

Employee Benefit Guide



2024-25

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your eligible dependents in the case of illness or injury.

The Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage, is available at the Human Resources Department.



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Medicare Part D—Prescription Drug Information

If you (and/or your eligible dependents) are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 24 and 25 for more details.

About Your Benefits

TO ALL ELIGIBLE EMPLOYEES

If you have received medical care recently, you know how important health coverage can be in preventing financial hardship for you and your family. The City of Newton Pre-Tax Premium Plan is one way the City is trying to keep the cost of your health coverage as affordable as possible. In that same committed effort to provide a comprehensive and affordable benefits package, the City will continue to align our health interest with other counties and municipalities throughout North Carolina with the North Carolina Health Insurance Pool (NCHIP). We firmly believe that this will continue to allow our employees greater access to quality healthcare, and put the City in a position to offer enhanced benefits that are sustainable for the long-term. As a member of NCHIP, we have input and a vote on the future of our healthcare needs.

As an employee of the City of Newton, you can choose to carry group medical, dental, and vision insurance coverage on yourself and your dependents. The City pays the employee portion of medical coverage. You must be enrolled in the coverages (medical, dental, and/or vision) to enroll your dependents, and you are responsible for the cost of your dependent(s) medical, dental, and vision insurance. Under the Pre-Tax Premium Plan, your cost of coverage is deducted from your paycheck before taxes are calculated, which reduces your taxable wages. The result is that you are taxed on a smaller portion of your earnings, which means you pay fewer taxes, and the out-of-pocket expense of insurance is reduced. On the following page of this guide is an illustration that explains how the Plan works and will help you to better understand this important benefit.

Between Monday April 22nd, 2024 and Friday May 24th, 2024 you have the opportunity to change your coverage under the Pre-Tax Premium Plan. You will not be required to complete another election form for the new plan year unless you want to change your current coverage elections. All coverage changes will be effective on July 1st, 2024.

Review this guide to learn about your options so you can make the most of your City of Newton benefits. If you have any questions, feel free to reach out to Brandon Elrod at [828-695-4321](tel:828-695-4321) / belrod@newtonnc.gov or Addie Williams at [828-695-4260](tel:828-695-4260) / awilliams@newtonnc.gov.

Coverage Level

When you enroll in health insurance, you will choose a coverage level as listed below.

- Employee Only
- Employee + Spouse
- Employee + Child
- Employee + Children
- Employee + Family

What Will It Cost?

City of Newton is committed to offering you comprehensive benefits at a fair cost. View page 20 for more information about your costs for coverage.

Eligibility and Enrollment

You are eligible to participate in City of Newton's medical benefits if you are an employee working at least 30 hours per week. For dental, vision, basic employer-paid life and voluntary dependent life benefits, you are eligible to enroll in coverages if you are full-time and working 40 hours or more per week.

If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to complete your benefits enrollment elections. Your benefits begin on the first of the month following 30 days of full-time employment.

How Does the Pre-Tax Plan Work?

A Way to Save Money on Health Premiums

Without this Plan, your health premium contributions are paid with "after-tax dollars". This means that federal and state income taxes and FICA (Social Security) taxes are calculated on your pay before your shares of the premiums are deducted. By using this Plan, your premium contributions will be deducted, instead, on a pre-tax basis, resulting in fewer taxes taken out of your paycheck.

How the Plan Reduces Your Taxes

To illustrate how the Pre-Tax Premium Plan can save you money, please refer to the example below in which an employee earns \$35,100 per year. Assume the employee contributes \$232 per month (\$2,784 per year) for parent & child health coverage and claims single, '0' for both federal and state tax purposes. Notice the difference in taxes between after-tax and pre-tax contributions.

	<u>PRE-TAX</u>	<u>POST-TAX</u>
GROSS ANNUAL PAY	\$35,100	\$35,100
Pre-tax insurance contribution	<u>- 2,784</u>	_____
Taxable income	\$32,316	\$35,100
Federal & State Taxes	- 4,888	- 5,564
Social Security (FICA)	<u>- 2,472</u>	<u>- 2,685</u>
NET PAY	\$24,956	\$26,851
TOTAL TAXES	\$7,360	\$8,249

(Taxes are approximate based on CY2024 tax tables and are intended for illustration only)

In this example, the employee would save **\$889** per year in taxes by participating in the Pre-Tax Premium Plan. If you deduct the tax savings (\$889) from the amount of dependent coverage (\$2,784), the actual out-of-pocket cost for dependent coverage is \$1,895. Your individual savings will depend on your family income, tax status, and your contribution toward the cost of coverage.

Employee Payroll Contributions

If you wish to pay for your benefits with after-tax dollars instead of pre-tax dollars, you must sign a pre-tax, employee-paid benefit premium rejection form available at the Human Resources Department before **Friday, May 24th, 2024**. Otherwise, deductions for your benefit coverage will be made on a pre-tax basis and will remain in effect until **June 30, 2025** when you will have another opportunity to change your election.

Making Changes to Your Benefits

Because of the tax savings you enjoy through the Pre-Tax Premium Plan, the Internal Revenue Service prohibits you from changing your election during the plan year unless you have a change in your family/employment situation. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Death of spouse or dependent

You have 30 days from the date of the event to contact Human Resources and make the change. Keep in mind, the changes you make must be directly related to the event.



Please remember that if you decide to change your medical, dental, or vision elections (i.e.,

employee only or employee/dependents), you must contact Human Resources by

Friday, May 24th, 2024

Your election will be set for the 12 - month period from July 1, 2024 through June 30, 2025 unless you experience a qualifying life event.

Questions and Answers

Will I ever be taxed on the money that I save during the year?

