

Benefits Brochure 2021

Mecklenburg EMS Agency Open Enrollment



Action Items for Employees

• Open Enrollment (OE) Information & Requirements

- September 28th through October 23rd, 2020
- Mandatory enrollment for all full time employees
- Complete through on-line payroll portal
- Make sure you can log into payroll portal prior to open enrollment—contact HR at HumanResources@medic911.com if unable to log in.

• Health Fair Information

- Biometrics not required this year!
- Virtual Benefits Fair—look for link and information on extranet "Health Fair & Benefit Info"
- For discounted wellness rates, you must complete:
 - Online HRA questionnaire through <u>www.blueconnectnc.com</u>
 - Flu vaccination or declination

Flu Shots—REQUIRED

- Flu Shot Clinic on-site October 12—October 15 from 3PM—8PM in Outdoor Sound Stage
- Must make an appointment and wear proper PPE
- Appointment links can be found on the extranet "Health Fair & Benefit Info"
- Bring your Medical ID card and your Medic ID Badge to receive vaccine at Post 100
- Obtain vaccine at local pharmacy or primary physician
- Submit verification to Risk & Safety via email or HR lockbox by October 23, 2020

Common Benefit Vendor Contact Information

- ⇒ Blue Cross/Blue Shield of North Carolina for health insurance
 - 877-224-3305 or www.bluecrossnc.com
- ⇒ CIGNA Dental for dental coverage
 - 800-244-6224 or www.mycigna.com
- ⇒ CVS Health for prescription drug coverage
 - 855-298-2457 or www.caremark.com
- ⇒ UHC/Spectera for vision coverage
 - 800-638-3120 or www.myuhcvision.com
- ⇒ Health Equity HSA for health savings accounts
 - 866-346-5800 or www.healthequity.com
- ⇒ Nationwide for pet insurance
 - 888-899-4874 or http://petinsurance.com/medic911

Be Healthy-Live Well-Retire Strong







Save **\$1000 annually** on medical insurance premiums by completing the following wellness activities:

- 1. Open Enrollment through payroll portal
- 2. Online Health Risk Assessment (HRA) at www.blueconnectnc.com
- 3. Submit flu shot vaccine or declination
 - * Bring your medical insurance card and MEDIC ID badge to Post 100!

All of the above items must be completed with proper documentation to

by October 23, 2020 to receive the discounted wellness rates!

DOCUMENTATION CAN BE SUBMITTED VIA EMAIL OR HR LOCKBOX

What's Changing in 2021?

- Medical premiums have decreased!
- Both medical plans have an out of pocket maximums and co-insurance increase:

Coverage Type	2020 Out of Pocket Limit	2021 Out of Pocket Limit	2020 Co-insurance	2021 Co-insurance
Individual PPO	\$3,600	\$5,000	20%	25%
Family PPO	\$10,800	\$10,000	20%	25%
Individual HDHP	\$3,550	\$5,000	20%	25%
Family HDHP	\$7,100	\$10,000	20%	25%

- **Prescription drug plan has Dispensed As Written (DAW) provision.** This means you must fill the prescription as written by your provider or you may incur additional cost.
- Prescription drug tiers have increased cost.
- Health savings account seed—the employer contribution for 2021:

\$750 for individual coverage **OR** \$1500 for family coverage

• Dental premiums have a slight increase.



What's Not Changing?

- Benefit eligible, full time employees must complete open enrollment through the payroll portal
- Medical options remain the same PPO and Q-HDHP plans
 - As a reminder, you are only eligible for the PPO plan if you were hired prior to 01/01/2017 and have remained in a full time status
- 100% preventative care coverage, no medical lifetime max and no pre-existing condition limits
- Medic will provide discounted wellness rates when employees complete required items (pg. 2)
- Coverage for adult children up to the age of 26 for medical, dental, vision and life. Be prepared to verify dependent when requested.
- PPO plan—deductibles and co-pays continue to count towards the out-of-pocket maximum
- Married couples, regardless of gender, are eligible for benefits with proper documentation
- Both plans are affiliated with Novant and Atrium , offering network benefits to include physician services, emergency care, inpatient and outpatient hospitalization and prescription coverage
- If you have other medical coverage, you may choose to opt out/waive coverage and Medic will contribute \$400 to a medical flexible spending account. Employees hired during the year receive a prorated FSA contribution for opting out. We reserve the right to request proof of coverage of other medical coverage at any time.
- New hires will receive a pro-rated seed amount into their Health Savings Account.
- Dental plan remains with CIGNA—no plan changes
- Vision plan remains with UHC/Spectera—no plan changes or premium changes

HR COVID Policies

HR COVID policies are available on the extranet. These give guidance on exposure and contraction, benefit leave as it pertains to quarantine and isolation, travel and face covering use.

