Benefits Consulting and Broker Services
Questions and Answers
Date: August 25, 2026

1. Of the 1350 full-time employees, how many are enrolled in the health plan?
    a. Employees: HDHP: 693
    b. Retirees: HDHP: 60
    c. Employees: PPO 520
    d. Retirees: PPO: 43
2. Can you provide a copy of the most current Benefits Guide?
    a. See PDF: 2026 Employee Benefits Open Enrollment Guide.
3. Do you have any recent claims reporting you can share (medical, pharmacy, stop loss, high cost claimants)?
    a. Current medical and pharmacy rates.
        i. Budgeted $1230 PEPM and includes cost of Employee Health Center.
        ii. Employee and dependent contributions are included in the Benefits Guide.
    b. Stop Loss Premium (either aggregate or PEPM).
        i. PEPM: $87.87.
4. What is your estimated Life and Disability Premium (aggregate)?
    a. Employer paid $20,000 policy PEPM: $2.80.
5. Does the County have a formalized wellness program in place? If so, can you please provide details? Is it managed internally, or do you utilize an outside vendor?
    a. Program Goal: Offer employees wellness programming to improve overall health and encourage positive lifestyle choices.
    b. Program Strategy: Provide programs and strategies to improve employee health and wellness.
    c. The Wellness for Life program is managed internally and includes a committee of 16 representatives from multiple departments within the county. The county has five onsite fitness centers and offers programs throughout the year.
    d. Accountability Improvement Measures (AIM) program for premium discount; March FY26, 93% of eligible employees participated .
6. Does the current broker provide any "employee call center" type of services to the County (to answer coverage questions, help find a provider, etc.)? Is this something the County would be interested in having included in the scope or priced separately 'a-la-carte'?
    a. Our current broker provides a General Benefits Questions and Issues call line at no additional cost.
7. Does the County require any other consulting services outside of core Health & Welfare consulting at this time (i.e. HR Outsourcing, Compensation Consulting, HR Technology, Retirement Plan Consulting, etc.)?
    a. Outsource benefits enrollment platform.
    b. Outsource application and onboarding platform.
    c. Outsource tracking and reporting for 1095c.
    d. Outsource Employee Health Center clinic.
    e. Outsource compensation.
8. What broker compensation structure is currently in place – fixed fee, commissions, or a combination of both? Is there addition broker compensation included in pharmacy and / or stop loss? Does the County have a preference on how broker compensation is structured going forward?

    a. Combination of fixed and commission fees.
    b. We do not have a preference regarding how the broker compensation structure is set up.
9. Does your current broker pay for any third-party fees on behalf of the County? Yes.
10. What do you feel is working well in your current partnership, and where might there be opportunity for improvement?
    a. The answer would subjective and does not provide a specific quantitative or contractual fact needed for proposal.

2026 Employee Benefits Open Enrollment Guide

BENEFITS DESIGNED

WITH YOU

IN MIND

CABARRUS COUNTY
America Thrives Here

What's Inside

VIEW YOUR BENEFITS

For details about all of your benefits, product videos, policy certificates, enrollment and contact information visit the Cabarrus County benefits site at **cabco.hrbenefits.net**

DISCLAIMER

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 will be available at benefits.cabarruscounty.us

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

Welcome to Your Cabarrus County Benefits!

At Cabarrus County Government, it's our employees who make the difference in our success. That's why, each year, you can choose from a variety of benefits that can make a real difference in your life.

We offer a broad range of benefits, including health care, life insurance, disability insurance, and much more. You can customize a benefits program that's exactly right for your personal situation.

The benefits described in this guide are to help you achieve your healthcare goals and protect your loved ones. We strive to provide a benefits package that will meet your needs while balancing the cost to you and Cabarrus County. Please review it carefully and make your elections before the deadline. All elections you make during the Open Enrollment period will be effective on July 1, 2026. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

Thank you for being a valued part of our employee family with Cabarrus County.

CABARRUS COUNTY
America Thrives Here

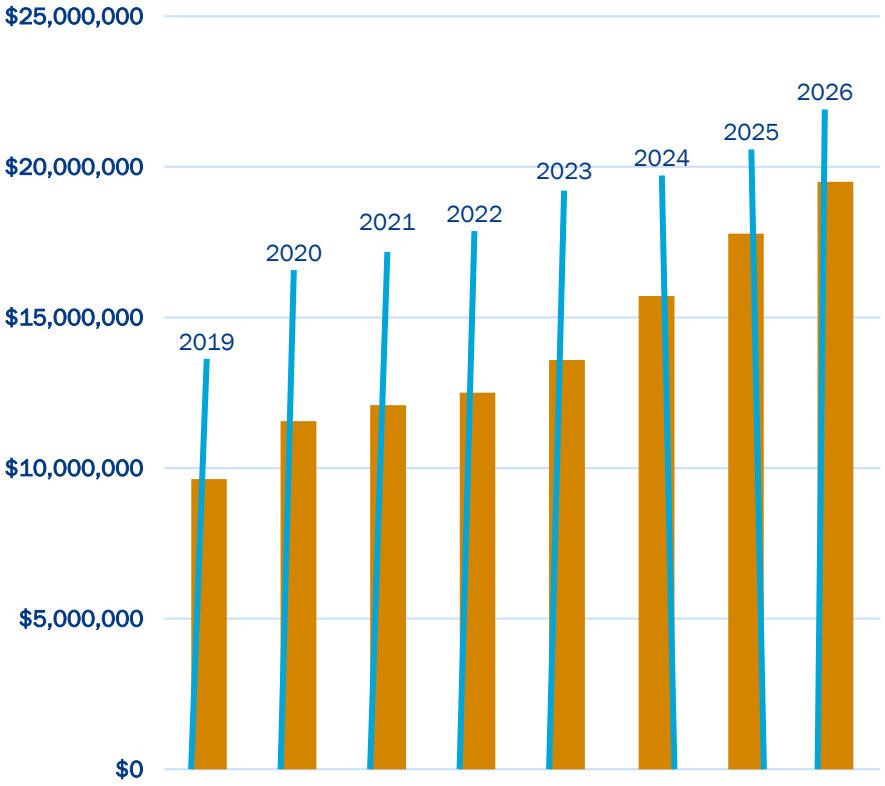
Cabarrus County Medical/Rx Trend

While Cabarrus County employees will not see an increase to your premiums on the medical plan this year, please note the County is absorbing an increase of about 8.6%. The cost for 2026 is expected to be over $19 million.

Cabarrus County provides Health Coverage through a Self-Insured Arrangement

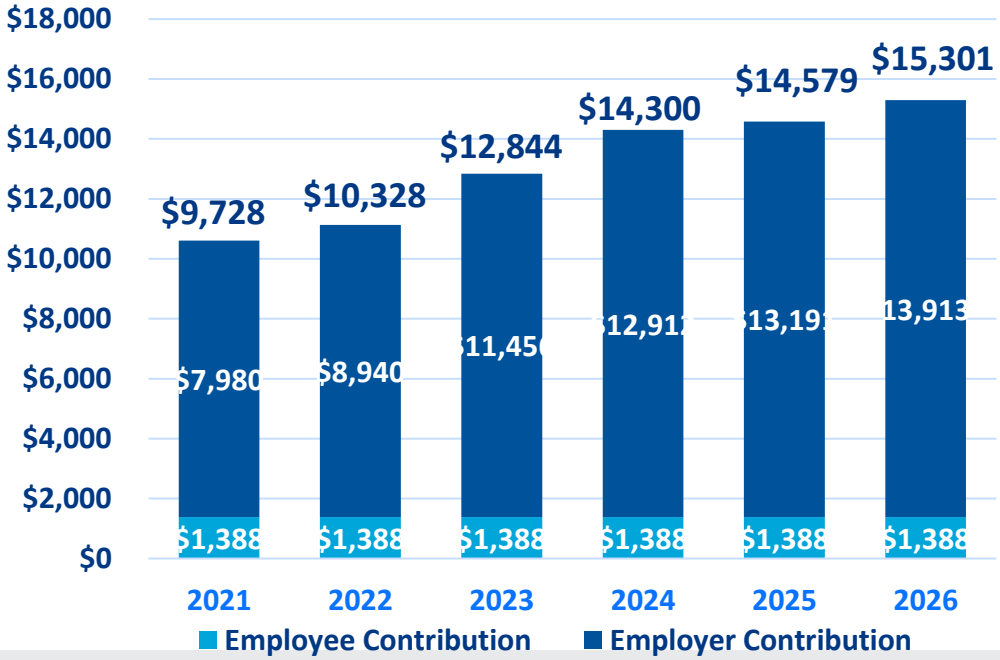
BCBS is the claims administrator, but all covered claims are paid from Cabarrus County's health fund account.

Cabarrus County will absorb an 8.6% increase in 2026; no increase to Employees



Cabarrus County Annual Medical/Rx Plan Cost per Employee

Cabarrus County Annual Medical/Rx Plan Cost for 2026 expected to be over $19 million



Cabarrus County 2026 Open Enrollment

May 15th – May 29th, 2026 – You Must Actively Enroll to Have Coverage in 2026

What's New or Changing for July 1, 2026 to June 30, 2027

- **Benefits website**: You have access to benefits information, important documents, videos, carrier contact information, and more in one convenient location. From any internet browser, visit cabco.hrbenefits.net– no login or password needed.
- **Online Platform** for enrollment with Benefit*first*.
- **Benefit Counselors** are scheduled to be on-site during enrollment to help support you in reviewing benefits, answering questions, and enrolling in coverages. Please look for communications to schedule a meeting with a benefits counselor when they are on-site at your location.
- **Medical Dual Option - ALL** eligible full-time employees can enroll in either medical plan.
- **Medical, Prescription** – There are no rate changes for 2026. There will only be a slight change to the deductible on the HSA plan as required by federal guidelines. Medical Benefits will be through Blue Cross Blue Shield and Prescription Drug Coverage will be through RxBenefits (+EverNorth).
- **Dental Plan** – No Plan changes.
    - Visit a dentist in the Delta Dental PPO network to maximize your savings. Network dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill. Visit www.deltadentalnc.com/findadentist.
- **UNUM Life and AD&D, Short-Term Disability, Long-Term Disability, Accident, or Critical Illness** – There will be plan improvements to voluntary benefits with the change of carrier to UNUM.
- **Health savings account (HSA) limit increases**: If enrolled in the BCBS HDHP with HSA Plan in 2026, you may now contribute even more to your HSA. HSA contribution limits for 2026 are:
    - **Individual: $4,400**
    - **Family: $8,750**
    - **If you are age 55 and over, you may contribute an additional $1,000 catch-up contribution**
- **Flexible spending account (FSA) limit increases**: Health FSA enrollees may contribute more to these accounts if you enroll for 2026. Current IRS FSA contribution limits are:
    - **Health FSA: $3,400**
    - **Dependent Care: $7,500**

2026 Open Enrollment: May 15 – May 29, 2026

Your Open Enrollment to-do list

1. **REVIEW** this guide and Cabarrus County's benefits website at **cabco.hrbenefits.net**
2. **CONSIDER** your health and benefit needs.
3. **ENROLL or MAKE CHANGES** at **cabco.hrbenefits.net**
4. **ADD** or **DROP** family members.

Helpful enrollment tips:

Check to see that your current plans still fit your lifestyle. Choosing the same coverage year-after-year is easy. Life changes and updating your benefits preferences can make a difference.

Don't look only at the costs. You want to prepare for the unexpected by selecting a plan that fits your needs and your wallet. Evaluate your family's healthcare needs. You don't want to overspend on premiums if you and your family don't need a higher level of coverage.

