

# BENEFITS GUIDE 2025



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# DISCLAIMER



All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.

**You will not be able to make any changes once the enrollment period is over** unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.). If you should experience a qualified event, you have **30 days** from the date of the event to make any changes. For more information on qualifying events, please search MyDco. Employees have **60 days** to make a mid-year change if you have lost or gained Medicaid.

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD are available for reference on MyDco.

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.

## New for 2025-2026

Multiple changes have been made to the benefit offerings for FY 2025-2026. Please use this guide to evaluate the plan designs, carriers, and costs. This guide is provided to help you choose the plans that best fit you and your dependents needs.

### Changes:

County absorbs 12.7% increase so employees would not have to pay more in medical premiums.

GLP-1 Weight Loss  
Medications

Term Life Insurance  
Allowable Changes with  
Reliance Matrix Products

# WELCOME



May 2025

Dear County Employees,

Open Enrollment for the benefit year July 1st, 2025 - June 30th, 2026 is **May 14 through May 23**.

This is the time of year when you can re-evaluate your benefit coverage needs, make changes to benefit selections for next year, elect your flexible spending accounts and confirm you have named your beneficiaries for all applicable life insurance policies.

Choosing the benefits package that best meets your needs is one of the most important decisions you make. As a Durham County employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

It is important that you read the contents of this package, attend an information session or view open enrollment materials on the intranet.

If you do not wish to make any changes to your current benefits package, you do not need to do anything, with the exception of establishing or re-enrolling in a Flexible Spending Account (FSA).

All **changes and supporting documentation** must be sent to [Benefits@dconc.gov](mailto:Benefits@dconc.gov) and received by May 23, 2025. Any changes made during Open Enrollment will take effect July 1st, 2025.

Thank you,

Deidre Gonzales, MSHR

Senior Human Resources Manager

200 E. Main Street, 1st Floor, Durham, NC 27701 (919) 560-7900

Equal Opportunity Employer



# IMPORTANT POINTS

## 2025-2026



### Benefits Eligibility

Any regular, full time or part time employee, who works at least 50% (18.75 hours) or more per week, are eligible for County benefits.

### Eligible Dependents

Below is a list of eligible dependents and the supporting documents required to enroll them onto your health insurance plans. Dependent children are eligible until they reach 26 years of age. In accordance with current Affordable Care Act (ACA) reporting guidelines, covered members must have valid social security number and accurate birthdate. For those adding new dependents, please ensure their names in the SAP system match what is on their social security card.

- Spouse: Copy of Marriage Certificate
- Child: Copy of Birth Certificate
- Adopted Child: Copy of Adoption Order or Birth Certificate
- Step Child: Copy of Birth Certificate & Copy of the Marriage Certification
- Child of Legal Guardianship: Copy of the original Letters of Guardianship filed with the courts

### How to Enroll/Make Changes

Log into the SAP Portal and navigate to Benefits Enrollment under My Benefits section. Click on Open Enrollment. Please visit the intranet for additional resources. There is NO action for those who have no benefit changes to make.

### Flexible Spending Accounts

You must re-enroll in a Flexible Spending Account (FSA) every year. If you do not use all your Medical FSA funds by the end of the benefit year, up to \$500 of your balance will rollover in the next plan year.

### Waiving Benefit Coverage for FY 2025-2026

All employees who wish to waive coverage during the benefits year 2025-2026, must go into the SAP portal and waive applicable coverage.

# QUALIFYING LIFE EVENTS



Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

## Examples of QLEs

The following events will open a special **30 day** enrollment period from the date of the event, allowing you to make changes to your coverage. Documentations may be required. Employees have **60 days** to make a mid-year change if you have lost or gained Medicaid.



MARRIAGE



DIVORCE



CHILDBIRTH  
ADOPTION



DEATH OF A  
FAMILY MEMBER



LOSS OF PARENTAL  
COVERAGE



SPOUSE GAINS OR  
LOSES COVERAGE

# WELCOME TO YOUR BENEFITS!



## Offered to Every Benefit-Eligible Durham County Employee

- 100% of the cost of employee-only health insurance for the base plan for those who participate in the Health Risk Assessments (HRA)
- A portion of the cost of employee-only health insurance for those who do not participate in the Health Risk Assessments (HRA) for the Base Plan and the Buy-Up Plan
- 100% of the cost of employee-only dental insurance
- 100% of the cost of employee plus family vision insurance
- Term Life Insurance & Accidental Death & Dismemberment Insurance 1x salary

## Available For Purchase Via Payroll Deduction

- Dependent health insurance (the County will subsidize a portion of the premium cost)
- Dependent dental insurance
- Voluntary employee, spouse and dependent life insurance
- Short and Long-Term disability insurance
- Long term care insurance
- Hospital Confinement insurance
- Critical Illness with Cancer insurance
- Prepaid legal insurance
- Flexible Spending Accounts (medical, dependent care and qualified parking expenses)
- Whole Life & Accident insurance
- Pet Insurance



# OPEN ENROLLMENT CHECKLIST



## Medical, Dental & Vision

Are you adding dependents to any of your coverages for the first time?

- You must submit copies of a marriage certificate and/or birth certificates to [Benefits@dconc.gov](mailto:Benefits@dconc.gov) by the last day of open enrollment.

## Voluntary Life Insurance

If you are enrolling for the first time then you must complete Evidence of Insurability (EOI). If you are currently enrolled in coverage, you may increase your coverage by \$50,000 or your spouses coverage by \$10,000 up to the Guaranteed Issue amount with no EOI required.

## Short-Term Disability

New coverage and increases to existing coverage require Evidence of Insurability (EOI) and Pre-Ex applies.

## Long-Term Disability

New coverage requires Evidence of Insurability (EOI) and Pre-Ex applies.

## Long-Term Care

Are you enrolling in long term care insurance for the first time?

- You must submit all 4 forms of the application to [Bene-fits@dconc.gov](mailto:Bene-fits@dconc.gov) by last day of open enrollment.

## Hospital Confinement

Are you enrolling in hospital confinement for the first time?

- You may enroll in this benefit for yourself and your eligible dependents through the SAP system.

## Critical Illness

Are you enrolling in critical illness for the first time?

- Call the enrollment line at **1-888-217-8267** between May 14th-23rd
- Self Enroll Option (Info Below)
  - URL: <https://www.wecareworks.com/Aflac/>
  - CaseID: C286
  - UserID: First Initial First Name + First Initial Last Name + Last 5 of SSN
  - Password: enroll25

## Whole Life and/or Accident Insurance

Are you enrolling in whole life or accident insurance for the first time?

- Call the enrollment line at **1-866-752-7432** between May 14th-23rd

## Flexible Spending Account (FSA)

You must re-enroll in FSA accounts each year. You must enter the annual deduction amount into SAP. FSA accounts do not automatically roll over from one plan year to the next. Employees can carry over up to \$500 (available 10/1) from their medical FSA to the new plan year without making any entry into SAP.

## Pet Insurance

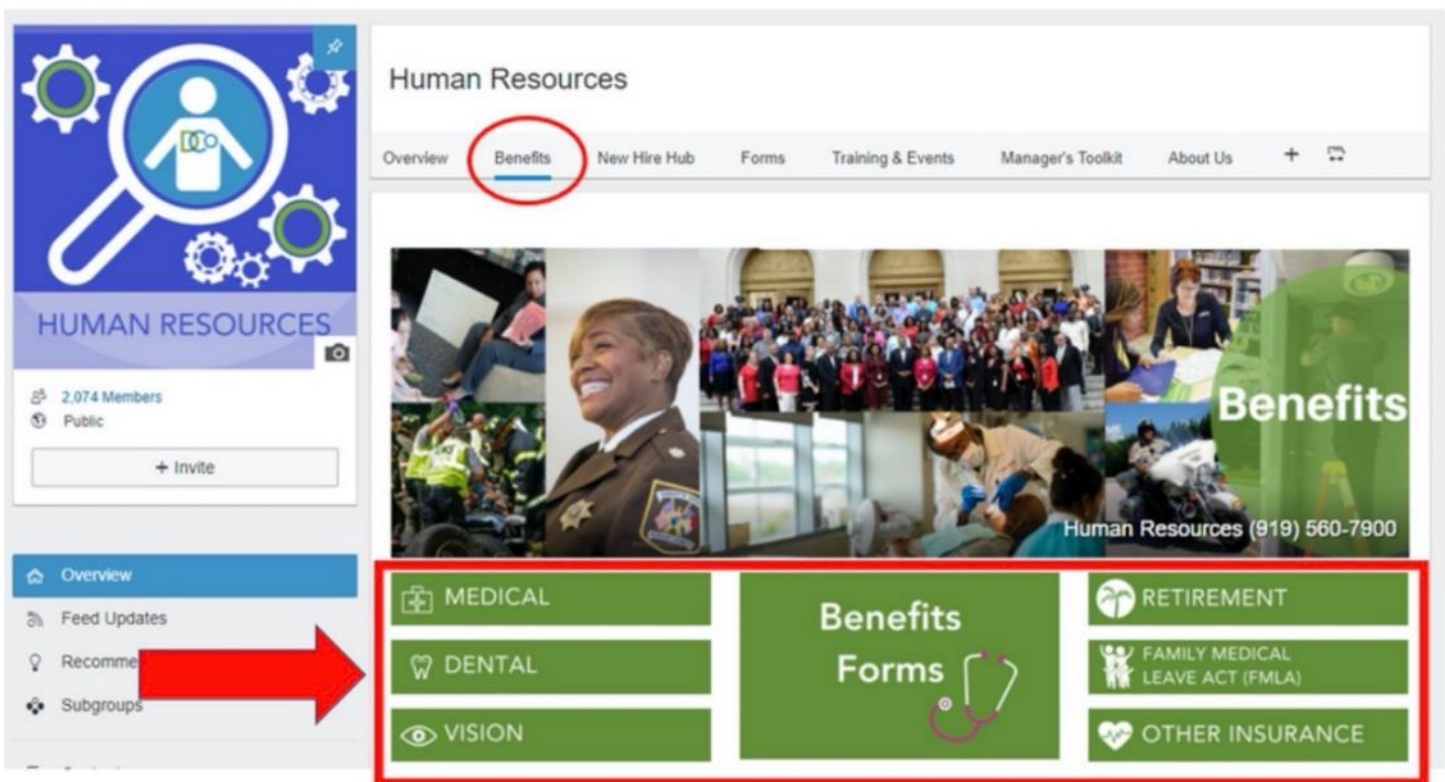
Are you enrolling in pet insurance for the first time?

- Get a quote at [metlifepetinsurance.com](http://metlifepetinsurance.com)
- or call **877-649-1057**

# VIEW YOUR BENEFITS



Find details about all of your benefits, download forms, ask questions, and more at MyDCo. Simply visit the “Human Resources” group and click on the Benefits page. You can also use the search feature to find any information that will help you prepare for open enrollment.



- Benefit Guides
- Product Videos
- Policy Certificates
- Plan Forms
- Contact Info
- Enrollment Info

Available 24/7\* from any internet enabled device for your convenience ([mydco.dconc.gov](http://mydco.dconc.gov)).

\*As with all technology, due to technical difficulties beyond our control there may be small windows of time MyDCo is down. In the case of outage, plan information can always be requested from the [Benefits@dconc.gov](mailto:Benefits@dconc.gov).





# 2025-2026

# Benefit Options

Durham County Government

# IMPORTANT CHANGE

## 2025-2026



### Medical Plan Experience Increase

As part of our ongoing commitment to providing quality healthcare coverage, the County recently conducted a formal Request for Proposal (RFP) process for our medical, pharmacy, and stop loss insurance. This was prompted by rising claims costs under our self-funded medical plan. While the RFP helped us explore more competitive options, the reality is that our medical costs are expected to increase by 12.7%. The good news? The County will fully absorb this increase—meaning there will be no additional cost to you for your medical coverage in the new plan year.