Be sure to review, checking for updates as we continue to adapt to evolving information that is applicable to our processes: https://www.medic911.com/covid19/



You need to Know



Coverage for Eligible Family Members

Medic employees may cover eligible family members by electing appropriate plans with semi-monthly payroll deductions. Eligible family members include:

- Your legally married spouse
- Your biological, foster, adopted or step-child/ren up to age 26, or a disabled dependent child over age 26.

To comply with the Affordable Care Act reporting, we require dependent social security numbers be provided for dependents covered by our insurance plans.

Mecklenburg EMS Agency participates in an ongoing dependent verification process. Employees covering dependents may be asked to provide verification documentation.

Do you have a change in Family Status and/or Financial Situation?

It is the employee's responsibility to advise the Human Resources Department **within 31 days** of a qualifying family status change (birth/adoption, marriage/divorce, death, etc.) if a dependent needs to be dropped or added.

After the 31 day period, no dependents can be added or dropped. Premium refunds will not be made and coverage will end as soon as the dependent becomes ineligible for coverage.



What types of changes can I make throughout the year?

- Add or drop dependent coverage, if a qualifying event occurs (such as marriage, birth of a child or dependent has reached maximum age, etc.)
- Change or update your life insurance beneficiary information
- Enroll or change participation level in the 401K or 457 defined contribution plan
- Start, stop or change Health Savings Account contributions

BCBS Medical

www.bluecrossnc.com

1-877-275-9787

Bi-Weekly Rates	Employee	Employee+ Child(ren)	Employee + Spouse	Family
24 Pay Periods				
	Di	scounted Wellness Rate		
PPO	\$46.47	\$126.44	\$168.53	\$277.96
High Deductible (HSA)	\$24.67	\$88.73	\$119.73	\$200.32
		Non Discounted Rate		
PPO	\$88.14	\$168.10	\$210.19	\$319.63
High Deductible (HSA)	\$66.33	\$130.39	\$161.39	\$241.99

Medical Plan Choices for 2021			
	PPO Plan	High Deductible Plan	
Deductible (Single/Family)			
In-Network Deductible (Single/Family)	\$600/\$1,200	\$1,600/\$3,200	
Out-of-Network Deductible (Single/Family)	\$1,500/3,000	\$3,200/\$6,400	
HSA Seed (Single/Family)	N/A	\$750/\$1,500	
Coinsurance			
In-Network	25%	25%	
Out-of-Network	40%	40%	
In-Network OOP Max (includes deductible)	\$5,000/\$10,000	\$5,000/\$10,000	
Out-of-Network	\$10,800/\$21,600	\$7,100/\$14,200	
Lifetime Maximum Benefit	Unlimited	Unlimited	
Physician Services			
Office Visits (PCP/Specialist)	\$25/\$40	25% after ded.	
Preventative Care	Covered at 100%	Covered at 100%	
Allergy Injection (by non-physician)	Covered at 100%	25% after ded.	
Surgery	25% after ded.	25% after ded.	
Hospital/Facility			
Inpatient/Out Patient Hospital	25% after ded.	25% after ded.	
Emergency Room	\$225 copay then 25% after ded	25% after ded.	
Urgent Care	\$60	25% after ded.	
CVS Prescription Drug Plan			
Retail Prescription Drugs			
Generic Preventive	100%	100%	
Retail Generic	\$15	25% after ded.	
Retail Preferred Brand	25% \$30 min, \$90 max	25% after ded.	
Retail Non-Preferred Brand	40% \$60 min, \$120 max	25% after ded.	

Medical Plan Opt Out/Waive

If you waive the Agency's medical plan options for 2021, you will receive a \$400 FSA or Limited Purpose FSA (depending upon current healthcare plan). The opt out/waive status will remain in effect the entire year unless you have a qualifying family status change. Employees hired during the year that opt/waive receive a prorated FSA amount. Mecklenburg **EMS Agency reserves** the right to request proof of coverage of other medical coverage at any time.

