

HAYWOOD COUNTY
SCHOOLS

New Employee Fulltime Benefits

New Employee Helpful Websites

Haywood County Schools Website

<http://www.haywood.k12.nc.us/>

Haywood County Schools – Human Resources Site

<http://teacher.haywood.k12.nc.us/hr/>

Haywood County Schools – Employee Handbook

Go to HCS website, click on Resources, Faculty, scroll to bottom of page and click on HCS Employee Handbook

Haywood County Schools – Safety Manual

[http://www.haywood.k12.nc.us/hr/wp-content/uploads/sites/10/2010/08/HCS Safety Plan Aug 2010.pdf](http://www.haywood.k12.nc.us/hr/wp-content/uploads/sites/10/2010/08/HCS_Safety_Plan_Aug_2010.pdf)

Haywood County Schools – Policies & Faculty Resources

<http://www.haywood.k12.nc.us/policy/>

<http://www.haywood.k12.nc.us/resources/faculty/>

North Carolina State Health Plan

www.shpnc.org

North Carolina State Health Plan Enrollment Site

<https://nc.secure-enroll.com/go/ncshp>

North Carolina Department of State Treasurer

Retirement Systems Division

www.myncretirement.com

North Carolina Department of Public Instruction

www.ncpublicschools.org

NC: Department of Public Instruction, 1/2012 (This summary does not replace specific provisions found in the statutes and policies.)

Benefits Summary	Employment Status			
	Full Time Perm.	Part Time Perm.	Full Time Temp.	Part Time Temp.
Regular Hours Worked per Week	(30+)**	20-29.99	(30+)	Less than 20
LEAVE BENEFITS ***				
Vacation (based on state service)*	●	pro rata	X	X
Vacation for Catastrophic Illness	●	pro rata	X	X
Vacation for Newborn, Adoptive or Foster Child	●	pro rata	X	X
Sick (one day per month)	●	pro rata	X	X
Personal (<i>teachers</i>)	●	pro rata	X	X
20 Day Extended Sick (<i>teachers</i>)	●	●	X	X
Paid Holidays	●	pro rata	X	X
Voluntary Shared Leave	●	●	X	X
Sick Leave for Adoption (up to 30 days)	●	●	X	X
Sick Leave Bank	If LEA adopts, if employee participates, etc.			
FMLA (if emp. 1 yr & if 1,250 hrs in last 12 mos)	●	●	●	●
Parental Involvement - NOT HCS	●	●	●	●
Episode of Violence	●	X	X	X
Contagious Disease	●	●	●	●
Susp. with Pay (investigation/dismissal)	●	●	●	●
Community Responsibility	●	●	X	X
Meetings for SBE, Gov., etc.	●	●	X	X
Jury Duty	●	●	X	X
Court Attendance (not for personal reasons)	●	●	X	X
Military Leave & Possible Differential Pay	●	●	X	X
Professional/Educational	●	●	X	X
OTHER BENEFITS ***				
Retirement** (& Charter, if Bd of Directors opts for it)	●	X	X	X
Death Benefit	●	X	X	X
Disability	●	X	X	X
Longevity	●	●	X	X
Health Insurance** (& Charter, if Bd of Dirs opts for it)	●		cannot purchase	
Professional Liability Insurance	●	●	●	●
Tenure (<i>teachers</i>)	●	X	X	X
Comp.Time/Overtime (If FLSA non-exempt)	●	●	●	●
Social Security	●	●	●	●
Workers' Comp.	●	●	●	●
Unemployment Insurance	●	●	●	●

● = Yes eligible X = Not eligible

*Special vacation leave provision for bus drivers who work less than 20 hours per week

**Permanent employees working at least 30hr/week participate in the retirement system and receive paid health ins for self even if 30 is not FT for Employees 20 hrs per week in job-sharing positions earn partial (1 yr for 2) retirement and have the option of sharing the cost of the health plan

