

2023-2024

BENEFITS

Guide



ELIGIBILITY INFORMATION



WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren or adopted children to age 26 or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

Open Enrollment: Changes made during Open Enrollment are effective **January 1, 2024 - December 31, 2024.**

To enroll online, go to <http://www.employeenavigator.com> and for medical <https://www.shpnc.org>

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

- **To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).**
- Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Summary of Benefits and Coverage (SBC)

A Summary of Benefits and Coverage (SBC) for the medical plan offered to full-time employees of Town of Leland has been prepared by our insurance carrier in accordance with the requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively referred to as "PPACA"). The SBC is available in your account online at the website listed on your ID card. If you have not registered on the website in the past, you will want to register and view this notice prior to electing coverage. A paper copy is also available, free of charge, by calling the toll-free number on the back of your ID card. Also, a paper or electronic copy is available from HR if you don't have online access or if you are not yet enrolled.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Employee Navigator

BENEFITS ENROLLMENT AT YOUR FINGERTIPS

As part of our commitment to provide you and your family with comprehensive and competitive health care coverage, we are here to support and remind you of the convenient, user-friendly resources available to you. Employee Navigator is your one-stop shop for enrolling in benefits. You can find it at **www.employeenavigator.com**. If you are a new user, you should register at www.employeenavigator.com/benefits/Account/Register. Our company identifier is **Town-of-Leland**. See below for a few reminders and helpful tips.

In order to have a successful enrollment:

- Verify your personal information, including phone numbers and email address
- Walk through each benefit and make a selection
- Name your beneficiaries
- Click “agree” at the end of your enrollment

If your enrollment is incomplete, coverage may be delayed or not effective.

To OBTAIN medical benefits you must complete enrollment in Employee Navigator AND the State Health Plan



Take Action!

If you have questions, please reach out to Human Resources at 910-332-4648 sputnam@townofleland.com

MEDICAL INSURANCE



North Carolina State Health Plan

Key Medical Benefits	January 1, 2024 - December 31, 2024	
	80/20 Plan	70/30 Plan
Deductible (per policy year)		
Individual	\$1,250	\$1,500
Family	\$3,750	\$4,500
Out-of-Pocket Maximum (combined Medical & Pharmacy)		
Individual	\$4,890	\$5,900
Family	\$14,670	\$16,300
Covered Services		
Routine Preventive Care	100% Covered	100% Covered
Office Visits	Primary Care: \$25 Copay / \$10 Copay if you use PCP on ID Card / \$0 if you use CPP PCP on ID Card Specialist: \$80 Copay / \$40 if you use CPP Specialist	Primary Care: \$45 Copay / \$30 Copay if you use PCP on ID Card / \$0 if you use CPP PCP on ID Card Specialist: \$94 Copay / \$47 if you use CPP Specialist
Urgent Care Facility	\$70 Copay	\$100 Copay
Emergency Room	\$300 Copay then Deductible then 20%	\$337 Copay then Deductible then 30%
Inpatient Hospital Stay	\$300 Copay then Deductible then 20%	\$337 Copay then Deductible then 30%
Prescription Drugs (30 day supply)		
Preventive Medications	Covered 100%	Covered 100%
Preferred Diabetic Testing Supplies	\$5 Copay	\$10 Copay
Tier 1 (Generic)	\$5 Copay	\$16 Copay
Tier 2 (Preferred Brand & High Cost Generic)	\$30 Copay	\$47 Copay
Tier 3 (Non-preferred Brand)	Deductible then 20%	Deductible then 30%
Tier 4 (Low-Cost Generic Specialty)	\$100 Copay	\$200 Copay
Tier 5 (Preferred Specialty)	\$250 Copay	\$350 Copay
Tier 6 (Non-preferred Specialty)	Deductible then 20%	Deductible then 20%

Your Share of the Cost per Semi-Monthly Paycheck (x24)	Elections	80/20 Plan	70/30 Plan
	Employee Only		\$25.00
Employee & Spouse		\$185.00	\$150.00
Employee & Child(ren)		\$85.00	\$60.00
Employee & Family		\$190.00	\$155.00

Premium rates assumes completion of the Tobacco Attestation. The premium will be \$60 higher per month if the tobacco attestation is not completed.

