Employee Benefit Guide

HOLLY SPRINGS
North Carolina

2025-26

Availability of Summary Health Information

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

The Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage, is available at Human Resources.

Table of Contents	

Medicare Part D—Prescription Drug Information

If you (and/or your eligible dependents) are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 32 and 33 for more details.

Eligibility and Enrollment

We are pleased to provide you with the 2025-2026 Town of Holly Springs Benefits Guide. This Guide is designed for employees who are eligible to enroll in the Town of Holly Springs benefit plans.

Annual Enrollment will be held April 28th to May 2nd

You are eligible to participate in Town of Holly Springs 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 (excluding domestic partners)
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

The term 'Child' includes a biological child, step child, legally adopted child, foster child, or a child placed under you or your spouse's permanent legal guardianship.

You have **30 days** from your hire date to complete your benefits enrollment elections. Benefits begin on the first day of the month following your date of hire.

This year's Annual Enrollment will be MANDATORY. All employees must complete enrollment on BenefitSolver or you will lose your current elections. Please note: if you are enrolled in an FSA, you must re-enroll every year.

Two Ways to Enroll

1) You may use an online benefit administration system called Benefit Solver. This tool has a self service portal and you will be able to use it to make your elections for you and your family. Instructions on how to register on Benefit Solver and use the system are on pages 5-7 of this booklet.

2) Or, we strongly encourage you to schedule an appointment with a Benefit Counselor by visiting www.myenrollmentschedule.com/hollyspringsnc, or scan the QR Code with your phone's camera. Benefit Counselors will be available in person 4/28-5/2 or via phone during the open enrollment period.

About Your Benefits

The Town of Holly Springs offers you benefits in medical, vision, dental coverage, term life and AD&D insurance, short and long term disability, and flexible spending accounts.

The Town of Holly Springs benefits package is a valuable part of the total compensation package you receive as an employee. Give thoughtful consideration to the benefit choices you make to ensure they accommodate your personal health care, financial budget, and insurance needs. This guide only provides an overview of the benefit options.

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, divorce, or annulment
- Birth, adoption or fostering 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
- Death of a dependent
- Spouse/dependent becomes Medicare/Medicaid eligible or ineligible
- Court Order

You have **30 days** from the date of the event to contact Human Resources to produce required documentation of your qualifying event. Keep in mind, the changes you make must be directly related to the event and are effective the 1st of the month following the date of the status change.

What Will It Cost?

The Town of Holly Springs is committed to offering you comprehensive benefits at a fair cost. The Town of Holly Springs pays 100% of the cost for medical and dental coverage for the employee. All other coverages for the employee and their dependents are voluntary benefits and are paid for by the employee.

Employee Payroll Contributions

Pre-Tax - Employee contributions for medical/vision, dental, and flexible spending accounts, will be deducted from your paycheck on a pre-tax basis. This means that you do not pay federal, state or Social Security taxes on your contribution.

After-Tax - Employee contributions for Term Life and Disability are paid for with after- tax contributions.

How to Enroll Online

NCHIP

Mandatory Open Enrollment: April 28th—May 2nd

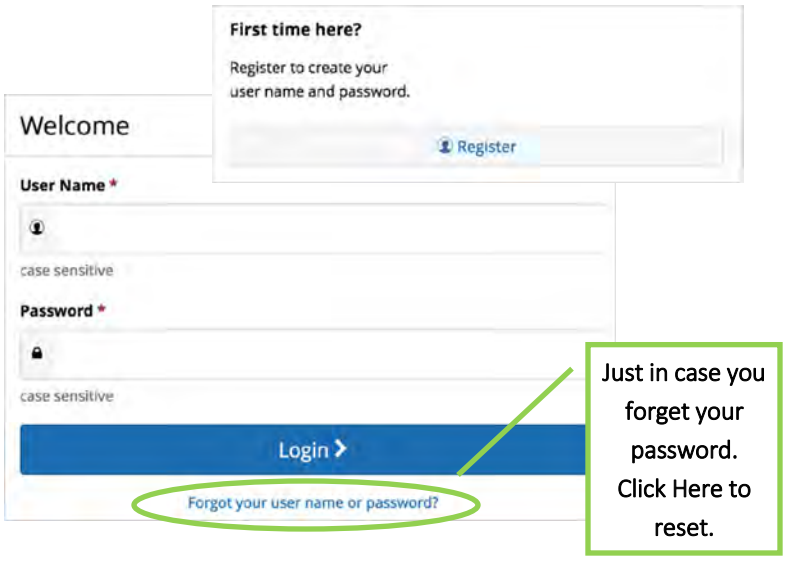
REGISTER AND LOGIN

1. Visit https://www5.benefitsolver.com and click the Register button to get started. The case-sensitive company key is NCHIP.
2. Create username and password, verify your personal information, and answer a few security questions.
3. Log in using your new username and password.

EXPLORE YOUR OPTIONS

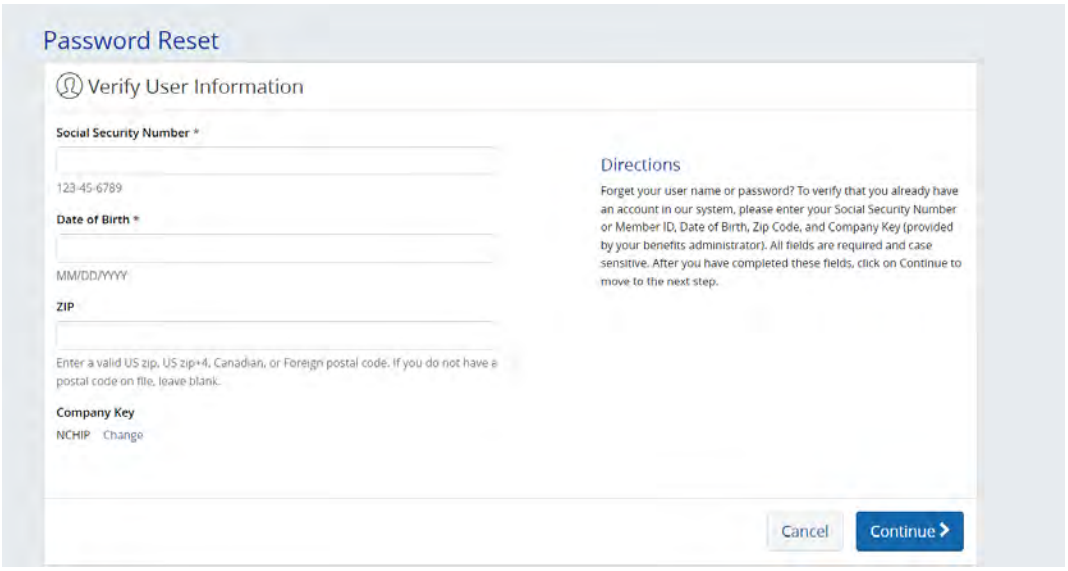
Explore the site to learn about your benefits. You'll find lots of helpful information in the Reference Center.

The calendar at the top of the Home page lets you know how many days you have to enroll.



