



**Gallagher**

Insurance | Risk Management | Consulting

# 2024 Benefit DIGEST

## CITY OF LEXINGTON

We are pleased to provide you with the 2024 Benefit Digest. This digest is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview and you must review specific plan brochures and plan documents for full program details, limitations and exclusions.

We are confident that our people are the reason behind our successes. We truly value you as an employee and part of our professional family. Our goal is to offer the very best healthcare possible to you and your loved ones. With this in mind, we have developed a comprehensive employee benefit package designed to protect you and your family.

This digest provides benefit information available July 1, 2024. Please visit our website through Employee Navigator to review all benefits for enrollment.

**Employee Navigator:** <https://www.employeenavigator.com/benefits/Account/Login>

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### Employee Eligibility

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All full-time employees working 30 hours per week are eligible for benefits.

Benefits Begin: 1<sup>st</sup> of the month following date of hire

Benefits Terminate: Date of termination

Dependent Children Age Limits: To age 26 (Medical, Dental, Vision, & Life)

*Dependents deemed to be disabled can remain on the plan past age of 26 if appropriate documentation is submitted to HR and UMR. Coverage for children ends the end of the month of their 26<sup>th</sup> birthday.*

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### Flexible Spending Account (FSA)

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[www.umar.com](http://www.umar.com) | 800-826-9781

Our Flexible Spending Account plan allows employees to contribute tax free up to \$3,200 to your Medical Spending Account and up to \$5,000 to your Dependent Care Account.

- Plan year is July 1 through June 30.
- If you don't use it, you lose it. You have 90 days following the end of the plan year to file for reimbursement of expenses incurred during the plan year.
- 2 month + 15 day grace period to incur eligible expenses for reimbursement beyond the plan year.
- The only way to change your election during the plan year is to have a qualifying life event.

## Medical Plan and Pharmacy Plan

[www.umar.com](http://www.umar.com) | 800-826-9781

[www.optumrx.com](http://www.optumrx.com) | 800-356-3477

Your medical coverage through UMR is an “open access” PPO plan, which means that you do not need to select a primary care doctor nor will you need a referral to visit a specialist. As long as you remain in the network, your benefits will be covered at the higher in-network benefit amount. Your pharmacy coverage is through OptumRx.

IN-NETWORK	
<b>Contract Year</b>	July 1 – June 30
<b>Office Visit</b>	PCP/SPC: \$25/\$50 Copay Telemedicine (Teladoc): \$10 Copay
<b>Prescription Drugs</b>	\$10 Copay Generic 20% up to \$100 each Preferred Brand 20% up to \$200 each Non-preferred Brand Mail Order: 2x Copay for 3-month supply
<b>Emergency Room</b>	\$150 Copay 1 <sup>st</sup> visit, then covered at 20% after deductible
<b>Urgent Care</b>	\$50 Copay
<b>Annual Deductible</b>	\$750/\$2,250
<b>Out-of-Pocket Maximum</b>	\$5,500 / \$11,000
<b>Inpatient Care</b>	20% after deductible
<b>Outpatient Care</b>	20% after deductible

Preventive care is covered at 100%. Preventive care is based on the US Preventive Taskforce recommended services and Preventive Services for Women as required by Healthcare Reform.

## Dental Plan

[www.umar.com](http://www.umar.com) | 800-826-9781

Dental coverage is provided by UMR and allows you to use the dentist of your choice.

LEVEL OF COVERAGE	IN-NETWORK*
<b>Benefit Period</b>	July 1 – June 30
<b>Single/Family Deductible</b>	\$50/\$150
<b>Benefit Max</b>	\$2,000
<b>Orthodontia Lifetime Max</b>	\$1,500
<b>Preventive Care</b>	Covered at 100% of allowed amount
<b>Basic Care</b>	20% of allowed amount after deductible
<b>Major Care</b>	50% of allowed amount after deductible
<b>Orthodontia Care</b>	50% of allowed amount after deductible (children only ages 6-18)

Timely and late entrants will be subject to a 6-month benefit waiting period for basic services and a 12-month wait for all major and orthodontic services. Please note: This applies to employees and dependents.

The allowed amount is a lower wholesale rate negotiated by UMR providing a significant discount compared to most submitted retail fees.

\*Out-of-Network benefits match the In-Network benefits.

## Vision Plan

[www.eyemed.com](http://www.eyemed.com) | 866-939-3633

Your vision plan is provided by EyeMed using the Insight Network. Using an in-network provider will lower your cost. Go to <https://eyedoclocator.eyemedvisioncare.com> to find an in-network provider.

