



CITY OF KINSTON EMPLOYEE BENEFITS

- 2025 – 2026 Plan Year
- Provided by – Laymon Group and J.Arthur Dail, Inc.





INTRODUCTION & DISCLOSURE

This Benefits Guide is designed to give you an overview of the benefits available to you through your employer.

For each benefit, we have provided a summary of the benefit, who is eligible, when you are eligible, and how to make changes to your elections. Also included is the cost to you if any, and where to get more detailed information about the referenced benefits.

The information in this Enrollment Guide is provided for illustrative purposes and is based on information provided by your employer. The text contained in this guide was taken from various summary plan descriptions and benefit information.

Disclosure -- While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of any discrepancy between the guide and the plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about the guide, or benefits please contact HR**



YOUR EMPLOYEE BENEFITS

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DUAL OPTION MEDICAL PLAN

BCBS of NC – Traditional – PPO Plan

BCBS of NC – High Deductible Health Plan with HSA

Eligibility & Enrollment:

As a full-time employee working 30 hours a week or more, you have the option to elect or decline coverage for yourself and your eligible dependents. *If you are enrolling as a new hire, benefit elections will be effective 30 days after your date of hire.*

Benefits You Receive:

We offer medical coverage with a dual option plan that utilizes a broad network.

To better understand your benefit costs and coverage options, please review the Summary of Benefits and Coverage (SBC).



MEDICAL PLAN COMPARISON

(BCBS OF NC)

Benefit	Traditional Plan - In-Network	HDHP Plan - In-Network
Deductible	\$1,750 Individual / \$3,500 Family	\$2,500 Individual / \$5,000 Family
Out of Pocket Maximum*	\$3,750 Individual / \$7,500 Family	\$4,000 Individual / \$8,000 Family
Preventive	100% - no deductible	100% - no deductible
Inpatient	30% Co-Insurance	20% Co-Insurance
Outpatient	30% Co-Insurance	20% Co-Insurance
Primary Care Office Visit	\$35 Co-pay	20% Co-Insurance
Specialist Office Visit	\$70 Co-pay	20% Co-Insurance
Drug Co-pays	Tier 1 & 2 - \$4 Tier 3 - \$30 Tier 4 - \$45 Tier 5 - 75% Co-Insurance	20% Co-Insurance
Emergency Room	\$300 Co-pay	20% Co-Insurance
Urgent Care	\$70 Co-pay	20% Co-Insurance
Health Savings Account	N/A	<i>Yes, employer contribution is available*</i>



MEDICAL - RATES

(MONTHLY)

Cost to You:

Your premium contributions for Medical Insurance are deducted from your paycheck on a pre-tax basis, referred to as Premium Conversion under Section 125 of the IRS Code.

Rates	Traditional You Pay	Traditional Employer Pays	HDHP You Pay	HDHP Employer Pays
Employee Only	\$65.00	\$800.30	\$65.00	\$615.00
Employee Spouse	\$985.31	\$800.30	\$656.49	\$615.00
Employee Child	\$808.84	\$800.30	\$385.30	\$615.00
Family	\$1,675.20	\$800.30	\$1,166.24	\$615.00



HEALTH SAVINGS ACCOUNT



What is an HSA?

An HSA can be funded with your tax-exempt dollars, by your employer. Dollars from the account can help pay for eligible healthcare costs (medical, dental, vision, hearing). There is no maximum number of times you can use your HSA in a plan year. You can use the funds as often as you like until funds are exhausted.

How does the HSA benefit me?

- I. Contributions are excluded from federal income tax
- II. Interest earnings are tax-deferred
- III. Withdrawals for eligible expenses are exempt from federal income tax
- IV. Unused money can be held in an interest-bearing savings or investment account
- V. Save for future healthcare expenses
- VI. Funds roll over from year to year
- VII. Account is portable



HEALTH SAVINGS ACCOUNT



Who Can Open a Health Savings Account?

According to the federal guidelines, you can open and contribute to an HSA if you:

- Are covered under a qualifying high-deductible health plan which meets the minimum deductible and the maximum out of pocket threshold for the year **(The BCBS HDHP with HSA medical plan offered by City of Kinston meets this guideline.)**
- Are not covered by any other medical plan, such as a spouse's plan
- Are not enrolled in Medicare
- Are not enrolled in TRICARE or TRICARE for Life
- Are not claimed as a dependent on someone else's tax return
- Have not used Veterans Administration medical benefits in the past three months (exceptions apply to veterans enrolled in a high-deductible health plan who either have a service-connected disability or have only accessed disregarded coverage and preventive services in the past three months)
- Do not have any disqualifying alternative medical savings accounts, like a Flexible Spending Account (FSA) or Health Reimbursement Account (HRA)



HEALTH SAVINGS ACCOUNT



How much can be contributed to an HSA?

Limits for this plan year are as follows: \$4,300 for individual coverage and \$8,550 for family coverage.

You can add up to \$1,000 more as a "catch-up" contribution if you will be age 55 or older by December 31st this year.

Note - Amounts contributed by the City of Kinston count toward these limits.

City of Kinston HSA contribution:

- ❖ The City of Kinston contributes **\$2,223.60 to your HSA annually.**
- ❖ The amount is added on a monthly basis, **totaling \$185.30 per month; \$92.65 per pay period.**

Do I need to keep receipts for all my purchases through the HSA?

If you are audited by the IRS you might be asked to produce receipts that reflect your HSA purchases for any given time period.



amazon pharmacy
MedsYourWay™

A NEW WAY to save on medicine

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is now offering access to Amazon Pharmacy,* which lets you easily order and quickly get non-specialty medicines¹ delivered at home.

