

Get Connected

*Working Together to Build Health & Financial Wellness
Stronger. Smarter. Better.*

City of Greensboro

2021 **BENEFITS**



Using this Guide

The Employee Benefits Guide provides a comprehensive overview of benefit options and more, including eligibility, election periods, and costs. In addition, it offers descriptions and detailed explanations of each plan that is a component of the Total Compensation Benefits package.

We hope that this guide will be a valuable tool for all employees and we want you to know that the City of Greensboro is here for you with more resources than ever to help guide you on this important journey

Sincerely,
The Human Resources
Department



WHAT'S INSIDE...

Message from the City Manager.....	3
2021 Open Enrollment	3
Benefits Division	4
HR Reps and Benefits Assistants.....	4
Eligibility and Qualifying Events	5
Get Connected	6
2021 Health Rewards Wellness Program	7
United Healthcare Medical Plan Coverage	8
United Healthcare Pharmacy Benefit	10
United Healthcare Virtual Visits	11
Medical Coverage At-A-Glance	12
Employee Medical Contributions.....	13
Retiree Medical Contributions	14
COBRA and HIPPA.....	15
Delta Dental Plan Coverage.....	16
Employee Dental Contributions	17
Retiree Dental Contributions	17
Superior Vision Plan Coverage.....	18
Employee Health	19
Employee Assistance Program.....	19
Flores Flexible Spending Accounts	20
The Standard Life and Disability Insurance.....	22
Long Term Disability	23
UNUM Supplemental Benefits <i>Critical Illness, Accident and Hospitalization</i> ...	24
Retirement	26
Deferred Compensation.....	28
Annual Leave and Other Leave	30
Vendors	32



From the City Manager

Welcome to the City of Greensboro's 2021 Open Enrollment. As you read this benefits guide please take time to review the many healthcare and supplemental plan options available to you and your family. You will notice an enhanced level of commitment to improving the health and financial outcomes for all of our employees. This year we are providing more tools to help you take charge of your finances and health in new and innovative ways. The iGetConnected Benefits app is just one of those tools rolling out during Open Enrollment.

As always, you will have the opportunity to select the benefits that best fit the needs of you and your family. We are also offering more personalized benefits and wellness programming to put you in control of your finances and health and help you live STRONGER. SMARTER. BETTER.

We continue to see evidence in our healthcare claims costs that employees are controlling how they spend their healthcare dollars by enrolling in the medical Flexible Spending Accounts (FSA), using generic medications, seeking care from In-Network providers and using outpatient services when medically indicated. These actions coupled with increased engagement in the financial and wellness educational programs continue to shape the foundation of a financially fit and healthy workforce.

We still have work to do. Awareness is the key to preventing illness, life threatening disease or increased financial stress. The City wants to give its employees more opportunities and educational tools to make the necessary changes to live healthy lifestyles.

Get Connected by logging onto to your myuhc.com account for access to all of your medical and wellness resources. Check CityNet regularly for health and financial wellness programming and please don't forget to download the new iGetConnected app to stay abreast of all the great happenings. We are still striving for great health and wellness even in the midst of the global pandemic.



David Parrish
City Manager

2021 OPEN ENROLLMENT

During Open Enrollment, you are encouraged to evaluate your benefits and make changes for the upcoming year that are best for you and your family. This guide provides detailed information about the 2021 benefit options, so please read it thoroughly. It is important for you to remember that Open Enrollment is the ONLY time to make benefit changes unless you have a qualifying event during the course of the year.

MANDATORY Open Enrollment begins October 19, 2020 and ends November 6, 2020.

- To elect benefits for Medical, Dental, Vision, Life and Disability insurance, City Flex Flexible Spending Accounts and Unum Supplemental Plans you must use the Online Benefits Enrollment Portal.
- Flexible Spending Accounts (FSA) do not automatically roll over to the next year. You must make an election online in order to have coverage in 2021. **Please check your first paycheck in January to confirm that your FSA elections and payroll deductions are correct.**
- Increases to The Standard Life and Disability coverage during Open Enrollment will require Evidence of Insurability - this means that you will be required to answer questions about your health before the coverage can be approved.
- **PLEASE PRINT YOUR CONFIRMATION STATEMENTS AND SAVE FOR YOUR RECORDS**



EVERYTHING YOU NEED IN ONE PLACE!

The iGetConnected App is designed to be a one stop shop for employees to easily navigate their benefits.

- ✓ Medical Benefits
- ✓ Dental & Vision Information
- ✓ Voluntary Programs
- ✓ FSA Information
- ✓ EAP Helpline 24/7
- ✓ Click to Call/Email Feature

BENEFITS DIVISION



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HR Representative	Tanya Beatty	336-373-2952
Administration, Maintenance	Rena Smith-Branch	336-373-2334
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Internal Audit, MWBE		
Office of Workforce Development	Kimberly Fernandez	336-373-8041
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Right of Way, Solid Waste	Stephanie Williams	336-373-2793
Finance		
Admin Services, Administration	Linda Jones	336-373-2077
Accounting	Jackie Lowe	336-373-2072
	Allison Ford	336-373-2555
Fire		
HR Representative	Tracy Hinshaw	336-412-5718
HR Assistant	Kimberly Bowers	336-412-3929
GM 911 – HR Representative	Tykia Johnson	336-373-2231
Human Relations	Marion Davis	336-373-2502
Human Resources	Deanna Berlin	336-373-2614
Information Technology - HR Business Partner	Kiran Purswani	336-373-2490
Law	Jennifer Smith-Sutphin	336-373-2694
Legislative	Miriam Sharif	336-373-2002
Libraries and Museum		
HR Representative	Robin Toler	336-373-2475
Backup	Dena Keesee	336-373-2698
Neighborhood Development	Regina Womble-Miller	336-373-2754
Parks & Recreation		
HR Representative	Deanne Williams-Blake	336-373-2963
HR Assistant	Francheska Johnson	336-373-2045
Planning	Olivia Byrd	336-373-2986
Police		
HR Representative	Delisha Council	336-373-2535
HR Representative	Jennifer McDowell	336-373-2175
Transportation - HR Representative	Kelly Ingram	336-373-4511
Water Resources		
HR Representative	Gregory Barnette	336-373-2899
Backup	Brittany David	336-373-3662
Mitchell, Townsend, Lake Brandt	Misty Nelson	336-373-7890
N. Buffalo, Osborne	Adrienne Chavis	336-433-7221

ELIGIBILITY

You are eligible to enroll in the City's Healthcare plans if you are a Benefit Eligible employee who is scheduled to work at least 20 hours per week. **Your coverage starts the first of the month following 30 days of employment.** Your eligible dependents may also participate in the plan.

ELIGIBLE DEPENDENTS

An eligible dependent is considered to be:

- Your legal spouse
- A dependent child up to age 26 regardless of the following:
 - Your or your spouse's child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian;
 - Regardless of their marital status, student or employment status
 - Whether they are your tax dependent
- A child age 26 or over who is or becomes disabled and dependent upon you
- A dependent also includes a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order

To be eligible for coverage under the plans, a dependent must reside within the United States.

QUALIFYING EVENTS

The choices you make as a benefits eligible employee will remain in place from your effective date (the first of the month following 30 days of employment) in 2021 through December 31, 2021. You cannot add or drop coverage until our next Open Enrollment period (for the plan year beginning January 1, 2022) unless you experience a "qualifying event."

Some of the following qualifying events will allow you to make changes to your current benefits. Notification is your responsibility. You must notify your departmental HR Representative or Benefits Assistant within 31 days of the "qualifying event" date for changes to be accepted. Otherwise, you will have to wait until the next Open Enrollment period.

A qualifying event is considered to be:

- Marriage or Divorce
- Birth or adoption of an eligible child
- Change on a dependents eligibility status
- Receiving a Qualified Medical Child Support Order (QMSCO)
- Becoming eligible for Medicare or Medicaid
- Change in your or your spouse's employment status (gain or loss of other coverage)
- Dependent no longer meets eligibility criteria



Get Connected

*Working Together to Build Health & Financial Wellness
Stronger. Smarter. Better.*

VIRTUAL DOCTOR VISITS

When you don't feel well or when someone you love is sick, the last thing you want to do is sit in the doctor's waiting room. With Virtual Visits you can see and speak to a doctor online anytime from your mobile device or computer.

- \$0 Co-Pay
- Telemental health services

FREE CARE MANAGEMENT SERVICES

- Diabetes Healthcare Management
- Healthy Pregnancy Program
- Asthma Disease Management Program
- Cancer Resource Services
- Centers of Excellence

SUPPORT SERVICES

- Orthopedic Health Support
- myNurseLine
- Interactive Preventive Care Tool
- Behavioral Health Solutions

\$50 UNUM PLAN WELLNESS BENEFIT

Your Unum plan also pays a Wellness Benefit for one wellness test each year. With Unum's Wellness Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

TALKSPACE

Talkspace is a digital platform that offers an effective alternative to face-to-face therapy through text, voice and video messaging.



