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A MESSAGE FROM HUMAN RESOURCES







Dear County Colleague,

Working for Wake County Government is so much more than a job. It is a career that allows you to make a difference in your own life as well as the lives of people around you.

The benefits offered by the County are an integral part of the comprehensive compensation package provided to meet the needs of our employees and their families.

In addition, the County's award-winning wellness program, "Living Great @ Wake," is designed to promote your health and well-being through a variety of health, fitness and educational programs, services and activities.

As a County employee, you are encouraged to be proactive and take good care of your health. You can attend most employee health and wellness programs and classes on County time at little to no cost to you.

Offering competitive benefits and wellness programs is a top priority of the County. This guide is designed to help you make informed benefits choices as a new hire or during our Open Enrollment period. It highlights your options and key program features to consider when you enroll.

Thank you for continuing to make a difference in Wake County.

Sincerely,

Angela Crawford

Human Resources Director

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2021 BENEFITS GUIDE

Wake County is committed to providing its greatest asset – its talented employees – with comprehensive and affordable benefits. In the pages that follow, you will find a wide variety of benefits options that can be tailored to provide you and your family with the coverage you need to keep you healthy, happy, and safe in 2021.

ABOUT THIS GUIDE

WELCOME!

As a benefits-eligible employee we are happy to offer you a comprehensive benefits package and an award-winning wellness program! In this guide you will learn about the benefit plans offered, plan premiums, and how and when to enroll. Be sure to save this guide as a benefits resource you can refer to throughout the year.

Need Contact Information?

The last page of the guide is a quick reference directory of telephone numbers and websites for all our providers. We encourage you to access these sites to become a more educated decision-maker and consumer of Wake County's benefits programs.

Online Information

Log on to Employee Self Service (ESS) at https://ncwak-ess.hostams.com/PRDESS2X1/ESS from any computer to view your current benefit elections. Benefits information is also posted on the Living Great wake intranet portal at https://teams.wakegov.com/sites/livinggreat. You must be on the County's network to visit Living Great @ Wake.

Disclaimer

This document is intended to highlight or summarize certain provisions of Wake County's benefits plans. It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the plans are set forth in the plan documents. All statements in this summary are subject to the terms of the official plan documents. In the case of an ambiguity or conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control.

2021 PAYROLL SCHEDULE

Wake County employees are paid semi-monthly on the 15th and on the last day of the month. When those days fall on a weekend or holiday, employees are paid the prior business day. Direct deposit is required. Changes to your direct deposit can be made by contacting payroll.

Benefit deductions are withheld in the month of coverage. The first fifteen days of coverage is paid on the 15th of the month, and the last fifteen days of coverage (or through the end of that month) is paid on the last paycheck of the month.

PAY PERIOD	PAYCHECK DATE	HOLIDAY
12/16 – 12/31	1/15/2021	
1/1 – 1/15	1/29/2021	January 1 – New Year's Day
1/16 – 1/31	2/12/2021	January 18 – Martin Luther King Jr. Day
2/1 – 2/15	2/26/2021	
2/16 – 2/28	3/15/2021	
3/1 – 3/15	3/31/2021	
3/16 – 3/31	4/15/2021	
4/1 – 4/15	4/30/2021	April 2 – Good Friday
4/16 – 4/30	5/14/2021	
5/1 – 5/15	5/28/2021	
5/16 – 5/31	6/15/2021	May 31 – Memorial Day
6/1 – 6/15	6/30/2021	
6/16 – 6/30	7/15/2021	June 18 – Juneteenth (Observed)
7/1 – 7/15	7/30/2021	July 5 – Independence Day (Observed)
7/16 – 7/31	8/13/2021	
8/1 – 8/15	8/31/2021	
8/16 – 8/31	9/15/2021	
9/1 – 9/15	9/30/2021	September 6 – Labor Day
9/16 – 9/30	10/15/2021	
10/1 – 10/15	10/29/2021	
10/16 – 10/31	11/15/2021	November 11 – Veteran's Day
11/1 – 11/15	11/30/2021	
11/16 – 11/30	12/15/2021	November 25-26 – Thanksgiving
12/1 – 12/15	12/30/2021	
12/16 – 12/31	1/14/2022	December 23-24 and 27 – Christmas

WHEN TO ENROLL IN BENEFITS







NEW HIRE ELIGIBILITY	QUALIFYING LIFE EVENTS	OPEN ENROLLMENT
As a newly hired or rehired benefits-eligible employee, you have 30 calendar days following your date of hire to enroll in benefits. Elections made as a new hire will stay in effect for the entire plan year and may not be changed until open enrollment for the next plan year, or within 30 calendar days following a qualifying life event.	Certain events in your life may allow you to make changes to your benefit elections mid-year, such as: Marriage Birth/Adoption Divorce Gain other coverage Loss of other coverage	Open Enrollment gives you the opportunity to review and make changes to your benefits and covered dependents. Taking the time to review benefit information during open enrollment will ensure that you are making the best, most informed decisions for you and your family.
EFFECTIVE DATE:	EFFECTIVE DATE:	EFFECTIVE DATE:
First (1st) day of the month following your hire date.	Date of Qualifying Life Event	Open enrollment elections will be effective January 1st of the next plan year.
HOW TO ENROLL:	HOW TO ENROLL:	HOW TO ENROLL:
Complete the benefits enrollment form found on the Living Great @ Wake site and return the form to the Central Human Resources Office or email it HRConnect@wakegov.com to within 30 days of your hire date. If you are adding dependents, proof of eligibility is required. See page 7 for details.	Complete a Mid-Year Change Form found on the Living Great @ Wake site and return it to Central Human Resources or email it to HRConnect@wakegov.com within 30 days of your qualifying life event date. Documentation of the qualifying life event must be provided. If you are adding dependents, proof of eligibility is required. See page 7 for details.	Log onto the ESS portal to enroll in benefits for the following calendar plan year. You can do this from a home or work computer. If you are adding dependents, proof of eligibility is required. See page 7 for details.
	WAIVING BENEFITS	

For each benefit you would like to waive, you must check the decline box on the benefits enrollment

form.

BENEFITS ELIGIBILITY



You are eligible to elect the benefits included in this guide if you are a:

- Full-time employee in a benefits-eligible position; or
- Part-time employee in a benefits-eligible position working on average 20 or more hours per week.

(Employees in temporary or seasonal positions are not eligible for benefits)



CAN I COVER MY FAMILY MEMBERS?

A If you elect coverage, you may enroll eligible, legal dependents - your legal spouse and/or children up to age 26, regardless of marital or student status. Dependent children include:

- Your son, daughter, stepson, or stepdaughter
- 2. Your legally adopted child
- 3. Your legally placed foster child
- 4. A child placed with you by an authorized agency or by judgment, decree, or other court order.
- 5. If you have a disabled dependent child reaching age 26, they may be eligible to continue coverage, or newly enroll (if not previously eligible). The request to extend coverage for a dependent child due to disability form with physician certification is required to continue coverage.



What documentation do I need to enroll my family members?

If you are enrolling your spouse or child(ren) in a benefit plan, you must provide proof of eligibility, which includes:

FOR YOUR SPOUSE

- A copy of your spouse's Social Security card <u>AND</u> one of the following:
 - Marriage License; OR
 - A copy of the first page of your previous year tax return showing "Married Filed Jointly" or "Married Filing Separately."

FOR YOUR CHILD(REN)

- Copy of your child(ren)'s Social Security card, AND
 - Biological Children Copy of birth certificate.
 - Adoption / Guardianship Copy of court documents placing child with you.
 - Step-Children Copy of your legal marriage document and child's birth certificate.
 - Court Ordered Dependents Court order establishing responsibility to provide dependent health insurance coverage.

WHEN BENEFITS BEGIN AND END

Your benefits will begin and end as noted in the chart below.

BENEFIT TYPE	WHO	PAYS	BENEFI	T STARTS	MAKING	CHANGES	BENE	FIT ENDS
	Wake	You	Hire Date	1 st of Month After Hire Date	Qualitying	Open Enrollment	Last Day Worked	Last Day of Month of Last Day Worked
Medical*	>	/		~	/	/		/
Employee Health Center (must be enrolled on Medical plan to be eligible)	<	~		~	N	/A		~
Dental*	\	/		~	/	/		~
Vision*		/		~	/	/		~
Health Savings Account	/	~		~	/	/		/
Flexible Spending Account*		~		~	/	/		~
Basic Life and Accidental Death & Dismemberment Insurance	~			~	~	~	~	
Voluntary Life Insurance for You/Spouse/Children		~		~	~	~	~	
Voluntary Accidental Death & Dismemberment for You/Spouse		~		~	~	~	~	
Accident Insurance		/		~	/	/	/	
Critical Illness		/		~	/	/	/	
Hospital Indemnity		~		~	/	/	/	
Short Term Disability		~		~	/	/	/	
Long Term Disability	>			rsary through employment	N	/A	~	
Long-Term Care		~		sed to new Illment	Any	time	~	
LGERS - Pension Plan	/	/	/		N	/A	/	
401(k) Contribution	<	/	/		Any	time	/	
457(b) Contribution		/	/		Any	time	/	
Roth IRA Contribution		/	/		Any	time	/	
529 College Savings Plan		V	/		Any	time	/	
My S.E.L.F. Network*	/		-		N	/A		<u> </u>
Vacation, Holiday & Sick Leave	~		~		N	/A	~	
Family Medical Leave & Military Leave	~		regulation	y based on n or County olicy	N	/A	~	
Shared Leave Program	/		-		N	/A	/	
Tuition Assistance	~			mpletion of nary period	N	/A	~	

^{*}Eligible for COBRA continuation.

LIVING GREAT @ WAKE - A HOLISTIC WELLNESS PROGRAM

At Wake County, we believe that living a happy and healthy life is about making wise choices that impact your total health and well-being.



Living Great @ Wake is our holistic health and well-being program. The program focuses on improving the health and well-being of our employees and their families through education, tools, and programs that support overall health and well-being - resulting in higher productivity, engagement, and morale, and lower health care costs.

We provide articles, tools and resources on the four pillars of Well-Being - physical, emotional, financial and social health - as well as host a variety of in-person events, educational sessions, and wellness challenges.

Employees are not required to use leave time to participate in County-sponsored wellness activities, such as visiting the Employee Health Center, meeting County employee benefit vendors, and attending Living Great @ Wake events. However, leave time must be used to participate in fitness classes offered in County facilities during work time.

Visit <u>Living Great @ Wake</u> for a calendar of wellness events, tools, resources, and more!

