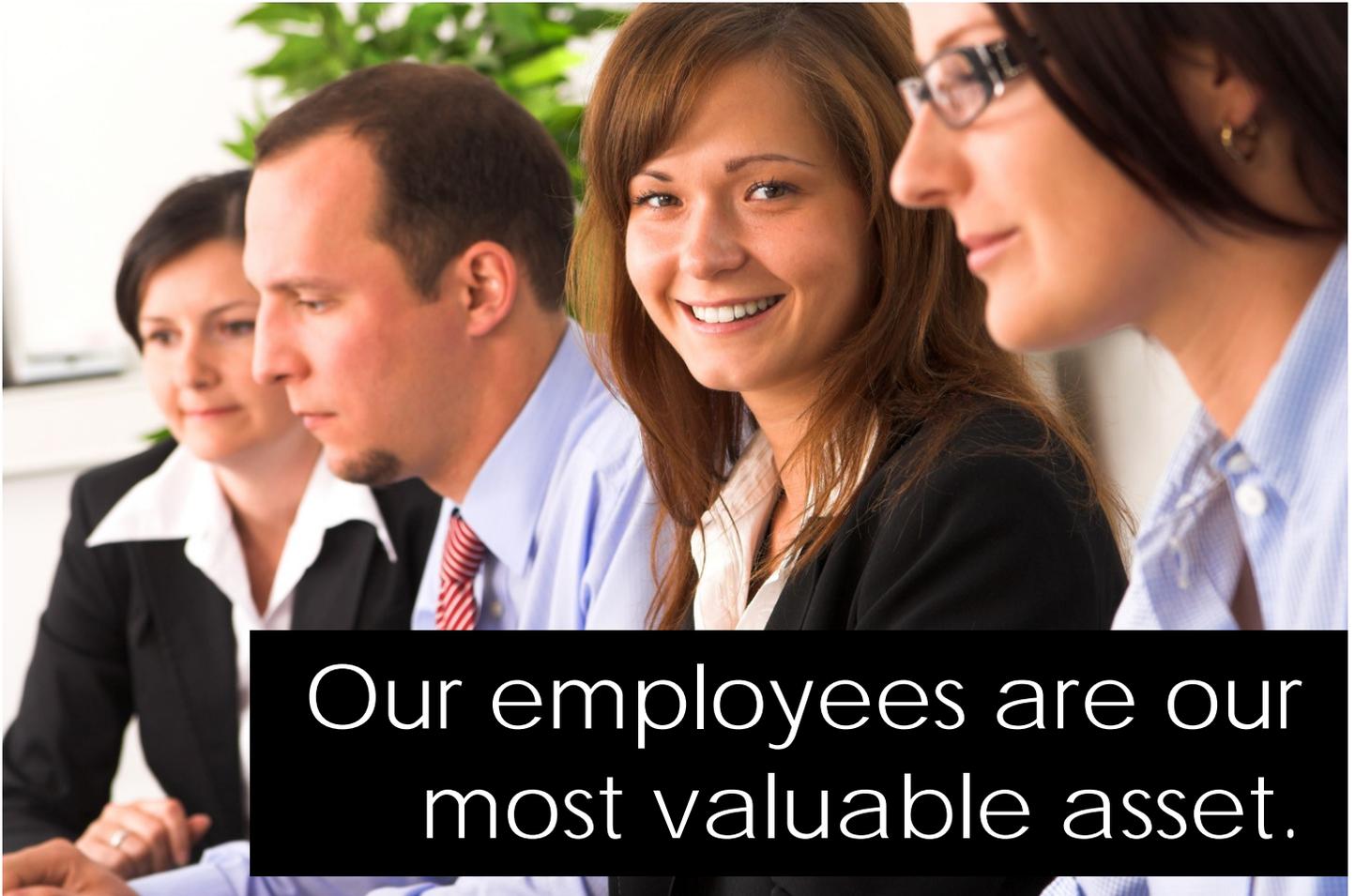


DAVIDSON COUNTY GOVERNMENT

Benefits Summary



PLAN YEAR | **2016-2017**



Our employees are our most valuable asset.

That's why at Davidson County Government, we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

Stay Healthy

- Medical, Dental, and Vision Care
- Flexible Spending Accounts
- Wellness Programs

Feeling Secure

- Disability Insurance
- NC 401(k)/NC Retirement Plan
- Basic Life and Accidental Death & Dismemberment Insurance
- Deferred Compensation

Work/Life Balance

- Employee Assistance Program
- Holidays and Vacation/Sick Accruals

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Medical Insurance



Davidson County Government offers a choice between two medical plans, a Base Plan and a Buy Up Plan. The Base Plan includes a Health Reimbursement Account (HRA) that is funded by the Davidson County Government. The Buy Up plan provides benefits through a Preferred Provider Organization, or PPO. A PPO is designed to offer comprehensive coverage when care is provided through network providers; however, benefits are reduced when care is provided out-of-network.

Which Medical Plan is Right for You? It's your choice.

Difference in Plan Designs

BASE HRA PLAN

Deductible (Individual \$1,000; Individual + Dependents \$2,000)

Co-Pays for Prescriptions Only

Co-Insurance

- In Hospital /Out Patient: 20% After Deductible
- Physician /Urgent Care Sick Visits

Max Out of Pocket (in network)

- \$3,000 Single Coverage
- \$6,000 Family Coverage

Preventive Care - 100% Coverage

Mail Order Prescriptions (90 Day Supply)

- 2 Co-Pays

BUY-UP PLAN

No Deductible

Co-Pays for Physicians & Prescriptions

Co-Insurance

- In Hospital: \$500 copay, then 20%
- Out Patient: \$250 copay, then 20%

Max Out of Pocket (in network)

- \$2,500 Single Coverage
- \$5,000 Family Coverage

Preventive Care – 100% Coverage

Mail Order Prescriptions (90 Day Supply)

- 3 Co-Pays

What happens to the County funded Health Reimbursement Account in the Base Plan if I do not use it all?

