

Employee Benefit Guide



2024-25

Availability of Summary Health Information

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

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, each option has a Summary of Benefits and Coverage (SBC), which summarizes important information about the coverage options in a standard format, to help you compare across options. The SBCs for the plan options are available on the City of Thomasville Human Resources webpage at www.Thomasville-nc.gov.

MEDICARE PART D - PRESCRIPTION DRUG INFORMATION

If you or your dependents are enrolled in or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about prescription drug coverage.

Please see pages 23-24 of the Benefit Guide for more details.



To Our Valued Employees,

One of the priorities of your Elected Officials, the Administration and Human Resources is to offer you a comprehensive benefits package. Thomasville City Government is proud to offer the Benefit & Wellness package for July 1, 2024 through June 30, 2025.

I would like to take this opportunity to express my appreciation and honest thanks for your dedication and devotion to the citizens of Thomasville. Please know that your service truly makes a difference and effects positive change in the daily lives of your fellow citizens.

The City Council is committed to providing you with a competitive benefits package designed to help protect and shield you and your family's physical health, financial security and general well-being. This guide is designed to help you make informed decisions on benefits as a new hire or during our open enrollment period.

Thomasville has again partnered with Gallagher Insurance to serve as our benefits broker, and they will be providing health insurance coverage to our employees and their families through BlueCross BlueShield of North Carolina. A few years ago, Thomasville joined the North Carolina Health Insurance Pool (NCHIP). In becoming a member of NCHIP, we have joined together with other local governments from across the state to take control of our health care future by stabilizing premiums while at the same time improving the health insurance benefits we are able to offer to our employees.

Please review this benefits guide to assist you in determining your insurance needs for the upcoming plan year (July 1—June 30). This year, our focus is providing better rates for dependent care health insurance coverage. Please review the rates provided and determine if our offered rates and coverages compete with private healthcare insurance options that you may be using for your spouse or children.

Your Human Resources, Finance and Administrative team have worked very hard to make our benefits package as competitive and comprehensive as possible.

Thank you for your dedication and service to the citizens of Thomasville. We are **Building a Better Thomasville Together**.

Sincerely,

Michael M. Brandt

Michael M. Brandt
City Manager

About Your Benefits

At the City of Thomasville, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your City of Thomasville benefits. If you have any questions, feel free to reach out to Alisa Quick at (336) 475-4229 or Alisa.Quick@thomasville-nc.gov or Muffet Schuler at (336) 475-2502 or Muffet.Schuler@thomasville-nc.gov.



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Eligibility and Enrollment

You are eligible to participate in City of Thomasville's benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

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

You have 30 days from your hire date to enroll in your benefits. Your benefits begin on the first of the month following 30 days of employment.

What Will It Cost?

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

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

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

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

You have the ability to enroll in the PPO Plan administered by BlueCross BlueShield of NC (BCBSNC). Review the chart below for the amount you will pay for the medical service listed.

PPO Plan		
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance (you pay)	20% after deductible	50% after deductible
Annual Out-of-pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000
Preventive Care	FREE	30% after deductible
Office Visits		
Telemedicine	\$10 copay	N/A
Primary Care	\$25 copay	50% after deductible
Urgent Care	\$50 copay	\$50 copay
Specialist	\$50 copay	50% after deductible
Emergency Room	\$300 copay (waived if admitted)	



Per-paycheck Cost for Medical (24)

Coverage Tier	Medical Plan
Employee Only	\$0.00
Employee + Spouse	\$246.50
Employee + Child(ren)	\$196.50
Employee + Family	\$446.50

NO COPAY for 3 Primary Care visits/year

Your copay is waived for your first 3 primary care visits. To obtain this benefit, [you must register](#) your

Primary Care Physician (PCP) on

[BlueConnectNC.com](https://www.blueconnectnc.com)

Terms to Know

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

Finding In-Network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.bcbsnc.com or call **877-258-3334** to find providers in the BCBSNC network.



Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc.

Telehealth is such a convenient and effective option. We encourage you to set up your account today, so it is ready when you need it.

Convenient care for your total health

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

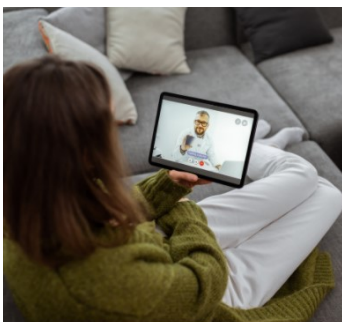
Get started today

Whether you've caught a severe cold while traveling, or are dealing with anxiety, depression or substance abuse issues, telehealth services are a great way to get the care you need when you need it.