Plus, you'll get access to MedsYourWay prescription drug discount card pricing. The prescription discount card² gives you up to 80% savings³ on brand and generic medicines and is seamlessly built-in to the Amazon Pharmacy experience. You can get the lowest cost available on your prescription, all while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medicines⁴ will count toward your Blue Cross NC out-of-pocket maximum.

SHOP – Easy to use

Amazon Pharmacy is just like shopping on *Amazon.com*:

- Easy sign up, which includes the option to have your account auto-populate with your prescription history
- Option for 90+ day fills
- Pharmacist on call 24/7
- Ability to manage your medicine and order history

SAVE – Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At checkout, you'll see the lowest cost available for your prescription. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, will automatically count toward your annual out-of-pocket maximum.

SHIP – Free home delivery

Skip the pharmacy line with home delivery.

- Free, fast delivery: Amazon Prime members get two-day free shipping on most orders; standard free shipping for non-Amazon Prime members is five days but can be expedited to two-day delivery for \$5.99
- Real-time package tracking from order to delivery

Start saving today

Sign up and learn more at www.amazon.com/bluecrossNC. Then click on the "Get Started" link.

For questions, call Amazon Pharmacy Customer Care at **855-963-4546**, Monday through Friday, 8 a.m. – 10 p.m. ET, and Saturday and Sunday, 10 a.m. – 8 p.m. ET.

- Open/tap the camera (app) on your smartphone.
- Point your camera over the QR code so it's clearly visible within your camera screen.
- A link will show up on your camera screen. Click on the link, and the Amazon Pharmacy Customer Care site will open.



Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

* If your plan has a mandatory mail program, you must use that program for your mail-order prescriptions and you would not be eligible to use Amazon Pharmacy.

1 Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.

2 MedsYourWay prescription drug discount card, administered by Inside Rx® LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply.

3 Patients can save up to 80% on brand and generic medications with an average of 50% savings on brand-name diabetes medicines. Actual savings will vary. Source: insiderx.com/help. (Accessed February 2022)

4 If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.

Amazon Pharmacy is an independent company that is solely responsible for the services it provides and does not offer Blue Cross or Blue Shield products or services. MedsYourWay is a prescription drug discount card, administered by Inside Rx LLC. Inside Rx LLC is an independent company that is solely responsible for the services it provides and does not offer Blue Cross or Blue Shield products or services. MedsYourWay discount card pricing is built into the Amazon Pharmacy shopping experience. You are responsible for the cost of prescription(s) when using the MedsYourWay card. Limitations apply.

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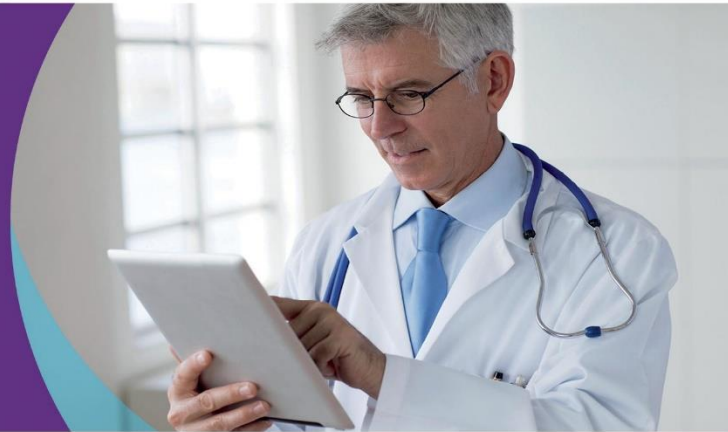


BlueCrossNC.com



**BlueCross BlueShield
of North Carolina**

So many reasons to use Teladoc®



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.
It's an affordable option for quality medical care.

<p>1</p>  <p>Talk to a doctor anytime, anywhere you happen to be</p>	<p>2</p>  <p>Receive quality care via phone, video or mobile app</p>	<p>3</p>  <p>Prompt treatment, talk to a doctor in minutes</p>
<p>4</p>  <p>A network of doctors that can treat every member of the family</p>	<p>5</p>  <p>Prescriptions sent to pharmacy of choice if medically necessary</p>	<p>6</p>  <p>Teladoc is less expensive than the ER or urgent care</p>

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

Talk to a doctor anytime

 [Teladoc.com](https://www.teladoc.com)

 1-800-TELADOC (835-2362)



Who is TargetCare?

Based in Charlotte, NC

TargetCare is a company that specializes in helping employers, like City of Kinston, develop and implement workplace wellness programs. These programs are designed to help employees understand and manage their health through on-site preventive care.



City of Kinston Health \$ense Wellness Scorecard



10

Routine Dental Cleaning (5 points each, max 2/year)

20

Flu Shot

20

Non-Tobacco/Vaping Use Declaration

30

Annual Physical

100

TargetCare Biometric Screening & Review

0-300

TargetCare Health Coaching Compliance

480

Earn up to \$480

Additional Earning Opportunities

20

COVID-19 Vaccine or Booster

20

Colorectal Screening (Colonoscopy)

20

Mammogram or Prostate Exam

20

Cervical Screening (Pap Smear)

20

Quarterly Meeting Attendance (5 pts. each)

20

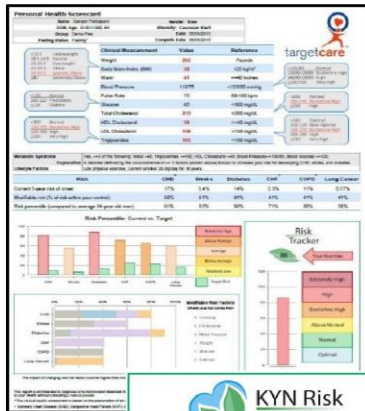
TargetCare Lunch and Learn Attendance

2+

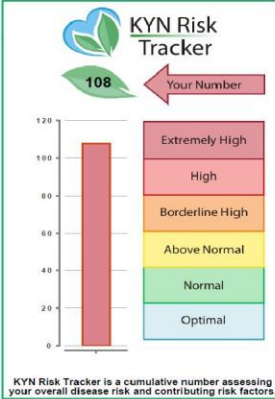
Weight Loss Program

120+

Additional Points Possible



Baseline health points will be awarded based on the results from your biometric screening. During the review session with a TargetCare Health Provider, you will learn your health Risk Score. You will have the opportunity to earn remaining points by staying compliant with the Right on Target (ROT) Health Coaching Program.