BCBS offers several health and wellness programs that are free to employees who are enrolled in the medical insurance plan through Medic.

My Pregnancy Program

My Pregnancy offers tools, resources and support such as Nurse assistance 24/7, Baby Boost relaxation tool, Kick counter, risk surveys, symptom searches, etc. Download the app titled "My Pregnancy Blue Cross NC" or contact BCBS at 877-275-9787.

Healthy Outcome Condition Care

This suite of health management programs focuses on meeting specific health care needs such as Case Management (high risk members), Condition Care (disease management), Maternity and overall Wellness. For more information, call 877-275-9787 or visit BlueCrossNC.com



Healthline Blue

Specially trained nurses are available 24/7 to answer any questions you may have about health symptoms and refer you to appropriate care. Call 877-477-2424.

Telehealth

Now you can connect with a doctor via secure video chat or phone, without leaving your home or office.

MDLIVE 888-726-3171

MD Download the MDLIVE app on your smartphone or tablet Mental Health Substance Abuse

BCBS has integrated mental health into primary care to support collaborative teams at the local level. This integrated model will improve access to mental health care and substance abuse programs, with the intent to improve patient health outcomes. For more information, please visit BlueCrossNC.com or call 877-275-9787.

Why is BCBS calling me? Medic offers BCBS programs to help you get healthy and live well. BCBS is excited to get to know you, so they call you at home to talk about ways to work together to help you manage your health.



- CVS is the preferred pharmacy vendor but you may go to any retail pharmacy vendor that accepts CVS Health.
- The plan continues to provide a 4-Tier structure outlined as follows:
 - Tier 1 = Preventative Generics
 - Tier 2 = Other Typical Generics
 - Tier 3 = Retail Preferred Brand
 - Tier 4 = Retail Non-preferred Brand
- Tier 1 drugs for **Preventative Generics** are covered at 100% of the cost when prescribed for conditions that require on-going, preventative treatment.



- Mail-order pharmacy will continue to be available with the plan.
- The plan has a "Dispense As Written" (DAW) mandate which requires you to fill your prescription as written by the provider, or you will incur additional cost.
- Questions about formulary, drug costs, pharmacy locators and any other questions you may have can be answered by calling CVS Health at **855-298-4257**.

Flu Shot Reminder!

Must bring: Medical Insurance Card and Medic ID Badge!

Flu shots will be administered in the Outdoor Sound Stage **October 12—October 15 from 3PM— 8PM** each day. If unable to attend, you may obtain the flu shot through your physician or any retail pharmacy at no or low cost by filing a claim with your insurance provider.

Per 2.15 Infectious Disease Policy, all Medic employees are required to comply.

Submit vaccination or declination documents into Risk & Safety by October 23, 2020 via email HumanResources@medic911.com or dropping in HR lockbox.

Telehealth

4 ways to sign up today So it's ready when you need it!



Download the MDLIVE app on your smartphone or tablet



Go to mdlive.bcbsnc.com and click "Activate Now" (and watch a video on how it works)



Call 1-888-910-9722

Text "bcbsnc" to MDLIVE (635483)

to connect with Sophie, MDLIVE's personal health assistant





Skip the waiting room

- + Video consults available 24 hours a day, seven days a week (even holidays)
- + Low wait times let you see a doctor within minutes¹
- + No appointment required
- Pediatricians available
- Prescriptions sent electronically to your local pharmacy if needed²
- + From the couch to the beach use it anywhere in the U.S.

Consults cost only \$45 (or less)

- + Paid like a doctor's office visit
- Most major credit and debit cards accepted and it's a qualified expense for HSAs, HRAs and FSAs

Telehealth—BCBS provides access to telehealth services as part of your medical plan. Televisits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider.