Once your account is set up, you can see a board-certified doctor or behavioral health specialist via secure online video from your mobile device or computer. Teladoc's doctors can diagnose symptoms, prescribe non-narcotic medication, and send prescriptions to your pharmacy.

Save money

Extra convenience doesn't mean extra cost. In fact, telehealth runs less than the typical urgent care visit. And if you go to the ER for a non-emergency? Your cost can skyrocket.



Behavioral Health

- ⇒ Addictions
- ⇒ Anxiety
- ⇒ Depression
- ⇒ Grief and loss
- ⇒ Relationship issues
- ⇒ And more

PPO Plan

\$10 Copay / Visit

3 ways to sign up today

So it's ready when you need it!



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



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



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

Acute / Non - Emergent Conditions

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



Choose the therapist who best fits your needs



Schedule an appointment
seven days a week



Have a visit by phone or video
from wherever you are

Livongo for Chronic Condition Management of Diabetes, Hypertension, and Weight Management (Pre-Diabetes)

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

Livongo helps you stay on top of your health. Join today and get connected devices, personalized guidance, on-demand coaching, an easy-to-use app, and more.

Members can access Livongo from the Teladoc Health App with a single log-in. Be on the lookout for the launch of the Livongo campaign where you will be able to access the City of Thomasville's specific registration codes to participate.



Use code [BCNC2](#) to login

Login to Livongo through your Teladoc account. Answer the questionnaire to see if you qualify for these chronic condition programs!

Sign in to your account New to Teladoc?

USERNAME _____

PASSWORD _____

Forgot Username or Password?

SIGN IN

Teladoc connects you to the right care when you need it most. Talk to a doctor, therapist or medical expert anywhere you are by phone or video.

Care that fits into your life.

GET STARTED

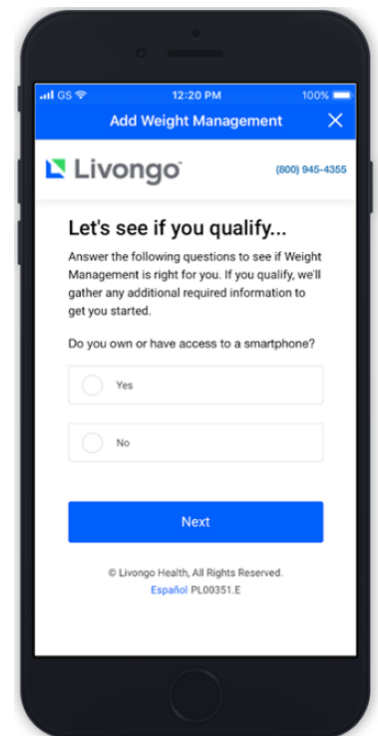
Once you've logged in, select the **"Condition Management"** card for streamlined registration and use of the Livongo app.

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

What's Included:

Diabetes

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



Teladoc
HEALTH

Livongo

Prescription drug coverage through BCBSNC is included with our medical plan. Review the chart below for the amount you will pay for the prescription drug service listed.

PPO Plan		
	In-Network	Out-of-Network
Retail (30-day Supply)		
Generic	\$10	\$10
Preferred	\$35	\$35
Non-preferred	\$60	\$60
Specialty	plan pays 75% of cost	plan pays 75% of cost

Mail Order Pharmacy - MedsYourWay™

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

Plus, you'll get access to MedsYourWay prescription drug discount card pricing. The prescription discount card gives you up to 80% savings 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 medicines will count toward your Blue Cross NC out-of-pocket maximum.

How To Use QR Code:

- 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.

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts.

Preferred Drugs

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

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring.

SHOP – Easy to use

- 24/7/365 access to a pharmacist/ Optional 90 day fills.

SAVE - Built-in drug discount card

- At checkout, you'll see the lowest cost available for your prescription.

SHIP – Free home delivery

- Prime members 2-day free shipping ; standard free shipping for non-Amazon Prime members is 5 days.

Start saving today

Sign up at www.amazon.com/bluecrossNC.

