

MECKLENBURG EMS AGENCY 2025 BENEFITS BROCHURE

medconnect

BE HEALTHY. LIVE WELL. RETIRE STRONG.

Action Items for Employees

Save **\$1000 annually** on medical premiums by completing these activities:

* **Open Enrollment (OE) Information & Requirements**

October 1, 2024 through October 30, 2024

- Enrollment this year is **PASSIVE**—you do not need to complete open enrollment **unless you are making changes, adding/removing dependents or wish to continue/update your FSA, LPFSA or HSA deductions.**
- Complete through on-line payroll portal (UKG).
- Contact HR at HumanResources@medic911.com if unable to log into the payroll portal.

* **Wellness Initiative Requirements**

Biometrics onsite October 21—October 24 in Classrooms 117A/B

- October 21 & October 23 from 2PM—7PM
- October 22 & October 24 from 9AM—2PM
- Must make an appointment; PPE optional
- Appointment link and Online HRA questionnaire through <https://tinyurl.com/MEDIC24BIO>

* **Flu Shots – REQUIRED**

Flu Shot Clinic onsite October 21 —October 24 in Outdoor Sound Stage

- October 21 & October 23 from 2PM—7PM
- October 22 & October 24 from 9AM—2PM
- Must make an appointment (scan QR Code flyer outside of HR or at timeclocks); PPE optional
- Appointment links can be found on extranet under “Open Enrollment & Benefit Info”
- Bring your Medical Insurance card to receive vaccine at Post 100
- Obtain vaccine at a local pharmacy or primary physician, and submit to the Safety team by email (Safety@medic911.com) or the HR lockbox by October 30, 2024
- Exemption/declination forms can be acquired through the Safety team



ALL FIELD + DUAL-ROLE EMPLOYEES

Annual fit testing is **required** for field/dual-role employees.

- Located in Outdoor Soundstage
- Schedule follows onsite flu clinic
- **Facial hair must be in compliance with policy 2.3 Employee Appearance**
- Must bring 1/2 face mask, if applicable
- No appointment needed

What is not Changing?

- **No change in dental or vision premiums**
- There are three medical options for the plan year – PPO, QHDHP-Enhanced and QHDHP-Standard
- All employees are eligible for the PPO plan
- Employees that elect a QHDHP plan will be eligible for seed monies
- All plans remain with the same carriers
- Adult orthodontia and implants included in the dental enhanced plan
- 100% preventative care coverage, no medical lifetime max and no preexisting condition limits
- Discounted medical premiums when employees complete all action items (refer to page 2)
- Coverage for adult children up to the age of 26 for medical, dental, vision and life
- 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 amount
 - * The Agency reserves the right to request proof of coverage of other medical coverage at any time

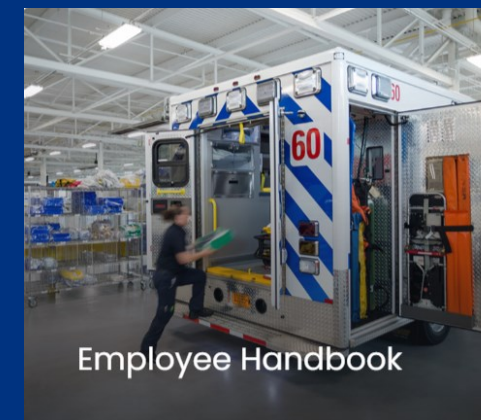
What is Changing?

- Increase in medical premiums
- Adaptive Behavioral Therapy (ABT) – includes unlimited coverage with no age limit
- Fertility Benefits—increased to include two cycles of in vitro fertilization (IVF), unlimited prescriptions, and three cycles of artificial insemination (AI)/intrauterine insemination (IUI)

**There is potential for medical and prescription plan updates anytime throughout the year. All changes will be emailed through Agency Updates.*

Employee Handbook is located on the
Extranet

www.Medic911.com



Are you eligible?...

To keep the discounted Medic health insurance , you **MUST complete the Biometrics, Online HRA, Flu Shot** (or declination), and **Fit testing** (field & dual-role)

How to win a prize!...

Grab a Medic BINGO card from the welcome table and complete to be eligible!

