Mecklenburg County offers regular full-time employees a choice of Cigna Standard or Cigna Enhanced Medical Plans.

**Common features of both plans:**
Both plans are affiliated with Presbyterian Hospital and Carolinas Medical Center.

The County pays a portion of the total cost of medical insurance for all active regular employees.

Employees can choose to cover dependents and are responsible for the additional cost.

### Medical Plan Choices for 2015

<table>
<thead>
<tr>
<th>Deductibles (Individual/Family)</th>
<th>Standard Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$500/$1,000</td>
<td>$250/$500</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$1,200/$2,400</td>
<td>$600/$1,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximums (Individual/Family)</th>
<th>Standard Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$3,000/$9,000</td>
<td>$1,500/$4,500</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$9,000/$18,000</td>
<td>$4,500/$13,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifetime Maximum Benefit</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>40%</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-insurance</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>40%</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>$25 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$40 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Preventative Care</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Routine Gynecological Exam</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Maternity</td>
<td>$35 copay (first visit)</td>
<td>$25 copay (first visit)</td>
</tr>
<tr>
<td>Surgery</td>
<td>20% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>Allergy Injection (by non-physician)</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Diagnostic X-Ray/Lab (in doctor’s office)</td>
<td>100% after copay</td>
<td>100% after copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital/Facility</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>20% after Deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>20% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% coinsurance $150 copay</td>
<td>20% coinsurance $150 copay</td>
</tr>
</tbody>
</table>

| Urgent Care Center                        | $25 copay     | $20 copay     |

<table>
<thead>
<tr>
<th>Retail Prescription Drugs (30 day supply)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Generic</td>
<td>$10 copay</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Retail Preferred Brand</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td>$25 min, $35 max</td>
<td>$20 min, $30 max</td>
</tr>
<tr>
<td>Retail Non-Preferred Brand</td>
<td>40% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>$50 min, $70 max</td>
<td>$45 min, $65 max</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail Order Prescription Drugs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 month supply for the price of 2 months</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Care</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam</td>
<td>$25 copay (one visit/24 mths)</td>
<td>$25 copay (one visit/24 mths)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Benefits/Chemical Dependency</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Facility</td>
<td>20% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>Out patient Facility</td>
<td>$40 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Office Visit</td>
<td>$40 copay</td>
<td>$35 copay</td>
</tr>
</tbody>
</table>
Cigna offers several health and wellness programs that are free to employees who are enrolled in Cigna insurance through the County.

**Healthy Pregnancy/Healthy Babies Program**
This program provides additional support from Cigna staff to expecting mothers throughout the course of their pregnancy. For more information or to enroll call –Cigna 1.800.615.2906
- Enroll in 1st Trimester $150.00
- Enroll in 2nd Trimester $75.00

**Lifestyle Management Program**
Whether you’re looking for help with weight, tobacco or stress management, our Lifestyle Management Programs are here for you. Each program is easy to use, available where and when you need it, and is always no cost to you.
1.866.417.7848 - myCigna.com

**24 Hour Nurse**
1.800.564.9286
Get the guidance on medical treatment, or assistance with a health question 24 hours a day, 7 days a week:
- Speak with a nurse, or
- Listen to recorded information on hundreds of medical topics (available in English and Spanish)

**Mail Order Prescriptions**
- Delivered to your home
- 90 day supply with refills
Save time and money by simply calling Cigna to make arrangements to transfer your existing prescription to Cigna’s mail Order Program. It’s that simple! Call Cigna at 1.800.285.4812 or enroll online myCigna.com

**Why is Cigna calling me?** Mecklenburg County offers Cigna programs to help you get healthy and live well. Cigna is excited to get to know you, so they call you at home to talk about ways to work together to help you manage your health.
Regular fulltime employees will have two options in selecting a dental plan: the Standard or Enhanced plan. Below are just a few of the differences between the two plans:

**Standard**
- Must go to a Network dentist
- Calendar Year Maximum of $1,000 per individual
- No Orthodontic coverage

**Enhanced**
- May go to any dentist
- Calendar Year maximum of $1,500 per individual
- Orthodontic Coverage (Lifetime Max $1,500 per individual)

**NOTE:** Dental cards will NOT be issued to employees. To print a dental card or to locate a provider, please go to [www.cigna.com](http://www.cigna.com).
The County offers regular fulltime employees a choice of two voluntary vision plans for a minimal premium which provides coverage for exams, lenses, frames, contacts, etc. at reduced costs.