This is just a summary of benefits. For a complete list of Covered Services please see your Group Medical Certificate. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Understanding the Value of Your State Health Plan Coverage

You are now a valued state employee, and the taxpayers of North Carolina invest in you and your health by offering eligible employees full medical and pharmacy benefits through the State Health Plan. The state pays for the majority of your benefit, with you subsidizing the coverage for any dependents you choose to add on to the Plan.

Please note:

- Permanent employees working a minimum of 30 hours per week may enroll in the State Health Plan.
- For you and other permanent employees, your employing agency contributes nearly \$500 to your health benefit each month.
- For employee-only coverage each month, you pay \$25 on the 70/30 Plan, or \$50 on the 80/20 Plan, if you complete a tobacco attestation, plus any dependent premiums, if you choose to cover dependents.
- Non-Permanent employees working a minimum of 30 hours a week can also enroll in State Health Plan benefits, they are just different benefits.

The State Health Plan offers two health plan options: The 80/20 Plan and the 70/30 Plan.

Both plans are administered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) but benefits are paid by the state, not Blue Cross NC. You can seek care from providers in the NC State Health Plan Network or go out-of-network. However, if you stay in-network, your deductibles, copays and coinsurance will be lower. Both plans cover the same medical and pharmacy services. However, the member cost share varies by each plan.

CVS Caremark is the Plan's pharmacy manager, but your pharmacy benefits are paid by the state. Members should note that this does NOT mean members will have to go to a CVS pharmacy location for their prescriptions.

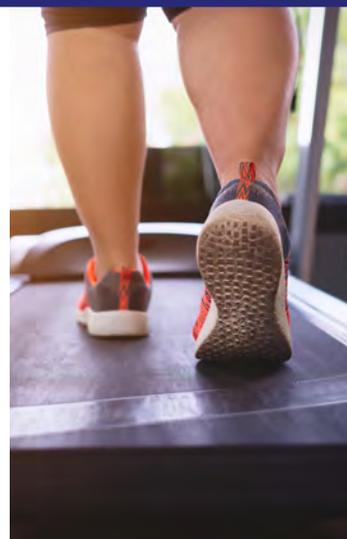
The State Health Plan utilizes a custom, closed formulary or drug list. Under a custom, closed formulary, certain drugs are not covered. If you find that your prescription is not covered, speak to your provider about possible alternatives. There is an exception process available to providers who believe that, based on medical necessity, it is in the member's best interest to remain on a non-covered drug.

80/20 Plan

This plan has higher premiums than the 70/30 Plan in exchange for lower copays and lower coinsurance. In addition, the deductible is lower on this plan than the 70/30 Plan. With this plan, Affordable Care Act preventive services and medications are covered at 100%, which means there is no charge to you. An example of such a service includes an annual physical.

70/30 Plan

This plan has lower premiums in exchange for higher copays and coinsurance. Affordable Care Act preventive services and medications are also covered at 100%, which means there is no charge to you. An example of such a service includes an annual physical.



Affordable Care Act Preventive Services and Medications lists are located on the Plan's website at www.shpnc.org.



LOWER YOUR MONTHLY PREMIUMS

By completing the tobacco attestation, you can earn a wellness premium credit that will reduce your monthly premium in both plan options. The wellness premium credit only applies to the employee-only premium. In order to receive the premium credit, you must complete the tobacco attestation within 30 days of your hire date. The tobacco attestation can be completed online through eBenefits, the Plan’s enrollment system.

2023 PREMIUM CREDIT SAVINGS	80/20 PLAN	70/30 PLAN
Employee-only Monthly Premium	\$110	\$85
Attest that you are tobacco-free or agree to visit a CVS MinuteClinic for at least one tobacco cessation counseling session.*	-\$60	-\$60
Total Monthly Employee-Only Premium: (With Credit)	\$50	\$25

**Tobacco attestation must be completed each year. For tobacco users that agree to visit a CVS MinuteClinic for a tobacco cessation counseling session, only one visit is required to receive your premium credit. One session must be completed within 60 days of your enrollment.*



Save Even More by Visiting Your Primary Care Provider

You can also save money under the 80/20 and 70/30 plans when you visit your selected Primary Care Provider as shown below.

