2025-2026

BENEFITS ENROLLMENT

GUIDE

Availability of Summary Health Information

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

The Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage, is available from Human Resources.

Medicare Part D - Prescription Drug Information

If you (and/or your eligible dependents) are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 25 and 26 for more details.

LETTER TO OUR EMPLOYEES

COUNTY OF CURRITUCK

Human Resources Department
Melissa Futrell, Director
153 Courthouse Road
Currituck, NC 27929
252-232-3228
FAX: 252-232-2750

April 2025

Dear Colleagues,

Employee wellness is a vital part of our organization's continued success. With that in mind, we are committed to supporting your overall wellbeing throughout the year by offering access to preventive care, wellness challenges, health education, and special events.

We are proud to celebrate the successful first year of our membership in the North Carolina Health Insurance Pool (NCHIP). Through this partnership, we've been able to offer comprehensive medical and dental coverage, along with optional vision benefits, to our employees.

This year, we are pleased to continue providing the same high level of benefits, while maintaining competitive premiums for dependent coverage. Inside this booklet, you'll find detailed information about each of the benefits available to you, along with highlights of special programs such as Teladoc, which provides convenient telehealth services, and Lantern (formerly Surgery Plus), which offers access to high-quality surgical care. New this year is VIDA Health for weight management and the use of anti-obesity GLP-1 medications.

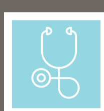
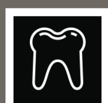
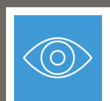
Currituck County sincerely appreciates your dedication to public service. By prioritizing our collective health and wellbeing, we can continue to serve the citizens of Currituck with strength and purpose. We hope you find these benefits to be a meaningful and valuable part of your total compensation.

With appreciation,

Melissa Futrell

Melissa Futrell
Human Resources Director

BENEFITS OVERVIEW

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Eligibility

You and your dependents are eligible for Currituck County benefits on the first of the month following 30 days of employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Currituck County eligible dependents.

Currituck County is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

Currituck County provides benefit options to you and your family at reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)

Annual Enrollment is held this year

April 28th - May 9th

You may make any desired changes to your benefits during that time. Any changes or enrollments made during Annual Enrollment will take effect on July 1st. You cannot make any changes to your benefits until the next enrollment period unless you have a qualifying life event or change of status. If you experience a qualifying event, you must contact HR within 30 days.

EMPLOYEE
WELLNESS CLINIC

The Employee Wellness Clinic provides care to employees and their families. The Wellness Clinic is available for appointments and walk-ins, as well as provides telehealth services.

People eligible to access the Wellness Clinic are:

- All Currituck County employees
- Retirees covered under the County's medical insurance plan
- Dependents covered under the County's medical insurance plan

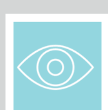
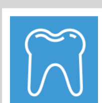
Currituck County's Health Department
2795 Caratoke Highway
Currituck, North Carolina 27929
Hours: Monday - Friday, 8:00 am - 5:00 pm
Telehealth services provided.

It is best to schedule an appointment by calling
252-232-2271

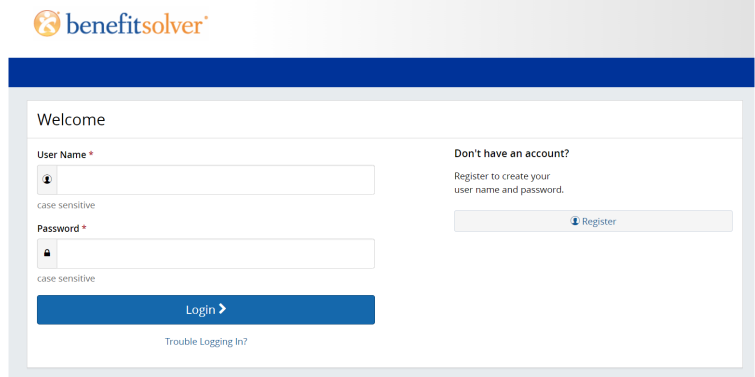
There is a nurse on call for after hours.
(staff can leave a message for nurse to return your call)

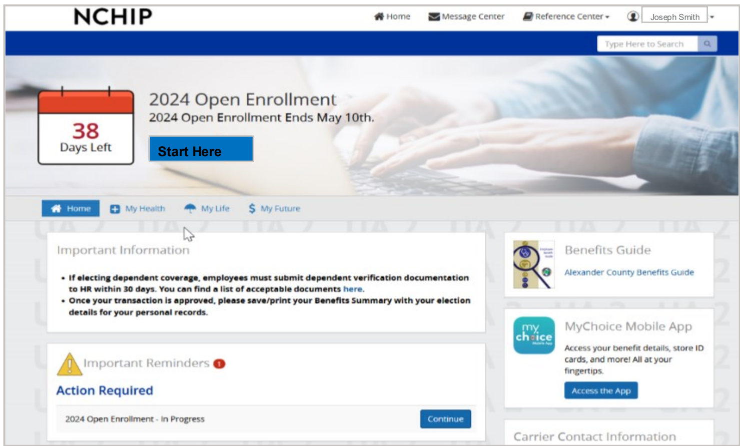
If you are sick and need to visit the clinic, please call to schedule an appointment for that day. You will be told what time is the best to be seen, working to eliminate wait times around other scheduled appointments.