### Vision Plan Choices for 2015

<table>
<thead>
<tr>
<th></th>
<th>Standard Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copays</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam every 12 months</td>
<td>$10</td>
<td>$0</td>
</tr>
<tr>
<td>Comprehensive Exam Materials</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Contact Lenses in lieu of eyeglasses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered-in-full Contact Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts (including disposables), the fitting/evaluation fees, and up to two follow-up visits are covered in-full. If covered disposable contact lenses are chosen, up to 6 boxes are included when obtained from a network provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Covered Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A $150.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision covered-in-full contacts. The materials copay does not apply</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames every 24 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50 wholesale frame allowance applied toward the wholesale cost of a frame at private practice providers, or a $130 frame allowance applied toward the retail price of a frame at retail chain providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses and Lens Options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The following lenses and Lens Options are Covered-in-Full every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lined bifocal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Round &amp; seg.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lined trifocal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratch Coating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic bifocals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic trifocals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enhanced Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Plan Plus:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-End Progressives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Progressives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Super ET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gradient Tint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photochromatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polycarbonate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uv &amp; scratch guard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solid Tint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV Coating (Glass)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV Coating (Plastic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platinum progressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium progressive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Out of Network Reimbursement

Standard and Enhanced Plan benefits are the same. Network copays do not apply.

- Comprehensive Exam: $40
- Lenses:
  - Single Vision: $40
  - Bifocal: $60
  - Trifocal: $80
  - Lenticular: $80
- Frames: $45
- Contact Lenses (in lieu of eyeglasses):
  - Elective: $150
  - Necessary: $210

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to UnitedHealthCare Vision for benefit reimbursement for Out of Network services.

### Laser Vision Benefit

UnitedHealthCare Vision has partnered with the Laser Vision Network of America to provide our members with access to discounted laser vision correction providers. 1-888-563-4497

### Bi-Weekly Rates

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Spouse/ Domestic Partner</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12 Month</td>
<td>10 Month</td>
<td>12 Month</td>
<td>10 Month</td>
</tr>
<tr>
<td>Standard</td>
<td>$2.23</td>
<td>$2.63</td>
<td>$4.86</td>
<td>$5.74</td>
</tr>
<tr>
<td>Enhanced</td>
<td>$4.54</td>
<td>$5.36</td>
<td>$8.73</td>
<td>$10.31</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

What is A Flexible Spending Account (FSA)?

FSA is a pre-tax program to help reduce health care and dependent care out-of-pocket expenses.

- **Health Care Spending Account** is for regular fulltime employees and eligible dependent healthcare expenses not covered by insurance like co-pays, deductibles, prescriptions, dental or vision care. You may contribute a minimum of $260.00 up to a maximum of $2500.00 per year.

- **Dependent Care Account** is for regular fulltime employees for dependent care expenses for a child under the age of 13 or a disabled spouse or dependant. If you are married, you can use this account if you and your spouse both work, are looking for work, or, in some situations, if your spouse is a full-time student. You may contribute a minimum of $260.00 to a maximum of $5000.00 per year.

Visit www.flex125.com for a complete list of eligible expenses.

---

### Annual Savings Example*:

<table>
<thead>
<tr>
<th></th>
<th>With FSA Account</th>
<th>Without Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Salary</td>
<td>35,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Pre-tax Contribution</td>
<td>1,500</td>
<td></td>
</tr>
<tr>
<td>Taxable income</td>
<td>33,500</td>
<td>35,000</td>
</tr>
<tr>
<td>Federal and State Taxes</td>
<td>(7,107)</td>
<td>(7,597)</td>
</tr>
<tr>
<td>After-Tax dollars spent on eligible expenses</td>
<td>0</td>
<td>1,500</td>
</tr>
<tr>
<td>Spendable income</td>
<td>26,393</td>
<td>25,903</td>
</tr>
<tr>
<td>Tax Savings with an FSA</td>
<td>490</td>
<td></td>
</tr>
</tbody>
</table>

*Sample tax savings for a single taxpayer with no dependents. Actual savings will vary based on your individual tax situation. Please consult a tax professional for more information.