RETURNING USERS: Click on the Forgot your username or password? link to reset your login details

Remember to keep your user name and password handy for when you are ready to enroll.

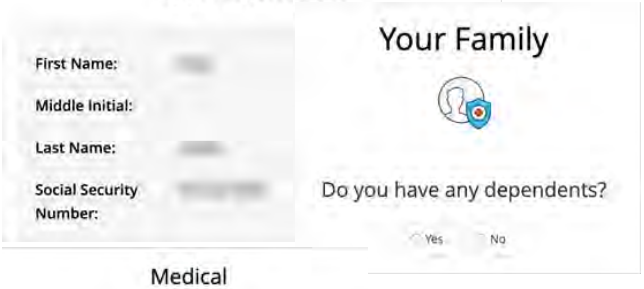


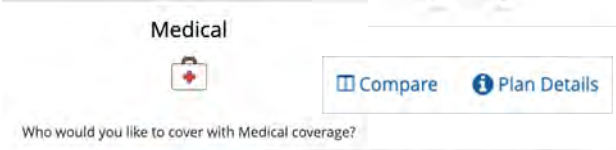
Reach out to Human Resources with questions.

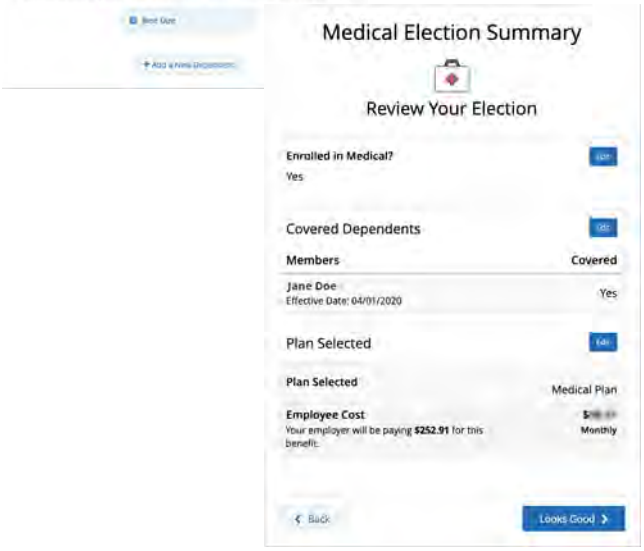
https://www5.benefitsolver.com

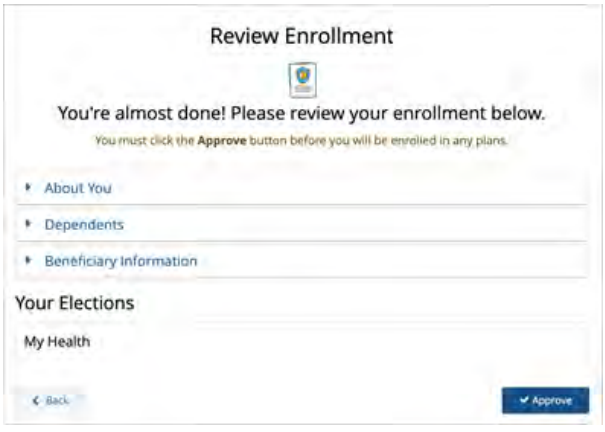
Company Key: NCHIP

How to Enroll Online









START YOUR ENROLLMENT

Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.

You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*

*You may be required to provide documentation to prove your relationship to each dependent.

ENROLL IN COVERAGE

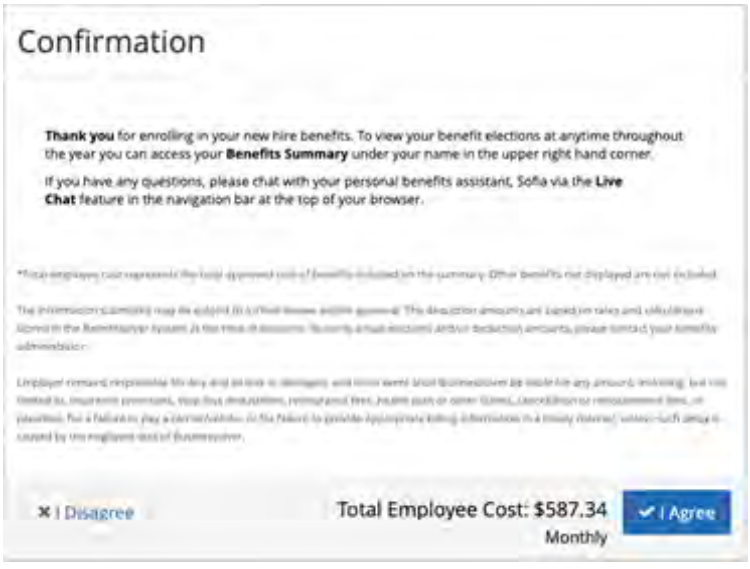
Use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option and select which family members you want to cover.

Review plan documents and use the **Plan Details** tools to view details and costs for the options available to you.

REVIEW AND FINALIZE YOUR ELECTIONS

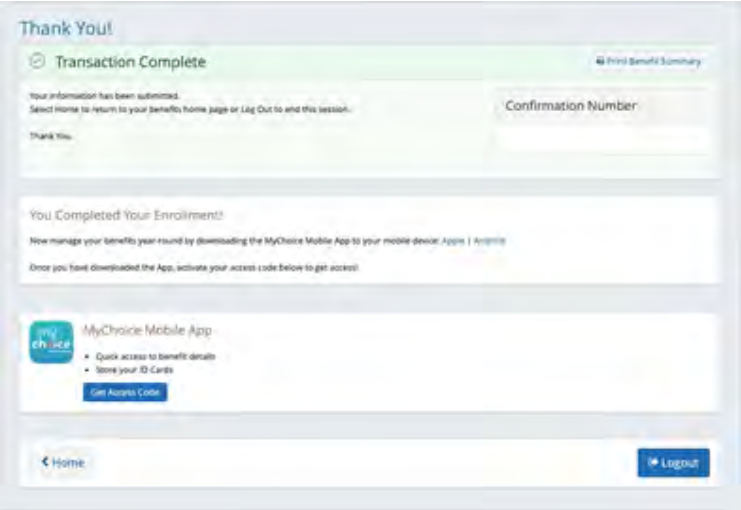
Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation and print your **Benefit Summary** for your records.



After you Enroll in your Benefits

NCHIP



AFTER YOU ENROLL

Return to the **Home** page to check for any additional tasks needed to complete your enrollment, view or download your **Benefit Summary.**

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).

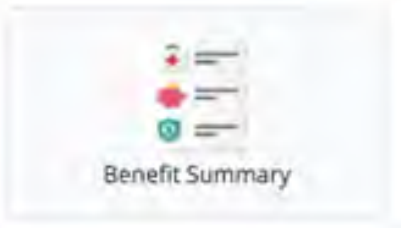
Examples included:

- 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
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

To Dos

You may have to provide documentation to prove your relationship to each dependent or to support your qualifying life event.

