

# Town of Smithfield

## Benefits Enrollment Guide

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#### Medical and Prescription Drugs (through BCBSNC)

Effective July 1, 2008, The Town of Smithfield's Medical and Prescription plans will be through Blue Cross Blue Shield of North Carolina (BCBSNC). Below is a high-level overview of the benefits. Please see the Plan Summary for additional details regarding your plan. BCBSNC can be contacted at [www.bcbsnc.com](http://www.bcbsnc.com) or 877-258-3334.

Services	PPO	
	In-Network	Out-of-Network
<b>Plan Year Deductible</b>		
-Individual	\$1,000	\$2,000
-Family	\$3,000	\$6,000
<b>Coinsurance Maximum</b>		
-Individual	\$3,000	\$6,000
-Family	\$9,000	\$18,000
<b>Physician Visit</b>	\$20 Copay (PCP) \$40 Copay (Specialist)	70% after deductible
<b>Preventive Care</b>	\$20 Copay (PCP) \$40 Copay (Specialist)	Not Available (except for Pap Smear, Mammograms, and PSAs)
<b>Urgent Care Centers</b>	\$40 Copay	\$40 Copay
<b>Emergency Room Visit</b>	\$150 Copay	\$150 Copay
<b>Inpatient and Outpatient Hospital Services</b>	80% after deductible	70% after deductible
<b>Prescription Drugs</b>		
-Generic	\$10 Copay	Copayment + charge over in-network allowed amount
-Preferred	\$30 Copay	
-Brand	\$45 Copay	
-Specialty Brand	75% Coinsurance (\$50 min / \$100 max per drug per 30 day supply)	
<b>Vision Care</b>		
-Comprehensive Eye Exam	\$20 Copay	Benefits not available

## Your Cost effective July 1, 2008

The Town of Smithfield continues to contribute 100% toward the cost of this benefit for Employee-only coverage. Employees share in the cost of their dependent coverage through weekly payroll deductions. The Town will pay 50% of the dependent cost for Employee + Child(ren); 40% of the dependent cost for Employee + Spouse coverage; and 30% of the dependent cost for Employee + Family coverage. Please see the revised weekly payroll deductions shown below.

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Monthly Premium	\$411.25	\$891.07	\$701.31	\$1,279.02
Town's Contribution	\$411.25	\$603.18	\$556.28	\$671.58
Monthly Employee Cost	\$0.00	\$287.89	\$145.03	\$607.44
<b>Weekly Payroll Deduction</b>	<b>\$0.00</b>	<b>\$66.44</b>	<b>\$33.47</b>	<b>\$140.18</b>

## Dental (through Lincoln Financial Group)

Effective July 1, 2008, The Town of Smithfield's Dental plan will be through Lincoln Financial Group. Below is a high-level overview of the benefits. Please see the plan summary for additional details regarding your plan. Lincoln Financial Group can be contacted at <http://www.lfg.com/> or 800-423-2765.

Services	Amount Reimbursed
Diagnostic and Preventive Care	100%
Basic Services (includes Endodontics and Periodontics)	80% after Dental deductible
Major Services	50% after Dental deductible
Calendar Year Deductible (applies to Basic and Major)	
-Individual	\$50
-Family	\$150
Annual Maximum	\$1,000

## Your Cost effective July 1, 2008

The Town of Smithfield provides all active full-time employees with group dental insurance. The Town contributes 100% toward the cost of this benefit for employee-only coverage. Employees pay 100% of dependent coverage through weekly payroll deductions.

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Monthly Premium	\$23.74	\$45.22	\$48.10	\$74.85
Town's Contribution	\$23.74	\$23.74	\$23.74	\$23.74
Monthly Employee Cost	\$0.00	\$21.48	\$24.36	\$51.11
<b>Weekly Payroll Deduction</b>	<b>\$0.00</b>	<b>\$4.96</b>	<b>\$5.62</b>	<b>\$11.79</b>

## Voluntary Buy-Up Vision Plan (through Superior Vision)

Effective July 1, 2008, The Town of Smithfield will offer a Voluntary Buy-Up Vision plan through Superior Vision. Below is a high-level overview of the benefits. Please see the plan summary for additional details regarding your plan. Superior Vision can be contacted at [www.SuperiorVision.com](http://www.SuperiorVision.com) or 800-507-3800.