---

**Important Note:**

You may claim expenses incurred from January 1, 2015 through March 15, 2016. Unused funds are forfeited and will not be returned to you. Claims must be filed by April 15, 2016 for reimbursement. Claims filed after April 15, 2016 will be denied.

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**How do I contribute to my FSA?**

Once you make your annual election, the amount will be deducted from your pay in equal amounts throughout the year, before taxes are deducted.

**How do I get reimbursed?**

A Flex Debit Card will be issued to you and you may use your card to be reimbursed for eligible expenses and the funds will be automatically deducted from your Spending Account. OR simply pay for the eligible expenses and then fax or mail a timely reimbursement request and receipt to be processed. Forms are available on MeckWeb intranet site.

---

**How do I contact AmeriFlex?**

Mailing Address:
AmeriFlex
700 East Gate Drive, Suite 510
Mount Laurel, New Jersey 08054

phone: 1-888-868-3539
fax: 1-888-631-1038

or visit them on the web at:
www.flex125.com
Savings and Retirement

Retirement
Mecklenburg County regular fulltime and part time employees are automatically enrolled into the North Carolina Local Government Retirement System upon their employment. Employees contribute 6% of gross wages and become vested after five years of service. The County also contributes to fund future benefits. Various retirement options are available.

Deferred Compensation
Mecklenburg County regular fulltime and part time employees have the option to supplement their pension benefit by participating in either a 401(k) plan and/or a 457 plan.

The NC 401(k) Plan is administered by Prudential Retirement.

The County offers a choice of two 457 plans:
- 457 plan administered by ICMA-RC
- NC 457 plan administered by Prudential Retirement

Employees may contribute up to a total of $17,500 to the 457 plans combined and up to $17,500 to the NC 401(k) Plan. Special catch up allowances that allow for additional contributions are available in all plans for employees who are 50 or older this year.

Mecklenburg County provides matching contributions of up to 5% of gross salary when the employee contributes to one or a combination of these plans.

The county also contributes 5% of gross salary into the NC 401(k) plan for sworn law enforcement officers as mandated by the State of North Carolina.

Contacts

Retirement
North Carolina Local Government Retirement System
Phone: 877-627-3287
Fax: 919-508-5350
Visit their website at: http://www.myNCreirement.com

457 Plan
ICMA-Retirement Corporation
Phone: 800-669-7400
Visit their website at: http://www.icmarc.org/

401(K) Plan and 457 Plan
Prudential
Phone: 866-627-5267
Visit their website at: http://www.prudential.com/ncplans

Savings Bonds
Mecklenburg County supports the US Savings Bond Program. Employees can invest in savings bonds through Treasury Direct, a free online system offered by the Department of the Treasury. Employees can begin purchasing bonds by going to www.treasurydirect.gov and creating an account. If you have any questions or need assistance, please call the Employee Services Center at 704-432-6947.
Life and Disability Benefits

Basic Term Life Insurance

Regular fulltime employees are automatically covered with basic term life insurance in the amount equal to their annual salary. Dependent/Spouse coverage of $10,000 is available.

Supplemental Term Life Insurance

The County offers fulltime employees the opportunity to purchase up to six (6) times their annual salary (or up to $1,000,000) in supplemental term life insurance. Proof of good health is not required if requested coverage does not exceed four (4) times the annual salary or $300,000 and if enrollment begins immediately upon eligibility. The policy includes an accelerated death benefit for those with terminal illnesses as well as Accidental Death and Dismemberment (AD&D) benefits. Rates are based on age, smoking habits, and amount of insurance requested.

Short Term Disability

This benefit is provided to assist a fulltime employee who is disabled due to a non-work related illness or accident. Sixty percent of the employee’s weekly earnings will be paid for up to 26 weeks, after a 25-day waiting period. Short Term Disability begins 90 days after employment and excludes pre-existing conditions.

Long Term Disability

Long Term disability replaces 40% of a fulltime employee’s salary for up to 5 years should he or she become disabled. This benefit is provided by the County for regular employees who have less than 5 years of service with the County. Employees with 5 or more years will refer to the NC Retirement System plan for benefits. Employees can also purchase an additional 20% of coverage. Restrictions apply.
Voluntary Accident Benefit

Accidents happen in places where you and your family spend the most time; at work, in the home and on the playground and they’re unexpected. How you care for them shouldn’t be.