FOUR PILLARS OF WELL-BEING onysically Emotionally Financial/ Socially ··· Secure· Healthy ··· Strong Fulfilled Nutritional Work-Life Balance **Financial** Effective **Education Classes** Communication Counseling **Seminars Seminars** Individual Resiliency Weight Management Workshops Meetings with Team Building 401(k) Fitness Classes Representative myS.E.L.F.network Skill Building Wellness Retirement Online Community On-Site Behavioral Incentive Workshops **Platform Health Specialist Program** Budgeting & **Savings Classes**

MY S.E.L.F. NETWORK

Free professional and confidential services designed to help you and your immediate household members meet a variety of life challenges and enhance overall health and well-being.

myS.E.L.F.network

	SOCIAL	EMOTIONAL
•	Help finding local services: childcare, adoption, elder care, pet care and more! Time management resources Professional development tools Tools for communication and relationships	 Free one-on-one counseling – up to 5 sessions per topic 24/7 telephone support with expert clinicians Depression, grief, and loss support Tools and resources for stress management
	LEGAL	FINANCIAL
•	Free 30-minute in-person consultation with legal advisor Access to DIY legal forms and state-specific wills Tools for bankruptcy and credit repair	 Free 30-minute phone consultation with financial advisor Resources for estate planning and tax preparation Tools for buying and selling a home

This program is confidential, and topics discussed will not be shared with Wake County without the employee's consent. Also, Wake will not know who visited the website.

Eligibility

Employees and immediate household family members (including college-aged children) can use the myS.E.L.F.network.

Cost

Employees and their immediate household family members can use the myS.E.L.F.network for *FREE!*

Assistance Available 24/7/365

800-633-3353

www.mygroup.com

Username: myselfnetwork

Password: guest

Counseling and Support for:

Relationships

Children and Teens
Work-related issues
Change management
Time management
Sleep strategies
Loss or grief
Stress
Depression
Substance use
Pet services
Financial Issues
Legal Assistance
And More!

EMPLOYEE HEALTH CENTER (EHC)

Wake County has two on-site Employee Health Centers, operated by Premise Health, that provide low or no cost medical services to employees and spouses covered by our health insurance plan.

Medical Services

The Employee Health Centers provide medical services, including:

- Primary Care
- Urgent Care
- Wound, Rash, Insect Bite Care
- Strains and Sprains Care
- Urinary or Respiratory Care
- Preventive Services
- Wellness Exams
- Immunizations
- Lab Services
- Skin Cancer Screenings

Condition Care Management

The Employee Health Centers offer one-on-one condition care management to provide the support and care needed for various conditions, including:

- Diabetes
- Hypertension
- Hyperlipidemia
- Chronic Obstructive Pulmonary Disease
- Asthma
- Osteoarthritis
- And more

• Coronary Heart Failure

Behavioral Health Programs

The Employee Health Center offers one-on-one appointments with a Behavioral Health Specialist.

Health Coaching

The Employee Health Center offers one-on-one coaching with a Wellness Coach to help you achieve your health and well-being goals, such as weight management, nutrition, work/life balance, stress management, physical activity, or tobacco cessation.

Eligibility

Employee Health Center services are available to employees and spouses covered on our health insurance plan. You must show your health insurance ID card.

Cost

Premium Health Plan - All services are FREE Standard Health Plan - All services are FREE **Consumer Driven Health Plan:**

Preventive Services, Condition Care, Wellness Coaching – FREE Primary Care, Sick & Urgent Care Services - \$20

Why Use the **Employee Health Centers?**

It's Fast and Convenient

Low / No Cost Appointments

You don't have to use sick leave to go to the EHC

Get commonly prescribed medications on-site without having to go to the pharmacy

Earn incentive points to lower your health insurance premium

Your health information is kept confidential

APPOINTMENTS

919-856-5600 www.MyPremiseHealth.com

WC Office Building

337 S. Salisbury St. 14th Floor Raleigh, NC

Falstaff Building

3010 Falstaff Rd. Raleigh, NC

Virtual Appointments

Your home, office, or on the go! Phone, Video Chat, Messaging

HOURS

Monday-Thursday 7:30 am - 4:30 pm Friday 7:30 am - 2:00 pm Closed daily 12:00-12:30

CIGNA TELEHEALTH CONNECTION

Get the care you need — 24/7/365 — for a wide range of minor medical conditions — by connecting with a board-certified doctor via video chat or phone without leaving your home or office.

A Telehealth visit with board-certified doctor through MDLive is a cost-effective alternative to an urgent care center and costs less than going to the emergency room. The cost of a Telehealth phone or video chat visit is even less than going to your primary care provider!

When to Use Telehealth?

- For minor, non-emergency medical issues.
- Your primary care provider is not available on your schedule.
- You are considering a trip to the emergency room or an urgent care center for a nonemergency medical issue.
- You need a prescription or refill (when appropriate).
- When it's not convenient to leave your home or office.
- You are traveling and need medical care.
- Anytime, including nights, weekends, and even holidays.

Signing Up is Easy!

- Set up and create an account with MDLive.
- Complete a medical history using the "virtual clipboard."
- Download the app to your mobile device.
- Register today so you'll be ready to use Telehealth when and where you need it.

Eligibility

Telehealth services are available to employees and dependents covered by our health plan.

Cost

Premium Health Plan - FREE Standard Health Plan - FREE

Consumer Driven Health Plan: \$55

Cigna Nurse Line

Not sure if Telehealth is the right choice for your medical condition? Talk to a nurse to help decide the right care plan. Call the Cigna Nurse Line at 800-244-6224 – It's *FREE*!

Telehealth services are for minor, non-life-threatening conditions.

In an emergency, dial 911!

Use Telehealth for:

Sore throats
Headaches
Stomachaches
Fevers
Colds and Flu
Allergies
Rashes
Acne
Shingles
Bronchitis

Urinary Tract Infections Other Minor Conditions





HEALTH & WELLBEING PROGRAMS



Cigna Health Coaching

Cigna offers one-on-one health coaching with a certified Wellness Coach to help you achieve your health and well-being goals. Health Coaching can be used for weight management, nutrition, work/life balance, life satisfaction, stress management, physical activity, or tobacco cessation. The Wellness Coach helps you set your goals, track your progress, and achieve the results you desire. Contact Cigna at 1-800-244-6224 to learn more about the program and the benefits!

Cigna Behavioral Health Programs

Cigna offers behavioral health services, both in-person or by phone. You can contact CIGNA to identify the in-network provider of your choice. Contact Cigna at 1-800-244-6224 or visit www.mycigna.com learn more!



Omada Health

Omada is a digital lifestyle change program that combines the latest technology with ongoing support to make the changes that matter most -- whether that's eating better, exercising and sleeping more or stressing less. This approach is designed to help you lose weight and reduce the risk of Type 2 Diabetes and Heart Disease. Participants on Wake County's health plan can participate in this program at no cost. Participants will receive a wireless smart scale, weekly online lessons, wellness coaching by a professional coach and online peer support!

Take Omada's 1-minute health screener to see if you're eligible: https://go.omadahealth.com/wakegov



Living Connected – Diabetes Management Program

Living Connected, provided by CCS Medical, is a mobile health solution for diabetes that gives you all the tools you need to start living better with diabetes.

Living Connected is a **no cost** diabetes care program available to all employees and their adult dependents who are on the health plan. Participants receive a cellular glucose meter, test strips, lancing devices, and other diabetes supplies, as well as 24-hour monitoring and coaching when readings are out of range. Participants also can engage in live, personalized health coaching from Certified Diabetes Educators.

Get your **FREE** Welcome Kit Today! Online at <u>livingconnected.me</u> or call 1-866-202-1670.

WELLNESS INCENTIVE PROGRAM

Participate in the wellness incentive program each year to avoid surcharges and lower your health insurance payroll deductions. It's as easy as 1-2-3!

To earn the full wellness incentive for 2022, you and your covered spouse must each earn 2,100 points by completing the Tobacco-Free, Know Your Numbers, and Motivate Me programs between November 16, 2020 and October 31, 2021. See how many points you've earned by logging into your myCigna.com account.



Tobacco-Free Program 600 Points

Tobacco use increases the risk for serious health problems. Quitting greatly reduces the risk for disease and early death.

You and your covered spouse must:

Attest on your myCigna.com account to being tobacco-free for the last 12 months;

<u>or</u>

✓ Complete a tobacco cessation program through the Employee Health Center between 11/16/2020 – 10/31/2021

Avoid the Tobacco Program Surcharge!

If you and your covered spouse do not complete the Tobacco-Free Program requirements, you will be subject to a **monthly surcharge of \$40 per covered adult** for the 2022 health plan year. 2

Know Your Numbers (KYN) 1,200 Points

The KYN Program identifies health risk factors that could lead to chronic diseases such as heart disease, diabetes, hypertension, and obesity.

You and your covered spouse must:

- ✓ Complete the Health Assessment: on your myCigna.com account (600 Points); and
- ✓ Complete a Biometric Screening: Provided free of charge at the Employee Health Center, by any in-network Cigna provider, or by submitting the wellness screening form to Cigna; this form must be completed by your provider (600 Points).

Avoid the KYN Premium Surcharge!

If you and your covered spouse do not complete the Know Your Numbers Program requirements, you will be subject to a **monthly surcharge of \$40 per covered adult** for the 2022 health plan year.



Motivate Me 300 Points

The Motivate Me Program encourages healthy behaviors and rewards those who take steps towards improving their health and well-being.

If you and your covered spouse complete the Tobacco-Free and Know Your Numbers programs, and earn an additional 300 points each, you will receive a wellness credit of \$240 per covered adult in 2022. The credit is provided semi-monthly as a reduction in your health insurance payroll deduction.

You and your covered spouse must complete activities, such as:

- Achieve healthy biometrics
- Complete preventive care
- Engage in health coaching
- Participate in activities through trackable devices (Fitbit, etc.)

Log on to your myCigna.com account to view all eligible activities.

HEALTH INSURANCE – COMPARING YOUR PLAN OPTIONS

Choosing a medical plan is an important decision! Take time to learn about your options to ensure you select the right plan for you and your family.

GLOSSARY

Allowable Charge is the amount considered payment in full by the insurance company and in-network providers.

Copayment (Copay) is a fixed amount you pay for a healthcare service or prescription drug.

Coinsurance is the amount you pay, as a percentage of the allowable charge, after you meet the deductible.

Deductible is the amount you must pay each plan year before insurance begins covering services. The deductible may not apply to all services.

Out-of-Pocket Maximum is the most you pay per plan year for healthcare expenses, including prescription drugs. Once you reach this limit, the plan pays 100% of the allowable charge for the rest of the plan year.

Health Savings Account (HSA) is a bank account you can use with a high deductible health plan to pay for health care with pre-tax dollars.

Healthcare Flexible
Spending Account (FSA) is an account you can use to pay for health care with pre-tax dollars.

You have three medical plan options, each administered by Cigna. See page 16 for a detailed plan comparison.

CONSUMER DRIVEN PLAN (CDP)

A high-deductible plan with a **lower premium**. Preventive care is covered at 100%, but all other covered medical services - and prescriptions - are subject to the deductible and coinsurance until reaching the out-of-pocket maximum. *It is important to note that family coverage has a collective deductible, meaning one or more family members must meet the family deductible before the plan pays for any person enrolled on the plan.*

The CDP comes with a **Health Savings Account (HSA)**, and the **County contributes up to \$750 for employee-only coverage and up to \$1,250 for employee plus dependent(s) coverage.** You can contribute more with pre-tax payroll contributions, up to the IRS maximum – See page 20-22 for more details.