***Charter school employee benefits are determined by the charter school's Board of Directors.

* example

2021 - 2022 Calendar - Approved 02/08/21

Haywood County Schools

July							August							September							October						
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
				1	2	3	1	2	3	4	5	6	7				1	2	3	4						1	2
4	5	6	7	8	9	10	8	9	10W	11W	12W	13W	14	5	6H	7	8	9	10	11	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16*	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15 RLOW	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18W	19	20	21	22	23
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
																					31						
November							December							January							February						
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
	1	2	3	4	5	6				1	2	3	4							1			1	2 RLOW	3	4	5
7	8	9	10	11H	12	13	5	6	7	8	9	10	11	2	3W	4W	5*	6	7	8	6	7	8	9	10	11	12
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
21	22	23	24A	25H	26H	27	19	20	21	22A	23A	24H	25	16	17H	18	19	20	21	22	20	21	22	23	24	25 RLOW	26
28	29	30					26	27H	28H	29A	30A	31A		23	24	25	26	27	28	29	27	28					
														30	31												
March							April							May							June						
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
		1	2	3	4	5						1	2	1	2	3	4	5	6	7				1W	2W	3W	4
6	7	8	9	10	11 RLOW	12	3	4	5	6	7	8*	9	8	9	10	11	12	13	14	5	6A	7	8	9	10	11
13	14	15	16	17	18	19	10	11A	12A	13H	14H	15H	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	28	29	30 RLOW	31			24	25	26	27	28	29	30	29	30A	31					26	27	28	29	30		

** Mandatory Semester Change

- RLOW: Remote Learning Optional Workday (5 Days)
- H - Holidays (11 Days) * 12:30 Dismissal (3 days)
- A - Annual Leave (10 Days) * Weather
- W - Workdays (5 Days)
- W - Mandatory Workdays (4 Days)
- W - Mandatory Staff Development Day (1 Day)
- First and Last Student Day of School

2020 - 2021 Inclement Weather Plan (Hour Count)

The Superintendent has the flexibility to use the following as make-up days as needed.
 February 2: Remote Learning Optional Workday
 February 25: Remote Learning Optional Workday
 March 11: Remote Learning Optional Workday
 March 30: Remote Learning Optional Workday
 June 2-3: Optional Teacher Workdays
 June 6: Annual Leave
 June 7 - 10: Extend school year
 May 30: Memorial Day
 January 5, April 8: Full days

Waived Days for STUDENTS (4) Waived days are Superintendent's discretion to be determined after weather season ends.

The Superintendent has the flexibility to call a NO day at any time, when weather is severe, in order to protect the safety of students and staff.
 NOTICE: The days during the week of June 7-10 may be used to make - up days missed due to inclement weather when other options are exhausted.
 NOTICE: The week of April 11-15 (Spring Break) may be used to make - up missed days due to inclement weather when other options are exhausted.
 NOTICE: Families and employees should always be cautious when scheduling activities during the weeks of June 1 - 10 and April 11-15.

Employee Payment Periods for Each Pay Day

Please Note: December Pay Day will be 12/31/21

Haywood County Schools Salaried 10 Month Employees August 10, 2021 Start Date		
Each pay period is for 21.5 days		
Pay Days	Days	Payment Period
08/31/21	21.5	8/10/21 - Half Day 9/8/21
09/30/21	21.5	Half Day 9/8/21 - 10/7/21
10/29/21	21.5	10/8/21 - Half Day 11/8/21
11/30/21	21.5	Half Day 11/8/2021 - 12/7/21
12/31/21	21.5	12/8/21 - Half Day 1/6/22
01/31/22	21.5	Half Day 1/6/22 - 2/4/22
02/28/22	21.5	2/7/22 - Half Day 3/8/22
03/31/22	21.5	Half Day 3/8/22 - 4/6/22
04/29/22	21.5	4/7/22 - Half Day 5/6/22
05/31/22	21.5	Half Day 5/6/22 - 6/6/22
06/27/22		No Check
07/29/22		No Check

All 11 and 12 Month Employees		
Each pay period is based on # of days in each month		
Pay Days	Days	Payment Period
07/30/21	22	07/01/21 - 07/31/21
08/31/21	22	08/01/21 - 08/31/21
09/30/21	22	09/01/21 - 09/30/21
10/29/21	21	10/01/21 - 10/31/21
11/30/21	22	11/01/21 - 11/30/21
12/31/21	23	12/01/21 - 12/31/21
01/31/22	21	01/01/22 - 01/31/22
02/28/22	20	02/01/22 - 02/28/22
03/31/22	23	03/01/22 - 03/31/22
04/29/22	21	04/01/22 - 04/30/22
05/31/22	22	05/01/22 - 05/31/22
06/27/22	22	06/01/22 - 06/30/22

