

NEW HANOVER COUNTY 2018 BENEFITS AT A GLANCE

ELIGIBILITY

New hires are eligible for benefits on your date of hire provided you meet the hours and eligibility requirements. When eligible, you may enroll yourself and your eligible dependents prior to your effective date but within 30 days from your hire date.

MEDICAL

New Hanover County offers you the choice of three medical plans, a Base Plan, Buy-Up Plan and a NEW High Deductible Health Plan with a Health Savings Account (HSA) through Blue Cross and Blue Shield of North Carolina. To have the highest level of coverage you should use an in-network provider whenever possible.

www.bcbsnc.com, Customer Service 1-877-258-3334

Benefit	Base Plan	Buy-Up Plan
Annual Deductible (Individual/Family)	\$2,000 / \$4,000	\$1,000 / \$2,000
Out of Pocket Maximum (Individual/Family) (Includes deductible)	\$6,350 / \$12,700	\$5,350 / \$10,700
Coinsurance	80%	80%
Preventive Care	100% covered	100% covered
Primary Care Physician	\$45 copay adult/\$35 copay child	\$40 copay adult/\$30 copay child
Specialist/Urgent Care	\$70 copay	\$60 copay
Emergency Room	\$300 copay (waived if admitted)	\$150 copay (waived if admitted)
Hospital Care	80% coinsurance	80% coinsurance
Prescription Drugs		
Generic Value Based copay	\$0	\$0
Brand Value Based copay	\$10	\$10
Generic copay	\$10	\$10
Preferred Brand copay	\$30	\$30
Non-Preferred Brand copay	\$50	\$50

New High Deductible Health Plan with Health Savings Account (HSA)

Benefit	HDHP with HSA
Annual Deductible (Individual/Family)	\$2,000 / \$4,000
Out of Pocket Maximum	
Individual	\$5,000
Family Member	\$6,550
Family	\$10,000
(Includes deductible)	
Coinsurance	80%
Preventive Care	100% covered, no deductible
Primary Care Physician	80% after deductible
Specialist/Urgent Care	80% after deductible
Emergency Room	80% after deductible
Hospital Care	80% after deductible
Prescription Drugs	
Generic Value Based copay (certain drugs)	\$0
Brand Value Based copay	80% after deductible
Generic copay	80% after deductible
Preferred Brand copay	80% after deductible
Non-Preferred Brand copay	80% after deductible
Maximum Contribution (set by IRS)	
Individual	\$3,450
Family	\$6,900
New Hanover Contributions	
Employee	\$750
Employee/Child	\$1,250
Employee/Spouse / Employee/Children	\$1,500
Family	\$2,250

This summary is intended to convey general information and is not an exhaustive analysis. Should there be any discrepancies herein, the plan document will supersede these materials. Please reference your plan documents for additional details.

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EMPLOYEE CONTRIBUTIONS

Health Equity will manage your HSA account on behalf of New Hanover County employees. If an employee would like to contribute up to the maximum allowed by the IRS you may use pre-tax dollars to fund the account. This account allows you to pay for eligible medical, dental pharmacy and vision expenses. Depending on your tier of coverage you may contribute the following:

Employee Contributions	
Employee	\$2,700
Employee/Child	\$5,600
Employee/Spouse / Employee/Children	\$5,350
Family	\$4,000

BENEFIT RESOURCE CENTER

The Benefit Resource Center (BRC) is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time via phone 855-874-6699 or via e-mail BRCEast@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

DENTAL

New Hanover County offers Dental coverage to eligible employees through Delta Dental of North Carolina. You may see any licensed dentist you wish but will have the highest level of coverage when you use an in-network provider. The Dental plan offers a wide network of national providers and provides coverage for routine preventive visits, basic and major services.

www.deltadentalnc.com Customer Service 1-800-662-8856

PLAN YEAR BENEFIT	Delta Dental of North Carolina Dental PPO 1025 Dental PPO
Benefit Year Deductible (Individual/Family)	\$25 / \$75
Preventive Care	100%
Basic Care	80%
Major Care	50%
Benefit Year Benefit Maximum	\$1,250
Orthodontics to age 19	50%
Lifetime Maximum	\$1,500

*Please note that if you do not use in-network providers, your benefit percentage may be reduced and you may be subject to balance billing for any amounts over allowable or usual and customary.