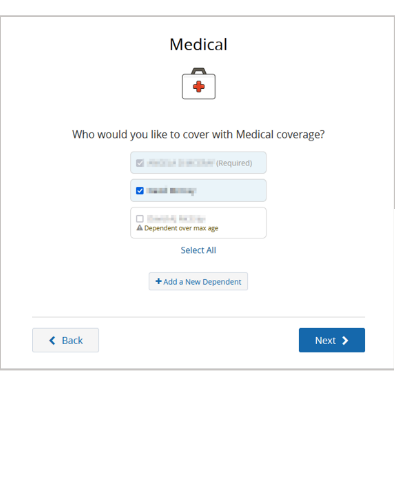
How to Enroll In Your Benefits

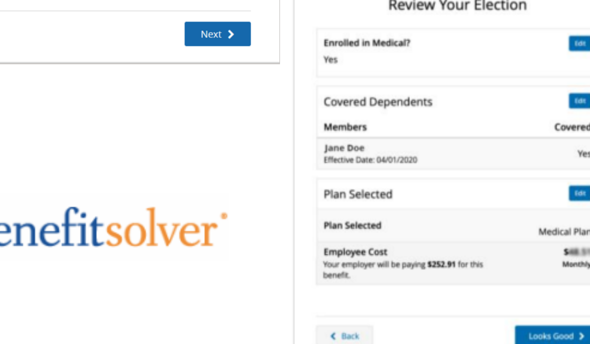



Open Enrollment is April 28th - May 9th









benefitsolver

REGISTER AND LOGIN

1. Visit **www5.benefitsolver.com** and login by entering your user name and password.

2. If you are a first-time user, click on **Register** to set-up your user name, password and security questions.

3. Our Company Key is **NCHIP** (note: it's case sensitive).

RETURNING USERS: Click on the **Trouble Logging In?** link to reset your login details.

EXPLORE YOUR OPTIONS

Explore the site to learn about your benefits. You will find lots of helpful information in the **Reference Center**, located at the top of the page in the navigation menu.

The Calendar on the Home Page lets you know how many days you have left to enroll.

START YOUR ENROLLMENT

Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.

Be prepared to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage. You may be required to provide documentation to prove your relationship to each dependent.

ENROLL IN COVERAGE

Use the **Next** and **Back** buttons to review and elect options available to you. DO NOT use the back arrow in your browser to navigate between pages.

Choose or decline coverage for each option, and select which family members you wish to cover.

Review plan documents and use the Compare and Plan details tools to view details and costs for the options available to you.

www5.benefitsolver.com

Company Key: NCHIP

How to Enroll In Your Benefits

REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.

AFTER YOU ENROLL

You can return to the **Home** page to check for any additional tasks needed to complete your enrollment, view or download your Benefit Summary, and download the MyChoice Mobile App.

Visit this site anytime you want to learn more about your benefits or make a change to your coverage if you experience a Qualifying Life Event.

DOWNLOAD THE MYCHOICE MOBILE APP AND

MAKE MID-YEAR CHANGES

The benefit elections you make will remain in effect until the end of the plan year, unless you experience a Qualifying Life Event (QLE) such as:

- Getting married or divorced
- A change in job status (for you or an enrolled dependent)
- Having a baby or adopting a child

If you experience any of these Qualifying Life Events, you must provide the required supporting documentation and make changes within 30 days of the event.

Login to **www5.benefitsolver.com**

Click on **Change My Benefits** button to make election changes or update your basic information

Select the **LIFE EVENT** button and the event you wish to file. Then, follow the same election steps above to complete your life changing event.

www5.benefitsolver.com

Company Key: NCHIP

MEDICAL BENEFITS

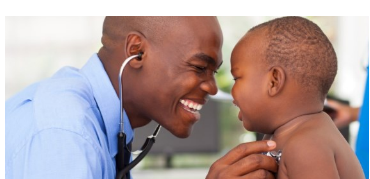
Administered by Blue Cross Blue Shield of North Carolina

BlueCross BlueShield of North Carolina will be our medical plan provider. The county has changed the medical plan to a PPO (Preferred Provider Organization) Plan. This means you will have copays at your doctor visits instead of co-insurance after deductible. Review the chart below for the amount you will pay for the medical service listed.

	PPO Plan	
	In-Network	**Out-of-Network**
Annual Deductible (Individual/Family)	$1,500/$3,000	$3,000/$6,000
Coinsurance (you pay)	20% after deductible	40% after deductible
Annual Out-of-pocket Maximum (Individual/Family)	$5,000/$10,000	$8,000/$16,000
Preventive Care	Covered at 100%	40% after deductible
Office Visits		
Primary Care	$25 copay	40% after deductible
Specialist	$50 copay	40% after deductible
Urgent Care	$75 copay	$150 copay
Telehealth	$15 copay	N/A
Emergency Room	$300 copay (waived if admitted)	
Hospital Services		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible

NO COPAY for 3 Primary Care visits/year

Your copay is waived for your first 3 primary care visits. To obtain this benefit, **you must register** your Primary Care Physician (PCP) on BlueConnectNC.com



Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.BCBSNC.com or call to find providers in the BCBCNC network.

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

TELEHEALTH
TELADOC

Healthcare from the break room, living room or anywhere else

Your care options with **Primary360** include:

Primary Care
Manage your overall health body and mind— with a U.S. board-certified primary care provider and care team of nurses and medical assistants.

24/7 Acute Care
Need care for non-urgent and common conditions? Get a same-day appointment with a certified provider from wherever you are.

Start using your Teladoc Health benefits

Mental Health
Have real conversations and see progress with a therapist of your choice. Available 7 days a week from the privacy of your own home.

Dermatology
Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

Nutrition Counseling
Work with a registered dietitian to get personalized help with meal planning, healthy eating tips or even managing a condition like diabetes, high blood pressure or prenatal nutrition..