What is Accident Insurance?

When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to the doctor’s office, urgent care facility or the emergency room for x-rays or ride in an ambulance.

• Accident Emergency Treatment - $125
• X-Ray Benefit - $30
• Ambulance - $200
• Air Ambulance - $2,000

Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental emergency. Remember, accidents can happen anywhere at any time.

• Sports Injuries
• Broken Bone
• Bee Sting
• Car Accident
• Laceration
• Insect Bite
• Lifting Injuries
• Chip a Tooth
• Knee Injury

What does the Accident Plan cover?

The Accident Plan provides you with several benefits to assist with costs associated with certain accidents both on and off the job. You have coverage 24 hours a day, 365 days a year. The benefits are paid directly to you and are offered for everyone in your family if chosen. Children are covered to the age of 25, even if they are not a full-time student. Sport injuries are covered and you have the ability to add disability protection for your spouse if you choose.

The Accident Plan covers, but is not limited to:
• Emergency Room Treatment
• Doctor’s Office / Urgent Care
• Surgical Care
• Transportation / Lodging
• Hospital Admission and Confinement
• Follow-up Care
• Physical Therapy
• Appliances
• Follow-up Visit

Other Features:
• You are covered WORLDWIDE
• This plan is portable; you can take it with you if you change jobs or retire
• You are paid benefits regardless of any other insurance you may have

YOU GET 24/7 COVERAGE

With the Accident Plan, you get a health and wellness screening benefit up to $50 per covered person per calendar year.

Wellness Benefit:
The Accident Plan provides a benefit if the covered person has one health screening test performed. This benefit is payable once per calendar year per person.

Tests include:
• Blood test for triglycerides
• Bone marrow testing
• Breast ultrasound
• CA 15-3 (blood test for breast cancer)
• CA 125 (blood test for ovarian cancer)
• Carotid doppler
• CEA (blood test for colon cancer)
• Chest x-ray
• Colonoscopy
• Electrocardiogram (EKG, ECG)
• Fasting blood glucose test
• Flexible sigmoidoscopy
• Hemoccult stool analysis
• Mammography
• Pap smear
• PSA (blood test for prostate cancer
• Serum cholesterol test to determine level of HDL and LDL
• Serum protein electrophoresis (blood test for myeloma)
• Stress test on a bicycle or treadmill
• Skin cancer biopsy
• Thermography
• ThinPrep pap test
• Virtual colonoscopy

Regular fulltime employees interested in obtaining more information or enrolling in this Voluntary Accident plan should call the Employee Services Center at (704) 432-6947.
Voluntary Cancer Benefit

The risk of developing cancer, unfortunately, is very real. In the United States, according to the American Cancer Society, 1 in 2 men and 1 in 3 women have a lifetime risk of developing cancer. 62% of the costs associated with cancer treatment are now considered out-of-pocket expenses not covered by your major medical insurance.

*If you are diagnosed with cancer, how will you pay for what your health insurance won’t?*

**Direct Costs Most Major Medical Plans Cover:**
- Hospital charges
- Surgeon fees
- Physician Fees
- Medication & drug costs
- Radiological fees
- Nursing costs

**Indirect Costs You Pay:**
- Loss of wages or salary
- Deductibles or coinsurance
- Travel expenses to/from treatment centers
- Lodging and meals
- Child care

**Only 38% of cost covered**

**With the Cancer Plan, premiums are TAX-FREE so you will receive an average savings of 30%**.

**Wellness Benefit:**
Under the cancer plan, each covered individual can receive reimbursement for up to $125.00 once per calendar year for a cancer or wellness screening. The screenings include, but are not limited to:
- Chest x-ray
- Pap smear
- Mammography
- Breast ultrasound
- PSA - blood test for prostate cancer
- Biopsy of skin lesion
- Colonoscopy

**What does the Cancer Plan cover?**
The Cancer Plan pays for a variety of inpatient or outpatient benefits related to cancer treatment including, but not limited to:
- Hospital confinement
- Ambulance
- Air ambulance
- Private, full-time nursing services

**Other inpatient and outpatient treatment benefits include a variety of other items such as those listed below:**
- Radiation/chemotherapy
- Anti-nausea medication
- Experimental treatments
- Blood / Plasma / Platelets / Immunoglobulin
- Hair prosthesis / External breast / Voice box prosthesis
- Medical imaging studies
- Peripheral stem cell transplant
- Supportive / Protective care drugs and colony simulating factors
- Bone marrow stem cell transplant.