Amazon Pharmacy Customer Care: 855-963-4546
M - F 8am - 10pm and Sat - Sunday 10am - 8pm EST



amazon pharmacy

Register with Blue Connect

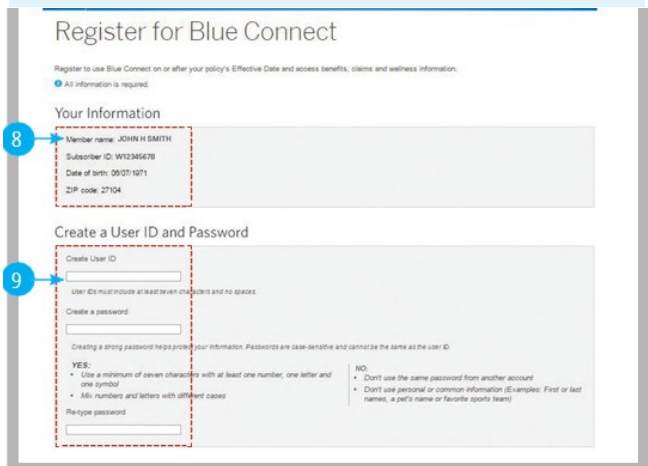
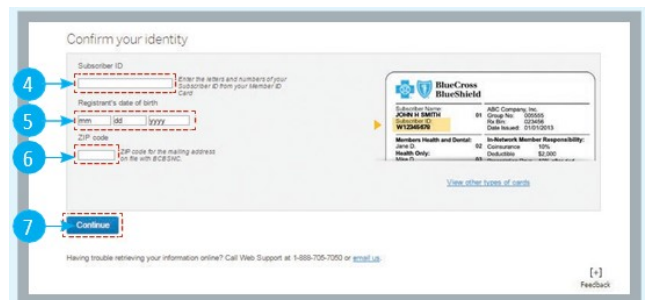
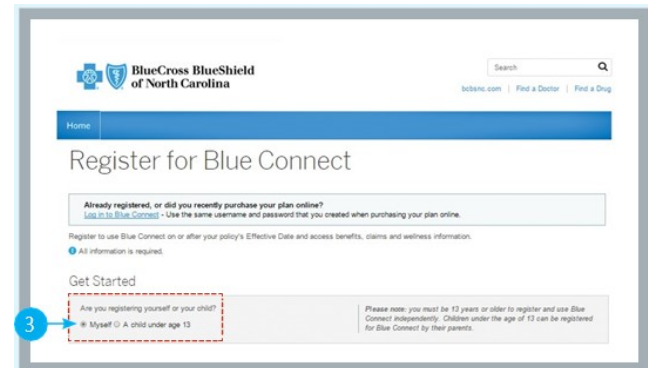
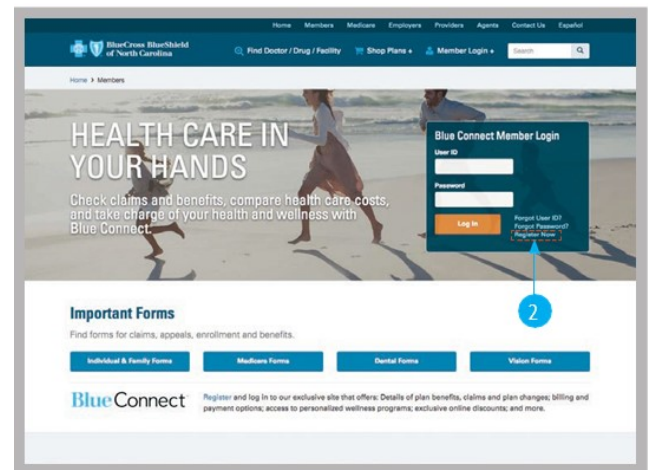
Your gateway to online tools and resources

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

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

- 1 - Go to www.BlueConnectNC.com
- 2 - Click Register Now.
- 3 - Select the correct box based on who is registering. Note: participants must register themselves unless they are under 13 years old, in which case they must be registered by one of their parents.
- 4 - To confirm your identity, enter your Subscriber ID found on your Blue Cross NC Member ID card. Your Subscriber ID contains both letters and numbers.
- 5 - Enter the date of birth of the person who is being registered. Enter the date using 2 digits for the month, 2 digits for the day and 4 digits for the year.
- 6 - Enter the ZIP code of the mailing address where you receive correspondence from Blue Cross NC regarding your health insurance.
- 7 - Click Continue to go to the next page.
- 8 - Verify that the information shown is correct and continue to step 9.
- 9 - You need to create a User ID and Password. Keep this information in a safe place. We also suggest using a User ID and Password that you can remember easily.