BlueCross BlueShield of North Carolina

Cigna Dental

www.mycigna.com

1-800-244-6224

Bi-Weekly Rates 24 Pay Periods	Employee	Employee & Child(ren)	Employee & Spouse	Employee & Family
Standard	\$3.26	\$17.26	\$14.16	\$27.18
Enhanced	\$5.36	\$28.37	\$23.27	\$44.67

Note: Dental cards	will NOT be issued to e	mployees as part of th	is plan.
Dental Plan Ch	oices for 2021		
	Standard Plan	Enhanced Plan	Cigna®
Calendar Year Maximum (Class I, II, and III Expenses,)		Cigita
(per individual)			Regular full-time employees have
In-Network	\$1,000	\$1,500	
Out-of-Network	\$1,000	\$1,500	two options in selecting a dental
Calendar Year Deductibles (Individual/Family)		1	plan: Standard or Enhanced plan.
In-Network	\$75/\$225	\$50/\$150	Below are just a few of the differ-
Class I Expenses - Preventive & Diagnostic Care	100% /80%	100% /100%	ences between the two plans:
(In-Network/Out-of-Network)	No Deductibles	No Deductibles	-
Oral Exams	4		Standard
Cleanings	4		• Must go to a Network dentist
Routine X-Rays	4		Calendar Year Maximum of
Fluoride Application	4		\$1,000 per individual
Sealants			
Space Maintainers (limited to non-orthodontic	1		No Orthodontic coverage
treatment)			
Non-Routine X-Rays]		Enhanced
Emergency Care to Relieve Pain			May go to any dentist
Histopathologic Exams			Calendar Year maximum of
Class II Expenses - Basic Restorative Care	70% /50%	80% /80%	
(In-Network/Out-of-Network)	After Deductible	After Deductible	\$1,500 per individual
Fillings			Orthodontic Coverage (Life
Oral Surgery - Simple Extractions			time Max \$1,500 per individ-
Oral Surgery - All Except Simple Extractions			ual)
Surgical Extraction of Impacted Teeth			NOTE: Dental cards will NOT be
Anesthetics			issued to employees. To print a
Major Periodontics			
Minor Periodontics			dental card or to locate a provid-
Root Canal Therapy/Endodontics			er, please go to <u>www.cigna.com</u> .
Relines, Rebases, and Adjustments			
Repairs - Bridges, Crowns, and Inlays			
Repairs - Dentures			
Class III Expenses - Major Restorative Care	40% / Not Covered	50% / 50%	
(In-Network/Out-of-Network)	After Deductible	After Deductible	· • • • • • • • • • • • • • • • • • • •
Crowns/Inlays/Onlays			
Dentures			
Bridges	_		
Class IV Expenses - Orthodontia			
(In-Network/Out-of Network)			
Coverage for Eligible Children Only (up to age 19)	Not Covered	50% / 50%	
	4	No Separate Deductible	
Lifetime Maximum	Not Covered	\$1,500	
		overage under the CIGNA	
Missing Tooth Provision		re not covered.	
Treatment Daview		ry basis when extensive	
Treatment Review		\$200 is proposed.	-
Student Age	2	.6	J

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United HealthCare Vision www.myuhcvision.com

1-800-638-3120

Bi-Weekly Rates	Employee	Employee & Child(ren)	Employee & Spouse	Employee & Family
Standard	\$2.59	\$5.64	\$5.36	\$8.85
Enhanced	\$5.27	\$10.12	\$9.87	\$15.39

Medic offers regular fulltime employees a choice of two voluntary vision plans for a minimal premium which provides coverage for exams, lenses, frames, contacts, etc. at reduced costs.

