Graham County

2022

BENEFITS

ENROLLMENT

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 from Human Resources.

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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 16 and 17 for more details.

BENEFITS OVERVIEW

Graham County is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Graham County provides other benefits at no cost to you (life, accidental death & dismemberment).

Benefits Offered

- Medical
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability

Eligibility

You and your dependents are eligible for Graham County benefits on the first of the month following **60 days** of employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Graham County eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within **31 days.**

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Making Changes to Your Benefits

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

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

Once a family status change has occurred, you have **31 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.

Coverage Level

When you enroll in health insurance, you will choose a coverage level as listed below.

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Open Enrollment will be held Monday, June 13th through Friday, June 17th

MEDICAL BENEFITS

Administered by BlueCross BlueShield

BlueCross BlueShield of North Carolina will be our medical plan provider. Review the chart below for the amount you will pay for the medical service listed.

	PPO	
	IN-NETWORK	OUT-OF-NETWORK
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	$1,500 single / $3,000 family	$3,000 single / $6,000 family
Annual Out-of-Pocket Maximum	$4,500 single / $9,000 family	$9,000 single / $18,00 family
Coinsurance	20%	50%
DOCTOR'S OFFICE		
Primary Care Office Visit	$25 copay	50% after deductible
Specialist Office Visit	$50 copay	50% after deductible
Preventive Care (routine exams, screening, immunizations)	No Charge	30% after deductible
Diagnostic Test & Imaging (x-ray, blood work, CT/PET scans, MRIs)	20% after deductible	50% after deductible
HOSPITAL SERVICES		
Emergency Room	$300 copay	$300 copay
Inpatient	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care	$50 copay	$100 copay
Ambulance Service	20% after deductible	20% after deductible
MENTAL HEALT H & SUBSTANCE ABUSE SERVICES		
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	Office visit: $10 copay; Other outpatient: 20% after deductible	50% after deductible
OTHER SERVICES		
Maternity Services	$25 copay	50% after deductible
All other maternity hospital/ physician services	20% after deductible	50% after deductible
Chiropractic Services (30 visits)	$50 copay	50% after deductible
Physical, Occupational and Speech Therapy Services (30 visits)	$50 copay	50% after deductible
Skilled Nursing 60-day calendar year maximum	20% after deductible	50% after deductible

MEDICAL CONTRIBUTIONS

Medical Rates

BENEFIT PLAN	TOTAL MONTHLY PREMIUM	COUNTY MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION
Employee	$826.80	$826.80	$0.00
Employee + Spouse	$2,019.25	$826.80	$1,192.45
Employee + Child(ren)	$1,918.38	$826.80	$1,091.58
Family	$2,746.16	$826.80	$1,919.36

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service. Copays do not count toward your annual deductible, but they will be applied towards your annual out-of-pocket maximum.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Potential Financial Responsibility When Using Out-of-Network Providers

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

TELEHEALTH BENEFITS

Teladoc telehealth services for minor acute care and behavioral health

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is excited to offer telehealth services from Teladoc. Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

What conditions can Teladoc treat for acute care?

Teladoc's doctors can diagnose and treat many non-emergency health problems:

+ Allergies
+ Cough, cold and flu
+ Diarrhea
+ Ear problems
+ Fever
+ Headache
+ Insect bite
+ Nausea and vomiting
+ Sinus problems
+ Sore throat
+ Urinary problems and UTIs
+ And more

What does it cost? $10 COPAY
(Acute Care and Behavioral Health visits)

Teladoc accepts most major credit and debit cards, and it's a qualified expense for HSAs, HRAs and FSAs.