With Talkspace, you can regularly communicate with a licensed therapist, safely and securely from your phone or desktop.

Just like other behavioral health virtual visits, Talkspace sessions are subject to copay or deductible/co-insurance in accordance with your United HealthCare plan for outpatient mental health benefits.

Download the Talkspace app in the App Store or get it on Google Play. Read more on CityNet.



FREE EMPLOYEE FITNESS CENTERS

Being physically fit is not just about losing weight to look good. There is a high correlation between fitness and physiological health. Below are three facilities that you have free access to:

- MMOB - 300 W. Washington St.
- MEDFORD SERVICE CENTER - 401-C Patton Ave.
- GTA - 223 W. Meadowview Road



REAL APPEAL WEIGHT LOSS SUPPORT

Real Appeal will help motivate you and improve your health with an evidence-based virtual weight loss program. Real Appeal teaches you how to eat healthier and be active, helping you achieve your weight loss goals.



RECHARGE ROOMS

Get away from the stresses of the job long enough so that the brain can reset, and when the batteries are fully recharged, you are ready to tackle even the toughest projects with renewed energy.

- MMOB
300 W. Washington St.
- MEDFORD SERVICE CENTER
401-C Patton Ave.
- GTA
223 W. Meadowview Rd.

2021 HEALTH REWARDS WELLNESS PROGRAM

By enrolling in the Get Connected program, you can earn up to \$100 in electronic gift cards and 8 hours of Paid Time Off (PTO). To get started visit www.myuhc.com and click visit Rally Health and Wellness. For single sign on access, please register through www.myuhc.com.

Earn \$100 in Electronic Gift Cards

	Annual Health Survey	\$25 electronic gift card
	Annual Biometric Screening	\$25 electronic gift card
	Annual Preventive Screening	\$25 electronic gift card
	Annual Physical Screening	\$25 electronic gift card
	Missions, Challenges, Game Changers or Trophy Tourneys	\$25 electronic gift card (each)
	Take a quiz about your health	\$25 electronic gift card
	UHC Real Appeal Program	\$25 electronic gift card

All activities must be completed from January 1, 2021 thru December 31, 2021. Gift cards will be issued online via your Rally Health Rewards account upon completion of activities and are considered taxable income.

Earn up to 8 Hours of PTO

Participate in any five of the COG Wellness Activities to earn PTO. We recommend tapping into each area.

	Annual Health Survey	REQUIRED
	Annual Biometric Screening	REQUIRED
	Physical Wellness <i>(Gym swipes are not included)</i>	1 POINT
	Emotional Wellness	1 POINT
	Environmental Wellness	1 POINT
	Financial Wellness	1 POINT
	Intellectual Wellness	1 POINT
	Social Wellness	1 POINT
	Spiritual Wellness	1 POINT

PTO will be awarded the first quarter of 2022. Please note this will be tracked by the Wellness team and will not be posted on the Rally site. Other wellness activities not hosted by COG can be submitted for credit via the lifestyle activity form located on our wellness page via CityNet.

2021 Biometric Screening Dates

- February 18, 2021
- June 9, 2021
- August 16, 2021
- October 20, 2021
- December 16, 2021

2021 Benefits and Wellness Events

- June 9, 2021
- October 20, 2021

Wellness Questions?
Whitney Montouth
336-433-7217
whitney.montouth@greensboro-nc.gov

UHC Activities Support
1-844-334-4944
Monday thru Friday
7 am to 7 pm MST

UNITED HEALTHCARE MEDICAL PLAN COVERAGE

The City of Greensboro offers medical and prescription drug plan coverage administered through United Healthcare and OptumRx.

There are two Health Plan options:

- **Choice Plan:** offers in-network-only benefits for covered services.
- **Choice Plus Plan:** offers in-network and out-of-network benefits for covered services.

These plans are preferred provider organizations (PPOs) and offer access to providers in United Healthcare's networks providing you with quality care and significant savings in comparison to receiving out-of-network services.

Choice Plan

Use our national network to help save money.



Save money by staying in our network.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in our network. If you don't use the network, you'll have to pay for all of the costs.



There's no need to select a primary care physician (PCP) or get referrals to see a specialist.

Consider choosing a PCP. Your PCP can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist.



Preventive care is covered 100 percent in our network.¹

Look for care in our network first.

The doctors and facilities in our national network have agreed to provide you services at a discount. We have:

- **907,587** physicians and health care professionals.*
- **5,597** hospitals.*
- **67,000+** pharmacies.*

Search the network at welcometouhc.com/cog

*As of 6/30/2018

How paying for network care works.

Copayment¹
You pay

+

Deductible¹
You pay 100%

+

Coinsurance¹
You pay a percentage of the cost



After reaching the out-of-pocket limit

Plan pays 100% of covered expenses for the plan year

The fixed amount you pay for certain covered health services (e.g., doctor visits, prescriptions).

The amount you pay before your insurance plan pays a portion.

The percentage you pay after you reach your deductible.

Out-of-pocket limit

The most you pay for health care in one plan year (includes all of your network payments).

For all of the **COVERAGE DETAILS**, see your official health plan documents.

¹Age appropriate preventive care services are covered 100 percent when received in the plan network. You may be required to receive approval for some services before they can be covered.



Choice Plus Plan

Get a plan with access to a national network and the choice of out-of-network coverage.



Save money by staying in our network.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in our network.



There's coverage if you need to go out of the network.

You can receive care and services from anyone in or out of our network. Out-of-network means that a provider does not have a contract with us. It's important to remember, seeing an out-of-network provider will cost you more.



There's no need to select a primary care physician (PCP) or get referrals to see a specialist.

Consider choosing a PCP. Your PCP can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist.



Preventive care is covered 100 percent in our network.¹

Look for care in our network first.

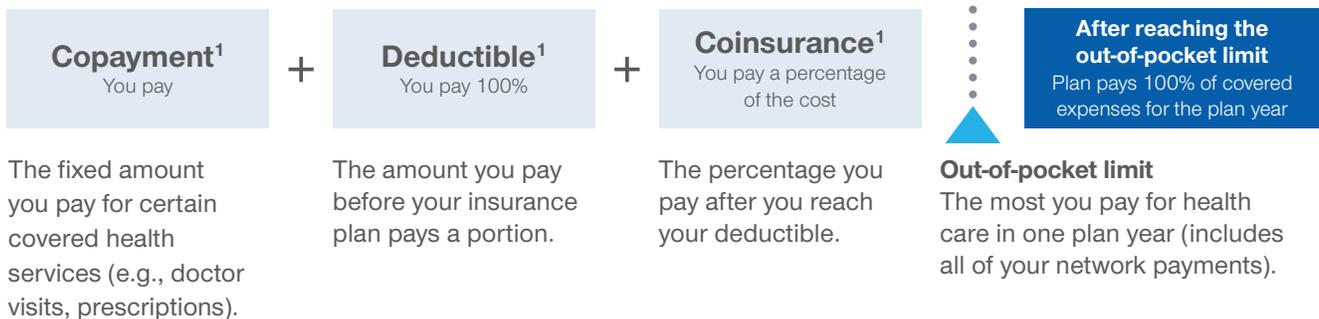
The doctors and facilities in our national network have agreed to provide you services at a discount. We have:

- 907,587 physicians and health care professionals.*
- 5,597 hospitals.*
- 67,000+ pharmacies.*

Search the network at welcometouhc.com/cog

*As of 6/30/18

How paying for network care works.



If you go out of the network, your costs may be higher. Out-of-network providers can even bill you for amounts higher than what your plan will cover. For all of the **COVERAGE DETAILS**, see your official health plan documents.

¹Age appropriate preventive care services are covered 100 percent when received in the plan network. You may be required to receive approval for some services before they can be covered.



Pharmacy Benefit

Your covered medications.

OptumRx® is your UnitedHealthcare® plan's pharmacy care services manager. OptumRx is committed to helping provide you with safer, easier and lower cost ways to get the medication you need.

The UnitedHealthcare Prescription Drug List (PDL) is the list of medications that are covered by the plan. The PDL is organized by cost levels, known as tiers. Choosing medications in the lower tiers may save you money.



Tier 1
Lower-cost
Medications



Tier 2
Midrange-cost
Medications



Tier 3
Higher-cost
Medications

Find out if your medication is **covered** by visiting welcometouhc.com/cog.

Save on your medications.

- Use home delivery. Up to a three-month supply of your medications will ship free to your home, often at a lower cost than retail. You also get 24/7 phone support, medication refill reminders and more. And it saves you trips to the pharmacy.
- Use network pharmacies and you will generally pay less out-of-pocket. Our network includes thousands of pharmacies across the country.
- Use lower tier medications, such as generics. Ask your doctor or check your PDL for lower-cost options. If you have a medication that is placed in a higher tier (Tier 3, for example), check to see if a lower-tier option is available.