Davidson County provides the Health Reimbursement Account (HRA) in the amount of \$500 (\$1,000 for family) for those employees on the Base Plan. The employee pays the first \$500 of their deductible (\$1,000 for family) and then Davidson County pays the next \$500 of the deductible (\$1,000 for Family). Any funds left in the Health Reimbursement Account on June 30th will roll forward. Each year, unused HRA contributions will be rolled over until the maximum (cap) reaches \$3,000 – individual and \$6,000 – family.

Specialty Pharmacy

In recent years, the use of specialty drugs has increased significantly. To ensure that specialty drugs remain affordable, BCBSNC has contracted with a network of pharmacies committed to providing better pricing on specialty drugs.

All Specialty Pharmacies in the network provide next day delivery as long as they receive a valid prescription. Members will need to contact their specialty pharmacy directly to set up a new prescription.

What qualifies a specific drug or therapy to be classified as a specialty pharmaceutical is not clearly defined. However, the following factors help define a specialty drug:

- The drug(s) requires special handling;
- The drug(s) has a limited distribution and can only be filled at certain pharmacies;
- If the drug(s) treats rare disease(s);
- Or if the drug requires ongoing clinical assessment and/ or monitoring of side effects

Specialty drugs are most commonly used for chronic diseases such as rheumatoid arthritis and multiple sclerosis. Most specialty drugs are injectable and require special handling and administration. To locate a specialty network pharmacy near you, please search the Specialty Pharmacy List at www.bcbsnc.com and search for specialty pharmacy. If you have any questions about the Specialty Pharmacy Network please call the number listed on the back of your card.

Employees Bi-Weekly Premiums for Medical and Prescription Drug Coverage

Base Plan with Health Reimbursement				
	Account		Buy-Up Plan	
	Rates with wellness discount**	Rates No discount	Rates with wellness discount**	Rates No discount
Employee Only	\$0	\$14.82	\$41.94	\$55.79
Employee + Spouse	\$107.48	\$121.33	\$302.48	\$316.32
Employee + Children	\$48.60	\$62.45	\$188.49	\$202.34
Employee + Family	\$119.07	\$132.92	\$343.94	\$357.79

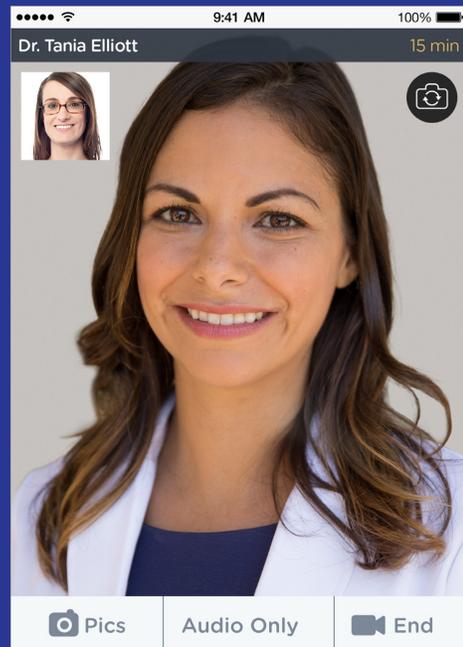
Services	Base Plan with HRA		Buy-Up Plan	
	In Network <i>You pay...</i>	Out of Network	In Network <i>You pay...</i>	Out of Network
Physician Visit	Deductible, then 20%	Deductible, then 40%	\$30 Primary Care \$45 Specialist	Deductible, then 40%
NEW Virtual Office Visit	\$40 (apples towards deductible)	Not Covered	\$30 Copay	Not Covered
Deductible -Individual	\$1,000 (Individual funds first \$500, County funds next \$500) <i>Employee only coverage</i>	\$2,000	\$0	\$250
-Family	\$2,000 (Family funds first \$1,000, County funds next \$1,000) <i>Employee + Spouse, Employee + Child(ren) & Family</i>	\$4,000	\$0	\$500
Out-of-Pocket Max -Individual -Family	\$3,000 (<i>Employee only coverage</i>) \$6,000 (<i>All other tiers</i>)	\$6,000 \$12,000	\$2,500 \$5,000	\$5,000 \$10,000
Hospitalization -In Patient -Out Patient	Deductible, then 20% Deductible, then 20%	Deductible, then 40% Deductible, then 40%	\$500, then 20% \$250, then 20%	\$500, then 40% \$250, then 40%
Preventive Care	Covered at 100%	Not Available	Covered at 100%	Not Available
Urgent Care Emergency Room	Deductible, then 20%	Deductible, then 20%	\$45 Copay \$150 Copay	\$45 Copay \$150 Copay
Prescription Drugs -Generic -Preferred -Non-Preferred	<u>30 day supply at Retail</u> \$10 \$30 \$55	Copay+charges over in-network allowed amount	<u>30 day supply at Retail</u> \$10 \$25 \$55	Copay+charges over in-network allowed amount
Mail Order Drugs	2 times Retail for 90 days (saves \$\$!)	Not Available	3x copays	Not Available

NEW Benefit! Introducing Doctor on Demand effective July 1, 2016

Doctor On Demand offers easy, stress-free access to board-certified medical doctors (for adults and children) through Video Visits on your smart phone or computer – all from the comfort of your own home. Take advantage of their services – get prescriptions refilled, keep your family in tip top shape and be prepared for the unexpected! You can register for this benefit in July of this year.

Doctor on Demand Physicians can diagnose, treat and even write prescriptions for nearly any non-emergency medical condition. Some of the top 10 reasons to use Doctor on Demand

1. Coughs, Colds & Sore Throats
2. Flu
3. Pediatric Issues
4. Prescription Refills
5. Sinus & Allergies
6. Nausea & Diarrhea
7. Rashes & Skin Issues
8. Women's Health: UTIs, Yeast Infections
9. Sports Injuries
10. Eye Issues



Not only did feeling better, get easier- it is also affordable!

Doctor on Demand Virtual Visit	Base Plan / HRA	Buy-Up Plan
NEW Virtual Visit Online	\$40	\$30

Getting started only takes minutes. Begin by downloading the Doctor on Demand application, complete the registration process and then enter the virtual waiting room when you are ready!



