime, use the carrier contact page to find more information on each coverage.

In the below chart, you will find information on eligibility and waiting periods for each of the offered plans.

Plan	Employment Status	New Hire Waiting Period
Medical, Prescription, Dental, & Vision	Full-Time Employees that work at least 30 hours per week	1 st of the month following date of hire
Basic Life and AD&D		
Flexible Spending Account (FSA)		
Paid Holiday & Vacation		
Pension Plans	See Pages 19-21	
401(k) & NC 457 Retirement Savings	Full-Time and Part-Time having attained 1,000 hours	1 st of the month following date of hire

CITY OF ALBEMARLE BELIEFS AND VALUES

At some point during your employment with **The City of Albemarle**, you will find yourself in the role of either leader, facilitator, or implementing what needs to get done – each element being critical to the City’s success. Our overall success depends on co-workers collectively moving the organization towards our goals. Short- and long-term goals are often set for us, but there needs to be a core set of principles and values to guide us.

Our Beliefs and Values:

- **Humility and Respect** – Use every opportunity to learn from the perspective, background and experience of others. Treat everyone you encounter with humility and respect. It is the right thing to do and will pay off for each of us in the long run.
- **Integrity** – A set of moral and ethical principles will guide us through all situations. Be fair and consistent. By applying these core principles consistently, others will know that our actions and words are synonymous.
- **Honesty** – Honesty is not a judgement call or a philosophical notion. It is just being honest. Abuse of public trust has no place in our organization.
- **Teamwork** – What we do has meaning at every level and position. We are shaping a community that affects lives. Teams are more creative, efficient and effective when there is a sense of purpose and ownership from each team member. We have a commitment to each other and our community that requires teamwork and its elements – respect, integrity, understanding and flexibility.

Things to Eliminate from our Environment:

- Failing to keep the greater good in mind
- Failing to prepare or contribute
- A mindset of “That’s the way we’ve always done it”

What The City Expects:

- Be proud of this organization and your role in it
- Be the best
- Provide the best service
- Take Initiative
- Support your co-workers
- Enjoy your work
- Provide respectful feedback
- Be a good listener

Things the City has a Low Tolerance for:

- A lack of effort
- Failing to be respectful
- Deceitfulness / dishonesty
- A lack of caring



ELIGIBILITY & ENROLLMENT

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Login to Employee Navigator.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Change in Status

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change, or you will be considered a late enrollee.

Employee Navigator allows employees to submit a change in status form with supporting documentation up to 60 days from the date of event.

Examples of changes in status:

- You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

Did you know?



Open Enrollment is the only chance to make changes, unless you experience a "change in status."

OPEN ENROLLMENT IS MONDAY, MAY 23RD TO FRIDAY, JUNE 3RD

You will have three options for enrollment this year:

1. Enroll in-person with a benefit counselor that will be onsite Monday 5/23 to Wednesday 5/25 and Tuesday 5/31 to Thursday 6/2.
2. Self enroll for benefits at www.employeenavigator.com – create an account to make benefit elections using the company identifier: ALBEMARLE.
3. Call-in to speak to a benefit counselor to enroll and answer any benefits related questions at 866-354-1327, available Monday-Friday from 9 AM to 5 PM EST

IMPORTANT: You must enroll in benefits to remain active or make changes for July 1st, 2022.



Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

NOTE: Company Identifier is ALBEMARLE

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

If you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

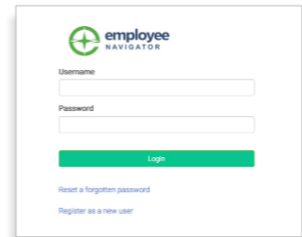
Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



employee NAVIGATOR

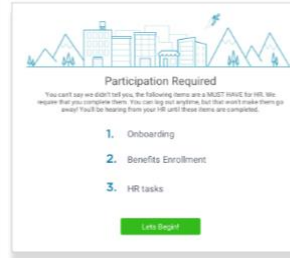
Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

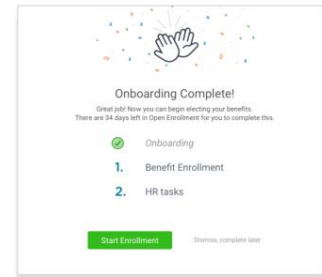


Participation Required

You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR staff once these are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

Let's Begin

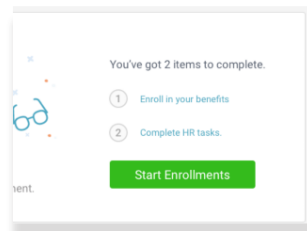


Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

1. Onboarding
1. Benefit Enrollment
2. HR tasks

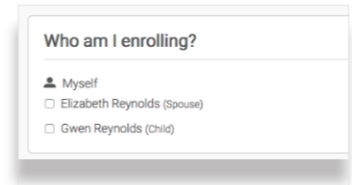
Start Enrollment [Dismiss, complete later](#)



You've got 2 items to complete.

1. Enroll in your benefits
2. Complete HR tasks.

Start Enrollments

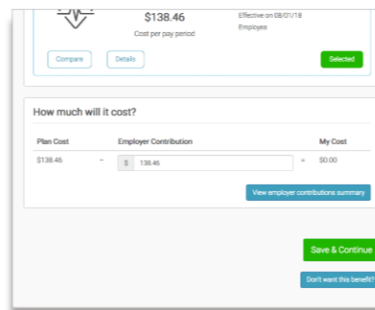


Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)



\$138.46 Effective on 08/01/18
Cost per pay period Employee

Selected

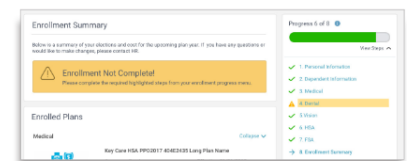
How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$ 0.00

[View employer contributions summary](#)

Save & Continue

[Don't want this benefit?](#)



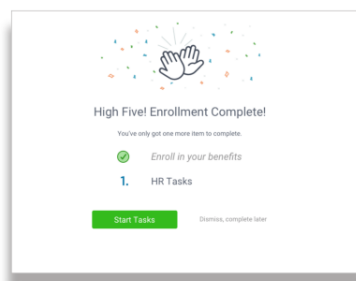
Enrollment Summary

Progress 6 of 6

Enrollment Not Complete

Enrolled Plans

My Care USA PPO2017 4042028 Long Plan Name



High Five! Enrollment Complete

You've only got one more item to complete.

1. HR Tasks

Start Tasks [Dismiss, complete later](#)



You can login to review your benefits 24/7

TOTAL COMPENSATION WITH EMPLOYEE SELF SERVICE

Offering a comprehensive and competitive benefits package is one way we recognize our employee's hard work. Log into Employee Self Service to learn more. You can review your benefits, paychecks, tax information, available vacation and much more.