You can **Print** your **Benefit Summary** for your records.



Reach out to Human Resources with questions.

https://www5.benefitsolver.com

Company Key: NCHIP

Town of Holly Springs
Human Resources

P.O. Box 8 | 128 S. Main St.
Holly Springs, NC 27540
(919) 557-2922
annmarie.forbis@hollyspringsnc.gov
www.hollyspringsnc.gov

Wellness Premium Incentive

The Town of Holly Springs is pleased to offer a health insurance premium incentive to employees covered on the Town's medical plan.

Lifestyle Rewards Program: Earn Rewards While Taking Charge of Your Health!

Take the lead on your well-being and earn big rewards! The Lifestyle Rewards Program is your opportunity to save on health insurance premiums and score exciting perks, all while prioritizing your health.

How to Qualify for the 2026–2027 Incentive

Employees who voluntarily participate and complete designated health and safety activities between **July 1, 2025 – May 1, 2026**, can qualify for a premium incentive for the 2026–2027 fiscal year.

Here's what that means:

- If you're covered under the Town's medical plan, your **employee-only** health insurance premium could be waived entirely - that's $0 out of pocket for your coverage!

If you're enrolled in employee + spouse, employee + child(ren), or family coverage, you'll **pay only for the cost of your dependents** if you qualify.

Who Can Participate?

All **full-time, benefit-eligible** employees are invited to join the Lifestyle Rewards Program and start earning!

How It Works

1. Complete approved **wellness activities** from the eligible list.
2. **Earn points** for every completed activity.

Redeem points for awesome rewards in the Lifestyle Rewards Mall.

It's as Easy as 1-2-3-4:

- **Step 1:** Log in to your **MyHealthCheck360** account
- **Step 2:** Complete your **annual physical checkup** - **this is mandatory** and covered 100% under our medical plan. This activity is worth 300 points.
- **Step 3:** Choose from a wide variety of wellness activities to earn additional points.
- **Step 4:** Accumulate at least **500 points by May 1, 2026,** to qualify for the premium incentive.

Rewards & Redemption

In addition to your health premium savings, you can redeem your points at the end of the plan year for merchandise and gift cards through the Lifestyle Rewards Mall - it's our way of celebrating your commitment to a healthier lifestyle!

Submission Timeline

- **Eligible Activities:** Must be completed between July 1, 2025 – May 1, 2026
- **Submit through:** Your MyHealthCheck360 account - no hassle uploads

Deadline to qualify: May 1, 2026

Take control of your health. Reap the rewards. And enjoy the savings.

Health Premium Incentive Program FAQs

Who is eligible for the incentive?
The incentive is for current employees, covered on the Town medical plan and who participate in the incentive program

How does the incentive work?
Employees participate in and provide documentation of having completed certain required health-related activities to receive a waiver of health insurance premiums.

Is this incentive subject to taxation?
This incentive is not subject to taxation. Compliance with the program would result in fully funded employee-only coverage by the Town.

Can spouses covered on the medical plan participate in the incentive?
Currently, the incentive is not available to employee spouses.

What if I am pregnant or become pregnant during the plan year?
If you are pregnant, please contact (Annmarie Forbis) for an alternative method to qualify.

What if I am on FMLA during the fiscal year?
If you are on FMLA and otherwise compliant with the incentive program, you are eligible for the incentive.

What if I am on Military leave during the fiscal year?
If you are on Military leave FMLA and otherwise compliant with the incentive program, you are eligible for the incentive.

What if I do not submit documentation of completed health-related activities to HR by the required deadlines?
If you do not submit all the required documentation by the required deadlines, you will be ineligible for the incentive.

Can retirees participate in the incentive?
No.

What if I have a medical condition for which meeting the incentive would be medically inappropriate for me?
If you have a medical condition in which meeting the incentive would be medically inappropriate for you, contact Annmarie Forbis for an alternative method to qualify.

Medical Coverage

BCBS of NC

The medical plans are offered through Blue Cross Blue Shield of North Carolina. Review the chart below for the amount you will pay for the medical service listed. Full-time employees are eligible to enroll themselves and their families if they are working at least 30 hours per week.

	Core Plan	Savings Plan	HDHP Plan
	In-Network	In-Network	In-Network
Annual Deductible (Individual/Family)	$2,750/$5,500	$5,000/$10,000	$2,000/$4,000
Coinsurance Plan Pays You Pay	 70% after deductible 30% after deductible	 70% after deductible 30% after deductible	 80% after deductible 20% after deductible
Annual Out-of-pocket Maximum (Individual/Family)	$5,000/$10,000	$6,000/$12,000	$4,000/$8,000
Preventive Care Routine child care and routine adult care - Physicals, office visits, pap smears, immunizations, blood tests, lab work, mammograms, prostate screening, colonoscopy screening and x-rays.	FREE	FREE	FREE
Office Visits Primary Care Specialist Urgent Care	 $25 copay $50 copay $50 copay	 $30 copay $60 copay $50 copay	 20% after deductible 20% after deductible 20% after deductible
Hospital Services Inpatient Services Outpatient Services	 30% after deductible 30% after deductible	 30% after deductible 30% after deductible	 20% after deductible 20% after deductible
Diagnostic Services Including but not limited to MRI, PET Scan, CAT scan, nuclear cardiology, imaging studies, endoscopies, colonoscopies, non maternity related ultrasounds (prior authorization required).	30% after deductible	70% after deductible	20% after deductible
Emergency Room	$500 copay	$500 copay	20% after deductible

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 877-275-9787 to find providers in the Blue Cross Blue Shield network.

NO COPAY for first 3 in person 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

Prescription Drug Coverage

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

Pharmacy Copays	Core Plan	Savings Plan	HDHP Plan
	In-Network	In-Network	In-Network
Retail (30-day Supply)			
Tier 1	$10 Copay	$10 Copay	20% after deductible
Tier 2	$10 Copay	$10 Copay	
Tier 3	$25 Copay	$25 Copay	
Tier 4	$40 Copay	$40 Copay	
Tier 5	$80 Copay	$80 Copay	

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.

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

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.

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.

Medical Coverage Costs

See below the rate you will pay for each medical plan.