No. Your tax savings are permanent. If you are an employee making \$35,100 per year, and your annual health premium contributions are \$2,784 under the Pre-Tax Premium Plan, your W-2 taxable earnings at the end of the year will be \$32,316 (assuming no other deductions that would further reduce your taxable earnings).

Can I use the Pre-Tax Premium Plan during the year and then itemize my health premium contributions on my tax return?

No. The Internal Revenue Service will not allow you to "double dip" on medical expenses. That is, if you pay for health premiums with pre-tax dollars through the Pre-Tax Premium Plan, you **cannot** itemize those same premiums on your income tax return.

Do most states allow state income tax savings under the Pre-Tax Premium Plan?

Yes. The only exception is New Jersey. You may also reside in a state that has no state income tax. In all cases, you will save in federal income tax and FICA.

Since this Plan reduces my W-2 earnings, will it also reduce my Social Security benefit in the future?

Yes. However, this usually causes just a slight reduction in Social Security benefits.

How do I sign up to participate in the Pre-Tax Premium Plan?

You will be notified annually of the open enrollment period and how to sign up.

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table on the following page and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Should you wish your deductions to be after-tax, please complete the Pre-Tax Premium Rejection Form.

CITY OF NEWTON
PRE-TAX PREMIUM PLAN
REJECTION FORM
PLAN YEAR July 1, 2022 to June 30, 2023

Name (First, Middle Initial, Last) _____ Social Security Number _____

Address _____

I acknowledge that I have been given the opportunity to participate in the Pre-Tax Premium Plan, and I have ~~declined~~ this benefit for the plan year noted above and future plan years, unless I notify the Plan Administrator prior to the beginning of a new plan year. I understand that declining to participate in the Pre-Tax Premium Plan will not affect my current level of group benefits and any required contribution on my behalf will be paid with after-tax dollars.

Signature _____ Date _____

Plan Administrator _____

This form must be completed and returned to the Plan Administrator before your coverage is effective; otherwise, your premiums will be automatically deducted on a pre-tax basis.

NEWTON

Potential Financial Responsibility When Using Out-of-Network Providers

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

Medical Coverage

The medical plan is offered through Blue Cross Blue Shield of North Carolina. Review the chart below for the amount you will pay for the medical service listed. The PPO Plan has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum.

	PPO Plan	
	In Network	Out of Network
Annual Deductible (Individual/Family)	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	20% after deductible	50% after deductible
Annual Out-of-pocket Maximum (Individual/Family)	\$4,500/\$9,000	\$9,000/\$18,000
Preventive Care Routine child care (up to age 6) and routine adult care—Physicals, office visits, pap smears, immunizations, blood tests, lab work, mammograms, prostate screening, colonoscopy screening and x-rays.	No Charge	30% coinsurance after deductible for HCR services only*
Office Visits Telemedicine Primary Care Behavioral Health Urgent Care Specialist	\$10 copay \$25 copay \$10 copay \$50 copay \$50 copay	Not Covered 50% after deductible 50% after deductible \$50 copay 50% after deductible
Inpatient Services Includes all inpatient hospital services regardless of diagnosis	20% after deductible	50% after deductible
Outpatient Services Includes facility services and outpatient diagnostics tests such as x-rays, ultrasounds, etc.	20% after deductible	50% after deductible
Emergency Room	\$300 copay	

* Health Care Reform (HCR) State and Federal mandates

Reminder!

Your first 3 visits per plan year with your In-Network Primary Care Provider (PCP) a **\$0 COPAY**.

You **MUST** register your PCP with BlueConnect at www.BlueConnectNC.com to be eligible for this benefit.

Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.BCBSNC.com or call **877-275-9787** to find providers in the BCBSNC network.



Teladoc

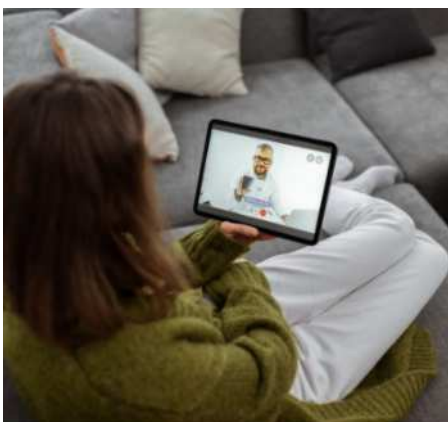


See a doctor from home, at work or on-the-go

Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc. It's a good option for minor health problems when you can't see your regular doctor. Plus, it's often more convenient and cost effective than urgent care.

Convenient care for your total health

- **Range of services.** Your telehealth offering includes acute care as well as mental health services and substance abuse support.
- **Affordable care.** Costs vary depending on your company's benefits and whether you have a copay or deductible/coinsurance plan. Telehealth is less expensive than a visit to urgent care.
- Available 24 hours a day, seven days a week (even holidays) for acute care.
- Low wait times and no appointment needed.
- Prescriptions sent electronically to your local pharmacy if needed.
- On the couch, at work, or traveling -- you can use Teladoc anywhere in the US
- Pediatricians available if your child gets sick.



What does it cost?

\$10 COPAY for acute care visits

Acute / Non - Emergent Conditions

- ⇒ Allergies
- ⇒ Cold, cough or flu
- ⇒ Diarrhea
- ⇒ Ear Problems
- ⇒ Fever
- ⇒ Headache
- ⇒ Insect bite
- ⇒ Nausea and vomiting
- ⇒ Sinus problems
- ⇒ Sore throat
- ⇒ Urinary problems
- ⇒ And more

3 ways to sign up today

So it's ready when you need it!