DCo continues to offer you a choice between two tiered medical plans (Base or Buy Up). During open enrollment, you have the opportunity to reassess your medical plan choice and change plans, if you wish.

### GLP-1 Weight Loss Medications

Effective July 1, 2025, GLP-1 weight loss medications will no longer be covered under the County's medical plan (administered through Cigna). The County is working on special arrangements with the County's Public Health Department as well as local pharmacies to ensure the County's employees and their dependents still have cost-effective access to these medications. More information is forthcoming regarding the exact details.

### Allowable Changes with Reliance Matrix Products

Please pay close attention to the allowable changes that are permitted during open enrollment relating to Term Life, Short Term and Long-Term Insurance. If enrolling for the first time, you will be required to complete evidence of insurability (EOI). If you are enrolling in spouse or child life insurance for the first time, you will be required to enroll in at least \$10k for yourself.

# BASE PLAN



CIGNA BASE PLAN		
BENEFIT	OPEN ACCESS PLUS (OAP)	OUT-OF-NETWORK
<b>Annual Deductible</b>	<b>Individual:</b> \$2,250 <b>Family:</b> \$4,500	<b>Individual:</b> \$4,500 <b>Family:</b> \$9,000
<b>Out-of-Pocket Maximum</b>	<b>Individual:</b> \$4,500 <b>Family:</b> \$9,000	<b>Individual:</b> \$10,000 <b>Family:</b> \$20,000
<b>Preventive Care</b> Adult Preventive Care Adult Annual Physical Exam Well-Child Care	\$0 Copay Covered 100%	Not covered
<b>Outpatient Care</b> Primary care physician office visits Specialist office visits	\$30 Copay \$50 Copay	50% after deductible 50% after deductible
<b>Outpatient Lab &amp; X-Ray</b>	80% after deductible	50% after deductible
<b>Urgent Care</b>	\$30 Copay	50% after deductible
<b>Emergency Room Visit</b>	\$150 Copay	
<b>Hospital Services</b> Inpatient and Outpatient	80% after deductible	50% after deductible
<b>Mental Health</b> Office Visits	\$50 Copay	50% after deductible
<b>Diagnostic Tests</b> MRI, MRA, CT Scan, and PET Scan	80% after deductible	50% after deductible
<b>Therapies</b> Physical, Occupational, Chiropractic (combined maximum of 30 visits)	\$50 Copay	50% after deductible
<b>Pharmacy</b>	<b>Retail Pharmacy (30 Day Supply)</b>	<b>Mail Order (90 Day Supply)*</b>
<b>Generic</b>	\$10	\$20
<b>Preferred Brand</b>	\$40	\$80
<b>Non-Preferred Brand</b>	\$60	\$120
<b>Specialty (Limited to 30 Day Supply)</b>	25% up to a \$200 Max	25% up to a \$200 Max*

# BASE PLAN COST



## Healthier By Choice

The County's **Healthier By Choice** initiative is a comprehensive strategy to improve employee health. Healthier employees are more productive, have fewer absences for illness, and have lower healthcare costs. Employees who participate in **Health Risk Assessment (HRA)** share in the County's savings from reduced healthcare costs on both the base plan and the buy-up as reflected in the paycheck deductions.

### CIGNA BASE PLAN

For Employees Who Completed Health Risk Assessment

Coverage Tier	Monthly Total Cost	Monthly County Contribution	Pre-Tax Payroll Deduction
Employee	\$1,067.69	\$1,067.69	\$0.00
Employee + Spouse	\$2,090.39	\$1,935.71	\$77.34
Employee + Child(ren)	\$1,752.29	\$1,644.84	\$53.73
Family	\$2,920.37	\$2,666.88	\$126.75

### CIGNA BASE PLAN

For Employees Who Did Not Complete Health Risk Assessment

Coverage Tier	Monthly Total Cost	Monthly County Contribution	Pre-Tax Payroll Deduction
Employee	\$1,067.69	\$1,047.69	\$20.00
Employee + Spouse	\$2,090.39	\$1,915.71	\$97.34
Employee + Child(ren)	\$1,752.29	\$1,624.84	\$73.73
Family	\$2,920.37	\$2,646.88	\$146.75

# BUY-UP PLAN



CIGNA BUY-UP PLAN		
BENEFIT	OPEN ACCESS PLUS (OAP)	OUT-OF-NETWORK
<b>Annual Deductible</b>	<b>Individual:</b> \$1,000 <b>Family:</b> \$2,000	<b>Individual:</b> \$3,000 <b>Family:</b> \$6,000
<b>Out-of-Pocket Maximum</b>	<b>Individual:</b> \$2,500 <b>Family:</b> \$5,000	<b>Individual:</b> \$8,000 <b>Family:</b> \$16,000
<b>Preventive Care</b> Adult Preventive Care Adult Annual Physical Exam Well-Child Care	\$0 Copay Covered 100%	Not Covered
<b>Outpatient Care</b> Primary care physician office visits Specialist office visits	\$15 Copay \$30 Copay	50% after deductible 50% after deductible
<b>Outpatient Lab &amp; X-Ray</b> Initial visit, and all subsequent visits	80% after deductible	50% after deductible
<b>Urgent Care</b>	\$15 Copay	50% after deductible
<b>Emergency Room Visit</b>	\$150 Copay	
<b>Hospital Services</b> Inpatient and Outpatient	80% after deductible	50% after deductible
<b>Mental Health</b> Office Visits	\$30 Copay	50% after deductible
<b>Diagnostic Tests</b> MRI, MRA, CT Scan, and PET Scan	80% after deductible	50% after deductible
<b>Therapies</b> Physical, Occupational, Chiropractic (combined maximum of 30 visits)	\$30 Copay	50% after deductible
<b>Pharmacy Benefit</b>	<b>Retail Pharmacy (30 Day Supply)</b>	<b>Mail Order (90 Day Supply)*</b>
<b>Generic</b>	\$0	\$0
<b>Preferred Brand</b>	\$30	\$60
<b>Non-Preferred Brand</b>	\$45	\$90
<b>Specialty (Limited to 30 Day Supply)</b>	25% up to a \$200 Max	25% up to a \$200 Max*



# BUY UP PLAN COST



## Healthier by Choice

The County's **Healthier By Choice** initiative is a comprehensive strategy to improve employee health. Healthier employees are more productive, have fewer absences for illness, and have lower healthcare costs. Employees who participate in **Health Risk Assessment (HRA)** share in the County's savings from reduced healthcare costs on both the base plan and the buy-up as reflected in the paycheck deductions.

CIGNA BUY UP PLAN			
For Employees Who Completed Health Risk Assessment			
Coverage Tier	Monthly Total Cost	Monthly County Contribution	Pre-Tax Payroll Deduction
Employee	\$1,145.01	\$1,076.36	\$34.32
Employee + Spouse	\$2,241.76	\$1,952.69	\$144.53
Employee + Child(ren)	\$1,879.18	\$1,659.07	\$110.06
Family	\$3,131.85	\$2,690.61	\$220.62

CIGNA BUY UP PLAN			
For Employees Who Did Not Complete Health Risk Assessment			
Coverage Tier	Monthly Total Cost	Monthly County Contribution	Pre-Tax Payroll Deduction
Employee	\$1,145.01	\$1,056.36	\$54.32
Employee + Spouse	\$2,241.76	\$1,932.69	\$164.53
Employee + Child(ren)	\$1,879.18	\$1,639.07	\$130.06
Family	\$3,131.85	\$2,670.61	\$240.62



DURHAM COUNTY GOVERNMENT

# EMPLOYEE WELLNESS CLINIC

The most important thing people can do for themselves and their families is to stay healthy. Durham County Government provides an onsite medical clinic that features a free, confidential way to help employees and their dependents meet their health goals.

Our clinic is staffed by Family Nurse Practitioners and a Registered Medical Assistant, and offers a variety of services including:

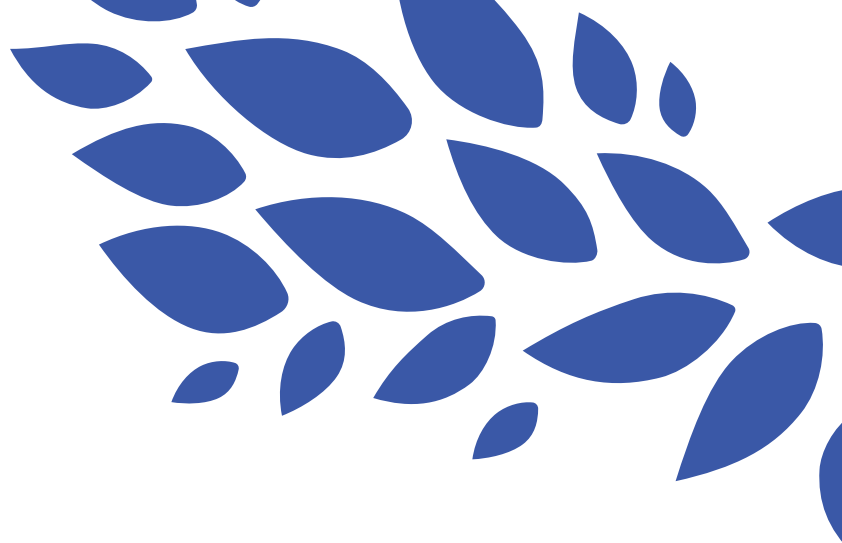
- Annual Physical Exams
- Health Risk Assessments
- Development of treatment plans and follow up for chronic disease management
- Tobacco cessation
- Weight management
- Episodic care (sinus problems, flu, general medications)
- Lab tests
- Medication prescriptions

Employees and dependents may go to the clinic for issues ranging from minor, non-work related injuries to assistance in managing chronic diseases.

The clinic services are provided at no cost to the employee and employees do not have to use sick leave for Wellness Clinic appointments/visits.

200 E. Main St., 1st Floor (Admin I)

Call (919) 560-7925 for an appointment as walk-ins are not available.



# Take control of your health.

## Get the most from the benefits offered through your employer.

As part of your employer's health plan, you get access to a variety of programs and services to help make your life easier — and healthier.

### Cigna One Guide®

Make getting and staying healthy as easy as possible with Cigna One Guide. Our personal guides can help give you health and money-saving tips. This personalized support comes with your medical plan.

During the enrollment period, you can call the One Guide team at **800.244.6224** or help with plans and coverage. After enrollment, One Guide offers ongoing support to help you:

#### Understand your plan

- Know your coverage and how it works.
- Get answers to health care or plan questions.

#### Get care

- Find an in-network provider, lab or urgent care center.
- Connect with health coaches and more.
- Stay on track with appointments and preventive care.
- Get support for complex health situations.

#### Save and earn

- Maximize your benefits and learn how to earn incentives.
- Get cost estimates and service comparisons to avoid surprises.
- Check account balances and claim activity.

Once you have enrolled, start using the Cigna One Guide support service by going to the **myCigna®** app<sup>1</sup> or **myCigna.com®**.

1. The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

### myCigna

Your health is most important. That's why there's **myCigna** — your online home for assessment tools, medical updates and more.<sup>1</sup>

On the **myCigna®** app or **myCigna.com®** you can:

- Find in-network providers.
- View, print or email your ID card information.
- Review coverage, manage and track claims.
- Compare prescription drug prices.<sup>2</sup>
- Compare provider and hospital cost and quality.
- Get health and wellness tools and resources.
- Sign up for new plan document alerts.
- Track your account balances and deductible.

1. App/online store terms and mobile phone carrier/data charges apply. Please refer to your phone's manufacturer for your phone's specific capabilities. Actual myCigna features may vary depending on your plan and individual security profile.

2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.



## 24/7 customer service

Anytime you need us, feel free to call the toll-free number on your ID card.

- You can reach us 24 hours a day, seven days a week.
- You can get answers to your health, claims and benefit questions.
- Ask for a Spanish-speaking service representative or someone who can translate one of 200 languages.

24/7 customer assistance is available for medical and dental plan customers only.