		Note: Vision cards will NO	T be issued to employee	es as part of this plan.
	C	Vision P	Plan Choices for 202	1
- Ci	1		Standard Plan	Enhanced Plan
A DAT		Copays	eye exam e	very 12 months
10	11	Comprehensive Exam	\$10	\$0
PPP		Materials	\$20	\$0
E D C D		Contact Lenses		
FREED	*	in lieu of eyeglasses	Contact Lenses	s every 12 months
* * L o. * * 5		Covered-in-full Contact Lenses	covered disposable contact	ip visits are covered-in-full. If
	ion Benefit		A \$150.00 allowance is appl	ind toward the fitting/
UnitedHealthCare Vision has partnered with the Laser Vision Network of America to provide our members with access to discounted laser vision correction providers. 1-888-563-4497		Non-Covered Contact Lenses		e of contact lenses outside c vered-in-full contacts. The
		Frames	Frames eve	ery 24 months
Out of Network Rein Standard and Enhanced Pl Network copays do not ap	an benefits are the same.		\$50 wholesale frame allowance applied toward sale cost of a frame at private practice providers a \$130 frame allowance applied toward the reta a frame at retail chain providers.	
Comprehensive Exam	\$40	Lenses and Lens Options		ens Options are Covered-in-Fu 12 months
Lenses			Standard Plan	Enhanced Plan
Single Vision	\$40		Lined bifocal	Standard Plan Plus:
Bifocal Trifocal	\$60 \$80		Single Vision	High-End Progressives
Lenticular	\$80 \$80		Round & seg.	Basic Progressives
Lentiound	÷		Lined trifocal	Super ET
Frames	\$45		Scratch Coating	Gradient Tint
			Plastic bifocals	Photochromatic
Contact Lenses (in lieu o			Plastic trifocals	Polycarbonate
Elective	\$150			Uv & scratch guard
*Necessary	\$210			Solid Tint
You do not need to sub	mit a claim for In-			Transition
	ever, you must submit a			UV Coating (Glass)
claim to United Health	· •			UV Coating (Plastic)
reimbursement for Out	of Network services.			Platinum progressive
				Premium progressive



What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that you can place either pre-tax (via payroll deduction) or post-tax money into to save for future eligible expenses. You may use it to pay for eligible expenses for you or your qualified dependents. Money you do not spend carries forward to future years. You can even use the money penalty-free after age 65 for any purpose you want.

HSAs are offered in conjunction with a high deductible health plan. The money in your HSA belongs to you. You decide how you want to pay for your health care expenses.

Health Equity is our BCBS Health Savings Account Administrator and Medic will contribute seed money into eligible HSAs as of 01/01/2021.



Eligibility

- Must be enrolled into Qualified High Deductible Plan
- Not covered by any other health plan including Medicare, TRICARE, or TRI-CARE for Life
- Not in receipt of VA benefits within the past 3 months
- Not claimed as a dependent on someone else's tax return
- Not covered by a Flexible Spending Account (FSA)

How do I use my HSA?

Use your debit card, checkbook, auto pay, or online bill pay for any out of pocket health care expenses.

2021 Medic Seed Contributions

- Employee Only = \$750
- Employee + Family = \$1,500

2021 Contribution Limits

- Individual \$3,600
- Family \$7,200
- Catch-up—additional \$1,000*
 *Only for age 55 and up

What are the benefits of an HSA?

- Account ownership—You own your account. You can use it, invest it, save it and move it as you see fit.
- Portability—Accounts are completely portable, meaning you can keep your HSA even if you:
 - * Change jobs or retire
 - * Change medical coverage
 - Become unemployed
 - Move to another state
 - * Change your marital status
- Money can be used to pay for out of pocket IRSqualified expenses. For a list of qualified expenses, please refer to Section 213(d) of the Internal Revenue code or visit www.healthequity.com.



• There are no "use it or lose it" rules for HSAs.

When you have questions, we've got answers!

Health Equity offers you live customer service 24 hours a day, seven days a week, 365 days a year – that includes weekends and holidays. Call 1-866-346-5800.

Flexible Spending & Dependent Care Accounts

For 2021, two FSA plans are being offered:

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A **traditional Flexible Spending Account** can only be elected if you have PPO coverage. These pre-tax dollars can be used for eligible medical, dental and vision expenses. For this plan, your funds may only be used for expenses that occur or have a date of service within the current plan year. There is an extension on the plan that allows any remaining funds to be used for claims incurred through March 15, 2022.

A **Limited Purpose Flexible Spending Account** has available for those enrolling in the Q-HDHP. This can be used for eligible dental and vision expenses only. These contributions are pre-tax and with the extension the plan that allows any remaining funds to be used for claims incurred through March 15, 2022.

Important Note: If you currently have a traditional FSA and enroll into the Q-HDHP for 2021, you MUST use all funds by December 31, 2020.



 You may also use your FSA funds at <u>www.fsastore.com</u>

Creating Your Logon for the FSA System:

Go to www.benefitspaymentsystem.com

Click on "Create Account"

Enter your First Name and Last Name

Enter your Employee ID. This is your Social Security Number with no dashes.

Skip the Employer ID and enter your FSA card number with no dashes.