	Baseline Health Points	ROT Coaching Points
Optimal & Normal Risk Score 0-40	300	--
Above Normal Risk Score 41-60	100	200 Meet with health coach for at least 1 visit within 16 weeks
Borderline High Risk Score 61-80	50	250 Meet with health coach every 8 weeks for at least 3 visits
High Risk Score 81-100	25	275 Meet with health coach every 8 weeks
Extremely High Risk Score > than 100	--	300 Meet with health coach every 4 weeks



Right on Target Health Coaching Program

Your TargetCare health coach, Debra Glisson, RN, will guide you through your “Right on Target” visits. She has the knowledge and tools that will assist you as you reach your health and wellness goals. Make an appointment in the clinic and see her soon!

Drive behavior change & treat chronic illness with the help of our Certified RN Health Coaches

Our clinical providers are experts in coaching on:

Lifestyle & Weight Management
Disease Management
Stress & Anxiety
Hypertension
Diabetes
Tobacco Cessation and More



Meet Your Provider

Debra Glisson was born in Greenville, SC. She lived in Columbia, SC and Mt. Pisgah NC before moving to the Piedmont NC area. She attended nursing school at Randolph Community College in Asheboro, NC. For years she worked in the local hospital Emergency Room. Her main background is ER nursing. After leaving the ER she served as the hospital's night supervisor. Later she held a position as the Unit Manager for a med/surg and pediatric unit. She has held several other positions in clinics, home health, mental health, and research nursing. Most recently she works for Quest Diagnostics working in Wellness Clinics. For the past 6 months Debra has been working for the City of Kinston as their Wellness Coach.

In 2017 she met her current husband and relocated with him to the Goldsboro, NC area. Together they have 5 children and 6 grandchildren. They enjoy traveling around the USA. She enjoys watching NASCAR races, football, baseball and college basketball. Her favorite music is Country music.

Debra enjoys working with the City of Kinston, NC. She has a desire to help teach and inspire others to play an active role in their health status. She states that it is very inspirational and rewarding to see a participant achieve a goal they have set for their health care.



Debra Glisson, RN

Health Coaching Hours:

Wednesdays – 11:00 AM – 4:00 PM

Thursdays – 7:00 AM – 12:00 PM

Location:

City Complex
2360 Highway 268 S
Kinston, NC 28504





DENTAL

(SUNLIFE)

Did you know your dentist may be able to spot other medical conditions by examining your teeth and gums? More than 90% of all systemic diseases have oral signs and symptoms, such as swollen gums, mouth ulcers and dry mouth. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Eligibility & Enrollment:

As a full-time employee working 30 hours a week or more, you have the option to elect or decline coverage for yourself and your eligible dependents. *If you are enrolling as a new hire, benefit elections will be effective 30 days after your date of hire.*

Benefits You Receive:

Utilizing a dentist in their network may provide a cost savings for you as well as ease of claims filing.

Benefit	Low Plan - In-Network	High Plan – In-Network
Deductible	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family
Annual Maximum	\$750	\$1,500
Preventative – Type A	100% (Exams, Cleanings, X-rays, Sealants)	100% (Exams, Cleanings, X-rays, Sealants)
Basic – Type B	80% (Fillings, Simple Extractions, Surgical Extractions)	80% (Fillings, Simple Extractions, Surgical Extractions)
Major – Type C	20%	50% (Crowns, Inlays, outlays, Bridges)
Orthodontics -Type D	NA	50% / \$1,000 Lifetime Max



DENTAL – RATES

(MONTHLY)

Cost to You:

Your premium contributions for Dental Insurance are deducted from your paycheck on a pre-tax basis, referred to as Premium Conversion under Section 125 of the IRS Code.

Rates	Employee Only	Employee + One Dependent	Family
Carrier Rate	Low – \$24.10 High - \$33.84	Low - \$48.56 High - \$73.16	Low - \$87.40 High - \$131.64
Employer Contribution	N/A	N/A	N/A
Employee Pays	Low – \$24.10 High - \$33.84	Low - \$48.56 High - \$73.16	Low - \$87.40 High - \$131.64



VISION (METLIFE)

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems. Your vision provider can identify early signs and symptoms of conditions such as glaucoma, cataracts, high blood pressure, diabetes, heart disease and high cholesterol.

Eligibility & Enrollment:

As a full-time employee working 30 hours a week or more, you have the option to elect or decline coverage for yourself and your eligible dependents. *If you are enrolling as a new hire, benefit elections will be effective 30 days after your date of hire.*

Benefits You Receive:

Utilizing a provider in their network may provide a cost savings for you as well as ease of claims filing.