Core Plan					
	Total Monthly Cost	Town Pays Monthly Cost	Employee Monthly Cost	Employee Bi-Weekly Rates w/Wellness	Employee Bi-Weekly Rates w/ out Wellness
Employee Only	$730.00	$730.00	$0.00	$0.00	$26.00
Employee + Spouse	$1,640.00	$1,090.00	$550.00	$275.00	$301.00
Employee + 1 Child	$1,040.00	$765.00	$275.00	$137.50	$163.50
Employee + Children	$1,440.00	$1,040.00	$400.00	$200.00	$226.00
Family	$2,340.00	$1,340.00	$1,000.00	$500.00	$526.00

Savings Plan					
	Total Monthly Cost	Town Pays Monthly Cost	Employee Monthly Cost	Employee Bi-Weekly Rates w/Wellness	Employee Bi-Weekly Rates w/ out Wellness
Employee Only	$650.00	$650.00	$0.00	$0.00	$26.00
Employee + Spouse	$1,540.00	$1,090.00	$450.00	$225.00	$251.00
Employee + 1 Child	$940.00	$765.00	$175.00	$87.50	$113.50
Employee + Children	$1,340.00	$1,040.00	$300.00	$150.00	$176.00
Family	$2,140.00	$1,340.00	$800.00	$400.00	$426.00

HDHP Plan					
	Total Monthly Cost	Town Pays Monthly Cost	Employee Monthly Cost	Employee Bi-Weekly Rates w/Wellness	Employee Bi-Weekly Rates w/ out Wellness
Employee Only	$605.00	$605.00	$0.00	$0.00	$26.00
Employee + Spouse	$1,465.00	$1,090.00	$375.00	$187.50	$213.50
Employee + 1 Child	$880.00	$765.00	$115.00	$57.50	$83.50
Employee + Children	$1,270.00	$1,040.00	$230.00	$115.00	$141.00
Family	$2,050.00	$1,340.00	$710.00	$355.00	$381.00

Healthcare from the break room, living room or anywhere else

Your care options with Primary360 include:

New

Primary Care

Manage your overall health body and mind— with a U.S. board-certified primary care provider and care team of nurses and medical assistants.

24/7 Acute Care

Need care for non-urgent and common conditions? Get a same-day appointment with a certified provider from wherever you are.

Start using your Teladoc Health benefits

TELADOC

New

Dermatology

Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

Mental Health

Have real conversations and see progress with a therapist of your choice. Available 7 days a week from the privacy of your own home.

New

Nutrition Counseling

Work with a registered dietitian to get personalized help with meal planning, healthy eating tips or even managing a condition like diabetes or high blood pressure.

COSTS

Core & Savings Plans (PPO) : $0 Copay / Visit

HDHP Plan: Telehealth Services Fees
After your deductible is met, your cost is 0%.

Primary Care	New patient	$165
	Existing patient	$99
24/7 Acute Care	New or existing	$55
Mental Health	Initial psychiatrist visit	$212
	Ongoing psychiatrist visit	$102
	Therapy visits	$92
Nutritional Counseling	Initial and reoccurring visit	$59
Dermatology	New or existing	$85

There is no cost for annual preventive care visits, but you must be an established patient first. Nutritional counseling is considered preventive care, and you are allowed up to 12 visits per plan year.

How does a primary care visit work virtually?

Before your visit. After selecting your provider, you'll answer health related questions for your care team to review before your visit. You'll receive a complimentary blood pressure monitor to share readings during visits.

During your visit. You'll have dedicated time with your provider to address health questions, concerns, and next steps for your health goals. Providers are trained to diagnose and treat via phone and video, saving you time, money, and the hassle of office visits.

Your primary care provider can order lab work, X-rays, referrals, and vaccinations. Your care team can connect you to an in-network lab or facility if needed. Results will be reviewed with you, added to your care plan, and uploaded to your Teladoc Health account.

Teladoc Health providers can prescribe new medications. They do not prescribe opioids, narcotics, or DEA-controlled substances.

Set up your account or log in to schedule a visit

Visit Teladoc.com | Call 855-549-2214 | Download the app

Progyny—Menopause and Mid-Life Care

A New Standard of Care is Here:
A curated menopause expert network

Progyny is here to support you from the earliest signs and symptoms to the years afterward.

Are you concerned about insomnia, weight gain, mood swings, brain fog or something else? Not being heard by your current GYN or PCP when you share these concerns with them?

You deserve relief.
That is why we are here.

- Concierge support - Connect with your dedicated Patient Care Advocate for menopause support
- Menopause specialists - access virtual care from menopause specialist MDs
- Doctor-Approved Resources - Tap into exclusive content from top menopause MDs, in app or online
- Hormonal and Non-hormonal Rx - Explore treatment options
- Lifestyle tips - Learn tips for sleep, nutrition, mental health, and more

Demystifying Menopause

56% of those in early stages of menopause don't know what to expect. With Progyny menopause specialized care advocates and curated educational materials, Progyny is her to change that.

Many women are surprised by perimenopause symptoms in their mid-thirties to early forties, but focused care is scarce. Only 6.8% of OBGYNs are trained to address these symptoms, resulting in a knowledge gap that leaves nearly 3 in 4 untreated.

Menopause symptoms are treatable, but each individual needs a personalized approach.

Call Progyny to get started
833 - 233 - 1101

Progyny Patient Care Advocates are available Mon-Fri from 9am –9pm EST to answer your questions, as often as you need them.

Lantern - Center of Excellence Provider

Lighting the Path to the Right Surgical Care

What is Lantern?

Lantern can help you get the best care when you need planned, nonemergency surgery.

Here's What's Covered

Lantern partners with the best-in-class surgeons at the top facilities nationwide. Because of these partnerships, Lantern 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 Lantern benefit includes access to the Lantern network of Surgeons of Excellence and High Quality Facilities.

Your coverage includes:

- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees
- Access to the Lantern network of thousands of highly qualified and carefully selected surgeons
- Dedicated support and guidance

Note: If travel is required, travel costs are covered.

Let us Guide you Back to Health

Just follow these simple steps:

Step 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.

Step 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.

Step 3

After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.

LANTERN

Formerly Known As Surgery Plus Same Trusted Team

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.

Call Us to Learn More at

(833) 423-2021

Website: www.mylanterncare.com

Headway / NCHIP Concierge Program

Headway | BlueCross BlueShield of North Carolina

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.

NCHIP Concierge Program

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.

Connect with us

Call 1-800-795-9402

Monday-Friday, 8am—9pm EST

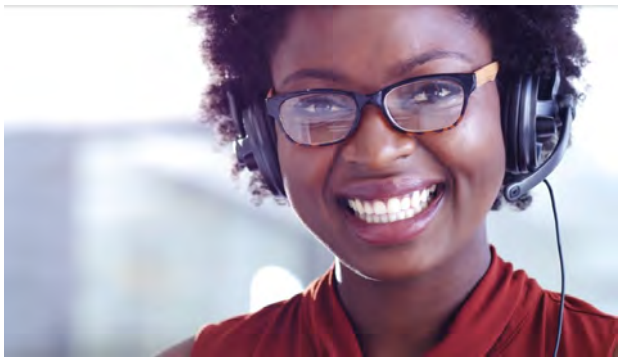
Or

Send secure email by logging in to BlueConnectNC.com

WE'RE HERE FOR YOU
With personalized customer support

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



Blue Connect / Blue 365

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!

How to select a PCP

- Log into Blue Connect at BlueCrossNC.com/ChooseYourPCP
- Click the **Choose Primary Care Provider** button under the Primary Care Section
- Use the available search tools to find your current PCP. If you don't have a PCP you can locate one nearby.
- When you find your PCP, click the **Select as Your PCP** button. Make sure you confirm your selection by clicking the OK button.

You and your dependents enrolled in the medical plan first 3 visits per plan year with your In-Network Primary Care Provider (PCP) a $0 COPAY.