Download the Teladoc app
on your smartphone or tablet and follow the steps to activate your account

Call 1-800-Teladoc (835-2362)

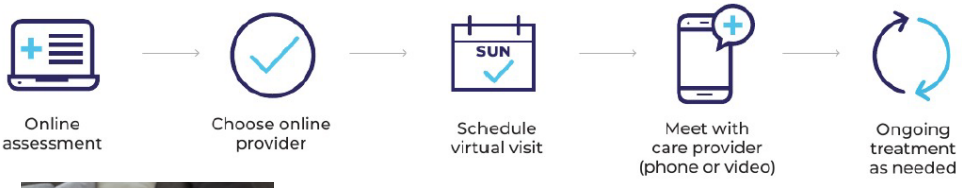
Go to *BlueCrossNC.com/Teladoc*
and click **"Get Started Now"**

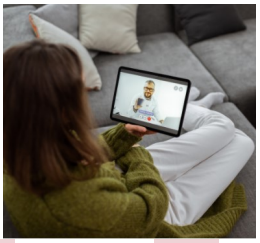
Behavioral Health Care

Access to convenient, confidential, and quality treatment by phone or video.

You have access to high quality care with board-certified psychiatrists, licensed psychologists, or licensed therapists. You can book appointments with ease and build ongoing relationships with mental health professionals of your choice—without having to travel to or wait at the provider's office.

How Virtual Behavioral Health Care works





75% of members with depression or anxiety reported improvement after their third or fourth virtual care visit.

Common conditions treated:

- Anxiety
- Depression
- PTSD
- Stress
- Panic Disorder
- Family/marriage issues
- Grief
- Eating disorders
- Substance abuse
- Trauma resolution
- Work pressures
- ADHD

BLUE CONNECT

Register with Blue Connect

Your gateway to online tools and resources

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

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

1 - Go to www.BlueConnectNC.com.

2 - Click Register Now.

3 - Select the correct box based on who is registering. Note: participants must register themselves unless they are under 13 years old, in which case they must be registered by one of their parents.

4 - To confirm your identity, enter your Subscriber ID found on your Blue Cross NC Member ID card. Your Subscriber ID contains both letters and numbers.

5 - Enter the date of birth of the person who is being registered. Enter the date using 2 digits for the month, 2 digits for the day and 4 digits for the year.

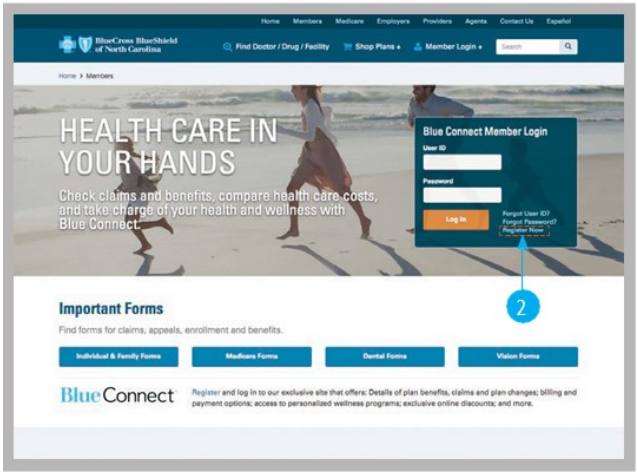
6 - Enter the ZIP code of the mailing address where you receive correspondence from Blue Cross NC regarding your health insurance.

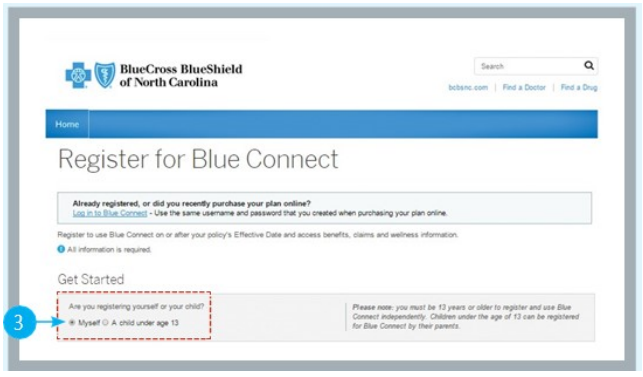
7 - Click Continue to go to the next page.