## Health Information Line

Once your health coverage begins, you can call the Health Information Line, available 24 hours a day, seven days a week. Speak with a personal nurse advocate via chat or phone. They're here to confidentially answer your health questions. This toll-free number is **800.Cigna24 (800.244.6224)**.

- Get information to help you decide where and when you should get treatment for your immediate care needs.
- Call if you need general health information or have a specific health concern.
- Chat is available Monday–Friday, 9:00 a.m.–8:00 p.m. ET, excluding holidays, via the myCigna® website or app.
- Listen to hundreds of podcasts to help you stay informed about your health.

1. These health advocates hold current nursing licensure in a minimum of one state, but are not practicing nursing or providing medical advice in any capacity as a health advocate.

## Virtual care available 24/7/365

MDLIVE® offers virtual care by phone or video, whenever it's convenient for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists provide personalized care for many health needs in the privacy of your home, including:

- Preventive care, routine care and specialist referrals.
- On-demand urgent care for minor medical conditions.
- Prescription needs, if appropriate.
- Behavioral care for issues such as anxiety, stress, grief and depression.
- Dermatology care for common skin, hair and nail conditions.

Access MDLIVE by logging in to **myCigna.com**® and selecting "Talk to a doctor."

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Not all services are eligible or may be covered under your specific medical plan. The following services are generally not covered: services that aren't

medically necessary; experimental, investigational or unproven services; services for an injury or illness that occurs while working for pay or profit, including services covered by Worker's Compensation benefits; treatment of sexual dysfunction. This is a summary only and the terms of your specific medical plan may vary. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

## Cigna Healthcare Lifestyle Management programs

If weight, tobacco or stress is affecting your health or your ability to live an active life, it may be time to make some changes. A health coach can provide you with personalized support to help you:

- Learn to manage your weight using a non-diet approach that helps you build confidence, change habits, eat healthier and become more active.
- Develop a personal quit plan to become and remain tobacco-free.
- Understand the sources of your stress, and learn coping techniques to better manage stress, both on and off the job.

You can use an online or telephone coaching program — or both — for the support you need.

## Health assessment

Taking a health assessment is a quick and easy way to learn more about your health today, and to figure out how you can improve your health in the future. After all, when you're healthy, you have the strength and confidence to be your true self. After completing the health assessment, you'll get a wellness score and recommendations to help you get started on a path to better health. Share your report with your health care provider at your next visit.

## Cigna Healthy Rewards®

Get discounts on the health products and programs<sup>1</sup> you use every day for:

- Meal delivery
- Gyms and virtual workouts
- Mind/body programs and equipment
- Vision and hearing care
- Alternative medicine

Log in to **myCigna.com**® and navigate to Healthy Rewards® to learn more.

1. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance and you must pay the entire discounted charge.



Preventive care

Getting and staying healthy is important. That’s why most health plans include coverage for eligible preventive care services at no additional cost to you, when you receive them from a provider who participates in your plan’s network.

This means no out-of-pocket costs to you. Covered preventive care services can include, but are not limited to:<sup>1</sup>

- Blood pressure screenings
- Cholesterol screenings
- Diabetes screenings
- Screenings for colon/rectal cancer
- Clinical breast exams
- Pap tests
- Mammograms

1. Plans may vary and not all preventive care services are covered. For example, immunizations for travel are generally not covered. See your plan materials for a complete list of covered preventive care services.

Cigna MotivateMe® Program

Get rewarded for the healthy actions you take toward reaching health and wellness goals.<sup>1</sup> Depending on your plan, you can earn rewards for things such as taking a health assessment, getting a biometric screening, participating in a wellness program and getting annual preventive screenings.

1. If you are unable to participate in any of the program events, activities or goals due to a disability or other reason, you may be able to get a reasonable accommodation for participation, or a different standard for rewards. Contact Cigna Healthcare for more information.

Cigna Total Behavioral Health®

When you or a family member need help taking care of your emotional well-being, Cigna Healthcare<sup>SM</sup> provides access to a wide range of behavioral experts, programs and resources to help you take control of your whole health — mind and body.

Cigna Healthcare’s behavioral health network includes licensed therapists, psychiatrists and nurse practitioners, behavioral facilities and programs, and more. Our Fast Access guarantees appointments with psychiatrists or psychiatric nurse practitioners within 15 business days.

Cigna Healthcare’s behavioral health benefits also include:

- Virtual care, which lets you receive quality, behavioral health care without leaving home. Simply connect via your phone, computer or tablet and you can schedule online appointments with licensed counselors or psychiatrists through MDLIVE®.<sup>1</sup>

- Online tools that help you find in-network providers and facilities, stress management tools, and a variety of health and well-being information. You’ll also have access to online, on-demand seminars, as well as a wide range of referrals to community resources.
- Programs that give you access to behavioral experts with extensive experience. Our experts can help you and your family address challenges such as autism spectrum disorder, eating disorders, opioid and pain management and substance use.
- Seminars that are offered monthly on topics such as autism, eating disorders, substance use and behavioral health awareness for children and families. These seminars are taught by industry experts and offer tips, tools and helpful information.

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan’s network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

Know before you go

Here’s an at-a-glance view of your options when you need medical care.<sup>1</sup>

	Cost	Wait time	Severity
Virtual care <sup>1</sup>	\$ \$ \$	⌚ ⌚ ⌚	
Convenience care clinic	\$ \$ \$	⌚ ⌚ ⌚	
Primary care provider	\$ \$ \$ \$	⌚ ⌚ ⌚	
Urgent care center	\$ \$ \$ \$	⌚ ⌚ ⌚	
Emergency room	\$ \$ \$ \$	⌚ ⌚ ⌚ ⌚	

For illustrative purposes only. Actual covered benefits, costs and wait times may vary. Always consult with your doctor for medical advice, including prior to selecting another provider for care.

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan’s network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.



## Protect and restore with IdentityForce®

Identity theft causes financial and emotional harm. That's why Cigna Healthcare<sup>SM</sup> partnered with IdentityForce to offer monitoring, alerts and restoration. These services come with your medical coverage at no additional cost.<sup>1</sup>

### Services include:

- Credit monitoring and tracking
- Bank and credit card activity alerts
- Fraud monitoring
- Credit report monitoring
- Credit score simulator
- Restoration services
- Identity theft insurance

The more active you are online, the more exposed your information becomes. Fraud and scams grow more common as a result. Now's the time to protect what's most important.

Cigna Healthcare customers have two ways to enroll in IdentityForce®:

- Go online to [cigna.identityforce.com/starthere](https://cigna.identityforce.com/starthere).
- Call **833.580.2523**.

1. The program and services are provided by an independent company/entity and not by Cigna Healthcare. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change.

## Pharmacy home delivery

Home delivery with Express Scripts® Pharmacy is a convenient choice when you take a medication regularly.<sup>1</sup> It's easy, safe — and saves you trips to the pharmacy. By choosing home delivery, you can:

- Manage your medications from your phone or online — order, track, pay and more.
- Get standard shipping at no extra cost.<sup>2</sup>
- Fill up to a 90-day supply at one time.<sup>3</sup>
- Talk with helpful pharmacists 24/7.
- Get automatic refills<sup>4</sup> or refill reminders so you don't miss a dose.
- Use a payment plan to split your bill into three smaller monthly payments.

1. Cigna Healthcare maintains an ownership interest in Express Scripts Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.

2. Standard shipping costs are included as part of your prescription plan.

3. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.

4. Express Scripts Pharmacy can automatically refill certain medications. Once enrolled, you can log in to the myCigna App or myCigna.com sign up. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or over the phone. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

## Specialty medications

Managing a complex health condition can be, well, complex. That's true whether you've had it for years or just got diagnosed. Accredo® supports patients with conditions like yours.<sup>1</sup> Its team of specialty-trained pharmacists, nurses and clinicians helps you manage your therapy. Accredo also delivers your medication to your home, workplace or doctor's office.<sup>2</sup> That way, you don't miss a dose. With Accredo, you can:

- Get personalized care services.
- Talk with a specialty-trained pharmacist, nurse or clinician, 24/7.
- Learn how to work through side effects.
- Find ways to help pay for your medications, if needed.
- Get standard shipping, at no extra cost.<sup>3</sup>
- Sign up for free refill reminders.
- Manage your medications by phone or online.<sup>4</sup>

1. Cigna Healthcare maintains an ownership interest in Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.

2. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

3. Standard shipping costs are included as part of your prescription plan.

4. You'll see your first order in the myCigna App or myCigna.com as soon as Accredo ships it.



# Questions?

**Call 800.Cigna24 (800.244.6224).**



This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan materials.

Health care providers are independent contractors and are solely responsible for any treatment provided to their patients. Providers are not agents of Cigna Healthcare.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC) or its affiliates.

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# SUMMARY HEALTH INFORMATION

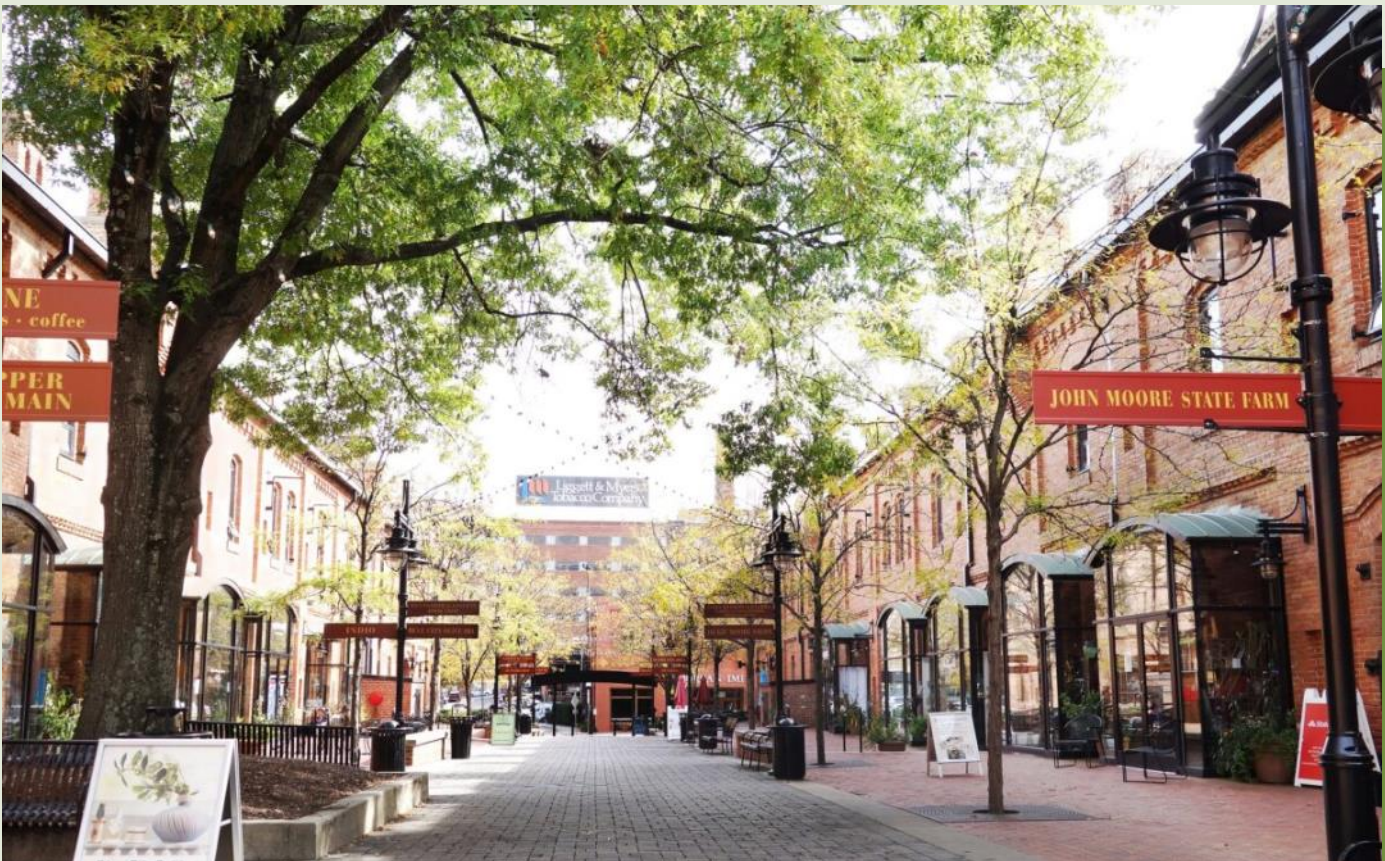


As a Durham County employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

The County provides important information about your health benefits in a standard format called a Summary of Benefits and Coverage (SBC).