ACTION	COPAY REDUCED TO
See your selected Primary Care Provider (or see another provider in your PCP’s office)	\$10 on the 80/20 Plan \$30 on the 70/30 Plan



HEALTH & WELLNESS RESOURCES

The State Health Plan offers telephonic coaching for disease and case management for members with the following conditions:

- chronic obstructive pulmonary disease (COPD)
- congestive heart failure
- coronary artery disease
- diabetes
- asthma
- cerebrovascular disease
- peripheral artery disease

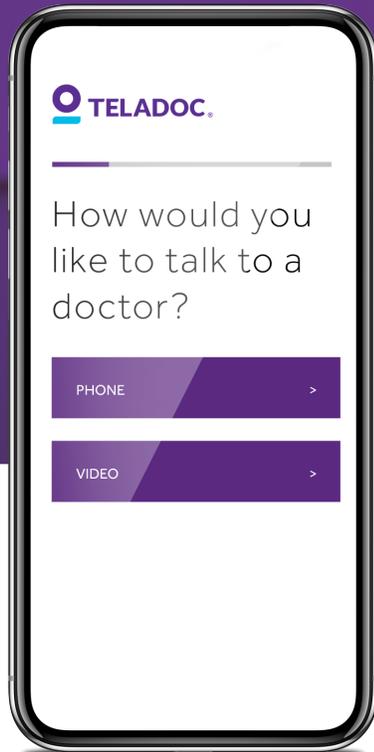
Case management will also be provided for members with complex health care needs and with conditions such as chronic and end stage renal disease. Eligible members will receive more information about these services.

Blue365: A Wellness Resource and Discount Program for Healthy Living

As State Health Plan members, you can save money, live healthier and find great member discounts on fitness and health tools through Blue365®. Staying healthy and active is easy and affordable. It's the best investment you can make in your future. Blue365, offered through Blue Cross NC, is a simple way to access trusted wellness resources, and valuable offers like these:

- Fitness: Gym memberships and fitness gear
- Personal Care: Vision and hearing care
- Healthy Eating: Weight loss and nutrition programs
- Lifestyle: Travel and family activities
- Wellness: Mind/body wellness tools and resources
- Financial Health: Financial tools and programs

To access Blue Connect, visit the State Health Plan's website at www.shpnc.org and click eBenefits to log into eBenefits, the Plan's enrollment system. Once you're logged into eBenefits, you will see a Blue Connect Quick Link. Once you are in Blue Connect, look for the Blue365 tab. Members must register to use Blue365 services. You can also find more information in your benefit booklet and by calling 855-511-2583, 8 a.m. - 6 p.m., Monday-Friday.



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HEALTH REIMBURSEMENT ARRANGEMENT (HRA)



Paylocity

If you are enrolled under the MEDICAL PLAN offered by Town of Leland you will also be eligible for the Health Reimbursement Account. With this account, Town of Leland will help fund a portion of your medical deductible.

Employees can utilize the **\$1,500 HRA maximum reimbursement amount as of 1/1/2024** for any Section 213 out of pocket medical expenses incurred within the plan year.

Employees can either use the Paylocity Debit Card or incur an eligible expense and obtain the itemized receipt/tag or EOB. The receipt must show the date of service, amount, provider, and patient who incurred the service. Submit the itemized receipt along with a copy of your Claim Form to Paylocity for processing.

FLEXIBLE SPENDING ACCOUNT (FSA)



Paylocity

Town of Leland provides you with an opportunity to participate in two different Flexible Spending Accounts (FSAs) administered through Paylocity. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income tax, Social Security tax, and Medicare tax.

Health Care FSA

For 2024, you may contribute up to **\$3,050** to cover eligible health care expenses incurred by you, your spouse, and your children up to age 26. **For a complete list of eligible health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.**

NOTE: If you are enrolled in an HDHP HSA medical plan, you are not eligible for this plan, but can enroll in a LIMITED Health FSA. A Limited FSA covers eligible Dental and Vision expenses only.

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). **For a complete list of eligible dependent care expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- Health Care FSA: If you do not use the money contributed, it will NOT be returned to you.
⇒ *plan includes a \$500 Carryover*
- Dependent Care FSA: Unused funds will NOT be returned to you or carried over to the following year.

DENTAL INSURANCE



Mutual of Omaha

- Save money using a network provider (<http://www.mutualofomaha.com/dental>)
- If you do not enroll when first eligible, late entrant penalties may apply.
- Before treatment begins for a service estimated to be more than \$200, it is recommended that your dentist file a dental treatment plan with the carrier. The dental carrier will provide a written response indicating benefits that may be payable for proposed treatment.