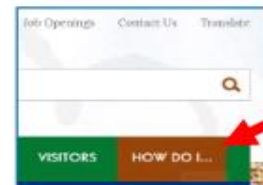


City of Albemarle MUNIS EMPLOYEE SELF SERVICE (ESS) Log In Guide

From the City of Albemarle home page (<http://www.albemarlenc.gov>), click the "HOW DO I..." tab and click the link "Employee Self Service".

Accessing MUNIS Employee Self Service

1. From the Internet, type <http://www.albemarlenc.gov>
2. The COA main page comes up.
3. Hover over the "HOW DO I..." tab.
4. Click the "Find" link.



Logging In to MUNIS Employee Self Service

1. Scroll to the bottom and click on "Employee Self Service".
2. Click on top right icon to log in.
3. Enter your **Last Name (ALL CAPS)** and **Employee Number** with no spaces as your User Name.



User Name is your last name and employee number. No spaces or special characters.
Example: DOE123

First time users will enter your last name (ALL CAPS) and the last 4 digits of your Social Security Number as the default password. No spaces. You will be forced to change your password once.

4. First time users will enter your Last Name (ALL CAPS) and the last 4 digits of your Social Security Number as the default password. No spaces. You will be forced to change your password once you click "Log In". Otherwise, returning users, enter your password.
5. Click "Log In". First time users will be prompted to change their password.
6. If your password is acceptable the Password Strength will change to "Acceptable" and the font will turn green.
7. Confirmation will be given once process is complete.

MUNIS Self Service Main Page

Once you log in, MUNIS Self Service Main Page appears, click the "Employee Self Service" link on the left-hand side of the screen.

For assistance contact Tanya Luther in the Human Resources Department at tluther@albemarlenc.gov or 704-984-9473.



MEDICAL INSURANCE COVERAGE OPTION

This plan year City of Albemarle has added a new plan offering. You will now have three plan designs to choose from, PPO 1, PPO 2 or the HDHP.

MedCost						
Type of Plan	PPO 1		PPO 2		HDHP-High Deductible Health Plan	
Office Visits	In Network (You Pay)	Out of Network (You Pay)	In Network (You Pay)	Out of Network (You Pay)	In Network (You Pay)	Out of Network (You Pay)
Preventive	Covered at 100%, No Deductible	Deductible then 30%	Covered at 100%, No Deductible	Deductible then 30%	Covered at 100%, No Deductible	Deductible then 30%
Primary/Retail Clinic	\$20 Copay	Deductible then 40%	\$30 Copay	Deductible then 60%	Deductible then 20%	Deductible then 50%
Specialist	\$40 Copay	Deductible then 40%	\$60 Copay	Deductible then 60%	Deductible then 20%	Deductible then 50%
Telemedicine*	\$5 Copay	Not Available	\$5 Copay	Not Available	\$5 Copay*	Not Available
Common Services						
In-Patient Facility	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 60%	Deductible then 20%	Deductible then 50%
Out-Patient Facility	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 60%	Deductible then 20%	Deductible then 50%
Urgent Care	\$75 Copay		\$75 Copay		Deductible then 20%	
Emergency Room	\$150 Copay (if admitted, deductible/coinsurance applies)		\$150 Copay (if admitted, deductible/coinsurance applies)		Deductible then 20%	
Annual Deductible						
Individual	\$500	\$1,000	\$1,750	\$3,500	\$2,000	\$4,000
Family	\$1,000	\$2,000	\$3,500	\$7,000	\$4,000	\$8,000
Coinsurance	20%	40%	20%	60%	20%	50%
Annual Out of Pocket						
Individual	\$3,000	\$6,000	\$3,500	\$7,000	\$4,000	\$8,000
Family	\$6,000	\$12,000	\$7,000	\$14,000	\$8,000	\$16,000
Maximum Benefits	Unlimited		Unlimited		Unlimited	

*Please note, copay will increase to \$55 effective 1/1/2023 unless otherwise updated per the CARES Act.

Monthly Premiums	PPO 1	PPO 2	HDHP
Employee Only	\$0.00	\$0.00	\$0.00
Employee/Spouse	\$575.00	\$530.61	\$506.52
Employee/Child	\$350.00	\$322.34	\$313.85
Employee/Children	\$365.00	\$337.34	\$328.85
Employee/Family	\$825.00	\$780.61	\$756.52

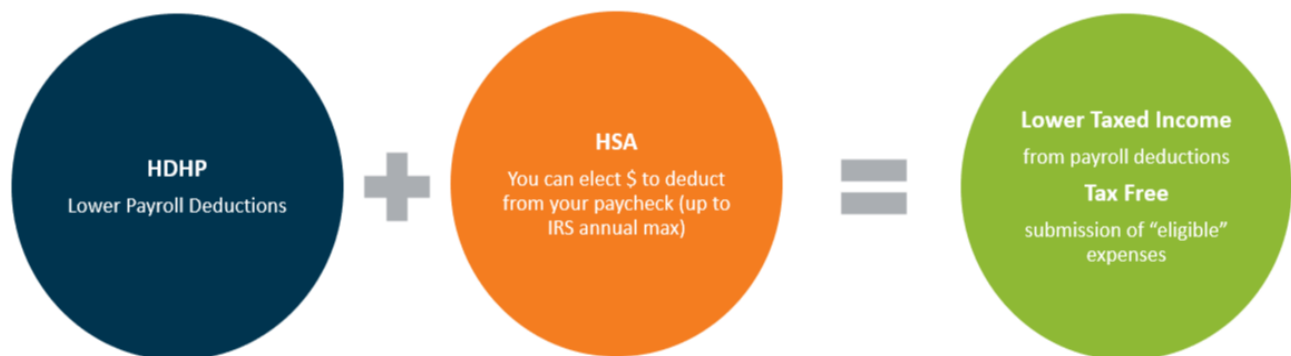
The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN

- A **High Deductible Health Plan (HDHP)** is a health insurance plan that generally has a lower monthly premium and a higher deductible than a traditional health plan.
- Members in a **HDHP** will pay for 100% of health care costs (preventive care is an exception) until they reach the deductible amount. As a result, members become more selective on how they spend their health care dollars. This plan encourages members to seek out better health care options at more competitive prices.
- HDHPs allow you to use pre-tax dollars to pay for out-of-pocket health costs when paired with a Health Spending Account (HSA).

HIGH DEDUCTIBLE CONCEPT WITH AN HSA

- If you elect the High Deductible Health Plan (HDHP), you have the option to open a Health Savings Account (HSA).
- The City of Albemarle will contribute \$500 to all employees who enroll in a HDHP and open a Health Savings Account.
- An HDHP coupled with an HSA can help you take control of your healthcare expenses and save for the future.