Benefit	Low Plan - In-Network	High Plan - In-Network
Eye Exam	\$10	\$0
Frames and Contacts	\$130, after \$25 copay	\$200 allowance
Contact Lens Fitting	Maximum copay \$60	Maximum copay \$60
Lasik	Discounts apply for in-network	Discounts apply for in-network
Frequency	Exam Once every 12 months Lenses or Contacts Once every 12 months Frames Once every 24 months	Exam Once every 12 months Lenses or Contacts Once every 12 months Frames Once every 12 months

*High Plan also includes a 2x Allowance for contacts or eyeglasses***



VISION - RATES

(MONTHLY)

Cost to You:

Your premium contributions for Vision Insurance are deducted from your paycheck on a pre-tax basis, referred to as Premium Conversion under Section 125 of the IRS Code.

Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Carrier Rate	Low – \$7.00 High - \$10.78	Low - \$13.50 High - \$20.31	Low - \$13.50 High - \$20.32	Low - \$20.94 High - \$32.09
Employer Contribution	N/A	N/A	N/A	N/A
Employee Pays	Low – \$7.00 High - \$10.78	Low - \$13.50 High - \$20.31	Low - \$13.50 High - \$20.32	Low - \$20.94 High - \$32.09

MetLife Basic Term Life / AD&D & Dependent Term Life



MetLife

City of Kinston Plan Benefits

Basic Life: provides a benefit in the event of death	1.5 X Basic Annual Earnings
Accidental Death & Dismemberment: provides a benefit in the event of death or dismemberment resulting from a covered accident	1.5 X Basic Annual Earnings
Plan Maximum	\$ 200,000
Non-Medical Maximum	\$ 200,000
Age Reduction Formula	35% at Age 65, 50% at Age 70
Dependent Life - Spouse	\$ 10,000
Dependent Life - Child <ul style="list-style-type: none"> • 0 - 15 Days • 15 Days - 6 Months • 6 Months and Older 	\$ 0 \$ 100 \$ 5,000
Employee Contributions <ul style="list-style-type: none"> • Basic Life • AD&D • Dependent Life 	0 % 0 % 100 %

Term Life Features¹:

- Continuation of Life Insurance while totally disabled as defined by the Group Policy^{*2}
- Accelerated Benefits Option³
- Total Control Account^{*4}
- WillsCenter.com^{*5}

AD&D Features ¹:

- Seat Belt Benefit²
- Child Care Benefit³
- Total Control Account⁴
- Air Bag Benefit⁵
- Common Carrier Benefit⁶

What Is Not Covered?

Like most insurance plans, this plan has exclusions. Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details. For AD&D coverage only, no benefit will be paid for any loss resulting from or caused or contributed to by; physical or mental illness or infirmity or the diagnosis or treatment of such illness or infirmity; an infection, other than infection occurring in an external accidental wound; suicide or attempted suicide; intentionally self-inflicted injury; war, whether declared or undeclared; or act of war, insurrection, rebellion, or riot; committing or trying to commit a felony; the voluntary intake or use by any means of any drug, medication or sedative, unless it is taken or used as prescribed by a physician, or an "over the counter" drug, medication or sedative taken as directed; alcohol in combination with any drug, medication, sedative; or poison, gas or fumes.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate, for reasons other non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides for an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

¹ Features may vary depending on jurisdiction.

² Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness.

³ The Accelerated Benefits Option (ABO) is subject to state availability and regulation.

⁴ Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

⁵ WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

⁶ The Seat Belt Benefit is a payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt or a child restraint if the insured is a child. In such case, his or her benefit can be increased by 10 percent of the Full Amount - but not less than \$1,000 or more than \$25,000.

⁷ Does not apply to Dependent Term Life

Supplemental Term Life

Metropolitan Life Insurance Company

Plan Design for: City of Kinston

Original Plan Effective Date: July 1, 2023

For All Active Full Time Employees working at least 30 hours per week

Build Your Benefit With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

	Employee	Spouse & Child	
		Spouse ¹	Child
Life Coverage: provides a benefit in the event of death Schedules:	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Non Medical Maximum	\$150,000	\$30,000	\$10,000
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below.
Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

> Voluntary Accident Insurance



If you broke a leg, would it break your bank account too?

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of City of Kinston, you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

Coverage guidelines and benefits are outlined below.



This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.
PLAN INFORMATION	
Coverage Type	24-hour (On and off-job)
Express Benefit	\$100
Annual Benefit Maximum (ABM)	Not Included
Portability	Included

> How Accident Insurance Works

(For Illustration Purposes Only)



Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

BENEFITS	AMOUNT
Ambulance	\$200
ER Visit	\$150
CT Scan	\$200
X-ray	\$50
Concussion	\$150
Broken Collarbone	\$300
Follow-Up Visit 1	\$75
Follow-Up Visit 2	\$75
Total Benefit	\$1,200

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

What is the “Express Benefit”?

This benefit is payable upon notification of an accident in which an insured person is injured. It can be paid in a short time frame with minimal information (compared to a typical claim).

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

When does this insurance end?

Insurance will end on the last day of the month in which an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy. The exclusions and limitations are summarized in the outline of coverage and detailed in the certificate. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges.

VOLUNTARY ACCIDENT INSURANCE



> Voluntary Hospital Indemnity Insurance



When you're hospitalized, expenses can add up quickly.

Hospital stays can be stressful and having to worry about the high costs of hospitalization should not be part of the recovery plan. Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs – even if they are not hospital bills.

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of City of Kinston, you have hospital indemnity coverage for yourself and your family members, and premiums can be deducted from your paycheck. Hospital indemnity supplements your existing health insurance coverage by helping pay for out-of-pocket expenses incurred due to an injury or illness that may not be covered under other insurance plans.



Coverage guidelines and benefits are outlined below.

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are hospitalized. The benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or child(ren) to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS		AMOUNTS
Hospital Admission & Confinement - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.		
Hospital Admission		\$2,000 per admission
Daily Hospital Confinement		\$200 per day
ICU Admission		\$2,000 per admission
Daily ICU Confinement		\$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)		\$75 per day
Additional Benefits		
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		\$50
Express Benefits (1 benefit per hospital admission)		\$200
SERVICES		
Hearing Discount Program	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.	

