

2025-2026 PLAN YEAR

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# EMPLOYEE BENEFITS GUIDE

COMPREHENSIVE GUIDE TO EMPLOYER SPONSORED BENEFITS

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# Introduction

## *Benefits for 2025-2026*



As an employee at the Town of North Wilkesboro enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important to your well-being and to our organization.

For the 2025 - 2026 plan year, the Town of North Wilkesboro has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and the Town of North Wilkesboro is offering a benefits package with many possible choices - one that can be shaped and molded by you, to fit your needs.

This booklet is a summary description of the benefit plans available to you. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

### **Update On Health Care Reform**

On January 1, 2014, a key component of the health reform law came into effect: Everyone in the US (with a few exceptions) is now required to have health insurance.

### **AFFORDABLE COVERAGE UNDER THE ACA**

The Town of North Wilkesboro is offering health insurance for eligible staff. This coverage meets all of the health reform law requirements to satisfy your "Individual Mandate" requirements under the law. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements you will not qualify for any federal assistance to purchase an individual policy on the open market (the "marketplace"). Your taxable dependents may have alternate options in the open market. Contact your trusted advisor for additional information.



EST. 1898

# Contact Information

*We speak insurance. We're Here to Help!*



## What If I Have Questions?

Detailed information on each plan is enclosed in this packet. Please carefully review that information to better understand the coverage each plan provides. If you still have questions after reading your benefits material, you may refer those questions to Human Resources, or you may contact the following with Main Street Insurance Group.



### Member Engagement

855-660-6333

[ME@advosee.com](mailto:ME@advosee.com)

### When You Need Help With:

Benefit Plan Coverage Questions  
Enrollments/Terminations/Changes  
ID Cards  
Claims  
Provider Billing Inquiry

## Carrier Contacts

Carrier Name	Website	Phone Number
Blue Cross Blue Shield	<a href="http://www.bluecrossnc.com">www.bluecrossnc.com</a>	(888) 206-4697
USable Life	<a href="http://www.usablelife.com">www.usablelife.com</a>	(800) 370-5856
VSP	<a href="http://www.vsp.com">www.vsp.com</a>	(800) 877-7195

# Eligibility & Enrollment



Town of North Wilkesboro provides an array of benefits that are affordable, comprehensive and competitive. All employees who work 30 or more hours per week on a regular basis and who are not temporary, seasonal, or contracted labor are eligible for group insurance.

## When Coverage Begins

- The Benefits you elect during open enrollment will be effective from **July 1, 2025, through June 30, 2026.**
- Newly hired employees are eligible on the 1<sup>st</sup> of the month following the date of full-time employment.
  - During this waiting period you should fill out all your paperwork so that you have benefit cards in hand by your coverage effective date. Forms must be completed even if you choose to decline employee-paid coverage

## Open Enrollment

- During open enrollment, you can add, terminate, or change your coverage.

## Eligible Dependents

- Your legal spouse
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, and children for whom legal guardianship has been awarded to you or your spouse)
- Employees must elect a benefit in order for their dependents to be enrolled.

## Qualifying Events

- Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
  - Changes in employment status
  - Changes in legal marital status
  - Birth or adoption of a child
  - Change in child’s dependent status
  - Death of a spouse, child, or other qualified dependent
  - Change in coverage under another employer-sponsored plan
  - Entitlement to Medicare or Medicaid
  - A COBRA - qualifying event

**TIP**

Pre-tax deductions save you federal, state and FICA on each premium dollar. If benefits are being deducted pretax, you CANNOT change your benefit selections during the Plan Year unless you have a Qualifying Life Event.

# Medical

## Summary of Coverage

*\*This table illustrates only In-Network coverages. For Out-of-Network coverages please refer to your Summary of Benefits.*



**BlueCross BlueShield  
of North Carolina**

### BLUE OPTIONS WITH HRA

#### Medical Plan Benefits

#### IN-NETWORK

#### Deductible

Individual	\$5,000
Family	\$10,000

#### Out-of-Pocket Maximum

**(includes deductible, coinsurance, and copays)**

Individual	\$6,000
Family	\$12,000

#### Health Reimbursement Account

Funds are available to assist you in meeting your deductible.  
These funds will reduce your deductible costs by:

**\$4500 for individuals**  
**\$9000 for families**

#### Preventive Care

No Charge

#### Primary Care Visit

\$25 Copay

#### Specialist Visit

\$50 Copay

#### Urgent Care

\$50 Copay

#### Inpatient Hospitalization

Deductible, then 50%

#### Outpatient Services

Deductible, then 50%

#### Emergency Room

\$300 Copay

#### Prescription Drugs

copay per 30-day supply

Rx Deductible	N/A
Tier 1	\$10
Tier 2	\$15
Tier 3	\$35
Tier 4	\$50
Tier 5	25%; \$50 min to \$100 max

Network search: <https://www.bluecrossnc.com/find-a-doctor-or-facility>

# Health Reimbursement Account (HRA)

*Health Reimbursement Arrangement for those enrolled in the group medical plan only*

To assist you with claims applied toward your deductible, your employer has set up a Health Reimbursement Account (HRA).