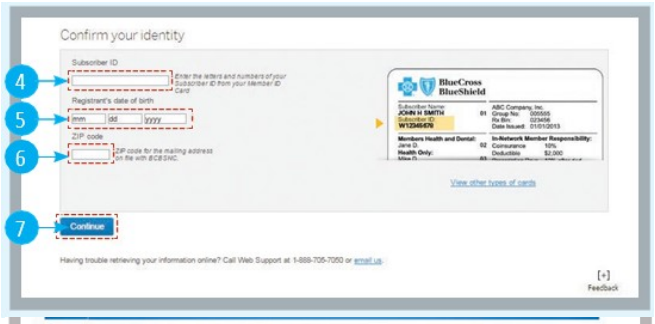
8 - Verify that the information shown is correct and continue to step 9.

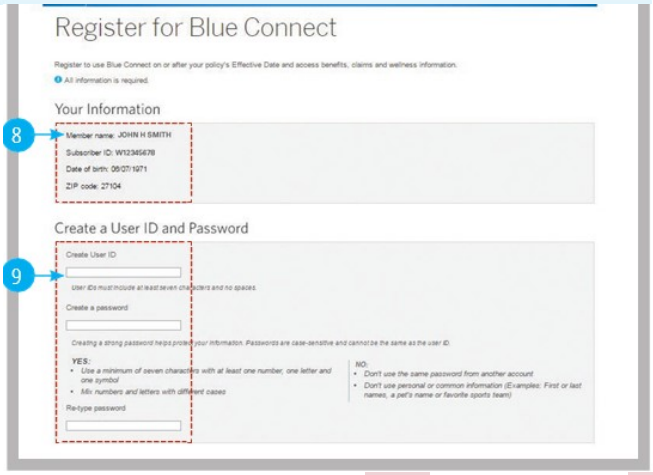
9 - You need to create a User ID and Password. Keep this information in a safe place. We also suggest using a User ID and Password that you can remember easily.

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





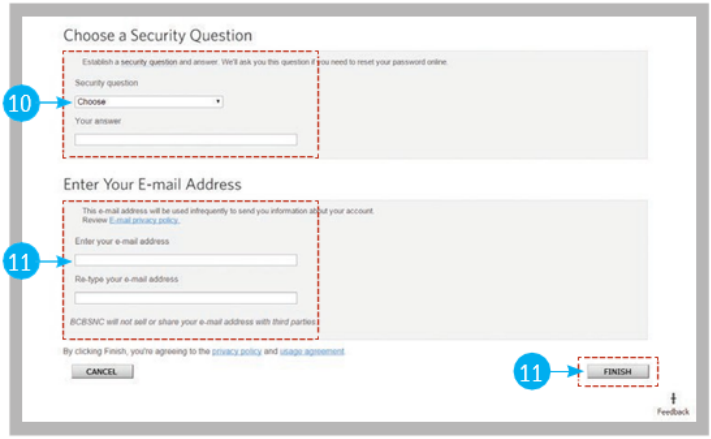




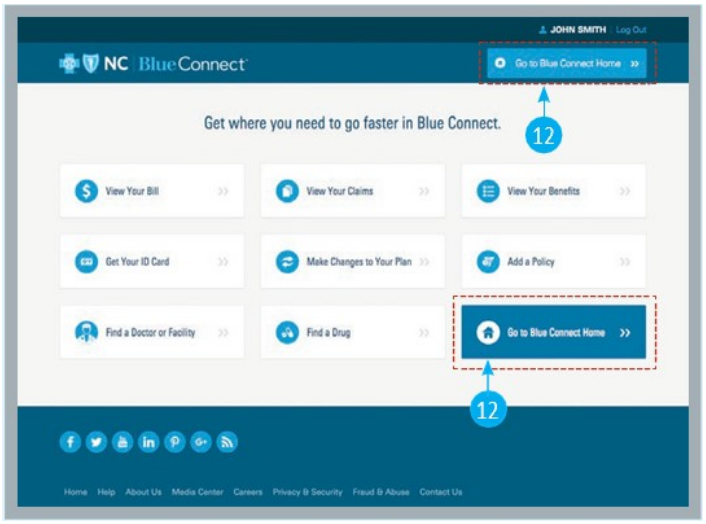
BLUE CONNECT

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

11 - **Enter your email address, then click Finish**.