STANDARD PLAN

A traditional copay plan with a **lower premium** but higher deductible, copays, and coinsurance for covered medical services. Preventive care is covered at 100%. Copays apply to the out-of-pocket maximum, but not the deductible.

You can budget for your out-of-pocket expenses on this plan by funding a Healthcare Flexible Spending Account (FSA) up to \$2,750 with pre-tax payroll deductions – See page 20-22 for more details.

PREMIUM PLAN

A traditional copay plan with a **higher premium** but lower deductible, copays, and coinsurance for covered medical services. Preventive care is covered at 100%. Copays apply to the out-of-pocket maximum, but not the deductible.

You can budget for your out-of-pocket expenses on this plan by funding a Healthcare Flexible Spending Account (FSA) up to \$2,750 with pre-tax payroll deductions – See page 20-22 for more details.



Pre-Enrollment Line: 1-888-806-5042 Customer Service: 1-800-244-6224

www.myCigna.com

HEALTH INSURANCE - COMPARING YOUR PLAN OPTIONS

This is a brief outline of the Wake County Health Plans. If there is a discrepancy between the summary and the plan document, the plan document will prevail. Refer to the Summary Plan Document (SPD) for the health plan's terms, conditions, limitations, and exclusions.

	STANDA	RD PLAN	PREMIU	M PLAN	CONSUMER I	ORIVEN PLAN
MEDICAL SERVICES	A traditional copa premiums, but highe coinsurance, ar maxi	r deductible, copays, nd out-of-pocket	premiums, but lower coinsurance, ar	y plan with higher deductible, copays, nd out-of-pocket mum	costs that is exempt this qualifying medic	money for health care from taxes? Choose al plan that is paired ngs Account (HSA)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family	\$1,000 per person \$2,000 per family	\$2,000 per person \$4,000 per family	\$2,000 per person \$4,000 per family ¹	\$4,000 per person \$8,000 per family ¹
HSA Eligible ²		10		lo	Ye	
Healthcare FSA Eligible ²	Y			es		0
Out-of-Pocket Maximum (includes deductible)	\$6,000 per person \$12,000 per family	\$10,000 per person \$20,000 per family	\$5,000 per person \$10,000 per family	\$8,000 per person \$16,000 per family	\$5,000 per person \$10,000 per family	\$10,000 per person \$20,000 per family
Primary Care - Office Visit	\$30 Copay	50% ^{AD}	\$20 Copay	60% ^{AD}	80% ^{AD}	60% ^{AD}
Specialist - Office Visit	\$50 Copay	50% ^{AD}	\$40 Copay	60% ^{AD}	80% ^{AD}	60% ^{AD}
Telehealth Visit	FREE	Not Covered	FREE	Not Covered	\$55	Not Covered
Employee Health Center	FREE	Not Covered	FREE	Not Covered	FREE for Preventive, Coaching, Condition Management / \$20 for Sick/Acute Care	Not Covered
Nutritional Counseling	FREE	50% ^{AD}	FREE	60% ^{AD}	100% ^{AD}	60% ^{AD}
Preventive Care	FREE	50% ^{AD}	FREE	60% ^{AD}	FREE	60% ^{AD}
Laboratory Services	FREE	70% ^{AD}	FREE	70% ^{AD}	80% ^{AD}	60% ^{AD}
Radiology (X-ray, MRI, MRA, CAT & PET scans)	70% ^{AD}	50% ^{AD}	80% ^{AD}	60% ^{AD}	80% ^{AD}	60% ^{AD}
Outpatient Rehab by Primary Care	\$30 Copay	50% ^{AD}	\$20 Copay	60% ^{AD}	80% ^{AD}	60% ^{AD}
Outpatient Rehab by Specialist	\$50 Copay	50% ^{AD}	\$40 Copay	60% ^{AD}	80% ^{AD}	60% ^{AD}
Chiropractic Care - 24 days	\$60 Copay	50% ^{AD}	\$40 Copay	60% ^{AD}	80% ^{AD}	60% ^{AD}
Urgent Care	\$50 C	Copay	\$50	Copay	80% ^{AD}	60% ^{AD}
Ambulance	70%	6 AD	80)% ^{AD}	80%	6 AD
Emergency Room	\$300 Copay (wa then 7	ived if admitted), 0% AD	\$300 copay (waived if admitted, then 80% AD		80% ^{AD}	
Inpatient/Outpatient Hospital	70% ^{AD}	50% ^{AD}	80% ^{AD}	60% ^{AD}	80% ^{AD}	60% ^{AD}
Outpatient Mammogram	FREE	50% ^{AD}	FREE	60% ^{AD}	FREE	60% ^{AD}
Skilled Nursing Facility	70% ^{AD}	50% ^{AD}	80% ^{AD}	60% ^{AD}	80% ^{AD}	60% ^{AD}
Home Health Care	70% ^{AD}	50% ^{AD}	80% ^{AD}	60% ^{AD}	80% ^{AD}	60% ^{AD}
Durable Medical Supplies	70% ^{AD}	50% ^{AD}	80% ^{AD}	60% ^{AD}	80% ^{AD}	60% ^{AD}
Maternity Hospital & Professional Services	70% ^{AD}	50% ^{AD}	80% ^{AD}	60% ^{AD}	80% ^{AD}	60% ^{AD}
Transplants Hospital & Professional Services	100% @ Lifesource, otherwise 70% ^{AD}	Not Covered	100% @ Lifesource, otherwise 80% ^{AD}	Not Covered	100% @ Lifesource, otherwise 80% AD	Not Covered
Office Visit Mental Health/Substance Abuse	\$30 Copay	50% ^{AD}	\$20 Copay	60% ^{AD}	80% ^{AD}	60% ^{AD}
Inpatient/Outpatient Mental Health/Substance Abuse	70% ^{AD}	50% ^{AD}	80% ^{AD}	60% ^{AD}	80% ^{AD}	60% ^{AD}
Bariatric Surgery	70% ^{AD}	Not Covered	80% ^{AD}	Not Covered	80% ^{AD}	Not Covered
Vision Exam (one/year)	FREE	Reimbursed up to \$45	FREE	Reimbursed up to \$45	FREE	Reimbursed up to \$45

NOTES

^{AD} After Deductible (deductible must be paid first before the plan will provide coverage as indicated)

¹ Consumer Driven Plan family deductible must be met by one or more family members before the plan will provide coverage as indicated.

² See pages 20-22 for more information about the HSA and FSA

PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is included with each of the three health insurance plan options. The Consumer Driven Plan has different prescription drug coverage than the Standard and Premium plans.

STANDARD AND PREMIUM PLANS					
Tier	30-Day Supply Retail	90-Day Supply Retail/Mail Order			
1 - Generic	\$10	\$20			
2 - Preferred *	35%, up to \$200	35%, up to \$400			
3 - Non-Preferred	50%, up to \$350	50%, up to \$600			
4 - Specialty	60%, up to \$450	60%, up to \$450 (mail order only, 30-day supply limit)			

On the Standard and Premium plans, prescription coinsurance is applied to the deductible and annual out-of-pocket maximum. Copays only apply to the annual out-of-pocket maximum.

CONSUMER DRIVEN PLAN				
Tier	Tier Preventive Drug			
1 - Generic	FREE			
2 - Preferred *	Waive Deductible, Coinsurance Only	Deductible,		
3 - Non-Preferred	Waive Deductible, Coinsurance Only	then Coinsurance		
4 - Specialty	Deductible, then Coinsurance			

On the Consumer Driven Plan, all prescription costs are applied to the deductible and annual out-of-pocket maximum.

* Preferred Drug List

The preferred drug list is subject to change. Cigna regularly reviews and updates the preferred drug list.

To see if your medications are on the preferred drug list, log in to your myCigna.com account or call the Cigna Pre-Enrollment Line at 1-888-806-5042.



5 Tips to Save Money on Prescription Drugs

- Fill at a Participating Pharmacy
- 2. Use generic drugs
- 3. Fill a 90-day supply for less with mail order or at a participating pharmacy
- Ask your doctor about a comparable, alternative drug on a lower tier
- 5. Shop around for the lowest price. Not all pharmacies charge the same!

Prescription Mail Order

Cigna uses Express Scripts 1-800-835-3784

www.cigna.com/homedelivery-pharmacy

90-Day Supply at Retail

Save money by filling a 90-day supply at certain retail pharmacies. Find a participating pharmacy at:

www.cigna.com/Rx90network

Specialty Pharmacy

Specialty drugs must be filled at Cigna's specialty pharmacy, Accredo.

1-877-826-7657

www.cigna.com/specialty

CHOOSING YOUR HEALTH PLAN

Choosing a health plan can be a difficult decision. Two resources are available to help you pick the plan that best meets your and your family's needs.



Cigna Pre-Enrollment Line

1-888-806-5042

A Cigna One Guide representative can help you understand the basics of health coverage, review the health plan options with you, check if your doctors are in-network, and answer any questions you may have.



www.CignaEasyChoice.com

(Access Code: M4JCADMZ)

Answer a few simple questions, and the Cigna Easy Choice Decision Support Tool will provide you an estimate of annual costs for each plan option and identify the plan that is your "Best Fit."

FULL-TIME EMPLOYEE HEALTH PLAN RATES (SEMI-MONTHLY)

IMPORTANT NOTE: Rates for part-time employees are prorated based on the budgeted scheduled hours for the position. See page 19 for part-time employee health plan rates.

	You Pay	Wake County Pays	Total		
CONSUMER DRIVEN PLAN					
Employee Only	\$12.50	\$270.71	\$283.21		
Employee + Spouse	\$170.00	\$427.65	\$597.65		
Employee + Child(ren)	\$75.00	\$429.41	\$504.41		
Employee + Family	\$245.00	\$616.44	\$861.44		
STANDARD PLAN					
Employee Only	\$15.00	\$270.93	\$285.93		
Employee + Spouse	\$175.00	\$428.38	\$603.38		
Employee + Child(ren)	\$77.50	\$431.75	\$509.25		
Employee + Family	\$250.00	\$619.70	\$869.70		
PREMIUM PLAN					
Employee Only	\$47.50	\$253.21	\$300.71		
Employee + Spouse	\$257.50	\$377.07	\$634.57		
Employee + Child(ren)	\$136.00	\$399.57	\$535.57		
Employee + Family	\$360.50	\$554.15	\$914.65		

PART-TIME EMPLOYEE HEALTH PLAN RATES (SEMI-MONTHLY)