Create a username and password, along with the security questions requested. Make sure you write this information down for future use.

Provide your email address.

Click on "Submit."

What is a Dependent Care Account (DCA)?

You can place pre-tax payroll deductions into this account to pay for eligible day care expenses. Your dependent child(ren) must be under the age of 13.

Annual Maximum Contributions to each plan are:

Medical:	\$2,750
Dependent Day Care:	\$5,000

To participate in one or both accounts, you must make your selection during open enrollment. Debit cards are only issued to NEW participants and their dependents. Please keep your debit card from the prior year as it will be loaded for the 2021 calendar year.

How do I contact The Employers Association?

Online access to your account information is available 24 hours a day, 7 days a week at www.benefitspaymentsystem.com or www.teafsa.com.

You can also call The Employers Association to request information about your account Monday through Friday, 8:00 a.m. to 5:30 p.m. EST at **704.522.8011 or 800.528.2398**. Forms and other FSA information can be accessed on

www.teafsa.com.







Employees can purchase Hospital, Cancer and/or Accident Insurance Policies through Aflac Insurance. These policies deliver cash benefits directly to the employee, regardless if there is other insurance. These policies are designed to assist employees with out-of-pocket expenses due to an accident or cancer. If enrolled during open enrollment your deductions are deducted on a pre-tax basis. Contact our Aflac agent **Tina Blue at 704-467-5257 or tina_blue@us.aflac.com**.

Aflac Insurance



Savings and Retirement

NC Retirement System

Mecklenburg EMS Agency regular full-time are automatically enrolled into the North Carolina Local Government Retirement System upon employment. Employees contribute 6% of gross wage and are vested after 5 years of service.

NC Local Governmental Employees Retirement System (LGERS)

Contact <u>www.myncretirement.com</u>1-877-627-3287

All full-time Agency employees are <u>automatically</u> contributing members of the North Carolina Local Government Employees' Retirement System (LGERS) and begin to earn service credit the first day of employment.

Employee contributes **6%** of gross wages deducted from paychecks. Agency contributions of **10.17%** are also deposited on behalf of the employee each month into their retirement account.

After five years of service, employees are vested for purposes of retirement benefits. Death Benefit ranges from \$25,000 - \$50,000.

You can now change your beneficiaries online at: https://orbit.myncretirement.com/orbit/Common/ Pages/BPASLogin.aspx if you have less than 10 years of service.

401(K) AND 457 MATCHING PLANS

Mecklenburg EMS Agency offers a match to regular full-time employees who participate in the 401(k) and/or 457 supplemental retirement plans. The match is currently:

- Dollar for Dollar Match up to 5%
- 100% Vested Immediately
 - No Waiting Period for Participation



Employees are able to choose to contribute either pre-tax or after -tax Roth. Medic's Match is always contributed on a pre-tax basis. The 5% matching funds from the Agency apply to employee contributions in any one or a combination of plans for a total of 5%.

The NC 401(k) plan is administered by Prudential Retirement.

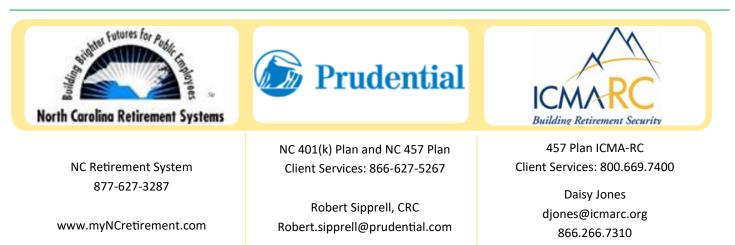
The Choice of 457 plans offered through Medic:

- IMCA-Retirement Corporation 457 plan.
- NC 457 plan administered by Prudential Retirement.

Changes can be made to your plans at any time, so start small and increase when you can. Enrolling is fast and easy and the plans work hard to make the investing simple. Local, personal help is available to all Medic employees.