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



Go to teladoc.com and click "Log in/Register"



Call 1-800-835-2362
(1-800-Teladoc)

Livongo Solutions

Take advantage of this program to better your health and wellness—Livongo for Chronic Condition Management of Diabetes, Hypertension, and Weight Management (Pre-Diabetes)

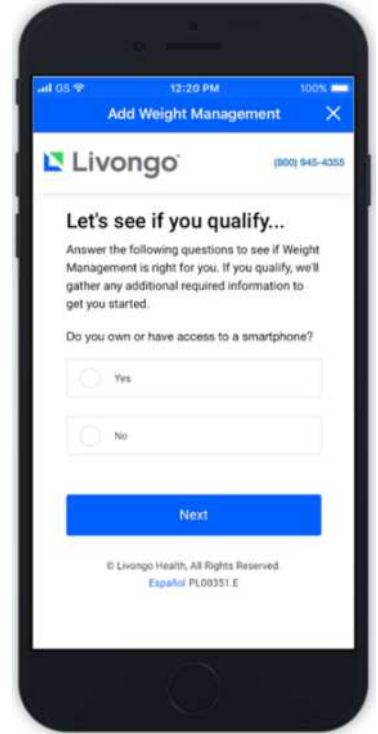
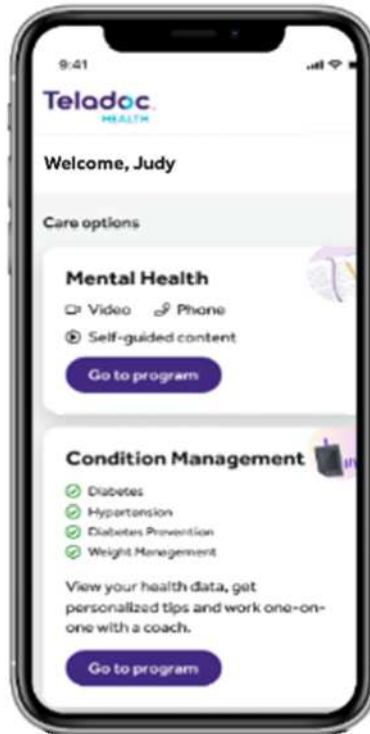
Blue Cross and Blue Shield of North Carolina and Teladoc Health are offering Livongo Whole-Person solutions to manage chronic conditions.

Livongo helps you stay on top of your health. Join today and get connected devices, personalized guidance, on-demand coaching, an easy-to-use app, and more. Login to Livongo through your Teladoc account. Answer the questionnaire to see if you qualify for these chronic condition programs!



Members can access Livongo from the Teladoc Health App with a single log-in. Once you've logged in, select the "Condition Management" card for streamlined registration and use of the Livongo app.

Use Code [BCNC5](#) to login.



This program is offered at **no cost to members** and covered dependents with coverage through the Blue Cross and Blue Shield of North Carolina health plan.

What's Included...

- Diabetes
- Connected blood glucose monitor
- Testing strips
- Lancing device
- Lancets
- Control solution
- Carrying case

- Hypertension
- Connected blood pressure monitor
- Carry case

- Weight Management (Pre-Diabetes)
- Connected scale



myStrength

Blue Cross and Blue Shield of North Carolina and Teladoc Health are dedicated to bringing accessible, credible mental health support to members who need it.

myStrength Complete is a virtual and telephonic mental health program with a comprehensive stepped care solution that addresses a broad range of mental health needs and diagnoses.

Programs for life's evolving challenges

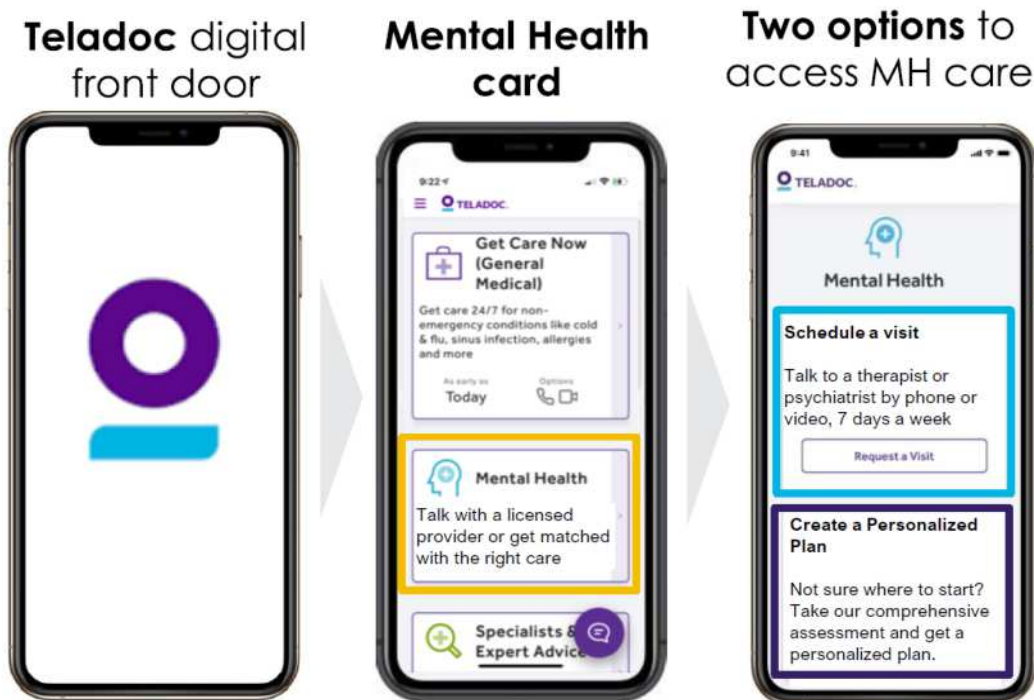
myStrength offers evidence-based support for many types of emotional and physical challenges that you might face.