CONS	SUMER DI	RIVEN PLAN -	- SEMI-MONTH	LY RATES	
		EE Only	EE + Child	EE + Spouse	EE + Family
Total	Premium	\$283.21	\$504.41	\$597.65	\$861.44
FTE	Hrs/Wk	You Pay	You Pay	You Pay	You Pay
1.0	40	\$12.50	\$75.00	\$170.00	\$245.00
0.9	36	\$39.57	\$117.94	\$212.77	\$306.64
0.85	34	\$53.11	\$139.41	\$234.15	\$337.47
0.833	33.32	\$57.71	\$146.71	\$241.42	\$347.95
0.825	33	\$59.88	\$150.15	\$244.84	\$352.88
0.8	32	\$66.64	\$160.88	\$255.53	\$368.29
0.75	30	\$80.18	\$182.35	\$276.91	\$399.11
0.7	28	\$93.71	\$203.82	\$298.30	\$429.93
0.675	27	\$100.48	\$214.56	\$308.99	\$445.34
0.65	26	\$107.25	\$225.29	\$319.68	\$460.75
0.625	25	\$114.02	\$236.03	\$330.37	\$476.17
0.6	24	\$120.79	\$246.76	\$341.06	\$491.58
0.55	22	\$134.32	\$268.23	\$362.44	\$522.40
0.5	20	\$147.86	\$289.70	\$383.83	\$553.22
STAN	IDARD PL	AN – SEMI-MO	NTHLY RATES		
		EE Only	EE + Child	EE + Spouse	EE + Family
Total	Premium	\$285.93	\$509.25	\$603.38	\$869.70
FTE	Hrs/Wk	-			
		You Pay	You Pay	You Pay	You Pay
1.0	40	\$15.00	\$77.50	\$175.00	\$250.00
0.9	36	\$42.09	\$120.67	\$217.84	\$311.97
0.85	34	\$55.64	\$142.26	\$239.26	\$342.96
0.833	33.32	\$60.25	\$149.60	\$246.54	\$353.49
0.825	33	\$62.41	\$153.06	\$249.97	\$358.45
0.8	32	\$69.19	\$163.85	\$260.68	\$373.94
0.75	30	\$82.73	\$185.44	\$282.10	\$404.93
0.7	28	\$96.28	\$207.02	\$303.51	\$435.91
0.675	27	\$103.05	\$217.82	\$314.22	\$451.40
0.65	26	\$109.83	\$228.61	\$324.93	\$466.90
0.625	25	\$116.60	\$239.40	\$335.64	\$482.39
0.6	24	\$123.37	\$250.20	\$346.35	\$497.88
0.55	22	\$136.92	\$271.79	\$367.77	\$528.87
0.5	20	\$150.47	\$293.37	\$389.19	\$559.85
PREM	IIUM PLA	N – SEMI-MONT	THLY RATES		
		EE Only	EE + Child	EE + Spouse	EE + Family
Total	Premium	\$300.71	\$535.57	\$634.57	\$914.65
FTE	Hrs/Wk	You Pay	You Pay	You Pay	You Pay
1	40	\$47.50	\$136.00	\$257.50	\$360.50
0.9	36	\$72.82	\$175.96	\$295.21	\$415.92
0.85	34	\$85.48	\$195.93	\$314.06	\$443.62
0.833	33.32	\$89.79	\$202.73	\$320.47	\$453.04
0.825	33	\$91.81	\$205.92	\$323.49	\$457.48
0.8	32	\$98.14	\$215.91	\$332.91	\$471.33
0.75	30	\$110.80	\$235.89	\$351.77	\$499.04
0.7	28	\$123.46	\$255.87	\$370.62	\$526.75
0.675	27	\$129.79	\$265.86	\$380.05	\$540.60
0.65	26	\$136.12	\$205.86	\$380.05	\$540.00
0.05	20	ψ13U.1Z	ΨΖ/3.03	ψ307.47	ψυυ4.4υ

\$285.84

\$295.83

\$315.80

\$335.78

\$398.90

\$408.33

\$427.18

\$446.03

\$568.31

\$582.16

\$609.87

\$637.58

IMPORTANT NOTES ABOUT THE HEALTH PLAN RATES

- 1. Wake County's contribution to health insurance for part-time employees is prorated based on the budgeted FTE/hours of the position
- 2. You will have to pay a premium surcharge in 2022 if you do not complete the *Tobacco-Free Program* in 2021
- 3. You will have to pay a premium surcharge in 2022 if you do not complete the Know Your Numbers Program in 2021
- 4. You will earn a premium discount (wellness credit) in 2022 if you complete the *Motivate Me Program* in 2021

See page 14 for more information about the surcharges and premium discount.

\$142.45

\$148.78

\$161.44

\$174.10

25

24

22

20

0.625

0.6

0.55

0.5

BUDGETING FOR YOUR HEALTHCARE - FSA VS. HSA

Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) are both tax-advantaged accounts that allow you to set aside pre-tax money to pay for health care expenses, but they have several important differences.





	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Overview	An FSA is an account that allows you to pay for your and your family's eligible medical, prescription, dental, and vision expenses with pre-tax dollars.	An HSA is an <i>individually-owned</i> bank account that allows you to pay for your and your family's eligible medical, prescription, dental, and vision expenses with pre-tax dollars.
Eligible Expenses	Eligible expenses can include: Deductibles Copays Coinsurance Prescription Glasses/Contacts Laser Eye Surgery Orthodontia Hearing Aids View an expanded list of eligible expenses at https://www.optumbank.com/all-products/medical-expenses.html	Eligible expenses can include: Deductibles Copays Coinsurance Prescription Glasses/Contacts Laser Eye Surgery Orthodontia Hearing Aids View an expanded list of eligible expenses at www.Cigna.com/expenses
Tax Savings	Double Tax Savings! Pre-tax deductions from your paycheck Eligible expenses are not taxed	Triple Tax Savings! • Pre-tax deductions from your paycheck • Eligible expenses are not taxed • Account earnings grow tax-free
Eligibility Requirements	You must be enrolled on the Standard or Premium medical plans or have elected to waive coverage.	You must be enrolled on the Consumer Driven Plan. The IRS also requires that you cannot be: • Covered by a non-qualified health plan; • Covered by Medicare Part A, B, D, or Tricare; • Covered by a healthcare FSA (County's or your spouse's, including any prior year rollover amounts); • Claimed as a dependent on another person's tax return It is your responsibility to ensure your compliance with these IRS restrictions.

BUDGETING FOR YOUR HEALTHCARE - FSA VS. HSA





	Flexible Spending Account (FSA)	Health Savings Account (HSA)
County Contribution	The County does not contribute to the FSA.	The County contributes to the HSA based on your enrollment tier on the Consumer Driven Plan. The amount is prorated for mid-year enrollments: • \$750 for Employee Only • \$1,250 for Employee + 1 or more
Contribution Limits	For 2021, the FSA contribution limits are: • \$120 minimum per year • \$2,750 maximum per year	The annual contribution amount depends on your enrollment tier on the Consumer Driven Plan. For 2021, the HSA contribution limits are: • \$120 minimum per year • \$3,600 max for Employee Only • \$7,200 max for Employee + 1 or more These maximums include the County's contribution. If you are age 55 or older, you may contribute an additional \$1,000 per year.
Contribution Changes	Contribution amounts can be changed only at open enrollment or within 30 days of a qualifying event.	Contribution amounts can be changed at any point during the year, not to exceed once per month.
Account Investments & Earnings	Funds in the FSA do not earn interest, and there are no investment options.	HSA funds are held in an interest-bearing account and may be invested in mutual funds upon reaching A minimum balance of \$1,000. Earnings grow tax-free!
Availability of Funds	The full FSA annual election amount is available immediately.	Only the balance of funds in the HSA is available.
Paying for Eligible Expenses	Expenses can be paid by:FSA Debit CardFSA Reimbursement Request	 Expenses can be paid by: HSA Debit Card Withdraw funds to reimburse yourself Online bill pay
Saving Receipts	Save your receipts and EOBs! You may be required to submit documentation of your expenses.	Save your receipts and EOBs! The IRS requires documentation of HSA withdrawals during a tax audit.
Reimbursement Deadline	For expenses incurred in 2021, you must request reimbursement by 3/30/2022.	You may pay for expenses incurred after your HSA was opened at any time. There is no deadline.

BUDGETING FOR YOUR HEALTHCARE - FSA VS. HSA





	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Rollover	Up to \$550 in unused FSA funds will rollover to the next year. The minimum balance eligible for rollover is \$25.	Unused HSA funds roll over every year, allowing you to build long-term savings for future health care expenses, including expenses in retirement.
Portability	The FSA is not portable. If you leave Wake County, your participation in the FSA ends. However, you may be eligible for COBRA continuation.	The HSA is portable. If you leave Wake County or end enrollment in the CDP health plan, you can still use the funds in your HSA to pay for eligible health care expenses.

AN HSA SAVINGS STRATEGY

Why pay more in premiums when those dollars could go to your Health Savings Account instead!

If you enroll on the *lower-premium* Consumer Driven Plan (CDP), you can bank the premium savings in your Health Savings Account. The chart below shows the annual premium savings by enrolling on the CDP versus the Premium or Standard plans.

	Monthly Premium			Annual Premium Savings	
	Premium Plan	Standard Plan	Consumer Driven Plan	Premium vs. CDP	Standard vs. CDP
Employee Only	\$95	\$30	\$25	\$780	\$60
Employee + Spouse	\$272	\$155	\$150	\$1,464	\$60
Employee + Child(ren)	\$515	\$350	\$340	\$2,100	\$120
Employee + Family	\$721	\$500	\$490	\$2,772	\$120

By adding the premium savings of the CDP to Wake County's contribution, your HSA balance can grow much faster. In fact, a family that switches from the Premium Plan to the CDP can save enough money in one year to fully meet the CDP family deductible. Remember – Unused HSA balances roll over every year, so the balance can keep growing year after year!

	CDP	County	County Contribution	County Contribution
	Deductible	Contribution	+ Premium Savings	+ Standard Savings
Employee Only	\$2,000	\$750	\$1,530	\$810
Employee + Spouse	\$4,000	\$1,250	\$2,714	\$1,370
Employee + Child(ren)	\$4,000	\$1,250	\$3,550	\$1,370
Employee + Family	\$4,000	\$1,250	\$4,022	\$1,370

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Save for day care, preschool, and summer day camps - tax-free!

You can use a Dependent Care Flexible Spending Account to pay for the care of your child(ren) under the age of 13, or to care for qualifying dependent adults, such as a disabled spouse or an elderly parent, who can't care for themselves. Funds can be used to pay for the eligible expenses of any qualifying dependent, even if they are not covered on your health insurance plan.

Contribution Limits

You may contribute up to a **maximum of \$5,000** *per household*, per year. The minimum contribution is \$120 per year (\$5 per paycheck).

Once you have made your annual contribution election, you may only change the amount upon a qualifying status change, such as having a baby or becoming responsible for a dependent adult.

IMPORTANT NOTE: Highly compensated employees, defined by the IRS as earning \$125,000 or more per year, may be subject to a contribution limit reduction based on IRS non-discrimination testing of the plan.

Eligibility

You are eligible to enroll in a Dependent Care FSA, if you and your spouse are working, looking for work, or are a full-time student.

Availability of Funds

Unlike a Healthcare FSA, a Dependent Care FSA is not pre-funded. This means your total annual election is not immediately available at the beginning of the plan year. Funds are only available as they are contributed. As soon as you have funds in your dependent care FSA, you can use it to pay for eligible dependent care expenses.

Eligible expenses incurred during the plan year (January 1, 2021—December 31, 2021) can be submitted for reimbursement until March 30, 2022.