In order to contribute to an HSA:

- You must be enrolled in a qualified, high deductible health care plan
- You may not be covered under any other type of medical plan (such as a spouse's plan)
- You may not be enrolled in Medicare
- You may not be claimed as a dependent on someone else's tax return

HEALTH SAVINGS ACCOUNT (HSA)

Option for High Deductible Health Plan (HDHP)

For employees who elect the HDHP, you have the option of opening a Health Savings Account (HSA). The HSA-eligible plan provides a way to save money that becomes available in future years for health care expenses.

- In 2022 individuals can contribute up to \$3,650 and families can contribute up to \$7,300 to their HSA (these totals represent the total of employee and employer contributions).
- If you are 55 or older, you can make a \$1,000 catch-up contribution.
- Contributions to an HSA can be made on a pre-tax or post-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.
- Money deposited in the HSA by the employee AND employer immediately become the employee’s asset and is portable.
- The City of Albemarle will contribute \$500 to all employees who enroll in a HDHP and open a Health Savings Account.



Pre-Tax Plan	What is this account and how does it work?	Maximum Contribution Allowed	Can money in accounts be “rolled over”?
Health Savings Account (HSA)	An HSA account can be funded with pre-tax dollars by you, your employer or both to help pay for eligible medical expenses.	Employee only coverage: \$3,650 Family coverage: \$7,300 Catch up contribution (55 year of age or older): \$1,000	Yes, amounts left in your HSA account can be rolled over year to year and is portable if you leave employment of the company



FLEXIBLE SPENDING ACCOUNTS (FSA)

Who is Eligible and When

All Full-Time Employees working at least 30 hours each week. Please check with your HR representative for specific eligibility requirements.

Benefits You Receive

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses and prescriptions not covered by their insurance plan with pretax dollars. There's an annual \$2,850 limit on salary contributions to a health FSA offered under a cafeteria plan and is applicable to both grandfathered and non-grandfathered health FSAs. This limit will be indexed for cost-of-living adjustments. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

Dependent Care FSA

The Dependent Care FSA lets employees use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Limited Purpose FSA

Limited Purpose FSA allows employees who are enrolled in the HDHP plan to use pretax dollars toward qualified expenses. Employees can contribute up to \$2,850 per plan year. You can use the funds for any qualified vision or dental expenses not medical. You can rollover up to \$570 to the following year.





So many reasons to use Teladoc®!

Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. It's an affordable option for quality medical care.

WHEN CAN I USE TELADOC?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills





GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems
- And more!

SHARE WITH YOUR PCP

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

 <p>Talk to a doctor anytime, anywhere you happen to be</p>	 <p>Receive quality care via phone or online video</p>	 <p>Prompt treatment, average call back in 16 min</p>
 <p>A network of doctors that can treat children of any age</p>	 <p>Secure, personal and portable electronic health record (EHR)</p>	 <p>No limit on consults, so take your time</p>

Talk to a doctor anytime

 Teladoc.com

 Facebook.com/Teladoc

 **1-800-Teladoc**

 Teladoc.com/mobile

WHEN AND WHERE TO GET HEALTHCARE

Telemedicine – Available 24/7 via Phone/Mobile App through Teladoc

- Video chat or telephone call with a certified medical physician that is available 24/7
- Can treat any acute care illnesses, including sore throat, ear infection, cough or cold
- Can send prescriptions to your preferred pharmacy at the end of the appointment

Primary Care Physician – By Appointment

- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your whole family – creates a personal relationship with the member
- Costs less than emergency room or urgent care centers

Retail Health Clinics – Average Wait Time: 15 minutes

- Basic care from a nurse practitioner on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
 - Sore throats, ear infections, pink eye, skin rashes, bladder infections and physical exams.
 - Find the Nearest Retail Health Clinic Locations:
 - www.ccaclinics.org/membership/clinic-locations
 - www.cvs.com/minuteclinic/clinic-locator
 - www.walgreens.com/pharmacy/healthcare-clinic/locations
 - www.riteaid.com/shop/info/pharmacy.services/rediclinic

Urgent Care Clinics – Average Wait Time: 15-45 minutes

- When your doctor is unavailable, get immediate quality care from a doctor on a walk-in basis with extended hours
- For immediate attention for minor to moderate issues: Sports injuries, migraines, vomiting, sprains, back pain, etc.

Emergency Room – Average Wait Time: 4 hours

- Care available 24/7 for severe emergencies from trained clinicians
 - If you are facing an issue that threatens your life or health, never hesitate to go straight to the emergency room or call 911.

Things to think about:

Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic – not only does it cost more for you, but it also costs more to the City's healthcare plan. This can negatively impact the renewal premium for everyone on an annual basis.

Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.

Use In-Network Providers when possible. In-Network care is covered at a higher percentage, which means you'll pay less out of pocket.



MedCost LLC is an integrated benefits solutions company offering customized programs to help employers lower their health plan costs and provide more affordable benefits for their employees. We are based in Winston-Salem, North Carolina, and work with employers and health care providers throughout North Carolina, South Carolina, and Virginia to bring them smart solutions that get real results. They rely on our strategic benefit plan design, flexibility in benefit administration, best-in-class care management programs, and customer-focused service.

At MedCost, we regard our clients as partners, and our constant goal is to establish a standard of exceptional service and provide smart, comprehensive health plan solutions that are flexible, customer-focused, customized, and integrated. Our family of products and services are designed to yield real results by helping manage costs and encouraging health and wellness for employers in the Carolinas, Virginia, and beyond:

Care Management – innovative, customized employee care management programs including utilization management, transitional care management, catastrophic case management, maternity

management, nurse health coaching, telehealth services, gaps in preventive care, and many more health and wellness programs.

Benefit Solutions – full-service, integrated third party administration through MedCost Benefit Services, offering a broad range of products and services, including medical and dental administration, stop loss, and flexible spending account and COBRA administration.

Networks – a vast network of MedCost providers throughout the Carolinas, including all hospitals and over 45,000 physicians. And, for MedCost Benefit Services' clients outside the Carolinas, an exclusive partnership with Virginia Health Network to offer MedCost Ultra in Virginia, along with relationships with national networks for primary network and travel.

MedCost was founded in 1983 and is jointly owned by Carolinas HealthCare System and Wake Forest Baptist Health. MedCost Benefit Services was formed in 1998.

personal

care management

Become a healthier you

Getting and staying healthy isn't easy. The Personal Care Management program can help you prevent serious health conditions and live the healthiest lifestyle possible. If you hear from a MedCost nurse health coach, answer the call to participate and become a healthier you.