Medical Plan Options for 2025			
	PPO Plan	High Deductible Plan Enhanced	High Deductible Plan Standard
Deductible (Single/Family)			
<i>In-Network</i> Deductible (Single/Family)	\$600/\$1,200	\$2,000/\$4,000	\$3,000/\$6,000
<i>Out-of-Network</i> Deductible (Single/Family)	\$1,500/\$3,000	\$4,000/\$8,000	\$6,000/\$12,000
HSA Seed (Single/Family)	N/A	\$400/\$800	\$250/\$500
Coinsurance			
<i>In-Network</i>	30%	30%	30%
<i>Out-of-Network</i>	40%	70%	70%
<i>In-Network</i> OOP Max (includes deductible)	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000
<i>Out-of-Network</i>	\$10,800/\$21,600	\$12,000/\$24,000	\$14,000/\$28,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Physician Services			
Office Visits (PCP/Specialist)	\$25/\$40	30% after deductible	30% after deductible
Preventative Care	Covered at 100%	Covered at 100%	Covered at 100%
Allergy Injection (by non-physician)	Covered at 100%	30% after deductible	30% after deductible
Surgery	30% after deductible	30% after deductible	30% after deductible
Hospital/Facility			
Inpatient/Outpatient Hospital	30% after deductible	30% after deductible	30% after deductible
Emergency Room	\$225 copay then 30% after deductible	30% after deductible	30% after deductible
Urgent Care	\$60	30% after deductible	30% after deductible
CVS/Caremark Prescription Drug Plan			
Generic Preventive	100%	100%	100%
Retail Generic	\$15	30% after deductible	30% after deductible
Retail Preferred Brand	30%	30% after deductible	30% after deductible
	\$30 min, \$90 max		
Retail Non-Preferred Brand	40%	30% after deductible	30% after deductible
	\$60 min, \$120 max		

BCBS Medical Rates					www.bluecrossnc.com	1-877-275-9787
Bi-Weekly Rates 24 Pay Periods		Employee	Employee + Child(ren)	Employee + Spouse	Family	
Discounted Wellness Rates						
PPO High Deductible Enhanced High Deductible Standard	PPO	\$48.43	\$124.52	\$160.41	\$265.89	
	High Deductible Enhanced	\$29.74	\$92.76	\$119.29	\$200.50	
	High Deductible Standard	\$4.52	\$49.84	\$63.76	\$112.15	
Non Discounted Rates						
PPO High Deductible Enhanced High Deductible Standard	PPO	\$90.10	\$166.19	\$202.07	\$307.56	
	High Deductible Enhanced	\$71.41	\$134.42	\$160.95	\$242.16	
	High Deductible Standard	\$46.18	\$91.50	\$105.42	\$153.82	

Medical Plan Opt Out/Waive

If you waive the medical plan options for 2025, 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.**

CVS/Caremark Prescription

www.caremark.com

1-855-298-4257

- CVS is the preferred pharmacy vendor but you may go to any retail pharmacy vendor that accepts CVS Caremark.
- 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 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.



The CVS/caremark™ app lets you manage your prescription benefits on the go. Download it now:





BEHAVIORAL HEALTH, Care for your whole self

It's normal to experience ups and downs in life, but when your emotions or behaviors start to impact your relationships or your health, it's time to take action. Behavioral health conditions – like depression, anxiety, ADHD, trauma or overuse of drugs or alcohol – can strain your family, your job, even your finances.¹

You don't have to go through it alone. Your primary care provider (PCP), behavioral health specialists in your community and our nurse advocates are here to help. Behavioral health is part of your total health, so take good care of yourself. And please reach out if you need support. Your team is ready and waiting.

HOW DO I GET HELP?



Need help finding an outpatient behavioral health provider? Use our Care Navigation services. [Complete this referral form](#) to get started. You can also make a referral request by calling **1-800-755-0798** for one of our Behavioral Health Care Navigators to assist you.



Talk to your PCP. They can address your concerns in the office or refer you to a behavioral health provider.*



[Access our Blue ConnectSM member site](#) to find an in-network provider. Search for keywords like: *Psychologist, Psychiatrist, Social Worker, Therapist, Substance Use or Counselor.*



Call the Blue Cross NC Customer Service number on the back of your member ID card. We will help connect you to a high-quality behavioral health provider or program.



Use your Employee Assistance Program (EAP), if available.²



Access therapy or psychiatry through your telehealth benefit, if available.³

Note: Check your benefit booklet or go to [BlueConnectNC.com](#) for more information on your coverage and costs.

Possible Signs of a Problem



Physical signs:

- Feeling tired, low energy
- Difficulty sleeping/sleep changes
- Appetite changes
- Decline in personal care/hygiene
- Odd or uncharacteristic behavior



Emotional signs:

- Feeling sad
- Excessive fears or worries
- Withdrawal from friends or previously enjoyed activities
- Difficulty with regular tasks, changes in grades/work performance
- Anger or irritability

Medic EAP Resources:

Peer Support:

PeerSupport@Medic911.com

Public Safety EAP:

PublicSafetyEAP.com or
1.888.327.1060

Morneau Shepell (DBA EAP):

www.workhealthlife.com

Suicide Crisis Lifeline:

988

EAP & Peer Support



Medic's Peer Support Group

Medic's peer support is comprised of Medic employees with shared experiences, across life challenges and provides emotional, social and practical support to one another.