Firemen's and Rescue Squad Workers' Pension Fund - An additional pension fund is also administered by the Retirement Systems Division of the NC Department of State Treasurer. First Responders receive a \$170 monthly payment at retirement after 20 years of service (Agency Paid). You can begin receiving the benefit at age 55 if you have been in the fund for the full 20 years.



www.ncplans.prudential.com

Supplemental and Dependent Life Insurance

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Supplemental Life Insurance - The Hartford provides supplemental life insurance separate from the Agency provided Life policy. You may purchase coverage for yourself, spouse, and/or children. You may purchase supplemental life as the employee in increments of \$10,000 up to 5 times your salary and max of \$300,000. For your spouse, you may purchase in increments of \$10,000 and cannot be more than \$150,000 or 50% of your supplemental life insurance. You may purchase \$10,000 of child(ren) supplemental life insurance. This policy is portable and can convert to an individual policy if you leave employment. www.theHartfordAtWork.com

This plan comes with added Worldwide Travel Assistance giving you 24-hour emergency access when you and your dependents travel 100 miles or more from home for 31 consecutive days or less. Provides - Medical Evacuation/Return home, Traveling Companion Assistance, Dependent Children Assistance, Visit by a Family Member or Friend, Return of Mortal Remains. www.worldwideassistance.com 800-243-6108



Basic Term Dependent Life and AD&D Insurance (Through Cigna) - Employees may purchase \$10,000 of coverage per dependent (spouse and/or children) for the nominal cost of \$2.00 per month regardless of number of dependents enrolled.

Agency Paid Benefits: You are already enrolled in....



Basic Term Life and AD&D Insurance (Cigna) - Medic pays the full cost of the premium for individual coverage for all regular full-time employees. The amount of coverage is equal to your annual salary (rounded to the next highest dollar) and two times that amount for accidental death and dismemberment coverage. Cigna offers value-add programs associated with life insurance to include identity theft, secure travel, will preparation, healthy rewards, & beneficiary support services.



Short Term Disability Insurance (STD) (through Cigna) - Paid to an employee after 25 calendar days, if verified as medically disabled due to a non-work related illness or injury, is under the care of a licensed physician and unable to work. STD is equal to 60% of the employee's basic weekly earnings and will be paid to the employee for up to 26 weeks.



Temporary Long Term Disability (LTD) Insurance (The Standard) - Paid to an employee after 26 weeks of STD if verified as still medically disabled due to a non-work related illness or injury. LTD is equal to 60% of the employee's basic weekly earnings and will be paid to the employee for up to 26 weeks.



Public Safety (EAP) - EAP vendor provides confidential counseling and referral assistance ranging from work related stress, marital or financial problems, drug and/or alcohol dependency, and more. EAP services are free and available to employees and their family members 24 hours a day. You and your household members can receive up to six face-to-face counseling sessions per person, per need, per year. All matters are strictly confidential. PublicSafetyEAP.com or call 1-888-327-1060.

Morneau Shepell (BDA) (EAP) - (Provided through The Standard our LTD vendor) Second EAP program also providing you assistance with up to three face-to-face visits and unlimited telephonic sessions. www.eapbda.com enter "standard" and password: eap4u

না NC Association of Rescue & EMS - Agency paid membership, death benefit, and educational scholarship opportunities for employees. http://www.ncarems.org/



Benevolent Fund - Mecklenburg EMS Agency - The Benevolent Fund provides financial assistance up to \$500 for Agency employees in the event of personal or family crisis, hardship, emergency situation or disaster. The fund is fully funded by the Employees at Medic by contributing any voluntary amount through payroll deduction.

Additional Benefits



It's Time to Thrive.

Resiliency is good. Thriving is better.



Download the Free CrewCare App Stress Management Resources

OUR AGENCY CODE: P100

- Keeps your information confidential
- Understand your personal stress load
- Understand our overall agency stress load
- Recognize common stress triggers •
- Connect with local resources
- Compare your answers to your peers
- Contribute data for First Responder Industry research

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Employee Assistance Program



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- Adoption & Childcare
- Financial Planning
- Consumer Rights
- Mental Health
- Divorce
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- Elder Care & Childcare Locators
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Holidays and Leave

Holidays (12 Annually—Regular Full-time Employees)

New Year's Day	Veterans Day
MLK's Birthday	Thanksgiving Day
Good Friday	Friday after Thanksgiving
Memorial Day	Christmas Day
Independence Day	Two additional days at Christmas
Labor Day	

Bereavement Leave (Policy 3.8)

Mecklenburg EMS Agency allows time away from work for the death of an immediate family member. Regular fulltime employees may take up to 24 consecutive work hours paid leave.