How much does this cost?
$0 Copay /Visit

How does a primary care visit work virtually?

Before your visit. After selecting your provider, you'll answer health-related questions for your care team to review before your visit. You'll receive a complimentary blood pressure monitor to share readings during visits.

During your visit. You'll have dedicated time with your provider to address health questions, concerns, and next steps for your health goals. Providers are trained to diagnose and treat via phone and video, saving you time, money, and the hassle of office visits.

Your primary care provider can order lab work, X-rays, referrals, and vaccinations. Your care team can connect you to an in-network lab or facility if needed. Results will be reviewed with you, added to your care plan, and uploaded to your Teladoc Health account.

Teladoc Health providers can prescribe new medications. They do not prescribe opioids, narcotics, or DEA-controlled substances.

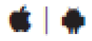
Acute Care
Allergies
Cold, cough or flu
Diarrhea
Ear Problems
Fever
Headache
Insect bite
Nausea and vomiting
Sinus problems
Sore throat
Urinary problems

Dermatology
Acne
Alopecia
Bruises
Cold sores
Eczema
Psoriasis
Rashes
Rosacea
Skin Infections
Warts

Set up your account or log in to schedule a visit

Visit Teladoc.com | Call 855-549-2214

Download the app



MENTAL HEALTH PROGRAMS

Start feeling like yourself again

Discover how Teladoc Health Mental Health can help

Teladoc Health offers accessible and credible mental health support through its Virtual Mental Health program, providing a comprehensive stepped care solution for various mental health needs and diagnoses.

Get help for:

Anxiety and Depression

Negative thought patterns

Sleep Issues

Relationship Conflicts

Trauma and PTSD

Medication management (psychiatry only)

Talk to a licensed mental health expert of your choice by phone or video, 7 days a week, from the privacy of your home.

Start making progress:

1. Register and fill out a brief medical history
2. Choose the mental health expert who's right for you
3. Schedule a visit for a day and time that fits your schedule

Visit Teladoc.com

Call 855-549-2214 | Download the app

Find a Therapist with Headway

Headway collaborates with Blue Cross to deliver affordable, accessible behavioral health solutions through a national network of insurance-accepting therapists. It offers personalized provider matching, in-person or virtual care options, transparent pricing, and quick access to providers within 48 hours, including services for children and adolescents.

1. **Scan this QR code** or go to headway.co/BlueCrossNC
2. **Tell Headway what you're looking for**
   Choose your concerns and/or preferences for therapy to find the best match for you. Headway will calculate the exact cost before your session.
3. **Choose a Therapist**
   Choose a therapist from your matches and book your first appointment right on Headway.

- Availability within 48 hours
- Virtual or in-person appointments
- Personalized match support
- Instant booking

LIVONGO
TELADOC

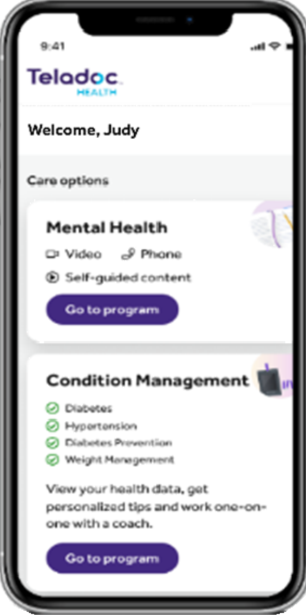
Live healthier at
no cost to you

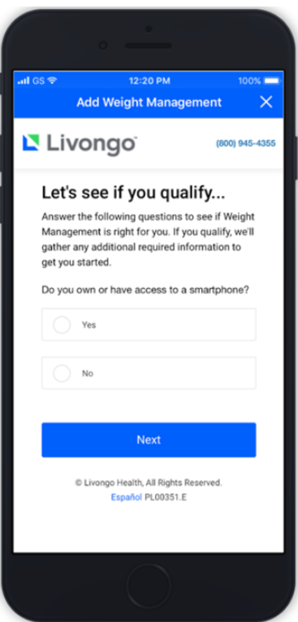
Livongo for Chronic Condition Management of Diabetes and/or Hypertension to support your health and wellness.

Blue Cross and Blue Shield of North Carolina and Teladoc Health are offering Livongo Whole-Person solutions to manage chronic conditions.

Livongo helps you stay on top of your health. Join today and get connected devices, personalized guidance, on-demand coaching, an easy-to-use app, and more.

Login to Livongo through your Teladoc account. Answer the questionnaire to see if you qualify for these chronic condition programs!





Get started

Text **"GO BCNC2"** to 85240 to learn more and join

You can also join by visiting **Go.Livongo.com/BCNC2/Register**

or call **800-945-4355** and use registration code: **BCNC2**

Once you've logged in, select the "**Condition Management**" card for streamlined registration and use of the Livongo app.

This program is offered at **no cost to members** and covered dependents with coverage through the Blue Cross and Blue Shield of North Carolina

What's Included...

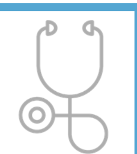
Hypertension

Connected blood pressure monitor
Carry case

Diabetes

Connected blood glucose monitor
Testing strips
Lancing device
Lancets
Control solution

Pharmacy BENEFITS



Prescription drug coverage through BlueCross BlueShield of NC is included with the medical plan. Starting July 1, 2025, for weight loss GLP-1 medications (Saxenda, Wegovy, and Zepbound) to be covered under your pharmacy benefits plan, it must now be prescribed by a Vida provider. GLP-1s (Ozempic, Mounjaro, Trulicity) medications for diabetes will not be impacted by this change. See next page for more information on how to continue your coverage with Vida.