Key Dental Benefits		Dental Benefit Notes
Deductible (Calendar Year)		
Individual	\$0	No Deductible for In or Out of Network Benefits
Family	\$0	
Benefit Maximum (Calendar Year; Preventive, Basic, and Major Services combined)		
Benefit Period Max	\$2,000	Per covered individual
Rollover Feature	You are eligible for \$500 rollover each calendar year if less than \$1,000 of services are used. You may accumulate up to an additional \$2,000 maximum to be added to your current maximum. You must receive services to be eligible for roll-over each year.	
Orthodontic Lifetime Max	\$2,000	Dependent children benefit to age 26 if braces / appliance placed by age 19
Covered Services		
Preventive Services	0%	Exams, X-Rays, Fluoride, Cleaning, Sealants, Space Maintainers
Basic Services	20%	Palliative Treatment, Periodontal Maintenance, Brush Biopsy, Cancer Screening, Fillings, Stainless Steel Crowns, Simple Extraction
Major Services	50%	Surgical Extraction, Oral Surgery, General Anesthesia or IV Sedation, Endodontics, Periodontics, Dentures, Bridges, Cast Crowns, Inlays, Onlays, Labial Veneers, Implants
Orthodontia	50%	Diagnostic, Active, Retention Treatment, Harmful Habit Appliance for dependent children to age 16. Orthodontia Bands/appliances must be placed prior to the Dependent child turning age 19 for these benefits to be payable

This is just a summary of benefits. For a complete list of Covered Services please see your Group Dental Certificate. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Your Share of the Cost per Semi-Monthly Paycheck (24x)	Elections	Dental
	Employee Only	\$0.00
	Employee & Spouse	\$9.00
	Employee & Child(ren)	\$16.00
	Employee & Family	\$28.00

VISION INSURANCE



Community Eye Care

Key Vision Benefits	In-Network Benefit	Out-of-Network Reimbursement
Vision Plan Available Using Community Eye Care Network		
Exam (once every year)	\$25 Copay	
Eyewear Allowance (once every year)	\$25 Copay then \$200 Allowance for Eyewear Annually Can be used for: Frames, Lenses, Contact Lenses, Special Lenses Options and Non-Prescription Eyewear	
Contact Lens Fitting, Re-Fit or Evaluation (once every year)	\$25 Copay	

This is just a summary of benefits. For a complete list of Covered Services please see your Group Vision Certificate. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Your Share of the Cost per Semi-Monthly Paycheck (24x)	Elections		Vision
	Employee Only		\$0.00
	Employee & Spouse		\$2.00
	Employee & Child(ren)		\$2.00
	Employee & Family		\$4.00

LIFE + AD&D INSURANCE



Mutual of Omaha

Town of Leland provides full-time employees with a Group Term Life and Accidental Death and Dismemberment (AD&D) insurance benefit through Mutual of Omaha and at **NO COST** to you.

Life Insurance provides your named beneficiary with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Employee Basic Life (Company-paid)

Benefit Amount*	\$50,000
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REMINDER: Update your beneficiary! Unlike other benefits that require a qualifying event to make changes – you can change your beneficiary when needed. Log in to Employee Navigator to make any updates!

*Benefit reduces per age schedule—35% Age 65, 50% Age 70. Please refer to your Group Life Certificate for details. This is a summary of benefits. Please refer to your Group Life Certificate for details.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Mutual of Omaha

All full-time benefit eligible employees are covered automatically in the Employee Assistance Program through Mutual of Omaha. The Program is available to all full time employees and their immediate family members at **NO COST**.

This is a completely confidential counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial issues, and other personal stress issues. Three (3) face to face sessions and unlimited phone support are included.

You can contact the Mutual of Omaha Employee Assistance Program toll free at 800-316-2796, or you can visit their website at www.mutualofomaha.com/eap.



Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.

When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.

Mutual of Omaha's Employee Assistance Program (EAP) assists employees and their eligible dependents with personal and job-related concerns, including:

- ✓ Emotional well-being
- ✓ Family and relationships
- ✓ Legal and financial
- ✓ Healthy lifestyles
- ✓ Work and life transitions

EAP Benefits

As an employee, or eligible dependent, of your company your EAP benefits include:

- ✓ Access to EAP professionals 24 hours a day, seven days a week
- ✓ Information and referral services
- ✓ Service for employees and eligible dependents
- ✓ Robust network of licensed and/or certified mental health professionals
- ✓ Three face-to-face sessions* with a counselor (per household per calendar year)
- ✓ Legal and financial resources
 - Online will preparation
 - Legal library and online forms
 - Financial tools & resources
- ✓ Resources for:
 - Work/life balance
 - Substance use
 - Dependent and Elder Care resources
- ✓ Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

**Face-to-face visits also can be used toward legal consultations. California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period per person.*

Highly Trained, Experienced EAP Staff

Our EAP staff members are all licensed, master's level Employee Assistance Professionals. They provide a solution-focused approach by assessing your situation and referring to the appropriate resources necessary.

