

DENTAL—Delta Dental PPO Plus Premier

ELIGIBILITY: 30 days after hire date.

Customer Service: 1-800-662-8856

Website: www.deltadentalnc.com

Plan Rates—

- Employee -\$29.00—Town pays 100%
- Employee pays for Children—\$52.00/mo.
- Employee pays for Spouse—\$29.00/mo.
- Employee pays for Family—\$63.00/mo.

Deductible—

- Employee ONLY—\$50
- Employee & Children—\$50
- Employee & Spouse—\$50
- Family—\$100

NOTE: Administered by the NC League of Municipalities and MedCost Benefit Services. Deductible plan year is January to December.

VISION—VSP Plan A

ELIGIBILITY: 30 days after hire date.

Customer Service: 1-800-877-7195

Website: www.vsp.com

Plan Rates—

- Employee -\$7—Town pays 100%
- Employee & Children—\$6/mo.
- Employee & Spouse—\$6/mo.
- Family—\$13/mo.

NOTE: You don't need an ID card or claim form. Go to the VSP website to find a participating doctor.

LIFE INSURANCE

ELIGIBILITY: 30 days after hire date

Provider: The Municipal Insurance Trust of NC

Customer Service: 1-888-624-1551

Employee ONLY—Town pays 100%. Policy pays \$10,000. For information on supplemental life insurance, contact Meredith Bailey at Town Hall.

SHORT-TERM DISABILITY

ELIGIBILITY: 30 days after hire date

Provider: The Municipal Insurance Trust of NC

Employee ONLY —Town pays 100%. Benefit pays 60% of employee's base weekly salary for up to a maximum of 26 weeks.

LONG-TERM DISABILITY

ELIGIBILITY: 30 days after hire date

Provider: The Municipal Insurance Trust of NC

Employee ONLY —Town pays 100%. Payment amount varies subject to circumstances.

OTHER BENEFITS

401K

ELIGIBILITY: immediate

Town contributes 5% of employee's base salary.

Employee may also contribute, but it is not required.

No vesting requirement.

Customer Service: 919-522-5514 or 866-624-0151

Website: www.nc401k.prudential.com

NC Retirement

ELIGIBILITY: immediate

Town contributes a % of gross salary for full time employees and a % for full time law enforcement. This rate fluctuates annually as directed by NC State Retirement System. Employee must also contribute 6 %. Employee is vested after five years of service with the Town. Includes death benefit payout of one times employee's annual salary to beneficiary (minimum \$25,000 and a maximum of \$50,000). Employee must have one year of active service to qualify for death benefit.

**Employer contribution rates may fluctuate annually as directed by the NC State Retirement System.*

Customer Service: 877-627-3287

Website: www.treasurer.state.nc.us/DSTHome/RetirementSystems/RetirementPlanningInfo

Hardship Leave Pool

The Town allows employees to contribute accumulated sick time into a pool for use by other employees if needed for emergency situations.

Employee Assistance Program

Town sponsored benefit that offers the support and resources you need to address personal, work-related, financial, legal, and health & wellness services. Online services such as a searchable provider database, learning center, skill builder training and much more. Coverage is provided for employees and their family members.

McLaughlin Young Group 1-800-633-3353

Website: www.mygroup.com

Click on Work-Life Login

Username: kurebeach1947

Password: guest

**For questions call Town Hall at 458-8216
and ask for:**

MEREDITH BAILEY or MANDY SANDERS
BENEFITS
PERSONNEL CONCERNS
WORKER'S COMPENSATION
PROPERTY CLAIMS

EMPLOYEE BENEFITS
Jan. 1, 2025- Dec. 31, 2025

Medical • Dental • Vision • Life
Flex Account • Other Benefits



Holidays

New Year's Day

Martin Luther King Day

Good Friday

Memorial Day

Independence Day

Labor Day

Veteran's Day

**Thanksgiving (three days -Wednesday -
Friday)**

Christmas - three days

Vacation

0-5 years of service 12 days/yr.