Frequently Asked Questions

Who is eligible for this insurance?

To be eligible for this insurance:

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26

Is hospitalization due to childbirth covered?

Yes, maternity is covered under this policy.

What are “Express Benefits”?

This benefit is payable upon notification of an insured person’s hospital or ICU admission. It can be paid in a short time frame with minimal information (compared to a typical hospital or ICU admission claim).

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

When does this insurance end?

Insurance will end when an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are subject to the following:

- Treatment for injury or sickness must occur on or after the insured person’s coverage effective date and while the policy is in force. The benefit amounts payable are based on the type and amount of insurance in effect on the date treatment of injury or sickness occurs, subject to the definitions, limitations, exclusions and other provisions of the policy.
- The exclusions and additional limitations are summarized in the outline of coverage and detailed in the certificate.

All exclusions may not be applicable, or may be adjusted, as required by state regulations. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for “a fixed amount per day (or other period) of hospitalization.” Anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

The information describes some of the features of your group hospital indemnity plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan’s benefits, exclusions, and limitations. Should there be any discrepancy between the certificate booklet and this document, the certificate booklet will prevail.

Hospital Indemnity insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE



> Voluntary Specified Disease Insurance



An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally and financially.

As an active employee of City of Kinston, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Specified Disease insurance through United of Omaha Life Insurance Company.

A specified disease insurance policy provides a lump-sum cash benefit upon diagnosis of a specified disease like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.	
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required.	
BENEFIT CATEGORY¹	CONDITION	% OF SD PRINCIPAL SUM
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%

Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%	
	Acute Respiratory Distress Syndrome (ARDS)	25%	
Childhood/Developmental *benefits only available to children	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%	
Cancer	Cancer (Invasive)	100%	
	Bone Marrow Transplant	50%	
	Carcinoma in Situ, Benign Brain Tumor	25%	
COVERAGE GUIDELINES ²			
	MINIMUM	MAXIMUM	GUARANTEE ISSUE ³
For You Elect in \$5,000 increments	\$5,000	\$40,000	\$30,000
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's SD Principal Sum, up to \$40,000	\$30,000
Child(ren) *benefit for each child	50% of employee's SD Principal Sum, up to \$10,000		\$5,000
ADDITIONAL BENEFITS			
Policy Benefit Maximum	The maximum payout amount is 400% of the SD Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
Health Screening Benefit	Pays a flat, annual benefit of \$150 for a health screening test.		
Additional Occurrence Benefit	Once benefits have been paid for a Specified Disease, no additional benefits are payable for that same Specified Disease for each insured person. Benefits are still payable for any other Specified Disease in the same benefit category, for each insured person.		
Reoccurrence Benefit	The reoccurrence benefit is equal to 100% of the Specified Disease principal sum.		
Portability	When insurance ends, you have the right to continue group Specified Disease insurance for yourself and your dependents.		
CONDITIONS & LIMITATIONS			
Age Reductions	When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse.		
Benefit Waiting Period	There is no benefit waiting period.		
SERVICES			
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.		
Advocacy	Advocacy services give an employee who has been diagnosed with a medical condition access to skilled clinicians and nurses for personalized, problem-solving assistance in a one-on-one setting. Call 1-866-372-5577 Monday – Friday 7 A.M. to 7 P.M. CST or email careadvocates@gilsbar.com for assistance.		

¹Payment of a partial benefit reduces the remaining amount payable in a category.

²The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

³Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

What is the additional occurrence benefit?

Once benefits have been paid for a Specified Disease, no additional benefits are payable for that same Specified Disease for each insured person. Benefits are still payable for any other Specified Disease in the same benefit category, for each insured person.

What is the reoccurrence benefit?

Once benefits have been paid for a Specified Disease, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same Specified Disease, subject to certain conditions. The reoccurrence benefit is equal to 100% of the Specified Disease principal sum.

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 12/12 which means any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any Specified Disease that:
 - Is diagnosed prior to the effective date of insurance under the Policy for the Insured Person
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from an act of declared or undeclared war or armed aggression
 - Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
 - Results from illegal activities, including participation in an illegal occupation
 - Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
 - Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Specified Disease insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010.



City of Kinston

Short Term Disability Income Protection

Eligibility:	All active full-time employees working 30 or more hours per week
Contributions:	Employee pays 100% for the cost of coverage
Benefit Percentage:	60% of weekly earnings to a maximum benefit of \$1,000 per week
Elimination Period:	7 days Injury or Illness
Definition of Disability:	<p>Residual: You are disabled when OneAmerica determines that:</p> <ul style="list-style-type: none">• You are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and• You have a 20% or more loss in weekly earnings due to the same sickness or injury.
Maximum Duration:	12 weeks
Occupational Disabilities:	OneAmerica standardly does not cover occupational losses – on-the-job disabilities are covered by Workers' Compensation.
Maternity coverage:	Yes, covered the same as a sickness.
Pre-Existing Condition Exclusion:	3/12, any claims filed within the first 12 months will be evaluated 3 months prior to the effective date for pre-existing conditions. Continuity of coverage from prior carrier is in effect.
Continuation of coverage during the following:	Active military service leave of absence, Temporary layoff, Leave of Absence, and Family Medical Leave

Note: This is not a legal document. In case of any discrepancy or question, the policy contract will be the final authority.