**The Cancer Plan covers items you may not typically think of.**
Oftentimes, there are costs associated with cancer treatment that you may not typically consider. Those costs listed below are covered under the Cancer Plan.

- Travel expenses
- Companion transportation and lodging
- Surgical procedures including skin cancer
- Second medical opinions
- Anesthesia
- Prosthetic or artificial limbs
- Outpatient surgical center
- Reconstructive surgery

Other inpatient and outpatient treatment benefits include a variety of other items such as those listed below:
- Radiation/chemotherapy
- Anti-nausea medication
- Experimental treatments
- Blood / Plasma / Platelets / Immunoglobulin
- Hair prosthesis / External breast / Voice box prosthesis
- Medical imaging studies
- Peripheral stem cell transplant
- Supportive / Protective care drugs and colony simulating factors
- Bone marrow stem cell transplant.

**What else does the cancer benefit include?**
The cancer plan also offers extended care benefits such as coverage for:
- Skilled nursing care facility
- Family care
- Hospice
- Home health care service
- Waiver of Premium

Regular fulltime employees interested in obtaining more information or enrolling in this Voluntary Cancer plan should call the Employee Services Center at (704) 432-6947.
The following benefits are payable due to a covered accident or covered sickness:

- **Outpatient Surgical Procedure Benefit**
  pays a lump-sum benefit when a covered person requires a surgical procedure and is not confined to a hospital at the time of the surgery. The procedure must be performed in a hospital or an ambulatory surgical center. Refer to the outline of coverage for the calendar year maximum and the list of covered procedures.

- **Hospital Confinement Benefit**
  pays a lump-sum benefit if any covered person is confined. This benefit can help you pay for the deductibles associated with a hospital confinement.

- **Rehabilitation Unit Benefit**
  pays $100 per day up to 15 days per confinement with no more than 30 days per calendar year if any covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement.

- **Waiver of Premium Benefit**
  waives the premium for the policy and any attached riders once the named insured has been confined to a hospital for 30 continuous days. The premium is then waived as long as the confinement in a hospital or rehabilitation unit continues.

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**Voluntary Medical Bridge Benefit**

As major medical plans move toward larger deductibles and higher co-payments, you may be left with more gaps to fill. How will you cover all of those medical expenses?

Medical Bridge 3000, hospital confinement indemnity insurance, or for short, Medical Bridge, is designed to fill the gaps in your health insurance and help protect against those out-of-pocket expenses, including deductibles and co-pays, that occur when it comes to you or your family members’ healthcare.

**What is Medical Bridge and how does it work?**

The Medical Bridge Plan helps to “bridge the gaps” in your health insurance.

Take a look at the chart below to see how out-of-pocket medical expenses can quickly add up. Medical Bridge will assist you with these costs.

<table>
<thead>
<tr>
<th>EXAMPLE: 80/20 PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery:</td>
</tr>
<tr>
<td>Your Deductible:</td>
</tr>
<tr>
<td>Balance:</td>
</tr>
<tr>
<td>x 20% Co-Insurance</td>
</tr>
<tr>
<td>$1,500 Co-Insurance</td>
</tr>
<tr>
<td>+ $500 Deductible</td>
</tr>
<tr>
<td><strong>YOUR COST:</strong></td>
</tr>
</tbody>
</table>

25% of the $8,000 is YOUR responsibility without Medical Bridge

**Wellness Benefit:**

The Medical Bridge Plan pays $50 for one of the wellness tests listed below. The plan pays one test per calendar year for employee-only coverage; or two tests per calendar year combined for family coverage. This benefit helps reimburse you for part of the expense of tests you normally have each year.

- Blood test for triglycerides
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy or virtual colonoscopy
- Fasting blood glucose
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear of thin prep pap
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Serum cholesterol test for HDL & LDL
- Stress test on a bicycle or treadmill
- Thermography

**With the Medical Bridge Plan, premiums are TAX-FREE and family coverage is available.**

Regular fulltime employees interested in obtaining more information or enrolling in this Voluntary Accident plan should call the Employee Services Center at (704) 432-6947.
Mecklenburg County is committed to employee health. The myTotalHealth Employee Wellness program is designed to offer programs and services that promote health and well-being. The Wellness Ambassadors in each department can help you get connected to the program offerings.