A winning strategy to improve your health

If you are asked to join the Personal Care Management (PCM) program, it's because you may show early signs of or be at risk for developing a serious health condition. With the support and guidance of a MedCost Benefit Services nurse health coach, you can tackle any challenge. Your nurse health coach will work with you through regularly scheduled contact via phone calls, e-coaching and portal access to develop an action plan that is just right for you, based on where you are right now.*

A coach in your corner

Improving your wellness is do-able, and communicating with your MedCost nurse health coach regularly can help you get and stay on track. You've spent a lifetime developing your present health habits, and your nurse coach understands that those habits won't change

overnight. Together, you will set goals that are realistic and achievable. Your nurse coach will help you make small, incremental moves to bring you closer to the finish line. And, as you see your progress over time, you will be motivated to go even further.

It's your move

Changing your routine can be challenging, but the benefits of reducing your risk are well worth the effort. This is your opportunity to receive free and confidential nurse health coaching and mentoring to meet your specific needs. So, don't wait! Complete your free online health assessment today and start living your healthiest life.

**All communications with your personal nurse health coach are confidential and will not be shared with your employer.*

Taking the assessment is easy:

- 1. Log in to the secure Member portal on www.MedCost.com.*
- 2. Choose Healthy & Whole under Quick Links.*
- 3. Go to MyCarePath and follow the prompts to complete the assessment.*



1-800-722-2157
MedCost.com



HAVE QUESTIONS ABOUT YOUR HEALTH BENEFITS?

Choose the Online Option That Works for You.

OPTION 1 Log in at [MedCost.com/MyMedCost](https://www.MedCost.com/MyMedCost)

With a secure online account, you can:

- Check year-to-date deductible balances and out-of-pocket limits at a glance.
- View Explanation of Benefits (EOB) notices and have EOBs sent directly to your inbox.
- Review the Summary Plan Description for your health plan.
- View (and print) a digital version of your ID Card.
- Receive “care alerts” for any recommended health care services or screenings that you may be missing and need to discuss with your doctor.
- Use the Quick Links section to find additional information specific to your health plan.
- Access MyCarePath, a secure way to record and keep all your health information in one location, track and monitor progress toward your health goals, and communicate directly with your nurse health coach (if enrolled in a MedCost Care Management program).

Call our Customer Service Contact Center at the number shown on your health plan ID card if you have any questions.

OPTION 2 Use the My MedCost mobile app

You can use the My MedCost mobile app to access some of your favorite web features on your mobile device, including the digital version of your ID card. The app is available for quick download from the App Store or Google Play.

OPTION 3 Access Live Chat

Get real-time answers and support from MedCost Customer Service through Live Chat during our regular business hours of Monday – Friday, 8:30 a.m. – 5:00 p.m. ET. To begin, click on Live Chat Support at the top of www.medcost.com and enter your name and e-mail address. *Note: You do not have to be logged in to access Live Chat.*

Creating an account is as easy as 1-2-3!

1. Go to [MedCost.com/MyMedCost](https://www.MedCost.com/MyMedCost) or download the My MedCost mobile app from your preferred app provider. Just search for My MedCost.
2. Follow the on-screen prompts and enter your information — you’ll need information from your health plan ID card to complete registration.
3. Confirm that the information you entered is correct to create your account and sign in.

Premium Fitness Memberships

NEW! 5,000+ Premium Fitness Centers and Exercise Studios

The Active&Fit Direct™ program now has over 5,000 Premium fitness centers and boutique exercise studios in its vast national network, with substantial discounts on most memberships. Access specialty fitness experiences like Pilates, barre, cycling, and more!

With the Active&Fit Direct program, you'll have access to:

- 16,000+ fitness centers and studios** nationally. Choose from **11,000+ Standard and 5,000+ Premium fitness center options!**
- 4,000+ digital workout videos** to stay active at home or on-the-go
- The ability to **purchase a membership for your spouse or domestic partner****
- Flexibility to add, switch, or cancel fitness center memberships with **no long-term contracts**

FITNESS PROGRAM MEMBERSHIP
AS LOW AS
\$25/mo*
 16,000+ FITNESS CENTERS
 4,000+ WORKOUT VIDEOS
 Active&Fit DIRECT™

Learn More: Log into www.medcost.com and click on Healthy & Whole

5,000+ Premium Fitness Centers and Studios, including:

MBS11032021



*Plus an enrollment fee and applicable taxes. Fees will vary based on fitness center selection.

**Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees will vary based on fitness center selection. M966-566A 10/21 © 2021 American Specialty Health Incorporated (ASH). All rights reserved. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. Active&Fit Direct and the Active&Fit Direct logos are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Fitness center participation varies by location. Digital workout videos are subject to change. ASH reserves the right to modify any aspect of the Program (including, without limitation, the Enrollment Fee, the Monthly Fee, and/or the Introductory Period) at any time per the terms and conditions. If we modify a fee or make a material change to the Program, we will provide you with no less than 30 days' notice prior to the effective date of the change; discontinue the Program entirely at any time upon advance written notice.

PHARMACY

The City of Albemarle’s prescription drug program is administered by Maxor Plus. If you elect medical coverage, prescription drugs are included. Prescriptions are the fastest growing healthcare cost segment in the nation. Your pharmacy benefits includes specific clinical programs to ensure that you and your family members have access to safe, appropriate and effective medications. You can do your part by requesting the lowest cost drug available when you are at the pharmacy.

Pharmacy	PPO 1	PPO 2	HDHP
Tier 1	\$10 Copay	\$10 Copay	Deductible, then 20%
Tier 2	\$10 Copay	\$35 Copay	
Tier 3	Up to \$100 Copay	Up to \$100 Copay	
Tier 4	Up to \$100 Copay	Up to \$100 Copay	
Tier 5 – Specialty	Up to \$100 Copay	Up to \$100 Copay	

Mail Order Program

Home delivery is a convenient, reliable way to get your medications at lower prices than a retail pharmacy. For those that take medications daily, this will ensure that you have enough medication to get you through a long period of time. To participate in the Mail Order Program, order your prescriptions online or through the mail. Most physicians can do it for you.

Option 1 – Online

- Go online – Create a MaxorPlus member web portal account at www.maxorplus.com. After you have successfully created an account, select the “Sign-Up for Mail Order” feature.

Option 2 – Through the Mail

- Print and fill out a mail order form from the MaxorPlus website. Mail in your completed form to the pharmacy with your prescription(s) and form of payment.