City of Kinston

Long Term Disability Income Protection

<i>Eligibility:</i>	All active full-time employees working 30 or more hours per week
<i>Contributions:</i>	Employee pays 100% for the cost of coverage
<i>Benefit Percentage:</i>	60% of monthly salary
<i>Benefit Maximum:</i>	\$6,000 maximum
<i>Elimination Period:</i>	90 Days
<i>Duration:</i>	SSNRA (Social Security Normal Retirement Age)
<i>Definition of Disability:</i>	2 Year Regular Occupation
<i>Pre-Existing Condition Exclusion:</i>	3/12, any claims filed within the first 12 months will be evaluated 3 months prior to the effective date for pre-existing conditions. Continuity of coverage from prior carrier is in effect.
<i>12 month Return to Work Benefit:</i>	OneAmerica will allow a disabled employee to be paid their full OneAmerica benefit and any part time earnings for the first 12 months of the disability as long as the total does not exceed 100% of his or her pre-disability income.
<i>Three Month Survivor Benefit:</i>	OneAmerica will pay 3 times your gross monthly disability payment to your survivors if, when you die, you were receiving or were entitled to receive OneAmerica disability payments and your disability had continued for 180 or more consecutive days.
<i>Rehabilitation Program:</i>	Designed to assist employees in returning back to work. Our rehabilitation specialist will provide vocational evaluation, job placement services, resume preparation, job seeking skills training, treatment plans, and child care assistance.
<i>Employee Assistance Program:</i>	A program that provides a variety of information and support services to employees and employers. Employee Assistance Program not only provides support around disabilities, but can also provide employees and employers with services and information that can help prevent disabilities.

Note: This is not a legal document. In case of any discrepancy or question, the policy contract will be the final authority.



EAP & Work-Life Services

An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. It's confidential and free to you and your household family members. Help is available 24/7/365 at 800.633.3353.

Access Your EAP & Work-Life Services

There are two ways to access your EAP and work-life services: Call 800.633.3353 or Visit mygroup.com | Click on My Portal Login | Work-Life | **Username: cokeap1** | **Password: guest**

Assessment and Counseling

Help is available 24/7/365 through our toll-free number. When employees and family members call the EAP, they are offered a face-to-face counseling session in which a thorough assessment can be conducted by a licensed, experienced clinician in their area. Reasons to use the EAP include: marital difficulties, parenting, stress, depression, work-related concerns, alcohol and drug use/abuse, grief and loss, or preventative.

Online Services

- English and Spanish sites available
- 7 content divisions: Parenting, Aging, Balancing, Thriving, Living, Working, and International
- Monthly Online Seminars and eLearning courses with certificates of completion
- Searchable databases and resource links for child care providers, elder care and related services, adoption resources, attorneys, certified financial planners, pet sitting, private and public high schools and colleges, and volunteer opportunities
- Over 100 streaming audio files and 100 video files covering a range of health topics
- Savings Center: discount shopping program offering up to 25% discounts on name-brand items
- Relocation Center: an interactive program that allows users to preview communities across the U.S.

Legal Services

- Free telephonic legal advice
- Free 30-minute appointment for legal consultation with a local attorney
- In most cases, 25% discount on ongoing legal services
- Legal forms available to download (such as wills, request for death certificate, etc.)
- Online legal encyclopedia
- Does not cover disputes or actions involving employer, EAP or business issues

Financial Services

- Free financial counseling appointments
- Issues addressed include bankruptcy, budgeting, buying a home, college savings, retirement planning
- Educational materials and financial worksheets provided prior to appointments
- 40 financial calculators available online
- ID theft recovery through credit monitoring
- Discounted credit reports



LAYMON GROUP EMPLOYEE SERVICES



We are here for you every step of the way, below are some examples of how we extend our services to you during plan years:

- Benefit Plan Inquires
- Online Enrollment via BerniePortal
- Enrollment / Coverage Discrepancies
- ID Card Assistance
- Claims Assistance
- And more...



FREQUENTLY ASKED QUESTIONS



- **Q:** When do our benefits renew?
- **A:** Your renewal anniversary date is July 1st.

- **Q:** When can I make Changes to my benefits?
- **A:** During Open Enrollment, this is normally a 1–2-week period where changes can be made without a “qualifying event” for the upcoming plan year.

- **Q:** What is a “Qualifying Event”?
- **A:** Some of the more common “QEs” are marriage, birth of a child, or change in employer; when these things occur you are eligible to make changes during the plan year, prior to open enrollment.

- **Q:** How do I submit a change?
- **A:** Via your online enrollment platform; Bernie Portal.

Open Enrollment Quick Starter Guide

Open enrollment begins:

05/05/2025

Open enrollment ends:

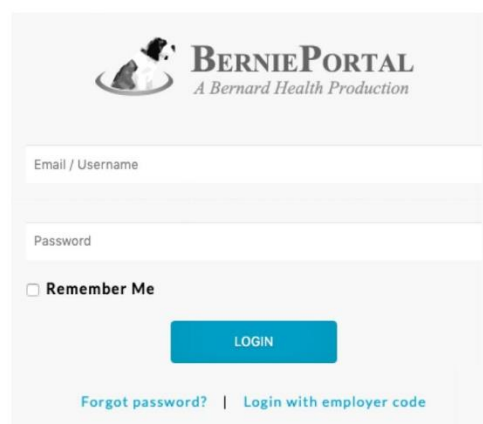
05/16/2025

Enrolling in benefits shouldn't be complicated. BerniePortal simplifies open enrollment by allowing you to enroll in benefits online.

How to log into BerniePortal

Existing BerniePortal users can log into BerniePortal by taking the following steps:

- 1 Navigate to the [BerniePortal login page](#).
- 2 Enter your email address as your username.
- 3 Type the password you created when you became a BerniePortal user.