2021 Highlights

Your plan may require one or more of the following for your prescription to be covered:

Medical Necessity—evaluates the clinical appropriateness of a medication regarding condition and severity to be treated.

Notification—physician authorization required to promote better decisions.

Supply limits—only a certain amount of the medication is allowed for coverage.

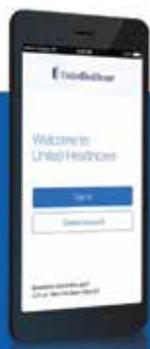
Restricted Generics—only a physician may require a brand name product if a generic is available. There is no ancillary charge if the physician orders a brand. However, there is a charge if a member requests a brand prescription in this scenario.

Check your prescription drug list (PDL).

Your PDL lists covered medications. The list is broken into sections called tiers. Choosing medications in lower tiers may save you money. Check your PDL often.

Talk to your doctor.

When you talk with your doctor, use the **Health4Me** app to confirm coverage and costs. You can also talk about what you need to do to get your medication.

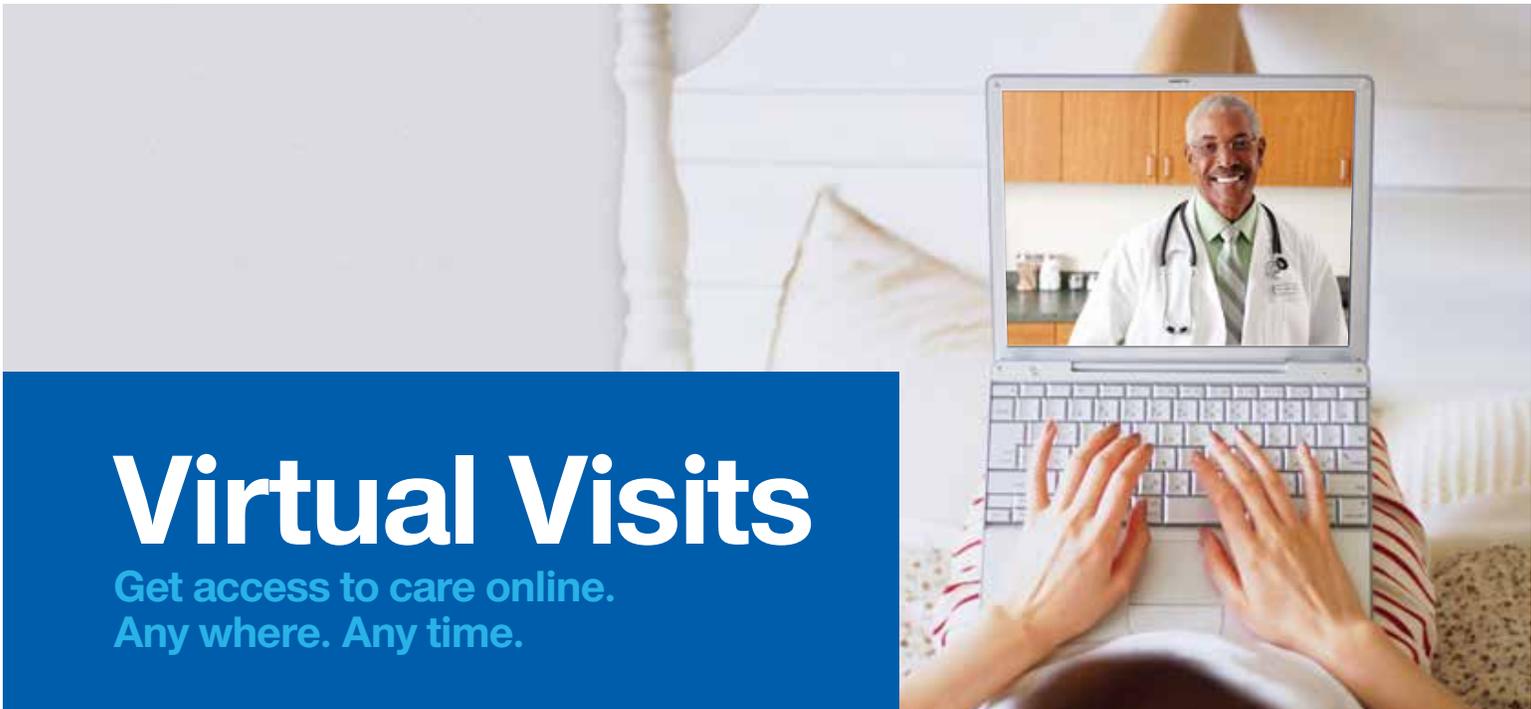


Manage your pharmacy benefits on the go.

With myuhc.com and the Health4Me® app¹ you can:

- Enroll in home delivery.
- Find network pharmacies.
- Refill prescriptions and set up refill reminders.
- Estimate and compare medication costs.
- Search your plan's PDL.

¹The Health4Me® app can also help determine how a medication is covered and whether or not there are other options to help save you money.



Virtual Visits

Get access to care online.
Any where. Any time.

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/
Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

Access virtual visits

Log in to **myuhc.com**[®] and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.



To learn more, login to myuhc.com

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

* Prescription services may not be available in all states.

Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.
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MEDICAL COVERAGE AT-A-GLANCE

		Medical Plans			
		Choice Plan		Choice Plus Plan	
		WHAT YOU PAY IN-NETWORK	OUT OF NETWORK	WHAT YOU PAY IN-NETWORK	OUT OF NETWORK
Deductible					
	Employee	\$500		\$500	\$750
	Family	\$1,000		\$1,000	\$1,500
Covered Services					
Doctors and Specialists	Doctor Visit (Illness or Injury)	\$25 Copay	Not covered	\$25 Copay	20%
	Virtual Visit (online)	0%	Not covered	0%	20%
	Specialist Visit	\$50 Copay	Not covered	\$50 Copay	20%
Preventive Care	Screenings & Counseling	0%	Not covered	0%	0% max \$300
	Immunizations	0%	Not covered	0%	0% max \$300
	Well-Child & Well-Woman Visits	0%	Not covered	0%	0% max \$300
	Labs & Imaging Tests	0%	Not covered	0%	0% max \$300
Emergency Care	Urgent Care Visit	\$30 Copay	Not covered	\$30 Copay	20%
	Emergency Room	\$200 Copay	Not covered	\$200 Copay	\$200 Copay
	Emergency Transportation	20%	Not covered	20%	20%
Other Care	Mental Health Visit (outpatient)	\$25 Copay	Not covered	\$15 Copay	50%
	Mental Health Visit (inpatient)	20%	Not covered	20%	50%
	Outpatient Surgery Facility Fee	20%	Not covered	20%	20%
	Hospital Stay Facility Fee	20%	Not covered	20%	20%
	Hospital Stay Provider Fee	0%	Not covered	0%	20%
Out-of-Pocket Limit					
	Employee	\$3,000		\$2,500	\$2,900
	Family	\$6,000		\$5,000	\$6,500
Prescriptions					
Retail (up to 31-day supply)	Tier 1	\$10	Not covered	\$10	20%
	Tier 2	\$35	Not covered	\$35	20%
	Tier 3	\$50	Not covered	\$50	20%
Home Delivery (90-day supply)	Tier 1	\$20	Not covered	\$20	Not covered
	Tier 2	\$70	Not covered	\$70	Not covered
	Tier 3	\$100	Not covered	\$100	Not covered

This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

EMPLOYEE MEDICAL CONTRIBUTIONS

		Medical Plan Rates			
		Choice Plan		Choice Plus Plan	
Full-Time		Monthly	Pay Period	Monthly	Pay Period
Coverage Level	Employee Only	\$36	\$18	\$64	\$32
	Employee/ Spouse	\$453	\$226.50	\$511	\$255.50
	Employee/ Children	\$281	\$140.50	\$373	\$186.50
	Employee/ Family	\$547	\$273.50	\$601	\$300.50
	Husband/ Wife**	\$328	\$164	\$420	\$210
Part-Time 20 (20-Hour Work Schedule)		Monthly	Pay Period	Monthly	Pay Period
Coverage Level	Employee Only	\$350	\$175	\$385	\$192
	Employee/ Spouse	\$890	\$445	\$982	\$491
	Employee/ Children	\$722	\$361	\$826	\$413
	Employee/ Family	\$1,082	\$541	\$1,185	\$593
Part-Time 25 (25-Hour Work Schedule)		Monthly	Pay Period	Monthly	Pay Period
Coverage Level	Employee Only	\$271	\$135.50	\$305	\$152.50
	Employee/ Spouse	\$781	\$390.50	\$864	\$432
	Employee/ Children	\$611	\$305.50	\$713	\$356.50
	Employee/ Family	\$949	\$474.50	\$1,039	\$519.50
Part-Time 30 (30-Hour Work Schedule)		Monthly	Pay Period	Monthly	Pay Period
Coverage Level	Employee Only	\$156	\$78	\$224	\$112.50
	Employee/ Spouse	\$671	\$335.50	\$747	\$373.50
	Employee/ Children	\$501	\$250.50	\$600	\$300
	Employee/ Family	\$815	\$407.50	\$894	\$447