Wellness Program



We strongly believe that both our employees and Davidson County as a whole will benefit from good health and wellness. Physical inactivity, poor nutrition, and tobacco use are linked to greater organizational health care costs. Davidson County would like to reward employees for engaging in healthy behaviors based on your needs. We are offering a Wellness Program and will reward each employee who completes the requirements with a **\$360 discount** on your annual premium. We will also continue to offer the Wellness Points Program, providing you with additional incentives for healthy behaviors outlined in this packet.

A health and wellness coach will be available to all employees to assist with their individual health and wellness needs. Employees can meet individually with the health and wellness professional and the conversation will be confidential. Free confidential biometric screenings will be provided in order for employees to obtain an accurate assessment of their health status.

Our medical plan carrier, BlueCross BlueShield of North Carolina, offers a variety of free programs: Member Health Partnerships (MHP), a 24-hour free Nurse Hotline, and an Online Health Assessment. The Confidential Health Assessment encourages participants to increase their health and wellbeing through increased knowledge about personal health needs, physical activity, improving eating habits, as well as increasing access to services for specific needs like tobacco cessation, diabetes management, pregnancy, and more.

The Davidson County Wellness Program will also include health newsletters and tips, local resources, and incentives for participation in the form of a premium discount for your medical plan and wellness points. The Davidson County Health Department and Recreation Department, Wake Forest Baptist Health/Lexington Medical Center, Novant Health/Thomasville Medical Center, and Wells Fargo Insurances will offer educational classes on various health topics such as obesity, nutrition, high blood pressure, smoking cessation, stress and depression.

Additionally, through our health plan administered by BCBSNC, employees and their covered family members who are experiencing chronic or complex medical conditions are provided the opportunity to receive one-on-one support and guidance from a BCBSNC nurse (case manager), at no additional cost. A chronic health condition can be a heavy burden. A case manager can lighten the load and help you better understand and manage your condition.

If you are identified by BCBSNC as a member who could benefit from this service, a nurse will call you at the telephone number you provided when you enrolled in the health plan. If the nurse cannot reach you at that telephone number after several attempts, you will receive a letter from BCBSNC stating that they tried to contact you by phone. The letter will provide a phone number for you to return the call from the nurse.

If you are contacted by a Blue Cross Case Manager either by telephone or by letter, you are to participate in the Health Management Program offered to you or be subject to losing your wellness premium discount. All program information is confidential and all program terms comply with federal law.*

* If you feel that it is unreasonably difficult due to a medical condition, or medically inadvisable to satisfy the initial standard listed above then you may be eligible for a reasonable alternative standard (or waiver of the initial standard). Please see Human Resources for a form to be completed by your Primary Care Provider or Physician to determine eligibility for the alternative standard.



Wellness Activities REQUIRED to receive the 2016-2017 Medical Premium Discount

1. BCBSNC Health Assessment with Biometric Screening

*To Be Completed: 09/30/2016

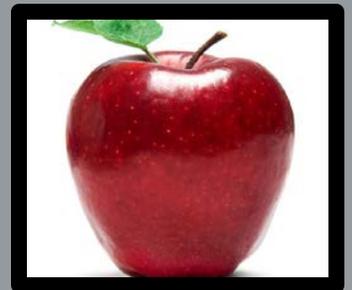
2. Annual Wellness visit with your Primary Care Physician/OB-GYN

*To Be Completed: 7/1/2016-6/30/2017

3. Participate with County Health Coach or BCBSNC Case Management (if contacted)

4. Must complete 1 of the following activities between July 1, 2016 and June 30, 2017:

- Complete EAP Session/Program
- Complete 5 Online Monthly Seminars with BCBS
- Complete 5 Healthy Living Conversations with BCBS
- Complete 21 Day Program
- 4 Hours of Approved Wellness Classes (1 hour credit for attending 2016 Group Open Enrollment Meeting.)
- Complete BCBS Registered Dietitian Program (4-6 Visits with Registered Dietitian)
- Complete 1 Wellness Challenge (examples: Run/Walk a 5K, Couch to 5K, Zumba Series, Holiday Challenge, or other Approved Challenge)
- Earn 100 Wellness Points



Gift Card Wellness Points

Activity Options

NOTE: These activities are NOT REQUIRED for the medical insurance discount.

Wellness Plan Activity Options To Be Completed 7/1/2016-6/30/2017	Point Value
30 Minutes of Health Education <u>per day</u> (must be a class) <i>Self Reported</i>	½
30 Minutes of Physical Activity <u>per day</u> <i>Self-Reported</i>	½
Annual Eye Exam <i>Self-Reported</i>	½
Donate Blood <i>Self-Reported</i>	½
Dental Check Up <i>Self-Reported</i>	1
Lose 10% of Body Weight (if currently at BMI of 25+) <i>Self-Reported</i>	5
Quitting Smoking or the Use of Smokeless Tobacco (must be tobacco free for 90 days) <i>Self-Reported</i>	5
Healthy Living Conversations with BCBS - Limit 2 <i>Tracked Online via BCBS</i>	½
Run 5K, 10K, or other Community Race <i>Self-Reported</i>	5
I lived healthy <u>this week</u>: 5 servings of fruits and vegetables on 5 days of the week AND 8 servings of water per day AND 6-8 hours of sleep every night <i>Self-Reported</i>	1 per week
<p>All employees who choose to do bonus wellness activities may receive a gift card up to a maximum of \$150, based on points earned. There's no maximum amount of points to be earned, therefore the employee who earns the most points through bonus wellness activities will receive a \$150 gift card. There is no limit on wellness!!</p>	

Davidson County wants to reward you for taking small steps to better your health!!

Voluntary Dental Insurance



Davidson County Government offers voluntary dental insurance for you and your family through Humana Dental. Your dental benefits allow you to select any dentist of your choice. Unlike the medical plan, you do not need to use a network to maximize your benefits. You may elect dental coverage independent of your medical election.

The chart below compares the two plans that are offered and how services are covered.