If you are enrolled in the group medical plan through **Town of North Wilkesboro**, you are automatically enrolled in the HRA.

## **You must pay:**

The first \$500 of employee-only Deductible Expenses.  
The first \$1,000 of family Deductible Expenses.

## **Your HRA will reimburse:**

The final \$4,500 of employee-only Deductible Expenses.  
The final \$9,000 of family Deductible Expenses.

## **How Does the HRA Work?**

The HRA Plan designates specific amounts for which each participant is responsible. Once this is met, the remaining eligible Medical expenses are reimbursed from the HRA account. The HRA will reimburse the provider.

## **To access your HRA:**

You will automatically be enrolled in the HRA if you enroll in the BCBS medical plan. You can access your HRA information online with Health Equity or through the Health Equity mobile app.

## **What kind of claims can be filed?**

Any medical service that is applied to Deductible Expenses is eligible.

## **How do I file a claim?**

All expenses that are covered by the medical insurance plan should first be submitted to the insurance carrier. Claims are automatically linked over from BCBS to Health Equity.

## **What happens when you receive the claim check?**

Claims should automatically be paid directly to the provider from Health Equity. If by chance you do receive a check, this money is to assist you in paying your medical claims. If you have already paid them, then the money reimburses your expense. If the facility or doctor hasn't been paid yet, then you'll need to deposit the check in your personal account and make payment to the provider.

**HealthEquity**<sup>®</sup>  
Building Health Savings<sup>SM</sup>

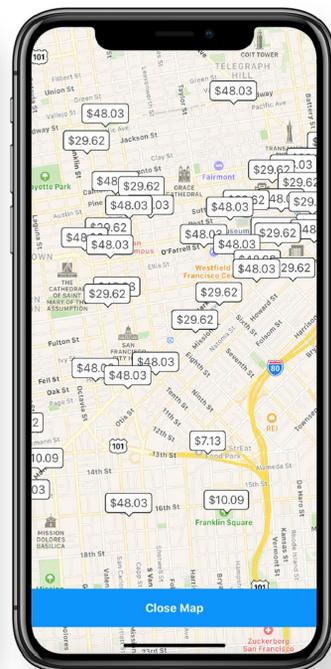
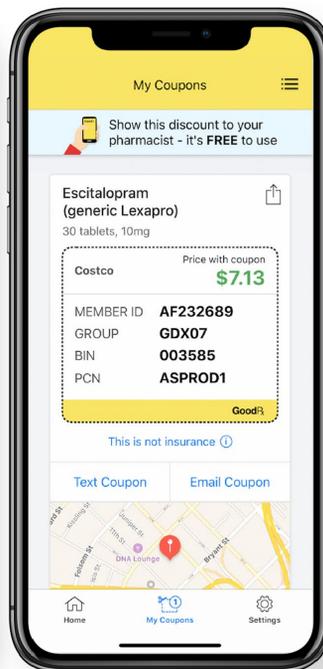
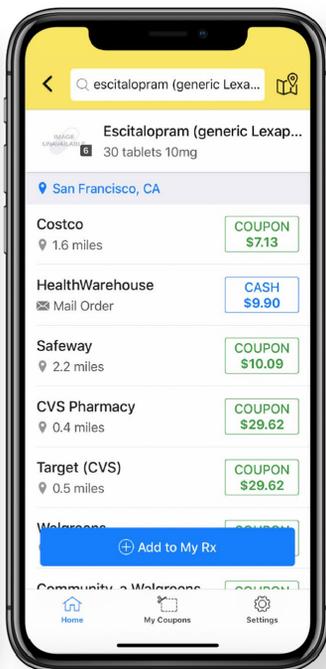
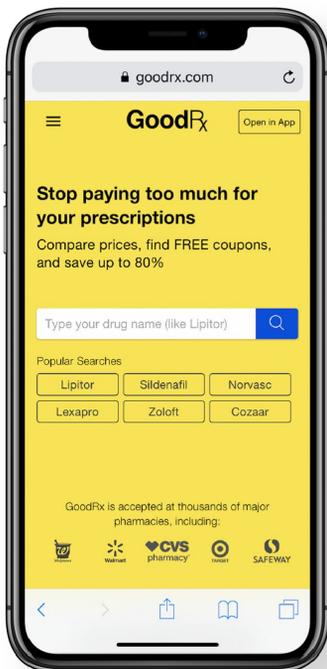
# Prescription Savings