12 - **Click Go to Blue Connect Home**.



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

PHARMACY BENEFITS

Prescription drug coverage through BlueCross BlueShield of North Carolina is included with our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	PHARMACY COPAYS
	In-Network & Out-of-Network
Retail (30-day Supply)	
Generic	$10 Copay
Preferred	0% after deductible
Non-preferred	0% after deductible
Specialty	0% after deductible
Mail-order (90-day Supply)	
Generic	$30 Copay
Preferred	0% after deductible
Non-preferred	0% after deductible
Specialty	0% after deductible

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

BlueCross BlueShield of North Carolina 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. If you take a specialty medication, you could save money by using BlueCross BlueShield of North Carolina's mail-order pharmacy, Accredo.

Mail Order - Express Scripts

You can register for mail-order pharmacy by logging on to www.express-scripts.com or by calling 1-833-599-0449.

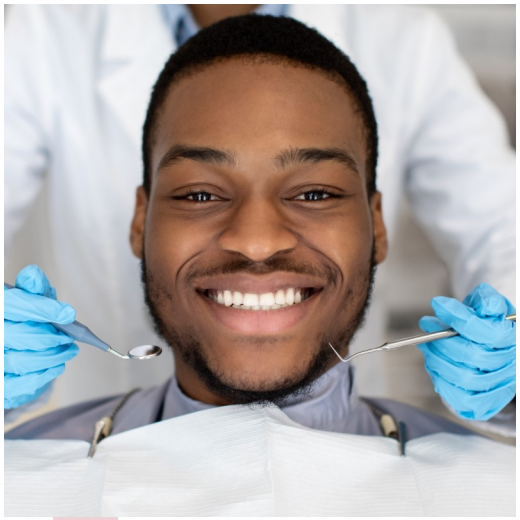
DENTAL BENEFITS

Administered by Blue Cross Blue Shield of North Carolina

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Graham County dental benefit plan.

SERVICES	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	$25 per person; $75 family limit	$25 per person; $75 family limit
Annual Benefit Maximum	$1,000	$1,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible	50% after deductible

COVERAGE TIER	TOTAL MONTHLY PREMIUM	COUNTY MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION
Employee	$26.64	$13.32	$13.32
Employee + One	$53.29	$13.32	$39.97
Employee + Child(ren)	$65.12	$13.32	$51.80
Family	$99.74	$13.32	$86.42



BlueCross BlueShield of North Carolina

VISION BENEFITS

Administered by Blue Cross Blue Shield of North Carolina

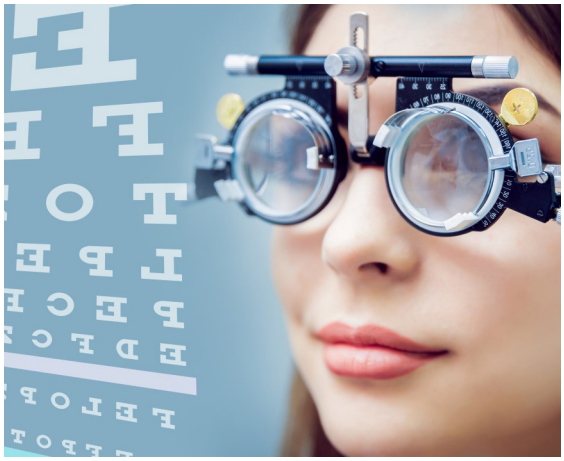
Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Graham County's vision plan through Blue Cross NC 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.