- ⇒ Reducing stress
- ⇒ Improving sleep
- ⇒ Managing depression
- ⇒ Managing anxiety
- ⇒ Mindfulness & meditation
- ⇒ Balancing intense emotions
- ⇒ Pregnancy & early parenting
- ⇒ Managing chronic pain



Accessing myStrength

myStrength provides 24/7/365 access for all members using a digital front door as well as care navigation using deep personalization to recommend the most appropriate level and mode of care to address a full spectrum of MH acuity. It also includes on demand tele-therapy.




Headway Behavioral Health/BCNC Concierge



Headway partners with Blue Cross to bring members affordable and accessible behavioral health solutions. Headway offers the first asset-free national network of therapists who accept insurance. With Headway, you can expect personalized matching support that matches you with a provider who fits your needs, the choice of in-person or virtual care, affordable and transparent pricing, and on-demand matching with providers who have openings within 48 hours, including for dependent children and adolescents.



How it Works

- 1** Scan this QR code or go to headway.co/BlueCrossNC

- 2** Tell Headway what you're looking for
Choose your concerns and/or preferences for therapy to find the best match for you. Headway will calculate the exact cost before your session.
- 3** Start therapy
Choose a therapist from your matches and book your first appointment right on Headway.

NCHIP Concierge Program

Enjoy the benefits of personalized service! Connect with North Carolina Health Insurance Pool (NCHIP) Concierge Program advocates for expert help by phone, chat or email. As a Blue Cross and Blue Shield of North Carolina (Blue Cross NC) customer, you have free access to one-on-one guidance finding the best care and cost options; advice from registered nurses; help with claims, billing and more. Learn more today at: BlueCrossNC.com/NCHIPconcierge.

Connect with us

Call 1-800-795-9402

Monday-Friday, 8am—9pm EST

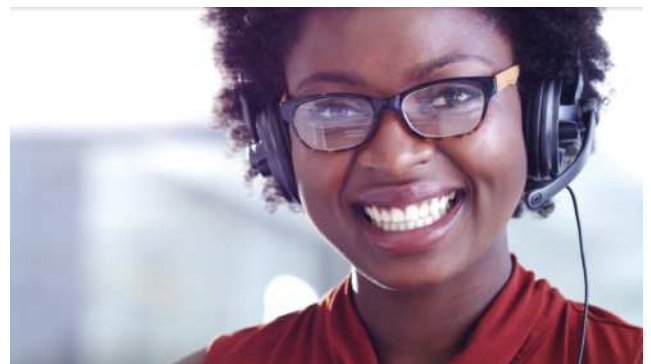
or

Send secure email by logging in to BlueConnectNC.com

WE'RE HERE FOR YOU With personalized customer support

Key Benefits:

- Convenient access to expert help
- Extended hours via phone or email
- Connects you with registered nurse support
- Assistance finding the best care and cost options
- Help making informed health care decisions
- Support for health issues
- Help with claims and billing



Wellness Rewards/Rally Coin Benefits

Earn Rally Coins to Purchase Blue Rewards

Build healthy habits and get rewarded for your efforts on our wellness portal powered by Rally Health. You can earn Rally Coins to spend in the portal, with lots of different ways to get fun products and discounts. Your wellness program also comes with Blue Rewards, where you can earn extra Coins for doing wellness activities and more!



How it works:

- **Get an alert when an activity is waiting**—BCNC will notify you by mail, email and/or SMS about some of the activities in your package when you become eligible.
- **View your available activities**—Go to BlueConnectNC.com to access your wellness portal on Rally and see your available activities on the Blue Rewards page.
- **Select an activity to complete**—Read each activity and how to complete it to qualify for rewards.
- **Earn Rally Coins**—Once the activity is completed, Rally Coins will be deposited into your Coins Balance in the wellness portal.
- **Enjoy your reward**—Cash in your Coins for discounts on fitness trackers and more, bid on rewards at auctions, use them to enter a sweepstakes or help a charity—all from your wellness portal.

All about Rally® Coins

What are Rally Coins?

Almost everything you do on the wellness portal will earn you Rally Coins. These are incentives to keep you logging in and on track with your health and wellness goals. You can redeem your Coins for chances to win great rewards such as fitness trackers, gift cards and more

Where can I find my Coins Balance

You can always see your Coins balance right below your username in the top right corner of any page in the wellness portal. You can also find your Coins portal and check the Rally rewards tab to view available Sweepstakes Marketplace items, Auctions and Donations.

How do I earn Coins

There are many ways to earn Rally Coins. For example you earn Coins for logging in every day, completing the Health Survey and making progress on Missions and Challenges. The number of Coins you can earn depends on the activities you complete.

Activity	Coins Earned
Logging in once	5
Logging in on consecutive days	10
Completing the Survey	150
Successfully reaching a daily Mission	10
Successfully reaching a weekly Mission	20
Successfully completing a Mission	75
Placing 1st in a Challenge	100
Placing 2nd in a Challenge	75
Placing 3rd in a Challenge	50



SurgeryPlus - Center of Excellence Provider

Guided Access to Excellent Surgical Care

What is SurgeryPlus?

SurgeryPlus provides you with access to excellent and affordable care for many planned surgical procedures.

As member of the North Carolina Health Insurance Pool (NCHIP), when you enroll in your employer medical benefits, you and your covered dependents were enrolled in the benefit as part of your medical coverage.

SurgeryPlus partners with the best-in-class surgeons at the top facilities nationwide. Because of these partnerships, SurgeryPlus can provide significant cost-savings on many planned surgical procedures. Your in-network surgery costs could be covered at a higher percentage and depending on your plan, could be covered at 100%

Your SurgeryPlus benefit includes access to the SurgeryPlus network of Surgeons of Excellence and High Quality Facilities.