PeerSupport@Medic911.com

- 24/7 confidential peer support from a dedicated team of trained peers
 - 1/1 Peer support sessions
 - Crew sessions: Group defusing and debriefings
 - Access to tools and strategies to reduce stress
 - Confidential and judgement free

Public Safety EAP

1. Go to www.PublicSafetyEAP.com and click the **Member Login** button.
2. If you've already created an account, log in with your Username/ Password
3. If it's your first time, click **REGISTER** to create your Username and Password. **You only need to register once.**



Scan the QR code with your device or smart phone to explore more of your employee benefits!

Responder Assistance Initiative (RAI)

- Confidential, no-cost benefit to North Carolina Public Safety Employees.
- Call (866) 731-6901 or visit ncdps.gov/RAI

Morneau Shepell (DBA EAP) (The Standard our LTD vendor)

- Second EAP program also providing you assistance with up to three face-to-face visits and unlimited telephonic sessions.
- Visit www.workhealthlife.com
- Enter "standard" Password: eap4u



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 in 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 01/01/2025.

<div><div>Eligibility</div><div><ul style="list-style-type: none">• Must be enrolled in a Qualified High De-ductible Plan• Not covered by any other health plan in-cluding Medicare, TRICARE, or TRICARE for Life• Have not received VA benefits within the past 3 months• Not claimed as a dependent on someone else’s tax return• Not covered by a Flexible Spending Ac-count (FSA)</div></div>	<div><div>2025 MEDIC SEED CONTRIBUTIONS</div><div><div>Standard High Deductible Plan</div><div><ul style="list-style-type: none">• Employee Only = \$250• Employee + Family = \$500</div><div>Enhanced High Deductible Plan</div><div><ul style="list-style-type: none">• Employee Only = \$400• Employee + Family = \$800</div><div><div>2025 Contribution Limits</div><div><ul style="list-style-type: none">• Employee Only = \$4,300• Employee + Family = \$8,550• “Catch-up” = Additional \$1,000</div></div></div></div>
<div><div>What are the benefits of an HSA?</div><div><ul style="list-style-type: none">• 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 leave the agency.• Money can be used to pay for out of pocket IRS-qualified 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.</div></div>	





Flexible Spending Accounts

For 2025, two FSA plans are being offered:

- 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 31, 2026.
- A **Limited Purpose Flexible Spending Account** is 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 31, 2026.

Important Note: If you currently have a traditional FSA and enroll into the Q-HDHP for 2025, you MUST use all funds by December 31, 2024.

You may also use your FSA funds at fsastore.com.

Dependent Care Accounts

WHAT IS A DEPENDENT CARE ACCOUNT?

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

Questions?

You can also call Catapult to request information about your account Monday through Friday, 8:00 a.m. to 5:30 p.m. at 704.522.8011 or 866.440.0302. Forms and other FSA information can be accessed on letscatapult.org.

CREATE A FSA SYSTEM LOGIN

1. Go to <https://letscatapult.org/services/benefit-solutions/benefit-administration/>
2. Click on "Participants Login"
3. Register for your account.
4. Registration ID is your FSA debit card number. Employee ID is your SSN.
5. Create a username and password, along with the security questions requested.

Annual Maximum Contributions to each plan are:

Medical:	\$3,300
Dependent 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 2025 calendar year.

DCA and FSA accounts are non-portable.



Dental Plan Options for 2025		
	Standard Plan	Enhanced Plan
Calendar Year Maximum (Class I, II, and III Expenses) (per individual)		
In-Network	\$1,500	\$2,000
Out-of-Network	\$1,000	\$1,500
Calendar Year Deductibles (Individual/Family)		
In-Network	\$75/\$225	\$50/\$150
Class I Expenses - Preventive & Diagnostic Care	In-Network	Out-of-Network
Oral Exams	100% No Deductible	100% No Deductible
Cleanings		
Routine X-Rays		
Fluoride Application		
Sealants		
Space Maintainers (limited to non-orthodontic treatment)		
Non-Routine X-Rays		
Emergency Care to Relieve Pain		
Histopathologic Exams		
Class II Expenses - Basic Restorative Care		
Fillings	30% After Deductible	20% After Deductible
Oral Surgery - Simple Extractions		
Oral Surgery - All Except Simple Extractions		
Surgical Extraction of Impacted Teeth		
Anesthetics		
Major Periodontics		
Minor Periodontics		
Root Canal Therapy/Endodontics		
Relines, Rebases, and Adjustments		
Repairs - Bridges, Crowns, and Inlays		
Repairs - Dentures		
Class III Expenses - Major Restorative Care		
Crowns/Inlays/Onlays	60% After Deductible	50% After Deductible
Dentures		
Bridges		
Class IV Expenses - Orthodontia	In-Network	Out-of-Network
Includes adults & implants	N/A	50% / 50%
	N/A	After Deductible
Lifetime Maximum	N/A	\$2,000
Missing Tooth Provision	Teeth missing prior to coverage under the CIGNA Dental plan are not covered	
Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed	
Student Age 26		