The screenshot shows the BerniePortal login interface. At the top is the BerniePortal logo with the tagline 'A Bernard Health Production'. Below the logo are two input fields: 'Email / Username' and 'Password'. There is a checkbox labeled 'Remember Me' and a blue 'LOGIN' button. At the bottom, there are two links: 'Forgot password?' and 'Login with employer code'.

Forgot your password?

Select "Forgot password?" and create a new one.

Are you a first time BerniePortal user?

First time BerniePortal users must first create an account. You should have an email from **BerniePortal** with the subject line "**Welcome to [Company Name].**"

- 1 Open the email & go to the "New to BerniePortal?" section and click to create an account.
- 2 Create a password.

Note: Your username will be the email address that you used to create your BerniePortal account.

How to enroll in benefits via BerniePortal

[Click here for instructions on how to enroll in benefits via BerniePortal.](#) If you're having issues logging into BerniePortal, please reach out to: The Laymon Group



CONTACTS

BCBS Customer Service

- 1-888-206-4697
- <https://www.bluecrossnc.com/find-a-doctor-or-facility>

BCBS Amazon Pharmacy

- 1-855-963-4546
- <https://pharmacy.amazon.com/myw/bluecrossnc>

SunLife Customer Service

- 1-800-786-5433
- <https://www.sunlife.com/us/en/about/support/>

MetLife Customer Service

- 1-800-438-6388
- <https://www.metlife.com/>

TargetCare

- 704-333-5575 ext. 1000
- tcinfo@targetcare.com
- <https://mypathwaytohealth.com/targetcare>

City of Kinston Human Resources

- Tiffany Smith
- 252-939-3120
- tiffany.smith@ci.kinston.nc.us



CONTACTS

Mutual of Omaha Customer Service

- 1-800-228-7104
- <https://www.mutualofomaha.com/employer-based-plans/accident-insurance>
- <https://www.mutualofomaha.com/employer-based-plans/hospital-indemnity-insurance>
- <https://www.mutualofomaha.com/critical-illness-insurance>

MYGroup – Employee Assistance Program

- 1-800-633-3353
- <https://www.mygroup.com/>

OneAmerica Customer Service

- 1-800-249-6269
- <https://www.oneamerica.com/login>

Teladoc

- 1-800-TELADOC
- <https://member.teladoc.com/signin>

Laymon Group

- 910-791-2259
- Customer.service@laymongroup.com

REQUIRED NOTICES

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
City of Kinston: PPO Copay

Coverage Period: 7/1/2025 - 6/30/2026

Coverage for: Individual + Family. **Plan Type:** PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bluecrossnc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-275-9787 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: \$1,750 Individual/\$3,500 Family. Out-of-Network: \$3,500 Individual/\$7,000 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> and most services that may require a <u>copayment</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$3,750 Individual/\$7,500 Family. Out-of-Network: \$7,500 Individual/\$15,000 Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, <u>balance-billing</u> charges, health care this plan doesn't cover and penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> limit.
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-275-9787 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's <u>network</u> . You will pay the most if you use an out-of-network provider, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance billing</u>). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist?

No.

You can see the specialist you choose without a referral.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 <u>copayment</u>	50% <u>coinsurance</u>	None
	Specialist visit	\$70 <u>copayment</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge	30% <u>coinsurance</u>	-You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.--Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at	Tier 1 Drugs	\$4 <u>copayment</u>	\$4 <u>copayment</u>	-Prior authorization may be required or services will not be covered - Copayment applies to a 30-day supply -For Infertility dosage limits apply - *See Prescription Drug section.
	Tier 2 Drugs	\$4 <u>copayment</u>	\$4 <u>copayment</u>	
	Tier 3 Drugs	\$30 <u>copayment</u>	\$30 <u>copayment</u>	
	Tier 4 Drugs	\$45 <u>copayment</u>	\$45 <u>copayment</u>	

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

CGS

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
www.bluecrossnc.com/rxinfo	Tier 5 Drugs	25% coinsurance	25% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	50% coinsurance	None
	Physician/surgeon fees	30% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	\$300/No IP Admission; \$300/With IP Admission	\$300/No IP Admission; \$300/With IP Admission	None
	Emergency medical transportation	30% coinsurance	30% coinsurance	None
	Urgent care	\$70 copayment	\$140 copayment	None
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
	Physician/surgeon fees	30% coinsurance	50% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$70/office visit; 30% coinsurance/outpatient	50% coinsurance	-Prior authorization may be required or services will not be covered
	Inpatient services	30% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
	Office visits	30% coinsurance	50% coinsurance	-*See Family Planning section.

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Childbirth/delivery professional services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery facility services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need help recovering or have other special health needs	Home health care	30% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Rehabilitation services	\$70 copayment/office; 30% <u>coinsurance</u> /outpatient	50% <u>coinsurance</u>	-*See Therapies section -Combined 30 visits for physical/occupational therapy and chiropractic services.-30 visits for speech therapy., visits with mental illness diagnoses don't apply
	Habilitation services	\$70 copayment/office; 30% <u>coinsurance</u> /outpatient	50% <u>coinsurance</u>	-Habilitation services are combined with the Rehabilitation service limits listed above.
	Skilled nursing care	30% <u>coinsurance</u>	50% <u>coinsurance</u>	-Coverage is limited to 60 days . - Prior authorization may be required or services will not be covered
	Durable medical equipment	30% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered -Limits may apply
	Hospice services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services may not be covered

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	-Limits may apply
	Children's glasses	Not Covered	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Not Covered	Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Long-term care
- Cosmetic surgery
- Weight loss programs
- Dental care (Adult)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult)
- Chiropractic care
- Non-emergency care when traveling outside the U.S.
- Routine foot care other than palliative or cosmetic.
- Hearing aids
- Private duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

your rights, this notice, or assistance, contact: Blue Cross NC at 1-877-275-9787 or www.BlueConnectNC.com. You may also receive assistance from the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, if applicable.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al 1-877-275-9787.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-275-9787.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-275-9787.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-877-275-9787.