- Consults and appointments with your SurgeryPlus surgeon
- Anesthesia
- Procedure and facility (hospital) fees
- Dedicated support and guidance

The Surgery Plus Difference



Excellent Care

Access to our network of thousands of highly qualified surgeons



Impactful Savings

Your surgery will be at little or no cost to you when you use your SurgeryPlus benefit



Guided Support

Your personal Care Advocate will support you every step of the way through your care



Be on the lookout for SurgeryPlus ID Cards!

Transforming Access to Excellent Care

Your Benefit Coverage:

- If you are enrolled in the PPO plan, your SurgeryPlus benefit covers your surgery at 100%.

Commonly Covered Procedures

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections
- Bariatrics



You deserve excellent and affordable surgical care.

855.204.3922

[Surgeryplus.com](https://www.surgeryplus.com)



NCHIP Member Contact Information

Email: NCHIP@SurgeryPlus.com

Phone: 833.423.2021

Prescription Drug Coverage

Prescription drug coverage through BCBSNC is included with our medical plan. Review the chart below for the amount you will pay for your prescriptions. Register on Blue Connect to gain access to Rx Savings Solutions; a notification of drug savings as they come available. The next three pages will discuss how to sign up for Blue Connect and offer more information on Rx Savings Solutions.

	PPO Plan	
	In Network	Out of Network
Retail (30-day Supply)		
Generic	\$10 copay	\$10 Copay
Preferred	50% after deductible	50% after deductible
Non-preferred	50% after deductible	50% after deductible
Specialty	50% after deductible (Max \$100)	50% after deductible(Max \$100)
Mail-order (90-day Supply)		
Generic	\$30 copay	N/A
Preferred	50% after deductible	
Non-preferred	50% after deductible	
Specialty	50% after deductible (Max \$300)	

MedsYourWay™

You can choose to get your home delivery prescription(s) through Amazon Pharmacy. With Amazon Pharmacy, you will also have access to MedsYourWay™ drug discount card pricing. It is seamlessly built into the Amazon Pharmacy experience, which allows you to get the lowest cost available while saving time. Unlike other discount cards, using the MedsYourWay™ discount card for covered medicines will also count toward your deductible and out-of-pocket maximum!

A home delivery pharmacy option for you!

Get started at:

[Amazon.com/BlueCrossNC](https://www.amazon.com/BlueCrossNC)

Program Features ...

- ⇒ 24/7/365 access to a pharmacist
- ⇒ Ability to manage your medicine and order history
- ⇒ Option for 90+ day fills

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

BCBSNC regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BCBSNC's mail-order pharmacy.

Blue Connect

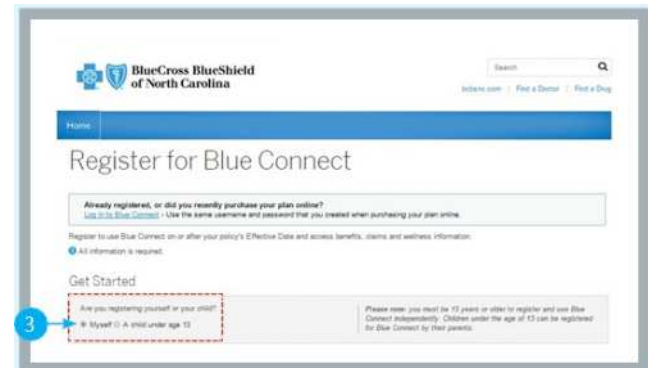
Register with Blue Connect

Your gateway to online tools and resources

You can find information about your benefits and claims. It's designed to make health care easier, giving you on-the-go access when, where and how you want it. Register today to set up your User ID and Password!

Have your Blue Cross NC Member ID card on hand and follow the instructions below.

- 1 - Go to www.BlueConnectNC.com
 - 2 - Click Register Now.
 - 3 - Select the correct box based on who is registering. Note: participants must register themselves unless they are under 13 years old, in which case they must be registered by one of their parents.
 - 4 - To confirm your identity, enter your Subscriber ID found on your Blue Cross NC Member ID card. Your Subscriber ID contains both letters and numbers.
 - 5 - Enter the date of birth of the person who is being registered. Enter the date using 2 digits for the month, 2 digits for the day and 4 digits for the year.
 - 6 - Enter the ZIP code of the mailing address where you receive correspondence from Blue Cross NC regarding your health insurance.
 - 7 - Click Continue to go to the next page.
 - 8 - Verify that the information shown is correct and continue to step 9.
 - 9 - You need to create a User ID and Password. Keep this information in a safe place. We also suggest using a User ID and Password that you can remember easily.
- The User ID must be at least 7 characters with no spaces, and can be a combination of numbers and letters.
 - The Password must be at least 7 characters with no spaces, and must include a number or symbol.
 - You need to enter your Password a second time to confirm it.



Blue Connect

10 - Select a security question or choose to create your own and create your answer.

11 - Enter your email address, then click Finish.

Choose a Security Question

Establish a security question and answer. We'll ask you this question if you need to reset your password online.

Security question

Choose

Your answer

Enter Your E-mail Address

This e-mail address will be used infrequently to send you information about your account. Review [Email privacy policy](#).

Enter your e-mail address

Go type your e-mail address.

SCBMAC will not sell or share your e-mail address with third parties.

By clicking Finish, you're agreeing to the [privacy policy](#) and [usage agreement](#).

CANCEL FINISH

12 - Click Go to Blue Connect Home .

JOHN SMITH Log Out

Go to Blue Connect Home

Get where you need to go faster in Blue Connect.