	Low Plan	High Plan
Calendar Year Deductible	\$50	\$50
Calendar Year Maximum	\$1,500	\$1,500
Preventive	100% Routine Exam, Cleaning, Fluoride (children under 19), Sealants (age 17 and under), Space Maintainers	100% Routine Exam, X-rays, Cleaning, Fluoride (children under 19), Sealants (age 17 and under), Space Maintainers
Basic	80% X-rays, Restorative Amalgams and Composites, Denture Repair, Simple Extractions, Anesthesia	80% Restorative Amalgams and Composites, Denture Repair, Simple Extractions
Major	Not Covered	50% Onlays, Crowns, Crown Repair, Endodontics, Periodontics, Prosthodontics, Complex Extractions, Anesthesia
Orthodontia*	Not Covered	50%; \$1,500 max

*waiting periods apply to orthodontia

Dental insurance premiums are deducted on a pre-tax basis from your bi-weekly payroll.

	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Low Dental Plan	\$7.79	\$14.89	\$20.28	\$27.38
High Dental Plan	\$18.05	\$34.68	\$43.19	\$59.82

Voluntary Vision



Davidson County Government offers voluntary vision insurance for you and your family through EyeMed.

Vision Exam (every 12 months)	\$10 Copay
Contact Lens Fit & Follow-up	Up to \$55 Allowance
Frames (every 24 months)	\$125 Allowance
Standard Plastic Lenses (Single Vision, Bifocal or Trifocal)	\$25 Copay
Contact Lenses (Conventional or Disposables)	\$125 Allowance
LASIK or PRK Vision Correction Procedures	15% off retail price OR 5% off promotional pricing

(Note: Employees are eligible for either contact benefits or frames benefits in the same 12 month period, not both.)

Additional Purchases and Out-of-Pocket Discounts

You will receive a 20% discount on remaining balance at Participating Provider beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.

	Employee Bi-Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
EyeMed Vision	\$2.84	\$5.35	\$5.63	\$8.25

Vision insurance premiums are deducted on a pre-tax basis from your bi-weekly payroll.

Flexible Spending Accounts (FSA)



Flexible Spending Accounts allow employees to pay certain healthcare and dependent care expenses with pre-tax money.

Health Care Reimbursement FSA

This program allows employees to pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The maximum annual contribution to the Medical FSA is \$2,550 (per calendar year). 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
- Deductibles and/or co-pays you pay out of your pocket for medical insurance

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. The maximum annual contribution to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) (per calendar year). Examples of eligible expenses 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)

Reimbursement of Claims

Employees may be reimbursed for claims with a date of service during the period of July 1, 2016 to June 30, 2017; however, you will have until September 30, 2017 to submit your claims.

Basic Life, Disability and AD&D



Basic Life and AD&D Insurance

Davidson County provides all full-time employees with \$10,000 Group Life and \$10,000 Accidental Death and Dismemberment (AD&D) Insurance, and pays the full cost of this benefit. You may also elect Life Insurance coverage for your spouse and/or child(ren) in the amount of \$1,000. The cost for this coverage for spouse and/or child(ren) is \$.57 per month or \$0.26 per payperiod.

Voluntary Long Term Disability Insurance

Davidson County offers all full-time employees Long Term Disability Insurance through CIGNA. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Your monthly benefit is 60% of your insured pre-disability earnings reduced by deductible income. When you enroll in this benefit, you pay the full cost through bi-weekly payroll deductions.

The rates for Long Term Disability vary based on your age and income.

Voluntary Long Term Disability: Elimination period of 180 days, benefit 60% of salary up to \$6,000 per month.

If you do not enroll as a new employee in Long Term Disability Insurance, you must satisfy *Evidence of Insurability* prior to enrollment approval.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Davidson County offers all full-time employees AD&D Insurance through CIGNA. You may elect AD&D Insurance for yourself, your spouse and/or children. You may elect in \$25,000 increments to a maximum benefit of \$500,000 for yourself. For your spouse and child(ren) coverage, you may elect up to 40% of the employee amount for your spouse, and up to 5% for each child. For children only coverage, you may elect up to 10% of the employee amount for each child. When you enroll in this benefit, the full cost is paid through payroll deductions.

Monthly Rates are deducted from 1st paycheck received in each month.

Amount of Coverage	Employee Only Rate	Employee & Family
\$25,000	\$1.00 per month	\$1.50 per month
\$50,000	\$2.00 per month	\$3.00 per month
\$100,000	\$4.00 per month	\$6.00 per month
\$150,000	\$6.00 per month	\$9.00 per month
\$200,000	\$8.00 per month	\$12.00 per month
\$250,000	\$10.00 per month	\$15.00 per month

Colonial Voluntary Benefits



Davidson County understands the importance of benefits that can be tailored for each employee's individual needs. That's why we have chosen Colonial Life & Accident Insurance Company to provide you with personal insurance products and enhance your benefits package:

Term Life Insurance

Life insurance protection when you need it most

Life insurance needs change as life circumstances change. You may need different coverage if you're:

- Getting married
- Buying a home
- Having a child
- Taking on additional debt

Term life insurance from Colonial Life & Accident Insurance Company provides protection for a specified period of time, typically offering the greatest amount of coverage for the lowest initial premium. This fact makes term insurance a good choice for supplementing cash value coverage during life stages where obligations are higher, such as while children are young. It's also a good option for families on a tight budget – especially since the policyholder can convert it to a permanent cash value plan later. *Guaranteed issue amounts available to all employees.*

In addition to Colonial Life's Term Life Insurance, you have the opportunity to apply for the following personal insurance products:

- **Accident Insurance**
- **Cancer Insurance**
- **Critical Illness Insurance**
- **Disability Insurance**
- **Hospital Confinement Indemnity Insurance**
- **Universal Life Insurance**
- **Whole Life Insurance**

Make time for your benefits choices!

Be sure to meet one-to-one with a Colonial Life benefits counselor to review your benefit options and apply for coverage.

Davidson County and Colonial Life promotes wellness for County employees and their families. If you are a Colonial Life policy holder and you have any of the policies listed above you may be eligible for wellness benefits. *Don't forget to file your wellness claims!*

NC Retirement System, NC 401(k) & Deferred Compensation



North Carolina Retirement System

Who is eligible and when?