	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exam</b> (Once every 12 months)	\$10 Copay	Up to \$40 Allowance
<b>Retinal Imaging</b>	Up to \$39	Not Covered
<b>Lenses</b> (Once every 12 months)		
<b>Single Vision</b>	\$10 Copay	\$30 allowance
<b>Bifocal</b>	\$10 Copay	\$50 allowance
<b>Trifocal</b>	\$10 Copay	\$70 allowance
<b>Progressive – Standard</b>	\$65 Copay	\$50 allowance
<b>Progressive – Premium Tier I, II, III</b>	\$95, \$105, or \$120 Copay	\$50 allowance
<b>Progressive – Premium Tier IV</b>	\$225 Copay	\$50 allowance
<b>Frames</b> (Once every 12 months)	Up to \$180 allowance (20% off remaining balance)	Up to \$126 allowance
<b>Contact Lenses</b> (Once every 12 months)	Conventional: Up to \$180 (15% off remaining balance) Disposable: Up to \$180	Up to \$126 allowance
<b>Contact Lenses</b>	Fit and Follow-Up – Standard Up to \$40 Fit and Follow-Up – Premium 10% off retail price	N/A

Plan allows member to receive either contacts and frame, or frames and lenses

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## Life Insurance

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**www.standard.com | 800-368-1135**

- 100% Employer paid benefit of 1.5 x salary, up to a maximum of \$200,000 for all active employees
- Includes voluntary option for Spouse and Dependent life benefit of \$10,000 for each eligible dependent with a semi-monthly cost of \$1
- Benefit reduces by 35% at age 65, 60% at age 70 & 75% at age 75

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## Short Term Disability

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**www.standard.com | 800-368-1135**

- 100% Employer-paid
- Benefit begins after 29 days of disability for accident or illness
- Weekly benefit is 66.67% of your salary to a maximum of \$1,000
- Benefit period is 26 weeks including 29-day elimination period
- Sick leave must be used prior to STD benefits commencing

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## Long Term Disability

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**www.standard.com | 800-368-1135**

- 100% Employer-paid
- Benefit begins after 180-day elimination period
- Monthly benefit is 66.67% of your salary to a maximum of \$5,000
- Benefit period is to age 65 or Social Security Normal Retirement Age

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## Voluntary Accident & Critical Illness

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**www.standard.com | 800-368-1135**

- 100% Employee-paid
- These benefits provide an added means to help protect the assets you have in place in the event of an unexpected accident or illness
- Pays you directly regardless of other coverage
- For specific coverage details, please refer to the Standard Benefit Summaries. For rates, please review Employee Navigator.

## Employee Contributions

Employee contributions are the employee's share of premium costs and are made through payroll deductions. Payroll deductions, as listed below, are deducted on a pre-tax basis.

Employees who choose to not participate in the wellness and/or tobacco-free discount programs will be charged the non-wellness and/or tobacco user rate. Employees who have elected to participate, but who fail to meet the respective program requirements will be charged the non-wellness and/or tobacco user rate.

MEDICAL SEMI-MONTHLY	WELLNESS & TOBACCO FREE	NON-WELLNESS OR TOBACCO USER	NON-WELLNESS & TOBACCO USER
<b>Employee</b>	\$12.00	\$36.00	\$72.50
<b>Employee/Spouse</b>	\$223.00	\$247.00	\$283.50
<b>Employee/Child</b>	\$82.00	\$106.00	\$142.50
<b>Employee/Children</b>	\$128.00	\$152.00	\$188.50
<b>Family</b>	\$297.00	\$321.00	\$357.50

The city contributes in excess of 97% toward the monthly cost of coverage for eligible Wellness & Tobacco Free discount employees and contributes 55-65.2% toward dependent coverages.

DENTAL SEMI-MONTHLY		VISION SEMI-MONTHLY	
<b>Employee</b>	\$0.00	<b>Employee</b>	\$1.00
<b>Employee/Spouse</b>	\$3.50	<b>Employee/Spouse</b>	\$2.00
<b>Employee/Child</b>	\$4.00	<b>Employee/Child</b>	\$2.00
<b>Employee/Children</b>	\$7.00	<b>Employee/Children</b>	\$3.00
<b>Family</b>	\$9.50	<b>Family</b>	\$4.00

The city contributes 100% toward the monthly cost of coverage for eligible employees and contributes 74.5-83.4% toward dependent coverages.