View Your Bill View Your Claims View Your Benefits

Get Your ID Card Make Changes to Your Plan Add a Policy

Find a Doctor or Facility Find a Drug Go to Blue Connect Home

Home Help About Us Media Center Careers Privacy & Security Fraud & Abuse Contact Us

13 - Your registration will be complete when you see this screen.

NC BlueConnect

Find Doctors / Urgent Care / Prescriptions Estimate Treatment Costs Account/Profile Help

Home

John Smith's Expenses Applied to Deductible

John Smith's Deductible \$0.00

View All Benefits View All Claims

Things You Should Know My Interests Edit My Interests

Want to change your primary doctor? Let us know which in-network doctor you'd prefer.

HealthLineBlue 1-877-477-2424 Your free, 24/7 nurse support line.

Billing Total Due: \$0.00 Manage Billing & Invoices

Fund Balance No balance information is available at this time. Manage Your Account

Get Your ID Card When You Need It

Blue365 Regular wellness checkups call



Dental Coverage

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Newton dental benefit plan through Delta Dental. Review the chart below for the amount you will pay for the dental service listed. Eligibility: 40 hours or more per week.

	Delta Dental PPO	
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$25/\$75	\$25/\$75
Annual Maximum (Per Person)	\$1,500	\$1,500
Preventive Care (Routine Cleaning and X-rays)	100% covered	100% covered
Basic Services (Fillings, Basic Root Canals)	80% after deductible	80% after deductible
Major Services (Extractions, Crowns)	50% after deductible	50% after deductible
Orthodontia (Children up to age 19)	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	\$1,500	\$1,500

Out-of-Network

When you receive services from an out-of-network dentist, the percentages in the Out-of-Network column indicate the portion of Delta Dental's *Non-participating Dentist Fee* that will be paid for those services. The non-participating Dentist Fee may be less than what your dentist charges and you will be responsible for paying that difference.



Finding In-Network Dentists

You pay less for services when you use a dentist in the Delta Dental network. You can find an in-network dentist by visiting www.DeltaDentalINC.com or calling 800-971-4108

Vision Coverage

The City of Newton offers two vision plans through Community Eye Care, the Eyewear Plan and the Comprehensive plan, that helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed. CEC has the largest provider network in North Carolina, encompassing more than 1,600 providers across the state. With so many providers to choose from, virtually every CEC member will be able to see their preferred provider in-network.

Eligibility: 40 hours or more per week.



	The Benefit
Comprehensive Plan	<ul style="list-style-type: none"> • Eye exam once a year (\$10 copay) • \$130 allowance for eyewear annually (\$15 copay) • Contact lens fitting, re-fit, or evaluation once a year (\$15 copay)
Eyewear Plan	<ul style="list-style-type: none"> • \$130 allowance for eyewear annually (\$15 copay)



SUNGLASSES ARE IN!

Non-prescription eyewear, including sunglasses, is included in your CEC vision plan. Other non-prescription eyewear such as blue-light blocking glasses, safety glasses, and readers are also included. If you don't need corrective lenses, you can use the allowance for sunglasses!



VISION - Out-of-Network

CEC allows you to use your full benefit when visiting an out-of-network provider. You'll need to submit an out-of-network claim form and you will be reimbursed for the cost of the exam (minus the copay) and for the cost of the eyewear, up to the amount of the eyewear allowance (minus the copay). Note that copays for out-of-network visits are deducted from reimbursements.

Reimbursement generally occurs within 60 days of submission. To learn more about filling an out-of-network claim, go to

<https://www.cecvision.com/oonform>.

Finding In-Network Eye Doctors

You can find an in-network eye doctor in the Community Eye Care network by visiting www.cecvision.com or calling 888-254-4290.



Life, AD&D and Disability Insurance

Life and AD&D Insurance*

The City of Newton provides basic life and accidental death and dismemberment (AD&D) insurance through The Hartford at no cost for eligible employees. The City will automatically enroll you in this coverage.

Eligibility: 40 hours or more per week.



Employer Paid	How it Works	Basic Life and AD&D Benefit **
Life	Your beneficiaries receive this benefit if you pass away	Employee Benefit: 1 times your annual salary up to \$100,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Included with Life Coverage

* No Payment for DUI/DWI

**Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.



Keep Your Beneficiaries Up to Date

Please complete the beneficiary designation form to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance and turn into Human Resources. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Voluntary Benefits from The Hartford

Voluntary Dependent Life

You may also purchase life insurance for your spouse and your child(ren). Coverage may only be elected for dependents when you elect coverage for yourself. Any child(ren) must be at least 15 days old and under the age of 19 (or under age 25 if full-time student). Eligibility: 40 hours or more per week.

Employee Paid	Basic Life
Spouse	\$5,000
Child(ren)	\$2,500

Voluntary Disability Insurance

The City of Newton also offers Short Term Disability insurance through The Hartford. This benefit replaces a portion of your income if you become disabled and are unable to work.

Employee Paid	How it Works	Who Pays for the Benefit
Short-term Disability	You receive 60% of your income up to \$800 per week. Benefits begin on the 30th day of absence from work for both illness and injury and will continue for up to 26 weeks.	Employee

If you do not elect coverage when it is first offered to you, you are considered a late entrant and evidence of insurability is required for the full coverage amount. You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

Healthy Outcome Initiative Program



City of Newton Healthy Outcomes Initiative 2024 - 2025

To avoid for the health plan premium penalty of **\$10 per week**, City of Newton employees are required to participate in the Healthy Outcome Initiative. Participation is achieved by completing the following:

- 1) Employees must complete the health risk assessment (included) July 1 – October 31, 2024.
AND
- 2) Employees must have an Annual Routine Physical / Well Visit July 1—October 31, 2024. (*Ensure your doctor's office codes the appointment as a routine physical to avoid copay charge*).
AND
- 3) Employees must attend a one-hour information session with a nutritionist during the month of October. The City will arrange for a nutritionist to be available at safety meetings in September.