Review the chart below for the amount you will pay for the prescription drug service listed.

	PPO Plan	
	In Network	**Out of Network**
Retail (30-day Supply)		
Generic Tier 1	$10	$10
Generic / Some Brand Tier 2	$10	$10
Preferred Brand Tier 3	$40	$40
Non-preferred Brand Tier 4	$50	$50
Specialty Tier 5	75% (Min $100, Max $250)	75% (Min. $100, Max $250)
Mail-order (90-day Supply)		
Generic Tier 1	$20	$20
Preferred Tier 2	$20	$20
Non-preferred Tier 3	$80	$80
Specialty Tier 4	$100	$100
Specialty Tier 5	75% (Min $200, Max $400)	75% (Min $200, Max $400)

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

Blue Cross Blue Shield of NC regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring.

Mail Order - Amazon Pharmacy MedsYourWay™

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) offers access to Amazon Pharmacy, which lets you easily order and quickly get non-specialty medications delivered at home. Plus, you'll get access to MedsYourWay prescription drug discount card pricing. The prescription discount card gives you up to 80% savings on brand and generic medications and is seamlessly built-in to the Amazon Pharmacy experience. You can get the lowest cost available on your prescription, all while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medicines will count toward your Blue Cross NC deductible and out-of-pocket maximum.

Two Ways to Save

You can purchase using either your insurance copay or integrated MedsYourWay discount price. Eligible purchases count toward your deductible and/or out-of-pocket maximum regardless of how you pay.

Start saving today

Sign up www.amazon.com/bluecrossNC.

Amazon Pharmacy Customer Care: 855-963-4546
M - F 8am - 10pm and Sat - Sunday 10am - 8pm EST.

amazon pharmacy

VIDA
MEDICAL WEIGHT LOSS

Your healthiest life, made possible

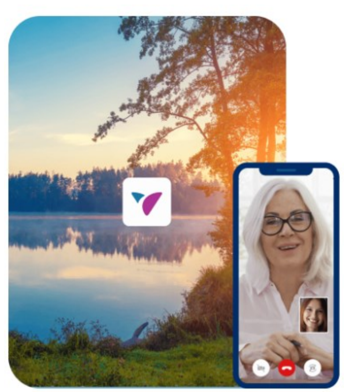
Whether you're focused on nutrition, weight loss, mental health or overall wellbeing, your coach will personalize a plan for you — then guide you every step of the way. **All at no cost to you.**

Struggling to manage your weight or prevent diabetes? Do you have goals to exercise more or eat healthier?

Vida Health's virtual health program can help. If you are 18 years or older and eligible to join Vida, Vida is available through your benefits at no cost to you.

With Vida, you will have access to a care team to help you make realistic plans to meet your goals - and to stick with them.

Vida Health offers support and resources from the convenience of your home. Vida Health programs aim to improve your health through personalized care and actionable insights. Our dedicated care team can help you:



- Lose weight - and still eat the food you love
- Exercise in a way that works for you
- Sleep better and reduce stress
- Access whether weight loss medication is right for you

Explore these recorded presentations to learn more

Diabetes Prevention Program with Vida Health

Weight Management with Vida Health

GLP-1s for Weight Management with Vida Health

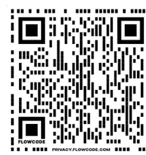
Starting July 1st, 2025, Currituck County will exclusively partner with Vida Health to be the sole provider for weight loss GLP-1 medications (Wegovy, Saxenda and Zepbound). This partnership enhances your opportunity for success by providing access to anti-obesity specialists. If you are currently using GLP-1 medications for weight loss, you will still have access to them under your existing prior authorization. To continue your prescription, you will need to enroll in Vida and be prescribed this medication by a Vida provider for this medication to be covered under your benefit plan.

Getting Started is Easy

Sign up at:
VIDA.com/bluecrossnc

Answer some questions about your health history, goal and preferences.

Download the app and schedule your first session to get started.



To learn more, scan the QR code

Or visit vida.com/bluecrossnc

Have questions?
Call us at 833-732-2242

Vida Health is a virtual health program that offers personalized weight loss and prediabetes programs and live, one-on-one support from an expert care team

Vida delivers support from behavioral change to pharmacological interventions.

Your Team of Providers:

Physicians and Nurse Practitioners
Obesity Specialists (CSOWMs)
Registered Dietitians
Licensed Mental Health Therapists
Care Navigators
Certified Health Coaches

Diabetes Prevention Program accredited by

NCHIP CONCEIRGE PROGRAM
NURSE SUPPORT WITH BCNC

NCHIPConciergeProgram

Enjoy the benefits of personalized service! Connect with North Carolina Health Insurance Pool (NCHIP) Concierge Program advocates for expert help by phone, chat or email. As a Blue Cross and Blue Shield of North Carolina (Blue Cross NC) customer, you have free access to one-on-one guidance finding the best care and cost options; advice from registered nurses; help with claims, billing and more. Learn more today at: BlueCrossNC.com/NCHIPconcierge.