Fulltime and part-time employees working in a budgeted position with retirement benefits are eligible on date of hire. Employees eligible for retirement benefits contribute a mandatory 6% of their compensation to the NC Retirement System. Davidson County also contributes 6.77% for eligible regular employees and 7.15% for eligible LEO employees.

Benefits You Receive:

You become “vested” in the NC Retirement System once you have completed five (5) years of service. This means that you are eligible to apply for lifetime monthly retirement benefits which are based on a formula that considers age, length of service and income history.

How to Contact the Retirement System:

Mailing address:

Department of State Treasurer
Retirement Systems Division
3200 Atlantic Avenue
Raleigh, NC 27604

Website address:

www.myncretirement.com

Telephone number:

1-877-627-3287

North Carolina 401(k)

Who is eligible and when?

Full-time and Part-time employees working in a budgeted position with retirement benefits are eligible on your date of hire.

Benefits You Receive:

To help you prepare for the future, Davidson County sponsors a 401(k) plan as part of its benefits package. As an eligible employee, you may start participating in this plan on your date of hire.

Davidson County contributes 1.5% of a regular employee’s gross salary and 5.0% of an LEO employee’s gross salary. You are fully vested in the NC 401(k) plan from your first contribution to your last. To be “vested” means to own, which means the money is always yours.

Employee contributions are optional and contribution methods are flexible. Contributions can be made on a pre-tax basis or a Roth, after-tax basis. All contributions are payroll deducted. You can change your contribution amount/percentage, or stop contributions, at anytime.

After enrolling, you will receive quarterly statements from Prudential which will detail your account activity, fund performance and much more.

The NC 401(k) plan accepts rollover funds from other qualified retirement plans that you may have had with previous employers.

The NC 401(k) plan also provides the ability to take a loan or hardship withdrawal from your account. Hardship withdrawals may be requested if you have an immediate and heavy financial need, such as expenses for certain unreimbursed medical care for you and your dependents; costs (excluding mortgage payments) directly related to the purchase of your principal residence; tuition, related educational fees and room and board expenses for the next 12 months of post-secondary education for yourself, your spouse or dependents, excluding books; amounts necessary to prevent your eviction from your principal residence or foreclosure on the mortgage of your principal residence; funeral/burial expenses for a parent, spouse, child or dependent; and repair of damage to your principal residence that qualified for a casualty deduction. Hardship withdrawals require proof of the "hardship" be furnished. For more information on loans or hardships or to obtain a loan or hardship, visit www.NCPlans.prudential.com, or call 1-866-627-5267.

To obtain a complete copy of the loan policy, contact a Participant Service Representative at 1-866-627-5267.

ING Deferred Compensation

Who is eligible and when?

Employees working in a budgeted position with full benefits are eligible on date of hire.

Benefits You Receive:

To help you pursue your financial goals, Davidson County sponsors a voluntary Deferred Compensation plan as part of its benefits package. As a full or part-time employee with full benefits, you may start participating in this plan on the date of hire.

For more information please contact:

David W. Googe, CLU
Telephone: (336) 725-7222, Ext. 281
Email: david.googe@ingfa.com

Holidays and Vacation/Sick Accruals



Holidays

As a full-time employee, you are eligible to receive the following paid holidays each year:

New Year's Day	Labor Day
Martin Luther King Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day	Christmas (3 Days)

A full-time employee must be on pay status on the regularly scheduled work day before and after the holiday. An employee on leave status must use paid vacation or sick accrual the scheduled day before and after the holiday to be paid for the holiday.

Vacation Leave

Vacation leave may accumulate from year to year to a maximum of thirty (30) working days (a working day is defined as eight (8) hours) or a maximum of 240 hours annually. At the end of the calendar year, any vacation hours in excess of the maximum (240) will be transferred to sick leave. This sick leave may be used like any other accumulated sick leave.

Vacation leave must be approved by the immediate supervisor or Department Head prior to use and must be taken in increments of at least thirty (30) minutes.

All full-time, non-probationary employees who leave employment with Davidson County will be paid for vacation leave not to exceed a maximum of twenty-five (25) days or 200 hours and will be calculated to the nearest hour. Employees must work the entire termination notice period and may not take vacation or sick leave. Any exception regarding vacation or sick leave during the last two weeks of employment requires approval of the Department Head and County Manager.

Full-time, benefits eligible employees begin accruing vacation leave when employment begins, however vacation leave cannot be used until successful completion of the probationary period.

Years of Service (Based on 40 hrs/week)	Hours Earned Per Pay Period	Days Earned Per Pay Period
Less than 3 years	3.08 hours	10 days
3 but less than 6 years	3.69 hours	12 days
6 but less than 9 years	4.62 hours	15 days
9 years or more	5.54 hours	18 days

Sick Leave

Full-time, benefits eligible employees begin accruing sick leave when employment begins and is eligible to be taken as it is accrued. The following schedule will be used for manner of accumulation of sick days:

Sick leave accrues on a monthly basis at the rate of one 8 hours per month, or 96 hours per year based upon a 40 hour work week. One day meaning (8) hours is the limit of accumulation per month.

Sick leave may be taken in fifteen (15) minute increments. Notification of the desire to take sick leave should be submitted to the employee's supervisor prior to leave, or not later than one (1) hour after the beginning of a scheduled workday. Such notice must include the nature of the absence and the expected duration.

Sick leave is not paid out upon termination of employment.

Employee Assistance Program (EAP)



Davidson County provides an Employee Assistance Program for all employees through REACH EAP & Workplace Solutions. An EAP is an integrated service provided by your employer to help you and your family with interests and concerns ranging from significant life problems to everyday challenges.

The EAP professionals are available for the employees, their spouses, and family members who reside in the employee's household, and all other legal dependents, and will provide up to 5 free confidential visits. For confidential, professional assistance, call 1-800-950-3434 or 336-242-2973.