Read up on the other benefits offered by the County. The worse-case scenario rarely happens but being prepared is wise. A small investment now could mean a life-changing financial scenario for you or your loved ones.

How to Enroll

Follow these important steps to enroll in your benefits.

2. Determine Your Needs

Be a smart health care consumer and ask yourself the following questions:

- **Who should I cover?**
- **How much did I spend on health care last year?**
- **Will I need more, or less, health coverage next year?**

2. Review Your Options

Review this benefit guide to compare your options and evaluate plan costs and potential savings.

3. Ways to Enroll in Your Benefits

- Access the link to enroll at cabco.hrbenefits.net
- Once on the homepage of the benefit site at **cabco.hrbenefits.net.** Click on the Enroll Now tab located at the top of the homepage.
- Click ENROLL at Benefit*first*, located under Quick Links, you will be directed to the Cabarrus County authentication page.

Once on the Benefit*first* enrollment site follow the below steps:

- If you are a new hire, choose ENROLL IN or DECLINE BENEFITS AS A NEWLY ELIGIBLE EMPLOYEE.
- If you are an existing employee going through Open Enrollment or have Qualified Life Event, choose the appropriate transaction and click CONTINUE
- Check your personal information for accuracy and click NEXT.
- Starting with the medical screen, complete your selections. Choose the level of coverage, the plan desired and the dependents to be added.
- At the final enrollment screen, you will be required to review your elections and certify them by entering a password/pin for signature. "Your PIN is your Birth year +" – "the last 4 digits of your SSN" Example Password/PIN would be 1976-4561
- The final step is to click the SUBMIT button. That's it ... your open enrollment is complete!

Key Action Item!

Each year you wish to participate in a Flexible Spending Account, Dependent Care Account or Health Savings Account, you must designate the amount you want to contribute to each account from your paycheck up to annual IRS limits.

Benefit Costs

Cabarrus County Government pays the full cost of many of your benefits. For others, Cabarrus County Government and you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

BENEFIT	WHO PAYS	PAYROLL DEDUCTION
Medical, Prescription	County/You	Pretax
Dental	You	Pretax
Vision	County/You	Pretax
Group Term Life Insurance	County	N/A
Voluntary Life Insurance	You	After-tax
Disability	You	After-tax
Flexible Spending Accounts	You	Pretax
Health Savings Accounts	County/You	Pretax
Group Accident	You	Pretax
Group Critical Illness with Cancer	You	Pretax
Voluntary Whole Life Insurance	You	After-tax
Pet Insurance	You	After-tax
Auto & Homeowners Insurance	You	Self-pay

ELIGIBILITY

If you are a full-time employee regularly scheduled to work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first of the month following one full calendar month of employment after date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

QUALIFYING LIFE EVENTS

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your medical, dental, vision, Dependent Care Flexible Spending Accounts unless you have a Qualified Life Event. If you do not contact Human Resources within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event		Documentation Needed
Change in marital status	• Marriage • Divorce / Legal Separation • Death	• Copy of marriage certificate • Copy of divorce decree • Copy of death certificate
Change in number of dependents	• Birth or adoption • Step-child • Death	• Copy of birth certificate or copy of legal adoption papers • Copy of birth certificate plus a copy of the marriage certificate between employee and spouse • Copy of death certificate
Change in employment	• Change in your eligibility status (i.e., full-time to part-time) • Change in spouse's benefits or employment status	• Notification of increase or reduction of hours that changes coverage status • Notification of spouse's employment status that results in a loss or gain of coverage

BCBS HDHP medical plan

Your medical plan is likely the most important decision you will make each Open Enrollment, and we want to make it as easy as possible. The below plan through Blue Cross Blue Shield includes in-network and out-of-network benefits. For more information on the medical plan, visit our Cabarrus County Benefit website at cabco.hrbenefits.net

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)		
	IN-NETWORK	**OUT-OF-NETWORK**
ANNUAL DEDUCTIBLE	Non-Embedded Deductible	Non-Embedded Deductible
Individual	$1,700	$3,300
Family	$3,400	$6,600
ANNUAL OUT OF POCKET LIMITS		
Individual	$3,500	$7,000
Family	$5,000	$10,000
COINSURANCE	Plan pays 80%; You pay 20%	Plan pays 60%; You pay 40%
OFFICE VISITS – Primary Care Physician	20% after plan deductible	40% after plan deductible
OFFICE VISITS – Specialist	20% after plan deductible	40% after plan deductible
PREVENTIVE CARE	**100%, deductible waived**	Not Covered
INPATIENT – Hospital	20% after plan deductible	40% after plan deductible
OUTPATIENT – Hospital	20% after plan deductible	40% after plan deductible
EMERGENCY ROOM	20% after plan deductible	
URGENT CARE	20% after plan deductible	
PRESCRIPTION DRUGS	*RxBenefits*	
Retail (30-day supply) Generic/Preferred Brand/ Non-Preferred Brand & Specialty)	20% after plan deductible	
Mail Order (up to a 90-day supply) (Generic/Preferred Brand/Non-Preferred Brand & Specialty)	20% after plan deductible	

BCBS PPO medical plan (copay plan)

The below plan through Blue Cross Blue Shield includes in-network and out-of-network benefits. For more information on the medical plan, visit our Cabarrus County Benefit website at cabco.hrbenefits.net

PPO PLAN	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Embedded Deductible	Embedded Deductible
Individual	$750	$1,500
Family	$1,500	$3,000
ANNUAL OUT OF POCKET LIMITS		
Individual	$4,000	$12,300
Family	$8,000	$24,600
COINSURANCE	Plan pays 80%; You pay 20%	Plan pays 60%; You pay 40%
OFFICE VISITS – Primary Care Physician	$25 copay	40% after plan deductible
OFFICE VISITS – Specialist	$38 copay	40% after plan deductible
PREVENTIVE CARE	**100%, deductible waived**	Not Covered
INPATIENT – Hospital	20% after plan deductible	40% after plan deductible
OUTPATIENT – Hospital	20% after plan deductible	40% after plan deductible
EMERGENCY ROOM	$200 copay	
URGENT CARE	20% after plan deductible	
PRESCRIPTION DRUGS	*RxBenefits*	
Retail (30-day supply)		
Generic:	$10 copay	
Preferred Brand:	$30 copay	
Non-Preferred Brand:	$50 copay	
Specialty:	25% (minimum $50/maximum $100)	
Mail Order (up to a 90-day supply) (Generic/Preferred Brand/Non-Preferred Brand)	2 x retail copayments ($20 / $60 / $100)	
Specialty:	25% (minimum $100/maximum $200)	

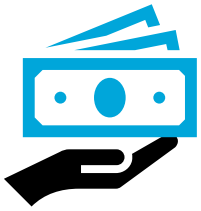
Medical Plan Costs

BCBS HDHP medical plan

Your Cost Semi-monthly	Non-Tobacco User & AIM Participant	Tobacco User or Non-AIM Participant	Tobacco User & Non-AIM Participant
Employee	$0.00	$25.00	$50.00
Employee + Spouse	$175.00	$200.00	$225.00
Employee + Child(ren)	$120.00	$145.00	$170.00
Employee + Family	$295.00	$320.00	$345.00

BCBS PPO medical plan (copay plan)

Your Cost Semi-monthly	Non-Tobacco User & AIM Participant	Tobacco User or Non-AIM Participant	Tobacco User & Non-AIM Participant
Employee	$0.00	$25.00	$50.00
Employee + Spouse	$191.00	$216.00	$241.00
Employee + Child(ren)	$150.50	$175.50	$200.50
Employee + Family	$336.00	$361.00	$386.00



Cabarrus County will contribute $1,000 annually to your HSA account for each full-time employee electing the BCBS HDHP Plan in 2026. You will receive $500 in July 2026 and an additional $500 in January 2027. New hires will receive a prorated contribution.

EMPLOYEE HEALTH & WELLNESS CENTER

The Cabarrus County Employee Health and Wellness Center offers health care services to all Cabarrus County employees eligible for health insurance. Retirees, spouses, and dependents who are enrolled in the County's self-funded insurance plan may also utilize services.

The Employee Health and Wellness Center provides a basic level of routine primary medical care and health screenings. It is not intended to replace an individual's primary care physician, but rather to provide a convenient, low-cost access point for basic medical care.

The Health Center is staffed by a licensed nurse practitioner, two medical office assistants and a health coach with direct oversight by a licensed physician through a contract with Carolinas Medical Center HEALTHWORKS.

The Health Center will provide convenient, reliable and cost-effective health services for care related to:

- Sick visits (cold, flu, ear, and sinus infections)
- Prescriptions for medications
- Administer injectable medicines (such as allergy and testosterone)
- Preventative care services
- Minor injuries (e.g., sprains, cuts, etc.)
- Chronic condition management
- Physicals and sports physicals
- Flu shots
- Lab testing
- Worker's compensation
- Immunizations
- Health Coaching

LOCATION:

Church Street Commons (behind Mr. C's)

845 Church Street North, Suite 101, Concord

HOURS:

Monday through Friday

7:30 a.m. to 4:30 p.m.

(closed 12:00 p.m. to 1:00 p.m.)

APPOINTMENTS:

Appointments are required. To make an appointment, call (704) 403-0550

BlueCross BlueShield of North Carolina | Blue365

FOSTER A HEALTHY WORKFORCE WITH BLUE365

Encourage a healthier and more productive workforce with this free, comprehensive program that can help to combat rising medical costs and build a culture of well-being.

Blue365 is free to access with no hidden costs or buy-ups for your organization. **To get started:**

- Encourage your employees to register at **www.Blue365Deals.com**
- Check out our **Employer Solutions** for more information on how Blue365 can support your organization, including:
  - Subsidized gym memberships from Fitness Your Way®, Gympass and Active & Fit Direct
  - Bulk discounts on wearable devices from Fitbit® and Garmin™
  - Hearing aid benefits from TruHearing® and much more!

Your employees can access savings from:

TruHearing™ · GARMIN · fitness your way · fitbit · Prod the Box · Gympass · Active&Fit DIRECT™ · SKECHERS

2026 Quick Start Guide for Employees

Welcome to Blue Options

Understand your plan

With Blue Options, you can visit any doctor and hospital in our network and you'll be covered by your plan. You can also go out of network, but your coverage levels will change. Visit BlueCrossNC.com and review your benefit booklet for complete details.

- **Office visits** – You can see any primary care doctor or specialist in our network. And you may be covered for preventive care like physical exams, immunizations, and screenings.
- **Primary care provider (PCP)** – A health care provider who treats common illnesses and injuries. These providers are a key part of your team. They are able to monitor your health over time and can coordinate care when it's needed. Log in to the member portal at BlueCrossNC.com to find a PCP.
- **Specialist** – A health care professional who focuses on a specific area of medicine. For example, a dermatologist or orthopedic surgeon. With your plan, you can see a participating specialist without a referral.
- **Copayment (Copay)** – A fixed dollar amount you may pay for a covered service at the time you receive it. Copays can vary by type of service.
- **Deductible** – The amount you pay for covered services before your health insurance begins to pay.
- **Coinsurance** – Once you meet your deductible, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) begins to pay a percentage of your covered services. You are responsible for the remaining percentage.
- **Prescription drug coverage** – Prescription drugs are assigned to tiers based on cost and clinical effectiveness. To see which tier applies to your medication, log in to the member portal at BlueCrossNC.com.
- **Preventive services** – Preventive care helps detect health problems before they become major and is included in your plan at no charge as long as you stay in network. It includes a broad range of services such as screenings, immunizations, and tests to help prevent illness before you have signs or symptoms when a condition can be more easily treated. For a list of covered preventive services, visit BlueCrossNC.com/Preventive.
- **Telehealth (offered through Teladoc Health)** – Delivered through Primary360, Teladoc Health provides 24/7 access via interactive audio/video to U.S. board-certified doctors who can diagnose symptoms and prescribe medication for acute care. You also have access to primary care, dermatology, nutritional counseling, and mental health teletherapy by appointment.
- **Blue Cross NC member portal** – Visit BlueCrossNC.com and/or download the Blue Cross NC mobile app for tools and information about your health plan.