RETIREE MEDICAL CONTRIBUTIONS

		Retiree Medical Plan Rates	
		Choice Plan	Choice Plus Plan
30 Years of City Service		Monthly	Monthly
Coverage Level	Retiree Only	\$142	\$186
	Retiree/ Spouse	\$659	\$967
	Retiree/ Children	\$611	\$799
	Retiree/ Family	\$1,024	\$1,319
25 Years of City Service		Monthly	Monthly
Coverage Level	Retiree Only	\$299	\$343
	Retiree/ Spouse	\$816	\$1,124
	Retiree/ Children	\$768	\$956
	Retiree/ Family	\$1,181	\$1,476
20 Years of City Service		Monthly	Monthly
Coverage Level	Retiree Only	\$455	\$499
	Retiree/ Spouse	\$972	\$1,280
	Retiree/ Children	\$924	\$1,112
	Retiree/ Family	\$1,337	\$1,632
Less than 20 Years of City Service		Monthly	Monthly
Coverage Level	Retiree Only	\$769	\$813
	Retiree/ Spouse	\$1,286	\$1,594
	Retiree/ Children	\$1,238	\$1,426
	Retiree/ Family	\$1,651	\$1,946
Disability - Grandfathered Retirees		Monthly	Monthly
Coverage Level	Retiree Only	\$137	\$183
	Retiree/ Spouse	\$581	\$621
	Retiree/ Children	\$350	\$483
	Retiree/ Family	\$652	\$824
Disability - Totally Disabled Retirees		Monthly	Monthly
Coverage Level	Retiree Only	\$36	\$78
	Retiree/ Spouse	\$731	\$771
	Retiree/ Children	\$515	\$649
	Retiree/ Family	\$1,122	\$1,294
Dependent Only		Monthly	Monthly
Coverage Level	Spouse Only	\$769	\$813
	Child Only	\$769	\$813
	Spouse/ Children	\$1,171	\$1,426
	Children Only	\$1,171	\$1,426

CONTINUATION OF BENEFITS RECONCILIATION ACT (COBRA)

As a City employee, you and your covered dependents have the option to continue your health and/or dental coverage if your coverage would otherwise end because of certain qualifying events including:

Coverage for up to 18 months following:

- Termination of employment
- Work hours reduced
- Working status changes from benefit eligible to non-benefit eligible

Coverage up to 29 months:

- Retirement under Social Security Disability

Coverage up to 36 months:

- Employee's death
- Divorce or legal separation
- Medicare Coverage
- Ineligible dependent (aged out child)

Notification

- Notification must be made to the City within 60 days of the qualifying event.
- Within 14 days of notification of the qualifying event, the affected party will be notified by first class mail of their right to continue coverage.

Cost and Payments

- The cost of continuing health and/or dental coverage will be the full cost of the premium at group rates plus a 2% administrative fee.
- The City does not contribute to the cost of Cobra.
- Payments are due on the first day of each month.

Loss of Coverage

- COBRA insurance will be canceled for non-payment of premiums.
- Upon Medicare eligibility medical plan coverage will cease.
- COBRA insurance will cease at the end of the eligibility period.
- If the City ceases to provide the same benefits to its employees, COBRA participants' insurance will cease at the same time.

OUR LEGAL DUTY: HIPAA AND ACA

Health Insurance Portability and Accountability Act of 1996, (HIPAA) was enacted in 1996 to:

- Make sure your protected health information is kept private.
- Give you notice of our legal duties and privacy practices with respect to protected health information about you.
- Follow the terms of the notice that is currently in effect.

Privacy Regulations

- Privacy provisions of HIPAA restrict how Protected Health Information (PHI) of those covered under the medical and/or dental plan(s) may be used or disclosed by the City of Greensboro, UHC, Delta Dental, Superior Vision, and Flores & Associates (CityFlex administrator).
- PHI may be used when enrolling in the medical and/or dental plan(s), the medical spending account, or when assistance is requested for problem resolution.
- HIPAA does not apply to information used in pre-employment screenings, workers' compensation claims, medical surveillance required by law for accommodations under the Americans with Disabilities Act (ADA), assessments for "fitness for duty", or drug testing.
- HIPAA also does not apply to information voluntarily given by you to any unauthorized individual, such as a co-worker.

Affordable Care Act of 2010 includes changes to how employers report medical coverage and how individuals and their families file their taxes.

- Per ACA Guidelines all benefit eligible employees must ENROLL or WAIVE the medical plan.
- Form 1095-C will be issued with your annual W-2 Form.
- You must file form 1095-C with your income tax return.

Benefits

- Families are allowed to maintain uninterrupted medical and/or dental plan coverage.
- Reasons for which medical and/or dental plan coverage can be terminated are restricted.
- Employees and dependents in poor health are ensured the availability of health insurance.

DELTA DENTAL PLAN COVERAGE

The City of Greensboro offers a dental plan administered by Delta Dental. The plan gives you the flexibility to use both in-network and out of network providers. However, when you use out-of-network providers, you will be responsible for a \$50 Annual deductible and for paying any expenses that exceed the plan's usual and customary charges.

DENTAL PLAN HIGHLIGHTS

You can choose dentists from two of the nation's largest dental networks—Delta Dental PPOSM and Delta Dental Premier®:

Delta Dental PPO Network:

- More than 95,000 Delta Dental PPO Providers nationally
- Over 1,679 participating providers in North Carolina
- Larger discounts

Delta Dental Premier Network:

- More than 148,000 Delta Dental Premier Providers nationally
- Over 2,730 participating providers in North Carolina
- Larger network

Preventive dental services by a Non-Network dentist will be paid at 90% of UCR after a \$50 deductible.* SAVE MONEY by visiting a Delta Dental Provider.



	Delta Dental Plans		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
	IN-NETWORK	IN-NETWORK	OUT OF NETWORK
Diagnostic & Preventive			
Preventive Care - Exams and cleanings (twice a year) - Xrays and Sealants	100% No Deductible	100% No Deductible	100% after \$50 Deductible**
Basic Services - Fillings and crown repair - Endodontics, periodontics and surgery	80% No Deductible	80% No Deductible	80% after \$50 Deductible**
Major Services - Crowns, inlays, onlays, cast restorations and bridges - Implants and related services	50% No Deductible	50% No Deductible	50% after \$50 Deductible**
Orthodontics - Children up to age 26	50% No Deductible	50% No Deductible	50% after \$50 Deductible**
Orthodontics - Adults	50% No Deductible	50% No Deductible	Not Covered

***Nonparticipating Dentist - \$50 deductible per person total per benefit year limited to a maximum deductible of \$100 per family per benefit year. The deductible applies to all services.**

**** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.**

Dental Plan Rates								
Coverage Level	Full-Time		Part-Time 20 (20-Hour Work Schedule)		Part-Time 25 (25-Hour Work Schedule)		Part-Time 30 (30-Hour Work Schedule)	
	Monthly	Pay Period	Monthly	Pay Period	Monthly	Pay Period	Monthly	Pay Period
Employee Only	\$4	\$2	\$23	\$11.50	\$18	\$9.13	\$13	\$6.25
Employee/ Spouse	\$27	\$13.50	\$54	\$27	\$48	\$24	\$41	\$20.50
Employee/ Children	\$30	\$15	\$60	\$29.75	\$53	\$26.44	\$45	\$22.63
Employee/ Family	\$36	\$18	\$70	\$34.75	\$62	\$30.94	\$53	\$26.63
Husband/ Wife	\$29	\$14.50	N/A	N/A	N/A	N/A	N/A	N/A

Delta Dental Maximum Payments:

- Delta Dental PPO Dentist or Delta Dental Premier Dentist: \$1,750 per person total per benefit year on all services except orthodontic services. \$2,400 per person total per lifetime on orthodontic services. (Includes adult orthodontic services.)
- Non-participating Dentist: \$1,250 per person total per benefit year on all services except orthodontic services. \$2,400 per person total per lifetime on orthodontic services. (Adult orthodontic services are not covered.)
- These are not separate maximums by type of dentist. You must use a Delta Dental PPO or Delta Dental Premier Dentists in order to access the \$1,750 Maximum Benefits payable.