Programs Include:

**Camp Wellness - onsite Health Fairs, Flu Shots and Mammography Screenings**

All employees are invited to participate in this annual event. Learn about new and innovate ways to stay well at our health fair. We also offer flu shots at no cost to employees and a convenient Mammography Screenings through the mobile van.

**Biometric screening**

The screenings are offered onsite to increase your awareness and identify your potential health risk for lifestyle related disease. Test measure height, weight, blood pressure, cholesterol and blood sugar.

**Health Challenges**

Health Challenges are a great way to keep your health a priority! Our team challenges are both health and activity based. The Team format helps keep you on track. Everyone is a winner when it comes to good health!

**Onsite Health and Wellness Classes**

Learn new ways to stay healthy and well at work and at home with our onsite educational classes. We offer various health and wellness topics in a Lunch and Learn format.

**Access to onsite and Park and Recreation Fitness Centers**

Our on-site fitness center is located at the Hal Marshall Building at 700 North Tryon Street. In addition, various Park and Recreation Fitness Centers around the county offer discount memberships to county employees and their families. For a complete list visit MeckWeb main page and click on the “Wellness” icon.

**Wellness Contact Information:**

Phone: 980-314-2711
Email: mytotalhealth@mecklenburgcountync.gov
Employee Assistance Program

your eap

An additional benefit provided by your employer through its partnership with Business Health Services.

What is the EAP?
Your Employee Assistance Program (EAP) provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities.

Services are available 24-hours a day, 7-days a week via a toll-free nationwide number. You and your household members can receive up to six (6) face-to-face counseling sessions (which include assessment, follow-up and referral services) per person, per problem episode, per year.

In addition, the program provides access to childcare, eldercare, legal and financial resources and referrals, as well as convenience care services.

Problems Addressed
• Stress Management
• Family Problems
• Child Care/Parenting
• Substance Abuse Issues
• Marital/Relational
• Legal/Financial Concerns
• Grief/Loss
• Work-Related Issues
• Communication
• Time Management
• Health/Wellness Issues

How Does It Work?
Help is just a phone call away. Simply call Business Health Services' toll-free number: 1.800.327.2251.

A Care Coordinator will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator then becomes your personal point of contact and will keep in touch to ensure you are satisfied with all services provided.

You can also visit us online at www.bhsonline.com for program information, wellness resources and health tips. Employees accessing the website will need to enter the user name 'MECKCO' to log on.

Program Cost
The Program is a free benefit provided and paid for by your employer. If additional help is needed, your health insurance plan may cover a portion of the costs.

Confidentiality
Business Health Services adheres to federal and state privacy laws and holds client information in the strictest of confidence. Information about a client's problem cannot be released without the written permission of that individual.
Holidays and Leave

Holidays (10 Annually—Regular Fulltime Employees)

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td>Labor Day</td>
</tr>
<tr>
<td>MLK’s Birthday</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>Good Friday</td>
<td>Friday after Thanksgiving</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>*Independence Day</td>
<td>One other day @ Christmas</td>
</tr>
</tbody>
</table>

*12 Month Employees only

Bereavement Leave

Mecklenburg County allows time away from work for the death of an immediate family member. Regular fulltime employees may take up to 24 consecutive work hours paid leave.

Leaves of Absences

There are specific types of absences which may be approved as periods of time away from work. Mecklenburg County recognizes the following types of leave. Restrictions apply.

- Administrative Leave – unpaid up to 30 days
- Family/Medical Leave – unpaid up to 12 work weeks
- Military Caregiver Leave – unpaid up to 26 work weeks
- Extended Medical Leave – unpaid up to 52 work weeks
- Extended Family Leave – unpaid up to 52 work weeks
- Military Leave
- Disaster Response Leave

Sick Leave (12 days annually)

For regular fulltime and part time employees, sick leave is accrued on a bi-weekly basis at a rate of 0.04615 hours (12 days annually) for each regularly scheduled hour worked. There is no maximum accrual limit.