- The User ID must be at least 7 characters with no spaces, and can be a combination of numbers and letters.
- The Password must be at least 7 characters with no spaces, and must include a number or symbol.
- You need to enter your Password a second time to confirm it.



Blue Connect

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

11 - Enter your email address, then click Finish.

12 - Click Go to Blue Connect Home.

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

The registration form is titled "Choose a Security Question". It has two main sections. The first section, labeled with a blue circle 10, is "Choose a Security Question". It contains a dropdown menu for "Security question" and a text input field for "Your answer". The second section, labeled with a blue circle 11, is "Enter Your E-mail Address". It contains a text input field for "Enter your e-mail address" and a smaller text input field for "Re-type your e-mail address". Below the input fields, there is a "FINISH" button. At the bottom, there is a "CANCEL" button and a "Feedback" link.

The dashboard is titled "NC BlueConnect" and shows a user profile for "JOHN SMITH" with a "Log Out" link. A "Go to Blue Connect Home" button is highlighted with a red dashed box and a blue circle 12. Below this, there are several tiles for "View Your Bill", "View Your Claims", "View Your Benefits", "Get Your ID Card", "Make Changes to Your Plan", "Add a Policy", "Find a Doctor or Facility", and "Find a Drug". At the bottom, there is a "Go to Blue Connect Home" button, also highlighted with a red dashed box and a blue circle 12. The footer contains social media links and a navigation menu.

The dashboard is titled "NC BlueConnect" and shows a user profile for "JOHN SMITH" with a "Log Out" link. It features a navigation bar with links for "Benefits", "Claims", "Doctors & Facilities", "Wellness", "Prescriptions", "Accounts/Profile", and "Help". The main content area displays a "Medical" section with a "Benefits" tile showing a progress bar and a "Claims" tile showing a "View All Claims" button. Below this, there are several tiles for "Want to change your primary doctor?", "HealthLineBlue", "Billing", "Fund Balance", "Get Your ID Card", "Your free, 24/7 nurse support line", "Blue365", and "Regular well-checks call".



NCHIP Concierge Program / Headway Behavioral Health

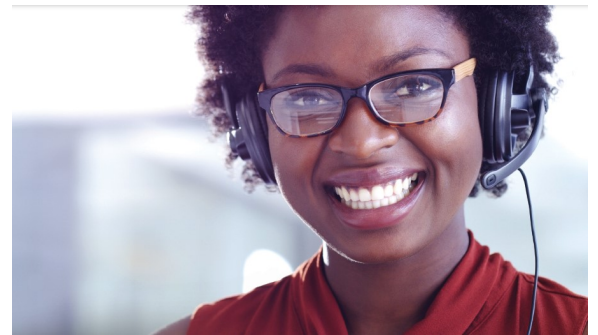
WE'RE HERE FOR YOU

With personalized customer support

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

Key Benefits:

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



Connect with us

Call 1-800-795-9402

Monday-Friday, 8am—9pm
EST

Or

Send secure email by logging
in to BlueConnectNC.com



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



How it Works

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



- 2** Tell Headway what you're looking for
- Choose your concerns and/or preferences for therapy to find the best match for you. Headway will calculate the exact cost before your session.

- 3** Start therapy
- Choose a therapist from your matches and book your first appointment right on Headway.

Wellness Rewards/Rally Coin Benefits

Earn Rally Coins to Purchase Blue Rewards

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



How it works:

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

All about Rally® Coins

What are Rally Coins?

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

Where can I find my Coins Balance

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

How do I earn Coins

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

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



SurgeryPlus - Center of Excellence Provider

Guided Access to Excellent Surgical Care

What is SurgeryPlus?

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

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

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

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

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

The Surgery Plus Difference



Excellent Care

Access to our network of thousands of highly qualified surgeons.



Impactful Savings

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



Guided Support

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



Be on the lookout for SurgeryPlus ID Cards!

Transforming Access to Excellent Care

Your Benefit Coverage:

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

Commonly Covered Procedures

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



You deserve excellent and affordable surgical care.