Connect with us

Call 1-800-795-9402

Monday-Friday, 8am - 9pm EST

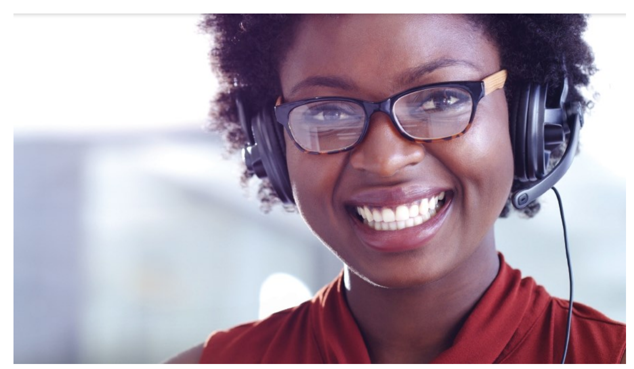
or

Send secure email by logging in to BlueConnectNC.com

WE'RE HERE FOR YOU
With personalized customer support

Key Benefits:

- Convenient access to expert help
- Extended hours via phone or email
- Connects you with registered nurse support
- Assistance finding the best care and cost options
- Help making informed health care decisions
- Support for health issues
- Help with claims and billing



Nurse Support Case Management & Condition Care

This program offered by BCBS-NC provides personalized attention and comprehensive support for members dealing with complex health issues like diabetes, asthma, coronary artery disease (CAD), congestive heart failure, (CHF), chronic obstructive pulmonary disease (COPD), and hypertension.

Healthcare professionals are available to:

- Ensure patients understand their medical conditions and treatment plans.
- Provide resources and tips for informed healthcare decisions and achieving health goals.
- Connect them to available resources and benefits, and assist in coordinating care among multiple doctors.

Visit the **Wellness** section on **BlueConnectNC.com** and click on **Nurse Support Program**.
You can call a Nurse Advocate 1-888-229-8510, Monday through Friday, between 9:00 a.m. and 7:00 p.m.

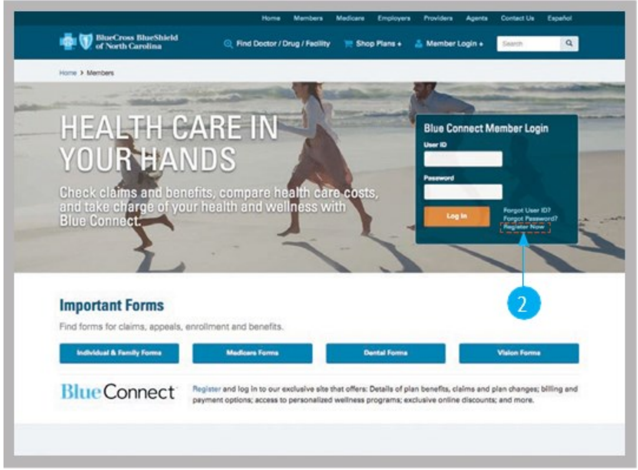
BLUE CONNECT

Register with Blue Connect

Your gateway to online tools and resources

You can find information about your benefits and claims. It's designed to make health care easier, giving you on-the-go access when, where and how you want it. Register today to set up your User ID and Password!

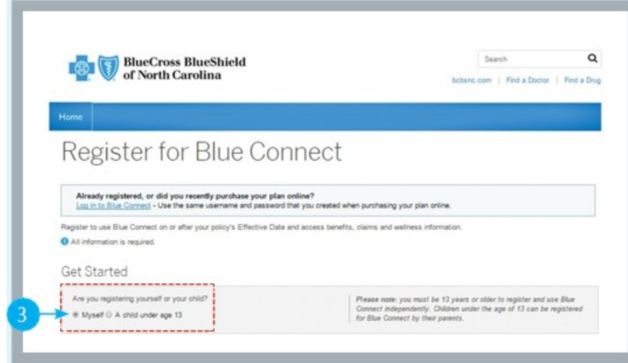
Have your Blue Cross NC Member ID card on hand and follow the instructions below.



1 - **Go to www.BlueConnectNC.com.**

2 - **Click Register Now.**

3 - **Select the correct box based on who is registering. Note: participants must register themselves unless they are under 13 years old, in which case they must be registered by one of their parents.**

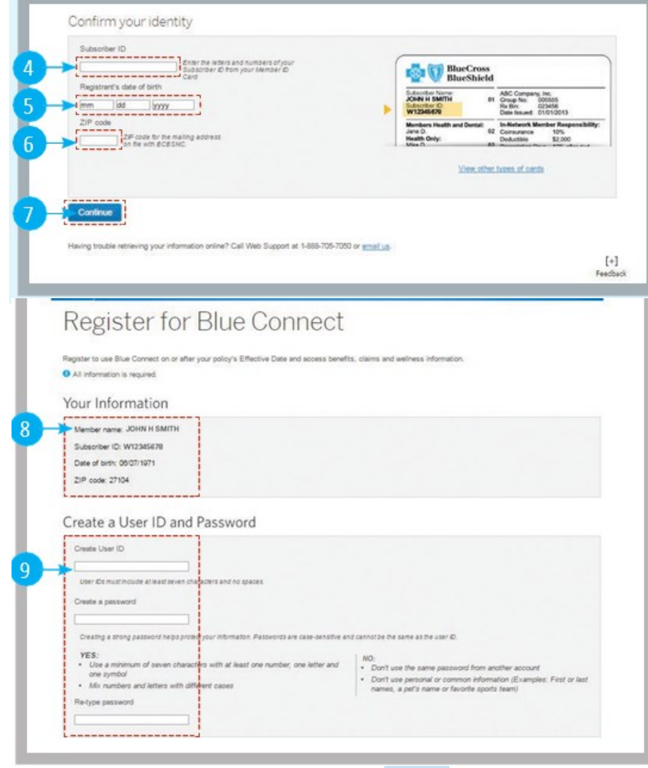


4 - **To confirm your identity, enter your Subscriber ID found on your Blue Cross NC Member ID card. Your Subscriber ID contains both letters and numbers.**