What to Expect

When you call, you will speak directly to an EAP professional to receive **immediate support and guidance**.

You can entrust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP professional can assist by locating affordable solutions in your area.



EAP Consultation

Mutual of Omaha's Employee Assistance Program provides professional, confidential quality consultation, 24 hours a day.

- mutualofomaha.com/eap
- 1-800-316-2796

VOLUNTARY LIFE + AD&D INSURANCE



Mutual of Omaha

Employees who want to supplement their group life insurance benefits may purchase additional life coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

	Benefit Option*	Guarantee Issue
Employee*	Up to 5x salary to \$500,000; Increments of \$10,000	5x salary up to \$100,000
Spouse* (Based on Employees Age)	100% of Employee Amount up to \$250,000 maximum; Increments of \$5,000, minimum of \$5,000	100% of Employee Amount up to \$30,000
Child(ren)	Choice of \$5,000 or \$10,000 <i>(Please note there is not a payable benefit from birth - 14 days)</i>	\$10,000

Employees who are currently participating in the plan can increase one increments up to the Guaranteed Issue without having to provide an Evidence of Insurability (EOI) during Open Enrollment.

Evidence of Insurability (EOI)

- Required for amounts over the Guaranteed Issue
- Required for anyone enrolling outside of their new hire eligibility

**Benefit reduces per age schedule, please refer to your Group Life Certificate for details. This is a summary of benefits. Please refer to your Group Life Certificate for details.*

Voluntary Life + AD&D Rates *Spouse rate based on Employee's Age.

Employee Age	Employee/Spouse Monthly Rates per \$1,000	Child(ren) Monthly Rate per \$1,000
Under 29	\$0.111	Life (to Age 26) \$0.20
30-34	\$0.137	
35-39	\$0.154	
40-44	\$0.172	
45-49	\$0.230	
50-54	\$0.324	
55-59	\$0.579	
60-64	\$0.868	
65-69	\$1.406	
70+	\$2.476	



DISABILITY INSURANCE



NC League of Municipalities / Mutual of Omaha

Town of Leland provides you with Short-Term Disability Insurance at **NO COST** to you through NC League of Municipalities. Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.



NC League of Municipalities Short-Term Disability (Employer-paid)^	
Benefit Percentage	60%
Weekly Benefit Maximum	No Limit
When Benefits Begin	8th Day
Maximum Benefit Duration	26 Weeks
Pre-Existing Conditions	3 Month Look-Back / 12 Month Wait

This is just a summary of benefits. For a complete list of Covered Services please see your Group Disability Certificate.

^since employer pays 100% of the STD premium cost, the benefit is taxable.

Town of Leland offers Long-Term Disability Insurance at **NO COST** to you through Mutual of Omaha.

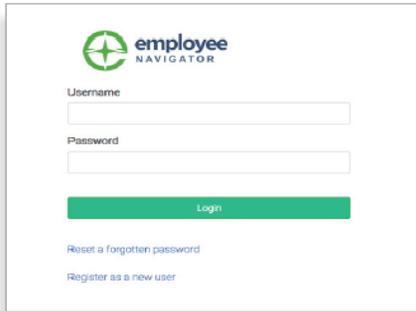
Mutual of Omaha Long-Term Disability (Employer-paid)^

Benefit Percentage	60%
Monthly Benefit Maximum	Up to \$5,000
When Benefits Begin	181st Day
Maximum Benefit Duration	Reducing Benefit Duration to Social Security Normal Retirement Age
Pre-Existing Conditions	3 Month Look-Back / 12 Month Wait

This is just a summary of benefits. For a complete list of Covered Services please see your Group Disability Certificate.

^since employee pays 100% of the LTD premium cost, the benefit is non-taxable.