You **MUST** register your PCP with BlueConnect at BlueCrossNC.com/ChooseYourPCP to be eligible for this benefit.

Enjoy Products and Discounts with Blue365

Staying healthy means more than just seeing the doctor once or twice a year. Blue Cross NC is committed to helping its members find savings wherever they can. Blue365 offers exclusive member-only discounts on healthy products and services at no extra cost.

Get deals, discounts & more in these categories:

⇒ Fitness: Gym membership & fitness gear

⇒ Personal Care: Hearing & Vision

⇒ Healthy Eating: Weight loss & Nutrition programs

⇒ Lifestyle: Travel & Family Activities

⇒ Wellness: Mind/body wellness tools and resources

⇒ Financial Health: Financial tools & programs

EXCLUSIVE SAVINGS FROM:

fitbit. GARMIN. SKECHERS Hotels.com TruHearing sunbasket KIND eyemed

Blue365 Because health is a big deal℠

Joining is easy. All you need is your Blue Cross Member ID card. Simply visit Blue365Deals.com/register

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

Dental Coverage

Delta Dental

The Town of Holly Springs offers the dental plan through Delta Dental of NC. The dental plan covers diagnostic and preventive services, basic services, major services, and orthodontia. See the next page for a detailed list of what services are covered.

	Dental Plan
	PPO/Premier Network Dentist*
Annual Deductible (Individual/Family)	$50/$100
Annual Maximum (Per Person)	$1,500
Preventive Care (Type A)	100%
Basic Services (Type B)	80% after deductible
Major Services (Type C)	80% after deductible
Orthodontia (Type D) Braces (Children through age 18)	50%
Orthodontia Lifetime Maximum (Per Person)	$1,000

* This column shows what you will pay when you visit a Participating Dentist. The plans pays the same for Nonparticipating Dentists except for Basic and Major Services where the plan only pays 70% after your deductible is met. Please note, when you receive services from a Nonparticipating Dentist, the Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

Bi-Weekly Cost for Dental Coverage

Coverage Tier	Bi-Weekly Rate
Employee Only	$0.00
Employee + Spouse	$18.65
Employee + Child (ren)	$27.26
Employee + Family	$51.22

Finding In-Network Dentists

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

Dental Coverage

Please find below a listing of common sample procedures illustrating types of services that fall under each category of coverage.

Diagnostic & Preventive Services Type A	Basic Services Type B	Major Services Type C
• Routine Exam (2 per year) • Prophylactic Cleanings (2 per year) • Bitewing X-rays (1 per year) • Full Mouth/Panoramic X-rays (1 every 5 years) • Periapical X-rays Cleaning (2 per year) • Fluoride Treatments for Children 15 and under (1 per year) • Sealants (1 per lifetime per tooth) • Space Maintainers	• Minor Restorative Services (fillings and crown repair) • Major Restorative Services (crowns) • Endodontics (root canals) • Periodontics (to treat gum disease) • Oral Surgery (extractions and surgery) • Relines and Repairs (to bridges, implants, dentures, and crowns over implants)	• Bridges • Implants (1 per tooth every 5 years) • Dentures (1 full or partial set every 5 years) • Crowns over implants (1 per tooth every 5 years)

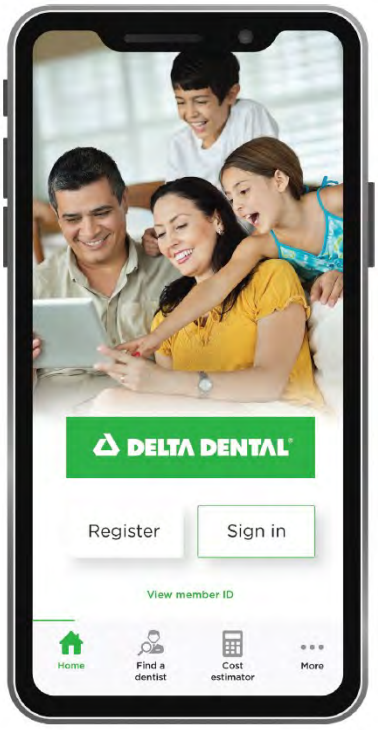
Eligible Dependents

Your spouse and children under the age of 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. If you and your spouse are both eligible to enroll in the dental plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both.

Delta Dental Mobile App

Manage your oral health anytime, anywhere with the Delta Dental Mobile App. The App makes it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device. Download the App today and sign in or register with your Delta Dental credentials!

Scan this QR code to download the Delta Dental Mobile App today!



Vision Coverage

Community Eye Care

The Town of Holly Springs has changed the Vision plan to be administered through Community Eye Care. This plan 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.

CEC community eye care a vsp vision company

	Vision Plan	
	In-Network	Out-of-Network Reimbursement
Eye Exam - annual routine eye exam (Once every 12 months)	$10 copay	100% minus the copay
Retinal Screening - An enhancement to the annual eye exam where high resolution images are taken of the inside of the eye to detect and monitor condition like diabetes.	$39 Copay	None
Eyewear - An Annual **$155** flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses / 10% discount on contacts for any overages.	$25 Copay	100% minus the copay
Contact Lens Fitting— An annual fitting or evaluation	$25 Copay	100% minus the copay

ADDITIONAL SAVINGS - Additional Pairs of Glasses or Contacts

Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses from any CEC in-network provider within 12 months of their last eye exam.

FIND A PROVIDER

You can find an in-network eye doctor in the CEC's Vision network by visiting www.cecvision.com/search

LASIK

Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center

Monthly Cost for Vision Coverage

Coverage Tier	Bi-Weekly Rate
Employee Only	$3.12
Employee + One	$5.95
Employee + Family	$8.72

PORTIBILITY

Existing CEC members who terminate employment will be able to enroll in the CEC portability plan within 60 days of their termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date.

CEC Portability Plan

SUNGLASSES ARE IN!

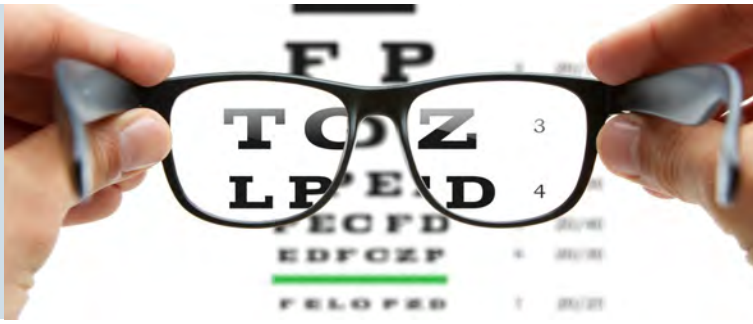
Non-prescription eyewear, including sunglasses, is included in your CEC vision plan. Other non-prescription eyewear such as blue-light blocking glasses, safety glasses, and readers are also included.

If you don't need corrective lenses, you can use the allowance for sunglasses!

Questions about your benefits?

Visit us online at cecvision.com or call 888-254-4290 ext. 505.