Your EAP can help you and your eligible family members deal with many situations, including the following:

- * Stress, Depression and Other Emotional Issues
- * Relationship and Family Problems
- * Communication Issues
- * Balancing Work/Life Needs
- * Drug and Alcohol Abuse
- * Job-Related Problems
- * Legal and Financial Referrals (excluding employment law)
- * Child and Elder Care Concerns
- * Addictive Behaviors

Medicare Creditable Coverage Notice

Important Notice from Davidson County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Davidson County 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. Davidson County has determined that the prescription drug coverage offered by BlueCross BlueShield of NC is, on average for all plan participants, 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 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 Davidson County coverage will not be affected. You can continue the coverage with Davidson County if you elect part D and this plan will coordinate benefits with the Part D coverage. Davidson County's creditable prescription drug coverage consists of co-pays. For additional information about this notice or your current prescription drug coverage, contact our office. If you do decide to join a Medicare drug plan and drop your current Davidson County coverage, be aware that you and your dependents will not be able to get this coverage back until the County open enrollment period.

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 Davidson County 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 or call BCBSNC at 877-275-9787 **NOTE:** You will get a notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Davidson County changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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).

Creditable coverage effective: July 01, 2016 or later.

Date:	September 1, 2016
Name of Entity/Sender:	Davidson County
Contact--Position/Office:	Andrea Clemmer, Benefits Coordinator
Address:	913 Greensboro St., Lexington, NC 27292
Phone Number:	336-242-2212

Continuation Coverage Rights Under COBRA

Important Notice from:
Davidson County Government
913 Greensboro Street
Lexington, NC 27292

Customer Service Hotline
800-359-8757

**Este documento trata sobre beneficios muy importantes de la ley de COBRA para usted.
Para ayuda en español llamar al 800-877-7994, opcion #1.**

Dear Employee, Spouse and Dependent Children:

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

Ceridian Benefits Services has been retained by your sponsoring employer to provide you with information concerning your rights under COBRA. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description, contact the Plan Administrator assigned by your employer or contact Ceridian at the phone number above or on the web at www.ceridian-benefits.com. The Plan Administrator is the person or entity responsible for administering the Plan, including COBRA; your employer can provide contact information. Ceridian is not the Plan Administrator.

If you need help acting on behalf of an incompetent beneficiary, please contact Ceridian for assistance.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the

Following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
 - The parent-employee dies;
 - The parent-employee's hours of employment are reduced;
 - The parent-employee's employment ends for any reason other than his or her gross misconduct;
 - The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
 - The parents become divorced or legally separated; or
 - The child stops being eligible for coverage under the Plan as a "dependent child."

Qualified beneficiaries also include a child born to or placed for adoption with the covered employee who satisfies the plan eligibility requirements and becomes covered under the Plan during the period of COBRA coverage.

Retirees

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your sponsoring employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Ceridian has been notified that a qualifying event has occurred. The employer must notify Ceridian of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator or Ceridian within 60 days after the qualifying event occurs.

This notice should be provided to either the Plan Administrator (before any COBRA coverage with Ceridian has started) or to Ceridian (after your coverage under COBRA has started).

You must provide this notice in writing to Ceridian at the address provided on the first page of this notice, and include all of the following:

Date (month/day/year)	Spouse/Dependent's Name
Social Security Number/ID#	Spouse/Dependent's Address
Spouse/Dependent's Telephone #	Gender
Date of Birth (month/day/year)	Relationship to Employee
Employer's Name	Employee's Name
Employee's SSN/ID#	Reason for Loss of Coverage
Loss of Coverage (month/day/year)	

How is COBRA continuation coverage provided?

Once Ceridian receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. You will have to pay the group rate premium for your continuation coverage plus a 2% administration fee, if applicable.

How long does COBRA coverage last?

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify Ceridian in writing in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and

must last at least until the end of the 18-month period of COBRA continuation coverage. The qualified beneficiary must provide the written determination of disability from the Social Security Administration to Ceridian within 60 days of the latest of the date of the disability determination by the Social Security Administration, the date of the qualifying event or the benefit termination date; and prior to the end of the 18-month COBRA continuation period. You may be required to pay up to 150% of the group rate during the 11-month extension.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if Ceridian is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to Ceridian at the address listed below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Please note

Some states offer financial aid to help certain individuals pay for COBRA coverage. Contact your appropriate state agency regarding availability and eligibility requirements. Additionally, under certain circumstances, COBRA coverage may be paid with pre-tax dollars from a cafeteria plan under Section 125 of the Internal Revenue Code.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator and Ceridian know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to Ceridian or the Plan Administrator.

Marketplace Information



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer offered coverage. Also, this employer contribution as well as your employee contribution to employer offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Carol Black, Davidson County Human Resources Supervisor at carol.black@davidsoncountync.gov.

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Davidson County		4. Employer Identification Number (EIN) 56-6000294	
5. Employer address PO Box 1067		6. Employer phone number 336-242-2212	
7. City Lexington,	8. State NC	9. ZIP code 27293-1067	
10. Who can we contact about employee health coverage at this job? Carol Black, Human Resources Supervisor			
11. Phone number (if different from above)		12. Email address carol.black@davidsoncountync.gov	

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

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:
All full-time employees working 30 hours a week.

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:
Your spouse, under a legally valid, existing marriage. Your child up to age 26, unless they are eligible to enroll as a covered employee or dependent under an employer sponsored health plan. A DEPENDENT CHILD who is either mentally retarded or physically handicapped and incapable of self support may continue to be covered under the PLAN regardless of age if the condition exists and coverage is in effect when the child reaches the age of 26. The handicap must be medically certified by the child's DOCTOR and may be verified annually by the PLAN.
 - We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid year, or if you have other income losses, you may still qualify for a premium discount.

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? 1st of the month following 30 days (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans); If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \$0.00

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy): Unknown

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 80 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Davidson County: PPO Coinsurance w/HRA

Coverage Period: 07/01/2016 - 06/30/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family **Plan Type:** PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbsnc.com or by calling **1-877-275-9787**.