Retiree Dental Plan Rates	
Coverage Level	Monthly
Retiree Only	\$42
Retiree/ Spouse	\$83
Retiree/ Children	\$91
Retiree/ Family	\$105



SUPERIOR VISION PLAN COVERAGE

The City offers two vision plans insured by Superior Vision. Participation in this program is voluntary, so the cost of this benefit will be paid 100% by the employee. If you choose not to enroll in the vision plan keep in mind that the United Healthcare Medical plans cover an annual eye exam with a \$50 copay.

VISION PLAN HIGHLIGHTS

See the savings that the city offers through the Superior Vision plan. There are two plan options:

- Basic and Enhanced
- Comprehensive eye exams are available every 12 months
- More than 100 national and local retail brands covered
- Contact lenses and glasses may be purchased from participating providers at greatly reduced prices.

Discounts on Non-Covered Exam and Materials

- Frames: 20% off amount over allowance
- Lens options: 20% off retail
- Progressives: 20% off amount over standard progressive retail
- Refractive Surgery: 15% - 50% discount



	Superior Vision Plans	
	Basic	Enhanced
Comprehensive Eye Exam - Annual Exam	\$15 co-payment	\$10 co-payment
Eye Glass Lenses - Annually	\$30 co-payment	\$25 co-payment
Eye Glass Lenses Options	Standard single vision, bifocal or trifocal lenses, factory scratch coat	Standard single vision, bifocal, trifocal, standard progressives, polycarbonate, basic anti-reflective lenses, factory scratch coat
Frame Allowance	\$130 every two years	\$150 every year
Covered Contact Lenses - Elective	100% after a \$30 co-payment annually	100% after a \$25 co-payment annually
Non-Covered Contact Lenses - Elective	\$100 allowance annually	\$150 allowance annually

Coverage Level	Superior Vision Plan Rates			
	Basic Plan		Enhanced Plan	
	Monthly	Pay Period	Monthly	Pay Period
Employee Only	\$4.29	\$2.15	\$7.12	\$3.56
Employee/ Spouse	\$8.35	\$4.18	\$13.83	\$6.92
Employee/ Children	\$8.75	\$4.38	\$16.49	\$8.25
Employee/ Family	\$12.69	\$6.35	\$21.00	\$10.50



Employee Health

\$10 copay
Payroll deductible

401 Patton Ave. • Greensboro, NC 27406

COMMON TREATMENTS



Diagnose, treat and write prescriptions for common family illnesses such as strep throat, pink eye, and infections of the ears, nose, and throat.

COMMON VACCINATIONS



Provide common vaccinations for flu, allergies, etc.

MINOR WOUND TREATMENT



Treat minor wounds, abrasions, joint sprains, and skin conditions such as poison ivy and infections.

EMPLOYEE HEALTH SERVICES



Provide a wide range of services, including smoking cessation and education on disease monitoring.

ROUTINE LAB TESTS



Provide routine lab tests, instant results, and education for those with diabetes, high cholesterol, or high blood pressure.

**Walk-ins accepted;
appointments preferred.
Please call for an appointment!**

336-373-2412

Employee Assistance Program

Caring for the Well-being of City Employees



WHAT IS AN EAP?

EAP (Employee Assistance Program) is an employer-sponsored service. Its goal is to assist employees and their families in resolving problems that affect their personal lives and/or job performance. The program is strictly voluntary and confidential. Services are provided by licensed, trained, and experienced professionals. Therapists are experienced in working with a broad range of emotional, psychological, relationship, and addiction problems.

HOW DOES IT WORK?

The City has retained the services of licensed mental health professionals to provide professional assistance.

Requests for service may be initiated by the employee or a family member. In some situations, your supervisor may encourage you to seek assistance when there is concern that personal problems may be interfering with job performance. Employees are encouraged to seek assistance for substance abuse through a self-referral to EAP before it impacts their job. Participation in EAP may not be allowed once your supervisor has determined there is cause to test for substance abuse. *See Policy H-6 Substance Abuse, Section 5.2.*

It's simple, just call one of the providers listed below, identify yourself as a City of Greensboro employee/family member and ask to schedule an appointment. All appointments and the problems discussed are strictly confidential unless written authorization is given to provide information.

WHAT IS THE COST?

The initial assessment and counseling services are free to employees and their immediate family members. If continued services beyond the EAP sessions are indicated, the cost will be the employee's responsibility. The EAP staff will assist in accessing continued counseling through the employee's health insurance benefits or by making a referral to the most appropriate agency to minimize costs.

WHEN ARE THE SERVICES AVAILABLE?

Flexible appointment times are available Monday through Friday. Emergency services can be reached by calling either of our partner providers listed below and obtaining the on-call emergency number.

Details of the Employee Assistance Program may be found in the Personnel Manual, Policy H-5.

E.A.P. PROVIDERS:

• **Barbara Fousek, LCSW, ACSW, M.ED.**
Bank of America Building
706 Green Valley Road, Suite 506 • Greensboro, NC 27408
Office: 336-645-9555 • Fax: 336-510-9937

• **S.E.L. Group**
3300 Battleground Avenue, Suite 202 • Greensboro, NC 27410
Office: 336-285-7173 • Fax: 336-285-7174 • www.theselgroup.com



FLORES FLEXIBLE SPENDING ACCOUNTS (FSAs)

CityFlex is an FSA, a voluntary tax savings program which can help you save your money while saving your health! **There are two kinds of flexible spending accounts:**

- **Medical Account:** Allows the use of tax-free dollars for uninsured medical, dental, and vision expenses (such as co-pays and deductibles), as well as some over-the-counter medications.*
- **Dependent Care Account:** Allows the use of tax-free dollars for approved expenses related to childcare such as day care, after school programs, and adult day care.

FLEXIBLE SPENDING ACCOUNTS

How it Works

- Money is deposited into your flexible account on a biweekly basis after a deduction is taken each pay period in equal amounts.
- Estimate your yearly expenses wisely! You can only be reimbursed for your qualifying expenses.

CityFlex is available to all benefited employees, regardless of their full-time or part-time status.

Medical Spending Account

- Expenses can be for anyone in your taxable household.
- Expenses may be incurred from January 1 to March 15 of the next year (14 1/2 months).
- Claims must be submitted by March 31 of the filing year. (Example: Expenses incurred August 1, 2021, must be filed by March 31, 2022.)
- You must enroll/re-enroll each year during Open Enrollment.
- New hires may enroll within 30 days of employment for the remainder of the calendar year in which they were hired.
- Elections are for one year unless you have a qualified family status change.
- 2021 maximum contribution limit is \$2,750 (subject to IRS guidelines).

Day Care/Dependent Care

- This account allows you to set aside up to \$5,000 for day care expenses.
- Expenses are for your child(ren), disabled spouse, or parent who lives with you.
- You must enroll/re-enroll each year during Open Enrollment.
- New hires may enroll within 30 days of employment.
- Elections are for one year unless you have a qualified family status change.

Remember: if you don't use the funds, you lose them!



* Effective January 1, 2011, all over the counter drugs require a prescription and debit cards may not be used.

What's covered under medical spending account?

MEDICAL

Acupuncture, Alcohol Treatment, Chemotherapy, Chiropractic Services, Co-payments, Coinsurance payments, Deductibles, Drug Abuse Treatment, Hearing Aids, Hospitalization, Medically Necessary Nursing, Oral Contraceptives, Over the Counter Drugs*, Physical Therapy, Physician Fees, Prescription Drugs, Psychiatric Fees, Psychologist Fees, Routine Physicals, Smoking Cessation Treatment, Therapy, Vaccinations, Well-Baby Care, X-rays

DENTAL

Braces, Crowns, Dental X-rays, Dentures/ Bridges, Examinations, Fillings, Root Canals, Routine Check-ups

HANDICAPPED ASSISTANCE

Artificial Limbs, Braces, Braille Books (over cost of regular books), Guide for Blind, Hearing Trained Dog, Note Taker Expenses, Orthopedic Shoes, Seeing Eye Dog, Telephone Equipment for Deaf, Wheelchairs

VISION

Contact Lenses & Solution, Eye Examinations, Glasses

EXAMPLES OF INELIGIBLE MEDICAL EXPENSES

Cosmetic Procedures (Based on the 1991 IRS rules), Diaper Service, Ear Piercing, Exercise Equipment, unless prescribed for a specific illness, Club Memberships, unless prescribed for a specific illness, Insurance Premiums (Effective 01/01/90), Marriage Counseling provided by a Clergyman, Prescription Drugs used for cosmetic reasons, Weight Loss Programs unless prescribed for a specific illness

FSA TAX SAVINGS EXAMPLE

	Flexible Spending	
	If You Participate	If You Don't
Annual Salary Before Taxes	\$25,000	\$25,000
Less: Medical Spending Account Deposit	(\$1,500)	\$0
Taxable Income	\$23,500	\$25,000
Less: Income Taxes & Social Security	(\$5,170)	(\$5,500)
Take-Home Pay	\$18,330	\$19,500
Less: Medical Expenses	-\$0	(\$1,500)
Net Pay You Can Spend	\$18,330	\$18,000
Tax Savings	\$330	\$0

What's covered under the day care/dependent care spending account?