The SBCs are available on the web at: <https://www.dconc.gov/county-departments/departments-f-z/human-resources/compensation-benefits>, and in the Benefits Area of MyDCo. Paper copies are also available to you, free of charge.

To request paper copies, please call Human Resources at 919-560-7900 or email us at [Benefits@dconc.gov](mailto:Benefits@dconc.gov).



# IMPORTANT NOTICE FROM DURHAM COUNTY GOVERNMENT

## Your Prescription Drug Coverage and Medicare

If you or your covered dependents are eligible for Medicare or may be eligible for Medicare in the next twelve months, then please read this notice carefully and keep it for your records. This notice has information about your current prescription drug coverage included in your Durham County Government group health insurance plan 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. Information about where you can get help to make decisions about your prescription drug coverage is on the next page of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. In 2006 Medicare prescription drug coverage became available to everyone with Medicare. You can get this coverage by joining a Medicare Prescription Drug Plan or 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. **Durham County Government has determined that the prescription drug coverage included in your current group health insurance plan is Creditable Coverage, meaning that on average it is at least as good as standard Medicare prescription drug coverage.** Because your existing coverage is Creditable Coverage, you can keep it instead of joining a Medicare drug plan and you won't have to pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you drop or lose your Creditable drug coverage included in your current group health insurance and you don't join a Medicare drug plan within 63 days after the 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 Medicare prescription drug premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. 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 Annual Election Period to join.

You can join a Medicare drug plan when you first become eligible for Medicare and each year during the Annual Election Period from October 15<sup>th</sup> through December 7<sup>th</sup>. If you lose your creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan. In addition, if you lose or decide to leave your current group health insurance plan, you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

You may compare your current group health insurance drug coverage, including which drugs are covered at what cost, with the coverage and costs of the Medicare drug plans available in your area. **If you decide to join a Medicare drug plan in addition to your current group health insurance coverage, your coverage from your current group health insurance may be adversely affected. If you do decide to join a Medicare drug plan and drop your current group health insurance, be aware that you and your dependents may not be able to return to your group health insurance coverage. Please contact our office at the address or phone number listed at the bottom of the next page for guidance.**

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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**For more information about this notice or your current prescription drug coverage:**

Contact the organization listed below for further information.

You'll get this notice each year in advance of the Medicare drug plan Annual Election Period. You will also receive this notice if the drug coverage included in your group health insurance plan changes. You also may request a copy.

**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 that you have maintained Creditable Coverage.**



Organization: Durham County Government

Contact: Human Resources Department

Address: 200 E. Main Street, Durham, NC 27701

Phone Number: 919-560-7900



# DENTAL PLAN



Enroll through SAP

## DENTAL PLAN BENEFITS

<b>Benefit Level 1</b>	100% of first \$400
<b>Benefit Level 2</b>	80% of remaining eligible expenses
<b>Annual Maximum (per person)</b>	\$1,500 Plan Year
<b>Max Builder (reward dollars)</b>	Reward Dollars will be applied after annual max is exhausted

## ORTHODONTIA SUMMARY

<b>Adult &amp; Child Coverage</b>	Reimbursed as stated above from Annual Maximum and Max Builder Ortho Claims should be filed monthly
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## SAMPLE LIST OF COVERED PROCEDURES

Exams, Cleanings, X-rays, Fluoride, Sealants, Space Maintainers, Fillings, Inlays, Onlays, Crowns, Crown repair, Endodontics, Periodontics, Oral Surgery, Bridges, Dentures, Implants, Anesthesia, Tooth bleaching, Bite-guard, Electric toothbrush, Replacement toothbrush heads, Water pic

## Customer Service

Our Customer Relations Department is open from 8:00 am to 1:00 am (EST) Monday through Thursday and 8:00 am to 7:30 PM(EST) on Fridays. You can call toll-free at 800-547-9515. We will be happy to answer any questions you may have regarding your available maximum, a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

Please visit your secure Member Home Page at: [www.login.standard.com](http://www.login.standard.com) to view and manage your dental benefits or print an ID card. NOTE: sign in for dental benefits at the BOTTOM of the page (select: Members: Not in NY). Then click on Members bar. Sign in as a new user if this is your first time accessing your dental benefits from The Standard site.



# DENTAL PLAN

Enroll through SAP



## Max Builder: Earn Additional Maximum to be used when you need it!

1. File at least 1 claim per plan year
  2. Spend less than \$900 in annual benefit
  3. Earn \$350 Max Builder to be available the following plan year
  4. Earn an additional \$150 if member visits a network provider at least one time in plan year. (\$500 total earnings!)
- Additional rewards may be earned each year. There is no limit to the amount of reward dollars you can accumulate
  - Each member and each dependent accumulate their own rewards
  - Rewards are used when the member exhausts their annual maximum
  - Unused rewards carry over to the following year
  - CAUTION! If a plan member doesn't submit a dental claim during a plan year, all accumulated rewards are lost.
  - He or she can begin earning rewards again the very next year.

COST AND CONTRIBUTIONS			
	Monthly Total Cost	Monthly County Contribution	Pre-Tax Paycheck Deduction
Employee	\$53.28	\$53.28	\$0
Employee & Spouse	\$120.40	\$53.28	\$33.56
Employee & Child(ren)	\$110.52	\$53.28	\$28.62
Family	\$150.98	\$53.28	\$48.85

## Dental Network Information

You may visit any provider you choose, but you can save money by using a network provider. Our network providers provide discounts of 25-40% on average. To find providers near you, visit our website at:

[www.standard.com](http://www.standard.com)  
Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. When prompted to select your network, choose Classic PPO.

# VISION PLAN

Enroll through SAP



## VISION PLAN BENEFITS

<b>Eyewear &amp; Services</b> (covered once every 12 months)	<b>Exam</b> (Ophthalmologist/Optometrlist)	\$15 Copay
	<b>Materials</b> (Frames, lenses, or complete eyeglasses)	\$15 Copay. Additional cost for lenses and lens treatments listed below. \$150 allowance.
	<b>Contact Lens Fitting</b> (Standard and Specialty)	\$25 Copay for Standard and Specialty Lens fitting
	<b>Contact Lenses</b> (in lieu of eyeglass lenses and frames)	\$150 Contact Lens Allowance
<b>Standard Eyeglass Lenses</b> (not brand or premium lenses)	<b>Single Vision, Bifocal, Trifocal, Polycarbonate, &amp; Standard Progressive</b>	\$15 Copay
	<b>Ultraviolet (UV) Coating, Anti-Scratch Coating, Anti-Reflective Coating, Solid or Gradient Tints, Photochromatic</b>	Covered in Full
	<b>Retinal Imaging</b>	\$39 Out-of-Pocket Max
	<b>Single Vision High Index</b>	\$55 Out-of-Pocket Max
	<b>Lined Bifocal &amp; Trifocal High Index</b>	20% Discount
	<b>Premium Progressive</b>	Standard Progressive Allowance. 20% Discount on balance above allowance.
<b>Discounts on Covered Eyewear and Services *</b>	<b>Frames</b>	20% Discount on balance above allowance
	<b>Eyeglass Lens Options Specialty Contact</b>	20% Discount
	<b>Lens Fitting</b>	10% Discount before allowance
<b>Discounts on Covered Eyewear and Services *</b>	<b>Extra Exams, Frames, &amp; Eyeglass Lenses</b>	30% Discount
	<b>Contact &amp; Eyeglass Lens Options</b>	20% Discount
	<b>Disposable Contact Lenses</b>	10% Discount
	<b>Refractive Surgery (lasik)</b>	10%-50% Discount depending on provider

\* Some network providers do not provide discounts. Verify with the provider before receiving services.

# VISION PLAN

Enroll through SAP

**SuperiorVision®**  
A  **MetLife** Company

## Superior Vision provides access to a robust network of eye care professionals

- Access to a large network of eyecare professionals at retail and private locations
- Enjoy lower out-of-pocket costs when visiting an in-network care provider
- 50 of the top 50 retailers in network, including America's Best Contacts and Eyeglasses, Costco Optical, Eyeglass World, LensCrafters, Pearle Vision, Target Optical, VisionWorks, and Walmart
- Online in-network eyewear stores, including Glasses.com, ContactsDirect, 1-800 Contacts and Befitting
- Plans include access to a discount on LASIK plus a hearing exam at no additional cost and a discount on hearing aids.

To check if a provider is in-network, go to [www.metlife.com/insurance/vision-insurance/](http://www.metlife.com/insurance/vision-insurance/)



COST AND CONTRIBUTIONS			
	Total Cost	County Contribution	Pre-Tax Paycheck Deduction
Employee	\$9.98	\$9.98	The County pays the entire cost of the vision plan for employees and their dependents.
Employee & Spouse	\$15.40	\$15.40	
Employee & Child(ren)	\$16.13	\$16.13	
Family	\$24.18	\$24.18	

# BASIC LIFE AND AD&D

## BASIC LIFE INSURANCE & AD&D BENEFIT

The County pays the entire cost of “Basic” life insurance and “Basic” accidental death and dismemberment (AD&D) benefits for each employee

<b>Basic Life Insurance</b>	1 X annual salary to a maximum of \$500,000 guaranteed issue
<b>Basic AD&amp;D Insurance</b>	1 X annual salary to a maximum of \$500,000 guaranteed issue



# 2025-2026

# Voluntary Benefits

Durham County Government



# VOLUNTARY TERM LIFE



## Enroll through SAP

- If you or your spouse are not currently enrolled in Voluntary Life Insurance, you may enroll at Open Enrollment, but Evidence of Insurability is required for any amount of coverage.
- If you or your spouse are currently enrolled in Voluntary Life Insurance, you may increase employee coverage by \$50,000 and spouse coverage by \$10,000 up to the guaranteed issue amount with no Evidence of Insurability (EOI) required.
- **Guaranteed Issue Amounts:**
  - Employee:** \$200,000
  - Spouse:** \$50,000
  - Child(ren):** \$10,000
- If you increase your coverage above the \$50,000 bump up for employee, \$10,000 for spouse, or to any amount over the guarantee issue amount, Evidence of Insurability (EOI) is required. If you enroll in voluntary life insurance for the first time, Evidence of Insurability is required. You must submit the Evidence of Insurability (EOI) form to [Benefits@dconc.gov](mailto:Benefits@dconc.gov) by the last day of Open Enrollment. New enrollments and changes for employee, spouse, and child(ren) coverage will not be assessed until the EOI for the new enrollment in voluntary employee life is approved.

### VOLUNTARY LIFE INSURANCE BENEFITS

<b>Employee Coverage</b>	Available in \$10,000 increments up to a maximum of \$500,000. The combined Basic Life and voluntary life amounts cannot exceed a maximum of 7x annual earnings.
<b>Spouse Coverage</b>	Available in \$10,000 increments up to a maximum of \$500,000. The coverage amount on your spouse cannot exceed 100% of your Voluntary Life coverage.  Employees must have at least \$10,000 in voluntary employee coverage to be eligible to enroll in coverage for your spouse or when increasing spouse coverage.
<b>Children Coverage</b>	Available in \$2,500 increments up to a maximum of \$10,000 guaranteed issue. The coverage amount on your child(ren) cannot exceed \$10,000.  All children are covered for one price.  Employees must have at least \$10,000 in voluntary employee coverage to be eligible to enroll in coverage for your child(ren) or when increasing child coverage.