Insider tip: Find care

To search for local doctors, hospitals, and specialists, use our convenient Find Care tool[3] online at **BlueCrossNC.com**. You can search by location, specialty, procedure, and more.

Insider tip: Primary care providers

PCPs are a key part of your team. They are able to monitor your health over time and can coordinate care when it's needed. In addition to lower costs, when you select a PCP in the Blue Cross NC member portal, your first three visits to that provider are at no cost.[*]

2026 Quick Start Guide for Employees

Know before you go

Understanding these four things will make a big difference in how much you pay for your care:

1. Make sure you have a primary care provider
Visit your primary care doctor for most medical treatments and services. When you do, you may save money. Plus, when your plan has a copay for your PCP and you select your PCP in the Blue Cross NC member portal, your first three sick visits to that provider are at no cost.

2. Understand where you're going
Make sure you know what type of doctor or facility you are using before you go. Your out-of-pocket cost and level of coverage may be different if you go to a hospital or outpatient clinic instead of a doctor's office.

3. Stay in-network to save money
You can visit any doctor or hospital in the network and you will be covered by your plan. You can also visit out-of-network doctors and hospitals. However, your coverage levels will be different, meaning you have higher out-of-pocket costs. Check your benefit booklet for complete details.
Our reach goes way beyond North Carolina, too. With the BlueCard program, your coverage extends worldwide, which means you have coverage at home and when you travel.
To find health care when you travel, just call the Locate Non-NC Provider number on the back of your Blue Cross NC member ID card.

4. Don't assume all services are covered
Some services like MRIs and CT scans must be approved by Blue Cross NC before they'll be covered by your plan. This is called "prior review." Before you go, make sure your provider has requested a prior review and preauthorization. That way you won't end up paying unnecessary fees for these services. You can also find out if a service requires prior review by calling the Customer Service number on the back of your member ID card.

*Not available with all plans. Check your benefit booklet for details, available at BlueCrossNC.com.

Blue Cross NC Member Portal

Scan to learn more about the Blue Cross NC member portal

Blue Cross NC mobile app –

Your health plan to go Our mobile app is free, easy to use, and packed with information and resources to help you get the most from your health plan.

Limitations & Exclusions

Like most health plans, Blue Options has some limitations and exclusions. Once you're enrolled, you will receive access to your benefit booklet, which contains detailed information about plan benefits, exclusions, and limitations. Note: Some Administrative Services Only (ASO) groups may choose to cover some of these exclusions.

This is a partial list of benefits that are not payable:

- Services for or related to assisted reproductive technology or for reversal of sterilization
- Services that are experimental or investigational
- Services that would not be necessary if noncovered services had not been received, including complications or side effects of noncovered services
- Dental care except as provided in your benefit booklet
- Services or supplies that are not medically necessary
- Custodial care or respite care
- Limited vision services
- Cosmetic services
- Charges for failure to keep scheduled visits, for completion of any form, obtaining medical records, or late payment charges
- Services that require certification, if it is not obtained
- Services in excess of any benefit period maximums

Your coverage may be canceled by Blue Cross NC for certain reasons. Coverage for dependent children ends the last day of the month when dependent turns 26. Consult your employer regarding dependent eligibility requirements.

This brochure contains a summary of benefits only. It is not your insurance policy. Your policy is your insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control.

Telehealth

See a doctor from home, at work, or on the go

Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc Health. Because telehealth is such a convenient and effective option, Blue Cross NC encourages you to set up your account today.

Convenient care for your total health

- Telehealth offers a range of services including acute care as well as behavioral health services.
- Telehealth is typically less expensive than a visit to urgent care. Services may be as low as $0 or 0% after your deductible has been met.*
- Low wait times, and no appointment needed for acute care.
- Available 24 hours a day, seven days a week (even holidays) for acute care.
- Behavioral health counseling is available for ages 13 and over by appointment seven days a week.
- Prescriptions sent electronically to your local pharmacy if needed.
- On the couch, at work, or traveling – you can use Teladoc Health anywhere in the U.S.
- Pediatricians are available if your child gets sick.

Acute/non-emergency health problems

- Allergies
- Cold, cough, and flu
- Diarrhea
- Ear problems
- Fever[5]
- Headaches
- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems[5]
- And more

Behavioral health

- Anxiety
- Depression
- Grief and loss
- Relationship issues
- Stress
- And more

Please note

You must wait until your health plan's effective date before registering for telehealth services.

Three ways to sign up today

So it's ready when you need it!

1 Scan this QR code to download the Teladoc Health mobile app

2 Go to TeladocHealth.com and click "Log in/Register"

3 Call **855-549-2214**

Telehealth – Get started today

Whether you've got the flu, are dealing with anxiety or depression, or otherwise need to consult with a physician, telehealth services are a great way to get the care you need when you need it. Sign up for your Teladoc Health account today. There are several ways to get started: Mobile app, online, or by phone. Once your account is set up, you can see a board-certified doctor or therapist via secure online video or phone from your mobile device or computer. Teladoc Health's doctors can diagnose symptoms, prescribe non-narcotic medication and send prescriptions to your pharmacy.

Save money

Extra convenience doesn't mean extra cost. In fact, telehealth expenses run less than the typical urgent care visit or emergency room for a nonemergency.

Get quality care

Teladoc Health doctors are board-certified with an average of 20 years' experience. Specialties range from primary care and internal medicine, to pediatrics and family medicine. So, they can treat a wide range of conditions. And now your telehealth benefit includes behavioral health care services, with visits for mental illness, depression, and similar issues. Keep in mind that telehealth isn't meant to replace your primary care doctor. Instead, think of it as an easy way to get care when common health problems hit. And of course, you should always call 911 for any life-threatening emergencies.

Learn more

For more information, visit TeladocHealth.com or call **855-549-2214.**

Happy customers

Teladoc Health has a **95%** member satisfaction rate with **92%** of issues resolved after the first visit.[7]

* Check with your benefits administrator or log in to your Teladoc Health account to view fees for telehealth services.
1 Teladoc Health, Inc. interactive consultations are available 24 hours a day, 7 days a week. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations, and exclusions. Teladoc Health does not replace your primary care doctor. Telehealth services are not a substitute for emergency care. Teladoc Health is subject to state regulations. Behavioral health telehealth is currently only available to members ages 13 or older. Teladoc Health is an independent company that is solely responsible for the telehealth services it is providing; please see Teladoc Health website for more information. Teladoc Health does not offer Blue Cross or Blue Shield products or services.
2 Telehealth benefits are available on all plans either from Blue Cross NC or through the provider network. Blue Cross NC provides the telehealth program for your convenience and is not liable in any way for the goods or services received. Blue Cross NC reserves the right to discontinue or change the program at any time without prior notice. Decisions regarding your care should be made with the advice of a doctor. Depending on your plan, selected programs may not be available to you at this time. Check with Blue Cross NC Customer Service to determine your eligibility. Blue Cross NC has contracted with a third-party vendor independent from Blue Cross NC to bring you telehealth benefits.
3 Teladochealth.com/start/how-it-works (Accessed November 2025).
4 In some states, laws require that a doctor only prescribe medication in certain situations and subject to certain limitations. Teladoc Health does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc Health does not guarantee patients will receive a prescription. Health care professionals using the platform have the right to deny care if, based on professional judgment, a case is inappropriate for telehealth or for misuse of services.
5 Children under 36 months who present with fever must be referred to their pediatrician (medical home), child friendly urgent care center, or emergency department for clinical evaluation and care. Teladoc Health doctors may not treat any children with urinary symptoms. Parent/guardian will be required to complete a different medical history disclosure form for children under the age of 36 months prior to making an appointment with a Teladoc Health doctor.
6 Member.Teladoc.com/uc (Accessed August 2025).

Nurse Support Program

The care you need, when you need it most

When you're managing a chronic condition, things can get complicated and overwhelming. That's why Blue Cross and Blue Shield of North Carolina (Blue Cross NC) wants to help you manage your condition with the Nurse Support Program Condition Care. As you work with your primary care provider, the Nurse Support Program Condition Care also connects you to more tools, resources, and care. And this program is available to you as a benefit of your health plan at no additional cost.

The Nurse Support Program Condition Care is available to members with conditions such as:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension

A Nurse Advocate or Health Coach may call you to provide one-on-one support. Be sure to take the call as it's the first step to a healthier you! During your conversations on the phone, these registered nurses will be your care companion – working alongside you to create personalized plans to manage your condition. They're with you every step of the way.

The care team

Your coordinated care team is led by your Nurse Advocate and includes:

- Registered nurses
- Certified diabetes care and education specialists
- Behavioral health professionals
- Pharmacists
- Social workers
- Registered dietitian
- Physicians (available to consult with Nurse Advocate)
- Support staff
- All staff have access to translation services

The Nurse Support Program Condition Care is available to you as a benefit of your health plan at no additional cost, so you can get the resources you need to manage your conditions and avoid future medical problems.

What our members have to say:

" This was very helpful. If I didn't understand what the physicians recommended, I could ask the nurse, and she explained things very well."

" Sherri was absolutely a pleasure to work with. She was very instrumental in my recovery process."

" Thank you for this service. It was a great help to us!

To learn more:

Log into your Member Portal at **BlueCrossNC.com**, visit the Wellness section and click on 'Nurse Support Program.

If you have not already been contacted by the Nurse Advocate, you can call **888-229-8510.**

Monday – Thursday: 8 AM – 7 PM ET
Friday: 8 AM – 5 PM ET

Who is RxBenefits?

RxBenefits is a team of more than 1,000 multidisciplinary experts dedicated to improving your safety, lowering overall drug costs, and helping you make the most of your prescription drug coverage. We have partnered with your pharmacy benefits manager (PBM) to optimize your pharmacy benefits experience.

RxBenefits Member Services

Our member services representatives have access to your PBM's system and are equipped to help you, and your physician and pharmacy with questions such as:

- "Is my pharmacy in the network?"
- "Is my drug covered?"
- "How do I order my medications by mail?"
- "What is a prior authorization and how do I get one?"
- "Can you assist me with general benefits questions?"

Whether you have questions or concerns, you can count on RxBenefits to:

- Act with urgency
- Keep your well-being in mind
- Resolve every issue to completion

We are here to help:

Chat: With a live agent via the RxBenefits member portal at Member.RxBenefits.com, Monday-Friday, 9:00 a.m. to 6:00 p.m. Central

Email: CustomerCare@RxBenefits.com, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central

Call: RxBenefits Member Services at 1-800-334-8134, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central

Stay Informed. Stay Well. Check Your PA Status on My RxBenefits Member Portal.

Access your pharmacy benefits information 24/7 from any device by registering on the My RxBenefits member portal at Member.RxBenefits.com. Once registered, you can view and download your ID card, set up your communication preferences, access up to 18 months of prior authorization and claims history, chat with a live agent, and so much more.

What is the PA process and how long does it take?

A PA typically takes one to seven business days to process. Occasionally, we may need additional information from your doctor to process the PA. If so, the review timeline begins after we receive all the information we need. This may extend the time needed to complete the review.