Bi-Weekly Rates 24 Pay Periods	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Family
Standard	\$3.37	\$17.52	\$14.40	\$27.55
Enhanced	\$5.76	\$29.90	\$24.56	\$47.02

Note: Dental cards will NOT be mailed to employees as part of this plan. You can retrieve and print a card by logging into www.mycigna.com.



DID YOU KNOW?

You can connect with a dentist using virtual care (telehealth) on your phone, tablet, or computer 24/7 if you are experiencing dental pain, oral sores, lesions, swelling or infections.

- Speak with a dentist within minutes from the comfort of your home
- The process will save you hours in waiting in an emergency room
- Get a dental consult anytime, anywhere a steady internet connection is available
- Virtual dental visits are covered to the same extent as in-person dental visits: you may qualify for services at no cost to you
- Get a free at-home dental screening using your smartphone



The myCigna app gives you a new and improved way to easily access your important dental information.

ID Cards can easily be printed, emailed or shared from your mobile device.





Bi-Weekly Rates	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Family
Standard	\$2.43	\$5.29	\$5.03	\$8.30
Enhanced	\$5.75	\$11.06	\$10.78	\$16.81
Vision Plan Options for 2025				
Services	In-Network PLUS Providers (both plans)	Standard Plan	Enhanced Plan	
		Eye exam every 12 months		
Comprehensive Exam	\$0 copay	\$10 copay	\$0 copay	
Contact Lens Fit/Follow-up	\$20 copay	Lenses every 12 months \$20 copay, lens fit and two follow-up visits		
Conventional Contact Lenses	\$0 copay; 15% off balance over \$150 allowance			
Disposable Contact Lenses	\$0 copay; 100% off balance over \$150 allowance			
Medically Necessary Contact Lenses	\$0 copay; paid in full			
Frames		Frames every 24 months		
	\$0 copay, 20% off balance over \$180 allowance	\$0 copay; 20% off balance over \$130 allowance		
Lenses and Lens Options	PLUS Providers Standard/Enhanced	Lenses every 12 months		
		Standard	Enhanced	
Single Vision	\$20 copay/\$0 copay	\$20 copay	\$0 copay	
Bifocal	\$20 copay/\$0 copay	\$20 copay	\$0 copay	
Trifocal	\$20 copay/\$0 copay	\$20 copay	\$0 copay	
Lenticular	\$20 copay/\$0 copay	\$20 copay	\$0 copay	
Progressive, Standard	\$75 copay/\$0 copay	\$75 copay	\$0 copay	
Progressive, Tiers 1-3	\$105-195 copay/\$0-0 copay	\$105-195 copay	\$0-0 copay	
Anti-Reflective, Standard	\$45 copay/\$0 copay	\$45 copay	\$0 copay	
Anti-Reflective, Tiers 1-3	\$57-85 copay/\$12-85 copay	\$57-85 copay	\$12-85 copay	
Photochromic	\$75 copay/\$0 copay	\$75 copay	\$0 copay	
Polycarbonate, Standard	\$40 copay/\$0 copay	\$40 copay	\$0 copay	
Polycarbonate, Standard <19 years	\$0 copay/\$0 copay	\$0 copay	\$0 copay	
Scratch Coating	\$0 copay/\$0 copay	\$0 copay	\$0 copay	
Tint	\$15 copay/\$0 copay	\$15 copay	\$0 copay	
UV Treatment	\$15 copay/\$0 copay	\$15 copay	\$0 copay	
All Other Options	20% off retail	20% off retail	20% off retail	

A site for sore eyes

GET EXPERT ADVICE YOU CAN USE

Your eyes weigh about one ounce each. They have 2 million working parts. They determine 80% of your memories.