You pay the entire cost of the voluntary life insurance through paycheck deduction. See the next page for information.

Employee and spouse benefits reduce to 65% at age 70, 50% at age 75, and terminate at retirement.

# VOLUNTARY TERM LIFE

Enroll through SAP



## POST-TAX PAYCHECK DEDUCTIONS FOR EMPLOYEE & SPOUSE COVERAGE

Age	Coverage Amount						
	\$10,000	\$20,000	\$30,000	\$50,000	\$100,000	\$150,000	\$200,000
Under 40	\$0.30	\$0.60	\$0.90	\$1.50	\$3.00	\$4.50	\$6.00
40-44	\$0.65	\$1.30	\$1.95	\$3.25	\$6.50	\$9.75	\$13.00
45-49	\$0.90	\$1.80	\$2.70	\$4.50	\$9.00	\$13.50	\$18.00
50-54	\$1.30	\$2.60	\$3.90	\$6.50	\$13.00	\$19.50	\$26.00
55-59	\$2.15	\$4.30	\$6.45	\$10.75	\$21.50	\$32.25	\$43.00
60-64	\$3.15	\$6.30	\$9.45	\$15.75	\$31.50	\$47.25	\$63.00
65-69	\$5.20	\$10.40	\$15.60	\$26.00	\$52.00	\$78.00	\$104.00
70+	\$19.35	\$38.70	\$58.05	\$96.75	\$193.50	\$290.25	\$387.00

**Rates change as employees or spouses age into higher age brackets.**

## POST-TAX PAYCHECK DEDUCTIONS FOR CHILDREN COVERAGE

<b>Coverage Amount:</b>	\$2,500	\$5,000	\$7,500	\$10,000
<b>Paycheck Deduction</b>	\$0.38	\$0.75	\$1.13	\$1.50

**All eligible children are covered for one premium.**

# WHOLE LIFE INSURANCE

Enroll by calling the enrollment line.



ELIGIBILITY	GI LIMITATIONS & RULES
New Hires	Employee up to \$100,000 Spouse and child up to \$25,000
Currently Enrolled	Option to purchase up to the new hire GI amount
Late Entrants (not enrolled or not a new hire)	May enroll but will be required to fill out an EOI (Evidence of Insurability form with health questions) for approval

Whole Life Insurance is an ideal complement to any group term or optional term life insurance your employer might provide. Unum’s Whole Life plan is one premium, one plan that fits your whole life through. Give your loved one's peace of mind and protect them from the financial impact of your death. Whole Life Insurance provides life-long protection. Over time, Whole Life policies build cash value that grows tax-deferred and can be accessed during your lifetime.

## Plan Features

Whole Life Insurance provides a fixed coverage amount with premiums and benefits that won’t change as you grow older. The policy can build cash value over time — which you can apply toward a paid-in-full life policy or even borrow against later. Other benefits include guaranteed coverage, family options, additional payments for covered accident-related claims and early payouts for terminal illness.

- Whole Life is the ideal coverage for people who want coverage to stay consistent over their lifetime.
- Coverage and coverage amounts stay the same as long as you make payments.
- Payments stay consistent throughout the life of the policy.



# Whole Life Insurance



## How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%.\* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

## Why should I buy coverage now?

- It's more affordable when you're younger. Once you've purchased coverage, your premium remains the same as long as premiums are paid.
- You get better rates when you buy coverage through your workplace
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

## What's included?

### A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're diagnosed with a terminal illness and expected to live 12 months or less. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.

### Long Term Care Rider

You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

**Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.**

## Who can get coverage?

<b>You:</b>	You can purchase a minimum benefit amount of \$2,000, to a maximum of \$300,000 if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
<b>Your spouse:</b> <b>Individual coverage</b>	Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of \$2,000, to a maximum of \$75,000
<b>Your children:</b> <b>Individual coverage</b>	Your children can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a minimum benefit amount of \$5,000, up to a maximum of \$50,000 for each child.

## Sample coverage amounts\*\*

### Lifetime premium

You'll have coverage as long as you make your payments.

Your premiums are spread out over your lifetime.

\$15,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$3.15	\$5,796
35	\$4.27	\$5,174
45	\$6.84	\$4,196
\$35,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$7.33	\$13,524
35	\$9.96	\$12,073
45	\$15.94	\$9,792
\$55,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$11.52	\$21,252
35	\$15.65	\$18,971
45	\$25.05	\$15,387

\*\*Sample amounts shown are for non-tobacco users.

### Paid-up at 70

If you're between 15 and 50, you can pay an adjusted premium so your payments end when you turn 70. Then you'll continue to keep coverage, with no more payments due.

\$15,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$3.34	\$6,662
35	\$5.08	\$6,407
45	\$8.77	\$5,928
\$35,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$7.78	\$15,545
35	\$11.85	\$14,949
45	\$20.46	\$13,831
\$55,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$12.22	\$24,428
35	\$18.62	\$23,491
45	\$32.15	\$21,734

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum.

For more information about the retained asset account, please contact Unum.

\*The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

Eligible employees must be actively at work to apply for coverage.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage.

#### Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

#### Exclusions

Life Insurance benefits will not be paid for deaths caused by suicide. If within two years from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

#### Termination of coverage

All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

The Long Term Care rider is not available in HI, NY, and UT.

THIS LTC RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurer.

In Virginia, this life insurance does not specifically cover funeral goods or services and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purpose, unless otherwise directed.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21848 or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN

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# ACCIDENT INSURANCE

Enroll by calling the enrollment line.



Providing additional financial support in times of need. Unum Accident Insurance can help you get back on your feet after an accidental injury. Our plans provide a lump sum benefit to help you out with expenses not covered by your medical insurance, such as co-pays, transportation costs and out-of-pocket fees.

## Plan Features

- Guaranteed Insurability, you can receive coverage regardless of your medical history.
- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Available for spouse and/or dependent children.
- No limit to the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application.
- 24-Hour Coverage
- Plan is portable with certain stipulations. See certificate for details.
- This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

ACCIDENT RATES	
Covered	Pre-Tax Rates
Employee Only	\$6.21
Employee + Spouse	\$9.90
Employee + Dependent Child(ren)	\$10.88
Employee, Spouse, + Dependent Child(ren)	\$14.58



Durham County

# Group Accident Insurance



## How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

## Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

## Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

\*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

## What's included?

### Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

## How much does it cost?

Your semi-monthly premium	Option 1
You	\$5.82
You and your spouse	\$9.27
You and your children	\$10.15
Family	\$13.60

## SCHEDULE OF BENEFITS

### Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Dismemberment	
Both Feet	\$50,000
Both Hands	\$50,000
One Foot	\$25,000
One Hand	\$25,000
Thumb and Index Finger of the same Hand	\$12,500
Coma	
Coma	\$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	\$1,500
Loss of Use	
Hearing (one ear)	\$12,500
Hearing	\$25,000
Sight of one Eye	\$25,000
Sight of both Eyes	\$50,000
Speech	\$25,000
Paralysis	
Uniplegia	\$12,500
Hemi/Paraplegia	\$25,000
Triplegia	\$37,500
Quadriplegia	\$50,000

### Hospitalization

Admission	\$1,000
Admission – Hospital ICU (added to Admission)	\$1,500
Daily Stay (365 days)	\$300
Daily Stay – Hospital ICU (added to Daily Stay)	\$600

### Injury

Injury due to felony & sexual assault	\$150
Organized Sports	10%
Burns	

### Injury

2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000
3rd Degree Burns - 20% or greater of skin surface	\$10,000
Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	
Knee joint (other than patella)	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650
Hip joint	\$3,375
Collarbone (sternoclavicular)	\$825
Elbow joint	\$500
Hand (other than Fingers)	\$500
Lower Jaw	\$500
Shoulder	\$500
Wrist joint	\$500
Collarbone (acromioclavicular and separation)	\$325
Finger or Toe (Digit)	\$150
Kneecap (patella)	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200
Fractures	
Skull (except bones of Face or Nose), Depressed	\$4,500
Hip or Thigh (femur)	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350
Pelvis	\$1,350

### Injury

Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675
Ankle (lower tibia or fibula)	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450
Tailbone (coccyx), Sacrum	\$450
Finger or Toe (Digit)	\$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	\$200
Lacerations	
No Repair	\$50
Repair Less than 2 inches	\$150
Repair At least 2 inches but less than 6 inches	\$300
Repair 6 inches or greater	\$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	\$750
One Digit (a Thumb or Big Toe)	\$1,125
Two or more Digits	\$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$150
Ruptured or Herniated Disc	
One Disc	\$150
Two or more Discs	\$250
Recovery	
At-Home Care	\$50
Physician Follow-Up Visits	\$100
Physician Follow-Up Maximum Visits	2

## SCHEDULE OF BENEFITS

### Recovery

Prescription Drug	\$5
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$50
Behavior Health Therapy	\$10
Behavior Health Therapy visits	15
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$25
Therapy Services Maximum Days	15

### Surgery

Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	\$120
General Anesthesia	\$300
Connective Tissue	
Exploratory without Repair	\$125
Repair for One Connective Tissue	\$1,000
Repair for Two or more Connective Tissues	\$1,500
Eye Surgery	
Eye Surgery, Requiring Anesthesia	\$400
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	\$2,000
Exploratory	\$200
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	\$200
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	\$200
Knee Cartilage (Meniscus) with Repair	\$1,000
Outpatient Surgical Facility	

### Surgery

Outpatient Surgical Facility	\$100
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	\$150
One Disc	\$800
Two or more Discs	\$1,200

### Treatment

Organized Sports	10%
Ambulance	
Air	\$1,500
Ground	\$400
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	\$50
Tier 2 (bedside commode, cold therapy system, crutches)	\$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200
Emergency Dental Repair	
Dental Crown	\$350
Dental Extraction	\$115
Filling or Chip Repair	\$90
Imaging	
Tier 1: X-rays or Ultrasound	\$50
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	\$150
Prosthetic Device	
One Device or Limb	\$750
Two or more Devices or Limbs	\$1,500
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	\$250
Not Burns - 20% or greater of skin surface	\$500
Treatment	
Emergency Room Treatment	\$200
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100

### Treatment

Transfusions	\$400
Transportation (per trip)	\$100
Family Care	\$50
Pet Boarding (per day)	\$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$150

### Organized Sports Benefit

This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 18.75 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage.

Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at

<https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

### Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undecared; This does not include any acts of terrorism.
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician. For purposes of this exclusion, poison does not include food poisoning.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### End of Coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.