The Dependent Care FSA has a "use it or lose it" provision. Unused funds in the Dependent Care FSA do not roll over to the next plan year. Be sure to contribute no more than you plan to use during the year.



Eligible Expenses

Nursery School

Pre-School

Child Day Care

Before School Programs

After School Programs

Track-Out Care

Summer Day Camps (Overnight Camps are not eligible)

Adult Day Care

DENTAL INSURANCE

Dental insurance is an important benefit for you and your family. In addition to maintaining your smile, dentists examine your mouth, head, and neck for symptoms that may point to more serious health issues, such as cancer.

Dental Network

Wake County offers two dental plan options. Both plans allow you to receive care from any dentist you choose. However, you are likely to experience the greatest out-of-pocket savings when you choose a dentist that participates in one of the Delta Dental networks – **Delta Dental PPO or Delta Dental Premier**.

To find a participating dentist, visit www.deltadentalnc.org.

DENTAL PLAN SUMMARY	BASIC PLAN	PLUS PLAN
Deductible		
The amount you must pay each year for covered dental services before the insurance plan will begin to pay.	\$50 / Individual \$150 / Family	\$50 / Individual \$150 / Family
Plan Year Maximum Benefit		
The most the insurance plan will pay for covered dental services each plan year per covered individual.	\$1,000	\$1,500
Preventive and Diagnostic Services		
 ✓ Exams, x-rays, cleanings, fluoride, sealants, emergency palliative care (temporary pain relief) 	100%, no deductible	100%, no deductible
Basic Services		
✓ Surgical removal of teeth	80%	80%
✓ Non-surgical removal of teeth, diagnostic x-rays, fillings, crowns, root canals, gum disease treatment, oral surgery	50%	80%
Major Services		
✓ Crowns, bridges, dentures	50%	50%
✓ Implants	Not covered	50%
Orthodontia		
✓ Orthodontic Treatment (braces)	50%	50%
✓ Orthodontic Lifetime Benefit Maximum	\$1,000	\$1,250
✓ Orthodontia Eligibility	Children	and Adults

		BASIC	PLAN	PLUS	PLAN
△ DELTA DENTAL®	Semi-Monthly Rates	You Pay	Wake Pays	You Pay	Wake Pays
1-800-662-8856	Employee Only	\$5.50	\$9.93	\$9.00	\$9.07
www.deltadentalnc.org	Employee + Spouse	\$11.00	\$20.46	\$17.50	\$19.26
, and the second	Employee + Child(ren)	\$15.00	\$22.99	\$20.50	\$23.75
Claims Address: P.O. Box 9085	Employee + Family	\$24.00	\$34.76	\$33.00	\$36.18
Farmington Hills, MI 48333	Rates for part-time employees are pro-rated based on budgeted hours for the position. See page 25 for part-time rates.				

PART-TIME EMPLOYEE DENTAL PLAN RATES (SEMI-MONTHLY)

BASIC F	BASIC PLAN — SEMI-MONTHLY RATES					
		EE Only	EE + Child	EE + Spouse	EE + Family	
Total	Premium	\$15.43	\$37.99	\$31.46	\$58.76	
FTE	Hrs/Wk	You Pay	You Pay	You Pay	You Pay	
1.0	40	\$5.50	\$15.00	\$11.00	\$24.00	
0.9	36	\$6.49	\$17.30	\$13.05	\$27.48	
0.85	34	\$6.99	\$18.45	\$14.07	\$29.21	
0.833	33.32	\$7.16	\$18.84	\$14.42	\$29.80	
0.825	33	\$7.24	\$19.02	\$14.58	\$30.08	
0.8	32	\$7.49	\$19.60	\$15.09	\$30.95	
0.75	30	\$7.98	\$20.75	\$16.12	\$32.69	
0.7	28	\$8.48	\$21.90	\$17.14	\$34.43	
0.675	27	\$8.73	\$22.47	\$17.65	\$35.30	
0.65	26	\$8.98	\$23.05	\$18.16	\$36.17	
0.625	25	\$9.22	\$23.62	\$18.67	\$37.04	
0.6	24	\$9.47	\$24.20	\$19.18	\$37.90	
0.55	22	\$9.97	\$25.35	\$20.21	\$39.64	
0.5	20	\$10.47	\$26.50	\$21.23	\$41.38	

PLUS PL	PLUS PLAN – SEMI-MONTHLY RATES						
		EE Only	EE + Child	EE + Spouse	EE + Family		
Total	Premium	\$18.07	\$44.25	\$36.76	\$69.18		
FTE	Hours/Week	You Pay	You Pay	You Pay	You Pay		
1.0	40	\$9.00	\$20.50	\$17.50	\$33.00		
0.9	36	\$9.91	\$22.88	\$19.43	\$36.62		
0.85	34	\$10.36	\$24.06	\$20.39	\$38.43		
0.833	33.32	\$10.51	\$24.47	\$20.72	\$39.04		
0.825	33	\$10.59	\$24.66	\$20.87	\$39.33		
0.8	32	\$10.81	\$25.25	\$21.35	\$40.24		
0.75	30	\$11.27	\$26.44	\$22.32	\$42.05		
0.7	28	\$11.72	\$27.63	\$23.28	\$43.85		
0.675	27	\$11.95	\$28.22	\$23.76	\$44.76		
0.65	26	\$12.17	\$28.81	\$24.24	\$45.66		
0.625	25	\$12.40	\$29.41	\$24.72	\$46.57		
0.6	24	\$12.63	\$30.00	\$25.20	\$47.47		
0.55	22	\$13.08	\$31.19	\$26.17	\$49.28		
0.5	20	\$13.54	\$32.38	\$27.13	\$51.09		

VISION INSURANCE

You may think you do not need vision coverage because you have good eyesight and don't need glasses. However, did you know that an eye exam can spot early signs of diabetes, high blood pressure, high cholesterol, and heart disease, in addition to cataracts and glaucoma?

Wake County offers two vision plan options. Both plans allow you to receive care from any vision provider you choose, but you are likely to experience the greatest out-of-pocket savings when you choose a vision provider that participates in the EyeMed network – **INSIGHT Network**.

To find a participating vision provider, visit www.eyemed.com.

Know Before You Go!

Know how much your glasses will cost by using the cost estimator on your www.EyeMed.com account.

VISION PLAN SUMMARY	STANDARD	PREMIUM	REIMBURSEMENT			
	In-Network	In-Network	Out-of-Network			
Eye Exam						
	\$15 co-pay	No co-pay	Up to \$50			
Frames - FREE frames with Freedom Pass when you buy glasses Target Optical! (Use code 755288)						
	No co-pay; \$130 allowance + 20% off on balance over \$130		Up to \$70			
Lenses (Standard Plastic)						
✓ Single Vision	\$25 co-pay	\$15 co-pay	Up to \$50			
✓ Bifocal	\$25 co-pay	\$15 co-pay	Up to \$75			
✓ Trifocal	\$25 co-pay	\$15 co-pay	Up to \$100			
✓ Standard Progressive	\$75 co-pay	\$65 co-pay	Up to \$75			
✓ Premium Progressive	\$95 - \$120 co-pay	\$85 - \$110 co-pay	Up to \$75			
Contacts - Buy at www.Conta	actsDirect.com and save \$2	O, plus the shipping is FRE	E!			
✓ Conventional	No co-pay; \$130 allowance; 15% off balance over \$130	No co-pay; \$160 allowance; 15% off balance over \$160	Standard – Up to \$105 Premium – Up to \$112			
✓ Disposable	No co-pay; \$130 allowance; plus balance over \$130	No co-pay; \$160 allowance; plus balance over \$160	Standard – Up to \$105 Premium – Up to \$112			
✓ Medically Necessary	No co-pay	No co-pay	Up to \$210			



1-866-800-5457 www.eyemed.com

Claims Address: P.O. Box 8504 Mason, OH 45040

Semi-Monthly Rates	You Pay*	You Pay*				
Employee Only	\$3.50	\$4.50				
Employee + Child(ren)	\$7.00	\$10.00				
Employee + Spouse	\$6.50	\$9.50				
Employee + Family	\$8.00	\$11.50				
* Employees pay the full cost of vision insurance.						

STANDARD PREMIUM

ACCIDENT INSURANCE

Accidents happen. Financial hardship doesn't have to.

In the event of a covered accident, accident insurance pays you cash benefits to help with the costs associated with medical expenses that are not covered by your health insurance plan or that may be subject to deductible and co-insurance. Aflac will send the payment directly to you, and you decide the best way to spend it – giving you the flexibility to pay medical bills or help pay for everyday living expenses.

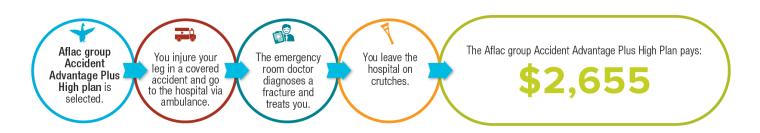
Plan Benefits

- ✓ A \$50 Wellness Benefit for preventive screenings (see page 30 for details)
- ✓ Accidental death benefit
- Lump sum benefit payable upon a qualifying accident for:
 - Ambulance, Emergency Room Treatment
 - Hospital Admissions, Confinements, Intensive Care
 - Fractures, Dislocations, Lacerations,
 Dismemberment, Burns Internal Injuries,
 Concussions, Paralysis, Comas
 - Wheelchairs, crutches, braces, prostheses

Plan Features

- Coverage is guaranteed issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you unless otherwise assigned.
- Coverage is available for you, your spouse, and your dependent children (up to age 26).
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- ✓ Benefits are payable regardless of any other insurance you have.

How it works



Amount payable was generated based on benefit amounts for: Closed-Reduction Leg Fracture (\$1,800), Emergency Room Treatment (\$125), one Follow-Up Treatment (\$30), Ambulance (\$400) and Appliance (\$300)



For general questions:

800-433-3036

To submit claims: Fax: 866-849-2970; or GroupClaimFiling@Aflac.com

Semi-Monthly Rates	You Pay*
Employee Only	\$5.70
Employee + Spouse	\$10.42
Employee + Child(ren)	\$12.89
Employee + Family	\$17.61

^{*} Employees pay the full cost of accident insurance.

CRITICAL ILLNESS INSURANCE

Chances are you or someone you know has been diagnosed with a critical illness, such as a heart attack, stroke, or cancer.

While health insurance may pay for some costs, there are expenses that may not be covered. With critical illness insurance, Aflac will send you cash benefits, and you decide the best way to spend it – giving you the flexibility to pay medical bills or help pay for everyday living expenses while in treatment and recovery.

Plan Benefits

- ✓ A \$100 Wellness Benefit for preventive screenings (see page 30 for details)
- ✓ Lump sum benefit of \$10,000 or \$20,000 payable upon initial diagnosis of a covered condition.
- ✓ Lump sum benefit of \$5,000 or \$10,000 payable upon spouse's initial diagnosis of a covered condition.
- ✓ Your dependent children (up to age 26) are covered at 50% of your benefit amount automatically at no additional charge.
- Coverage for cancer, heart attack, stroke, kidney failure, organ transplant, severe burns, coma, paralysis, loss of hearing/speech/sight, and more.