Option 3 – By Phone

- Call (800) 687-8629 and follow menu instructions to speak to a member advocate



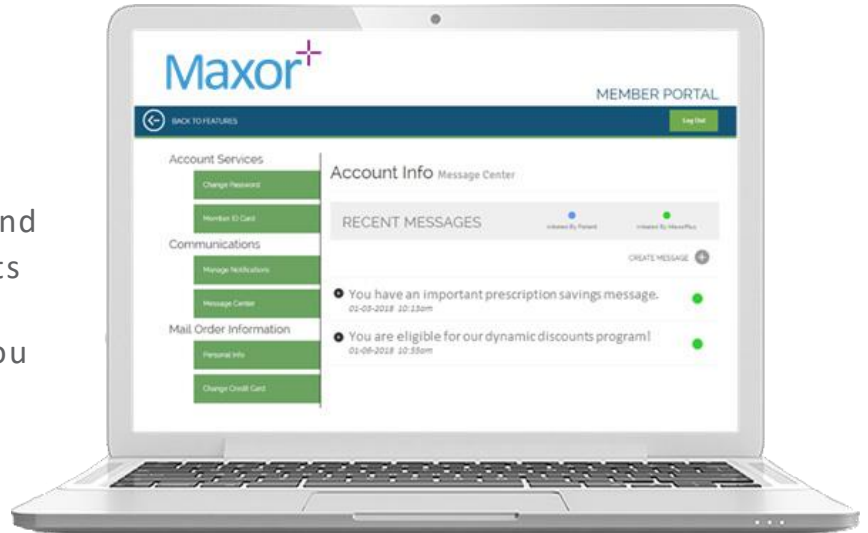
PHARMACY BENEFIT MANAGEMENT SERVICES

Inspiring What's Next

Member Portal and App

The MaxorPlus Member Portal and App connect you to your benefits and empower you to make the best purchasing decisions for you and your family.

Download our app for free from iTunes or Google Play.



Member Portal features:

We want to make your benefits experience seamless and offer several great features to help you reorder prescriptions, find participating pharmacies, and contact a MaxorPlus Member Advocate.

Message Center: Contact a Member Advocate directly from the Member Portal or App. Your messages are secure and answered quickly.

Prescription History: Look up your prescription history, view total plan costs, and print an Explanation of Benefits from Summary.

Dependents: Manage, view, or edit your family's prescriptions.

Pharmacy Locator: Quickly search for an in-network pharmacy within a city, state, or zip code

Calculate my Cost: Preview estimated costs for brand and generic medications on your plan.

Phone App:

Security: Sign-in to the App with your phone's built in facial recognition and fingerprint scanner.

Quick refill: Snap a picture of your prescription with your phone to refill.

Important Things to Know About MaxorPlus

About MaxorPlus

Since 1991, MaxorPlus has provided outstanding pharmacy benefits for members and dependents. We are here to help you manage your prescriptions safely and cost-effectively, and are dedicated to providing you the best customer service anytime you need us.

Our Services

MaxorPlus provides pharmacy benefit services nationwide. We own and operate our own mail order and specialty pharmacies which allow us to provide full-service pharmacy benefits to our members.

MXP Pharmacy

MXP Pharmacy offers a convenient, cost effective way to order prescribed long-term medications for delivery to your home. Medications obtained through mail order are limited to a 90-day supply. To maximize your savings, please ask your doctor to write, submit electronically, or fax your prescription for a 90-day supply with refills up to one year. Once MXP Pharmacy has your prescription, refills can easily be obtained. To get started, please use one of the following options:

- 1) Go Online - Create a MaxorPlus member web portal [account at www.maxorplus.com](http://www.maxorplus.com). After you have successfully created an account, select the "Sign-Up for Mail Order" feature.
- 2) By Mail - Print and fill out a mail order form from the MaxorPlus website. Mail in your completed form to the pharmacy with your prescription(s) and form of payment.
- 3) By Phone - Call (800) 687-8629 and follow menu instructions to speak to a member advocate.

Maxor Specialty

At Maxor Specialty, we focus on personalized service for the most complex disease states. We offer the therapies and resources you need to help manage your condition. Our pharmacist and patient care coordinators are available 24/7/365 to answer any questions that may arise.

Visit www.maxorspecialty.com or call 866-629-6779 for more information.

Customer service is one of our highest priorities

Our Member Advocates are available 24 hours a day and 7 days a week. A Member Advocate can answer benefit questions that include: coverage, copay quotes, deductibles and out of pocket amounts, prior authorization required medications, quantity limits and more. We are here to assist you by offering you lower cost medication alternatives. These lower cost alternatives would need to be discussed with your physician to determine if they are appropriate for you.

Our trained Member Advocates can also assist members with processing claims and will gladly call your pharmacy to help their staff with prescription claims. MaxorPlus also provides the status of your medication prior authorizations. If you are looking for a network pharmacy and needing help, just call a MaxorPlus Member Advocate to get connected with a pharmacy in no-time.

The MaxorPlus Member Portal lets members manage their pharmacy benefits with ease.

The member portal allows users to manage almost all of their pharmacy benefits from the comfort of their computer, tablet, and even smartphone. Using the portal members can sign-up for the MXP Pharmacy and then process refills for their medications directly from the portal. Members can also order replacement insurance cards (if the plan supports printed cards). Many members need to print or download their prescription history. The member portal makes it easy to choose a date range and print or download a history of medications purchased during that time period.

The MaxorPlus member portal makes managing dependents and other users a breeze. You can even grant access to other users with the click of a button. If you're traveling or just looking for a pharmacy nearby, you can use the portal to locate in-network pharmacies. You can even make direct calls to these pharmacies or find them on a map from your mobile device. Finding a prescription copay is simple using the Calculate Copay section of the portal. Members can also find a formulary and other plan documents in downloadable formats in the Benefit Documents section.

If you have questions, we have answers. The member portal has an in-depth FAQ section, and if your question is not answered there, feel free to contact a MaxorPlus Member Advocate.



Inspiring
What's Next

www.maxorplus.com

DENTAL PLAN

Dental benefits are administered through Guardian. The below chart provides a summary of your benefits but refer to the carrier benefits summary for the exact benefit level associated with your plan. Benefits are effective July 1st – June 30th.

Network	DentalGuard (You Pay)	DentalGuard (You Pay)	Non-Contracted (You Pay)
Class	Tier 1 – Gold	Tier 2 – Silver	Out of Network
Preventive	0%, No Deductible		
Basic	0%, No Deductible	20%	20%
Major Services	40%, No Deductible	50%	50%
Orthodontia	50%	50%	50%
Plan Details			
Deductible applies to	Waived for Preventive, Basic, and Major	Waived for Preventive	Waived for Preventive
Orthodontics (Children)	Children up to age 19		
Deductible			
Person - Calendar Year	None	\$50	\$50
Family - Calendar Year	None	\$150	\$150
Plan Maximums			
Calendar Year Max	\$1,250		
Ortho Lifetime Max	\$1,000		

Coverage Tier	Monthly Rate	Bi-Weekly Rate
EE Only	\$33.73	\$16.87
EE + Spouse	\$70.24	\$35.12
EE + Child(ren)	\$67.75	\$33.88
EE + Family	\$116.38	\$58.19

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

VISION PLAN

Vision benefits are administered through Community Eye Care (CEC). The below chart provides a summary of your benefits but refer to the carrier benefits summary for the exact benefit level associated with your plan. Benefits are effective July 1st – June 30th.