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

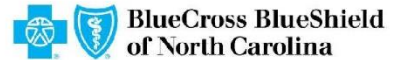
About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$1,750	■ The plan's overall deductible	\$1,750	■ The plan's overall deductible	\$1,750
■ Specialist copayment	\$70	■ Specialist copayment	\$70	■ Specialist copayment	\$70
■ Hospital (facility) coinsurance	30%	■ Hospital (facility) coinsurance	30%	■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%	■ Other coinsurance	30%	■ Other coinsurance	30%
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost		Total Example Cost		Total Example Cost	
\$12,700		\$5,600		\$2,800	
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$1,750	Deductibles	\$1,320	Deductibles	\$1,750
Copayments	\$0	Copayments	\$480	Copayments	\$420
Coinsurance	\$2,000	Coinsurance	\$0	Coinsurance	\$40
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$3,810	The total Joe would pay is	\$1,820	The total Mia would pay is	\$2,210

The plan would be responsible for the other costs of these EXAMPLE covered services.



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Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

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U38397, 5/21

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
City of Kinston: PPO Coins with HSA

Coverage Period: 7/1/2025 - 6/30/2026

Coverage for: Individual + Family. **Plan Type:** PPO




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bluecrossnc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-275-9787 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: \$2,500 Individual/\$5,000 Family Member/\$5,000 Family Total. Out-of-Network: \$5,000 Individual/\$10,000 Family Member/\$10,000 Family Total.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$4,000 Individual/\$6,550 Family Member/\$8,000 Family Total. Out-of-Network: \$8,000 Individual/\$13,100 Family Member/\$16,000 Family Total.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bluecrossnc.com/FindADoctor or call 1-877-275-9787 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-

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		network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.
 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.		

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	50% coinsurance	None
	Specialist visit	20% coinsurance	50% coinsurance	None
	Preventive care/screening/immunization	No Charge	30% coinsurance	-You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.—Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition	Tier 1 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	-Prior authorization may be required or services will not be covered *See Prescription Drug section.
	Tier 2 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
More information about prescription drug coverage is available at www.bluecrossnc.com/rxinfo	Tier 3 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	
	Tier 4 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	
	Tier 5 Drugs	20% coinsurance after deductible	20% coinsurance after deductible	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	20% Coinsurance/No IP Admission; 20% Coinsurance/With IP Admission	20% Coinsurance/No IP Admission; 20% Coinsurance/With IP Admission	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	20% coinsurance	50% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need mental health, behavioral	Outpatient services	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
health, or substance abuse services	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you are pregnant	Office visits	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-*See Family Planning section.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
If you need help recovering or have other special health needs	Home health care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Rehabilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-*See Therapies section -Combined 30 visits for physical/occupational therapy and chiropractic services.-30 visits for speech therapy., visits with mental illness diagnoses don't apply
	Habilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Habilitation services are combined with the Rehabilitation service limits listed above.
	Skilled nursing care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	-Coverage is limited to 60 days . - Prior authorization may be required or services will not be covered

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Durable medical equipment	20% coinsurance	50% coinsurance	-Prior authorization may be required or services will not be covered -Limits may apply
	Hospice services	20% coinsurance	50% coinsurance	-Prior authorization may be required or services may not be covered
If your child needs dental or eye care	Children's eye exam	No Charge	30% coinsurance	-Limits may apply
	Children's glasses	Not Covered	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Not Covered	Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Long-term care
- Cosmetic surgery
- Weight loss programs
- Dental care (Adult)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult)
- Chiropractic care
- Non-emergency care when traveling outside the U.S.
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Does this plan provide Minimum Essential Coverage? Yes

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Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-877-275-9787.

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

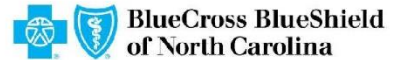
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Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$2,500	■ The plan's overall deductible	\$2,500	■ The plan's overall deductible	\$2,500
■ Specialist coinsurance	20%	■ Specialist coinsurance	20%	■ Specialist coinsurance	20%
■ Hospital (facility) coinsurance	20%	■ Hospital (facility) coinsurance	20%	■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%	■ Other coinsurance	20%	■ Other coinsurance	20%
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost		Total Example Cost		Total Example Cost	
\$12,700		\$5,600		\$2,800	
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$2,500	Deductibles	\$2,500	Deductibles	\$2,500
Copayments	\$0	Copayments	\$0	Copayments	\$0
Coinsurance	\$1,500	Coinsurance	\$560	Coinsurance	\$60
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$4,060	The total Joe would pay is	\$3,080	The total Mia would pay is	\$2,560

The plan would be responsible for the other costs of these EXAMPLE covered services.



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U38397, 5/21

Important Notice from City of Kinston 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 Kinston 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 Kinston has determined that the prescription drug coverage offered by the City of Kinston PPO Plan and High Deductible Health Plan (HDHP) 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 Kinston coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Kinston coverage, you and your dependents will be able to get this coverage back during the next plan open enrollment.

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 Kinston and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. **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 the City of Kinston 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:	April 17, 2025
Name of Entity/Sender:	City of Kinston / Tiffany Smith
Contact - Position/Office:	Director of Human Resources
Address:	207 E. King Street Kinston, NC 28502
Phone Number:	252-939-3120

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, 2025. 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.mycobibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

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>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfi/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) 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://kynect.ky.gov 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=en_US 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/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RLine Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
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, 2025, 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)