## Wellness Program

City of Lexington (COL) will partner with Health Designs to administer the components of our participatory wellbeing program for 2024-2025. To qualify for the Wellness Discount, you must complete 3 items between June 1 and June 30, 2024.

1. Complete your tobacco attestation in the Employee Navigator Portal.
2. Complete the online health risk assessment by visiting <http://col.medikeeper.com>.
  - a. Complete in 10-15 minutes. Get insight into the connection of lifestyle & behaviors with your health
3. Complete an onsite biometric screening.
  - a. To schedule an appointment, please visit <https://pickatime.com/CityofLexington>. If you are unable to attend an onsite screening, offsite screening options are available via Physician or a LabCorp Voucher form. You can find, download and print your forms from the online wellness portal.

**New Hires:** New hires whose medical plan coverage became effective after July 1, 2023, need to complete a biometric screening and Health Risk Assessment to qualify for the wellness medical plan premium discount for the 7/1/2024 - 6/30/2025 plan year. New hires whose medical plan coverage becomes effective after June 1, 2024, will complete their biometric screening and Health Risk Assessment (HRA) in 2025 for the 7/1/2025 - 6/30/2026 plan year. Therefore, a new hire whose health coverage becomes effective after June 1, 2024, will automatically receive the wellness medical plan premium discount through the end of the 2024-2025 plan year.

Fasting is recommended for at least two hours before testing. If you have questions about this information, contact Human Resources at 336.248.3955. Eligibility details for both the Wellness Discount and Non-Tobacco Discount will be provided with open enrollment information. Personal data collected from the screening is secure, kept strictly confidential, and maintained by our health program partner, Health Design.

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## Your Money Line

[www.yourmoneyline.com/LEXINGTONNC](http://www.yourmoneyline.com/LEXINGTONNC) | 833-890-4077

We recognize that well-being covers mental, emotional, physical, financial, spiritual, and social health. It's called Your Money Line. We care and know how important it is for you to have a healthy financial life, both now and in the future. This program is powered by Pete the Planner.

So how does it work?

- It's highly personalized financial guidance
- There's no cost to utilize the service, and no one will ever try to sell you anything
- You will have access to a helpline and your own Financial Concierge
- These financial experts have decades of experience, to help you through whatever you're dealing with—whether it's a good problem or a challenging situation

You get expert help from our Financial Concierge Team, Available Monday – Friday 9AM—9PM EST

- Talk to real financial experts
- Take a financial health assessment
- Understand the money topics most important to you
- Gain access to hours of online courses and material

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## Retirement Plans: LGERS, 401(k) and 457

[www.myncretirement.com](http://www.myncretirement.com) | 919-814-4590 | NC 401(k) and NC 457 Plans: 866-627-5267

The NC Local Governmental Employees' Retirement System (LGERS) is a defined benefit plan. Employees who work in a regular position which requires a 1,000 hours or more of work a year must be a contributing member. As a member of the LGERS, you are entitled to a monthly lifetime benefit calculated using a specified formula once you meet the retirement eligibility requirements. You are required to contribute 6% of your compensation through payroll deduction to the LGERS. Your employer also makes contributions to LGERS based on calculations prepared by an actuary. Your pre-tax contributions and your employer's contributions are invested by the Department of State Treasurer to provide the funding needed to pay lifetime monthly benefits for you and other members. The ORBIT online system allows members to access their individual account information. You can review your beneficiary information, salary history, service credits, and benefit statements. There are support tools available such as the Benefit Calculator to assist you in calculating your monthly retirement benefit.

The NC 401(k) Plan is a retirement savings plan administered by the North Carolina Department of State Treasurer, and available exclusively to North Carolina public employees who are actively contributing to one of the NC Retirement Systems. North Carolina state and local government employers offer this Plan to help you reach your retirement savings goals.

The NC 457 Plan is a deferred compensation plan administered by the North Carolina Department of State Treasurer, and available exclusively to those North Carolina public employees whose employers offer the Plan. This includes full-time, part-time and temporary employees, elected and appointed officials, rehired retired employees, and North Carolina local government employees.

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## EAP Plan: Assistance by BHS

[portal.bhsonline.com](http://portal.bhsonline.com) ID: LEXINGTONNC | 866-594-7292

Provided by BHS, your Employee Assistance Program (EAP) provides you and your household members with free, confidential, in-the-moment support to help with personal or professional problems that may interfere with work or family responsibilities. Services are available by phone, or online, 24/7!