## Generic vs Brand-Name Medications

- Generic medications can save you **85% or more** on the cost of your medication
- The FDA requires Generic medications to contain the same active ingredients at the same strength and purity as their Brand-Name counterparts
- Generic components of Brand-Name combination drugs can often be cheaper if you buy them separately
- Example: Fosamax Plus D (\$218) for osteoporosis can be replaced with Alenronate (\$47) and a Generic Vitamin D supplement (\$10)



Check for your medication on sites like GoodRx, SingleCare, FamilyWize, etc.



# Dental Coverage



## Summary of Coverage



Plan Features	In-Network
<b>Benefit Period Maximum Benefit</b>	\$1,500
<b>Benefit Period Deductible</b>	
Individual	\$50
Family	\$150
<b>Preventative Services</b> Exams, cleaning, x-rays	100% <b>Exam &amp; cleaning – two per benefit period</b>
<b>Basic Services</b>	Deductible, then 20%
<b>Major Services</b>	Deductible, then 50%
<b>Periodontics</b>	Deductible, then 20%
<b>Endodontics</b>	Deductible, then 20%
<b>Oral Surgery</b>	Deductible, then 20%
<b>Rollover Feature</b>	\$350 up to \$1000 <i>*Dental service must be performed within a calendar year to qualify for rollover</i>
<b>Orthodontia (Child Only)</b>	50% to a max of \$1,500
<b>Dependent Age</b>	26

To find dental providers in your area who participate in your network, visit <https://www.bluecrossnc.com/find-a-doctor-or-facility> to easily search for a doctor by name, location or specialty.

# Vision Coverage



## Summary of Coverage



*\*The below table illustrates only In-Network coverages.  
For Out-of-Network coverages please refer to your Summary of Benefits.*

Plan Features	In-Network
<b>Network</b>	Blue 20/20
<b>Vision Exam</b>	\$25 Copay
<b>Materials Co-pay</b>	\$25 Copay
<b>Frames</b>	\$150 retail max allowance + 20% off balance
<b>Elective Contact Lenses</b>	\$150 allowance + 15% off balance for conventional, + 0% off for disposable; In lieu of glasses
<b>Medically Necessary Contacts</b>	\$0 Copay (Covered in full for members who have specific conditions)
<b>Laser Vision Correction</b>	15% Average Discount
<b>Frequency</b>	
Exam	Once every 12-month period
Lenses	Once every 12-month period
Frames	Once every 24-month period
Contacts	Once every 12-month period

To find vision providers in your area who participate in your network, visit <https://eyedoclocator.eyemedvisioncare.com/bcbsncind/en> to easily search for a doctor by name, location or specialty.

# Supplemental Vision



## Summary of Coverage



***\*The below table illustrates only In-Network coverages.  
For Out-of-Network coverages please refer to your Summary of Benefits.***

Plan Features	Exam Only Supplement	Base Supplement	Buy Up Supplement
<b>Network</b>	VSP	VSP	VSP
<b>Vision Exam</b>	\$10 Copay	\$10 Copay	\$10 Copay
<b>Materials Co-pay</b>	N/A	\$20	\$20
<b>Frames</b>	20% off balance	\$120 + 20% off balance	\$150 + 20% off balance
<b>Elective Contact Lenses</b>	15% off balance	\$120 + 15% off balance	\$150 + 15% off balance
<b>Medically Necessary Contacts</b>	N/A	Covered in full after Copay	Covered in full after Copay
<b>Laser Vision Correction</b>	Average 15-20% Savings	Average savings of 15-20% off retail price or 5% off promotional price	Average savings of 15-20% off retail price or 5% off promotional price
<b>Frequency</b>			
Exam	Once every 12-month period	Once every 12-month period	Once every 12-month period
Lenses	N/A	Once every 12-month period	Once every 12-month period
Frames	N/A	Once every 12-month period	Once every 12-month period
Contacts	N/A	Once every 12-month period	Once every 12-month period

To find vision providers in your area who participate in your network, visit <https://www.vsp.com/eye-doctor> to easily search for a doctor by name, location or specialty.

# Short-Term Disability



## Summary of Coverage

### There's a lot riding on your income.

Imagine needing to take time off work for a broken leg, a surgery, or maybe to have a baby. Even a few weeks without income could dramatically affect your life and your family's.