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



Surgery Plus

NCHIP Member Contact Information

Email: NCHIP@SurgeryPlus.com

Phone: 855.204.3922

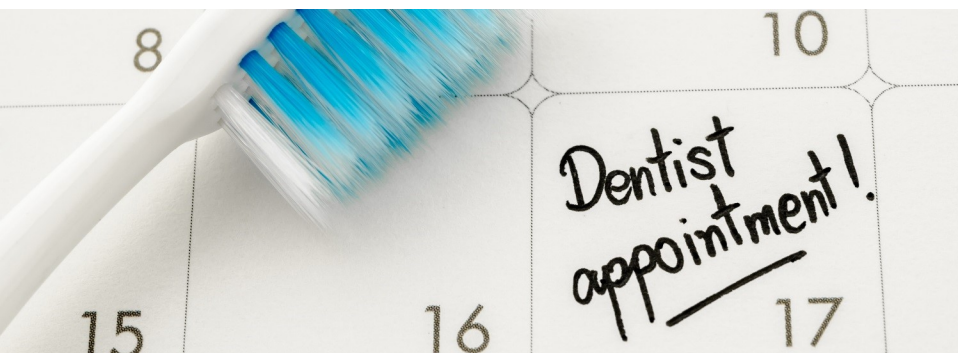
City of Thomasville offers a dental plan through Delta Dental NC. Review the chart below for the amount you will pay for the dental service listed.

Traditional Dental Plan		
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum (Per Person)	\$1,000	\$1,000
Preventive Care (Routine Cleaning and X-rays)	FREE	FREE
Basic Services (Fillings, Basic Root Canals)	80% after deductible	80% after deductible
Major Services (Extractions, Crowns)	50% after deductible	50% after deductible
Orthodontia (Children up to age 19)	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	\$1,000	\$1,000



Per-paycheck Cost for Dental

Coverage Tier	Dental Plan
Employee Only	\$15.94
Employee + Spouse	\$31.55
Employee + Child(ren)	\$45.63
Employee + Family	\$61.74



Finding In-Network Dentists

You pay less for services when you use a dentist in the Delta Dental NC network. You can find an in-network dentist by visiting www.deltadentalnc.com or calling 800-662-8856.

City of Thomasville's vision plan through Superior Vision covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

Vision Plan		
	In-Network	Out-of-Network
Eye Exam (Once every 12 months)	\$10 copay	Up to \$39
Lenses (Once every 12 months)		
Single Vision	\$25 copay	Up to \$26
Bifocal	\$25 copay	Up to \$34
Trifocal	\$25 copay	Up to \$50
Lenticular	\$25 copay	Up to \$76
Standard Progressive	\$25 copay (same as lined trifocal)	Up to \$50
Frames (Once every 24 months)	Up to \$130 allowance (20% discount on amount over allowance)	Up to \$52
Contact Lenses (Once every 12 months)		
Fitting	\$25 copay	Not Covered
Elective	Up to \$130 allowance (10% discount on amount over allowance)	Up to \$100
Medically Necessary	Covered in full	Up to \$210

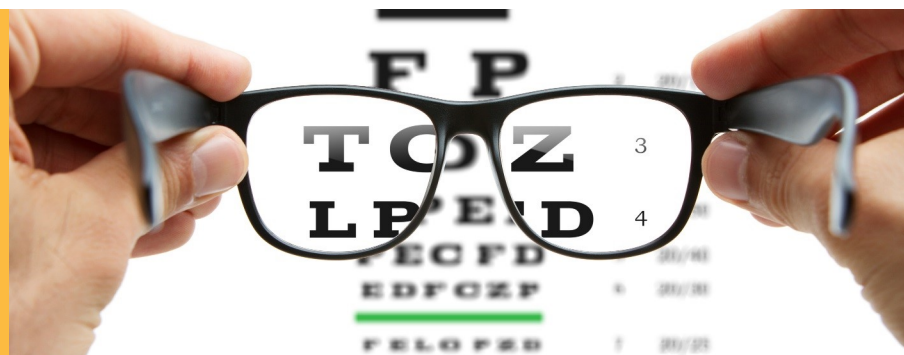
Per-paycheck Cost for Vision

Coverage Tier	Vision Plan
Employee Only	\$0.00
Employee + Spouse	\$2.25
Employee + Child(ren)	\$2.50
Employee + Family	\$4.85



Finding In-network Eye Doctors

You can find an in-network eye doctor in the Superior Vision by Versant Health network by visiting www.SuperiorVision.com or calling 800-507-3800.



