



2025-26 Employee Benefits Presentation

Plan Year

July 1, 2025 – June 30, 2026



- ▶ 2025-2026 plan year benefits overview
- ▶ What do I need to do during annual enrollment?
- ▶ How do I enroll?
- ▶ Details on plan options
- ▶ Communications and resources



Benefit Plans - Plan Year 7/1/25 – 6/30/25

Medical Plan – PPO Plan still administered by **BCBS of NC**

Dental Plan will continue to be administered by **Delta Dental**

Vision Plan will continue to be administered by **Delta Vision**

Flexible Spending Accounts will still be administered by **Flores**

- **Healthcare FSA**
- **Dependent Care FSA**



Annual Enrollment: April 28th – May 9th

New Hires:

- ▶ You and your dependents become eligible for Currituck County's benefit plans beginning the first of the month following 30 days of employment.
- ▶ If you do not enroll in your benefits within the first 30 days from your benefit eligibility date, you will have to wait until annual enrollment at the end of the year to elect benefits.

NO EXCEPTIONS!!! (Unless you have a qualifying life event)



A **Cafeteria (or Section 125) Plan** allows you to pay for certain benefits with **pre-tax income**.

The premiums are deducted from your pay before your taxes are calculated, reducing your taxable income. **Currituck County's Cafeteria Plan includes:** Medical, Dental, and Vision.

Because the IRS governs the pre-taxing of benefits, your benefit elections and payroll deductions are binding for the entire plan year (July 1– June 30) unless you experience a Qualifying Event

Qualifying Status Changes Include:

- Marriage or divorce
- Birth or adoption of a child
- Death of spouse or dependent
- Change in work status or employment status of you, your spouse or dependent (full-time to part-time, termination, new job, etc.)
- A dependent no longer qualifies for coverage
- Unpaid leave of absence by you or your spouse
- Significant change in health coverage due to you or your spouse's employment
- Loss of health coverage due to residence or worksite change for you, your spouse, or dependent

*You have **30 days from the date of the life event** to submit an enrollment change form and documentation of the event to HR. If you pass your 30 day window, you must wait until the next annual enrollment period to make a change to your elections.*



Open Enrollment is April 28th – May 9th

- Review all of the Currituck County benefit highlights and costs.
- Determine your coverage elections, i.e. employee only, employee + spouse, employee + child (medical only), employee + children, employee + family
- **This year's open enrollment is passive.** If you do not participate in OE, your current elections will rollover to the next plan year (except for your FSA and DCFSA). If you wish to enroll or re-enroll in your tax-advantaged spending accounts, you must make your elections during open enrollment.
- Become familiar with the Currituck County Benefits Guide and listen to this entire presentation to become most familiar with your benefit options.



benefitsolver

Welcome

User Name *

case sensitive

Password *

case sensitive

Login >

Trouble Logging In?

Don't have an account?

Register to create your user name and password.

Register

REGISTER AND LOGIN

1. Visit www5.benefitsolver.com and click the Register button to get started. The case-sensitive company key is **NCHIP**.
2. Create username and password, verify your personal information, and answer a few security questions.
3. Log in using your new username and password.