If the PA is **approved**, you will be able to pick up your prescription at the pharmacy or have it delivered to your home. A notification letter will be sent within two weeks of a PA being approved or denied.

If your PA is **denied**, you will need to contact your prescriber to discuss the next steps. If you or your doctor disagree with the initial denial, you may appeal the decision. Your doctor may be asked to provide additional information about your condition and the reason for the medication being prescribed. If the second appeal is denied, you or your prescriber may appeal the denial a third and final time. The appeal is then reviewed by a third-party independent review organization (IRO). The determination made on a third appeal is final and binding and you cannot appeal it again.

Online Access to Your Pharmacy Benefits

By registering for My RxBenefits, you'll gain access to robust information related to your pharmacy benefits. Access your information when it's convenient for you, 24 hours a day, 7 days a week.

My RxBenefits will allow you to:

- Chat with a live agent, Monday–Friday, 9 a.m. to 6 p.m. Central
- View 18 months of pharmacy claims (including claims for eligible dependents)
- View, download, and email copies of ID cards
- Access your account across multiple devices, including computers, tablets, and phones
- Manage your communication preferences
- View pharmacy benefits coverage information

Sign up for the portal at:
https://member.rxbenefits.com

Go digital
For fast, simple and secure access to your prescription benefits

Express Scripts Pharmacy Benefit Services manages the pharmacy portion of your health plan coverage to help make medication safer and more affordable. Just like your health plan covers your doctor visit, your pharmacy benefits or prescription plan covers the medication your doctor prescribes. Through your pharmacy benefits, you have access to a network of covered pharmacies and medications.

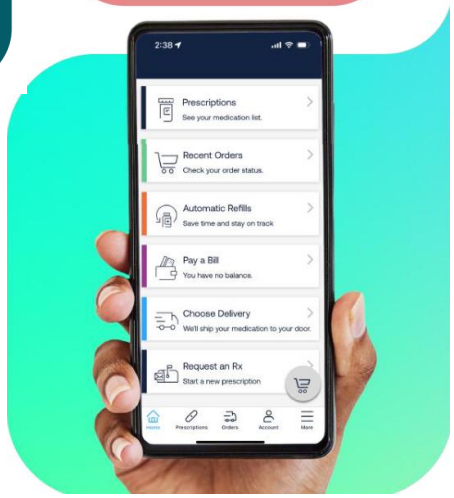
RxBenefits + EVERNORTH HEALTH SERVICES

Download our new mobile app

Use the QR code or search Express Scripts® in your **app store.**

Download the app for free, then tap Register Now to get started.

App Store | Google Play



Our pharmacy benefit capabilities

- Save on medications - Check the price of a medication before and during a doctor's visit.
- Find a pharmacy - Locate the most convenient network pharmacy for your needs.
- Coverage review - Before a doctor prescribes a medication, check to see if it needs a coverage review.
- Set reminders - Set reminders to take your medication and sign up for text alerts.

ACCOUNTABILITY IMPROVEMENT MEASURES

AIM
Accountability Improvement Measures
For Better Health

Take AIM at your health and your wallet: AIM is designed to save employees up to $50 in monthly health insurance benefit premiums, and help participants assess and monitor their health and identify risks, while providing guidance on achieving realistic health goals.

Employees on Cabarrus County's insurance who wish to receive the $50 monthly discount must take part in AIM, which consists of participation in a biometric screening and completion of an online health risk assessment survey through Atrium Health.

How to receive the $50 monthly health insurance savings

If you are currently on Cabarrus County's health insurance plan and were:

- **Hired on or before February 28, 2025, you must:**
  - Complete the AIM biometric screening and online health risk assessment.
  - Meet three of four measures of the biometric screening, show improvement over 2025 results **OR** meet with a health coach two times per quarter (from July 2026 to June 2027) to maintain the $50 monthly discount.

  Note: If you are unable to meet the health coaching incentive, you might qualify for another opportunity to earn the same incentive.

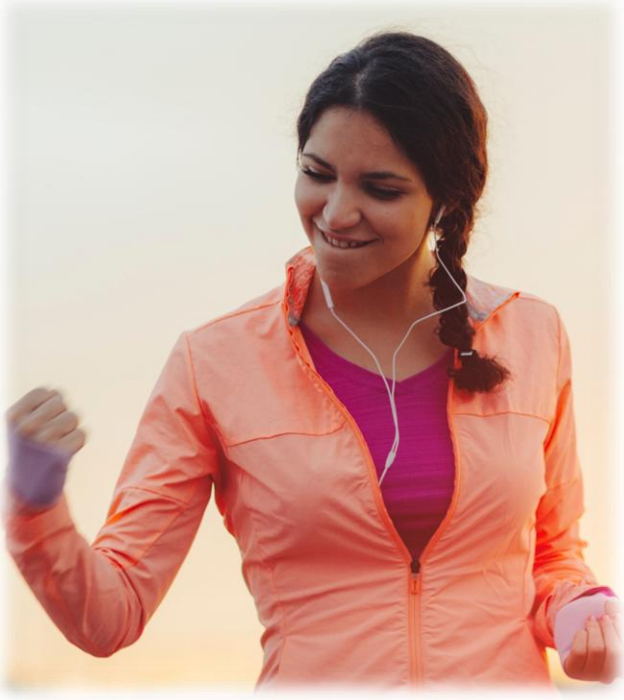
  See section 'what measurements will be taken during your screening' below.

- **Hired between March 1, 2025 and February 28, 2026 you must:**
  - Complete the AIM biometric screening and online health assessment.

  This will establish a baseline for next year. You will automatically receive the $50 monthly health insurance discount for the current AIM program year (July 2026 to June 2027).

  To maintain the discount moving forward, you must:
  - Complete AIM biometric screenings and online health risk assessments each year.
  - Meet three of four biometric measures, show improvement over the previous year's results **OR** meet with the health coach twice per quarter.

  See section 'what measurements will be taken during your screening' below.



ACCOUNTABILITY IMPROVEMENT MEASURES
CONTINUED

AIM
Accountability Improvement Measures
For Better Health

How to earn an extra $150 through the waist and weight measurement incentive

Cabarrus County's AIM wellness incentive allows employees to earn an additional $150 if you meet certain waist and weight measurements through AIM.

Requirements include meeting **one** of the following:

- Having a 2026 AIM waist measurement **less than or equal to 40" (male) and less than or equal to 35" (female)**
- Showing 5% improvement in waist or weight measurement from 2025 AIM data
- Attending health coaching twice per quarter (July 2026 – June 2027).

Employees hired between March 1, 2025 and February 28, 2026, or did not participate in a 2025 AIM biometric screening can still qualify by:

- Having a 2026 AIM waist measurement ≤ 40" (male) and ≤ 35" (female)
- Attending health coaching twice per quarter (July 2026 – June 2027).

Note: Employees hired after February 28, 2025 are not eligible for the incentive this year. This group will be eligible in 2026 after completing a weight/waist measurement during the AIM program in March 2026.

What to do before your biometric screening

- Participants need to fast for 7 hours prior to their scheduled screening
- Take medications as prescribed, but do not eat
- You may drink water and black coffee

IF YOU HAVE ANY QUESTIONS

If you have any questions about insurance or will be on FMLA during AIM, contact: Johanna Ray | Health & Wellness Manager HR at (704) 920-2885 or JRRay@cabarruscounty.us

ACCOUNTABILITY IMPROVEMENT MEASURES
CONTINUED

AIM
Accountability Improvement Measures
For Better Health

What measurements will be taken during your screening?

Screenings include a simple finger stick to obtain a lipid profile and blood glucose, blood pressure check, height and weight check and waist circumference measurement.

Below are the four measurements that the AIM program looks at:

Remember, you must meet three of the four measurement categories, show improvement over 2025 results OR meet with a health coach two times per quarter (from July 2026 to June 2027) to maintain the $50 monthly discount.

1. **Waist circumference: Less than 40" (male) or equal to 35" (female)** If your waist circumference is greater than the above measurement but has reduced by 5% from the previous AIM program year, you still meet this category.
2. **Blood pressure: Below 130/85 at the screening** If your blood pressure is above 130/85 but has reduced by 10/5 mmHg from the previous AIM program year, you still meet this category.
3. **Cholesterol ratio: Less than 5.5 (male) or less than 4.5 (female) at the screening** If your cholesterol ratio is greater than 5.5 (male) or 4.5 (female) but has improved by 10% from the previous AIM program year, you still meet this category.
4. **Blood glucose: Less than 117 mg/dL** If your blood glucose is greater than 117 mg/dL, but you score less than 5.7 on a Hemoglobin A1c test, you still meet this category.

Note: Venipuncture A1c tests now take place at the Employee Health Center by April 30 and are only required if your blood glucose is greater than 117 mg/dL. A1c test results will be available at the Atrium portal within 24-48 hours after appointment. Please contact Health Coach Sharon Matuck (information on next page) if you have questions about your results.

When you will receive your screening results

All participants will receive their results immediately after the biometric screening.

If you do not meet the AIM program requirements, you will receive a notice from Atrium Health in June with further instruction and alternative options to receive the monthly $50 discount.

Personal data collected from the screening is kept secure and confidential through Atrium Health.

ACCOUNTABILITY IMPROVEMENT MEASURES
CONTINUED

AIM
Accountability Improvement Measures
For Better Health

Action required items

1. Schedule your biometric screening by March 2, 2026

https://www.assethealth.com/cabarruscounty
Login for 1st time users:
Login: Legal first initial + Last name + last four digits of SS#
Password: Date of Birth (MMDDYYYY format)

Milestone: March 2 and 3
Government Center: March 4-6
Sheriff's Office: March 9-13 and 16-17
Human Services Center-Cannon: March 18-20

If you need to assistance to reschedule your screening at any point or questions contact, support@assethealth.com or call 855-444-1255.

2. Complete the online health risk assessment survey by March 31, 2026

You can complete your Health Assessment on https://www.assethealth.com/cabarruscounty

Have questions?
If you have appointment questions or need rescheduling/cancellation assistance, contact:

Asset Health
855-444-1255 | support@assethealth.com

If you have questions about the AIM program, please contact:
Sharon Matuck | Health Coach | Atrium Health Employer Solutions
704-924-0860 | Sharon.matuck@atriumhealth.org

If you have questions about insurance or will be on FMLA during AIM, contact:
Johanna Ray | Health & Wellness Manager | Human Resources
704-920-2885 | JRRay@cabarruscounty.us

NON-TOBACCO POLICY & PROCEDURES

DEFINITION OF A TOBACCO USER

A person who has smoked a cigarette, cigar, or used a pipe or chewing tobacco, snuff or other tobacco product during the 6 months prior to the date he or she applies for health insurance.

APPLICATION

Cabarrus County's health insurance premium is $1230.00 per month for each qualified employee and retiree. July 1, 2026, Cabarrus County employees will be required to pay a portion of the health care benefit premium of $50 a month, or $25 semi-monthly. Cabarrus County's employee health insurance plan will offer a $50 discount to non-tobacco users and tobacco users participating in a qualified smoking cessation program making their monthly contribution to their health insurance premium $0.

Employees and retirees who enroll in Cabarrus County plans during open enrollment will enroll as either a tobacco user or a non-tobacco user by certifying their status in the Health Plan Participation Certificate. To receive the non-tobacco use discount, employees must complete the Health Plan Participation Certificate.

Current tobacco users may receive the non-tobacco use discount only if they enroll in the Health Coach program at the Employee Health and Wellness Center or local CHS Quit Smart program. To qualify for the discount, employees and retirees must submit proof of participation to benefits@cabarruscounty.us .