However, as long as premium is paid as required, coverage will continue

- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

### THIS IS A LIMITED BENEFITS POLICY

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to

certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Insurance Company, Portland, Maine

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# SHORT-TERM DISABILITY

Enroll through SAP



BENEFITS					
You must use all accrued leave and be in leave without pay status before a STD benefit can be paid.					
If enrolling in STD for the first time, increasing your weekly benefit amount or changing from the 30-day to 14-day waiting period, EOI is required.					
<b>Weekly Benefit</b> This is the benefit you'd receive if you suffer a qualifying disability. Eligible earnings are your weekly insured pre-disability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income.		<b>Option 1 &amp; 2:</b> Increments of \$25 with a minimum of \$100 and a maximum benefit of \$1,000 per week, not to exceed 60% of your pre-disability earnings, reduced by deductible income.			
<b>Benefit Waiting Period</b> If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.		<b>Option 1:</b> Later of 14 days or end of sick leave for accidental injury Later of 14 days or end of sick leave for physical disease, pregnancy or mental disorder <b>Option 2:</b> Later of 30 days or end of sick leave for accidental injury Later of 30 days or end of sick leave for physical disease, pregnancy or mental disorder			
<b>Benefit Duration</b> This is the maximum length of time you could be eligible to receive a weekly disability benefit.		<b>Option 1:</b> 24 weeks <b>Option 2:</b> 22 weeks			
<b>Return to Work Incentive</b>		Your disability benefit will not be reduced by any work earnings you received until the combined amount of the benefit, earnings and other sources of income exceeds 100% of your pre-disability earnings.			
How Much Your Coverage Cost					
<b>Option 1</b>		\$0.40 per \$10 of weekly benefit			
<b>Option 2</b>		\$0.32 per \$10 of weekly benefit			
Post-Tax Paycheck Deductions					
Weekly Benefit	14-Day Elimination Period	30-Day Elimination Period	\$550	\$11.00	\$8.80
\$100	\$2.00	\$1.60	\$575	\$11.50	\$9.20
\$125	\$2.50	\$2.00	\$600	\$12.00	\$9.60
\$150	\$3.00	\$2.40	\$625	\$12.50	\$10.00
\$175	\$3.50	\$2.80	\$650	\$13.00	\$10.40
\$200	\$4.00	\$3.20	\$675	\$13.50	\$10.80
\$225	\$4.50	\$3.60	\$700	\$14.00	\$11.20
\$250	\$5.00	\$4.00	\$725	\$14.50	\$11.60
\$275	\$5.50	\$4.40	\$750	\$15.00	\$12.00
\$300	\$6.00	\$4.80	\$775	\$15.50	\$12.40
\$325	\$6.50	\$5.20	\$800	\$16.00	\$12.80
\$350	\$7.00	\$5.60	\$825	\$16.50	\$13.20
\$375	\$7.50	\$6.00	\$850	\$17.00	\$13.60
\$400	\$8.00	\$6.40	\$875	\$17.50	\$14.00
\$425	\$8.50	\$6.80	\$900	\$18.00	\$14.40
\$450	\$9.00	\$7.20	\$925	\$18.50	\$14.80
\$475	\$9.50	\$7.60	\$950	\$19.00	\$15.20
\$500	\$10.00	\$8.00	\$975	\$19.50	\$15.60
\$525	\$10.50	\$8.40	\$1,000	\$20.00	\$16.00

# LONG-TERM DISABILITY

Enroll through SAP



BENEFITS			
Weekly Benefit		60% of your eligible earnings, up to a maximum benefit of \$5,000 per month, with a plan minimum of \$100 per month.	
Benefit Waiting Period		180 days	
Benefit Duration		Benefits are payable to Social Security Normal Retirement Age.	
Return to Work Incentive		Get help paying for some of the expenses associated with participating in an approved rehabilitation plan. Receive an additional benefit of 10% of your pre-disability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.	
Survivors Benefit		If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.	
Support When You Need It		You'll have access to an Employee Assistance Program. This is a valuable confidential counseling resource if you're experiencing personal or work-related issues.	
Family Care Expense Benefit		Applies if you are disabled, have returned to work and continued to receive Long-Term Disability benefits. For 12 months, your calculated work earnings will be reduced by a portion of qualified expenses (up to \$250 per dependent or \$500 per family, per month).	
Evidence of Insurability (EOI)		EOI is required when enrolling in LTD for the first time	
Post-Tax Paycheck Deductions			
Gross Annual Salary	Gross Monthly Salary	60% Monthly Benefit	Paycheck Deduction
\$18,000	\$1,500	\$900	\$3.75
\$24,000	\$2,000	\$1,200	\$5.00
\$30,000	\$2,500	\$1,500	\$6.25
\$36,000	\$3,000	\$1,800	\$7.50
\$42,000	\$3,500	\$2,100	\$8.75
\$48,000	\$4,000	\$2,400	\$10.00
\$54,000	\$4,500	\$2,700	\$11.25
\$60,000	\$5,000	\$3,000	\$12.50
\$66,000	\$5,500	\$3,300	\$13.75
\$72,000	\$6,000	\$3,600	\$15.00
\$78,000	\$6,500	\$3,900	\$16.25
\$84,000	\$7,000	\$4,200	\$17.50
\$90,000	\$7,500	\$4,500	\$18.75
\$96,000	\$8,000	\$4,800	\$20.00
\$100,000	\$8,333	\$5,000	\$20.83
For salaries, benefits, and deductions other than the examples shown, estimate by using the examples above and below your actual salary.			

# HOSPITAL CONFINEMENT

Enroll through SAP



BENEFIT PAID TO YOU	BENEFIT AMOUNT
Hospital Admission	\$500 <i>(Maximum 1 per calendar year)</i>
Daily Hospital Confinement	\$150 per day <i>(Maximum 20 days per stay)</i>
Daily Critical Care Unit Confinement	\$150 per day <i>(Maximum 20 days per stay)</i>

COVERAGE FOR	MONTHLY PREMIUMS
You	\$8.87
You and your spouse	\$15.95
You and your children	\$13.40
You, your spouse and your children	\$25.29

## Plan Features

- Pays you directly, so you can choose how to spend the money.
- Goes with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse and children.
- Provides the convenience of having your premium payments deducted directly from your paycheck.

# HOSPITAL CONFINEMENT

Enroll through SAP



## Here's an Example

**Ruptured Ulcer:** Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat.

**Diagnosis:** ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Here's what your plan would cover for this example:

BENEFITS PAID TO YOU	BENEFIT AMOUNTS
Hospital Admission	\$500
Hospital Confinement (10 days)	\$1,500
Critical care unit confinement (3 days)	\$450
<b>TOTAL PAID TO YOU</b>	<b>\$2,450</b>

## Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit — Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

## Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

## Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

# HOSPITAL CONFINEMENT



## Enroll through SAP

### Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Durham County Government, actively working in the United States at least 18.75 hours per week, and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

### Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

### Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

### Exclusions

- Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:
- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a healthcare provider



# HOSPITAL CONFINEMENT

Enroll through SAP



## Exclusions Cont.

- Travel or flight in or on any aircraft, except as a fare paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

## When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

## Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

# HOSPITAL CONFINEMENT

Enroll through SAP



## **IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance. Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

# CRITICAL ILLNESS

Enroll by calling the enrollment line or using the self-enroll option



## Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insured gets older
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction
- Guaranteed-Issue coverage is available (which means you may qualify for coverage without having to answer health questions).

## Underwriting Guidelines—Guarantee Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

## Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees who work at least 30 hours weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered.

## Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

# CRITICAL ILLNESS



Enroll by calling the enrollment line or using the self-enroll option

## Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. Children-only coverage is not available.

## Waiver of Premium

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

## Portability

Coverage may be continued with certain stipulations. See certificate for details.

## Successor Insured Benefit

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

## Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

## Limitations & Exclusions (Applies to all riders unless otherwise noted)

### Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

### Exclusions

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Illegal Acts – participating or attempting to participate in an illegal activity or working at an illegal job.
- Participation in Aggressive Conflict of any kind, including:
  - War (declared or undeclared) or military conflicts; this does not include terrorism.
  - Insurrection or riot.
  - Civil commotion or civil state of belligerence.
- Illegal substance abuse, which includes the following:
  - Abuse of legally-obtained prescription medication.
  - Illegal use of non-prescription drugs.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

# CRITICAL ILLNESS

Enroll by calling the enrollment line or using the self-enroll option



Covered Critical Illness and Additional Benefits	Percentage of Face Amount/Benefits
Cancer (Internal or Invasive) ++	100%
Heart Attack	100%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer ++	25%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Skin Cancer	\$250 (once per calendar year/insured)
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

## Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

## Additional Diagnosis +

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

## Reoccurrence +

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.



# CRITICAL ILLNESS

Enroll by calling the enrollment line or using the self-enroll option



## Health Screening Event

BENEFIT	BENEFIT AMOUNT
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

## Heart Event Rider

SURGERIES AND PROCEDURES COVERED UNDER PLAN	PERCENTAGE OF MAXIMUM BENEFIT
<b>Category 1 - Specified Surgeries of the Heart</b>	
Coronary Artery Bypass Surgery	75%*
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
<b>Category 2 – Invasive Procedures and Techniques of the Heart</b>	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

\*The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

# CRITICAL ILLNESS

Enroll by calling the enrollment line or using the self-enroll option



## Optional Benefits Rider

Benefits are payable if an insured is diagnosed with one of the conditions listed.

ILLNESS COVERED UNDER PLAN	PERCENTAGE OF FACE AMOUNT
Benign Brain Tumor	100%
Advanced Alzheimer’s Disease	25%
Advanced Parkinson’s Disease	25%

## Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions. If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer:** The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Aflac Group Insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

EXP (05/25)



Continental American Insurance Company  
Columbia, South Carolina  
Open Enrollment Call Center : 1-888-217-8267  
Toll Free Customer Service: 1-800-433-3036  
Website: aflacgroupinsurance.com

# CRITICAL ILLNESS

Enroll by calling the enrollment line or using the self-enroll option



## Rates: NON-TOBACCO

NON-TOBACCO: Employee										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.88	\$4.21	\$5.55	\$6.88	\$8.22	\$9.55	\$10.89	\$12.23	\$13.56	\$14.90
30-39	\$3.62	\$5.70	\$7.78	\$9.86	\$11.94	\$14.02	\$16.10	\$18.18	\$20.26	\$22.34
40-49	\$5.95	\$10.36	\$14.77	\$19.18	\$23.59	\$28.00	\$32.41	\$36.82	\$41.23	\$45.64
50-59	\$9.65	\$17.76	\$25.87	\$33.98	\$42.09	\$50.20	\$58.30	\$66.41	\$74.52	\$82.63
60 +	\$16.50	\$31.45	\$46.41	\$61.36	\$76.32	\$91.27	\$106.23	\$121.18	\$136.14	\$151.09

NON-TOBACCO: Spouse						
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$2.88	\$4.21	\$5.55	\$6.88	\$8.22	\$9.55
30-39	\$3.62	\$5.70	\$7.78	\$9.86	\$11.94	\$14.02
40-49	\$5.95	\$10.36	\$14.77	\$19.18	\$23.59	\$28.00
50-59	\$9.65	\$17.76	\$25.87	\$33.98	\$42.09	\$50.20
60 +	\$16.50	\$31.45	\$46.41	\$61.36	\$76.32	\$91.27

# CRITICAL ILLNESS

Enroll by calling the enrollment line or using the self-enroll option



## Rates: TOBACCO

TOBACCO: Employee										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.50	\$5.47	\$7.43	\$9.40	\$11.36	\$13.33	\$15.29	\$17.26	\$19.22	\$21.19
30-39	\$5.05	\$8.57	\$12.08	\$15.59	\$19.10	\$22.62	\$26.13	\$29.64	\$33.15	\$36.67
40-49	\$9.03	\$16.53	\$24.02	\$31.52	\$39.01	\$46.50	\$54.00	\$61.49	\$68.99	\$76.48
50-59	\$15.50	\$29.47	\$43.43	\$57.40	\$71.36	\$85.32	\$99.29	\$113.25	\$127.22	\$141.18
60 +	\$27.12	\$52.70	\$78.29	\$103.87	\$129.45	\$155.03	\$180.61	\$206.20	\$231.78	\$257.36

TOBACCO: Spouse						
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$3.50	\$5.47	\$7.43	\$9.40	\$11.36	\$13.33
30-39	\$5.05	\$8.57	\$12.08	\$15.59	\$19.10	\$22.62
40-49	\$9.03	\$16.53	\$24.02	\$31.52	\$39.01	\$46.50
50-59	\$15.50	\$29.47	\$43.43	\$57.40	\$71.36	\$85.32
60 +	\$27.12	\$52.70	\$78.29	\$103.87	\$129.45	\$155.03

# LONG TERM CARE

Enroll by providing [Benefits@dconc.gov](mailto:Benefits@dconc.gov) with the 4 page application