RETURNING USERS: Click on the **Trouble Logging In?**

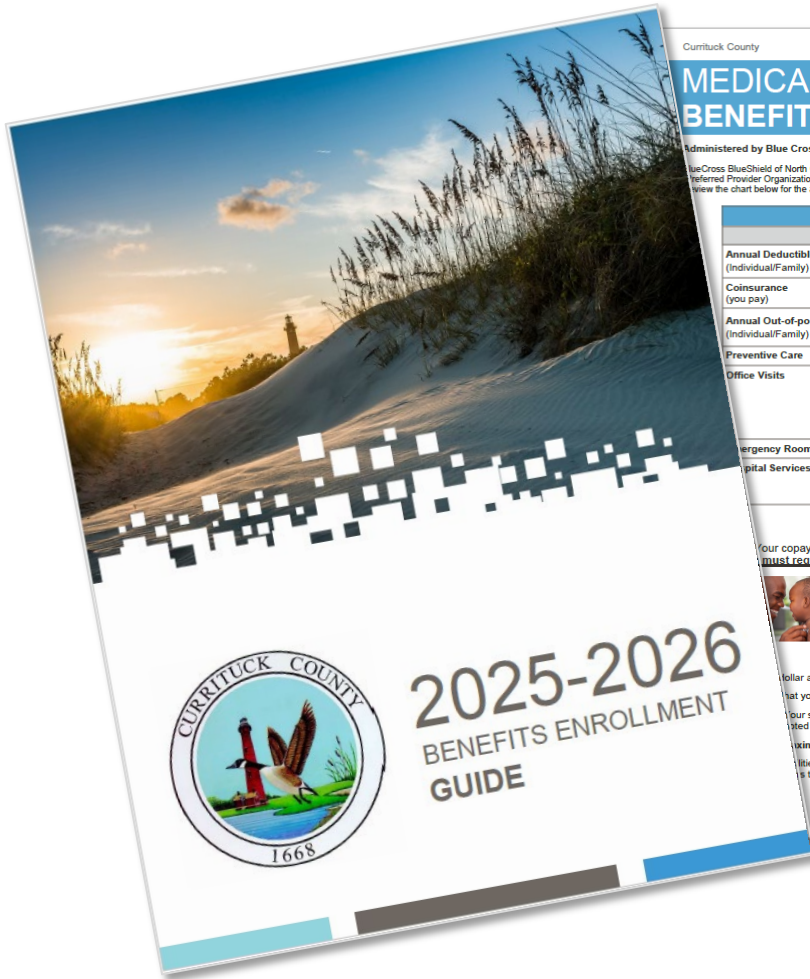
link to reset your login details.

Please see your benefits guide for more details of how to enroll?

Reach out to Human Resources with questions.

www5.benefitsolver.com

Company Key: **NCHIP**



Currituck County

MEDICAL BENEFITS

Administered by Blue Cross Blue Shield of North Carolina

Blue Cross 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.

...ollar amount you pay for a covered health care service, usually when you receive the service.
...at you pay out of pocket for health care services before the plan begins to pay a portion.
...our share of the costs of covered health care services after you reach the deductible. You pay
...ited in the table above, and the medical plan pays the rest.
...imum - What you have to pay before the plan pays 100% of your covered costs.
...ilities and providers the medical plan has contracted with to provide health care services.
...s typically provide services at a lower negotiated rate.

6

Currituck County

LONGO ADOC

healthier at
to you

Chronic Condition Management of
Hypertension to support your
health.

Blue Cross BlueShield of North Carolina and Teladoc
offer Whole-Person solutions to manage
your health. Join today and
receive personalized guidance, on-demand
support, and more.

Teladoc account. Answer the
questions for these chronic condition

What's Included...

- Hypertension**
 - Connected blood pressure monitor
 - Carry case
- Diabetes**
 - Connected blood glucose monitor
 - Testing strips
 - Lansing device
 - Lansets
 - Control solution



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BlueConnectNC.com





Covered 100% at your **in-network** provider's office*:

- ✓ Well baby and well child care
- ✓ Routine physicals
- ✓ Routine screening tests
- ✓ Immunizations

For a list of covered preventive care services: www.bcbsnc.com/preventive

* Preventive care services received from an in-network provider in an office-based, outpatient or ambulatory surgical setting or urgent care center are covered at 100%. For a list of covered preventive care services refer to your benefit booklet or www.bcbsnc.com/preventive. Certain preventive care procedures are only covered in-network. Gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening and prostate specific antigen tests (PSAs) are covered out-of-network at 70% after you meet your deductible.





Earn Rally Coins to Purchase Blue Rewards

You now have even more ways to earn rewards with Rally Coins. You can earn this virtual currency 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!

1 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.

2 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.