Each year during open enrollment and new hire orientation, employees will be asked to confirm whether they are a tobacco user or non-tobacco user. The employee contribution toward the health insurance premium will be determined each year prior to open enrollment or when benefits begin.

Employees who falsify the tobacco use Health Plan Participation Certificate, will be subject to disciplinary action up to and including dismissal under Article VII of the Cabarrus County Personnel Ordinance. Stated action(s) may also result in immediate loss of eligibility to participate in the Cabarrus County employee health plan.

Know The Difference (HSA, FSA, & HRA)

KNOW THE DIFFERENCE!

Below, we've outlined the key differences between HSAs, HRAs, and FSAs so you can see which is right for you and your family, the advantages to each and why they are offered.

HSA – HEALTH SAVINGS ACCOUNT

An HSA is an individual owned benefits plan funded by the employee. Employees must be enrolled in the High-Deductible Health Plan (HDHP) to be eligible, which will lower insurance premiums.

HSAs have a triple-tax advantage, meaning distributions for qualified medical expenses and investment returns are tax free, and contributions are tax-deductible. They can also be invested, which lets employees grow their dollars!

Control - Owned by the employee
Funding - Employer and/or employee funded
Health Plan Eligibility - Must be enrolled in a High-Deductible Health Plan
Invest Funds? – Yes

HRA – HEALTH REIMBURSEMENT ACCOUNT

An HRA is an employer-funded benefits plan that employees use to save pre-tax dollars on medical cost. HRAs provide flexibility for employers and employees. You can customize your HRA to determine how much you want to contribute, what expenses are eligible and whether funds can be rolled over to the next plan year.

Control - Owned by the employer
Funding - 100% employer funded
Health Plan Eligibility - An HRA is only available to employees not eligible for a HSA due to enrollment in Medicare, Tricare or VA Benefits.
Invest Funds? – No

FSA - FLEXIBLE SPENDING ACCOUNT

An FSA is an employer-owned account that employees use to set aside funds for qualified expenses. FSAs offer pre-tax savings on eligible expense like medical or dependent care services. FSAs will also save you money! For example, if an employee is enrolled in the Medical FSA, he/she reduces the taxable income, which reduces the amount subject to Social Security and Medicare. You won't have to pay Social Security or Medicare tax on funds going into your FSA.

Control - Owned by the employer
Funding - Employer and/or employee funded
Health Plan Eligibility- Must be offered a group health plan by employer
Invest Funds? - No

HEALTH REIMBURSEMENT ACCOUNT

The HRA is only available in place of the HSA, for those employees not eligible for the HSA due to enrollment in Medicare, Tricare or VA benefits.

HOW DOES AN HRA WORK?

An HRA is a reimbursement account set up and funded by your employer that helps you pay for qualified medical expenses incurred throughout the Plan Year. Participation in the Plan begins on July 1, 2026 and ends on June 30, 2027. You will be eligible to join the Plan on the first of the month following a complete month of employment.

HOW WILL I BENEFIT FROM AN HRA?

An HRA is offered in conjunction with your health insurance plan and is designed to help offset out-of-pocket financial responsibilities associated with your healthcare. The money your employer contributes to the account is not included in your salary and is not considered taxable income.

HOW DO I USE MY HRA TO PAY FOR HEALTHCARE EXPENSES?

All manual or paper claims received in the office of Health Equity will be processed within one week via check or direct deposit. This requires an eligible high-deductible health plan (HDHP). You will have 90 days following the end of the Plan Year to submit claims that were incurred during the coverage period.

Qualifying Expenses

Eligible medical expenses include:

- Co-payments
- Co-insurance
- Prescription drugs
- Over-the-counter medications (with a prescription)
- Out-of-pocket medical expenses
- Dental/Vision expenses
- All 213(d) expenses

HRA FUNDING

Your employer is providing an HRA annual contribution of $1,000. You will receive $500 in July 2026 and an additional $500 in January 2027. New hires will receive a prorated contribution.

Please note: If you are a new hire who joins the plan mid-year, your contribution will be prorated based on the remaining months in the Plan Year.

HealthEquity®

HEALTH SAVINGS ACCOUNT

HealthEquity | HSA

Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:[1] Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- No use-it-or-lose-it rule, HSAs rollover every year
- Available tax-free investing, just like a 401(k)[2]
- Requires an eligible high-deductible health plan (HDHP)

Don't tax your money. Max your money.

Get $20 tax savings for every $100 you contribute.[3]

2026 HSA Contributions Limits

$4,400 Individual

$8,750 Family

Members 55+ can contribute an extra $1,000.

See how much you can save.

HealthEquity.com/Learn/HSA

Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees

[1]HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | [2]Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | [3]Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.

Online Member Portal

HealthEquity

Passwords are out. **Passkeys are in.**

The faster, safer way to log in–
no password required.

Required

Set up your Passkey–it's required to access your account.

Easy Setup

Fast, secure setup through the HealthEquity Mobile app or EZ Receipts app.

Benefits at your fingertips

Benefits, savings, support–all in one secure place–and on the go!

How to set up your Passkey:

1. **Download the app** | HealthEquity Mobile app and/or EZ Receipts Mobile app
2. **Log in** | Use your username and password
3. **Verify** | Choose text or voice code
4. **Create passkey** | Use Face ID, fingerprint, or PIN
5. **You're in** | Tap "Sign in with Passkey" next time

Download the app and set up your Passkey now
Visit: **HealthEquity.com/mobile-app** or scan the QR code

HealthEquity Mobile app

EZ Receipts Mobile app

Discover more ways to connect health and wealth.
866.346.5800 | HealthEquity.com

FLEXIBLE SPENDING ACCOUNTS (FSAs)

HealthEquity

Flexible Spending Accounts (FSAs) allow you to pay for eligible health and dependent care expenses using tax-free dollars. **There are two types of FSAs – the Health Care FSA, and the Dependent Care FSA.**

Health Care FSA

Used to pay for services not covered by your medical, dental or vision such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, dental expenses, contact lenses and eyeglasses.

Dependent Care FSA

Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

IT'S EASY TO USE THESE ACCOUNTS:

1. First, you contribute to the account(s) with pretax dollars deducted from your paycheck. That means no taxes (federal, state or Social Security) will be withheld from any of those dollars.

2. Then you may use your FSA debit card or submit claims (along with appropriate documentation) to be reimbursed for those expenses from the dollars in your account.

For more information, visit https://www.healthequity.com/

IMPORTANT NOTES!

Important: There is a **"use it or lose it"** rule imposed by the IRS. In other words, if you do not spend all the money in your FSA by the deadline, any unused dollars in your account(s) after the deadline will be forfeited. You will have until September 30th for expenses incurred by June 30th unused to file your claim for reimbursement. Any dollars remaining will be forfeited per IRS regulations for pretax contributions.

If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.

COMPARING (FSA) FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE	DEPENDENT CARE
Contribute up to $3,400 per year, pretax.	Contribute up to $7,500 per year, pretax, or $3,750 if married and filing separate tax returns
Receive a debit card to pay for eligible medical expenses.	You must submit claims and be reimbursed if you enroll in this FSA, no debit cards are provided (funds must be available in your account).
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications and dental expenses.	Can only be used to pay for eligible dependent care expenses including day care, after-school programs, summer day camps and elder care programs.
Submit claims up to September 30th of the following year for expenses from July 1 to June 30.	Submit claims up to September 30th of the following year for expenses from July 1 to June 30.
If you do not spend all the money in the FSA by June 30th per IRS regulations, unused dollars will be forfeited for pretax contributions.	If you do not spend all the money in the FSA by June 30th , per IRS regulations, unused dollars will be forfeited for pretax contributions.

HOW YOU CAN SAVE ON TAXES WITH FSAs

How it works: Assume you earn $35,000 a year and have $1,500 in eligible expenses. See the chart below for the breakdown on how to save $490* a year with your FSA!

	HEALTH CARE FSA	
	WITH FSA	**WITHOUT** FSA
Annual Pay	$35,000	$35,000
Pre-Tax FSA Contribution	-$1,500	-$0
Taxable income	=$33,500	=$35,000
Federal Income & Social Security Taxes	$7,362	-$7,852
After-Tax Dollars Spent on Eligible Expenses	-$0	-$1,500
Spendable Income	=$26,138	=$25,647
Your Tax Savings with FSA	$490	$0

**Sample tax savings for a single taxpay with no dependents, actual savings will vary based on your individual tax situation. Consult a tax professional for more information.*

HealthEquity®

DENTAL PLAN

Taking care of your oral health is a necessary component of long-term health. With a focus on prevention, early diagnosis and treatment, dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventative services are covered at no cost to you and includes routine exams and cleanings, in network. You will only pay a small deductible and coinsurance for basic and major services.

When you visit a dentist in the Delta Dental PPO or Premier Network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

Dental Benefits	In-Network	Out-of-Network
Annual Deductible	$50 per Individual $150 per Family	
Annual Benefit Maximum	$1,500	
Diagnostic & Preventive Services (X-rays, cleanings, exams)	100% No deductible applies	100% of U&C No deductible applies
Basic & Restorative Services (fillings, extractions, sealants)	80% after deductible	80% of U&C, after deductible
Major Services (root canal, crowns, dentures)	50%, after deductible	50% of U&C, after deductible
Orthodontia (Adult & Children to age 26)	50% No deductible applies	50% of U&C No deductible applies
Orthodontia Lifetime Maximum	$1,500	

Employee Dental Rates	Semi-Monthly Rates
	PPO
Employee Only	$19.16
Employee + Spouse	$39.29
Employee + Child(ren)	$46.99
Employee + Family	$67.12

View Your Dental Benefits on the Cabarrus County benefits site at cabco.hrbenefits.net

How Delta Dental Pays for Orthodontic Services

Proper tooth alignment is important not only for a beautiful smile, but also for function. When teeth are aligned, it's easier to chew and talk. And it's also important to correct and guide tooth and jaw development as a child grows, in order to ensure a healthy and functioning smile for adulthood.

Orthodontic services, often referred to as "ortho," are services, treatment and procedures used to correct malposed or misaligned teeth. These services can include braces, retainers and other orthodontic appliances. Your coverage level for orthodontic services depends on the plan chosen by your employer/organization. Please refer to your Summary of Dental Plan Benefits for orthodontic services age restrictions and lifetime maximum per person limitations.

Do I need a referral to visit an orthodontist?

No referral is necessary if you go to an orthodontist. Both general dentists and orthodontists provide orthodontic treatment. You are free to visit the dentist of your choice. You can find a participating Delta Dental orthodontist online at www.deltadentalnc.com, by calling customer service at 800-662-8856, or by registering and logging in to Delta Dental's Member Portal from our website.

How will orthodontic services be paid?

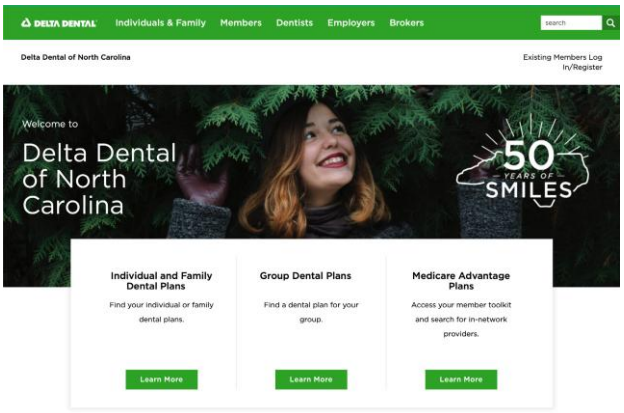
Once your dentist submits an orthodontic treatment plan and treatment starts, Delta Dental will pay a percentage of the total fee as outlined in your benefits summary. Delta Dental will continue to make payments based on the type of treatment (18 months for comprehensive, 10 months for interceptive and eight months for limited) or until the lifetime orthodontic maximum is reached. Payments will be made quarterly.