5 - **Enter the date of birth of the person who is being registered. Enter the date using 2 digits for the month, 2 digits for the day and 4 digits for the year.**

6 - **Enter the ZIP code of the mailing address where you receive correspondence from Blue Cross NC regarding your health insurance.**

7 - **Click Continue to go to the next page.**



8 - **Verify that the information shown is correct and continue to step 9.**

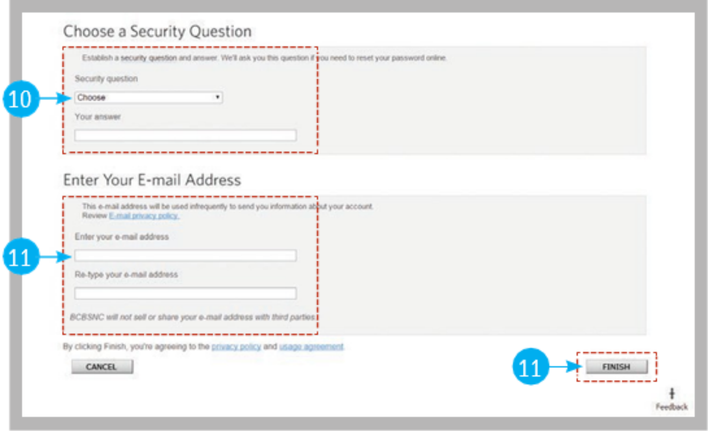
9 - **You need to create a User ID and Password. Keep this information in a safe place. We also suggest using a User ID and Password that you can remember easily.**

- **The User ID must be at least 7 characters with no spaces, and can be a combination of numbers and letters.**
- **The Password must be at least 7 characters with no spaces, and must include a number or symbol.**
- **You need to enter your Password a second time to confirm it.**

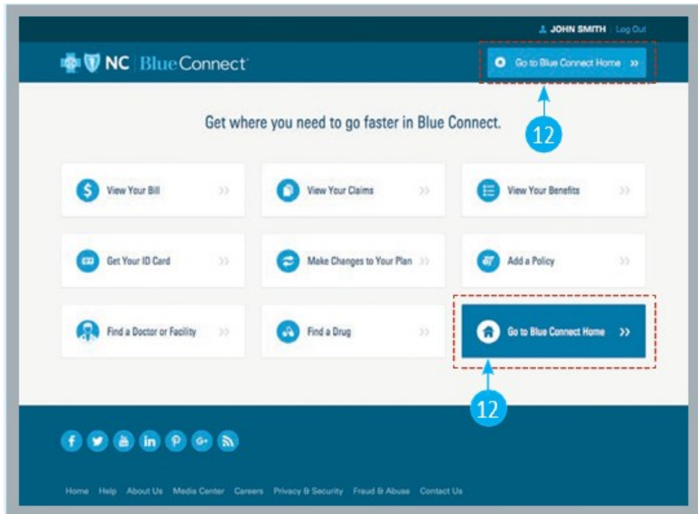
BLUE CONNECT

10 - **Select a security question or choose to create your own and create your answer.**

11 - **Enter your email address, then click Finish.**



12 - **Click Go to Blue Connect Home.**



13 - **Your registration will be complete when you see this screen.**

LANTERN

Lighting the Path to the Right Surgical Care

What is Lantern?

Lantern can help you get the best care when you need planned, nonemergency surgery.

Here's What's Covered

Lantern partners with the best-in-class surgeons at the top facilities nationwide. Because of these partnerships, Lantern can provide significant cost-savings on many planned surgical procedures. Your in-network surgery costs could be covered at a higher percentage and depending on your plan, could be covered at 100%

Your Lantern surgery benefit includes access to the Lantern network of Surgeons of Excellence and High Quality Facilities.

- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees
- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs

Transforming Access to Excellent Care

Your Benefit Coverage:

If you are enrolled in the Medical Plan , your Lantern benefit covers your surgery at 100%.

Commonly Covered Procedures

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections
- Bariatrics

Let Us Guide You Back to Health

3 Steps to the Best Care

STEP 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.

STEP 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.

STEP 3

After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.

Call Us to Learn More at (833) 423-2021

Website: www.mylanterncare.com

WELLNESS REWARDS

Earn Rally Coins to Purchase Blue Rewards

Build healthy habits and get rewarded for your efforts on our wellness portal powered by Rally Health. You can earn Rally Coins to spend in the portal, with lots of different ways to get fun products and discounts. Your wellness program also comes with Blue Rewards, where you can earn extra Coins for doing wellness activities and more!

How it works:

- **Get an alert when an activity is waiting**—BCNC will notify you by mail, email and/or SMS about some of the activities in your package when you become eligible.
- **View your available activities**—Go to BlueConnectNC.com to access your wellness portal on Rally and see your available activities on the Blue Rewards page.
- **Select an activity to complete**—Read each activity and how to complete it to qualify for rewards.
- **Earn Rally Coins**—Once the activity is completed, Rally Coins will be deposited into your Coins Balance in the wellness portal.
- **Enjoy your reward**—Cash in your Coins for discounts on fitness trackers and more, bid on rewards at auctions, use them to enter a sweepstakes or help a charity—all from your wellness portal.

All about Rally® Coins

What are Rally Coins?

Almost everything you do on the wellness portal will earn you Rally Coins. These are incentives to keep you logging in and on track with your health and wellness goals. You can redeem your Coins for chances to win great rewards such as fitness trackers, gift cards and more.