Haywood Early College Salaried 10 Month Employees August 10, 2021 Start Date		
Each pay period is for 21.5 days		
Pay Days	Days	Payment Period
08/31/21	21.5	8/10/21 - Half Day 9/8/21
09/30/21	21.5	Half Day 9/8/21 - 10/7/21
10/29/21	21.5	10/8/21 - Half Day 11/8/21
11/30/21	21.5	Half Day 11/8/2021 - 12/7/21
12/31/21	21.5	12/8/21 - Half Day 1/6/22
01/31/22	21.5	Half Day 1/6/22 - 2/4/22
02/28/22	21.5	2/7/22 - Half Day 3/8/22
03/31/22	21.5	Half Day 3/8/22 - 4/6/22
04/29/22	21.5	4/7/22 - Half Day 5/6/22
05/31/22	21.5	Half Day 5/6/22 - 6/6/22
06/27/22		No Check
07/29/22		No Check

Hourly Paid Employees and Daily Paid Substitute Teachers		
# of days in each pay period varies		
Pay Days	Days	Payment Period
08/31/21	20	7/11/21 - 8/7/21
09/30/21	20	8/8/21 - 9/4/21
10/29/21	20	9/5/21 - 10/2/21
11/30/21	25	10/3/21 - 11/6/21
12/31/21	20	11/7/21 - 12/4/21
01/31/22	25	12/5/21 - 1/8/22
02/28/22	20	1/9/22 - 2/5/22
03/31/22	20	2/6/22 - 3/5/22
04/29/22	20	3/6/22 - 4/2/22
05/31/22	25	4/3/22 - 5/7/22
06/27/22	21	5/8/22 - 6/6/22
06/27/22	18	6/7/22 - 6/30/22

DALE R. FOLWELL, CPA
STATE TREASURER OF NORTH CAROLINA

STEVEN C. TOOLE
EXECUTIVE DIRECTOR

Dear Member,

Welcome to the North Carolina Teachers' and State Employees' Retirement System. As a North Carolina public employee, your retirement benefits are administered by the Department of State Treasurer's Retirement Systems Division. As your State Treasurer, I encourage you to learn about your retirement benefits and plan for your financial future.

On the New Hire Welcome Kits web page, you will find information that:

- Summarizes the benefits under your retirement system
- Presents a list of total retirement plans, the NC 401(k), NC 457, and the NC 403(b)

As a new employee, you can designate your beneficiaries online for the employee death benefit or for a return of contributions in the event of your death prior to retirement. This convenient online process is only available to members with less than 10 years of service, so I encourage you to take advantage of the opportunity.

You can track your retirement information and complete your beneficiary designations through ORBIT (Online Retirement Benefits through Integrated Technology), which provides secure, online access 24 hours a day. Visit www.myncretirement.com and click on the "ORBIT" button to register and log on.

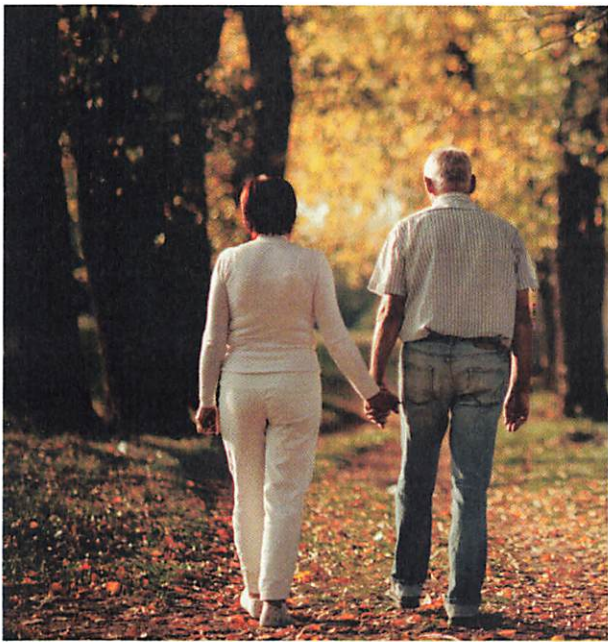
We are cautious in protecting your personal information and limit the display of Social Security numbers on retirement-related communication. Please use your member identification number, located at the top of this page, in all correspondence with our office.

Thank you for giving me the opportunity to serve as your Treasurer. My staff and I want to be helpful to you as you learn about your retirement benefits and plan for your financial future. Please do not hesitate to call us with questions. Our retirement counselors are available at 1-877-627-3287 from 8:00 a.m. to 5:30 p.m., Monday through Friday.