What if treatment has already begun under a different carrier?

For treatment that began with a different carrier, Delta Dental will make payments only for the months of treatment while eligibility is active with Delta Dental. Payments will be calculated based on the original claim form from the provider. Delta Dental subtracts the initial/banding fee from the total fee (as this was incurred prior to eligibility with Delta Dental) and divides by the standard number of payment months. Delta Dental will then pay for the remaining payment months or until the lifetime orthodontic maximum is reached. If a group has the orthodontic maximums carried over from a prior carrier, Delta Dental will pay for only the remainder of the lifetime orthodontic maximum.

Find a Delta Dental Participating Dentist

1. Visit www.deltadentalnc.com. Scroll down on the homepage to the "Find a Dentist" tool. You may also go directly to www.deltadentalnc.com/findadentist.



2. The Specialty menu defaults to any dentist. If you want to search for a specific specialty, select the specialty from the drop-down menu. Then, select the Your plan menu and choose the appropriate network option for you.
   - Delta Dental PPO—all providers who participate in Delta Dental PPO.
   - Delta Dental Premier—all providers who participate in Delta Dental Premier.
   - Delta Dental PPO plus Premier—all providers who participate in both Delta Dental PPO and Delta Dental Premier.
3. Your results will be displayed.

Optional: You can filter your search results by distance, number of results, dental specialty, languages spoken and gender. You can also search for a specific dentist by name or office name.

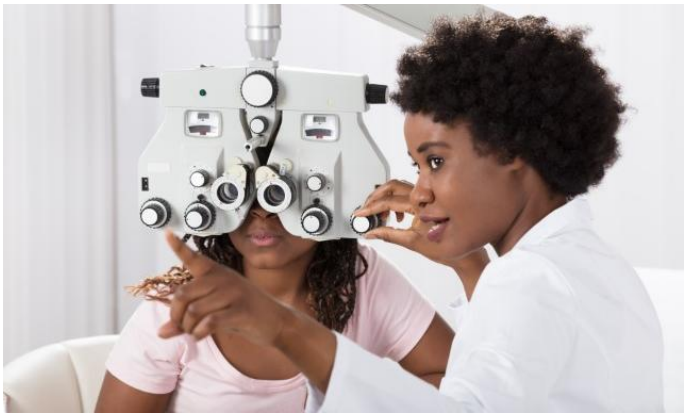
VISION PLAN

ENJOY THE SIMPLICITY OF Community Eye Care (CEC)!

Enrolling in CEC gives you the vision services you need and the ability to select the eyewear you want. With CEC, there's never any confusion about what's covered. It's that simple!

Benefit	Description	Copay	Semi-Monthly Rates
Exam Plan			
Exam	A routine eye exam once a year*	$10	Employer paid for all eligible employees plus dependents covered by the health plan
Contact Lens Fitting, Refit or Evaluation	Once a year*	$0	
Eyewear Plan			
Eyewear	$150 flexible allowance for eyewear annually* You can get frames, lenses, contact lenses & lens enchantments, even non-prescription sunglasses!	$10	Employee Only $3.70 Employee + One $7.21 Employee + Family $10.92
Comprehensive Plan –available for employees not enrolled in the health plan			
Exam	A routine eye exam once a year*	$10	
Eyewear	A $150 flexible allowance for eyewear annually You can get frames, lenses, contact lenses & lens enchantments, even non-prescription sunglasses!	$20	Employee Only $3.99 Employee + One $7.58 Employee + Family $11.57
Contact Lens Fitting, Re-fit or Evaluation	Once a year*	$10	
Additional Information			
Frequency	*All benefits renew every 12 months; beginning July 1st		
Additional Savings	Members who exceed their allowance are eligible for discounts on the overage at most network providers – a 20% for glasses and a 10% discount for contact lenses		
Out-of-Network Benefits	CEC allows you to use your full benefit when visiting an out-of-network provider. You'll need to submit an out-of-network claim form and will be reimbursed for the cost of the exam (minus the co-pay) and for the cost of the eyewear, up to the amount of the eyewear allowance. Note that copays for out-of-network visits are deducted from reimbursements. Reimbursements generally occur within 60 days or submission. To learn more about filing an out-of-network claim, go to cecvision.com/oonform.		
Eligible Dependents	Provides Coverage On: • Your Spouse • Children up to age 26		

View additional details of your Vision benefits on the Cabarrus County benefits site
cabco.hrbenefits.net



TERM LIFE AND AD&D

LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance, through Unum, provides financial security to you and your family if you pass away or become seriously injured.

BASIC LIFE AND AD&D INSURANCE

As an eligible employee, you receive Basic Term Life and AD&D insurance in the amount of $20,000. This is payable for death from any cause to any person you name as beneficiary. Cabarrus County pays the full cost of this benefit.

OPTIONAL LIFE AND AD&D INSURANCE

In addition to Basic Life and AD&D, you may buy voluntary Term Life and AD&D coverage at discounted rates. The chart below describes the amount of coverage you can buy for yourself, your spouse, and your child(ren).

DEPENDENT LIFE INSURANCE- EMPLOYEE PAID

Provides coverage on:

- Your lawful spouse
- Your unmarried children from live birth up to age 26. Also, unmarried disabled children can continue to be covered with no age limit, if the child is covered prior to age 26.

**It is your responsibility to notify the Human Resources at Benefits@cabarruscounty.us (Examples of ineligible dependent status are divorce or death)*

STATEMENT OF HEALTH

Increase in coverage by more than one level, a re-entry in the plan and participants who enroll 31 days beyond the eligibility period will be required to provide evidence of insurability satisfactory to Unum Life Insurance Company of America.

BENEFICIARY

You have the right to designate the beneficiary of your choice. The beneficiary elected on your life enrollment form designates your beneficiary for Basic and Optional coverage. You are automatically the beneficiary under Dependent Life. It is the responsibility of the insured to update one's beneficiary designation, as necessary.

Cabarrus County provides eligible retirees with life insurance at the amount of $20,000. AD&D benefits are NOT available to eligible retirees.

Benefit Features	Optional Life / AD&D Options		
	Employee	Spouse	Dependent Child(ren)
Coverage Options	Increments of $10,000 up to $50,000	$2,000 Flat amount	$2,000 Flat amount for each eligible child
Maximum	$50,000	$2,000	$2,000
Guaranteed Issue Amount	Benefit Amount Elected	$2,000	$2,000
Guaranteed Issue Period	Applies during your initial eligibility		
AD&D	Equal to the amount of voluntary life coverage		

SCHEDULE OF BENEFITS

BASIC EMPLOYEE LIFE INSURANCE & AD&D

- All Full-Time Employees - $20,000 (At no cost to you)

OPTIONAL EMPLOYEE LIFE INSURANCE & AD&D (post-tax benefit)

Optional Employee Life Insurance & AD&D	Semi-Monthly Premium (24 pay periods)
$10,000	$1.00
$20,000	$2.00
$30,000	$3.00
$40,000	$4.00
$50,000	$5.00

OPTIONAL DEPENDENT LIFE INSURANCE* (post-tax benefit)

- $2,000 on your spouse
- $2,000 on each of your eligible children (from live birth to 26 years of age) the face amount of coverage is $2,000)
- Family Coverage- $0.27 (semi-monthly premium) (no matter how many children)

***Optional Dependent coverage is not a pre-tax item per IRS Section 125 regulations.**

Reductions at Age 65 and Over
If you remain in active service beyond age 65 your combined amount of Basic and optional Employee life Insurance will reduce as follows:

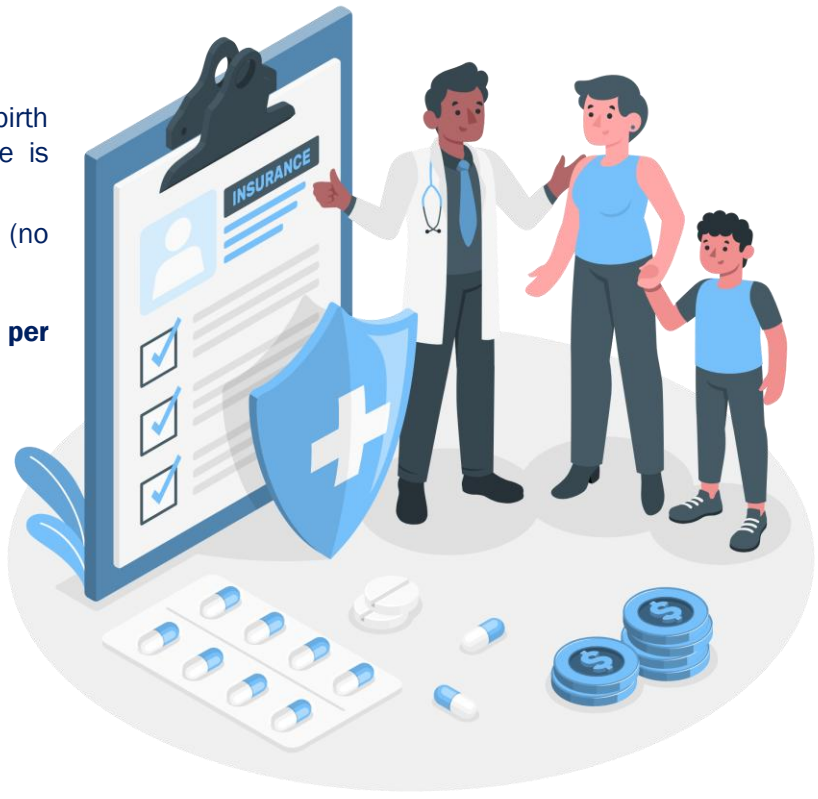
Attained age: 65
Percent of Original Amount: 65%

NOTE: *If you are an existing employee and you are increasing your current coverage amount or if you are applying for coverage the very first time (did not apply when first hired) you are required to complete an Evidence of Insurability. This applies to your dependents as well.*

CLAIMS PROCEDURE

Claim forms needed to file for benefits under the group insurance plan can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your employer, who is usually able to provide the necessary information. Your claim can also be submitted online at the following address: www.unum.com/claims.

This summary has been prepared to give you the highlights of coverage now being offered by your employer to meet your insurance needs. For further information, please contact your Human Resources Office, and refer to your certificate booklet.



SHORT-TERM DISABILITY INSURANCE

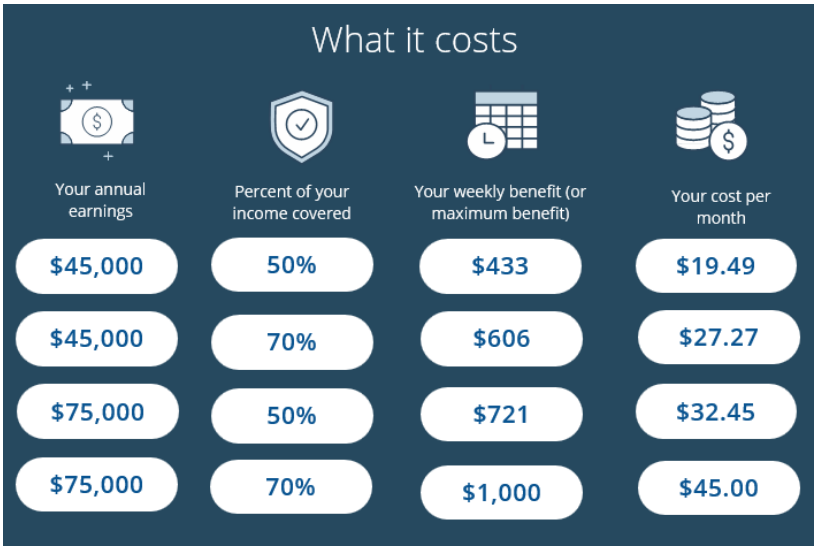
If you have a serious injury or illness that keeps you from working, how will you pay your bills? Disability Insurance replaces a portion of your income when you are unable to work due to a qualified illness or injury. Pregnancy, a scheduled surgery, or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

COVERAGE	BENEFIT
Short-Term Disability	▪ Cover 50% or 70% of your weekly income to a maximum benefit of $1,000 per week. For a maximum of 13 weeks. ▪ Benefit begins immediately following a disability from an injury and 7 days of disability from sickness ▪ Pre-existing condition 3/12

A 3/12 Pre-Existing Condition" means the insured employee received medical treatment, consultation, care of services including diagnostic measures or took prescribed drugs or medicines within the 3 months prior to his/her effective date of coverage; then the LTD policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness and begins during the first 12 months after employee's effective date of coverage.