Community Eye Care		
Exam	In Network	
Frequency	Once every 12 months	
Copay	\$15 Copay	
Lenses		
Frequency	Once every 12 months	
Single	\$15 Copay	
Bifocal	\$15 Copay	
Trifocal	\$15 Copay	
Contacts Lens Fitting Evaluation Discount	\$150 allowance Up to \$100 Up to \$80 10% off amount over \$150	
Frames		
Frequency	Once every 12 months	
Frames	\$150 allowance, 20% off amount over \$150	
Lasik	50% discount at Participating Providers	
Coverage Tier	Monthly Rate	Bi-Weekly Rate
EE Only	\$7.90	\$3.95
EE + Spouse	\$14.52	\$7.26
EE + Child(ren)	\$14.84	\$7.42
EE + Family	\$23.61	\$11.81

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

LIFE AND AD&D INSURANCE PLAN

The City of Albemarle provides employees with Basic Term Life insurance at **no cost to you!** Please refer to the carrier benefit summary for plan details.

Lincoln Financial Group	
Life Benefit	\$25,000
AD&D Benefit	\$25,000
Age Reduction	35% at age 65 Additional 25% at age 70 Additional 15% at age 75

Please make sure that your beneficiary information is updated!



COLONIAL-VOLUNTARY BENEFITS

Colonial Life will continue to offer a variety of voluntary benefits to supplement your insurance needs for life's unexpected events.

The Following voluntary benefits are available:

Accident insurance helps offset unexpected medical expenses that can result from a covered accidental injury.

Specified disease insurance can supplement your major medical coverage by providing a lump-sum benefit that you can use to pay costs related to a covered illness.

Cancer Insurance helps offset covered out-of-pocket expenses related to cancer.

Disability insurance can replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

Term life insurance offers a predictable to provide more coverage at more affordable prices during high-need years.

Whole life insurance provides long-term protection that can build cash value



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

PENSION-FIREFIGHTERS’ AND RESCUE SQUAD

The City of Albemarle participates in the Firefighters’ and Rescue Squad Workers’ Pension Fund (FRSWPF). You can enroll as a member of the pension fund if you are an eligible firefighter or rescue squad worker who meets the eligibility criteria.

Creditable Service – Creditable Service is defined as eligible service for any period during which you paid and maintained contributions in the fund or for which you purchased service credit in the fund. In certain instances you may purchase service credit. Please see your handbook for details.

ORBIT Secure Account – Orbit is a secure site that allows you to view your personal account information, add beneficiaries, download forms and access other retirement resources 24/7/365. To access ORBIT, go to www.MYNCRetirement.com, click on the ORBIT icon and follow the instructions to create a USER ID and password.

Pension Fund Office: 3200 Atlantic Ave., Raleigh, NC 27604

For Complete details on the Pension Fund (FRSWPF), please reference the Fire and Rescue Handbook available in Human Resources.

	Firefighter	Rescue Squad
Enrollment Eligibility	<ul style="list-style-type: none"> • Age 18 • 36 hours of training annually • Fire dept. files a roster annually with NC State Firemen’s Association by Jan 31st of each year. • Dept. is rated by Fire Insurance Rating Bureau and certified by Dept. of Insurance as not less than Class “9S” 	<ul style="list-style-type: none"> • Age 18 • 36 hours of training annually • Squad is eligible for membership in NC Association of Rescue and Emergency Medical Services, Inc. • Squad files a roster annually with the Association by January 31st of each year,
Enrollment	Complete Form 350 and mail to Pension Office. Your enrollment date is effective in the month in which the pension fund receives both your application (Form 350) and first contribution.	
Contributions Employee State	\$10 per Month Annual Appropriation State General Fund	
Benefit Eligibility Disability Retirement Retirement	Age 55 and 10 years Creditable Service Age 55 and 20 years Creditable Service	
Benefit Amount	\$170 per Month (subject to updates)	

PENSION-LAW ENFORCEMENT OFFICER

The City of Albemarle participates in the Local Governmental Employees’ Retirement System (LGERS) Pension Plan. As an eligible law enforcement officer you automatically participate in the plan.

Creditable Service – Creditable Service is the total of all service credit that counts towards retirement. It includes membership service and may include prior service credit, sick leave credit, military service credit and certain types of purchased service credit.

ORBIT Secure Account – Orbit is a secure site that allows you to view your personal account information, add beneficiaries, download forms and access other retirement resources 24/7/365. To access ORBIT, go to www.MYNCRetirement.com, click on the ORBIT icon and follow the instructions to create a USER ID and password.

Pension Fund Office: 3200 Atlantic Ave., Raleigh, NC 27604

For Complete details on the LGERS Pension Fund, please reference the Law Enforcement Handbook available in Human Resources.

Retirement Formula	Your Annual benefit = 1.85% of average final compensation x years and months of creditable service
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Law Enforcement	
Eligibility	A permanent, full-time law enforcement employee who: <ol style="list-style-type: none"> 1. Possesses the power of arrest 2. Has taken the law enforcement oath administered by the state. 3. Certified as a law enforcement officer or deputy Sheriff under provisions of Chapter 17C or 17E of the General Statutes.
Enrollment	First of the month date of hire.
Contributions Employee Employer	6% of salary Pre-Tax Actuarial Calculation
Vesting	5 years of Creditable Service
Retirement Service – Unreduced	Age 55 and 5 years of Creditable Service or 30 years of Creditable Service at any age
Early – Reduced	Age 50 and 15 years of Creditable Service or Eff. 7/1/2019: 25 years of Creditable Service at any age and complete 15 years of service as an officer.

PENSION-ALL OTHER EMPLOYEES

The City of Albemarle participates in the Local Governmental Employees’ Retirement System (LGERS) Pension Plan. As an eligible city employee, you automatically participate in the plan.

Creditable Service – Creditable Service is the total of all service credit that counts towards retirement. It includes membership service and may include prior service credit, sick leave credit, military service credit and certain types of purchased service credit.

ORBIT Secure Account – Orbit is a secure site that allows you to view your personal account information, add beneficiaries, download forms and access other retirement resources 24/7/365. To access ORBIT, go to www.MYNCRetirement.com, click on the ORBIT icon and follow the instructions to create a USER ID and password.

Pension Fund Office: 3200 Atlantic Ave., Raleigh, NC 27604

For Complete details on the LGERS Pension Fund, please reference the Law Enforcement Handbook available in Human Resources.