Plan Features

- Rates are locked in at the age of initial enrollment.
- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Benefits are payable regardless of any other insurance you have.

How it works



You experience chest pains and numbness in the left arm.





Aflac Group Critical Illness Advantage pays a First Occurrence Benefit of

\$10,000

Amount payable based on \$10,000 First Occurrence Benefit.



For general questions: 800-433-3036;

To submit claims: Fax: 866-849-2970; or GroupClaimFiling@Aflac.com

SEMI -		EMPL	OYEE		SPOUSE			
MONTHLY RATES	NON-TOBACCO		TOBACCO USER		NON-TO	ОВАССО	ТОВАСС	O USER
Age	Low Plan (\$10,000)	High Plan (\$20,000)	Low Plan (\$10,000)	High Plan (\$20,000)	Low Plan (\$5,000)	High Plan (\$10,000)	Low Plan (\$5,000)	High Plan (\$10,000)
18-29	\$4.65	\$7.77	\$5.95	\$10.35	\$2.94	\$4.35	\$3.60	\$5.65
30-39	\$6.17	\$10.80	\$9.12	\$16.66	\$3.70	\$5.87	\$5.20	\$8.82
40-49	\$11.06	\$20.41	\$17.54	\$33.16	\$6.24	\$10.76	\$9.59	\$17.24
50-59	\$19.14	\$36.00	\$31.83	\$60.58	\$10.57	\$18.84	\$17.30	\$31.52
60+	\$33.89	\$64.67	\$57.08	\$109.46	\$18.35	\$33.59	\$30.74	\$56.78

HOSPITAL INDEMNITY INSURANCE

Even a small trip to the hospital can lead to unexpected expenses and medical bills.

While health insurance may pay a portion of the cost of a hospital stay, there are expenses that may not be covered. With hospital indemnity insurance, Aflac will send you cash benefits, and you decide the best way to spend it – giving you the flexibility to pay medical bills or help pay for everyday living expenses.

Plan Benefits

- ✓ A \$50 Wellness Benefit for preventive screenings (see page 30 for details)
- ✓ Lump sum benefit of \$1,000 for hospital admission
- ✓ Lump sum benefit of \$100 per day for hospital confinement (31-day maximum)
- ✓ Lump sum benefit of \$100 per day for intensive care unit (10-day maximum). Payable in addition to hospital confinement.
- ✓ Lump sum benefit of \$75 per day for intermediate intensive care unit (10-day maximum). Payable in addition to hospital confinement.

Plan Features

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Benefits are payable regardless of any other insurance you have.
- Coverage available for you, your spouse, and your dependent children under age 26.

How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$100 per day).



For general questions:

800-433-3036

To submit claims: Fax: 866-849-2970; or GroupClaimFiling@Aflac.com

Semi-Monthly Rates	You Pay*
Employee Only	\$8.63
Employee + Spouse	\$17.36
Employee + Child(ren)	\$13.74
Employee + Family	\$22.47

^{*} Employees pay the full cost of hospital indemnity insurance.

AFLAC WELLNESS BENEFIT

Get paid to get your annual preventive screening!

If you are enrolled in Aflac's accident insurance, critical illness, and/or hospital indemnity plans, Aflac will pay you a lump sum benefit each year you complete a covered health screening test.

Plan	Wellness Benefit
Critical Illness	\$100
Accident Insurance	\$50
Hospital Indemnity	\$50

Eligible Screenings

- ✓ Blood test for triglycerides
- ✓ Bone marrow testing
- ✓ Breast ultrasound
- ✓ CA 15-3 (test for breast cancer)
- ✓ CA 125 (test for ovarian cancer)
- ✓ CEA (test for colon cancer)
- ✓ Chest X-ray
- ✓ Colonoscopy
- ✓ DNA stool analysis
- ✓ Fasting blood glucose test
- ✓ Flexible sigmoidoscopy
- Non-diagnostic vascular screening
- ✓ Vision screening

- ✓ Immunization
- ✓ Hemoccult stool analysis
- Mammography
- ✓ Pap smear
- ✓ PSA (test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (test for myeloma)
- Spiral CT screening for lung cancer
- ✓ Stress test on a bicycle or treadmill
- Thermography
- ✓ Urinalysis

ADDITIONAL AFLAC SERVICES

If you are enrolled in Aflac's accident insurance, critical illness, and/or hospital indemnity plans, you have access to additional benefits.

Identity Theft / Fraud Protection

Identity theft and fraud are on the rise. Aflac provides an easy way to reduce your risk of becoming the next victim – at no cost to you!

https://Aflac.EZShield.com or 866-826-8851

Financial and Legal Fitness

Now you can have phone sessions with licensed, professional counselors who can provide guidance for nearly any financial or legal matter — at no cost to you. And, you have unlimited access to online tools, for more help along the way.

www.healthadvocate.com/Aflac or 855-423-8585

Did You Know?

You can earn your AFLAC Wellness Benefit by completing a screening for the **Know Your Numbers** program (see page 14)

If you complete your screening at the **Employee Health Center**, AFLAC will automatically send you your wellness benefit check – No claim form required!

If you complete your screening with a local health care provider, you must submit the Wellness Benefit claim form to Aflac. This form can be found on Living Great @ Wake.

If you are enrolled in multiple AFLAC plans, (Hospital Indemnity, Accident, Critical Illness), one screening can be used to earn the AFLAC Wellness Benefit for all plans in which you are enrolled.

It's not easy to think about, but what if you unexpectedly died? Could your family maintain their current lifestyle without your income?

To help safeguard your loved ones in the event of your death, Wake County provides you with a basic amount of Life and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. And, since everyone's needs are different, you also can apply for additional Life insurance coverage for yourself, your spouse, and dependent children and AD&D coverage for yourself and spouse.

County-Paid Employee Life & AD&D Insurance		
Basic Life Insurance	Equal to your annual salary, rounded up to the next highest \$1,000, up to a maximum of \$200,000.	
Basic Accidental Death & Dismemberment	Equal to your annual salary, rounded up to the next highest \$1,000, up to a maximum of \$200,000.	

Employee Additional Life Insurance

Coverage may be elected in increments of \$10,000, up to a maximum of \$500,000AD

*Restrictions apply

- ✓ When you are first eligible, you may elect coverage of up to 5 times your salary or \$200,000, whichever is less, with no medical questions asked.
- ✓ If you elect supplemental life insurance when you are first eligible, you may increase your coverage in the future, up to 5 times your salary or \$200,000 with no medical questions asked.
- ✓ If you do not elect coverage when you are first eligible, you must answer medical questions to apply for any coverage amount later. The Standard can deny issuing you additional life insurance coverage based on your medical history.
- ✓ If required, complete the medical questionnaire online at <u>The Standard</u>.

Spouse Life Insurance

- ✓ When your spouse is first eligible, you may elect coverage of up to \$80,000, with no medical questions asked of your spouse.
- ✓ If you elect spouse life insurance when first eligible, you may increase your spouse life insurance up to \$80,000, during open enrollment, with no medical questions asked of your spouse.

Coverage may be elected in increments of \$10,000, up to a maximum of \$200,000AD

*Restrictions apply

- ✓ If you do not elect spouse life insurance when first eligible, your spouse must answer medical questions to apply for any coverage amount later. The Standard can deny issuing your spouse life insurance coverage based on the spouse's medical history.
- ✓ You cannot elect more coverage on your spouse than the coverage you have on yourself (basic life + additional life).
- Employees who are married and both work for the County cannot elect spousal coverage.
- ✓ The cost of spouse life insurance is based on the employee's age as of January 1st each year.
- ✓ You are the beneficiary of the spouse life insurance policy.
- ✓ If required, complete the medical questionnaire online at <u>The Standard</u>.

Additional AD&D Insurance

Coverage may be elected in increments of \$10,000, up to a maximum of: \$500,000 - Employee \$200,000 - Spouse

- ✓ You cannot elect more coverage on your spouse than the coverage you
 have on yourself (basic life + additional life).
- Employees who are married and both work for the County cannot elect spouse coverage.
- ✓ You are the beneficiary of the spouse AD&D insurance policy.

Child Life Insurance

Coverage may be elected in increments of \$2,500, up to a maximum of \$10,000

- If you do not elect child life insurance at the time the child is first eligible for coverage, you must answer medical questions about your child to apply for any coverage amount later. The Standard can deny issuing your child life insurance coverage based on the child's medical history.
- ✓ You are the beneficiary of the child life insurance policy.
- ✓ If required, complete the medical questionnaire online at <u>The Standard.</u>

LIFE SERVICES TOOLKIT

The Standard does more than help protect your family from financial hardship after a loss by offering the Life Services Toolkit. These online services can help you create a will, make advance funeral plans, and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person and obtain other helpful information online.

Life Services Toolkit			
Services to Help You Now	Services to Help Your Beneficiary		
www.standard.com/mytoolkit User Name: assurance	www.standard.com/mytoolkit User Name: support		
 ✓ Estate Planning Assistance ✓ Financial Planning ✓ Identity Theft Prevention ✓ Funeral Arrangements 	 ✓ Grief Support ✓ Legal Services ✓ Financial Counseling ✓ Funeral-Related Services 		



For general Life and AD&D questions:

800-628-8600

www.standard.com

Employees pay the full cost of additional Life and AD&D insurance. Rates are on the following pages.