UNUM Short-Term Disability – 50% Choice Monthly Rates	
Monthly Benefit	**Monthly Premium**
$10	$0.45

UNUM Short-Term Disability – 70% Choice Monthly Rates	
Monthly Benefit	**Monthly Premium**
$10	$0.45



View additional details of your Short-Term Disability Benefits on the Cabarrus County Benefits site at cabco.hrbenefits.net

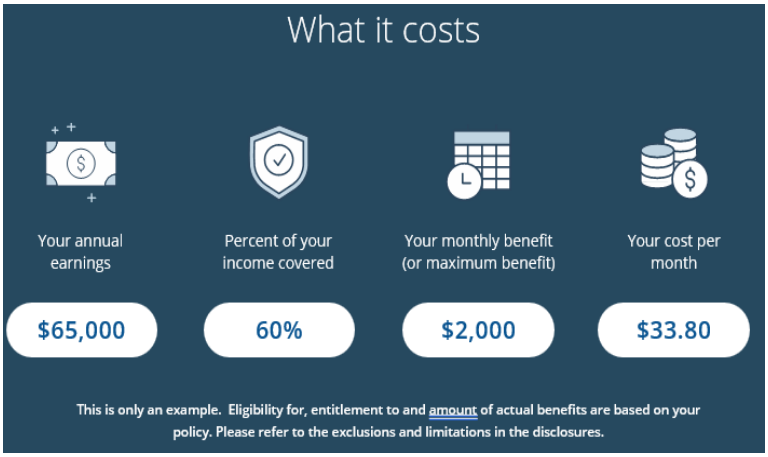
Disability Income Insurance can help protect your finances if you experience an eligible illness or injury that leaves you unable to work.

LONG-TERM DISABILITY (LTD) INSURANCE

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to illness or injury. LTD payments will last up to 5 years, as long as you are disabled. Certain exclusions and pre-existing condition limitations may apply. EOI's are required for those that have been previously declined or withdrew coverage in the past.

COVERAGE	BENEFIT
Long-Term Disability	▪ Choose from $200 to $2,000 a month, in $100 increments. You can cover up to 60% of your monthly income. ▪ Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits ▪ Pre-existing condition 3/12* ▪ Benefit duration: up to 5 years ○ < Age 65 can have a benefit duration of 5 year ○ Age 65-68 can have a benefit duration to age 70 but not less than 1 year ○ Age 69+ can have a benefit duration of 1 year

A" 3/12 Pre-Existing Condition" means the insured employee received medical treatment, consultation, care of services including diagnostic measures or took prescribed drugs or medicines within the 3 months prior to his/her effective date of coverage; then the LTD policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness and begins during the first 12 months after employee's effective date of coverage.



Monthly Benefit Amount	Monthly Rates
$100	$1.69

View additional details of your LTD Benefits on the Cabarrus County benefits site at cabco.hrbenefits.net

Definition of disability

You are considered disabled when Unum determines that you are under the regular care of a physician, and:

- You are limited from performing the duties required of your regular occupation due to sickness or injury and are not working; or
- You are working and you have a 20% or more loss in monthly earnings due to sickness or injury.

After benefits have been paid for 24 months, your plan's definition of disability changes. At that time you are considered disabled when Unum determines that, due to the same sickness or injury, you cannot perform the duties of any occupation that you are qualified to do based on your education, training or experience. You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Whether you're dealing with personal or work situations, the EAP is here to help. Guidance Resources offers 6 sessions (in-person, telephonic or virtual), 24/7 access to the EAP, and more. All services are completely confidential and there is no cost for using this service.

In-person guidance

Unlimited 24/7 assistance

Online resources

WHATEVER YOU NEED, WE ARE HERE TO HELP. ANY TIME. ANY DAY.

MYgroup
McLAUGHLIN YOUNG

4 Ways the EAP Makes Life Easier

With the busyness of life, our well-being often gets pushed aside for more pressing needs. A better, healthier life starts with taking time to get the support we need. **The Employee Assistance Program (EAP), through McLaughlin Young, is here to help.**

1. Unlimited 24/7 Support

Anytime you have a question or need a listening ear, counselors are available to take your call. They can also offer referrals for services, including in-person.

2. Family Resources

Managing your family's needs can feel overwhelming. The EAP shares the burden by offering guidance and resources for parenting, childcare, and elder care.

3. Managing Daily Life

Juggling the demands of work, family challenges, health issues, and your ever-growing to-do list can be hectic. The EAP offers tools and useful information to handle it all.

4. Legal and Financial Services

Whether you need help with a monthly budget or are looking for long-term savings strategies, the EAP offers information and resources for a secure financial future. You can also access legal assistance through a free 30 min. session with an attorney.

Call 800-633-3353 to access the EAP or **visit www.mygroup.com**. An employee assistance professional may assess your situation prior to scheduling an appointment to ensure that you are receiving the most appropriate care.

Additional Resources available to employees through UNUM that provides professional advice for a wide range of personal and work-related issues (included with LTD and Life). You can call HeathAdovcate at 1-800-854-1446 anytime, day or night, or visit www.unum.com/lifebalance.

unum

GROUP ACCIDENT INSURANCE

Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage).

- Emergency Room Treatment
- **Medical Exams** – including major diagnostic exams
- Hospital Stays
- Physical Therapy
- Fractures and Dislocations
- **Transportation and Lodging-** refer to the guide on details

HOW THE PLAN WORKS

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.

BENEFIT OUTLINE	ACCIDENT INSURANCE COVERAGE
Accidental Death & Dismemberment	Employee – $100,000 Spouse – $50,000 Child - $25,000
Ground Ambulance	$400
Air Ambulance	$1000
Hospital Admission	$1000
Intensive Care	$300/day – max 365 days
Physical Therapy	$35 (15 Days Maximum)
Dislocations – Open	100%
Emergency Room	$200
Physician Follow-Up Visits	$75
X-ray	$100
General Anethesia	$250
Rehabilitation or Subacute Rehabilitation Unit	$100
Coma	$20,000
Portable even if Group Master contract terminates?	Yes
Post Accident Follow up	$75 – max 6 per covered accident
Wellness	$50 – one per insured per calendar year
Pre-Existing Conditions Exclusion	None
Organized Athletic Injury (Rider)	Added 10%

*This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

If you enroll in Accident or Critical Illness insurance, you have access to a Wellness Benefit or Health Screening Benefits, which provides a wellness or annual benefit if you complete a health screening test, whether there were any out-of-pocket costs.

GROUP SPECIFIED DISEASE INSURANCE

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once.

Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

Portable (with certain stipulations)

No Deductibles & No Copayments

Guaranteed-issue Coverage

No Network Restrictions

Health Screening Benefit

A **$50** 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.

GROUP SPECIFIED DISEASE INSURANCE

Benefit Outline	Critical Illness
Guarantee Issue	Up to $30k Employee & Spouse $15k Children
HSA Compliant	Yes
Issue Age EE & Spouse	Attained Age
Pre-Ex Waiting Period	None**
Coverage Amounts: Employee Spouse Children	 $10,000 up to $30,000 100% of Employee 50% of Employee

Critical Illness

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease

Major (50%):
Coronary artery bypass graft or valve replacement

Minor (10%):
Balloon angioplasty or stent placement

Cancer Conditions

- Invasive cancer — all breast cancer is considered invasive

Non-invasive cancer (25%)

- Skin cancer — $500

Progressive Diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Functional loss
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

Supplemental Conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD

Paid at 25%:
- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

VOLUNTARY WHOLE LIFE

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.

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 earns interest, or "cash value", at a guaranteed rate of 4.5%. You can borrow from that cash value, or you can buy a smaller, paid-up policy – with no more premiums due.

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 expected to live 12 months or less. It 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

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

Who can get coverage?

You:	**You can purchase $10,000, $25,000, $50,000 or $75,000 of coverage for yourself.**
Your spouse: Individual coverage	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 $10,000 or $25,000 of coverage for your spouse.
Your children: Individual coverage	Your children and grandchildren 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 benefit amount of $10,000 or $25,000 of coverage for each child.

PET INSURANCE

Cabarrus County offers employees with the opportunity to save on veterinary costs with Pet Insurance through Nationwide. This plan allows you to get reimbursed for eligible vet bills. See the summary of services below.

- ✓ **Cash back** on eligible vet bills, choose your reimbursement level: 70% or 50%
- ✓ **Available exclusively for employees**, not to the general public. We're the only company with a dedicated product for voluntary benefits.
- ✓ **Use any vet**, anywhere, no networks, no pre-approvals

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.

Both plans are guaranteed issuance, have a $250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.

**Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing*

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓

How to use your pet insurance plan

1. Visit any vet, anywhere.
2. Submit claim.
3. Get reimbursed for eligible expenses.

www.petinsurance.com/cabarruscountync | 877-738-7874

How do I file a claim?

It's easy. Simply pay your vet bill and then send us a claim for reimbursement via mail, email, or online.

Mail: Nationwide Claims Dept., P.O. Box 2344, Brea, CA 92822-2344

Email: submitmyclaim@petinsurance.com

Online: Submit your claims through your Nationwide Pet Account Access page at my.petinsurance.com. Please allow 48 hours from the time you submit your claim for it to appear online.

VetHelpline®

- Unlimited access to veterinary care experts
- Download the app and schedule a video consultation anytime 24/7
- No additional cost to use for Nationwide pet insurance members.

AUTO & HOMEOWNERS INSURANCE

Liberty Mutual INSURANCE

Employee benefits now include savings on auto and home insurance! Cabarrus County Government has teamed up with Liberty Mutual to offer employees Group Savings Plus®. This unique program allows you to purchase high-quality auto, home and renters insurance at low group rates through the convenience of bank draft.

LIBERTY GUARD AUTO INSURANCE

Liberty Guard Auto Insurance provides coverage from collision to theft and includes extra benefits to help make insurance easier for you. Here is a brief list of some of the coverages that come with a Liberty Guard Auto Insurance policy.

LIABILITY COVERAGE

- If you cause an accident, your policy will pay the damages up to your policy limits.
- We will pay the legal expenses if a suit is brought against you.

MEDICAL PAYMENTS COVERAGE

In some states, Medical Payments Coverage is required, and is included in your policy. In other states, you may choose to purchase Medical Payments Coverage at an additional cost. This coverage covers anyone injured in your vehicle for reasonable medical and funeral expenses for up to three years after the accident.

UNINSURED MOTORIST COVERAGE

In some states, Uninsured Motorist Coverage is required, and is included in your policy. In other states, you may choose to purchase Uninsured Motorist Coverage at an additional cost. If you are in an accident with someone who does not have enough, or any, insurance, this coverage will protect you up to your policy limits.