We admit it – we’re amazed by your eyes. So strong. So delicate. So necessary. A website entirely focused on their care and well-being just makes sense. So we’ve collected eye care wisdom and advice from vision experts all in one spot. One eye-friendly, health-savvy, article-packed spot.

Introducing eyesiteonwellness.com

ARTICLES FOR ALL THINGS VISION



HEALTHY VISION

Your precious little peepers are surrounded by danger and disease. But you can protect them. Maybe even make them better. We'll show you how.



VISION BY AGE

Eyes change with time. So do your vision needs. Learn how to look after eyes of all ages.



EYEWEAR STYLE & CARE

What to think of first – and how to make it last. Let's make sure your contacts, glasses or shades fit your life. And your personality. And your look.



VISION TECHNOLOGY

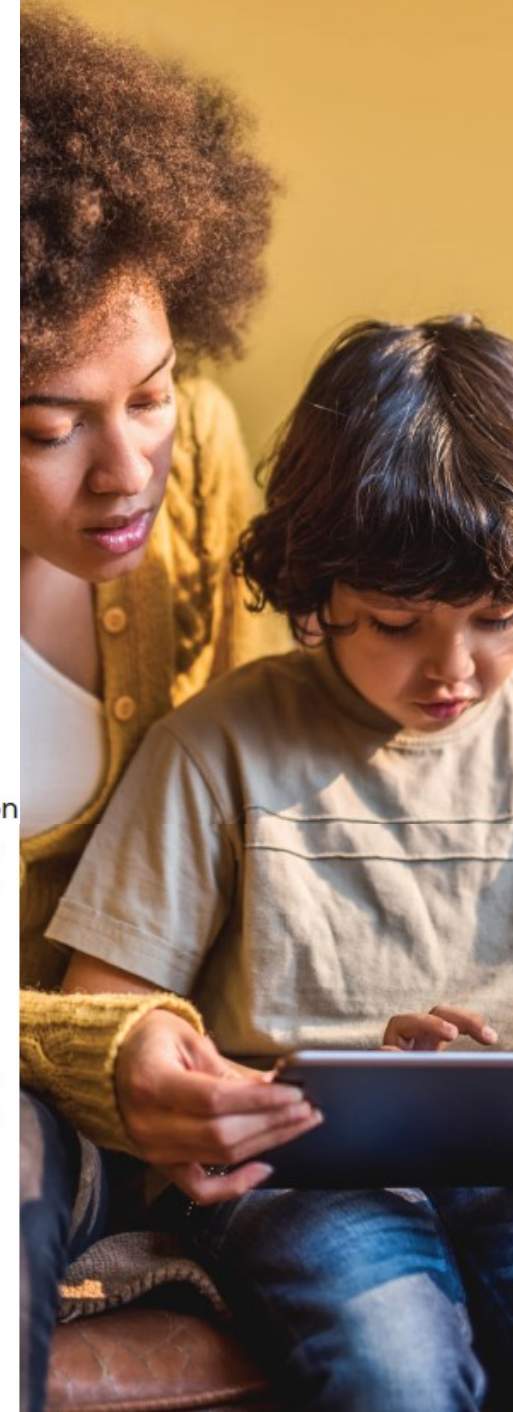
Technology is transforming vision right before our eyes. How does the digital experience do things differently? The answers are right here.

INTERESTING + ACTIVE = INTERACTIVE

What's it like to see with cataracts? Who invented sunglasses? What do round frames say about you? Find these answers and more in our collection of video clips, quizzes, tools and vision simulators.

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now



GLOSSARY

Copayment (Copay) is the amount you pay at the time a covered service is provided. Copy amounts vary depending on: the service you receive; in-network vs. out-of-network doctor; primary physician/ doctor vs. specialist; and type of prescription drug.

Coinsurance the percentage of costs that employees must pay for a covered service after meeting their deductible. For example, if your coinsurance is 30% , that means you will pay 30% and the insurance pro- vider will pay 70%, of covered medical expenses, after you’ve met your deductible.

Deductible is the amount you pay for covered health care services before your insurance plan starts to pay. With a \$4,000 deductible, for example, you pay the first \$4,000 of covered services yourself then pay only coinsurance until your max out of packet amount is reached.

Rates/Premiums are the amount of money deducted from your paycheck to pay for the premiums of your selected medical, dental and vision coverage

In-Network is a group of doctors, hospitals, pharmacies, and other providers who contract with insur- ance companies and provide services at negotiated rates.

Out-of-Network is a group of doctors, hospitals, pharmacies, and other providers who do not contract with the insurance companies and do not provide services at negotiated rates. You pay more out of pocket and have fewer protections

Out-of-Pocket Max is the most amount of money you will have to pay for covered medical expenses within a plan year.