ADDITIONAL LIFE INSURANCE EMPLOYEES & SPOUSES

(SEMI-MONTHLY RATES BASED ON EMPLOYEE'S AGE ON JANUARY 1st)

				AG	SE OF EM	IPLOYEE				
Coverage Amount	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65- 69	70+
\$10,000	\$0.35	\$0.40	\$0.60	\$0.75	\$1.35	\$2.30	\$3.75	\$5.85	\$6.05	\$7.40
\$20,000	\$0.70	\$0.80	\$1.20	\$1.50	\$2.70	\$4.60	\$7.50	\$11.70	\$12.10	\$14.80
\$30,000	\$1.05	\$1.20	\$1.80	\$2.25	\$4.05	\$6.90	\$11.25	\$17.55	\$18.15	\$22.20
\$40,000	\$1.40	\$1.60	\$2.40	\$3.00	\$5.40	\$9.20	\$15.00	\$23.40	\$24.20	\$29.60
\$50,000	\$1.75	\$2.00	\$3.00	\$3.75	\$6.75	\$11.50	\$18.75	\$29.25	\$30.25	\$37.00
\$60,000	\$2.10	\$2.40	\$3.60	\$4.50	\$8.10	\$13.80	\$22.50	\$35.10	\$36.30	\$44.40
\$70,000	\$2.45	\$2.80	\$4.20	\$5.25	\$9.45	\$16.10	\$26.25	\$40.95	\$42.35	\$51.80
\$80,000	\$2.80	\$3.20	\$4.80	\$6.00	\$10.80	\$18.40	\$30.00	\$46.80	\$48.40	\$59.20
\$90,000	\$3.15	\$3.60	\$5.40	\$6.75	\$12.15	\$20.70	\$33.75	\$52.65	\$54.45	\$66.60
\$100,000	\$3.50	\$4.00	\$6.00	\$7.50	\$13.50	\$23.00	\$37.50	\$58.50	\$60.50	\$74.00
\$110,000	\$3.85	\$4.40	\$6.60	\$8.25	\$14.85	\$25.30	\$41.25	\$64.35	\$66.55	\$81.40
\$120,000	\$4.20	\$4.80	\$7.20	\$9.00	\$16.20	\$27.60	\$45.00	\$70.20	\$72.60	\$88.80
\$130,000	\$4.55	\$5.20	\$7.80	\$9.75	\$17.55	\$29.90	\$48.75	\$76.05	\$78.65	\$96.20
\$140,000	\$4.90	\$5.60	\$8.40	\$10.50	\$18.90	\$32.20	\$52.50	\$81.90	\$84.70	\$103.60
\$150,000	\$5.25	\$6.00	\$9.00	\$11.25	\$20.25	\$34.50	\$56.25	\$87.75	\$90.75	\$111.00
\$160,000	\$5.60	\$6.40	\$9.60	\$12.00	\$21.60	\$36.80	\$60.00	\$93.60	\$96.80	\$118.40
\$170,000	\$5.95	\$6.80	\$10.20	\$12.75	\$22.95	\$39.10	\$63.75	\$99.45	\$102.85	\$125.80
\$180,000	\$6.30	\$7.20	\$10.80	\$13.50	\$24.30	\$41.40	\$67.50	\$105.30	\$108.90	\$133.20
\$190,000	\$6.65	\$7.60	\$11.40	\$14.25	\$25.65	\$43.70	\$71.25	\$111.15	\$114.95	\$140.60
\$200,000	\$7.00	\$8.00	\$12.00	\$15.00	\$27.00	\$46.00	\$75.00	\$117.00	\$121.00	\$148.00
\$210,000	\$7.35	\$8.40	\$12.60	\$15.75	\$28.35	\$48.30	\$78.75	\$122.85	\$127.05	\$155.40
\$220,000	\$7.70	\$8.80	\$13.20	\$16.50	\$29.70	\$50.60	\$82.50	\$128.70	\$133.10	\$162.80
\$230,000	\$8.05	\$9.20	\$13.80	\$17.25	\$31.05	\$52.90	\$86.25	\$134.55	\$139.15	\$170.20
\$240,000	\$8.40	\$9.60	\$14.40	\$18.00	\$32.40	\$55.20	\$90.00	\$140.40	\$145.20	\$177.60
\$250,000	\$8.75	\$10.00	\$15.00	\$18.75	\$33.75	\$57.50	\$93.75	\$146.25	\$151.25	\$185.00
\$260,000	\$9.10	\$10.40	\$15.60	\$19.50	\$35.10	\$59.80	\$97.50	\$152.10	\$157.30	\$192.40
\$270,000	\$9.45	\$10.80	\$16.20	\$20.25	\$36.45	\$62.10	\$101.25	\$157.95	\$163.35	\$199.80
\$280,000	\$9.80	\$11.20	\$16.80	\$21.00	\$37.80	\$64.40	\$105.00	\$163.80	\$169.40	\$207.20
\$290,000	\$10.15	\$11.60	\$17.40	\$22.50	\$39.15	\$66.70	\$108.75	\$169.65	\$175.45	\$214.60
\$300,000	\$10.50	\$12.00	\$18.00	\$23.25	\$40.50	\$69.00	\$112.50	\$175.50	\$181.50	\$222.00
\$310,000	\$10.85	\$12.40	\$18.60	\$24.00	\$41.85	\$71.30	\$116.25	\$181.35	\$187.55	\$229.40
\$320,000	\$11.20	\$12.80	\$19.20	\$24.75	\$43.20	\$73.60	\$120.00	\$187.20	\$193.60	\$236.80
\$330,000	\$11.55	\$13.20	\$19.80	\$25.50	\$44.55	\$75.90	\$123.75	\$193.05	\$199.65	\$244.20
\$340,000	\$11.90	\$13.60	\$20.40	\$26.25	\$45.90	\$78.20	\$127.50	\$198.90	\$205.70	\$251.60
\$350,000	\$12.25	\$14.00	\$21.00	\$27.00	\$47.25	\$80.50	\$131.25	\$204.75	\$211.75	\$259.00
\$360,000	\$12.60	\$14.40	\$21.60	\$27.75	\$48.60	\$82.80	\$135.00	\$210.60	\$217.80	\$266.40
\$370,000	\$12.95	\$14.80	\$22.20	\$28.50	\$49.95	\$85.10	\$138.75	\$216.45	\$223.85	\$273.80
\$380,000	\$13.30	\$15.20	\$22.80	\$29.25	\$51.30	\$87.40	\$142.50	\$222.30	\$229.90	\$281.20
\$390,000	\$13.65	\$15.60	\$23.40	\$30.00	\$52.65	\$89.70	\$146.25	\$228.15	\$235.95	\$288.60
\$400,000	\$14.00	\$16.00	\$24.00	\$30.75	\$54.00	\$92.00	\$150.00	\$234.00	\$242.00	\$296.00
\$410,000	\$14.35	\$16.40	\$24.60	\$31.50	\$55.35	\$94.30	\$153.75	\$239.85	\$248.05	\$303.40
\$420,000 \$430,000	\$14.70	\$16.80	\$25.20	\$32.25 \$33.00	\$56.70 \$58.05	\$96.60 \$98.90	\$157.50	\$245.70	\$254.10	\$310.80 \$318.20
\$430,000	\$15.05 \$15.40	\$17.20 \$17.60	\$25.80				\$161.25 \$165.00	\$251.55 \$257.40	\$260.15	
\$450,000	\$15.40	\$17.60 \$18.00	\$26.40 \$27.00	\$33.75 \$34.50	\$59.40 \$60.75	\$101.20 \$103.50	\$165.00	\$257.40	\$266.20 \$272.25	\$325.60 \$333.00
\$460,000	\$15.75	\$18.40	\$27.60	\$35.25	\$60.75	\$105.50	\$100.75	\$269.10	\$272.23	\$340.00
\$470,000	\$16.10	\$18.80	\$27.00	\$35.25	\$63.45	\$103.80	\$172.30	\$204.10	\$278.30	\$340.00
\$480,000	\$16.43	\$10.00	\$28.80	\$36.00	\$64.80	\$100.10	\$170.25	\$274.95	\$290.40	\$355.20
\$490,000	\$10.60	\$19.20	\$20.00	\$30.75	\$66.15	\$110.40	\$180.00	\$286.65	\$290.40	\$362.60
\$500,000	\$17.13	\$19.00	\$30.00	\$37.50	\$67.50	\$112.70	\$183.75	\$280.03	\$302.50	\$302.00
\$300,000	Ψ17.50	Ψ20.00	Ψ30.00	Ψ37.30	Ψ07.30	Ψ113.00	Ψ107.30	ΨΖ /Ζ.50	₩30Z.3U	ψ370.00

ADDITIONAL AD&D EMPLOYEES & SPOUSES

(SEMI-MONTHLY RATES)

COVERAGE AMOUNT	RATE
\$10,000	\$0.23
\$20,000	\$0.46
\$30,000	\$0.69
\$40,000	\$0.92
\$50,000	\$1.15
\$60,000	\$1.38
\$70,000	\$1.61
\$80,000	\$1.84
\$90,000	\$2.07
\$100,000	\$2.30
\$110,000	\$2.53
\$120,000	\$2.76
\$130,000	\$2.99
\$140,000	\$3.22
\$150,000	\$3.45
\$160,000	\$3.68
\$170,000	\$3.91
\$180,000	\$4.14
\$190,000	\$4.37
\$200,000	\$4.60
\$210,000	\$4.83
\$220,000	\$5.06
\$230,000	\$5.29
\$240,000	\$5.52
\$250,000	\$5.75

COVERAGE AMOUNT	RATE
\$260,000	\$5.98
\$270,000	\$6.21
\$280,000	\$6.44
\$290,000	\$6.67
\$300,000	\$6.90
\$310,000	\$7.13
\$320,000	\$7.36
\$330,000	\$7.59
\$340,000	\$7.82
\$350,000	\$8.05
\$360,000	\$8.28
\$370,000	\$8.51
\$380,000	\$8.74
\$390,000	\$8.97
\$400,000	\$9.20
\$410,000	\$9.43
\$420,000	\$9.66
\$430,000	\$9.89
\$440,000	\$10.12
\$450,000	\$10.35
\$460,000	\$10.58
\$470,000	\$10.81
\$480,000	\$11.01
\$490,000	\$11.27
\$500,000	\$11.50

CHILD LIFE INSURANCE

(SEMI-MONTHLY RATES)

COVERAGE AMOUNT	RATE
\$2,500	\$0.32
\$5,000	\$0.64
\$7,500	\$0.96
\$10,000	\$1.28

DISABILITY INSURANCE

Short-Term Disability

Short-term disability insurance replaces a portion of your weekly income when you are unable to work due to a non-work-related injury or illness. The weekly short-term disability benefit is any multiple of \$50, from \$100 to \$4,000, reduced by deductible income. You may not elect a benefit amount greater than 66 2/3 percent of your pre-disability weekly base earnings. The weekly benefit may be reduced by other income you receive while disabled. Short-term disability benefits are payable after a waiting period of 15 or 30 days, based on the plan option elected. The benefit is payable up to a maximum of 26 weeks.

If you do not elect short-term disability coverage when you are first eligible and enroll at a later date or if you increase your weekly benefit during open enrollment by more than \$100, you will be subject to a 60-day waiting period for any claims filed (except accidents) in the first 12 months of coverage. Additionally, if you change the elimination period from 30 days to 15 days, benefits are payable after 30 days for the first 12 months (except claims for an accident).

Rate per \$10 of Weekly Benefit				
Age as of 1/1/2021	15-Day Waiting Period	30-Day Waiting Period		
<30	\$0.40	\$0.22		
30-39	\$0.52	\$0.28		
40-49	\$0.66	\$0.35		
50-54	\$0.86	\$0.43		
55-59	\$1.09	\$0.52		
60-64	\$1.58	\$0.84		
65+	\$1.73	\$0.94		

Remember – Your weekly benefit amount cannot be greater than 66 2/3% of your base weekly wage.

How to Calculate Yo	ur Semi-Monthly Rate
Weekly Benefit Amount	\$
Divide by \$10	÷ \$10
	= \$
Multiply by Rate from the chart	x \$
Monthly Premium	= \$
Divide by 2	÷ 2
Cost per Paycheck	= \$

Long-Term Disability

If you have completed 1 to 5 years of eligible Wake County service and are disabled for more than 180 days due to a non-work-related injury or illness, long-term disability will pay a benefit of 60% of your monthly income up to a maximum of \$1,500 per month. This benefit is provided at no cost to you. After 5 years of service, long-term disability benefits may be applied for through the Local Government Employees Retirement System (LGERS).