Visionworks · PEARLE VISION · myeyedr. · OPTICAL · Vision Center · AMERICA'S BEST CONTACTS & EYEGLASSES · LENSCRAFTERS



Flexible Spending Accounts

Paying for Health Care

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for medical, dental, vision, and child care/elder care expenses that are not covered by insurance, or only partially covered. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket)! Estimate how much you usually spend on these types of expenses in a year and set aside that dollar amount into your FSA. Go online to **www.padmin.com** to use our FSA Calculator and estimate your calculated savings when you enroll in an FSA. You do not need to be enrolled in one of Holly Spring's medical plans in order to participate in the FSA.

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

1. **Health Care Flexible Spending Account (HCFSA)**
    - Covers the cost of medical, dental, and vision expenses incurred by you and/or your eligible dependent(s). Eligible expenses include deductibles, copays, prescriptions, eyeglasses, and dental work. The maximum annual election amount for the Health Care FSA is **$3,300**.
2. **Dependent Care Flexible Spending Account (DCFSA)**
    - Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only. The maximum annual election amount for the Dependent Care FSA is **$5,000**.
3. **Limited Purpose FSA (HDHP Plan Participants ONLY)**
    - Covers eligible dental and vision expenses for those enrolled in in an HSA. Eligible expenses include dental checkups, braces, fillings, vision exams, eyeglasses, and contact lenses. The maximum annual election amount for the Limited Purpose FSA is **$3,300.**

Health Care FSA Roll Over

Holly Springs allows you to roll over a maximum of **$660** of unused Health Care FSA funds into the next plan year. You **must** elect at least $100 for the following plan year in order to roll over funds.

Use It or Lose It

Unused account balances or any amount over **$660** in the Health Care FSA will not rollover. Remember, only contribute money you are confident you will use during the plan year.

Run-Out Period

Participants will have until September 30, 2026 to submit claims for expenses incurred during the 2025 plan year.

Questions?

Contact our customer service representatives!

Monday— Friday, 8:30 am to 10:00 pm ET.

Phone: (800) 688-2611

Online: www.padmin.com

Mail: 17 Court Street

Suite 500

Buffalo, NY 14202

Health Savings Account

A Health Savings Account is a tax-advantaged savings account that can be used to pay for current and future medical expenses. You may only enroll in the HSA if you're enrolled in the High Deductible Health Plan. An HSA works with an HDHP, and allows you to use pre-tax dollars to pay for eligible out-of-pocket medical expenses for you, your spouse, and your dependents.

Benefits of an HSA

⇒ An HSA is your account. Funds in your HSA stay with you, even if you change jobs.

⇒ HSA balances roll over each year and can build over time, no "use it or lose it" rule.

⇒ HSA contributions are tax-free. The money is tax-free both when you deposit it and when you use it to pay for qualified medical expenses.

⇒ Your funds grow tax-free. An HSA grows with you if you maintain a minimum balance of $2,000, your additional funds may be invested in mutual funds yielding tax-free earnings.

⇒ Until you turn 65, withdrawals you use for non-eligible expenses will be taxed at your regular income tax rate, plus an additional 20% penalty will apply. Once you are age 65, withdrawals for non-eligible expenses are taxed at your regular income tax rate, but no additional penalty will apply.

HSA Contribution Limits 2025		
Age	Individual	Family
Under 55	$4,300	$8,550
55-64	$5,300	$9,550

Limited Purpose FSA

Pair your HSA with a Limited Purpose FSA to set aside tax-free dollars for dental and vision expenses and preserve your HSA funds for growth.

Because HSA funds are not included in your take home pay, all HSA contributions are free from federal, state, local and FICA taxes. Here is an illustrative example of how your HSA can save you a significant amount of money each year:

	With HSA	Without HSA
Annual income	$34,000	$34,000
Pre-tax contribution to HSA	$3,000	$0
Taxable income	$31,000	$34,000
Estimated taxes (35%)	$10,850	$11,900
After-tax expenses	$0	$3,000
Take-home income	$20,150	$19,100
TAX SAVINGS	**$1,050**	**$0**

Investing Your HSA Funds

A powerful tool for retirement savings!

- Maintain a $1,000 balance in your cash account to start investing.
- Withdrawals for qualified medical expenses are tax-free.
- Move your investment funds to your cash account at any time.
- Choose from three investment paths: Managed, Self-Directed, Brokerage.
- Manage your HSA and your investment account from the same portal and mobile app.

FSA vs. HSA

	Health Care Flexible Spending Account (FSA)	Health Savings Account (HSA)
What medical plan can I choose?	Core/Savings Plan	HDHP Plan
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	
When can I use the funds?	All of the funds you elect for the year are available on or about July 1st.	Funds are available as you contribute or the county contributed to the account.
Can I roll over funds each year?	You may roll over up to $660 from your FSA each year. You will lose any funds remaining in your account not used by September 15th.	Yes, funds roll over from year to year and are yours to keep (even if you leave the County or retire).
How do I pay for eligible expenses?	With your P&A Benefits Mastercard. You can also submit claims via the P&A Group mobile app or online at www.padmin.com.	With your P&A Benefits Mastercard. You can also submit claims via the P&A Group mobile app or online at www.padmin.com.
How much can I contribute each year?	$3,300 in 2025	$4,300 for individual coverage or $8,550 for family coverage (this total includes county funding) in 2025.
Does my employer contribute to my account?	No	Yes. When you contribute to an HSA, Holly Springs will contribute: • $750 for Employee Only • $1,000 for Employee + Spouse and Employee + Child • $1,250 for Employee + Children • $1,500 for Employee + Family **Please Note:** If you are hired mid-year, the Holly Springs contribution to your HSA account will be pro-rated.
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.	Yes, you can change your tax deductible contribution at any time. Complete the HSA contribution change form and submit to Human Resources.

P&A Benefits Card

The Benefits MasterCard works like a debit card. When you incur an eligible expense, swipe your card at the point-of-service and the expense will automatically be deducted from your FSA balance. If you are unable to use your Benefits Card, you can still be reimbursed for all eligible expenses. Save your receipt and submit a claim to P&A Group. For all purchases, we encourage you to save your receipts in case documentation is requested. Simply log in to your account and scroll down to Related Resources to get the calculator. NOTE: This card **cannot** be used at an ATM machine to withdraw cash.

Term Life and AD&D

The Hartford

Life and AD&D Insurance

The Town of Holly Springs provides basic life and accidental death and dismemberment (AD&D) insurance, now through The Hartford, for employees working 30 hours of more per week at no cost to you. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future. This benefit will replace the income you would have proved, and helps pay funeral costs, manage debt and cover ongoing expenses.