Sincerely,



Dale R. Folwell, CPA

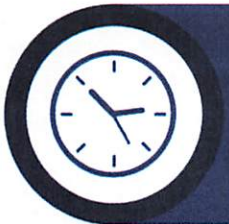


Welcome to **YOUR** pension

Welcome to public service! You're now part of a great team of dedicated people who serve and support the citizens and visitors of the State of North Carolina, and we're here to support YOU!

North Carolina is one of the nation's healthiest and most stable state pension plans. Each month, you, your employer and the state contribute to your personal pension account to get you closer to a secure retirement.

To get the most out of your pension benefit, go to ORBIT.MyNCRetirement.com. In ORBIT, you'll be able to:



Save Time

Update your contact information and designate your beneficiaries, whenever it's convenient for you. There's no need to fill out a paper form, send it by mail and wait for it to be processed.



Get Help

We know it's daunting to think about the decisions you have to make about your retirement, but we've got you covered. ORBIT has guides and videos to teach you everything you need to know.



Stay Informed

General updates about the Retirement Systems are shared by email. We'll send specific updates about your account by mail, but creating an ORBIT account means you'll learn about overall changes sooner.

Visit ORBIT.MyNCRetirement.com to get started!



North Carolina
Total Retirement Plans



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA



North Carolina
Total Retirement Plans

Benefit Highlights - TSERS

Thank you for your service to North Carolina!



On behalf of the North Carolina Department of State Treasurer and the Retirement Systems Division, we offer our heartfelt thanks for your service to North Carolina and its citizens.

Your state government employer has offered you comprehensive retirement benefits that were strategically designed to help you plan for a financially secure retirement. For eligible employees, these benefits include your pension from the Teachers' and State Employees' Retirement System (TSERS), Social Security, and savings through the NC 401(k) and NC 457 Plans, and 403(b) Program.

To make the most of your benefits, it is important to know how they fit into your retirement strategy and how to maximize the benefits available to you.

The North Carolina Total Retirement Plans Solution.

Many financial experts suggest that individuals will need a monthly income in retirement equal to 80% of their pre-retirement income. With the North Carolina Total Retirement Plans, as an eligible employee, you participate in one of the most secure and responsibly managed defined benefit plans in the nation — the Teachers' and State Employees' Retirement System. You also have the potential to save additional funds to help you reach your financial goals by participating in the defined contribution plans.

TSERS. As a member of TSERS, you are entitled to a monthly lifetime benefit calculated using a specified formula once you meet eligibility requirements. You are required to contribute 6% of your compensation to TSERS. Your employer also makes contributions to TSERS based on calculations prepared by an actuary. Your 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.

NC 401(k) and NC 457 Plans. Whether you're a new employee just starting your retirement planning journey, or you've been planning and saving for retirement for years, participating in these defined contribution plans may help you take the next step toward reaching your retirement financial goals. The amount you receive at retirement will be based on your personal contributions, any employer contributions (if applicable), and any earnings on the plan investments you've selected. As long as you have an account, you have access to a Regional Retirement Education Manager and the plans' knowledgeable participant service representatives.

NC 403(b) Program. The NC 403(b) Program is a low-cost, centrally administered retirement option for public school employees. Participating school districts may offer the NC 403(b) Program alongside their current 403(b) offerings, or offer it as a sole option. The Department of State Treasurer administers the NC 403(b) Program, and will support each school district.

The NC 401(k) Plan, NC 457 Plan and the NC 403(b) Program — along with your TSERS benefits and Social Security — are part of the Total Retirement Plans solution that may help you achieve a secure financial future and a more comfortable retirement.



How do I qualify for Teachers' and State Employees' Retirement System (TSERS) benefits?

Service Retirement (Unreduced) Benefits are available:

- At age 65 with 5 years of membership service
- At age 60 with 25 years of creditable service
- At any age with 30 years of creditable service

Early Retirement (Reduced) Benefits are available:

- At age 50 with 20 years of creditable service
- At age 60 with 5 years of membership service

Your early retirement benefit is determined by the same formula as a service retirement benefit multiplied by a reduction percentage based on your age and/or service at early retirement.

If you leave the system before retirement, you may be entitled to receive a deferred benefit at a later date, once you meet eligibility requirements after you have completed 5 years of membership service, provided you do not withdraw your contributions.

Your benefit is determined by the formula in effect on the effective date of your retirement. If you leave the system before you have 5 years of membership service, you are entitled only to a refund of your contributions and interest.