STANDARD BENEFITS INCLUDED IN ALL POLICIES				
Long Term Care Facility or Professional Home and Community Care		Insured can choose to receive qualified care in a Long-Term Care Facility (will receive 100% of the monthly benefit) or Insured can choose to receive qualified care at home by a Professional (will receive 50% of the monthly benefit).		
Additional Care Benefit		The Additional Care Benefit provides a separate \$5,000 pool of benefit to assist the insured in living at home or in other residential housing. The benefit may be used for services such as emergency response systems, durable medical equipment, caregiver training and home modifications.		
Waiver of Premium		Premium waived while insured is receiving a benefit from the policy.		
Continuation of Coverage		Coverage remains at the initial purchase age for the duration of the policy even at the portability event.		
Benefit Options				
Facility Monthly Benefit Amount	Insured chooses \$2,500, \$4,000, or \$6,000 indemnity benefit payable to insured on a monthly basis if care is received in a Long-Term Care Facility or at Home by a Licensed Long-Term Care provider.			
Benefit Duration	Insured chooses 3-year, 6-year, or lifetime duration that the monthly benefit will be paid while the insured continues to qualify for the benefit.			
Inflation Protection	Insured chooses whether or not to include the Inflation Protection. If selected, then the monthly benefit will increase by 5% on a simplified basis every year on the first anniversary of the policy.			
Non-Forfeiture Benefit	Insured chooses whether or not to include the Non-Forfeiture Benefit. If selected and if the insured stops making premium payments after 3 or more years, then the insured will remain eligible for reduced monthly benefits during his/her lifetime. The Lifetime Maximum Benefit under Non-Forfeiture Benefit is reduced to the total of all premiums paid minus any benefits already paid.			
Benefit Packages				
Plan Number	Plan 1	Plan 2	Plan 3	Plan 4
Inflation Protection	No	No	Yes	Yes
Non-Forfeiture Benefit	No	Yes	No	Yes
Monthly Benefit Amount (Insured Chooses 1 of the 3 amounts)	\$2,500	\$2,500	\$2,500	\$2,500
	\$4,000	\$4,000	\$4,000	\$4,000
	\$6,000	\$6,000	\$6,000	\$6,000
Benefit Duration (Insured Chooses 1 of the 3 durations)	3 Year	3 Year	3 Year	3 Year
	6 Year	6 Year	6 Year	6 Year
	Lifetime	Lifetime	Lifetime	Lifetime



# LONG TERM CARE

Enroll by providing Benefits@dconc.gov with the 4 page application



Plan 1									
Age	\$2,500			\$4,000			\$6,000		
	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime
30	\$5.60	\$7.35	\$10.68	\$8.96	\$11.76	\$17.08	\$13.44	\$17.64	\$25.62
35	\$7.18	\$9.10	\$12.25	\$11.48	\$14.56	\$19.60	\$17.22	\$21.84	\$29.40
40	\$9.28	\$11.73	\$14.70	\$14.84	\$18.76	\$23.52	\$22.26	\$28.14	\$35.28
45	\$11.38	\$14.18	\$17.50	\$18.20	\$22.68	\$28.00	\$27.30	\$34.02	\$42.00
50	\$15.05	\$18.73	\$22.40	\$24.08	\$29.96	\$35.84	\$36.12	\$44.94	\$53.76
55	\$21.18	\$26.60	\$32.03	\$33.88	\$42.56	\$51.24	\$50.82	\$63.84	\$76.86
60	\$30.45	\$38.15	\$46.38	\$48.72	\$61.04	\$74.20	\$73.08	\$91.56	\$111.30
Plan 2									
Age	\$2,500			\$4,000			\$6,000		
	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime
30	\$6.30	\$8.23	\$12.08	\$10.08	\$13.16	\$19.32	\$15.12	\$19.74	\$28.98
35	\$8.05	\$10.33	\$13.83	\$12.88	\$16.52	\$22.12	\$19.32	\$24.78	\$33.18
40	\$10.33	\$13.13	\$16.45	\$16.52	\$21.00	\$26.32	\$24.78	\$31.50	\$39.48
45	\$12.60	\$15.93	\$19.43	\$20.16	\$25.48	\$31.08	\$30.24	\$38.22	\$46.62
50	\$16.98	\$21.00	\$25.20	\$27.16	\$33.60	\$40.32	\$40.74	\$50.40	\$60.48
55	\$23.80	\$29.75	\$35.88	\$38.08	\$47.60	\$57.40	\$57.12	\$71.40	\$86.10
60	\$33.95	\$42.88	\$51.98	\$54.32	\$68.60	\$83.16	\$81.48	\$102.90	\$124.74
Plan 3									
Age	\$2,500			\$4,000			\$6,000		
	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime
30	\$13.83	\$19.78	\$24.68	\$22.12	\$31.64	\$39.48	\$33.18	\$47.46	\$59.22
35	\$17.85	\$25.20	\$31.50	\$28.56	\$40.32	\$50.40	\$42.84	\$60.48	\$75.60
40	\$23.10	\$32.38	\$40.25	\$36.96	\$51.80	\$64.40	\$55.44	\$77.70	\$96.60
45	\$28.35	\$38.68	\$47.78	\$45.36	\$61.88	\$76.44	\$68.04	\$92.82	\$114.66
50	\$37.28	\$49.70	\$60.90	\$59.64	\$79.52	\$97.44	\$89.46	\$119.28	\$146.16
55	\$50.05	\$64.75	\$79.10	\$80.08	\$103.60	\$126.56	\$120.12	\$155.40	\$189.84
60	\$67.55	\$85.23	\$103.95	\$108.08	\$136.36	\$166.32	\$162.12	\$204.54	\$249.48
Plan 4									
Age	\$2,500			\$4,000			\$6,000		
	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime	3 Years	6 Years	Lifetime
30	\$15.58	\$22.05	\$27.65	\$24.92	\$35.28	\$44.24	\$37.38	\$52.92	\$66.36
35	\$20.13	\$28.18	\$35.18	\$32.20	\$45.08	\$56.28	\$48.30	\$67.62	\$84.42
40	\$25.90	\$36.23	\$45.15	\$41.44	\$57.96	\$72.24	\$62.16	\$86.94	\$108.36
45	\$31.85	\$43.40	\$53.55	\$50.96	\$69.44	\$85.68	\$76.44	\$104.16	\$128.52
50	\$41.83	\$55.65	\$68.25	\$66.92	\$89.04	\$109.20	\$100.38	\$133.56	\$163.80
55	\$56.00	\$72.45	\$88.73	\$89.60	\$115.92	\$141.96	\$134.40	\$173.88	\$212.94
60	\$75.78	\$95.55	\$116.38	\$121.24	\$152.88	\$186.20	\$181.86	\$229.32	\$279.30

# FLEXIBLE SPENDING ACCOUNT (FSA) FOR HEALTH CARE, CHILD CARE, PARKING

Enroll through SAP



## Flexible Spending Accounts (FSA) FOR HEALTH CARE AND CHILD CARE

Benefit:	<b>You choose the amount of money</b> you expect to pay for out of pocket medical, dental, vision, childcare, and adult day care expenses for a year to be withheld from your paycheck. <b>The pre-tax withholdings are used to reimburse your eligible expenses.</b>
Rollover:	If you do not use all of your medical reimbursement withholdings by the end of the year, <b>up to \$500 of your balance will rollover to your account (Available 10/1)</b> , however any balance in excess of \$500 is forfeited. Plan carefully and do not withhold more than your expected expenses.
Eligible Expenses & Maximum Withholding	Expenses eligible for reimbursement from your <b>Medical Reimbursement Account</b> include health insurance copays, deductibles, coinsurance, dental insurance deductibles and coinsurance, glasses, contacts, and many other expenses. <b>You may withhold \$120 - \$3,300.</b>  Expenses eligible for reimbursement from your <b>Dependent Care Account</b> include day care, babysitters, care-givers, and after school programs that care for your children (under age 13) so that you or your spouse can work or attend school. <b>You may withhold \$120 - \$5,000 (\$2,500 if married filing separately) per household.</b>
Claim Submission	FBA provides a debit card for automatic claim filing and payment. Alternatively, paper claim forms are available from Human Resources and online at <a href="https://fba.wealthcareportal.com/">https://fba.wealthcareportal.com/</a> . Include documentation of your expense, such as a canceled check, receipt, or insurance statement. FBA will mail a check to your home or you may set up direct deposit of your reimbursements. <b>Employer ID: FBADURH</b>

## Parking Accounts

Benefit:	<b>You choose the amount of money</b> you expect to pay for parking expenses for a year to be withheld from your paycheck. <b>The pre-tax withholdings are used to reimburse your eligible expenses.</b> If your parking expenses change, you may change your withholding.
Eligible Expenses & Maximum Withholding	Expenses eligible for reimbursement from your <b>Parking Reimbursement Account</b> include daily and monthly parking fees or leases. <b>You may withhold \$120 - \$3,900.</b> Note: If you are paying for Durham County parking via payroll deduction, those are already pre-taxed.
Claim Submission	Claims must be filed on paper forms to FBA. Claim forms are available online at MyDCo and at <a href="https://fba.wealthcareportal.com/">https://fba.wealthcareportal.com/</a> . Include documentation of your expense, such as a canceled check or receipt. FBA will mail a check to your home or you may set up direct deposit of your reimbursements. Employer ID: FBADURH

## Administrative Fees

Durham County Government pays the administration fees for the accounts. The accounts are offered at **no cost to employees.**

# PRE-PAID LEGAL PLAN

Enroll through SAP



Many of life’s moments—big and small— call for legal guidance. It’s not just handy for when trouble strikes, but for all kinds of reasons, from negotiating new home contracts to estate planning. MetLife Legal Plans makes it easy to get the legal help you need.

## Legal plans benefits

### Largest attorney network

Tap into a network of 18,000 experienced attorneys available to support you. Plus, if you use an attorney outside our network, you'll be reimbursed for part of the costs.<sup>2</sup>

### Digital tools

Get access to over 1,700 online resources, including forms for wills, living wills, durable power of attorney documents, and living trusts. You can complete an estate plan in just 15 minutes.

### Robust coverage, unlimited visits

Connect with in-network attorneys as many times as you want and for help with over 100 legal matters – without waiting periods, deductibles, copays, or claim forms.

### Help when and how you need it

Whether online or on the phone, it’s easy to find or schedule an appointment with an attorney.

## What situations do Legal Plans help support?

With MetLife Legal Plans, you get unlimited access to a network of experienced attorneys who can help you with a wide range of issues. If you’re considering adding to your family, buying or selling a home, or creating a will or estate, our network of attorneys and easy-to-use online tools can help simplify the process. For legal matters that come without warning – like identity theft, tax issues, or even traffic violations – you’ll get the information and guidance you need to be prepared.