	Benefit Amount
Employer Paid Term Life	2x annual earnings up to $300,000
Employer Paid AD&D	2x annual earnings up to $300,000

Keep Your Beneficiaries Up to Date

You must designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Voluntary Life Insurance

You also have the option to purchase additional Voluntary Life Insurance for yourself, your spouse, and your children through The Hartford. When determining the amount of life insurance you need, think about the expenses you may encounter now and through every stage of your life. To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), any children must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

	Minimum Benefit	Guarantee Issue	Maximum Benefit
Employee	$10,000	Lesser of 3x Annual Salary up to $150,000	$500,000 or 5x your annual earnings in increments of $10,000
Spouse	$5,000	100% of Employee's amount up to $30,000	100% of Employee's amount up to $300,000 in increments of $5,000
Children (15 days to 25 years)	$1,000	100% of Employee's amount up to $10,000	100% of Employee's amount up to $10,000 in increments of $1,000

Age Reduction Schedule

Age 70 reduces to 65%
Age 75 reduces to 45%
Age 80 reduces to 30%
Age 85 reduces to 20%
Age 90+ reduces to 15%
Spouse coverage terminates at age 70.

Evidence of Insurability

At Open Enrollment, you may elect coverage up to the guaranteed issue amount for yourself, your spouse, and your children without having to provide evidence of insurability. You may only elect coverage for your spouse and/or children, if you elect coverage for yourself. Please note: if you were previously enrolled in coverage with Mutual of Omaha in an amount over the guaranteed issue, those coverages will carry over into this plan year without requiring evidence of insurability.

Portability

You may continue this insurance for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability.

Conversion

If your employment ends, you may apply for an individual life insurance policy from The Standard without having to provide evidence of insurability.

Disability Insurance

The Town of Holly Springs offers off-the-job Short and Long Term Disability Insurance through The Hartford. Disability Insurance can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Voluntary Short-Term Disability (STD) - 100% Employee Paid

Benefit Summary	STD
Benefit Amount	60% of weekly earnings
Benefit waiting period Injury Sickness	 30 days 30 days
Benefit Duration	22 weeks
Benefit Maximum	$500/week
Pre-existing condition period	3/6

Long-Term Disability (LTD) - 100% Employer Paid

Benefit Summary	LTD
Benefit Amount	60% of monthly earnings
Benefit waiting period	180 days
Benefit Duration	As long as you remain disabled or until Social Security Normal Retirement Age
Benefit Maximum	$5,000/month
Pre-existing condition period	3/12

Pre-Existing Condition Limitation

Your Hartford disability plans are subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the pre-determined time frame prior to your effective date of coverage.

Short Term Disability

The pre-existing condition limitation under this plan is 3/6, which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.

Long Term Disability

The pre-existing condition limitation under this plan is 3/12, which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

THE HARTFORD

Coverage Costs

Below is an overview of your benefit coverage costs.

Bi-Weekly Cost for Voluntary Short Term Disability Coverage

Bi-WeeklyCost	
Employee	$0.142 per $10 of Weekly Benefit

Voluntary STD - Monthly Premium *SAMPLE *	
A. Annual Earnings (round to nearest dollar)	$40,000
B. Weekly Earnings (annual earnings dividend by 52)	$769.23
C. Your Weekly Earning multiplied by Benefit % = Covered Weekly Benefit (B multiplied by 60%) PLEASE NOTE: Plan has a maximum of $500 Weekly Benefit	$461.54
D. Covered Weekly Benefit divided by 10	$46.15
E. Multiply by Rate (D multiplied by Employee Rate)	**$13.06**

Bi-Weekly Cost for Voluntary Life Insurance

Employee/Spouse Age Range	Rate per $1,000 of Coverage
0-29	$0.035
30-34	$0.040
35-39	$0.050
40-44	$0.080
45-49	$0.120
50-54	$0.200
55-59	$0.360
60-64	$0.655
65-69	$0.845
70-74	$1.160
75+	$2.065
Child Rate	$0.100

Voluntary Term Life Premium Calculation

1. Decide the benefit amount you want
2. Find your age bracket in the far left column in the chart to the left
3. See the appropriate rate per $1,000 of coverage in the column on the right
4. Multiply your age appropriate rate by the amount of coverage by the increment you want. For example, if you are 42 years old and would like $40,000 of coverage, you would multiply ($0.160 X $40,000)/ $1,000 to find your monthly cost ($6.40 per month).

Employee Assistance Program

What is an EAP?

Provided by BHS, your Employee Assistance Program (EAP) provides you and your household members with free, confidential, in-the-moment support to help with personal or professional problems that may interfere with work or family responsibilities.

What Happens When You Call the EAP?

A Care Coordinator (master's level clinician) will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator may resolve your need within the initial call; assess your need as a short-term issue, which can be resolved by an EAP counselor within the available sessions; assess your need as requiring long-term care and assist with connecting you to a community resource or treatment provider available through your health insurance plan.

Common Reasons to Call Your EAP

Relationships
- ⇒ Boss/Co-worker
- ⇒ Customers
- ⇒ Friends
- ⇒ Spouse/Kids

Life Events
- ⇒ Birth/Death
- ⇒ Health/Illness
- ⇒ Marriage/Divorce
- ⇒ Promotion/Retirement

Risks
- ⇒ Burnout/Anger
- ⇒ Depression/Anxiety
- ⇒ Suicidal Thoughts
- ⇒ Substance Abuse

Challenges
- ⇒ Daily Responsibilities
- ⇒ Parenting
- ⇒ Stress/Conflict

4 Easy Ways to Access Your EAP 24/7

Call 800-327-2251

Free, confidential support is available 24/7 to help with personal or work-related problems that may interfere with your job or family responsibilities. A BHS Care Coordinator will confidentially answer your call, understand your need, assist with any emergencies and connect you to the appropriate resources.

Text 800-327-2251

Text BHS to ask a question about the program, get in-the-moment support (routine needs only) or initiate services. All texts will be answered within one (1) business day. To start a conversation, simply send a text using #BEBETTER to connect with a master's level Care Coordinator

Go online to portal.bhsonline.com—Use organization code THS to login

The MyBHS Portal provides access to services, information on your program and unlimited access to tools, resources, and trainings on a variety of wellbeing and skill-building topics. You can also utilize Live Chat to connect with a BHS Care Coordinator to answer questions, provide in-the-moment support or to initiate services.

Go online to portal.bhsonline.com—Use organization code THS to login

Download the BHS App to access one-touch dialing to speak toll-free to a BHS Care Coordinator, submit a question or request for service, and access the MyBHS portal.

Voluntary Benefits

Voya

Accident, Critical Illness, and Hospital Indemnity Coverages are only offered **once a year during open enrollment**. At this time, it will be your first opportunity to enroll in these benefits. Coverage can be purchased for yourself, your spouse, and your children or for your entire family. Each of these policies can be taken with you should your employment end. Then, you will be responsible for the premium payment directly with Voya.

Voluntary Accident Insurance

Accidents happen. Treatment can be vital to recovery, but it can also be expensive and the financial worries can grow quickly. Accident insurance pays you cash benefits that correspond to a covered accident. Your plan also includes benefits for a variety of occurrences such as: accident care resulting in surgeries or confinement, dislocations or fractures, ambulance services, physical therapy and much more. The cash benefits can be used to help pay for deductibles, treatment, and additional incurred expenses. With VOYA, you can help protect your finances against life's slips and falls.