BLUE 20/20 PLAN	IN-NETWORK	OUT-OF-NETWORK
Eye Exam (every 12 months)	$25 Copay	up to $39
Frame Allowance (every 24 months)	$150 Allowance	up to $75
Lenses (every 12 months) Single Vision Bifocal Trifocal Lenticular	 $25 copay $25 copay $25 copay $25 copay	 up to $25 up to $39 up to $63 up to $63
Contact Lenses (every 12 months) Conventional Medically Necessary	 $150 Allowance $0 copay	 up to $120 up to $200

COVERAGE TIER	TOTAL MONTHLY PREMIUM	COUNTY MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION
Employee	$5.89	$5.89	$0.00
Employee + Spouse	$11.19	$5.89	$5.30
Employee + Child(ren)	$11.78	$5.89	$5.89
Family	$17.32	$5.89	$11.43

BlueCross BlueShield of North Carolina



LIFE INSURANCE

LIFE AND AD&D INSURANCE

INSURED BY USABLE

Graham County offers eligible employees Basic Life and AD&D insurance at **no cost**. Basic Life coverage for dependents is also available at an additional cost. Life Insurance creates an instant estate for remaining family members helping them pay for medical, food, clothing, education, and final expenses.

EMPLOYER PAID	HOW IT WORKS	EMPLOYEE LIFE AND AD&D BENEFIT*
Life	Your beneficiaries receive this benefit if you pass away	**$25,000**
AD&D	Your beneficiaries receive this benefit if your death is accidental. You may receive an amount up to this benefit if you are seriously injured in an accident	**$25,000**

*Your benefit will be reduced to 65% at age 65, to 50% at age 70, to 25% at age 75, and terminates at your retirement.

DEPENDENT LIFE	
Spouse	**$5,000**
Children	Live birth to 6 months: **$500** 6 months to age 26 (if unmarried and not working full time): **$5,000**

DEPENDENT LIFE MONTHLY COST
$2.15

USAble Life℠

LIFE INSURANCE

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by USABLE

You may purchase Voluntary Life and Voluntary AD&D insurance for yourself and your dependents. Voluntary Life and Voluntary AD&D insurance have equal coverage limits, but may be purchased separately.

Employee— Up to the lesser of 5x your annual earnings or $200,000 in increments of $10,000

- Guaranteed Issue: $100,000

Spouse— Up to the lesser of 50% of your supplemental coverage or $100,000 in increments of $5,000

- Guaranteed Issue: $30,000

Children— 6 Months to Age 26: $5,000 or $10,000. Live Birth to 6 Months: $1,000

- Guaranteed Issue: $10,000

Reduction schedules may apply. See your plan documents for more details.

Evidence of Insurability

If you do not apply for voluntary coverage during the first annual enrollment period following your eligibility date, you will be required to provide evidence of insurability (EOI). EOI will also be required when you wish to elect any amount of voluntary insurance over the guaranteed issue amount.

AGE BAND	EMPLOYEE MONTHLY PREMIUM	SPOUSE MONTHLY PREMIUM*
	Per $10,000 of coverage	Per $5,000 of coverage
Under 30	$1.10	$0.55
30-34	$1.30	$0.65
35-39	$1.90	$0.95
40-44	$2.40	$1.20
45-49	$4.00	$2.00
50-54	$5.90	$2.95
55-59	$10.90	$5.45
60-64	$15.90	$7.95
65-69	$17.30	$8.65
70+	$22.90	$11.45

*Spouse monthly premium is based on spouse's age.

CHILD VOLUNTARY LIFE MONTHLY RATE	
$5,000	$0.80
$10,000	$1.60

MONTHLY AD&D RATE PER $1,000 OF BENEFIT	
All Ages	$0.04

DISABILITY INSURANCE

VOLUNTARY SHORT TERM DISABILITY INSURANCE
Insured by USABLE

All active, full-time employees working at least 30 hours per week have the option to purchase voluntary short term disability insurance through USAble. Disability insurance provides protection for your paycheck if you become disabled and are unable to work do to and illness or injury. There is a Pre-Existing Condition limitation that states any condition you sought treatment for, or should have sought treatment for, within the 12 months prior to your effective date of coverage may be considered pre-existing and benefits may not be paid for that condition until you have been on the plan for 12 consecutive months.