Benefits	In-Network	Non-Network
<b>Exam</b> (Per 12-months)	\$10 Copay	
<b>Materials</b> (Per 12-months)	\$25 Copay	
<b>Comprehensive Exam – Ophthalmologist</b>	Covered in Full	Up to \$44.00
<b>Comprehensive Exam - Optometrist</b>	Covered in Full	Up to \$39.00
<b>Lenses (Standard) Per Pair</b>		
<b>Singular Vision</b>	Covered in Full	Up to \$34.00
<b>Bifocal</b>	Covered in Full	Up to \$48.00
<b>Trifocal</b>	Covered in Full	Up to \$64.00
<b>Lenticular</b>	Covered in Full	Up to \$88.00
<b>Contact Lenses (Per Pair)</b>		
<b>Medically Necessary</b>	Covered in Full	Up to \$210.00
<b>Cosmetic (Elective)</b>	Up to \$120.00	Up to \$100.00
<b>Standard Contact Lens Fitting Exam Fee</b>	\$35 Copay	Not Covered
<b>Specialty Contact Lens Fitting Exam Fee</b>	\$35 Copay	Not Covered
<b>Frames</b>	Up to \$125.00	Up to \$65.00

### Your Cost effective July 1, 2008

The Town of Smithfield provides employees the opportunity to participate in the Voluntary Vision plan. Employees pay 100% of the cost of this coverage through weekly payroll deductions.

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Monthly Premium	\$9.50	\$18.80	\$18.42	\$27.98
Employer Contribution	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Employee Cost	\$9.50	\$18.80	\$18.42	\$27.98
<b>Weekly Payroll Deduction</b>	<b>\$2.19</b>	<b>\$4.34</b>	<b>\$4.25</b>	<b>\$6.46</b>

## **Flexible Spending Account (through the P&A Group)**

Effective July 1, 2008, The Town of Smithfield provides employees the opportunity to participate in a Medical and Dependent Care Flexible Spending Account. Employees may elect up to \$2,000 a year on a pre-tax basis to cover their unreimbursed Medical, Dental and Vision expenses. Employee may contribute up to \$5,000 to cover the cost of Dependent Care. To enroll in this tax-saving plan, please see Human Resources.

## **Basic Life Insurance (through USABLE)**

The Town of Smithfield provides all active full-time employees and Town Council employees with group life and accidental death and dismemberment (AD&D) insurance in the amount of \$20,000 for employees and \$5,000 for dependents. The Town pays the full cost of this benefit for employees. Employees pay \$0.37 per week for dependent coverage.

## **Short Term Disability Income Benefits (through Unum)**

The Town of Smithfield provides all active full-time employees with Short Term Disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income.

	<b>Short Term Disability</b>
<b>Benefits Begin on</b>	31 <sup>th</sup> day for sickness and accident
<b>Benefit Percentage</b>	66.67%
<b>Weekly Maximum</b>	\$500
<b>Benefit Duration</b>	22 weeks

## **Long Term Disability Income Benefits (through Unum)**

The Town of Smithfield provides all active full-time employees with the option to purchase Long Term Disability income benefits. Employees are responsible for the full cost of this coverage. Please contact Human Resources for additional information on premium cost.

	<b>Long Term Disability</b>
<b>Elimination Period</b>	180 Days
<b>Benefit Percentage</b>	60%
<b>Monthly Maximum</b>	\$5,000
<b>Benefit Duration</b>	Up to age 65

## Retirement Benefits

### 1. Local Government Retirement System

	<u>General</u>	<u>LEO</u>	<u>Firefighter</u>
Town Contributes:	4.89%	4.86%	4.89%
Employees: All Contributions	6.0%		

### 2. NC401K

Town Contributes:	
4.86% - General	
5.0% - LEO	

## Longevity

1 - 2.99 yrs:	\$0
3 - 4 yrs:	\$100
5 - 9 yrs:	\$350
10 - 14 yrs:	\$600
15 - 19 yrs:	\$750
20 + yrs:	\$1,000

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## Questions & Answers

### What Forms MUST be completed?

- ◆ **All Forms must be completed and returned to HR by Monday, June 17, 2008.**
- ◆ If you want to make any changes to your medical coverage (i.e. adding or removing a dependent), you must complete a BCBSNC enrollment/change form.
- ◆ If you want to make any changes to your dental coverage (i.e. adding or removing a dependent), you must complete a Lincoln Financial Group enrollment/change form.
- ◆ If you want to purchase the Buy-Up Vision Coverage, you will need to complete a Superior Vision enrollment form.
- ◆ If you want to participate in the Medical and Dependent Care Flexible Spending Account, you must complete the P&A FSA Enrollment Form.
- ◆ If you need to change your beneficiary information, please see HR to complete a beneficiary change form.

### Who do I contact with questions?

- ◆ Contact Debbie Godwin regarding any questions.

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*