3 Select an activity to complete

Read each activity and how to complete it to qualify for rewards.

4 Earn Rally Coins

Once the activity is completed, Rally Coins will be deposited into your Coins Balance in the wellness portal

5 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

BlueRewards™





TELADOC – P360 EXPANDED VIRTUAL CARE

Healthcare from the break room, living room or anywhere else

Primary Care

Manage your overall health 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.

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.

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.

Nutritional Counseling

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



COST: \$0 Copay

There is no cost for virtual annual preventive care visits. Nutritional counseling is considered preventive care (visit limit per year).



[Teladoc.com](https://www.teladoc.com)

855-549-2214



A New Approach to Chronic Condition Care

New Health Benefit at No Cost to You

Take advantage of this program to better your health and wellness - Livongo for Chronic Condition Management of Diabetes and Hypertension.

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.



Currituck County Registration Code:

Use Code **BCNC2** to Login.

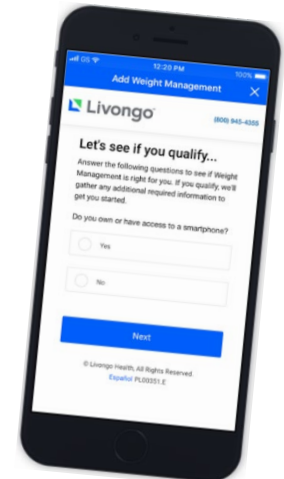
This program is offered at no cost to members and covered dependents with coverage through the Blue Cross and Blue Shield of North Carolina health plan.

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

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



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





WE'RE HERE FOR YOU

With personalized customer support

You get experts who will help you get the most out of your healthcare coverage – and prompt answers to your questions.

- Free access to advisors for expert help finding the best care and cost options
- Support for health issues
- Assistance with claims.

Our Customer Service Representatives are your 'go to' resource regarding your health insurance plan, or your healthcare needs in general.

REACH OUT TO NCHIP CONCIERGE PROGRAM

Call 1-800-795-9402

Monday-Friday, 8am—9pm EST

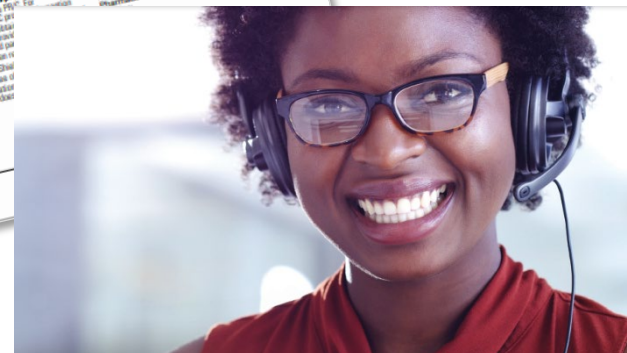
Or

Send secure email by logging in to

<http://www.blueconnectnc.com>



Look, it is the phone number on your ID Card!





Lighting the Path to the Right Surgical Care

Lantern provides you with access to excellent and affordable care for many planned surgical procedures.

As member of the North Carolina Health Insurance Pool (NCHIP), when you enroll in your employer medical benefits, you and your enrolled dependents were enrolled in the benefit as part of your medical coverage.

Your benefit coverage:

If you are enrolled in a PPO plan, your Lantern benefit covers your surgery at 100%.

Your Lantern benefit includes access to the Lantern network of Surgeons of Excellence

Your coverage includes:

- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees
- Access to our network of thousands of highly qualified and carefully selected surgeons
- Dedicated support and guidance

Note: Travel costs are covered should travel be necessary.



You deserve excellent and affordable surgical care.



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

Website:

www.mylanterncare.com





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

Vida is available through your benefits at no cost to you.

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
- Assess 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](#)

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



Vida delivers support from behavioral change to pharmacological interventions

Getting Started is Easy



Sign up at:

[VIDA.com/bluecrossnc](https://www.vida.com/bluecrossnc)

Have questions?