Seed Money are funds Medic allocates for employees who select a High Deductible Health Plan (HDHP) and enroll in an Health Savings Account (HSA). These funds are uploaded to your HSA card at the begin- ning of the year, whether you contribute or not

Preventative Care is routine health care that is 100% covered. Coverage includes screenings, services and counseling to help prevent illness, disease or other health problems. To view the list of preventive care services, please visit www.bcbsnc.com. Wellness Rate is the discount received on medical premi- ums when you complete predetermined wellness activities.

Wellness Rate is the discount received on medical premiums when you complete predetermined well- ness activities. ***See page one for action items that need to be completed so you are eligible for well- ness rates!**

If this happens...

Loss of Health Coverage

Changes in Household

Change in job

Other Circumstances

Coverage & Changes

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.



Life Events...

Add or remove dependent coverage, if a qualifying event occurs (such as marriage, birth of a child or dependent has reached maximum age of 26, etc.)

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 added or removed.

After the 31 day period, dependents cannot be added or removed from plans until there is another qualifying event or open enrollment. Premium refunds will not be made and coverage will end as soon as the dependent becomes ineligible for cover-age.

Make Changes Anytime...

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

- Start, stop of change Benevolent Fund contribution



You can change this...

Medical
insurance

Dental
insurance

Vision
insurance

Life
insurance



"Safety net for you and your family....Extra Cash!"

Available Plan Options

Cancer – Aflac's cancer plan can help you and your family better financially if cancer occurs.

Critical Illness – Helps with costs associated with heart attack, stroke, coma, paralysis, etc.

Hospital Confinement – Can help ease the financial burden of hospital stays and visits

Accident – Accidents happen....big and small. Take advantage of this popular plan when the unexpected happens.

Aflac/Transamerica Representative

Debbie Crisp

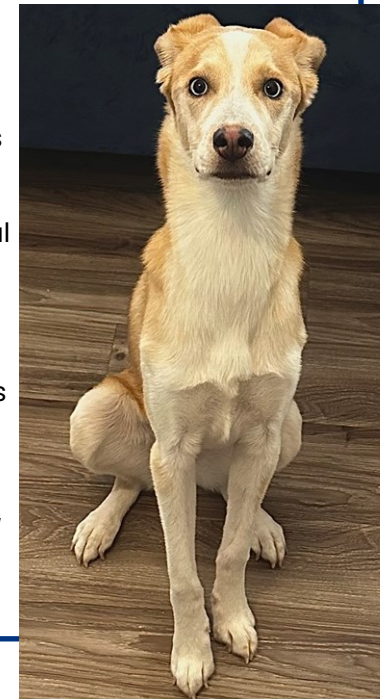
704-796-4546

Deborah_Crisp@us.aflac.com

Pet insurance

Pet insurance premiums are based on resident state and species of animal(s) you wish to enroll. My Pet Protection allows you to visit any vet, anywhere and provides an average savings of 30% or more over similar plans. Enrollment is quick and convenient and claims can be submitted conveniently via the free VitusVet app! This benefit is portable and may be converted to an individual policy if you leave employment.

For questions about plans and to enroll, please call 1-888-899-4874 or visit <http://petinsurance.com/medic911>.



Supplemental and Dependent Life Insurance

- **Supplemental Life Insurance** – The Hartford provides supplemental life insurance separate from the Agency provided policy. You may purchase supplemental life for yourself 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 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. For additional details go to www.worldwideassistance.com or call 800-243-6108.
- **Basic Term Dependent Life** (Unum) – 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.
- **Transamerica Supplemental Life** – Aflac provides supplemental life insurance separate from the Agency provided policy. You may purchase coverage for yourself, spouse, and/or children. This policy is portable and can convert to an individual policy if you leave employment for no additional cost. A living benefit is also available (long term care-pay eligible up to 50 months).

Benefit Leave and Holidays



SICK BENEFIT LEAVE (POLICY 3.13)		
Shift	Accrued hour per pay period	Annual Accrual
40 hour	3.69	95.94

LEAVE POLICIES
Employee Handbook Citations

- Policy 3.8 Bereavement –up to 24 consecutive hours
- Policy 3.16 Wellness Benefit – up to 2 shift days after ninety (90) calendar days of employment.
- Policy 4.1 FMLA – 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 on-ly.