ONLINE BENEFIT ENROLLMENT



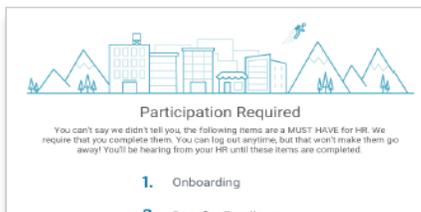
The login screen for Employee Navigator features the company logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**. If you have forgotten your username please contact HR.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

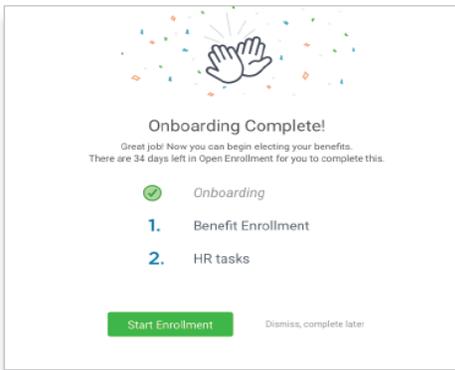
- **Company Identifier: Town-of-Leland**



The 'Participation Required' screen features a cityscape illustration at the top. Below the illustration, the text reads: 'Participation Required. You can't say we didn't tell you, the following items are a MUST HAVE for all. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.' A numbered list follows: '1. Onboarding' and '2. Benefit Enrollment'.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



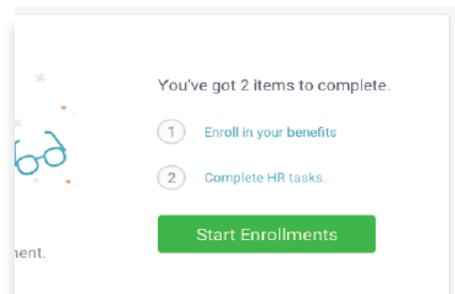
The 'Onboarding Complete!' screen features a hand icon with confetti. The text reads: 'Onboarding Complete! Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.' A progress bar shows 'Onboarding' as complete with a green checkmark. Below it is a numbered list: '1. Benefit Enrollment' and '2. HR tasks'. At the bottom, there is a green 'Start Enrollment' button and a link that says 'Dismiss, complete later'.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



The 'Start Enrollments' screen features a pair of glasses icon on the left. The text reads: 'You've got 2 items to complete.' Below this is a numbered list: '1. Enroll in your benefits' and '2. Complete HR tasks'. At the bottom, there is a green 'Start Enrollments' button.

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 08/01/19 for an employee. There are buttons for 'Compare', 'Details', and 'Selected'. Below this, a section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, Employer Contribution is \$138.46, and My Cost is \$0.00. There is a 'View employer contributions summary' button. At the bottom, there are 'Save & Continue' and 'Don't want this benefit?' buttons.

The screenshot shows the 'Enrollment Summary' page. It features a progress bar at the top right indicating 'Progress 6 of 8'. Below the progress bar is a warning box that says 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' To the right of the warning is a list of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental, 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary. Step 4, 'Dental', is highlighted in yellow. Below the list is a section for 'Enrolled Plans' showing 'Medical' with a 'Collapse' button and the plan name 'Key Care MSA PP02017-4042333 Long Plan Menu'.

Have an Insurance Question? We are here to help!



HUB International | Carolinas

The insurance industry has a language all their own! Your service team speaks that language and is ready to assist. Contact the Employee Benefits Service team for assistance, we are here to help!

Employee Benefits Service

Toll Free: (833) 367-2743

Email: CAREmployeeBenefitsService@hubinternational.com

Contact your Employee Benefits Service team for help with items such as:

- *Membership Verification*
- *ID Card Requests*
- *Enrollment and Claim Form Requests*
- *Claim Inquiries*
- *Benefit Inquiries*

Coverage	Carrier	Phone #	Website/Email
Medical	NC State Health Plan	1-855-859-0966	www.shpnc.org
Dental	Mutual of Omaha	1-800-927-9197	www.mutualofomaha.com/ dental
Vision	Community Eye Care	1-888-254-4290	www.cecvision.com
Life + AD&D	Mutual of Omaha	1-800-877-5176	www.mutualofomaha.com
Employee Assistance Program (EAP)	Mutual of Omaha	1-800-877-5176	www.mutualofomaha.com/ eap
Short-Term Disability	NC League of Municipalities	1-919-715-4000	www.nclm.org
Long Term Disability	Mutual of Omaha	1-800-877-5176	www.mutualofomaha.com

Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