Flexible Spending Accounts

Paying for Health Care

Flexible Spending Accounts (FSAs) allow employees to allocate *pre-tax* dollars to a healthcare and/or dependent care spending account to pay for eligible after-tax expenses. These accounts allow you to use a portion of your pay, before it is taxed, to provide coverage that can reimburse you for certain qualified expenses. You can participate in one, both or neither of the accounts—it is your choice. The FSA Plan year runs from July 1st through June 30th.

There are two types of Flexible Spending Accounts available to you:

1. Health Care Reimbursement Account
2. Dependent Care Reimbursement Account

Important Notes

Federal tax law requires separate accounts for the two types of expenses, and you must elect a separate amount to be deposited in each account in which you elect to participate.

Health Care Flexible Spending Account (FSA)	
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses) https://www.irs.gov/pub/irs-pdf/p969.pdf
When can I use the funds?	All of the funds you elect for the year are available July 1st
Can I roll over funds each year?	If you do not incur enough expenses during the plan year to use all of the coverage provided by your medical spending account, the plan allows \$610 to be rolled over to be used in the next plan year. "Use it or Lose it:" Any amount over the \$640, will be lost.
How do I pay for eligible expenses?	With your Flores debit card (you can also submit claims for reimbursement online at www.flores247.com)
Can I use my FSA for OTC medicine?	Over-the-counter medicines now require a prescription, written by a physician, for FSA reimbursement.
How much can I contribute each year?	Your maximum contribution is \$3,200 in 2024
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year.

SAVE ON QUALIFIED EXPENSES

You can use the tax-free dollars in your FSA for any qualified expense, for example:

- Medical Co-pays, coinsurance & deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses



HOW TO SUBMIT:

- Online: www.flores247.com
- Get form online and fax in claim
- Download the app for mobile filing

Flexible Spending Accounts

Paying for Dependent Care

You can contribute pre-tax dollars into a Dependent Care FSA to pay for eligible child or elderly care expenses.

Dependent Care FSA	
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time.
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses.
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents).
When can I use the funds?	Funds are available as you contribute to the account with each paycheck.
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year.
How do I pay for eligible expenses?	You can also submit claims for reimbursement online at www.flores247.com or by using the Flores mobile app. You may also submit via fax or mail.
How much can I contribute each year?	The maximum you can contribute is \$5,000 or \$2,500 if you are married and file separate tax returns.



Important Note

Both the health care and dependent care FSAs have a **use-it-or-lose-it rule**. For the health care FSA, you can rollover \$610 into the next plan year, anything greater will be forfeited. The dependent care FSA does not have a rollover provision. Any unused funds at the end of the year will be forfeited.

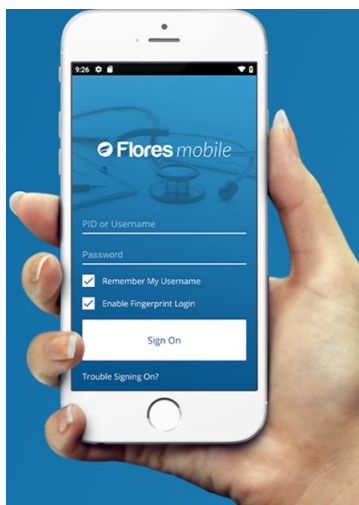
The following are some examples of eligible expenses for dependent care:

- Before and after school programs
- Nursery and pre-school tuition
- Summer and sports day camp
- Au pair / nanny expenses
- Day care centers
- Care at home by a licensed provider

1-800-532-3327

HOW TO SUBMIT:

- Online: www.flores247.com
- Get form online and fax in claim
- Download the app for mobile filing
- Mail: P O Box 313397 Charlotte, N.C. 28231
- Fax: 704.335.0818 or 800.726.9982



Mobile App

Self-Service Features:

- Access your account information
- Requests for reimbursement from your account
- Submit supporting documentation for transactions
- Available through App store or Google Play

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance (Employer Paid)

City of Thomasville provides Basic Life and Accidental Death and Dismemberment (AD&D) Insurance through USAbLe at **no cost** to eligible employees. Active benefit-eligible employees have the opportunity to purchase additional Voluntary Life and AD&D insurance for yourself and your family.