COVERED EXPENSES

- Before and/or after-school and summer care for children from 1st grade to age 13
- Day care for pre-school children
- Day care for handicapped child of any age
- Day care for disabled spouse or parent(s) who live with you
- Payments to a housekeeper if services are partly for the care of a child or a disabled dependent
- Payments to day care providers outside the home for disabled dependents

NON-COVERED EXPENSES

- Expenses for education
- Expenses for food, clothing and entertainment
- Payments to a dependent to care for another dependent
- Payments to a housekeeper while you are home sick
- Payments for special activities such as Tumblebees
- Payments for overnight or special activity camps

LIMITATIONS

- Use of debit cards for day care payments are not allowed
- Both parents or single parent must work, be disabled or full-time student
- Cannot pay expenses to your spouse or other dependent
- Reimbursement is limited to \$5,000
- Cannot pay expenses to your child under age 19, whether they are a dependent or not



THE STANDARD LIFE AND DISABILITY INSURANCE

The City offers two types of life insurance:

- Basic Term insurance that includes Accidental Death and Dismemberment and,
- Supplemental Term Life for employees and eligible dependents

BASIC TERM & SUPPLEMENTAL LIFE

Basic Term Insurance – the City pays for this coverage:

- Every benefit eligible employee will have coverage equal to two times his or her base annual salary. If death is a result of an accident, the life benefit will be doubled.
- Each dependent enrolled in the medical plan will automatically be enrolled in the Term Life insurance with \$2,500 of coverage
- Any coverage of more than \$50,000, when paid by an employer, is considered income by the IRS. This type of income is called imputed income and since it is paid by the City, this imputed income is taxed just like your regular pay.

Supplemental Term Life - you pay for this via bi-weekly payroll deductions:

- Employees may purchase Supplemental Life in increments of \$10,00 up to \$300,000.
- You may enroll your Spouse or Dependent child in the Supplement Life Insurance
- Spouses can be enrolled in \$10,000 of Term Life Coverage
- Children can be enrolled \$5,000 of Term Life Coverage
- The Cost of Supplemental Dependent life is \$4.60 per month

	Supplemental Term Life
Age	Rate Per \$1000 of Benefit
< 30	\$0.074
30 – 34	\$0.079
35 – 39	\$0.103
40 – 44	\$0.162
45 – 49	\$0.276
50 – 54	\$0.418
55 – 59	\$0.699
60 – 64	\$0.794
65 – 69	\$1.472
70 – 74	\$2.417
75 and over	\$7.970

LONG TERM DISABILITY PLANS

Basic Long Term Disability

- The City pays the premiums for this coverage

Buy-Up Long Term Disability

- The Employee pays the premiums for this coverage



THE STANDARD LONG TERM DISABILITY (LTD)

The Standard Insurance administers the Long Term Disability (LTD) program for City of Greensboro employees.

There is a Basic Plan that is paid by the City for all benefit-eligible employees. The Standard also offers a Buy-Up Plan that is paid by the employee. Coverage terminates when the employee separates from the City's employment.

LTD BASE PLAN

Benefits

- Covers all active full-time and part-time benefit eligible employees.
- Paid for by the City of Greensboro.
- Covers 50% of income up to \$5,000 per month.
- Benefit duration is two years.
- Waiting period for benefits is 180 days.
- Partial disability benefits are available.
- 3/12 Pre-existing conditions exclusion.
- \$100 minimum benefit.

LTD BUY-UP PLAN

Benefits

- Covers active full-time and part-time benefit eligible employees who enroll in the Buy-Up plan.
- Paid for by the employee.
- Premiums are based on employee's salary; as salary increases, premiums increase.
- Covers 60% of income up to \$6,000 per month.
- Benefit duration is up to the employee's Social Security Normal Retirement Age.
- Waiting period for benefits is 180 days.
- Partial disability benefits are available.
- 3/12 Pre-existing conditions exclusion.
- 30% minimum benefit.
- Buy-up premiums are deducted pre-tax.

Claims

Claims should be reported to The Standard as soon as the employee believes they will be absent from work beyond 180 calendar days.

Contact an HR Benefits Consultant to file a claim. To check the status of a claim that has already been filed, please call The Standard's Disability Benefits toll-free number at 1-800-368-1135.

Annual Earnings	Long Term Disability Buy-Up		Annual Earnings	Per Pay Period Deduction
	Annual Earnings	Per Pay Period Deduction		
\$12,000	\$3.35	\$66,000	\$18.43	
\$15,000	\$4.19	\$69,000	\$19.26	
\$18,000	\$5.03	\$72,000	\$20.10	
\$21,000	\$5.86	\$75,000	\$20.94	
\$24,000	\$6.70	\$78,000	\$21.78	
\$27,000	\$7.54	\$81,000	\$22.61	
\$30,000	\$8.38	\$84,000	\$23.45	
\$33,000	\$9.21	\$87,000	\$24.29	
\$36,000	\$10.05	\$90,000	\$25.13	
\$39,000	\$10.89	\$93,000	\$25.96	
\$42,000	\$11.73	\$96,000	\$26.80	
\$45,000	\$12.56	\$99,000	\$27.64	
\$48,000	\$13.40	\$102,000	\$28.48	
\$51,000	\$14.24	\$108,000	\$30.15	
\$54,000	\$15.08	\$111,000	\$30.99	
\$57,000	\$15.91	\$117,000	\$32.66	
\$60,000	\$16.75	\$120,000	\$33.50	
\$63,000	\$17.59			

Long Term CARE (LTC)

Long Term Care (LTC), offered by LifeSecure, gives individuals and couples financial protection for the future.

CLOSED to new enrollment effective 07/01/2018.

UNUM SUPPLEMENTAL BENEFITS : CRITICAL ILLNESS, ACCIDENT AND HOSPITALIZATION

Guaranteed Issue — coverages are guarantee issue — no health questions asked!! There are 3 Critical Illness options of coverage. Cancer coverage is included on the Critical Illness plan.

All plans include a wellness benefit for each covered person.

- \$50/year per insured on the Critical Illness plan.
- \$50/year per insured on the Accidental Injury plan.
- \$50/year per insured on the Hospital Indemnity plan

GROUP CRITICAL ILLNESS

How It Can Protect

- Pays a lump sum benefit upon diagnosis of covered illness after the effective date of coverage.
- Benefit is paid directly to the employee and can be used however the employee chooses.

Advantages

- Multiple payouts automatically included. A benefit can be paid for each covered condition.
- Coverage can be taken with you when you leave the City.
- Dependent children under age 26 are automatically covered at 50% of employee's benefit amount.
- No benefit reduction.

Additional Diagnosis Benefit

- Additional benefits payable for diagnosis of another critical illness.
- Includes 100% Reoccurrence Benefit.

Plan Details

- Employee options \$10,000, \$20,000 or \$30,000 benefit.
- Spouse coverage available at 100% of Employee Coverage Amount.
- Includes Cancer coverage and a \$50 wellness benefit.
- Children automatically included with employee coverage at 50%.

Unum Supplemental • Critical Illness

Age	\$10,000	\$20,000	\$30,000
<25	\$3.07	\$4.67	\$6.27
25-29	\$3.77	\$6.07	\$8.37
30-34	\$4.97	\$8.47	\$11.97
35-39	\$6.27	\$11.07	\$15.87
40-44	\$8.77	\$16.07	\$23.37
45-49	\$12.67	\$23.87	\$35.07
50-54	\$18.77	\$36.07	\$53.37
55-59	\$26.47	\$51.47	\$76.47
60-64	\$38.27	\$75.07	\$111.87
65-69	\$56.17	\$110.87	\$165.57
70-74	\$84.07	\$166.67	\$249.27

What may be covered by critical illness insurance?

Cancer

Heart Attack

Stroke *(whose effects are confirmed at least 30 days after the event)*

Blindness

Major Organ Failure

Occupational HIV

End-stage Renal (Kidney) Failure

Permanent Paralysis

Several Other Medical Instances



GROUP ACCIDENTAL INJURY



How It Can Protect

- Pays a lump sum benefit based on type of injury sustained and treatment needed.
- Benefits are paid directly to the employee.
- Benefit can be used however employee chooses.

Product Features

- Off job coverage.
- Includes a \$50 wellness benefit per year for each insured person.
- \$50 wellness benefit is easy to collect. You just call Unum and tell us you have had your exam. No paperwork required.

Who is Eligible

- Family coverage is available: employee, spouse and children.
- Children, stepchildren and legally adopted children from newborn to age 26, regardless of marital or student status.