### Family

- Adoption/reproductive assistance
- School and administrative hearings
- Wills and estate planning

### Home

- Buying a home
- Selling a home
- Renting a home

### Finances

- Identity Theft
- Tax Issues
- Traffic Violations



## Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

## Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

**Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.**

### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.<sup>1</sup>

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

### Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.<sup>2</sup>

### How to use the plan

#### 1. Find an attorney

Create an account at [members.legalplans.com](https://members.legalplans.com) to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

#### 2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

#### 3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

# Helping you navigate life’s planned and unplanned events.

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.<sup>3</sup>

Money Matters	<ul style="list-style-type: none"><li>• Debt Collection Defense</li><li>• Identity Theft Defense</li><li>• Identity Restoration<sup>4</sup></li></ul>	<ul style="list-style-type: none"><li>• Negotiations with Creditors</li><li>• Personal Bankruptcy</li><li>• Promissory Notes</li></ul>	<ul style="list-style-type: none"><li>• Tax Audit Representation</li><li>• Tax Collection Defense</li></ul>
Home & Real Estate	<ul style="list-style-type: none"><li>• Boundary or Title Disputes</li><li>• Deeds</li><li>• Eviction Defense</li><li>• Foreclosure</li></ul>	<ul style="list-style-type: none"><li>• Home Equity Loans</li><li>• Mortgages</li><li>• Property Tax Assessments</li><li>• Refinancing of Home</li></ul>	<ul style="list-style-type: none"><li>• Sale or Purchase of Home</li><li>• Security Deposit Assistance</li><li>• Tenant Negotiations</li><li>• Zoning Applications</li></ul>
Estate Planning	<ul style="list-style-type: none"><li>• Codicils</li><li>• Complex Wills</li><li>• Healthcare Proxies</li><li>• Living Wills</li></ul>	<ul style="list-style-type: none"><li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li></ul>	<ul style="list-style-type: none"><li>• Revocable &amp; Irrevocable Trusts</li><li>• Simple Wills</li></ul>
Family & Personal	<ul style="list-style-type: none"><li>• Adoption</li><li>• Affidavits</li><li>• Conservatorship</li><li>• Demand Letters</li><li>• Garnishment Defense</li><li>• Guardianship</li><li>• Immigration Assistance</li></ul>	<ul style="list-style-type: none"><li>• Juvenile Court Defense, Including Criminal Matters</li><li>• Name Change</li><li>• Parental Responsibility Matters</li><li>• Personal Property Protection</li></ul>	<ul style="list-style-type: none"><li>• Prenuptial Agreement</li><li>• Protection from Domestic Violence</li><li>• Review of ANY Personal Legal Document</li><li>• School Hearings</li></ul>
Civil Lawsuits	<ul style="list-style-type: none"><li>• Administrative Hearings</li><li>• Civil Litigation Defense</li></ul>	<ul style="list-style-type: none"><li>• Disputes Over Consumer Goods &amp; Services</li><li>• Incompetency Defense</li></ul>	<ul style="list-style-type: none"><li>• Pet Liabilities</li><li>• Small Claims Assistance</li></ul>
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"><li>• Deeds</li><li>• Leases</li></ul>	<ul style="list-style-type: none"><li>• Medicaid</li><li>• Medicare</li><li>• Notes</li><li>• Nursing Home Agreements</li></ul>	<ul style="list-style-type: none"><li>• Powers of Attorney</li><li>• Prescription Plans</li><li>• Wills</li></ul>
Traffic & Other Matters	<ul style="list-style-type: none"><li>• Defense of Traffic Tickets<sup>5</sup></li></ul>	<ul style="list-style-type: none"><li>• Driving Privileges Restoration</li></ul>	<ul style="list-style-type: none"><li>• Repossession</li></ul>

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.



Create an account at [members.legalplans.com](https://members.legalplans.com) or scan the QR code.

Questions? Call the MetLife Legal Plans Client Service Center at 800-821-6400 Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney’s actual charge. You will be responsible to pay the difference, if any, between the plan’s payment and the non-plan attorney’s charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.

2. Digital notary and signing is not available in all states.

3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.

4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

5. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4]





# PET INSURANCE

To enroll in this benefit, visit <https://www.metlifepetinsurance.com/getpetquote> or call 877-649-1057.



## Help Protect Your Pet From Costly Vet Bills

More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

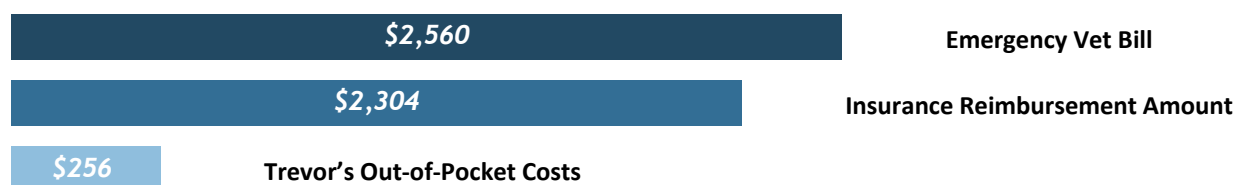
Visits to the vet can be unpredictable and expensive. Pet parents spend over \$29.3 billion on vet care annually.<sup>2</sup> 24% of pet parents have gone into credit card or personal loan debt as a result.<sup>3</sup> A small monthly payment can help you prepare for those unexpected vet expenses down the road.

- Flexible offerings with straightforward pricing (based on age, breed, location, and coverage amount selected)
- Quick 3 step enrollment and hassle free claims
- An experienced team of pet advocates
- Payroll deducted

## How it Works

Hypothetical savings example when visiting a licensed veterinarian, specialist or emergency clinic in the U.S.

“Bella, a two year old mixed breed dog, needed emergency surgery after swallowing some small rocks. Bella pulled through, but not until incurring an emergency vet bill of \$2,560. Since Bella’s owner, Trevor, had MetLife Pet Insurance, he was reimbursed for 90% of the bill once the deductible was met. Thanks to his smart decision to enroll, Trevor saved \$2,304 in out of pocket vet expenses



## What is Covered

- Accidental Injuries
- Illnesses
- Exam Fees
- Surgeries
- Medications
- Ultrasounds
- Hospital Stays
- X Rays and Diagnostic Tests
- Hereditary Conditions
- Congenital Conditions
- Chronic Conditions
- Alternative Therapies
- Holistic Care
- And Much More

## Get Started Today!

1. Select and enroll in the coverage that’s right for you and your pet and download our mobile app.
2. Take your pet to the vet and pay the bill.
3. Send the bill and your claim to us and receive reimbursement<sup>4</sup> by check or direct deposit if the claim expense is covered.

# Perks for pet parents to save money on pet care



*Our rewards program for Pet Insurance policyholders offers discounts at select pet care businesses*

At MetLife Pet Insurance<sup>1</sup>, we continue to innovate to provide benefits that offer real value to employees. That is why we now offer rewards program<sup>2</sup> that complements our pet insurance plans and helps support your employees and their pets. Employees can use this program to access discounts on pet care purchases at select businesses to help care for their pets' overall health and well-being.

The rewards program is one more way MetLife Pet Insurance helps policyholders take care of their pet – and their expenses.

Employees who are enrolled in MetLife's Pet Insurance plan can access available discounts at no additional cost through their MyPets online account. Discount reward offers can be redeemed at a variety of national and local pet businesses that pet parents know and love.

## The Perks



Rewards will automatically be added to policyholders' MyPets online account



Rewards cover a variety of pet care needs



Up to five MetLife exclusive pet rewards can be redeemed annually<sup>3</sup>



Rewards are added throughout the year, offering pet parents their choice of opportunities to save

**There is no additional cost to the policyholder for the rewards. They can easily access available rewards by logging into their [MyPets](#) online account and clicking on "Rewards Center."**

<sup>1</sup>Coverage issued by Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886. Availability is subject to regulatory approval. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota), and MetLife Pet Insurance Solutions Agency LLC (Illinois).

<sup>2</sup>Not available in all states.

<sup>3</sup>Due to state regulations, some states allow less than five rewards.

# MetLife Pet Insurance

Pets are family, and when they need to see the vet, it can be emotionally and financially stressful for employees.

**We deliver one of the most comprehensive pet insurance plans, a benefit that helps you care for your employees.**



## More coverage and value

- We provide coverage of previously covered pre-existing conditions when switching providers
- Only provider to offer a family plan to cover up to three pets under the same annual limit for savings up to 30%<sup>1,2,3</sup>
- Pays for all vet-recommended medications, surgeries and treatments



## More choice and flexibility

- A wider range of deductible<sup>4</sup> and reimbursement options<sup>5</sup> than other carriers, giving pet parents maximum flexibility to choose the right plan
- Optional Preventive Care Coverage<sup>6</sup> that can be used for routine wellness needs like vaccines, heartworm and flea medications, and teeth cleanings



## Top-quality service and simplified enrollment

- Caring and knowledgeable pet advocates to assist with enrollment and service
- An easy-to-use, personalized mobile app to submit and track claims
- Hassle-free claims experience with most claims processed within 5 days



## We make it easy for employers

- Easy setup, no additional cost to employer
- Integrated service and administration experience across MetLife benefits
- Ongoing support with customizable employee communications and tools



## Supported by MetLife's unmatched track record

- Award-winning pet insurance two years in a row
- 20 years of pet experience and advocacy with a strong community focus
- Deep relationships with employers, brokers, and third parties



**Experience you  
can count on<sup>7</sup>**

**20** years  
of experience

**75**  
Relationship Net Promoter Score

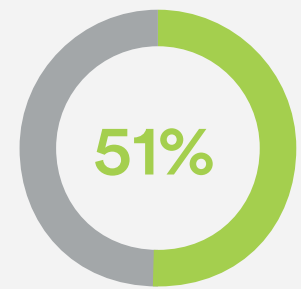
**80%**  
of claims are processed  
within 5 days



**Two years  
in a row**

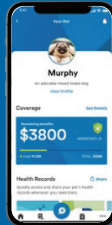
**To learn more about  
the advantages of  
MetLife Pet Insurance,  
contact your MetLife  
representative.**

The stress of caring for a sick or injured pet can distract employees at work. Pet insurance can help. In fact, 70% of people who live with pets consider pet insurance a must-have or nice-to-have benefit.<sup>8</sup> Pet Insurance from MetLife enables you to expand your benefits portfolio to include this sought-after coverage.



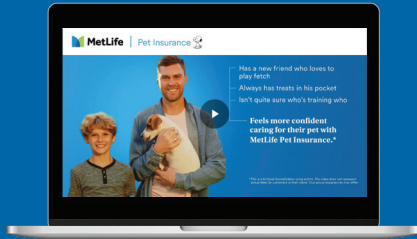
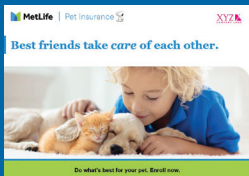
of employees ranked pet insurance among the top benefits that would impact their decision to take a new job<sup>10</sup>

## Seamless claims experience and compassionate support



- Submit a claim via mobile app, online portal, or email
- Experienced pet advocates available to answer your employees' questions
- Personalized app featuring 24/7 vet chat<sup>9</sup> and the ability to store pet's health records

## Customized communications and educational resources



- Sample quotes available online to help employees find a plan that works for them
- Enrollment support that includes multi-channel outreach—email campaigns, videos, and more
- Health and wellness resources and personalized articles to help care for pet's health

<sup>1</sup>Based on a January 2023 review of publicly available summary information about competitors' offerings. Competitors did not furnish copies of their policies for review. If you have questions about a particular competitor's policy or coverage, please contact them or their representative directly.

<sup>2</sup>30% savings is based on the utilization of all applicable discounts.

<sup>3</sup>Family plan policies are limited to dogs age 12 and under and cats age 14 and under. Multi-policy discount is not available with Family Plans.

<sup>4</sup>Deductible options range include: \$0 - \$750 in \$50 increments and \$1,000, \$1,250, \$1,500, \$2,000 and \$2,500.

<sup>5</sup>Reimbursement options include: 50%, 70%, 80% and 90%. Pet age restrictions may apply.

<sup>6</sup>Optional Preventive Care coverage is included in the annual limit.

<sup>7</sup>Based on MetLife internal data, rNPS 2023.

<sup>8</sup>MetLife 21st Employee Benefit Trends Survey, 2023.

<sup>9</sup>Virtual veterinary services are provided entirely by AskVet, a third-party partner; MetLife is not responsible for any pet guidance or advice provided or taken through Askvet.

<sup>10</sup>MetLife Pet Insurance's new Pet Parent Pulse Survey, 2021.

Coverage issued by Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886. Availability is subject to regulatory approval. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota), and MetLife Pet Insurance Solutions Agency LLC (Illinois).





# EMPLOYEE ASSISTANCE PLAN

GuidanceResources®

**Your Life. Your Work. Your Best.®**  
Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

**Life is challenging.  
We can help.  
Confidential 24/7 support.**



**COMPSYCH®**  
GuidanceResources® Worldwide

## Services:

### Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

### Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

### Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

### Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

### Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings



**24/7 Live Assistance:**  
Call: 800-272-7255  
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)  
App: GuidanceNow<sup>SM</sup>  
Web ID: COM589



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If you have any questions regarding your benefits,  
please feel free to contact Human Resources at:

Human Resources Department  
[Benefits@dconc.gov](mailto:Benefits@dconc.gov)

Or via MyDCo



Engage

Communicate

Interact

# NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# NOTES

[illegible]



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