VACATION BENEFIT LEAVE (POLICY 3.3) 40 Hour Weeks		
Years of Service	Accrual Per Pay Period	Accrual per Year
Under 2 Years	4.31	112
2 – up to 5 Years	4.92	128
5 – up to 10 Years	5.85	152
10 – up to 15 Years	7.38	192
15 – up to 20 Years	8.31	216
Over 20 Years	9.54	248

VACATION LEAVE (POLICY 3.3)

Each quarter, four (4) hours of vacation leave shall be awarded to eligible employees who do not utilize sick leave and/or leave without pay. Quarters are defined as:

Quarter 1 = January – March

Quarter 2 = April – June

Quarter 3 = July – September

Quarter 4 = October – December

Holidays (13 Annual/Regular Full-time Employees)	Holiday pay/accrue
<ul style="list-style-type: none">New Year’s DayMLK DayGood FridayMemorial DayJuneteenthIndependence DayLabor DayVeterans DayThanksgiving DayFriday after ThanksgivingChristmas DayTwo additional days at Christmas	<p>Elect through payroll portal by 10/30/2024</p> <p>New hires hired after 10/30/2024 will accrue hours until the 2025 open enrollment year</p>

Savings and Retirement

NC Retirement System

Mecklenburg EMS Agency regular full-time employees are automatically enrolled into the North Carolina Local Government Retirement System (LGERS) and begin to earn service credit upon the first day of employment. Employees contribute 6% of gross wages and are vested after 5 years of service.

Employee contributes **6%** of gross wages deducted from paychecks. Agency contributions of **13.62%** (for FY 25) 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, dependent upon salary.

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**
- Participate month after hire
- Start and stop any time

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 Empower Retirement.

The Choice of 457 plans offered through Medic:

- Mission Square (formally ICMA)-Retirement Corporation 457 plan.
- NC 457 plan administered by Empower Retirement.



Questions?

NC Retirement System

877-627-3287
www.myNCretirement.com

NC 401(K) and 457 Plan

Client Services: 866-627-5267
Robert Sipprell, CRC
Robert.Sipprell@empower.com
www.ncplans.retirepru.com

Mission Square Retirement 457 Plan

Client Services: 866-266-7310
Daisy Jones
Djones@icmarc.org
866-266-7310

Changes can be made to your Empower or Mission Square 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.

Retirement Terminology

- **Vested** - The employee owns 100% of their account
- **Defer (Vesting)** – to delay the payment of a portion of the employee’s earnings until a future date.
- **401K/457 (Pretax)**—Lower your current taxable income and earnings grow tax differed. You pay taxes on contributions and earnings as ordinary income with qualified distribution.
- **ROTH**—Pay taxes on your contributions now and any earnings grow tax deferred. Any earnings are tax free with a qualified distribution
- **Beneficiary**—A person or organization designated to inherit assets when someone dies.
- **Contingent Beneficiary**—A person or organization designated to inherit assets when someone and their primary beneficiary dies.
- **Catch-up contributions**—Gives a person, age 50 and older, a chance to save more money into their retirement account.

Want to learn more about your retirement savings options? Visit learningfromempower.com or



Get the Empower mobile app and connect to your plan whenever, wherever



Retirement Eligibility—LGERS

Did you know you could calculate your estimated monthly pension payment will be online?

Visit orbit.myncretirement.com to register your personal account. All you need is your date of birth and social security number

Unreduced

- 30 years of creditable service at any age
- Age 65 with 5 year creditable service
- Age 60 with 25 years creditable service

Reduced

- Age 60 with 5 years creditable service
- Age 55 with 5 years creditable service (EMS/First Responder)
- Age 50 with 20 years creditable service

Vested Deferred

- You have at least 5 years of creditable service and you leave covered employment before you meet the unreduced or reduced retirement eligibility requirements
- You leave your contributions and service in the Retirement system
- You may apply to receive monthly benefits when you meet the retirement age requirements



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

- **Basic Term Life and AD&D Insurance** (Unum) – 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) up to \$150,000 for basic life and accidental death and dismemberment coverage. Unum 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)** (Unum) – 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.
- **NC Association of Rescue & EMS** – Agency paid membership, death benefit, and educational scholarship opportunities for employees. <http://www.ncarems.org/>
- **Firemen’s and Rescue 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.



Benevolent Fund – Mecklenburg EMS Agency

The Benevolent Fund provides financial assistance up to \$1000 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.

Need to apply?

- Visit www.medic911.com/benevolent-fund/

FAQs

Teladoc telehealth services for minor acute care

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is excited to offer telehealth services from Teladoc®. With telehealth, you can see or speak with a board-certified doctor via secure online video or phone from the Teladoc app or your computer. Teladoc's doctors can diagnose symptoms, prescribe non-narcotic medication (if needed) and send e-prescriptions to your local pharmacy.¹

Telehealth is a good care option for minor health problems when you can't see your regular doctor. Plus, it's often more convenient and cost-effective than urgent care.² Below, you'll find answers to questions you may have about this benefit.