Important Questions	Answers	Why this Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>In-Network- \$1,000 Individual/\$2,000 Family Total. Out-of-Network- \$2,000 Individual/\$4,000 Family Total. Doesn't apply to In-Network preventive care. Coinsurance and copayments do not apply to the deductible.</p>	<p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an <u>out-of-pocket limit</u> on my expenses?</p>	<p>Yes. In-Network- \$3,000 Individual/\$6,000 Family Total. Out-of-Network- \$6,000 Individual/ \$12,000 Family Total.</p>	<p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p>Premiums, balance-billed charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>
<p>Does this plan use a <u>network of providers</u>?</p>	<p>Yes. For a list of In-Network providers, see www.bcbsnc.com/</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans</p>

Questions: Call 1-877-275-9787 or visit us at www.bcbsnc.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov/programs/consumer/summaryandglossary/index.html> or call 1-877-275-9787 to request a copy.

	content/providersearch/index.htm or please call 1-877-275-9787	use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u>?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on a later page. See your policy or plan document for additional information about <u>excluded services</u> .

- **!** **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% Coinsurance	40% Coinsurance	---none---
	Specialist visit	20% Coinsurance	40% Coinsurance	---none---

Questions: Call 1-877-275-9787 or visit us at www.bcbsnc.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov/programs/consumer/summaryandglossary/index.html> or call 1-877-275-9787 to request a copy.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
	Other practitioner office visit	20% Coinsurance/Chiropractic Visit	40% Coinsurance/Chiropractic Visit	-Coverage is limited to 30 visits for Chiropractic care.
	Preventive care/screening/immunization	No Charge	40% Coinsurance	-Limits may apply
	Diagnostic test (x-ray, blood work)	20% Coinsurance	40% Coinsurance	-No coverage for tests not ordered by a doctor.
	Imaging (CT/PET scans, MRIs)	20% Coinsurance	40% Coinsurance	-Prior authorization may be required for benefits to be provided
If you have a test	Tier 1 Drugs	\$10/prescription	\$10/prescription	-No coverage for drugs in excess of quantity limits, or therapeutically equivalent to an over the counter drug. -For Infertility dosage limits apply -Coverage is limited to a 30 day supply -Minimum of \$50 in coinsurance but no more than \$100 for Tier 4 drugs
	Tier 2 Drugs	\$30/prescription	\$30/prescription	
	Tier 3 Drugs	\$55/prescription	\$55/prescription	
	Tier 4 Drugs	25% Coinsurance	25% Coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.bcbsnc.com/content/services/formulary/presdrugben.htm	Facility fee (e.g., ambulatory surgery center)	20% Coinsurance	40% Coinsurance	---none---
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	---none---
If you have outpatient surgery				

Questions: Call 1-877-275-9787 or visit us at www.bcbsnc.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov/programs/consumer/summaryandglossary/index.html> or call 1-877-275-9787 to request a copy.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need immediate medical attention	Emergency room services	20% Coinsurance	20% Coinsurance	---none---
	Emergency medical transportation	20% Coinsurance	20% Coinsurance	---none---
	Urgent care	20% Coinsurance	20% Coinsurance	---none---
	Facility fee (e.g., hospital room)	20% Coinsurance	40% Coinsurance	-Precertification may be required
	Physician/surgeon fee	20% Coinsurance	40% Coinsurance	---none---
If you have a hospital stay	Mental/Behavioral health outpatient services	20% Coinsurance/ outpatient	40% Coinsurance/ outpatient	-Prior Authorization may be required
	Mental/Behavioral health inpatient services	20% Coinsurance	40% Coinsurance	-Precertification required
	Substance use disorder outpatient services	20% Coinsurance/ outpatient	40% Coinsurance/ outpatient	-Prior Authorization may be required
	Substance use disorder inpatient services	20% Coinsurance	40% Coinsurance	-Precertification required
	Prenatal and postnatal care	20% Coinsurance	40% Coinsurance	-No coverage for maternity for dependent children.
If you are pregnant	Delivery and all inpatient services	20% Coinsurance	40% Coinsurance	-Precertification may be required
	Home health care	20% Coinsurance	40% Coinsurance	-Prior authorization may be required for benefits to be provided

Questions: Call 1-877-275-9787 or visit us at www.bcbsnc.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov/programs/consumer/summaryandglossary/index.html> or call 1-877-275-9787 to request a copy.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions	
		In-Network Provider	Out-of-Network Provider		
other special health needs	Rehabilitation services	20% Coinsurance	40% Coinsurance	-Coverage is limited to 30 visits per benefit period for Rehabilitation and Habilitation services combined, for Occupational Therapy/Physical Therapy/Chiropractic and 30 visits per benefit period for Speech Therapy	
	Habilitation services	20% Coinsurance	40% Coinsurance	-Coverage is limited to 30 visits per benefit period for Rehabilitation and Habilitation services combined, for Occupational Therapy/Physical Therapy/Chiropractic and 30 visits per benefit period for Speech Therapy	
	Skilled nursing care	20% Coinsurance	40% Coinsurance	-Coverage is limited to 60 days per benefit period.-Precertification required	
	Durable medical equipment	20% Coinsurance	40% Coinsurance	-Prior authorization may be required for benefits to be provided-Limits may apply	
	Hospice services	20% Coinsurance	40% Coinsurance	-Precertification may be required	
	Eye exam	No Charge	Not Covered	-Limits may apply	
	Glasses	Not Covered	Not Covered	Excluded Service	
	Dental check-up	Not Covered	Not Covered	Excluded Service	
	If your child needs dental or eye care				

*HSA/HRA funds, if available, may be used to cover eligible medical expenses

Questions: Call 1-877-275-9787 or visit us at www.bcbsnc.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov/programs/consumer/summaryandglossary/index.html> or call 1-877-275-9787 to request a copy.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other [excluded services](#).)

- Acupuncture
- Hearing aids
- Weight loss programs
- Cosmetic surgery and services
- Long-term care, respite care, rest cures
- Dental care (Adult)
- Routine Foot Care

*HSA/HRA funds, if available, may be used to cover eligible medical expenses

**Self-funded groups may cover this service; check your benefit booklet for details

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

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-----To see examples how this plan might cover costs for a sample medical situation, see the next page-----

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Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$5,240
- **You pay** \$2,300

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$1,000
Copays	\$20
Coinsurance	\$1,100
Limits or exclusions	\$200
Total	\$2,300

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** \$3,600
- **You pay** \$1,800

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$1,000
Copays	\$400
Coinsurance	\$300
Limits or exclusions	\$80
Total	\$1,800

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What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
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- Patient's condition was not an excluded or preexisting condition
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

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- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box for each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should consider also contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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Davidson County: PPO - Buy Up

Coverage Period: 07/01/2016 - 06/30/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family **Plan Type:** PPO

⚠ This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbsnc.com or by calling **1-877-275-9787**.