HOW IT WORKS
You receive 60% of your income up to $500 per week. Benefits begin after 30 days for illness or injury and continue for up to 13 weeks. Pre-Existing Condition: 12/12

EMPLOYEE AGE	MONTHLY RATE PER $100 OF WEEKLY BENEFIT
Under 50	$5.20
50-59	$7.00
60+	$11.60

CONTACT INFORMATION

BENEFIT	VENDOR	PHONE	WEBSITE/EMAIL
Medical	BlueCross BlueShield	1.877.275.9787	www.bluecrossnc.com
Prescription Drug	BCBSNC	888-487-5553	www.bcbsnc.com
Mail Order Pharmacy	Express-Scripts	833-599-0449	www.express-scripts.com
Telehealth	Teladoc	800-835-2362	www.teladoc.com
Dental	BCBSNC	888-487-5553	www.bcbsnc.com
Vision	BCBSNC	888-487-5553	www.bcbsnc.com
Life and AD&D	USAble	800-370-5856	www.usablelife.com
Voluntary Life and AD&D	USAble	800-370-5856	www.usablelife.com
Short Term Disability	USAble	800-370-5856	www.usablelife.com

Graham County Human Resources Department

Kim Crisp
Human Resources Officer
Graham County
828-479-7961 (phone)
828-479-7988 (fax)
kim.crisp@grahamcounty.org (email)

MEDICARE NOTICES

Notice of Creditable Coverage

Important Notice from Graham County

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

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

MEDICARE NOTICES

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 Graham County changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	**July 01, 2022**
Name of Entity/Sender:	**Graham County**
Contact—Position/Office:	**Kim Crisp / Human Resources Officer**
Office Address:	**12 North Main Street**
	Robbinsville, NC 28771
Phone Number:	**828-479-7961**

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(expires 1/31/2023).

LEGAL NOTICES

Graham County's Notice of your HIPAA Special Enrollment Rights

Loss of Other Coverage - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage.

To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of 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/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption. You must provide the proper documentation to make these changes.

Medicaid Coverage - Graham County's group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. Termination of Medicaid or CHIP Coverage - If the employee or dependent is covered under a Medicaid plan or under a State Child Health Plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. Eligibility for premium assistance under Medicaid or CHIP - If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact your Human Resources Department.

Discrimination is Against the Law

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

Graham County:

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

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

If you believe that Graham County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Human Resources. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Human Resources Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

LEGAL

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."

LEGAL NOTICES

When is COBRA continuation coverage available?

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

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

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

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.

LEGAL NOTICES

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

Graham County

Kim Crisp - Human Resources Officer

12 North Main Street

Robbinsville, NC 28771

United States

828-479-7961

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program

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 **ww.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 January 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

LEGAL NOTICES

CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	**NEBRASKA – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – 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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public- assis-tance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

LEGAL NOTICES

MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

LEGAL NOTICES

Women's Health and Cancer Rights Act (WHCRA)

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: Blue Cross & Blue Shield of North Carolina : Base plan (Individual: 20% coinsurance and $3,000 deductible; Family: 20% coinsurance and $6,000 deductible)
Plan 2: Blue Cross & Blue Shield of North Carolina : Buy-Up plan (Individual: 20% coinsurance and $1,750 deductible; Family: 20% coinsurance and $3,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at **828-479-7961** or kim.crisp@grahamcounty.org

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Town of Graham County is committed to the privacy of your health information. The administrators of Graham County's 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 Kim Crisp - Human Resources Officer at **828-479-7961** or kim.crisp@grahamcounty.org

NOTES

NOTES

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.