How it Works		Basic Life and AD&D
Basic Life	Your beneficiaries receive this benefit if you pass away	Department Heads and Managers: \$50,000 Full Time Employees : \$25,000
Basic AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Department Heads and Managers: \$50,000 Full Time Employees: \$25,000

Age Reduction: Reduces to 65% at age 65 and 50% at age 70. Terminates at Retirement.

Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance (Employee Paid)

You are eligible to purchase Voluntary Life and AD&D insurance in addition to the City-provided coverage if you work 20+ hours per week. This coverage is 100% employee paid and is 100% portable should you separate from the City. Guaranteed issue (no medical questions) is available for New Hires if they enroll within the first 30 days of employment. Evidence of Insurability will be required for late entrants for any amount of coverage. To enroll your dependent(s) in Voluntary Life and AD&D coverage, as an employee, you must also be enrolled.

Benefit Amounts		Voluntary Life and AD&D Insurance (employee paid)
Employee	\$10,000 Increments	The lesser of 5x annual salary or \$300,000 Guarantee Issue: \$120,000 through age 69
Spouse	\$5,000 Increments	The lesser of 50% of the employee life amount or \$150,000 Guarantee Issue: \$30,000 through age 69
Child(ren)	Birth to 6 months: \$1,000 6 months to age 26: \$5,000 or \$10,000, as elected	Birth to 6 months: \$1,000 6 months to age 26: The lesser of 100% of the employee's life amount or \$10,000, Guarantee Issue: \$10,000

Age Reduction: Reduces to 65% at age 65 and 50% at age 70. Terminates at Retirement.

Voluntary Life and AD&D Insurance Per \$1000 of Benefit

Employee Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee per \$1,000	\$0.128	\$0.123	\$0.138	\$0.147	\$0.198	\$0.314	\$0.477	\$0.648	\$0.797	\$1.300	\$2.529
Spouse per \$1,000	\$0.128	\$0.123	\$0.138	\$0.147	\$0.198	\$0.314	\$0.477	\$0.648	\$0.797	\$1.300	\$2.529
Child Rate per \$1,000	\$0.166										

LONG TERM DISABILITY INSURANCE

Long Term Disability Insurance can help replace a portion of your income if you are unable to work for an extended period of time due to a sickness or accidental injury. All active, full-time employees working at least 30 hours per week have the option to purchase voluntary long term disability insurance through the Standard.

LTD	BENEFITS
Monthly Benefit	60% of Pre-disability Earnings to a max of \$5,000
Elimination Period	90 Days
Duration	Social Security Normal Retirement Age*



MONTHLY RATE PER \$100 OF COVERED PAYROLL	
EMPLOYEE AGE	RATE
0-24	\$0.132
25-29	\$0.174
30-34	\$0.184
35-39	\$0.432
40-44	\$0.670
45-49	\$0.938
50-54	\$0.938
55-59	\$1.023
60-64	\$1.314
65-69	\$1.714
70+	\$1.951

MONTHLY PREMIUM CALCULATION WORKSHEET	
A. Annual Earnings = Please Note: If your annual earnings exceed \$130,000 the premium is based on \$130,000 due to the maximum benefit cap.	\$
B. Monthly Earnings = (A divided by 12)	\$
C. Your Monthly Earnings divided by 100 = (B divided by 100)	\$
D. Estimated Monthly Premium (C multiplied by the applicable age-banded rate)	\$

City of Thomasville Retiree Benefits

As a retired employee of the City of Thomasville, you are still offered medical, dental and vision coverage through the city. The city of Thomasville will cover 100% of the cost for individual medical and vision coverage for retirees with 30 or more years of service (until becoming eligible for Medicare at age 65). Retirees with 25-29 years of service are eligible for 75% of the individual active employee rate for medical and vision. Retirees with 20-24 years of service will be eligible for 50% of the individual active employee rate for medical and vision. Please refer to the table below for additional information on retiree coverage including the cost for spouse and family coverage of retired employees.