$50 Wellness Benefit

- ⇒ Complete an eligible health screening test (such as an annual physical) and receive a $50 benefit payment
- ⇒ You and your spouse can each receive $50 per year
- ⇒ Your children can receive 100% of your wellness benefit per child

Common Treatments & Conditions*

Treatment	Benefit
Emergency room treatment	$250
X-ray	$90
Physical or occupation therapy (up to six per accident)	$60
Laceration (sutures, up to 2")	$90
Follow-up doctor treatment	$100
Concussion	$275
Hospital admission	$1,750
Hospital confinement (per day, up to 365 days)	$275

Coverage Tier	Bi-Weekly Rates
Employee Only	4.01
Employee + Spouse	8.01
Employee + Child (ren)	8.61
Employee + Family	12.62

*See your plan documents for a full list of covered illnesses and employee costs.

Voluntary Hospital Indemnity

Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a cash benefit due to a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to the Employee based on the schedule of benefits, regardless of the actual cost of treatment.

Type of Admission	
Hospital Admission	$1,500
Intensive Care Unit Admission	$1,500
Type of Facility	
Hospital (30 day max per confinement)	$100
Intensive Care Unit (30 day max per confinement)	$200
Rehabilitation Facility (30 day max per confinement)	$50
Observation Unit (4 consecutive hours, non-inpatient - 1/yr)	$100

Coverage Tier	Bi-Weekly Rates for $100 Daily Benefit
Employee	8.44
Employee + Spouse	18.56
Employee + Children	15.50
Family	25.62

Voluntary Benefits

Voluntary Critical Illness Coverage

You can't predict the future, but you can plan for it. Critical Illness coverage helps offer financial support if you are diagnosed with a covered critical illness. You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, the policy also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

- **For you**—$10,000, $20,000, or $30,000
- **For your spouse**—50% of your benefit
- **For your children (up to age 26)**—50% of your benefit

Common Treatments & Conditions*

Covered Condition	% of Benefit
Heart Attack	100%
Cancer	100%
Stroke	100%
Kidney Failure	100%
Coronary Artery Bypass	25%

*See your plan documents for a full list of covered illnesses and employee costs.

$50 Wellness Benefit

⇒ Complete an eligible health screening test (such as an annual physical) and receive a $50 benefit payment

⇒ You and your spouse can each receive $50 per year

⇒ Your children can receive 100% of your wellness benefit per child

VOYA FINANCIAL

Voya Accident Video

Voya Critical Illness Video

Voya Hospital Confinement Video

Employee Coverage Bi-Weekly Costs (Child Rate Embedded*)

	Non-Tobacco			Tobacco		
Attained Age	$10,000	$20,000	$30,000	$10,000	$20,000	$30,000
Under 30	$1.90	$3.80	$5.70	$2.80	$5.60	$8.40
30-39	$2.70	$5.40	$8.10	$4.15	$8.30	$12.45
40-49	$4.85	$9.70	$14.55	$7.75	$15.50	$23.25
50-59	$7.95	$15.90	$23.85	$12.80	$25.60	$38.40
60-64	$10.95	$21.90	$32.85	$17.85	$35.70	$53.55
65-69	$10.95	$21.90	$32.85	$17.85	$35.70	$53.55
70+	$19.35	$38.70	$58.05	$31.60	$63.20	$94.80

Spouse Coverage Bi-Weekly Costs **

	Non-Tobacco			Tobacco		
Attained Age	$5,000	$10,000	$15,000	$5,000	$10,000	$15,000
Under 30	$0.95	$1.90	$2.85	$1.40	$2.80	$4.20
30-39	$1.35	$2.70	$4.05	$2.08	$4.15	$6.23
40-49	$2.43	$4.85	$7.28	$3.88	$7.75	$11.63
50-59	$3.98	$7.95	$11.93	$6.40	$12.80	$19.20
60-64	$5.48	$10.95	$16.43	$8.93	$17.85	$26.78
65-69	$5.48	$10.95	$16.43	$8.93	$17.85	$26.78
70+	$9.68	$19.35	$29.03	$15.80	$31.60	$47.40

*Children birth to age 26, no limit to the number of children per family.

**Spouse rates are based off the age of the spouse. Spouse tobacco status is based off employee tobacco status.

Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	Blue Cross Blue Shield of NC	(877) 275-9787	www.bcbsnc.com
Dental	Delta Dental of NC	(800) 662-8856	www.deltadentalnc.com
Vision	Community Eye Care	(888) 254-4290	www.cecvision.com
Flexible Spending Accounts	P&A Group	(800) 688-2611	www.padmin.com
Life and AD&D	The Hartford	Customer Service: 800-523-2233 Claims: 888-563-1124	www.thehartford.com
Short-Term and Long-Term Disability	The Hartford	Customer Service: 800-523-2233 Claims: 888-563-1124	www.thehartford.com
Voluntary Term Life	The Hartford	Customer Service: 800-523-2233 Claims: 888-563-1124	www.thehartford.com
Voluntary Benefits (Accident, Critical Illness, Hospital Indemnity)	Voya	(877) 236-7564	www.voya.com
Planned Surgery Provider	Lantern	(833) 423-2021	my.lanterncare.com

Notice of Creditable Coverage

Important Notice from Town of Holly Springs
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 Town of Holly Springs 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. **Town of Holly Springs 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 Town of Holly Springs coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Town of Holly Springs 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 Town of Holly Springs 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 Town of Holly Springs and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

Medicare Notices

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, 2025**
Name of Entity/Sender:	**Town of Holly Springs**
Contact—Position/Office:	**Sabrina McDonald— HR Director**
Office Address:	**128 S Main St, PO BOX 8** **Holly Springs, North Carolina 27540-9092** **United States**
Phone Number:	**(919) 557-3911**

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.

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;
- Commencement of a proceeding in bankruptcy with respect to the employer; 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: Sabrina McDonald.

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.

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 period[1] 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

Town of Holly Springs
Sabrina McDonald— HR Director
128 S Main St, PO BOX 8
Holly Springs, North Carolina 27540-9092
United States
(919) 557-3911

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

Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Town of Holly Springs is committed to the privacy of your health information. The administrators of the Town of Holly Springs 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 Sabrina McDonald— HR Director at (919) 557-3911 or Sabrina.McDonald@hollyspringsnc.gov.

HIPAA Special Enrollment Rights

Town of Holly Springs Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Town of Holly Springs 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 Sabrina McDonald— HR Director at (919) 557-3911 or Sabrina.McDonald@hollyspringsnc.gov.

Legal Notices

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.

Legal Notices

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, 2024. 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.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices

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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	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/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov 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/health-care-coverage/ Phone: 1-800-657-3672	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: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

Legal Notices

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct 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	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.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, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L.. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

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:

Plan 1: Core Plan (Individual: 30% coinsurance and $2,750 deductible; Family: 30% coinsurance and $5,500 deductible)
Plan 2: Savings Plan (Individual: 30% coinsurance and $5,000 deductible; Family: 30% coinsurance and $10,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at (919) 557-3911 or Sabrina.McDonald@hollyspringsnc.gov.

Notes

Gallagher

Insurance | Risk Management | Consulting

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.