Unum Supplemental • Group Accident

Employee Only	\$12.60
Employee/ Spouse	\$21.00
Employee/ Children	\$23.52
Employee/ Family	\$31.92

The \$50 wellness benefit is for each plan so the max benefit is \$150 per insured person.

GROUP HOSPITAL INDEMNITY

How It Can Protect

- Pays a lump sum benefit when employee has a covered hospital admission.
- Benefits can be used however employees choose.

Advantages

- Coverage is portable.
- Coverage is Guarantee Issue regardless of health.

Who is Eligible

- Hospital Admission: \$1,000 per calendar year.
- Hospital Confinement: \$100 per day, up to 60 days per year.
- \$50 wellness benefit per year for each insured person.
- Portability included.

Unum Supplemental Hospital Indemnity

Employee Only	\$14.80
Employee/ Spouse	\$39.39
Employee/ Children	\$20.70
Employee/ Family	\$45.29

The average cost of a hospital stay is \$9,700.

Low Cost Basic Financial Protection Products

Example of a 45-49 year old

Accident Plan	\$12.60
\$10,000 CI Plan	\$12.67
Hospital Plan	\$14.80
	\$40.07 per month
	<u>-\$150.00 wellness</u>
Cost per month	\$27.57
Cost per week	\$6.36



RETIREMENT

All benefit eligible general employees and public safety employees are members of the North Carolina Local Governmental Employees' Retirement System (NCLGERS)

- All employees contribute 6% of their salary on a pre-tax basis to the Retirement System.
- The City contributes to the retirement program as well.
- An employee becomes vested in the Retirement System after five (5) years of membership.
- Upon termination an employee may elect to receive their contributions and interest, if applicable, with completion of the necessary paperwork.
- All employees' contributions and interest will be paid upon retirement or death.
- To be eligible for the City's contributions an employee must retire from the Retirement System.

RETIREMENT

An employee may retire on **SERVICE** based on the following criteria:

	Unreduced Benefits	Reduced Benefits
General Employees	<p>AGE 60 <i>with 25 years of service</i></p> <hr/> <p>AGE 65 <i>with 5 years of service</i></p> <hr/> <p>ANY AGE <i>with 30 years of service</i></p>	<p>AGE 50 <i>with 20 years of service</i></p> <hr/> <p>AGE 60 <i>with 5 years of service</i></p>
Police Officers	<p>AGE 55 <i>with 5 years of service as an officer</i></p> <hr/> <p>ANY AGE <i>with 30 years of service</i></p>	<p>AGE 50 <i>with 15 years of service as an officer</i></p>
Firefighters	<p>ANY AGE <i>with 30 years of service</i></p>	<p>AGE 55 <i>with 5 years of service</i></p>

An employee may retire on **DISABILITY** based on the following criteria:

- An employee must have five years of service.
- The employee must be totally and permanently disabled from his/her job.
- Police Officers and Firefighters no longer have a service requirement if they become totally and permanently disabled in the line of duty as of July 1, 2011.
- Disability determination is made by the Retirement System's Medical Review Board.
- Retirement designation may be changed within three years of retirement. (Ex. The retiree may submit paperwork requesting a service retirement to be changed to a disability retirement or a total disability retirement.)

North Carolina Local Governmental Employees' Retirement System (NCLGERS) ORBIT System

- ORBIT is a web-based tool that provides you with full access to your personal retirement account information. This system makes managing your retirement account easier than ever.
- ORBIT allows you to safely and securely access your personal account information 24 hours a day.
- As a member of NCLGERS, you are part of one of the strongest and best-managed public pension plans in the country. North Carolina's pension fund has historically been ranked as one of the top five in the nation.



BENEFITS AT RETIREMENT



The formula for calculating monthly pension benefits is:

- 1.85% times the average final compensation (AFC) times the number of years of creditable service including sick leave. AFC is based on the highest consecutive 48 months of income.
- Retirees have an option to roll their deferred compensation plans to the NCLGERS for an additional monthly benefit for life.
- For retirement estimates go to: www.orbit.myretirement.com.

Schedule of Benefit Options			
Payment Option	Payment Name	Retiree Benefit	Beneficiary Benefit
1	Maximum	Monthly benefit for life	Lump sum return of employee's contributions that have not been paid out
2	100% Survivorship	Monthly benefit for life	After the retiree dies, the same monthly benefit for life
3	50% Survivorship	Monthly benefit for life	After the retiree dies, a monthly benefit equal to one-half of the retiree's benefit for life
4	Social Security Leveling	<ul style="list-style-type: none"> • Monthly benefit for life • Increased to age 62 • Reduces at age 62 by estimated Social Security for age 62 (determined at retirement) 	Lump sum return of employee's contributions that have not been paid out
6-2	100% Survivorship with Pop-Up	<ul style="list-style-type: none"> • Monthly benefit for life • Reduced from Option #2 • Increasing to Maximum at beneficiary's death 	After the retiree dies, the same monthly benefit for life
6-3	50% Survivorship with Pop-Up	<ul style="list-style-type: none"> • Monthly benefit for life • Reduced from Option #3 • Increasing to Maximum at beneficiary's death 	After the retiree dies, a monthly benefit equal to one-half of the retiree's benefit for life

DEATH BENEFITS

- If death occurs to an active employee, the following Benefits at Death may be available. See table below.
- A death benefit (life insurance) will be payable to a named beneficiary(ies) after one year of service in the amount of \$25,000 up to a maximum of \$50,000.
- This benefit is payable up to 180 days after the last day paid.

Benefits at Death			
For Whom	Benefit	Criteria	Payable To
General Employees Firefighters Police Officers	Employees' contributions and interest if any	Employee must have made a contribution to the Retirement System.	Named beneficiary(ies)
General Employees Firefighters	Monthly pension benefit for life	Employee must complete 20 years of service, or be age 60 with at least five years of service.	One named beneficiary other than the estate.
Police Officers	Monthly pension benefit for life	Officer must have completed 20 years of service; be age 50 with 15 years of service; or be age 55 with five years of service, or completed 15 years as an officer (regardless of age) if killed in the line of duty.	One named beneficiary other than the estate.



401 (a)

457/ ROTH 457

401 (k) / ROTH 401 (k)

General Employees

- The City contributes 3.25% of base salary to the plan, before Social Security is deducted.
- Eligibility begins the first payroll following 30 days of employment.

- Employees may contribute immediately after employment.
- Employee contributions can be in dollar amounts or salary percentages up to the maximum IRS limits, which change each year.

- Employees may contribute immediately after employment.
- Employee contributions can be in dollar amounts or salary percentages up to the maximum IRS limits, which change each year.

Firefighters

- The City contributes 3.25% of base salary.
- If the firefighters' contribution is 1.75%, then the City will match the contribution up to a total of 5% (5% is inclusive of the 3.25% City contribution).

- Firefighter eligibility begins the second payroll following 30 days of employment.
- Employee contributions must be in percentages up to the maximum IRS limits, which change each year.

- Employees may contribute immediately after employment.
- Employee contributions can be in dollar amounts or salary percentages up to the maximum IRS limits, which change each year.

Police Officers

- Police Officers may participate in the 457 program with their own money with no City contribution.
- Employee contributions can be in dollars or percentages up to the maximum IRS limits, which change each year.

- The City contributes 5% of pensionable earnings to the State 401(k) plan.
- Officers are eligible the first pay period after being sworn.
- Employee contributions can be in dollars or percentages up to the maximum IRS limits, which change each year.

DEFERRED COMPENSATION

The programs below offer additional retirement savings opportunities for employees to contribute their own money on a pre-tax basis. The City contributes to the 401(a) and 401(k) plans.

- 401 (a)
- 457
- 401(k)

401 (a)

City Contributions *Administered by ICMA RC*

Limitations

- Yearly maximum contributions set by the IRS are allowed in addition to contributions to the 457 plan.
- Withdrawals are only allowed after separation of employment.
- Investment changes can be made any time.

Withdrawals

- Withdrawals are only permitted at termination, retirement, or death.
- There is an early withdrawal penalty prior to age 59 ½ unless the employee retires at age 50 or on disability.
- Minimum distribution to the participant must begin at age 70 ½.

457 PRE-TAX AND 457 ROTH POST-TAX

Employee Contributions *Administered by ICMA RC*

Limitations

- Yearly maximum contributions set by the IRS are allowed in addition to contributions to the 401(k) plan.
- Investment and contribution changes can be made any time.
- Suspension of contributions can be done at any time by contacting ICMA-RC or the City Payroll division.

Withdrawals

- Participant loans are allowed, but have adverse impacts on your account.
- Withdrawals are only permitted at termination, retirement, death or in the event of a hardship.
- There are no early withdrawal penalties prior to age 59 ½.
- Minimum distribution to the participant must begin at age 70 ½.