What formula is used to calculate retirement benefits?

Your annual retirement benefit is based on this formula: 1.82% of your average final compensation TIMES your years and months of creditable service.

Average Final Compensation (AFC) is the average of your salary during your four highest-paid years in a row.

Creditable Service includes your membership service for any period during which you contribute to TSERS, provided you do not withdraw your contributions. It may also include credit for purchased service and for eligible unused sick leave that is converted to creditable service at retirement.

Sick leave earned monthly under a duly adopted policy, and for which you would receive full salary if you were absent from work on account of sickness, counts as creditable service. When you retire, one month of credit is allowed, at no cost to you, for each 20 days of your unused sick leave. One more month is allowed for any part of 20 days left over, provided the remaining portion is at least one hour.

Sick leave is used to increase your creditable service but cannot be used to meet the minimum qualifications for a deferred benefit or the Survivor's Alternate Benefit. Sick leave may be used to complete 30 years of service, regardless of age; 25 years of service after age 60; and 20 years of service after age 50.

How are early and service retirement benefits calculated?

Early Retirement Percentages - If you are between ages 50 and 59, with fewer than 30 years of creditable service, your early retirement benefit will be reduced to the following percentages:

CREDITABLE SERVICE										
AGE	29	28	27	26	25	24	23	22	21	20
59	95%	90%	85%	80%	80%	80%	80%	80%	80%	80%
58	95%	90%	85%	80%	75%	75%	75%	75%	75%	75%
57	95%	90%	85%	80%	75%	70%	70%	70%	70%	70%
56	95%	90%	85%	80%	75%	70%	65%	65%	65%	65%
55	95%	90%	85%	80%	75%	70%	65%	60%	60%	60%
54	95%	90%	85%	80%	75%	70%	65%	60%	55%	55%
53	95%	90%	85%	80%	75%	70%	65%	60%	55%	52%
52	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%
51	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%
50	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%

If you are between birthdays when payments start, the reduction will be adjusted proportionately.



North Carolina
Total Retirement Plans

If you are between ages 60 and 65, with fewer than 25 years of creditable service, your early retirement benefit will be reduced to the following percentages:

Age	Percentage of Benefit
64	97%
63	94%
62	91%
61	88%
60	85%

The chart below shows the approximate monthly benefit paid at various salary levels, depending on age and creditable service.

Monthly Retirement Benefit Under Maximum Allowance						
Avg. Final Comp.	50	55	60	ANY	ANY	Age
	20	28	25	30	40	Years of Service
\$60,000	\$910	\$2,293	\$2,275	\$2,730	\$3,640	
\$50,000	\$758	\$1,911	\$1,895	\$2,275	\$3,033	
\$40,000	\$606	\$1,528	\$1,516	\$1,820	\$2,426	
\$30,000	\$455	\$1,146	\$1,137	\$1,365	\$1,820	
\$20,000	\$303	\$764	\$758	\$910	\$1,213	

These are only examples. Your benefit is calculated individually.



What retirement payment options are available?

When you retire, you must elect one of the payment options listed below. Each option includes a Guaranteed Refund feature which provides that should you and your monthly survivor beneficiary, if any, die before the total of all monthly payments equals the amount of your contributions and interest at the date of retirement, the unrecovered portion of your contributions and interest will be paid in one lump sum to another beneficiary(ies).

Maximum Allowance - Basic, Straight Life Benefit (No Monthly Survivor) is paid throughout your lifetime. All monthly benefit payments stop at your death.

Option 2 - 100% Joint and Survivor (One Monthly Survivor) is a reduced retirement allowance providing after your death the same reduced retirement allowance to your monthly survivor beneficiary for the remainder of his/her life.

Option 3 - 50% Joint and Survivor (One Monthly Survivor) is a reduced retirement allowance providing after your death one-half of the reduced retirement allowance to your monthly survivor beneficiary for the remainder of his/her life.

Option 4 - Adjustment of Retirement Allowance and Social Security Benefits (No Monthly Survivor) is a retirement allowance providing for larger monthly payments than you would otherwise be entitled to receive until you become eligible for Social Security at age 62. Beginning at age 62, your monthly payments will be reduced to an amount that is less than what you would otherwise be entitled to receive. However, your reduced retirement payments after age 62, plus your allowance from the Social Security Administration, will be approximately the same amount as the inflated payment you received from the Retirement System before age 62.