RETIREMENT BENEFITS

Wake County offers a defined benefit pension plan and three supplemental retirement savings plans to help employees prepare for retirement.

Wake County benefits-eligible employees are members of the North Carolina Local Governmental Employees' Retirement System (LGERS) and are required to contribute 6% through pre-tax payroll deductions. For more information about LGERS, visit www.myNCretirement.com or call 1-877-627-3287.

To help employees supplement their LGERS pension benefit in retirement, Wake County contributes 5% to each employee's 401(k) plan. Employees also may contribute to their 401(k) plan and have the option to contribute to the 457(b) plan and Roth IRA as well.

	North Carolina Total Retirement Plans 401k	ICMARC	ICMARC
	401(k)	457(b)	Roth IRA
Wake County Contribution	5% (Pre-Tax) No matching required	0%	0%
Contribution Types	Voluntary Pre-Tax & After-Tax Roth	Voluntary Pre-Tax & After-Tax Roth	Voluntary After-Tax Roth
Annual Contribution Limits	\$19,500 - includes County contribution If you are age 50+, you may contribute \$6,000 more.	\$19,500 If you are age 50+, you may contribute \$6,000 more. Pre-Retirement Catch-Up: If you are within 3 years of retirement, you may be eligible to contribute up to an additional \$19,500.	\$6,000 If you are age 50+, you many contribute \$1,000 more. To be eligible for this plan, your IRS Modified Adjusted Gross Income must be less than \$124,000 for single tax filers and \$196,000 for married joint filers.
Vesting Period	None	None	None
Enrollment Options	Automatically enrolled upon hire. Can change employee contribution amount any time.	Can enroll or change employee contribution amount at any time.	If eligible, can enroll or change employee contribution amount at any time.
In Service Withdrawals	Loans & Hardship Withdrawals	Loans & Unforeseeable Emergency Withdrawals	Contributions can be withdrawn at any time. Restrictions on withdrawal of account earnings.
Contact Information	866-627-5267 www.ncplans.prudential.com	800-669-7400 www.icmarc.org	800-669-7400 www.icmarc.org

LEAVE BENEFITS

Wake County provides a generous leave package that affirms our commitment to supporting employees and their families.

Wake County understands the importance of a work-life balance and the importance of supporting an employee's health and well-being. Therefore, the County provides paid and unpaid leave to benefits-eligible employees. For complete details, please refer to <u>Section 2200 of the HR Policy Manual</u>.

Annual Leave

Wake County provides paid annual leave to benefitseligible employees. Annual leave may be used to take time off for vacations and personal appointments.

Annual leave accruals are based on years of employment with Wake County Government. Full-time employees (1.0 FTE or 40 hours per week) earn annual leave as shown in the chart. Accruals for part-time employees are prorated based on the position's budgeted scheduled hours.

Annual Leave Accruals		
Years of Current and Reinstated Service	Hours Earned Per Year	
Less than 5 years	112	
5 but less than 10 years	136	
10 but less than 15 years	160	
15 but less than 20 years	184	
20 years or more	208	

Sick Leave

Wake County provides paid sick leave to benefits-eligible employees. Sick leave may be used for an illness, disability, contagious disease, medical appointment or another similar reason of an employee. Sick leave also may be used to care for an employee's family member, to tend to an ailing family member, or for the death of a family member once bereavement leave has been exhausted. Full-time employees (1.0 FTE or 40 hours per week) earn sick leave at the rate of 4 hours per pay period (8 hours per month). Accruals for part-time employees are prorated based on the position's budgeted scheduled hours.

Sick Leave Transfers

If you worked for the State of North Carolina or another North Carolina Local Government employer within 12 months of your hire date with Wake County, you may transfer your remaining sick leave balance from your prior employer to Wake County. Documentation from your prior employer must be provided to Wake County within 6 months of your date of hire. Documentation must include your name, the last four digits of your social security number, your last day worked with your prior employer, and your final sick leave balance.

Shared Leave Program

When an employee has inadequate sick leave to cover absences related to their own illness or injury or that of a family member, benefits-eligible employees may donate annual or sick leave time to that employee's sick leave balance. Restrictions apply. Refer to the Shared Leave policy for details.

Bereavement Leave

Wake County provides paid bereavement leave to benefits-eligible employees to grieve the loss of a family member. Full-time employees (1.0 FTE or 40 hours per week) receive 40 hours of bereavement leave per year. The number of hours provided to part-time employees is prorated based on the position's budgeted scheduled hours.

LEAVE BENEFITS

Holiday Leave

Wake County provides 13 paid holidays. The County is closed on these holidays, except for County facilities operating 24 hours per day, 7 days per week. Agencies with a 24/7 operation may adopt varying holiday schedules in keeping with operational needs, if employees are given the same number of holidays. Employees who work for a 24/7 agency and work on a holiday can receive holiday pay or bank the holiday leave to use later. Banked holiday leave in excess of 80 hours will be converted to sick leave each January 15th.

Employees who wish to observe religious holidays not designated can request to take annual leave, but only if the absence will not create a hardship on other County employees or impact County operations.

Holidays

New Year's Day

Martin Luther King, Jr. Day

Good Friday

Memorial Day

Juneteenth

Independence Day

Labor Day

Veteran's Day

Thanksgiving (2 days)

Christmas (3 days)

Emergency Banked Leave

When County offices close due to an emergency, such as a hurricane, employees who are required to engage in the emergency response and are assigned duties through the Emergency Operations Center (EOC) will receive 8 hours of emergency banked leave per day. Emergency banked leave in excess of 40 hours will be converted to sick leave each January 15th.

Extraordinary Leave

Full-time employees in positions classified as exempt under the Fair Labor Standards Act (FLSA) who work beyond 50 hours per week for an extended period of time (typically longer than eight weeks), may be awarded up to 80 hours of extraordinary leave per calendar year by the Department Head. Extraordinary leave in excess of 40 hours will be converted to sick leave each January 15th.

Community Involvement Leave

Wake County provides paid community involvement leave to benefits-eligible employees. Community involvement leave can be used for parent involvement with their child in the schools, volunteer at schools, volunteer for a not-for-profit organization, volunteer as a precinct official in a North Carolina election, or vote in an election (up to 2 hours per election). Full-time employees (1.0 FTE or 40 hours per week) receive 16 hours of community involvement leave per year. The number of hours provided to part-time employees is prorated based on the position's budgeted scheduled hours.

Paid Parental Leave

Wake County offers 8 weeks of paid parental leave to benefits-eligible employees. Paid parental leave may be used to care for a newborn child, or a child placed for adoption, foster care, or guardianship within 12 months of the qualifying event. FMLA eligibility is not required to receive paid parental leave.

Paid Family Illness Leave

Wake County offers 3 weeks of paid leave in a rolling 12-month period to benefits-eligible employees to care for a family member who has a serious health condition.

Other Leave

The County offers a variety of other leaves, including Family Medical Leave (FMLA), Workers' Compensation Leave, Civil Leave, and Military Leave.

OTHER BENEFITS

Wake County offers several programs and services to support you professionally and personally.

NC 529 College Savings Plan

Saving for college is easy with post-tax payroll deductions! The minimum contribution is \$25 per pay check.

Tuition Reimbursement

Benefits-eligible employees who have been employed continuously by Wake County for at least one year are eligible for the tuition reimbursement program. Courses must be pre-approved by the Department Head before enrollment and an application submitted to Human Resources. Upon successful completion of the course, up to \$1,200 per fiscal year may be requested to reimburse the cost of tuition, books, and fees.

Local Government Federal Credit Union

Wake County employees are eligible for membership with the Local Government Federal Credit Union (LGFCU).

Triangle Transit

Benefits-eligible employees can ride GoRaleigh and GoTriangle buses for free. For those who take the bus, carpool, or vanpool to work, the Emergency Ride Home Program is available.

We Are Wake Toastmasters Club

Toastmasters is an international organization designed to help members improve public speaking, leadership and listening skills. The club also serves as a great opportunity to learn from and network with employees from various departments across the county. If you are interested in joining the We Are Wake Toastmasters club, feel free to attend a meeting!

Discounts

Wake County employees are eligible for several discounts.

Fitness Center Discounts

- WakeMed Health Works Center
- Rex Wellness Centers
- YMCA

Misc. Discounts

- Cell Phone Service
- NC Theatre Tickets

Cigna Healthy Reward Program Discounts

- Active & Fit Gym Memberships
- Gaiam Yoga and Wellness Products
- Jenny Craig
- Amplifon Hearing Exams and Hearing Aids
- Alternative Medicine

Log in to your myCigna.com account to learn more.

Visit https://teams.wakegov.com/sites/livinggreat/resources/Pages/discounts.aspx to find out more about these other great benefits.

WHO TO CONTACT?

Wake Benefits Team Living Great @ Wake – Benefits Portal:

Email: HRConnect@WakeGov.com https://teams.wakegov.com/sites/livinggreat

Phone: 919-856-6090 Fax: 919-743-4842

Carrier	Phone Number	Website & Claims Address
Aflac	1-800-992-3522	www.Aflac.com
Accident, Critical Illness, Hospital Group #: 23051	Fax: 1-866-849-2970	1932 Wynnton Road Columbus, GA 31999
Cigna	1-800-244-6224	www.myCigna.com - Member Portal
Health & Prescription Drug Group #: 3341120	Pre-Enrollment Line: 1-888-806-5042	Cigna Medical Claims P.O. Box 182223 Chattanooga, TN 37422-7223
		Cigna Pharmacy Claims P.O. Box 188053 Chattanooga, TN 37422-8053
Delta Dental Dental Insurance	1-800-662-8856	www.DeltaDentaINC.org
Group #: 470606		Dental Claims PO Box 9085 Farmington Hills, MI 48333-9085
Employee Health Center	1-919-856-5600	www.myPremiseHealth.com
EyeMed	1-866-800-5457	www.EyeMed.com
Vision Insurance Standard Group #: 9925438 Premium Group #: 9925363		Out-of-Network Claims First American Administration - OON Claims P.O. Box 8504, Mason, OH 45040-7111
HSA Bank Health Savings Account	1-800-244-6224	<u>www.myCigna.com</u> – Member Portal
myS.E.L.F.network	1-800-633-3353	www.MyGroup.com
Employee Assistance Program Group #: N/A		Username: mySELFnetwork / Password: Guest
Optum	1-800-243-5543	www.OptumBank.com
Flexible Spending Accounts Group #: 593	Fax: 1-855-244-5016	Optum FSA Claims P.O. Box 30516 Salt Lake City, UT 84130-0516
The Standard Life Insurance Short- & Long-Term Disability Group #: 647274	Life: 1-800-628-8600 STD: 1-800-378-2395 LTD: 1-800-368-1135	www.Standard.com
LGERS Retirement Pension Plan	1-877-627-3287	www.myNCretirement.com
NC 401 (k) Retirement Plan Group #: 002003-018340	1-866-627-5267	www.NCPlans.Prudential.com
Roth IRA Retirement Plan 457(b) Group #: 300909 Roth IRA Group #: 706340	1-800-669-7400	www.ICMARC.org