Retirement Formula	Your Annual benefit = 1.85% of average final compensation x years and months of creditable service
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City Employees	
Eligibility	Employed in a regular position that requires at least 1,000 hours of work in a calendar year
Enrollment	First of the month after the date of hire.
Contributions Employee Employer	6% of salary Pre-Tax Actuarial Calculation
Vesting	5 years of Creditable Service
Retirement Service – Unreduced	Age 65 and 5 years of Creditable Service, or Age 60 and 25 years of Creditable Service, or 30 years of Creditable Service at any age
Early – Reduced	Age 50 and 20 years of Creditable Service or Age 60 and 5 years of Creditable Service

RETIREMENT SAVINGS PLANS-401(K) & NC457

The City of Albemarle participates in the North Carolina State 401(k) and NC457 Retirement Savings Plans as a supplement to your Pension Plan. The Plans are administered by Empower Retirement. These two savings plans represent one of the best opportunities available for building your retirement nest egg.

Employees can make contributions either on a pre-tax or ROTH basis to either plan. Contributions on a pre-tax basis reduces current federal, state, and Social Security taxes and are deferred until you are ready to withdraw from the account. ROTH contributions are made after-tax. You may elect to contribute 1% to 100% of your pay.

Internal Revenue Service (IRS) regulations limit the annual amount of your salary deferral contributions. If you meet a salary deferral contribution limit, you may continue to defer up to the catch-up contribution limit if you are eligible (you must be age 50 or older by the end of the current calendar year).

	401(k) Plan	NC457 Plan
Eligibility	Members of LGERS	Full-time, part-time or temporary
Enrollment Sworn Law Enforcement Officer All Other City Employees	Automatic Must Elect	Must Elect
Employee Contributions Pre-Tax ROTH (after-tax) Special One-Time Per Year	1-100% of annual salary, up to IRS Maximums	
Employer Contributions Sworn Law Enforcement Officer All other City Employees	5% of Salary N/A	N/A
Vesting Schedule		
Employee Contributions	100% immediately	100% immediately
Employer Sworn Law Enforcement Officer	100% after 5 years of Creditable Service	N/A

What's the Difference?

- **401(k)**
 - Plans limit catch-up contributions to \$1,000 annually
 - Plans can assess up to a 10% early withdrawal penalty
- **NC457**
 - Plans feature a double limit catch-up provision
 - Plans do not assess an early withdrawal penalty to participants who take money out before 59 ½ though the amount taken is still subject to normal income tax.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

OTHER BENEFITS

The City of Albemarle's 2022 comprehensive benefits package also includes the following benefits:

Tuition Assistance

The City supports continuing education through its Tuition Assistance Program. All full-time employees who have completed their initial probation are eligible for tuition reimbursement.

You may be reimbursed based on the guidelines outlined below:

The course is taken on your own time.

The course will improve your skills in your current position or prepare you for a promotional opportunity with the City.

Pre-approval of course by your Department Manager, subject to review by Human Resources Director and approval by the City Manager.

Satisfactory completion of the course. Grade "C" or higher.

Eligible Expenses include:

Tuition

Registration Fees

Lab Fees

Student Fees

Credit Union Membership

As an employee of the City, you are eligible for membership in the North Carolina Local Governmental Federal Credit Union.



TIME AWAY FROM WORK BENEFITS

Paid Holidays

The City follows the holiday schedule as published by the State of North Carolina for state employees. These holidays are typically:

1. New Years Day (Jan.)
2. Dr. Martin Luther King, Jr. (Feb)
3. Good Friday, Easter (March or April)
4. Memorial Day (May)
5. Independence Day (July)
6. Labor Day (Sep)
7. Veteran’s Day (Nov)
8. Thanksgiving Day (Nov)
9. Day after Thanksgiving Day (Nov)
10. Christmas Eve (Dec)
11. Christmas Day (Dec)
12. Day after Christmas (Dec)

To be eligible for holiday pay, employees must work the last scheduled work day immediately preceding and the first scheduled day immediately following the holiday unless approved by their immediate supervisor.

Public safety employees and/or those whose shift schedule requires that they work on any of the above days, will be granted these holidays on an alternate date and/or method.

Family Medical Leave (FMLA)

The City grants up to 12 weeks of FMLA which may be paid or unpaid or a combination of both. FMLA is coordinated with the City’s sick and vacation leave policies. Unpaid FMLA is granted once the employee has exhausted all types of paid leave.

Paid Vacation Policy

Vacation is intended to be used for rest, relaxation, school appointments, other personal needs, or for observation of a religious holiday not covered under the paid holiday schedule.

Vacation should be requested in advance in methods determined by the department and approved by the supervisor.

Paid Sick Leave

Sick leave is to be used for the following reasons: sickness, non-work injuries, first 7 days of Worker’s Compensation, required physical or dental exams or treatment, and/or when you are ill and contagious.

Sick leave accrues at a rate of approximately 1 day per month of service or twelve days per year. For Law enforcement and Fire & Rescue employees, who do not work the standard 40 hour week, their accrual is prorated per the published formula

Complete details on Holidays, Vacation, Sick Leave, and FMLA are provided in the City’s Employee Handbook.

Have questions? Contact your supervisor or Human Resources.

Paid Vacation Time					
Years of Service	0-4	5-9	10-14	15-20	20+
Days Accrued/Yr.	10	12	15	18	21

WORK-LIFE BALANCE-EAP – ATRIUM HEALTH

The City of Albemarle and Atrium Health have partnered to provide you with a free and confidential EAP service that includes counseling and resources to help you cope with various work-life challenges.

We all face difficulties in our life. During those times, having outside help can make the difference between solving a problem and continuing to struggle through periods of confusion, indecision, and personal crisis.

The reasons people seek assistance include, but are not limited to, marital or relationship issues, parenting, stress, financial and legal issues, substance abuse, depression and much more. ***Please note that confidentiality is an important part of any Employee Assistance Program (EAP) and The City of Albemarle will not know of your accessing these services without your consent.***

The City is pleased to assist its employees and their family members in various areas of their life through our partnership with Carolinas HealthCare. Some of those programs are highlighted below. Atrium also has a 24-hour call center that is staffed with clinicians.

Employee Assistance: Your Employee Assistance Program gives you confidential access to a Licensed Professional Counselor who will provide short-term assistance with issues that are having an impact on your ability to focus at work. Your Licensed Professional Counselor can help address:

- Anger, grief, loss, depression
- Job stress, burnout, work conflicts
- Marital relationships, family and parenting issues
- Addiction, eating disorders, mental illness
- And much more!