YOU CAN PURCHASE COVERAGE FOR DAMAGE TO YOUR AUTO THAT BEST FITS YOUR NEEDS —

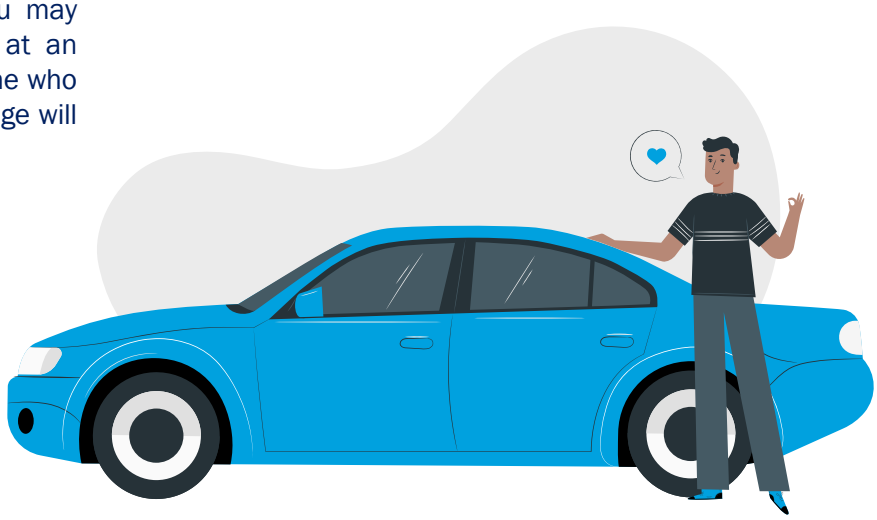
- Collision coverage provides protection if your car rolls over, is hit by another car, or hits another car or object
- Other Than Collision coverage protects your car when it is damaged by other perils, such as birds, animals, fire, theft, vandalism, windstorm, earthquake, and hail.
- Towing and Labor coverage provides for towing each time you need it.

LIBERTYGUARD® DELUXE HOMEOWNERS INSURANCE

Your home is not only one of the largest investments you'll ever make, it is also one of the most important assets you and your family have. You need to feel secure about your home and its contents, and that starts with the right insurance coverage.

Think you need to live near water to need flood insurance? Think again. Floods can be caused by storms, hurricanes and even melting snow. Don't get caught in rising water – protect your home with flood insurance.

Flood insurance is provided by Liberty Mutual authorized by the Federal Emergency Management Agency for over 18,000 participating communities. Flood coverage must be purchased as a separate policy as flood damage is not covered under homeowner policies.



AUTO AND HOMEOWNERS INSURANCE

LIBERTYGUARD® TENANTS INSURANCE

Collision coverage provides protection if your car rolls over, is hit by another car, or hits another car or object Insurance is not just for homeowners. If you rent your home, you should consider protecting your possessions with a LibertyGuard® Tenants Insurance policy. It covers you for items such as computer equipment, jewelry, stereo equipment, furniture, and clothing if these belongings are stolen or damaged, whether they are at home or anywhere in the world. You will also have protection against claims for accidental bodily injury or property damage, at or away from your home.

Watercraft Insurance can be added to your Tenants policy as well as many other endorsements for an additional cost.

LIBERTYGUARD® DELUXE HOMEOWNERS INSURANCE

Your condominium is more than a place to live; it is a home—filled with memories and your valuable possessions. Should you ever suffer a loss due to fire, robbery, or other circumstances, you want to be sure your belongings are protected. Liberty Mutual's LibertyGuard® Condominium Insurance will provide you with the coverage you need. The LibertyGuard® Condominium policy also provides coverage for the alterations, appliances, fixtures and improvements which are part of your unit. See for yourself how much money you could save with Liberty Mutual compared to your current insurance provider.

FOR A FREE, NO-OBLIGATION QUOTE, PLEASE CALL:

Matt Morrison
704.549.8944 x. 55741 (Direct)
704.881.2895 (Cell)
603.334.8996 (Fax)

Office Address:
9115 Harris Corners Parkway, Suite 200,
Charlotte, NC 28269
Website: https://www.libertymutual.com/matt-morrison

BENEFITS AVAILABLE FOR RETIREES

The Standard Dental and Superior Vision Insurance Plans for Retirees of State or Local Government Offered Through North Carolina Retired Governmental Employees' Association, Inc.

With over 54,000 members, the North Carolina Retired Governmental Employees' Association is the largest single group representing retirees before the N.C. General Assembly, the Retirement Systems Boards of Trustees, and the State Health Plan trustees. For retirees or future retirees of state or local governments in North Carolina (including teachers, legislators, National Guard, and judicial), NCRGEA is your voice for sustaining and increasing your benefits after retirement.

Additionally, there are many benefits included with membership at no additional cost ($10,000 AD&D Insurance, bimonthly newsletter, weekly electronic legislative updates while the General Assembly is in session, a toll-free number to call for information and assistance, hearing assistance and vision care discount programs, and free district meetings).

The Association also offers optional The Standard Dental Insurance and Superior Vision Insurance plans for our members. Those premiums are conveniently deducted from your retirement benefit check monthly. Please contact us at NCRGEA, PO Box 10561, Raleigh, NC 27605, 1-800-356-1190, or go to our website, www.ncrgea.com, for further information.

CONTINUATION OF BENEFITS *IF YOU LEAVE EMPLOYMENT*

UNUM GROUP ACCIDENT & GROUP SPECIFIED DISEASE INSURANCE

You may continue your UNUM Accident and/or Specified Disease plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home. For more information, contact UNUM **at 800-635-5597**

DELTA DENTAL & BCBS HEALTH

Under the Delta Dental & BCBS Health plans, you and your covered dependents are eligible to continue coverage through COBRA according to the “qualifying events". If you and your dependents are enrolled in either plan, you will be eligible to continue coverage through COBRA for a specified time after you leave your employment. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue dental coverage through COBRA. While you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA.

Examples of an ineligible dependent would be when your child reaches the age of not being eligible for dependent coverage. You will receive notification with premium and continuation options shortly following your termination of employment. Should you have any questions you can contact your **Benefits Department at 704-920-2200.**

COMMUNITY EYE CARE (CEC) VISION

Under the Community Eye Care plan, you may continue the Vision coverage once you leave employment by calling Community Eye Care and set up your deduction to be bank drafted or paid by Visa and or Mastercard. The premium will remain the same even though you have ceased employment. You may contact **CEC at 1-888-254-4290.**

HEALTH EQUITY FLEXIBLE SPENDING ACCOUNT

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. You will receive notification and continuation options shortly following your termination of employment. To obtain your balance you may contact **Health Equity at 877-924-3967**.

LIBERTY MUTUAL AUTO & HOMEOWNER

When you leave employment, you may continue the coverage that you have with Liberty Mutual. The coverage will continue to be drafted from your bank account. If you have questions, you may contact **Liberty Mutual at 704-596-4045.**

CONTINUATION OF BENEFITS *CONTINUED*

NATIONWIDE PET INSURANCE

When you leave employment, you may continue your Pet Insurance by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. To set up bank draft, contact **Nationwide at 1-877-738-7874.**

TEXAS LIFE WHOLE LIFE

When you leave employment, you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Texas Life at 1-800-283-9233 prompt #2.**

UNUM TERM LIFE

Conversion: If your employment terminates while you are covered under the plan or when you are approved for long-term disability, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy. You must apply for conversion within 31 days after the date your coverage terminates. This applies to Optional Life and Dependent Life as well as the Basic coverage. To get information for converting to an individual life plan, please contact your **Benefits Department at 704-920-2200 or Unum Life Benefits Department at 1-800-445-0402.**

Portability: (applies to Optional Employee coverage only).Such insurance may be continued by paying the required premiums when:

- Your employment with your Employer ends for a reason other than total disability or retirement;
- The insurance has been in force for at least 12 months in a row just prior to the date employment ends.

To continue insurance, written application and the first premium payment must be made to the company, within 31 days of the date insurance would otherwise end. To get information for porting your life plan, please contact your **Benefits Department at 704-920-2200 or Unum Life Benefits Department at 1-800-445-0402.**

USERRA (UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing exclusions) except for service-connected illnesses or injuries. If you have questions you may contact your **Benefits Department at 704-920-2200.**

FILING A CLAIM

DELTA DENTAL

Delta Dental providers will file claims on your behalf. Visit www.memberportal.com to check on the status of claims.

CEC VISION

There are three options for submitting routine vision claims:

1. Online. You can submit claims by logging into your Provider Portal and clicking on the “claims” tab.
2. Paper Forms. These forms can be submitted by:
    A. Faxing them to (704) 426-6044– Attention: Claims
    B. Mailing them to CEC, Attention: Claims, 2359 Perimeter Pointe Pkwy, Suite 150, Charlotte NC, 28208
3. E-Claims: CEC accepts claims via electronic 837 file format

UNUM

Life/AD&D - If an insured person passes away, you can simplify the claims process by filing online.

Visit https://www.unum.com/employees/file-a-claim and click File a Claim. This will take you to your Unum login page to file an online claim.

Short-Term Disability (STD) /Long-Term Disability (LTD) - You can file a claim through the MyUnum app or services.unum.com website for members. Once you have downloaded the app, go to the main dashboard and click on the “Start New Claim or Leave” button. Then review your information, confirm your responses, and accept and submit.

Scan the QR code to get started

Questions? We have answers

Comprehensive information including full plan details, contacts, notices, costs, links, videos, and more can all be found at benefits.cabarruscounty.us. You can also contact the vendors below for more information on their benefits.

BENEFIT	PROVIDER	EMAIL / WEBSITE	PHONE NUMBER
General Benefits Questions & Issues	USI Benefit Resource Center (BRC)	Email: brcsouth@usi.com	1-855-874-0835
	Cabarrus County Government Benefits Department	cabco.hrbenefits.net	704-920-2200
Medical	Blue Cross Blue Shield	BlueCrossNC.com	1-888-206-4697
Pharmacy (Rx)	RxBenefits	Member.RxBenefits.com	1-800-377-1614
Dental	Delta Dental	www.deltadentalInc.com	1-800-662-8856
Vision	Community Eye Care (CEC)	www.cecvision.com	1-888-254-4290
Flexible Spending Account and Dependent Care Account	HealthEquity	www.healthequity.com/	HSA - 866.346.5800 FSA & HRA - 877.924.3967
Disability	UNUM	www.unum.com	1-800-635-5597
Term Life Insurance	UNUM	www.unum.com	1-800-445-0402
Whole Life Insurance	UNUM	www.unum.com	1-800-635-5597
Supplemental Accident & Critical Illness	UNUM	www.unum.com	800-635-5597
Cabarrus County Health & Wellness Center	Atrium Health		704-403-0550
Employee Assistance Program (EAP)	McLaughlin Young Employee Services	www.mygroup.com Work-Life Login (UN: cabarrus PW: guest)	1-800-633-3353
Pet Insurance	Nationwide Pet Insurance	www.petinsurance.com	1-800-540-2016

Other Resources

This Open Enrollment guide highlights what you need to know to enroll in your 2026-2027 benefits. If you want more information on a specific plan – eligibility, coverage details, how it works – you have several resources:

- Cabarrus County Benefits website at cabco.hrbenefits.net
- Summary plan descriptions (SPDs) link on cabco.hrbenefits.net
- Health care reform requires us to provide you with a summary of benefits coverage (SBC), available on cabco.hrbenefits.net

Notes:

CABARRUS COUNTY

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