Participation in the Healthy Outcome Initiative Program is completely voluntary. Your participation will be verified by BCBS billing and reports. The information provided will not include any HIPPA protected information.

Healthy Outcome Initiative Form

To avoid for the health plan penalty of \$10 per week, City of Newton employees are required to participate in the Healthy Outcome Initiative. Participation is achieved by completing the following:

- 1) Employees must complete the health risk assessment (included) July 1 – September 30, 2022.
AND
- 2) Employees must have an Annual Routine Physical / Well Visit July 1 – September 30, 2022. (Ensure your doctor's office codes the appointment as a routine physical to avoid copay charge).
AND
- 3) Employees must attend a one-hour information session with a nutritionist during the month of September. The City will arrange for a nutritionist to be available at safety meetings in September.

Participation in the Healthy Outcome Initiative Program is completely voluntary. Your participation will be verified by BCBS billing and reports. The information provided will not include any HIPPA protected information.

I will submit a note to the health office from my doctor verifying that I have had a physical/well visit July 1 – September 30, 2022.

Please check:

I wish to participate. I understand that if I fail to comply with the above three activities before the specified dates, the \$10 premium deduction will be retroactive to the first direct deposit in August.

I do not wish to participate in the Healthy Outcome Initiative Program and understand that I will be charged a \$10 premium surcharge for my health insurance beginning with the first direct deposit in August.

Changes will NOT be accepted outside of open enrollment. HR reserves the right to amend this agreement in the event of an unforeseen circumstance relating to an employee's health.

Name _____ Date _____

Signature _____

NEWTON
BRILLIANT LEGACY • BRIGHT FUTURE

You **MUST** complete the Healthy Outcomes Initiative Form regardless of your selection to participate in the Healthy Outcomes Initiative and turn in to Human Resources.

Coverage Costs

Below is an overview of your benefit coverage costs.

Total Weekly Cost for Medical Coverage

Coverage Tier	Employee Cost/Week	Monthly Premium	City Cost
Employee Only	\$0.00	\$0.00	\$777.00
Employee + Spouse	\$166.85	\$723.00	\$777.00
Employee + One Child	\$64.38	\$279.00	\$777.00
Employee + Children	\$128.77	\$558.00	\$777.00
Employee + Family	\$320.77	\$1,390.00	\$777.00

Total Weekly Cost for Voluntary Dental Coverage

Coverage Tier	Employee Cost/Week	Monthly Premium	City Cost
Employee Only	\$8.02	\$34.76	\$0.00
Employee + Spouse	\$14.72	\$63.78	\$0.00
Employee + Child(ren)	\$13.96	\$60.49	\$0.00
Employee + Family	\$26.38	\$114.30	\$0.00

Total Monthly Premium for Voluntary Vision Coverage

Coverage Tier	Eyewear Plan	Comprehensive Plan	Employer Cost
Employee Only	\$6.43	\$7.96	\$0.00
Employee + Spouse	\$12.64	\$15.36	\$0.00
Employee + Child(ren)	\$11.98	\$14.57	\$0.00
Employee + Family	\$19.28	\$23.32	\$0.00

Total Monthly Life and Accidental Death & Dismemberment Insurance Premium (per \$1,000 of coverage)

(1X annual salary for Employee Life / AD&D; no payment for DUI/DWI)

Coverage Tier	Employee Cost	City Cost
Employee Life and AD&D	\$0.00	\$0.203 per \$1000
Dependent Life (\$5,000 Spouse, \$2,500 Children)	\$1.130 per unit	\$0.00

Voluntary Short-Term Disability (Monthly Cost)

To calculate your monthly premium amount, use the following formula.

$\div 52 =$	$\times 60\% =$	$\div 10 =$	$\times \$0.2850 =$	
Your Annual Earnings	Your Weekly Earnings	Weekly Benefit Max = \$800	Rate	Premium Amount

Employee Assistance Program

The employee assistance program provides free, **confidential**, professional assistance to help employees and their families resolve problems affecting their personal lives or job performance. In addition to being **confidential**, the program is voluntary—it's designed to allow employees or anyone living with an employee to seek help on their own. Typical problem areas are:

- Marriage Difficulties
- Alcohol & Drugs
- Stress/Anxiety
- Communication Issues
- Vocational
- Depression
- Parent/Child
- Anger Management
- Legal
- Financial
- Medical
- Sleep Difficulties

The City covers the first five (5) visits for free.

If further assistance is needed, the employee's health insurance will be considered. If services are needed which are not covered by health insurance, the counselor will try to help the employee minimize costs by making referrals to the most appropriate agency. These costs are the employee's responsibility, but services are often available which are based on the individual's ability to pay. The Counseling Group serves most EAP users in three to four sessions.



Locations

Hickory Office (main)

106 3rd Ave., NE
Hickory, NC 28601
Phone: (828) 322-8736
Fax: (828) 322-7890

Morganton Office

305 E Union Street, B113
Morganton, NC 28655
Phone: (828) 322-8736

Lenoir Office

808 Harper Avenue
Suite 203
Lenoir, NC 28645
Phone: (828) 322-8736

www.thecounselinggroup.com

To Schedule an Appointment

If you or family member need help, call the Hickory main office to schedule a private appointment or answer any questions.

(828) 322 - 8736

Office Hours: 8:30am to 5:00pm M-F

Evening appointments available M, T, and W

If you need to talk to a counselor after hours, please call (828) 322-9130. Our counselors are on call 24/7.

STRICTLY CONFIDENTIAL



Retirement Plans

Retirement Savings Plans

The City of Newton offers a 401(k) plan and a 457 plan. Participation in these plans is voluntary.