Where can I find my Coins Balance

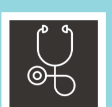
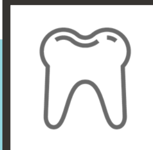
You can always see your Coins balance right below your username in the top right corner of any page in the wellness portal. You can also find your Coins portal and check the Rally rewards tab to view available Sweepstakes Marketplace items, Auctions and Donations.

How do I earn Coins

There are many ways to earn Rally Coins. For example you earn Coins for logging in every day, completing the Health Survey and making progress on Missions and Challenges. The number of Coins you can earn depends on the activities you complete.

Activity	Coins Earned
Logging in once	5
Logging in on consecutive days	10
Completing the Survey	150
Successfully reaching a daily Mission objective	10
Successfully reaching a weekly Mission objective	20
Successfully completing a Mission	75
Placing 1st in a Challenge	100
Placing 2nd in a Challenge	75
Placing 3rd in a Challenge	50

DENTAL BENEFITS

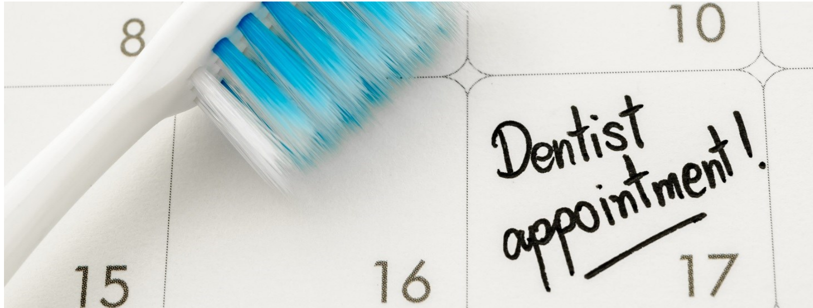
Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Currituck County dental benefit plan.

Please review the chart below for the benefits available, should you enroll in the plan.

	Dental PPO Plan	
	In Network	**Out of Network***
Annual Deductible (Individual/Family)	$50/$100 (*per plan year for Basic & Major services*)	$50/$100 (*per plan year for Basic & Major services*)
Annual Maximum (Per Person)	$1,250 per plan year	$1,250 per plan year
Preventive Care (cleanings, exams, x-rays)	Covered 100%	Covered 100%
Basic Services (fillings, root canal therapy, oral surgery)	20% after deductible	20% after deductible
Major Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible	50% after deductible
Orthodontia (Up to the age 19)	50% / No Deductible	50% / No Deductible
Orthodontia Lifetime Maximum	$500 per person	$500 per person

***Out-of-Network**

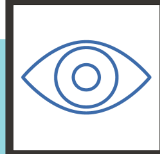
When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.



Finding In-network Dentists

You can find an in-network dentist in the Delta Dental network by visiting www.deltadentalnc.com/findadentist.

VISION BENEFITS



Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Vision Care Benefits	Your Cost In-Network	Your Cost Out-of-Network
Eye Exam (every 12 months)	$10 Copay	up to $45
Contact Lens Fit and Follow-Up	**Up to $60**	N/A
Frame Allowance (every 24 months)	**$150 Allowance**; An extra $20 to spend on featured frame brands	up to $70
Lenses (every 12 months)		
Single Vision	$10 copay	up to $30
Bifocal	$10 copay	up to $50
Trifocal	$10 copay	up to $65
Standard Progressive	$10 copay	up to $50
Contact Lenses (every 12 months)	$**150 Allowance**	up to $105
Medically Necessary	100% after copay	up to $210
Other Discounts and Services		
Lasik Surgery	15% off Retail or 5% off promotional price	N/A
Multiple Glasses / Sunglasses (non-prescription)	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.	

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings. Maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations—including private practice doctors and Visionworks® retail locations nationwide.

DeltaVision

Finally, a vision plan with teeth

VSP Network Provider Choices

Local Eye Doctors

Finding In-network Eye Doctors

You can find an in-network eye doctor in the VSP network by visiting **www.vsp.com**.

FLEXIBLE SPENDING ACCOUNTS

Paying for Health Care

To help you save money on health care costs, Currituck County offers employees Flexible Spending Accounts through Flores. The purpose of a Flexible Spending Account (FSA) is to allow you to set money aside on a pre-tax basis to cover expenses that are not otherwise covered under a traditional medical, dental, or vision plan. For example, if you are in a 30% tax bracket, for every $100 you set aside on a pre-tax basis, you save $30 on taxes. FSA contributions are exempt from federal and state income taxes as well as FICA. You can participate in one, both or neither of the accounts - it is your choice.

The FSA Plan year runs from July 1st through June 30th.

There are two types of Flexible Spending Accounts available to you:

1. Health Care Reimbursement Account
2. Dependent Care Reimbursement Account

Important Notes

Federal tax law requires separate accounts for the two types of expenses, and you must elect a separate amount to be deposited in each account in which you elect to participate.

How Does an FSA Work?

⇒ FSA contributions are taken from your paycheck on a pre-tax basis according to your annual elections.

⇒ When you have an eligible health care or dependent care expense, you can pay for it with tax-free money.

	Health Care Flexible Spending Account (HCFSA)
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses) https://www.irs.gov/pub/irs-pdf/p969.pdf
When can I use the funds?	All of the funds you elect for the year are available July 1st
Can I roll over funds each year?	You have from July 1, 2025 through June 30, 2026 to incur qualified expenses eligible for reimbursement. If you do not incur qualified expenses eligible for reimbursement by June 30, 2026, and/or file for reimbursement by September 30, 2026, excess contributions over $640 will be forfeited under the **"use-it or lose-it"** rule.
How do I pay for eligible expenses?	With your Flores debit card (you can also submit claims for reimbursement online at www.flores247.com
Can I use my FSA for OTC medicine?	Over-the-counter medicines now require a prescription, written by a physician, for FSA reimbursement.
How much can I contribute each year?	Up to $3,300 in 2025
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year.