Sick Leave Donation: In long-term medical situations, employees may donate sick leave to other employees subject to certain conditions.

Vacation Leave

For regular fulltime and part time employees, vacation leave begins accruing on the first day of employment. The accrual rate is based upon years of service. Employees who do not use sick leave or leave without pay for 7 consecutive pay periods earn an additional 4 hours of vacation.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>12 Month</th>
<th>10 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>10</td>
<td>8.5</td>
</tr>
<tr>
<td>2-4</td>
<td>12</td>
<td>10.2</td>
</tr>
<tr>
<td>5-9</td>
<td>15</td>
<td>12.7</td>
</tr>
<tr>
<td>10-14</td>
<td>18</td>
<td>15.2</td>
</tr>
<tr>
<td>15-19</td>
<td>21</td>
<td>17.8</td>
</tr>
<tr>
<td>20+</td>
<td>24</td>
<td>20.3</td>
</tr>
</tbody>
</table>

At the end of each calendar year, employees may carry a maximum of 30 days vacation into the New Year, and any excess leave over 30 days will be rolled into the employee’s accumulated sick leave balance.
Coverage for Eligible Family Members

County employees may cover eligible family members by paying a bi-weekly payroll deducted premium. Eligible family members include:

- Your legally married spouse
- A same sex domestic partner (affidavit required)
- You may cover a biological, foster, adopted or step-child/ren up to age 26.

Proof may be required if child or spouse has different last name than employee.

Do you have a Change in your Family and/or Financial Situation?

Family Status Change

It is the employee’s responsibility to advise the Employee Services Center within 31 days of a qualifying family status change (birth/adoption, marriage/divorce, graduation of child, death, etc) if a dependent needs to be dropped or added. After the 31 day period, no dependents can be added or dropped. Premium refunds will not be made and coverage will end as soon as the dependent becomes ineligible for coverage. See Forms and Information in this brochure for contacting the Employee Services Center.

What types of changes can I make throughout the year?

- Add or drop dependent coverage, based on a qualifying event (such as marriage, birth of a child or dependent has reached maximum age).
- Change or update your life insurance beneficiary information
- Enroll or change participation level in the 401K or 457 Defined Contribution Plan.
- Enroll or change participation in the NC529 College Savings Plan.

Need More Information?

Benefit forms and information are available to County employees on the intranet (MeckWeb). Customer Service is available by phone at our Employee Services Center at (704) 432-6947 and by email at myHR@mecklenburgcountync.gov.
STATEMENT OF
EQUAL EMPLOYMENT OPPORTUNITY AND AMERICANS
WITH DISABILITIES ACT

It is the policy of the County to provide equal employment opportunity without regard to race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law.

 Discrimination against any person in the recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law is prohibited.

 Discrimination on the basis of age, sex, or physical disability is prohibited except where age, sex, or disability requirements constitute a bona fide occupational qualification necessary for performance of the essential functions of a job.

 The County will comply with the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of a disability. The County will make reasonable accommodations upon requests of otherwise qualified disabled applicants and employees to enable them to perform essential job functions except where such accommodations may constitute an unreasonable hardship or jeopardize the health and safety of employees, applicants or the general public.
The employee benefits program is administered by Mecklenburg County
Human Resources Department
700 East 4th Street
Charlotte, NC 28202

Employees Services Center:
(704) 432-6947 phone
(704) 336-2731 fax
www.charmeck.org

For additional information about any benefits described in this brochure, please consult Mecklenburg County policies, the applicable summary plan description (SPD), or the actual plan. In the event that there is any conflict between the information in this brochure, the SPD, the policies, and/or a plan, the plan document always governs.

Participation in any of the County’s benefit plans does not create and should not be viewed as a contract of employment. While Mecklenburg County intends to provide these benefits for an indefinite period of time, it reserves the right to terminate, suspend, withdraw, amend, or modify a plan at any time. Any such change or termination of benefits will be based solely on the decision of the County.

**IMPORTANT NOTICES**

Rate Notice for 10 Month Employees

In order to provide continuous medical coverage for 10 month staff, the County deducts additional amounts in the 10 months (22 pay periods) worked to cover the approximate 2 months in the summer (4 pay periods) in which staff do not receive a paycheck and are not paying premiums.

Revised 1/2015