Your 457(b) deferred compensation plan

A 457(b) deferred compensation plan is a retirement plan offered by your employer, created to allow public employees like you to put aside money from each paycheck toward retirement. A deferred compensation plan can help bridge the gap between what you have in the local government retirement system and Social Security, and how much you'll need in retirement.

Your 401(k) qualified retirement plan

The City of Newton offers a 401(k) plan with a wide variety of investment options to help you prepare for retirement. Employees are fully vested from their first contribution.

- **Contributions** - You can contribute either a percentage of pay or a flat dollar amount per pay period (Ex \$25/pay period) to the City of Newton 401(k) plan. Minimum contributions are \$5 per week. For 2024 the limit is \$23,000. For individuals 50 or older in 2024 the additional "catch-up" contribution limit is \$7,500, bringing the total an individual age 50 or older can contribute in 2024 to \$26,000. Your contributions can be pre-tax or after-tax Roth contributions.



For more information about your retirement options, please contact the Human Resources Department.

Local Governmental Employees' Retirement System (LGERS)

One of the best pension plans in the country, according to S&P Global, LGERS is administered by the North Carolina Total Retirement Plans within the Department of State Treasurer. Contributions are invested by the Department of State Treasurer and are protected by the Constitution of North Carolina from being used for purposes other than retirement system benefits and expenses. LGERS is a defined benefit plan qualified under Section 401(a) of the Internal Revenue Code. Defined benefit plans use a formula to calculate monthly retirement benefits once eligibility requirements have been met. Employees, employers, and investment earnings on total contributions pay the costs of providing retirement benefits. Currently, an employee's share of the cost is 6% of eligible wages as defined by statute. Pre-tax contributions are deducted before any federal or state income taxes are deducted, which reduces employees' taxable income. Once employees have completed at least five years of creditable service, they become vested. Being vested means employees are eligible to apply for lifetime monthly retirement benefits based on the retirement formula in effect at retirement and the age and service requirements of the retirement system, provided employees do not withdraw contributions.

Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	BCBSNC	877-275-9787	www.bcbsnc.com
Prescription Drug	BCBSNC	877-275-9787	www.bcbsnc.com
Telehealth	Teladoc	800-835-2362	www.teladoc.com
Dental	Delta Dental NC	800-971-4108	www.deltadentalnc.com
Vision	Community Eye Care	888-254-4290	www.cecvision.com
Life and AD&D	The Hartford	Customer Service: 800-523-2233 Claims: 888-563-1124	www.thehartford.com
Disability	The Hartford	Customer Service: 800-523-2233 Claims: 800-549-6514	www.thehartford.com
Employee Assistance Program	The Counseling Group	828-322-9130	www.thecounselinggroup.com
401k/457	NC Plans	866-627-5267	www.myncplans.empower-retirement.com
Local Government Employees Retirement System	O.R.B.I.T.	919-695-4304	www.orbit.myncretirement.com

City of Newton

Human Resources Department

Brandon Elrod – Human Resources Director

Phone: 828-695-4321

Email: belrod@newtonnc.gov

Addie Williams - Human Resources Analyst

Phone: 828-695-4260

Email: awilliams@newtonnc.gov

Daniela Gruver—Human Resources Technician

Phone: 828-695-4304

Email: dgruver@newtonnc.gov

Deana Adkins - City Nurse

828-695-4318

Email: nurses@newtonnc.gov



Notice of Creditable Coverage

Important Notice from City of Newton 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 City of Newton and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Newton has determined that the prescription drug coverage offered by the medical plan 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 to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current City of Newton coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current City of Newton coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the City of Newton Benefit Plan.

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 City of Newton 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.

Legal Notices

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Newton 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).

Date: July 01, 2024
Name of Entity/Sender: City of Newton
Contact—Position/Office: Brandon Elrod - Human Resources Director
Office Address: 401 N Main Ave
Newton, North Carolina 28658-3101
United States
Phone Number: 828-695-4321



Legal Notices

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=enUS Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Legal Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

Legal Notices

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

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

Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

City of Newton is committed to the privacy of your health information. The administrators of the City of Newton Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Brandon Elrod - Human Resources Director at 828-695-4321 or belrod@newtonnc.gov.

HIPAA Special Enrollment Rights

City of Newton Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the City of Newton Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Brandon Elrod - Human Resources Director at 828-695-4321 or belrod@newtonnc.gov.

Legal Notices

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Discrimination is Against the Law

The City of Newton complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The City of Newton does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The City of Newton:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◇ Qualified sign language interpreters
 - ◇ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ◇ Qualified interpreters
 - ◇ Information written in other languages

If you need these services, contact the Human Resources Director.

If you believe that The City of Newton has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Human Resources, 401North Main Avenue Newton, NC, 828-695-4321, belrod@newtonnc.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Human Resources Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

Legal Notices

Women’s Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (“WHCRA”). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

PPO Plan (Individual: 20% coinsurance and \$1,500 deductible; Family: 20% coinsurance and \$3,000 deductible).

If you would like more information on WHCRA benefits, please call your Plan Administrator at 828-695-4321 or belrod@newtonnc.gov.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA ****

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. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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.

Legal Notices

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."

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; 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 within 60 days after the qualifying event occurs. You must provide this notice to: Brandon Elrod.

How is COBRA continuation coverage provided?

Once the Plan Administrator 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.

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 the Plan Administrator 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.

Legal Notices

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 the Plan 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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Legal Notices

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified 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.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator 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 the Plan Administrator.

Plan contact information

City of Newton
Brandon Elrod - Human Resources Director
401 N Main Ave
Newton, North Carolina 28658-3101
United States
828-695-4321



The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.