SAVE ON QUALIFIED EXPENSES

You can use the tax-free dollars in your FSA for any qualified expense, for example:

- Medical Co-pays, coinsurance & deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses
- LASIK Surgery
- Hearing expenses
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Prescribed and Non-prescribed over-the-counter items
- Menstrual products

1-800-532-3327

HOW TO SUBMIT:

- Online: www.flores247.com
- Get form online and fax in claim
- Download the app for mobile filing

FLEXIBLE SPENDING ACCOUNTS

Paying for Dependent Care

You can contribute pre-tax dollars into a Dependent Care FSA to pay for eligible child or elderly care expenses.

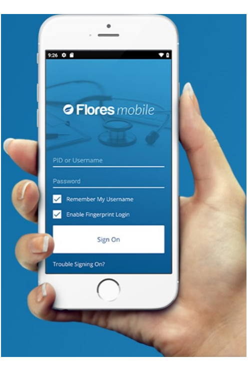
	Dependent Care Flexible Spending Account (DCFSA)
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	You can also submit claims for reimbursement online at **www.flores247.com** or by using the Flores mobile app. You may also submit via fax or mail.
How much can I contribute each year?	The maximum you can contribute is $5,000 or $2,500 if you are married and file separate tax returns.

Important Note

Both the health care and dependent care FSAs have a "**use-it or lose-it**" rule. For the health care FSA, you can rollover **$640** into the next plan year, anything greater will be forfeited. The dependent care FSA does not have a rollover provision. Any unused funds at the end of the year will be forfeited.

Examples of eligible expenses for dependent care

- Before and after school programs
- Nursery and pre-school tuition
- Summer and sports day camp
- Au pair / nanny expenses
- Day care centers
- Care at home by a licensed provider



Self-Service Features:

Access your account information

Requests for reimbursement from your account

Submit supporting documentation for transactions

Available through App store or Google Play

1-800-532-3327

HOW TO SUBMIT:

Online: www.flores247.com

Get form online and fax in claim

Download the app for mobile filing

Mail: P O Box 313397

Charlotte, N.C. 28231

Fax: 704.335.0818 or 800.726.9982

EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	MONTHLY
MEDICAL PPO PLAN	
Employee	$0.00
Employee + Spouse	$550.00
Employee + Child	$290.00
Employee + Child(ren)	$580.00
Family	$790.00
BENEFIT PLAN	**MONTHLY**
DENTAL RATES	
Employee	$0
Employee + Spouse	$30.92
Employee + Child(ren)	$10.08
Family	$38.80
VISION RATES	
Employee	$6.26
Employee + Spouse	$12.50
Employee + Child(ren)	$13.38
Family	$21.38

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

CONTACT INFORMATION

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Blue Cross Blue Shield of North Carolina	877.275.9787	www.bluecrossnc.com
Telehealth	Teladoc	800.835.2362	www.teladoc.com
Surgery Provider	Lantern	855.204.3922	www.LanternCare.com
Dental	Delta Dental of North Carolina	800.662.8856	www.deltadental.com
Voluntary Vision	Delta Vision	800.877.7195	www.vsp.com
Flexible Spending Account	Flores & Associates	800.532.3327	www.flores247.com
Human Resources	Melissa Futrell	252.232.3228	Melissa.Futrell@CurrituckCountyNC.gov

MEDICARE **NOTICES**

Notice of Creditable Coverage

Important Notice from Currituck County

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Currituck County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Currituck County has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Currituck County coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Currituck County coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Currituck County Benefit Plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Currituck County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

MEDICARE NOTICES

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Currituck County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**July 01, 2025**
Name of Entity/Sender:	**Currituck County**
Contact - Position/Office:	**Melissa Futrell - HR Director**
Office Address:	**153 Courthouse Rd Ste 103** **Currituck, North Carolina 27929-9716** **United States**
Phone Number:	**252.232.3228**

Discrimination is Against the Law

Currituck County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Currituck County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Currituck County:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

◊Qualified sign language interpreters

◊Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

◊Qualified interpreters

◊Information written in other languages

If you need these services, contact the Human Resources Director.

If you believe that Currituck County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Human Resources. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Human Resources Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

LEGAL NOTICES

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Currituck County is committed to the privacy of your health information. The administrators of the Currituck County Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Melissa Futrell - Human Resources Director at 252-232-3228 or Melissa.Futrell@currituckcountync.gov.

HIPAA Special Enrollment Rights

Currituck County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Currituck County Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Melissa Futrell - HR Director at 252.232.3228 or Melissa.Futrell@currituckcountync.gov.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

LEGAL **NOTICES**

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.
If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

LEGAL NOTICES

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Melissa Futrell.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov/**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

LEGAL NOTICES

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Currituck County

Melissa Futrell - Human Resources Director

153 Courthouse Road Ste 103

Currituck, North Carolina 27929-9716

United States

252-232-3228

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

PPO plan (Individual: 20% coinsurance and $1,500 deductible; Family: 20% coinsurance and $3,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 252.232.3228 or Melissa.Futrell@currituckcountync.gov.

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

LEGAL NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

LEGAL NOTICES

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

NOTES

This benefit summary prepared by

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