To learn more about Atrium Health’s EAP, please call 704-355-5021 or 1-800-384-1097. For additional resources, visit the website: <https://atriumhealth.personaladvantage.com/> and use the Company User ID is: COA132

Physical Locations:

Monroe

2202-D West Roosevelt Blvd
Monroe, NC 28211

Concord

380 Copperfield Blvd.
Concord, NC 280250

Shelby

809 North Lafayette Street, Suite E
Shelby, NC 28150

Charlotte

720 East Blvd.
Charlotte, NC 28203

Charleston

Roper Medical Office Building
125 Doughty Street, Suite 539
Charleston, SC 29403

CARRIERS, VENDORS & CONTACTS

Program	Vendor	Contact Information
Medical	MedCost	1-800-824-7406 www.medcost.com
Telemedicine	Teladoc	1-800-835-2362 www.Teladoc.com
Flexible Savings Account Health Savings Account	Flores	1-800-532-3327 www.flores247.com
Dental	Guardian	1-888-482-7342 www.guardianlife.com/contact-us
Vision	Community Eye Care	1-888-254-4290 www.cecvision.com
Basic Life and AD&D	Lincoln Financial	1-877-275-5462 www.lincolnfinancial.com
All Voluntary Benefits	Colonial	1-800-325-4368 www.coloniallife.com





2022 HEALTH PLAN NOTICES FOR EMPLOYEES

Health Insurance Marketplace Options and Your Health Coverage

The Health Insurance Marketplace is designed to help individuals find, compare, and purchase private individual health insurance. The Marketplace does not affect your eligibility for coverage in your employer's group health plan.

Individuals may be eligible for a tax credit that lowers the monthly premium of coverage purchased in the Marketplace. However, if you are eligible for an employer's group health plan, you may not be eligible for a tax credit through the Marketplace if the employer group health plan meets the "minimum value" and "affordability" standards set by the Affordable Care Act. Additionally, if you purchase your own health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution towards coverage. This employer contribution - as well as your employee contribution towards coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage you purchase through the Marketplace are made on an after-tax basis.

Open enrollment for individual health insurance coverage through the Marketplace occurs at the end of each calendar year for coverage effective the following January 1st. If you are interested, please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Notice of Special Enrollment Rights

If you decline enrollment for yourself or an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in the plans offered by the company if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). 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 new dependents. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also be able to enroll if you or your dependents lose eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP) and request enrollment within 60 days of losing Medicaid or CHIP. You may also be able to enroll if you or your dependents become eligible for state premium assistance from Medicaid or CHIP towards the cost of the group health plan, and request enrollment within 60 days of eligibility for state premium assistance.

If you decline coverage for yourself or an eligible dependent, you are required to complete a waiver form. On the form, you may be asked to state that coverage under another group health plan or other health insurance coverage is the reason you are declining enrollment and you may be asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the Plan at any time other than the Plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption.

To request special enrollment or to obtain information about the Plan's special enrollment provisions, contact the employer.

Women's Health and Cancer Rights Act (W HCRA)

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies.

The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will receive coverage for:

- reconstruction of the breast on which mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in a manner determined in consultation with the attending physician and the patient, and it will be subject to the same annual deductibles and coinsurance provisions as those established for other benefits under the plan. Please call your medical plan using the number on your identification card or contact the employer for more information.

Availability of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires health plans to protect the confidentiality of your personal health information ("PHI"). HIPAA also requires that health plans maintain privacy notices which provide a complete description of your rights under HIPAA's privacy rules. For insured coverage, the health insurance plan privacy notices are maintained by the insurance providers. For self-insured coverage, the privacy notice is maintained by your employer. In general, the plans will not use or further disclose PHI except as necessary for treatment, payment, health plan operations and plan administration or as permitted or required by law. Under HIPAA, you have certain rights with respect to your protected health information and the right to file a complaint with the plan or the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA has been violated. Please see the employer for a copy of the Notice of Privacy Practices for your health plans.

P remiu m Assista n ce Un d er Med ica id a n d th e Ch ild ren 's Hea lth In su ra n ce P r ogram (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 on the DOL website (<https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf>), 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 <https://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).

Notice of HIPAA Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of *City of Albemarle Employee Health Plan* (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"). Among other things, this Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information" or "PHI". Generally, PHI is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact *Leslie Kinley, Human Resource Analyst, 704-984-9474*.

Effective Date

This Notice is effective July 1, 2022.

Our Responsibilities

We are required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices *by company e-mail*. [Note: The HITECH Act provides a special procedure for health plans to provide an updated notice without a special mailing: If a Plan posts its Notice on its website, it can prominently post the revised Notice on its website by the effective date of the material change, and then provide a hard copy (or information about the material change and how to obtain the revised Notice) in its next annual mailing. If a Plan does not post its Notice on a website, it must provide the revised Notice (or information about the material change and how to obtain the revised notice) within 60 days of the material revision.]

How We May Use and Disclose Your PHI

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for

the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your PHI with a utilization review or precertification service provider. Likewise, we may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your PHI for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your PHI to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose PHI to certain employees of the Employer. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI for public health activities. These activities generally include:

- to prevent or control disease, injury, or disability;
- to report births and deaths;

- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your PHI if asked to do so by a law-enforcement official

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- regarding the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- regarding a death that we believe may be the result of criminal conduct; and
- regarding criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your PHI to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your PHI to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The following is a description of disclosures of your PHI we are required to make:

Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose

information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your PHI:

Right to Inspect and Copy. You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your PHI, you must submit your request in writing to Leslie Kinley. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Leslie Kinley.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to *Leslie Kinley, Human Resource Analyst, 704-984-9474*. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; or (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Leslie Kinley. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to *Leslie Kinley, Human Resource Analyst, 704-984-9474*. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to *Leslie Kinley, Human Resource Analyst, 704-984-9474*. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, albemarlenc.gov/departments/human-resources.

To obtain a paper copy of this notice, contact *Leslie Kinley, Human Resource Analyst, 704-984-9474*.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact *Leslie Kinley, Human Resource Analyst, 704-984-9474*. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Plan or with the Office for Civil Rights.

Important Notice from City of Albemarle About Your Prescription Drug Coverage and Medicare For Individuals Who Are (or Will Soon Be) Eligible for Medicare

If you have received this electronically, you are responsible for providing a copy of this disclosure to your Medicare-eligible dependents covered under the group health plan.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Albemarle 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two 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. City of Albemarle has determined that the prescription drug coverage offered by the City of Albemarle group health insurance plan, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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 through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug 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, your current City of Albemarle coverage will be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current City of Albemarle coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, 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 (a 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 will get this notice each year. You will also get it if this coverage 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 will 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).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	May 23, 2022
Name of Entity/Sender:	City of Albemarle
Contact--Position/Office:	Leslie Kinley, Human Resource Analyst
Address:	144 North Second Street, Albemarle, NC 28801
Phone Number:	704-984-9474



ALBEMARLE
NORTH CAROLINA
Water. Air. Land. Opportunity.