6-10 years of service 15 days/yr.

11-15 years of service 18 days/yr.

16--20 years of service 21 days/yr.

21- 25 years of service 24 days/yr.

26+ years of service 27 days/yr.

Sick Leave

12 days per year

FLEXIBLE SPENDING ACCOUNT



ELIGIBILITY: 30 days after hire date. FSA spending amount is pro-rated for new hires.

The Town provides a Healthcare Flexible Spending Account (FSA) in the form of a VISA debit card that may be used toward:

- Plan deductibles
- Drug co-pays
- Out-of-pocket dental & vision expenses
- Medical equipment (wheelchair) and Lasik eye surgery
- Related expenses for family members even if they're NOT covered on your insurance. (Family member must be eligible to be claimed on your Federal Tax Return)
- Limitations apply to over the counter items (see www.fsastore.gov or Meredith Bailey for details)
- Dependent Care FSA is also available (includes Daycare).

CARD AMOUNTS

The town contribution to your FSA MC is \$1550 each calendar year.

Employees may contribute pre-tax dollars into their FSA through payroll deductions, to a maximum of \$3,200.

The balance on your FSA VISA card must be used before December 31 of the plan year. It does not carry over to the next year. You have 90 days from December 31st to submit receipts for reimbursement.

For more information, contact Meredith Bailey at Town Hall. Plan administrator is TASC.

Customer Service: 888.704.3539
www.tasconline.com

NC State Health Plan - AETNA	70/30	80/20
EMPLOYEE MONTHLY PREMIUMS **EMPLOYEE and DEPENDENT premium rates are based on wellness activity participation by the employee		
Amount paid by Town (for employee only)	\$518.64	\$518.64
Employee Only Premium	\$25-\$85	\$50 - \$110
Employee and Children	\$218-\$278	\$305 - \$365
Employee and Spouse	\$590-\$650	\$700 - \$760
Employee and Family	\$598-658	\$720 - \$780
EMPLOYEE DEDUCTIBLES		
Individual	\$1500	\$1250
Family	\$4500	\$3750
EMPLOYEE CO-PAYS		
Office Visits/Primary Care Provider	\$45/\$30	\$25/\$10
Specialist	\$94	\$80
Preventive	\$0	\$0
Urgent Care	\$100	\$70
Emergency Room Services (Co-pay waived w/admission or observation stay)	\$337 then 30%	\$300/ then 20%
EMPLOYEE OUT OF POCKET MAXIMUM		
Individual (Medical/Pharmacy)	\$5900	\$4890
Family (Medical/Pharmacy)	\$16300	\$14670

**All amounts listed above are based on "in-network" costs * AD is After Deductible *Refer to Plan Benefit Booklet for details regarding Co-Insurance Maximums and Out of Pocket Limits* This pamphlet serves only as a quick reference tool. Please refer to your specific plan benefit booklet for additional information, or you may call 888-234-2416 with specific coverage questions. Plan benefit booklets are available at Town Hall or may be found at www.shpnc.org.*

AETNA (State Health Plan)

ELIGIBILITY: The first day of the month after hire date.

Tiered Prescription Co-Pays:

70/30 PLAN

Tier 1—\$16
Tier 2—\$47
Tier 3—Deductible/coinsurance (See handbook for additional tiers)

80/20 PLAN

Tier 1—\$5
Tier 2—\$30
Tier 3—Deductible/coinsurance (See handbook for additional tiers)
Preventative—\$0

Contact Info:

To locate a physician or healthcare facility within the AETNA network, go to www.shpnc.org.

For State Health Plan questions call:

Customer Service 855-859-0966
Benefits/Claims 888-234-2416
Prescription 888-321-3124
Mental 800-367-6143
Wellness 800-817-7044

For ID cards, change of information or additional coverage contact Meredith Bailey at Town Hall.