Important Questions	Answers	Why this Matters:
<p>What is the overall deductible?</p>	<p>In-Network- \$0 Individual/\$0 Family Total. Out-of-Network- \$250 Individual/\$500 Family Total. Doesn't apply to In-Network preventive care. Coinsurance and copayments do not apply to the deductible.</p>	<p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an out-of-pocket limit on my expenses?</p>	<p>Yes. In-Network- \$2,500 Individual/\$5,000 Family Total. Out-of-Network- \$5,000 Individual/ \$10,000 Family Total.</p>	<p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billed charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>
<p>Does this plan use a network of providers?</p>	<p>Yes. For a list of In-Network providers, see www.bcbsnc.com/content/providersearch/index.htm or please call 1-877-275-9787</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their</p>

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<p>network. See the chart starting on page 2 for how this plan pays different kinds of providers.</p>	<p>No. You don't need a referral to see a specialist.</p>	<p>You can see the specialist you choose without permission from this plan.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on a later page. See your policy or plan document for additional information about excluded services.</p>

- !**
- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
 - **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible.**
 - The amount the plan pays for covered services is based on the **allowed amount.** If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing.**)
 - This plan may encourage you to use in-network **providers** by charging you lower **deductibles, copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
<p>If you visit a health care provider's office or clinic</p>	<p>Primary care visit to treat an injury or illness</p>	<p>\$30/visit</p>	<p>40% Coinsurance</p>	<p>---none---</p>
	<p>Specialist visit</p>	<p>\$45/visit</p>	<p>40% Coinsurance</p>	<p>---none---</p>

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Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
	Other practitioner office visit	\$30/Chiropractic Visit	40% Coinsurance/Chiropractic Visit	-Coverage is limited to 30 visits for Chiropractic care.
	Preventive care/screening/immunization	No Charge	Not Covered	-Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	\$250/visit then coinsurance	\$250/visit then coinsurance	-No coverage for tests not ordered by a doctor.
	Imaging (CT/PET scans, MRIs)	\$250/visit then coinsurance	\$250/visit then coinsurance	-Prior authorization may be required for benefits to be provided
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.bcbsnc.com/content/services/formulary/presdrugben.htm	Tier 1 Drugs	\$10/prescription	\$10/prescription	-No coverage for drugs in excess of quantity limits, or therapeutically equivalent to an over the counter drug. -For Infertility dosage limits apply -Coverage is limited to a 30 day supply -Minimum of \$50 in coinsurance but no more than \$100 for Tier 4 drugs
	Tier 2 Drugs	\$25/prescription	\$25/prescription	
	Tier 3 Drugs	\$55/prescription	\$55/prescription	
	Tier 4 Drugs	25% Coinsurance	25% Coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/visit then 20% coinsurance	\$250/visit then coinsurance	---none---
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	---none---

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Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need immediate medical attention	Emergency room services	\$150/visit	\$150/visit	---none---
	Emergency medical transportation	20% Coinsurance	20% Coinsurance	---none---
	Urgent care	\$45/visit	\$45/visit	---none---
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500/admission then 20% Coinsurance	\$500/admission then 40% Coinsurance	-Precertification may be required
	Physician/surgeon fee	20% Coinsurance	40% Coinsurance	---none---
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$45/office visit; 20% Coinsurance/outpatient	40% Coinsurance/outpatient	-Prior Authorization may be required
	Mental/Behavioral health inpatient services	\$500/admission then 20% Coinsurance	\$500/admission then 40% Coinsurance	-Precertification required
	Substance use disorder outpatient services	\$45/office visit; 20% Coinsurance/outpatient	40% Coinsurance/outpatient	-Prior Authorization may be required
	Substance use disorder inpatient services	\$500/admission then 20% Coinsurance	\$500/admission then 40% Coinsurance	-Precertification required

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Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you are pregnant	Prenatal and postnatal care	20% Coinsurance	40% Coinsurance	-No coverage for maternity for dependent children.
	Delivery and all inpatient services	\$500/admission then 20% Coinsurance	\$500/admission then 40% Coinsurance	-Precertification may be required
If you need help recovering or have other special health needs	Home health care	20% Coinsurance	40% Coinsurance	-Prior authorization may be required for benefits to be provided
	Rehabilitation services	20% Coinsurance	40% Coinsurance	-Coverage is limited to 30 visits per benefit period for Rehabilitation and Habilitation services combined, for Occupational Therapy/Physical Therapy and 30 visits per benefit period for Speech Therapy
	Habilitation services	20% Coinsurance	40% Coinsurance	-Coverage is limited to 30 visits per benefit period for Rehabilitation and Habilitation services combined, for Occupational Therapy/Physical Therapy and 30 visits per benefit period for Speech Therapy
	Skilled nursing care	20% Coinsurance	40% Coinsurance	-Coverage is limited to 60 days per benefit period.-Precertification required

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		In-Network Provider	Out-of-Network Provider	
If your child needs dental or eye care	Durable medical equipment	20% Coinsurance	40% Coinsurance	-Prior authorization may be required for benefits to be provided-Limits may apply
	Hospice services	20% Coinsurance	40% Coinsurance	-Recertification may be required
	Eye exam	No Charge	Not Covered	-Limits may apply
	Glasses	Not Covered	Not Covered	Excluded Service
	Dental check-up	Not Covered	Not Covered	Excluded Service

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Excluded Services & Other Covered Services:

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- Acupuncture
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- Weight loss programs
- Cosmetic surgery and services
- Long-term care, respite care, rest cures
- Dental care (Adult)
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- Amount owed to providers: \$7,540
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Sample care costs:

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Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

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Deductibles	\$0
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Coinsurance	\$1,300
Limits or exclusions	\$200
Total	\$2,000

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
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- You pay \$1,100

Sample care costs:

Prescriptions	\$2,900
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Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

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