Retirees with 30 Years of Service		
Benefit Type	City of Thomasville's Contribution	Retiree's Contribution (Monthly)
Medical Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	\$807.00 \$807.00 \$807.00 \$807.00	\$0.00 \$493.00 \$393.00 \$893.00
Teladoc (All Levels of Coverage)	100% Paid for by the City for eligible health plan participants.	\$0.00
Dental Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	N/A	\$31.87 \$63.09 \$91.26 \$123.48
Vision Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	\$4.99 \$4.99 \$4.99 \$4.99	\$0.00 \$4.49 \$4.99 \$9.69
Retirees with 25-29 Years of Service		
Benefit Type	City of Thomasville's Contribution	Retiree's Contribution (Monthly)
Medical Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	\$605.25 \$605.25 \$605.25 \$605.25	\$201.75 \$694.75 \$594.75 \$1,094.75
Teladoc (All Levels of Coverage)	100% Paid for by the City for eligible health plan participants.	\$0.00
Dental Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	N/A	\$31.87 \$63.09 \$91.26 \$123.48
Vision Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	\$3.74 \$3.74 \$3.74 \$3.74	\$1.25 \$5.75 \$6.25 \$9.85

City of Thomasville Retiree Benefits

Retirees with 20-24 Years of Service		
Benefit Type	City of Thomasville's Contribution	Retiree's Contribution (Monthly)
Medical Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	\$403.50 \$403.50 \$403.50 \$403.50	\$403.50 \$896.50 \$796.50 \$1,296.50
Teladoc (All Levels of Coverage)	100% Paid for by the City for eligible health plan participants.	\$0.00
Dental Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	N/A	\$31.87 \$63.09 \$91.26 \$123.48
Vision Employee Only: Employee + Spouse: Employee + Children: Employee + Family:	\$2.49 \$2.49 \$2.49 \$2.49	\$2.50 \$7.00 \$7.50 \$12.20



Questions?

If you have any questions about your benefits, please feel free to contact the Human Resources Department at hr@thomasville-nc.gov or by calling 336-475-4229.

Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	BlueCross Blue Shield of NC	(877) 275 - 9787	www.bluecrossnc.com
Prescription Drug	Blue Cross Blue Shield of NC	(877) 275 - 9787	www.bluecrossnc.com
Surgery Provider	SurgeryPlus	(855) 204 - 3922	www.surgeryplus.com
Dental	Delta Dental of North Carolina	(800) 662 - 8856	www.deltadentalnc.com
Vision	Superior Vision by Versant Health	(800) 507 - 3800	www.superiorvision.com
Flexible Spending Accounts (HCFA and DCFSA)	Flores	(800) 726 - 9982	www.flores.com
Basic Life and AD&D, Voluntary AD&D, and Voluntary Life	USABLE	(800) 370 - 5856	www.usablelife.com
Voluntary Long Term Disability	The Standard	(800) 628 - 8600	www.standard.com



Medicare Notice

Notice of Creditable Coverage

Important Notice from City of Thomasville

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 Thomasville 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 Thomasville has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

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

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

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Thomasville 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.

Medicare Notice

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 01, 2024
Name of Entity/Sender:	City of Thomasville
Contact—Position/Office:	Alisa Quick - HR Director
Office Address:	10 Salem St Thomasville, North Carolina 27360-3904 United States
Phone Number:	(336) 475-4229



Women's Health & Cancer Rights Act

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

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

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

PPO Plan (Individual: 20% coinsurance and \$2,500 deductible; Family: 20% coinsurance and \$5,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at (336) 475-4229 or Alisa.Quick@thomasville-nc.gov.

Newborns' and Mothers' Health Protection Act

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



COBRA General Notice

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

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

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Legal Updates

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Alisa Quick.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Legal Updates

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

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

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

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

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

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

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

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

City of Thomasville

Alisa Quick - HR Director

10 Salem St

Thomasville, North Carolina 27360-3904

United States

(336) 475-4229

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

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

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

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Alisa Quick - HR Director at (336) 475-4229 or Alisa.Quick@thomasville-nc.gov.

HIPAA Special Enrollment Rights

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

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

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

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

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

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

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

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Alisa Quick - HR Director at (336) 475-4229 or Alisa.Quick@thomasville-nc.gov.

Legal Updates

Important Warning

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



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

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

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

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

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

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

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

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GEORGIA – Medicaid	INDIANA – Medicaid
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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihapp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@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. 5218

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NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	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
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.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite 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	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
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, 2023, or for more information on special enrollment rights, contact either:

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

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

Legal Updates

Discrimination is Against the Law

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

City of Thomasville:

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

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

If you believe that City of Thomasville has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Human Resource Analyst, 10 Salem St, Thomasville, North Carolina 27360-3904 United States, (336) 475-2502, www.thomasville-nc.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Human Resources Director is available to help you.

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 ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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



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The Fine Print

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