GETTING STARTED

Should I wait until I'm sick to create a Teladoc account?

It's best to activate your account now. That way, it's ready when you need it. (There's no charge for signing up.) Be sure to fill out your medical history profile and indicate your preferred pharmacy should you need a prescription called in.

Does this replace my primary care doctor?


Teladoc is a convenient alternative to your doctor for non-emergency conditions. In fact, we encourage you to list your primary care doctor when activating your Teladoc account. That way, you can share the results of your consult with them – and your medical records stay up-to-date.

Is it private and secure?


Absolutely. Teladoc complies with the Health Insurance Portability and Accountability Act (HIPAA). It uses secure video through your computer, tablet or the Teladoc mobile app or you can choose to visit with a doctor by phone. Your personal health information is never shared with your employer.

3 ways to sign up today

So it's ready when you need it!

 **Download the Teladoc mobile app**
(iOS- and Android-supported)

 **Go to Teladoc.com** and
click "Log in/Register"

 **Call 1-855-549-2214**

Please Note:

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

YOUR HEALTH in your hands

Blue Connect and **Blue Connect Mobile NC** are your guides to managing your health plan and health care. Whether at home or on the go, Blue Connect and the Blue Connect Mobile NC app give you access to the tools* and information you need.

TO GET STARTED



Visit [BlueCrossNC.com](https://www.BlueCrossNC.com) to register, or scan the QR code to download the mobile app.

BlueConnect™



Meet the Team!



Jackie Martin
HR Manager
JacklynM@medic911.com
704-943-6085



Sarah Latimer
HR Supervisor
SarahL@medic911.com



Amy Broughton
Risk & Safety Supervisor
AmyB@medic911.com
704-943-6095



Chelsea Cline
Senior HR Generalist
ChelseaC@medic911.com
704-943-6004



Breanne Garcia
Training & Development
BreanneG@medic911.com
704-943-6089



Pamela Jackson
Risk & Safety Specialist
PamelaJ@medic911.com
704-943-6164



Iranova Moran
HR Generalist I
IranovaM@medic911.com
704-943-6030



Diamond Durham
HR Coordinator
DiamondD@medic911.com
980-280-7431



Helen Reed
Case Coordinator
HelenR@medic911.com
704-943-6100



Nadia Underwood
HR Generalist I
NadiaU@medic911.com
704-943-6107



Ndidi Okafor
Recruiter
NdidiO@medic911.com
704-943-6088



Maritza Gonzalez
Receptionist & Records
MaritzaG@medic911.com
704-943-6000

Mecklenburg EMS Agency Employee Benefits

Benefit Vendor Contact Information

BCBS (Medical)

877-224-3305 or www.bluecrossnc.com

Cigna (Dental)

800-244-6224 or www.mycigna.com

CVS Caremark (Rx)

855-298-2457 or www.caremark.com

EyeMed (Vision)

866-804-0942 or www.eyemed.com

Health Equity (HSA)

866-346-5800 or www.healthequity.com

Catapult (FSA)

704-522-8011 or www.letscatapult.org

Aflac

704-796-4546 or www.aflac.com

Empower (Retirement)

866-627-5267 or participant.empower-retirement.com/participant

NC State Retirement (Retirement)

877-627-3287 or www.myncretirement.com

Nationwide (Pet)

888-899-4874 or <http://petinsurance.com/medic911>

Professional Development

Opportunities

Catapult Employers Association

letscatapult.org/learning-events/our-learning-approach/

Help empower your growth with improved communication, project management, presentation skills and more!

Public Safety EAP

<https://www.theeap.com/public-safety-eap>

EAP provides access to resources like leadership coaching, conflict resolution, and communication skills. EAP can also connect you to training programs or workshops.

Tuition Reimbursement

All regular benefit eligible employees are eligible for school tuition and/or approved seminar reimbursement. Reimbursements are based on allocation of funds up to an annual maximum of \$750 for school tuition and \$200 maximum for approved seminar/conference reimbursement and are provided on a first-come-first-serve basis.

Paramedic Incentive Program

Offered to current **full time** EMT's enrolled in Paramedic school. Pay incentives, bonuses and voucher days included in program. See a member of HR for enrollment information.

Thank you for participating in the 2024 Medic Health & Benefits Fair. If you have any questions please see a member of the HR team or email HumanResources@medic911.com

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

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.