Call us at 833-732-2242





	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)

Mail Order: Amazon Pharmacy MedsYourWay™

You can choose to get your home delivery prescription(s) through Amazon Pharmacy. With Amazon Pharmacy, you will also have access to MedsYourWay™ drug discount card pricing.



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.



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.



	Dental PPO Plan	
	In Network	Out of Network*
Annual Deductible (Individual/Family)	\$50/\$100 <i>(per plan year for Basic & Major services)</i>	\$50/\$100 <i>(per plan year for Basic & Major services)</i>
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.



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.	N/A



DeltaVision

Finally, a vision plan with teeth



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.

Important Notes

- FSA plan year: July 1st, 2025 - June 30th, 2026.
- If you are enrolled in the PPO Plan, the FSA allows you to use tax-free money to pay for your annual deductible, coinsurance, copays, prescription drugs, and other medical, vision, and dental expenses not covered by your benefit plans.
- Your Health Care FSA maximum for the plan year is \$3,300.

Note: The amount you set aside for this plan year is irrevocable unless you experience a Qualified Life Event.

- You can rollover up to \$660 of unused Healthcare and Limited Purpose FSA funds into the next plan year. Unused funds over the allowed rollover amount will be forfeited (i.e. “use it or lose it”).
- 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.
- Your Dependent Care FSA maximum for the plan year is \$5,000 (\$2,500 if married and file separate tax returns).
- There is no rollover provision allowed for the Dependent Care FSA. Unused funds will be forfeited (i.e. “use it or lose it”).

Dependent Care FSA

Eligible dependent care expenses include:

- 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





HOW THE FLEXIBLE BENEFIT PLAN WORKS		
	Without Flex Benefits	With Flex Benefits
Gross Monthly Income	\$ 2,500.00	\$ 2,500.00
Eligible Pre-Tax employer medical insurance	\$ 0.00	\$ 200.00
Eligible Pre-Tax Medical Expenses	\$ 0.00	\$ 100.00
Eligible Pre-Tax Dependent Child Care Expenses	\$ 0.00	\$ 300.00
Taxable Income	\$ 2500.00	\$ 1900.00
Federal Tax (15%)	\$ 375.00	\$ 285.00
State Tax (5.75%)	\$ 143.75	\$ 109.25
FICA Tax (7.65%)	\$ 191.25	\$ 145.35
After-Tax employer medical insurance	\$ 200.00	\$ 0.00
After-Tax medical expenses	\$ 100.00	\$ 0.00
After-Tax dependent child care expenses	\$ 300.00	\$ 0.00
Monthly Spendable Income	\$ 1190.00	\$ 1360.40

By taking advantage of the Flexible Benefit Plan this employee was able to increase his/her spendable income by \$170.40 every month! This is an annual tax savings of \$2,044.80. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!



Monthly Costs for Medical Coverage

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

Monthly Costs for Dental Coverage

BENEFIT PLAN	MONTHLY
DENTAL RATES	
Employee	\$0
Employee + Spouse	\$30.92
Employee + Child(ren)	\$10.08
Family	\$38.80

Monthly Costs for Voluntary Vision Coverage

BENEFIT PLAN	MONTHLY
VISION RATES	
Employee	\$6.26
Employee + Spouse	\$12.50
Employee + Child(ren)	\$13.38
Family	\$21.38



Benefit	Vendor	Phone	Website or Email
Medical	BCBSNC	877-275-9787	www.bcbsnc.com
Telehealth	Teladoc	800-835-2362	www.teladoc.com
Prescription Drug	BCBSNC	877-275-9787	www.bcbsnc.com
Surgery Provider	Lantern	855-204-3922	www.surgeryplus.com
Dental	Delta Dental	800-662-8856	www.deltadentalnc.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

Currituck County
Human Resources
Email: Melissa.Futrell@CurrituckCountyNC.gov



Thank You!

The information contained in this presentation should in no way be construed as a promise or guarantee of employment or benefits. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this presentation and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from Human Resources.