Even if you have paid sick leave from your job, this can quickly run out, leaving you without a paycheck or a way to pay your bills. If you are like many Americans, living paycheck to paycheck is the norm, with little set aside for emergencies, no savings, and in many cases, used to spending more than you actually earn.

Short term disability pays you a percentage of your income in the case of temporary disability. Unlike long term disability, benefits start quickly, often within days of your injury or illness. These benefits continue until you are able to return to work, or until the benefit duration limit specified under the policy is reached.

### Plan Features

Employee Benefit Amount	66.67% of Weekly Earnings
Maximum Benefit Amount	\$100 per week
Elimination Period	8th day Sickness/1st day Injury
Benefit Duration	26 Weeks

### Premium Calculation **\$100 benefit = \$3.00/bi-weekly**

Important Note: The above rates are subject to change. The rates shown here are meant as an illustration for you to determine the approximate deduction you may expect to see each paycheck. Due to the rounding of rates, these deductions will vary, though differences should be slight. This is not part of an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.



When filing a claim, you, your employer and your doctor will all need to complete a form. Your doctor will indicate how long you are expected to be out of work. If the claim is approved, this is the date you can plan to receive benefits paid through. If you are still sick or injured, your doctor will need to extend your claim by filling out another form.

# Group Life and AD&D Coverage



## Summary of Coverage

Life insurance provides a crucial financial protection for your family if something were to ever happen to you. Benefits can be used towards income replacement, a mortgage, tuition, outstanding debt and more – allowing you to take care of your loved ones even if you are not there. Better yet, this important coverage is being made available to you at economical group rates. Take advantage and enroll today!

### Plan Features

<b>Employee Benefit Amount</b>	\$25,000
<b>Spouse Benefit Amount</b>	\$5,000
<b>Child Benefit Amount</b>	\$500 (birth to 6 months) or \$2,500 (6 months and over)
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to the employee's life benefit.

### Additional Plan Features

The following shows how much benefits are reduced at certain ages:

<b>Age Band</b>	<b>Benefit Reduction</b>
65	35%
70	50%

**Payroll Deduction**                      **This is paid for 100% by your employer!  
All employees must enroll in coverage.**

**If you leave employment, you may be able to port or convert this coverage if you contact the carrier within 30 days of termination of the active benefit.**

# Completion of Forms



- Pick what products you would like to enroll in!
  - See your employer to complete new hire benefit enrollment forms.
  - You will need information on yourself & any dependents you are choosing to enroll, including:
    - Name
    - Date of Birth
    - Social Security Number
    - Address
    - Gender

***Remember:***

***Open Enrollment or New Hire status is your only time to enroll or decline coverages until next year, unless you have a qualifying life event.***

- What if I want to decline?
  - That's perfectly fine! Meet with your HR Department to complete enrollment forms. You will be given the opportunity to decline any coverage you don't want to elect.
    - **Remember: You are not eligible for a subsidy through the Marketplace since this medical health plan is being offered and deemed affordable by the ACA.**
- Make sure you have provided correct information.
  - You may run into issues if we have not supplied the carrier with your correct information - i.e. correct spelling of name, social security number, and date of birth for all enrolling.
  - Your medical I.D. cards will be mailed to your home directly; so, please make sure your address is correct.
- See your employer to access your annual notices.



*Please see your employee booklet for complete coverage, limitations, exclusions, and filing requirements. In the event of a discrepancy between the information contained herein and the information contained in the Plan Document/Summary Plan Description, the Plan Document/Summary Plan Description shall govern benefit determinations.*

# Benefit Rates by Pay Period



## EMPLOYEE DEDUCTIONS PER PAY PERIOD (24)

Medical & Prescription	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Blue Cross Medical	\$0.00	\$475.68	\$353.41	\$832.97
<b>Dental</b>				
Blue Cross Dental	\$0	\$0	\$0	\$0
<b>Vision</b>				
Blue Cross Core Plan	\$0.00	\$2.65	\$2.95	\$5.72
<b>Vision - Supplemental</b>				
VSP – Exam Only	\$0.00	\$0.38	\$0.40	\$1.03
VSP – Base Supplement	\$4.31	\$7.27	\$7.43	\$12.36
VSP – Buy-Up Supplement	\$8.06	\$13.26	\$13.55	\$22.23

**Premium is paid in full by your employer for:**

Dental  
Basic Life



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22 N. Trade St. Tryon, NC 28782

O: 877.872.4578

F: 855.775.0655

[info@mainstreetins.com](mailto:info@mainstreetins.com)