Leaves Policies

- Policy 4.1 Family/Medical Leave unpaid up to 12 work weeks
- Policy 4.1 Military Caregiver Leave unpaid up to 26 work weeks
- Policy 4.2 Administrative Leave unpaid up to 30 days
- Policy 4.3 Disaster Response Leave
- Policy 4.4 Extended Leave unpaid up to 26 work weeks
- Policy 4.6 Military Leave
- Policy 4.7 Parent-Child School Leave
- Policy 4.8 Paid Family Leave paid to up 6 weeks*

*Full-time benefit eligible employees are eligible for paid family leave as defined by FMLA excluding intermittent and employee only.



Vacation Leave (Policy 3.3)

Four (4) hours of vacation leave shall be awarded to the accumulated benefits of all employees eligible to receive vacation leave who do not use sick leave and/or leave without pay for a period of one quarter year.

Quarters are defined as:

- Quarter 1 January March
- Quarter 2 April June
- Quarter 3 July September
- Quarter 4 October December

Sick Benefit Leave (Policy 3.13)

ł	Shift	Accrued hour per pay period	Annual Accrual
	40 hour	3.69	95.94

*There is no maximum accrued limit for sick leave.

Vacation Benefit Leave (Policy 3.3) - 40 Hour Weeks					
Length of	Accrued hour per pay	Annual			
Service	period	Accrual			
Under 2 years	3.07	79.82			
2-up to 5 years	3.69	95.94			
5-10 years	4.61	119.86			
10-15 years	5.53	143.87			
15-20 years	6.46	167.96			
Over 20	7.38	191.88			



Mecklenburg EMS Agency Employee Benefits

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY AND AMERICANS WITH DISABILITIES ACT

It is the policy of Mecklenburg EMS Agency to provide equal employment opportunity without regard to race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law.

Discrimination against any person in the recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law is prohibited.

Discrimination on the basis of age, sex, or physical disability is prohibited except where age, sex, or disability requirements constitute a bona fide occupational qualification necessary for performance of the essential functions of a job.

Medic will comply with the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of a disability. Medic will make reasonable accommodations upon requests of otherwise qualified disabled applicants and employees to enable them to perform essential job functions except where such accommodations may constitute an unreasonable hardship or jeopardize the health and safety of employees, applicants or the general public.

The employee benefits program is administered by Mecklenburg County c/o Medic Human Resources Department 4425 Wilkinson Blvd Charlotte, NC 28208

Human Resources: humanresources@medic911.com

For additional information about any benefits described in this brochure, please consult Mecklenburg EMS Agency policies, the applicable summary plan description (SPD), or the actual plan. In the event that there is any conflict between the information in this brochure, the SPD, the policies, and/or a plan, the plan document always governs.

Participation in any of Medic's benefit plans does not create and should not be viewed as a contract of employment. While Mecklenburg EMS Agency intends to provide these benefits for an indefinite period of time, it reserves the right to terminate, suspend, withdraw, amend, or modify a plan at any time. Any such change or termination of benefits will be based solely on the decision of the Medic.

ACCESS TO AND AVAILABILITY OF THE NOTICE OF PRIVACY PRACTICES FROM MECKLENBURG COUNTY Mecklenburg County Group Health Plans' Notice of Privacy Practices (NPP) is applicable to persons enrolled in the employee and retiree medical plans, the dental plan, the medical flexible spending plan, and employee assistance program. If you wish to request a paper copy, you must submit your request in writing to the Group Health Plans' Privacy Coordinator at HR.Compliance@mecklenburgcountync.gov or via US Mail to: County HR, Compliance & Privacy Practices, 700 E. Fourth Street, Charlotte, NC 28202.

HR Contacts and Information



Need More Information?

All benefit, forms and policy information is located on the Medic Employee Website at:

www.medic911.com

Click - My Medic (upper right corner)

To login:

Username - your email address

Password - your Medic password

Medic HR Department Contact Information:

Monday - Friday 7:00 am - 5:00 pm



Jackie Manley HR Manager JacklynM@Medic911.com



Chelsea Cline Senior HR Generalist ChelseaC@Medic911.com 704-943-6004



Zeke Smith HR Generalist ZekeS@medic911.com 704-943-6423

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