401 (k) PRUDENTIAL PRE-TAX AND ROTH POST-TAX

Employee Contributions *Administered by Prudential*

Limitations

- Yearly maximum contributions set by the IRS are allowed in addition to contributions to the 401(k) plan.
- Investment and contribution changes can be made any time.
- Suspension of contributions can be done at any time by contacting ICMA-RC or the City Payroll division.

Withdrawals

- Participant loans are allowed, but have adverse impacts on your account.
- Withdrawals are only permitted at termination, retirement, death or in the event of a hardship.
- There is an early withdrawal penalty prior to age 59 ½ unless the employee retires at age 50 or on disability.
- Minimum distribution to the participant must begin at age 70 ½.



ANNUAL LEAVE & OTHER LEAVE

The City of Greensboro provides Annual Leave (PTO) for all benefit eligible employees. All benefit eligible employees earn annual leave beginning the first pay period of employment; however, there is a six (6) month waiting period before you can use the earned Annual Leave.

ANNUAL LEAVE

Earned Annual Leave (PTO)

- Annual leave earnings are based on length of continuous service with the City for both Full Time and Part Time Benefit eligible employees.

SICK LEAVE

Earned Sick Leave

- The City of Greensboro provides Earned Sick Leave for all benefit eligible employees.
- All benefit eligible employees earn sick leave beginning the first pay period of employment.
- Sick Leave is available for use as accrued.

Limitations

- Sick leave is to be used for yourself or someone in your immediate family.
- Sick leave may not be used for injuries or illnesses resulting from outside employment.
- Upon termination any unused earned sick leave will not be paid.

Transferred Sick Leave

- New Hires are allowed to transfer an unlimited amount of sick leave time earned during their previous employment if the service time meets the following criteria:
 - Service was with a N.C State government agency, N.C Municipality , or N.C. County government.
 - A letter on official letterhead from the previous employer stating the balance of sick leave hours at the time of separation must be received by Human Resources within the employee's first six (6) months of employment.
 - Hours will not be posted to the sick leave accrual until probation has been successfully completed.

MEDICAL APPOINTMENT LEAVE

- All benefit eligible employees are eligible for this benefit.
- Medical appointments do not reduce sick leave balances.

Limitations/Requirements

- Medical appointments are granted for up to two hours per pay period without affecting sick leave balances.

LEAVE FOR PARENTAL INVOLVEMENT IN SCHOOLS

- Benefit eligible employees are granted four (4) hours of paid leave per school year (regardless of number of children) for parental involvement in school.
- Non-benefited employees may take a total of four (4) hours of unpaid leave per school year regardless of number of children.

SERVICE TO OTHERS (STO)

- STO is a new paid leave benefit for benefited employees who wish to volunteer with a non-profit organization in the City of Greensboro.
- STO is available to employees that have been employed with the City for at least six months. Review the full policy for more information.

All benefit eligible employees are granted paid holidays.*

The City observes the following holidays:

- New Year's Day
- Martin Luther King, Jr.'s Birthday
- The Friday before Easter/ Spring Break
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- The Friday after Thanksgiving
- Christmas/Winter Break

*Limitations:

If you are required to work a scheduled holiday you will receive your regular pay plus additional compensation at time and one-half for the additional hours worked. Public Safety personnel may allow employees time off at straight compensatory time.

PAID FAMILY CAREGIVER LEAVE

- All benefit eligible employees who have worked for the City for at least twelve (12) months are eligible for six (6) weeks of paid time off for the birth, bonding, and to care for a child, spouse or parent with a serious health condition.

Benefit

- The family-friendly option of Paid Family Caregiver Leave is for the birth of and bonding with a newborn, bonding with a newly placed child for foster care or adoption, and to care for a child, spouse, or parent with a serious health condition.
- Benefit expires twelve (12) months after the date of the qualifying event.
- To receive the benefit, an employee must complete and submit a Family and Medical Leave Act (FMLA) application and other supporting documentation.

Limitations/Requirements

- If both spouses are employed by the City, six (6) weeks is the combined maximum.
- After Paid Family Caregiver Leave has been exhausted, employees may use all available leave.

FAMILY MEDICAL LEAVE ACT OF 1993 (FMLA)

- Allows time off for any benefit eligible employee who has worked for the City for at least 12 months and at least 1,250 hours during the preceding year.

Benefit

- Up to twelve (12) weeks of paid and/or unpaid leave in any twelve (12) month period to care for a family member with a serious health condition or for your own serious health condition as specified by the FMLA or for military exigency.
- Up to 26 weeks to care for a military person who is injured or becomes ill in the line of duty.
- If the leave is to be used for the care of a child as a result of birth, adoption, or fostering and both parents are City employees a combined 12 weeks is allowed.
- If the employee giving birth requests FMLA for the birth of a child, they may opt to use the provisions in the Maternity Leave Policy which are less restrictive.
- Before requesting unpaid FMLA leave, all leave for which the employee would otherwise be paid must be exhausted.
- FMLA must be invoked after three (3) business days.
- Unpaid leave does not apply to City years of service.

		Leave Earning Rates			
		Full-Time Employees	Part-Time Benefit Eligible Employees		
			Part-Time 20 (20-Hour Work Schedule)	Part-Time 25 (25-Hour Work Schedule)	Part-Time 30 (30-Hour Work Schedule)
Annual Leave	Monthly Annual Leave	Monthly Annual Leave	Monthly Annual Leave	Monthly Annual Leave	Monthly Annual Leave
0-48 months (0-4 years)	8 hours (96/year)	4 hours (48/year)	5 hours (60/year)	6 hours (72/year)	
49-108 months (5-9 years)	10 hours (120/year)	5 hours (60/year)	6.25 hours (75/year)	7.5 hours (90/year)	
109-168 months (10-14 years)	12 hours (144/year)	6 hours (72/year)	7.5 hours (90/year)	9 hours (108/year)	
169-228 months (15-19 years)	14 hours (168/year)	7 hours (84/year)	8.75 hours (105/year)	10.5 hours (126/year)	
229+ months (20+ years)	16 hours (192/year)	8 hours (96/year)	10 hours (120/year)	12 hours (144/year)	
Sick Leave	Monthly Sick Leave	Monthly Annual Leave	Monthly Annual Leave	Monthly Annual Leave	Monthly Annual Leave
	8 hours	4 hours	5 hours	6 hours	
Medical Appointment Leave	Monthly Medical Appointment Leave	Monthly Medical Appointment Leave	Monthly Medical Appointment Leave	Monthly Medical Appointment Leave	Monthly Medical Appointment Leave
	2 hours	1 hour	1.25 hours	1.5 hours	

VENDOR CONTACTS



MEDICAL PLAN COVERAGE

WEB

www.myUHC.com
Call 1-877-844-4999 for website assistance 24 hours a day, 7 days a week.
Chat Monday - Friday • 7 am - 8 pm CST (English only)

PHONE 1-866-844-4864
Monday - Friday • 7 am - 9 pm CST or call the number on the back of your member ID card
For emergency help, dial 911



DENTAL PLAN COVERAGE

WEB

www.NorthCarolina.DeltaDental.com

PHONE

General Questions 1-800-587-9514
Employer Questions 1-800-662-8856
Individual/Family Plan Questions 1-800-971-4108



VISION PLAN COVERAGE

PHONE 1-800-507-3800
Monday - Friday • 8 am - 9 pm EST
Saturday • 11 am - 4:30 pm EST



FLEXIBLE SPENDING ACCOUNTS

WEB

www.Flores247.com

MOBILE APP

Download from your app store

PHONE

PID & Password Assistance 1-800-840-7684
Fax 1-704-335-0818
Fax 1-800-726-9982

MAIL

Flores & Associates, LLC
PO Box 31397
Charlotte, NC 28231



STANDARD LIFE INSURANCE

PHONE 1-336-373-2020
For claims and information, contact Human Resources



UNUM ACCIDENT, CRITICAL ILLNESS AND HOSPITAL

WEB

https://services.unum.com

PHONE

Policy Questions 1-866-679-3054

WELLNESS BENEFIT CLAIMS

Telephonic Claim Filing Process 1-800-635-5597



RALLY HEALTH REWARDS

WEB

www.RallyHealth.com

MOBILE APP

Download from your app store

PHONE

1-877-818-5826

7 am - 10 pm CST



North Carolina
Total Retirement Plans



Prudential

NORTH CAROLINA TOTAL RETIREMENT PLANS

PHONE

General Questions 1-877-627-3287
Member Fax 1-919-855-5800
Employer Fax 1-919-855-5801

PRUDENTIAL NC 401(k), NC 457 & NC 403(b)

PHONE

1-866-627-5267



BUILDING PUBLIC SECTOR
RETIREMENT SECURITY

ICMA-RC

PHONE

1-800-669-7400
Representatives available Monday - Friday • 8:30 am - 9 pm EST
Self-service phone line is available 24-hours, 365 days a year