Option 6-2 or 6-3 - Modified Joint and Survivorship (One Monthly Survivor) is a reduced retirement allowance as provided by Option 2 or Option 3, with the added provision that if your monthly survivor beneficiary dies before you do, your retirement allowance will increase to the Maximum Allowance the following month for the remainder of your life.

DISCLAIMER: The availability and amount of all benefits you might be eligible to receive is governed by North Carolina law. The information provided in this publication cannot alter, modify or otherwise change the controlling North Carolina law or other governing legal documents in any way, nor can any right accrue to you by reason of any information provided or omission of information provided herein. In the event of a conflict between this information and the North Carolina law, North Carolina law governs.

Is retiree health coverage available?

When you retire, you are eligible for coverage under the State Health Plan if you have at least 5 years of retirement membership service earned as a teacher or state employee. (Credit for unused sick leave or credit transferred from the Local Governmental Employees' Retirement Systems does not count toward this 5-year requirement.)

Under current law, if you were first hired before October 1, 2006, and retire with 5 or more years of TSERS membership service, the state will pay for your individual coverage under the 70/30 or Medicare Advantage Base Plan. Based on these conditions, if you were first hired on or after October 1, 2006, in order to receive individual coverage at no cost, you must retire with 20 or more years of retirement service credit. If you have 10, but fewer than 20 years of retirement service credit, you will have to pay 50% of the cost for your coverage. If you have 5, but fewer than 10 years, you will have to pay the full cost of your coverage, if elected.

If you have questions about your health plan options, eligibility or premium contributions, please contact:

Eligibility and Enrollment Support Center • 855-859-0966
State Health Plan website • www.shpnc.org

My Social Security Account

You probably plan to receive Social Security benefits someday. Maybe you already do. Either way, you'll want to go online and create a My Social Security account to quickly and easily:

- Keep track of your earnings and verify them every year
- Get an estimate of your future benefits if you are still working
- Get a letter with proof of your benefits if you currently receive them
- Manage your benefits:
 - Change your address
 - Start or change your direct deposit
 - Get a replacement Medicare card
 - Get a replacement SSA-1099 or SSA-1042S for tax season

With instant access to your Social Security Statement at any time, you will no longer receive one periodically in the mail, saving money and the environment.

Setting up an account is quick, secure, and easy. Just go to socialsecurity.gov/myaccount.

Social Security Information...For Every Age

The Social Security website now has different web portals with information for people of all ages and all stages of life.

For example, younger workers can use the online retirement estimator to create "what if" scenarios to determine when would be the best age to retire and what their post-retirement income could be.

The web portal for Kids and Families has kid-friendly materials that educate why Social Security is important for families. And brides, mothers, newly widowed women, divorcees and caregivers looking for financial planning resources can access them on the Women's web portal.

There's so much more, so check out socialsecurity.gov today!

How do I contact the Retirement Systems Division?

Visit MyNCRetirement.com at any time to:

- Estimate monthly benefits using our Retirement Estimator
- Download and complete retirement applications and forms
- Download and view Your Retirement Benefits handbooks
- Review Frequently Asked Questions
- Manage your retirement account online using ORBiT

Or send an email to nc.retirement@nctreasurer.com

Like us on Facebook at [Facebook.com/MyNCRetirement](https://www.facebook.com/MyNCRetirement)

Follow us on Twitter at twitter.com/nctreasurer

North Carolina Department of State Treasurer
Retirement Systems Division
3200 Atlantic Avenue
Raleigh, North Carolina 27604
Toll-free: 1-877-NC SECURE (877-627-3287)
Fax: 919-855-5800

Appointment-only Policy: If you wish to visit our office, please contact the Retirement Systems Division to schedule an appointment.



North Carolina
Total Retirement Plans



North Carolina
Total Retirement Plans



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Designating Beneficiaries

If something happens to you, the payout of each of your NC Total Retirement Plans - including the NC pension plan and all supplemental plans - is governed by the beneficiary designation on file with each, different plan provider. In most cases, payouts are not made based on the relationship of the beneficiary to the deceased member at the time of death.

All Active NC Defined Benefit Plan (NC Pension Plan - TSERS and LGERS) Members



(Note: Not all employers under LGERS have elected to provide the death benefit coverage for their non-law enforcement personnel.)

Designating your Beneficiary(ies) for Return of Retirement System Contributions and the Death Benefit.

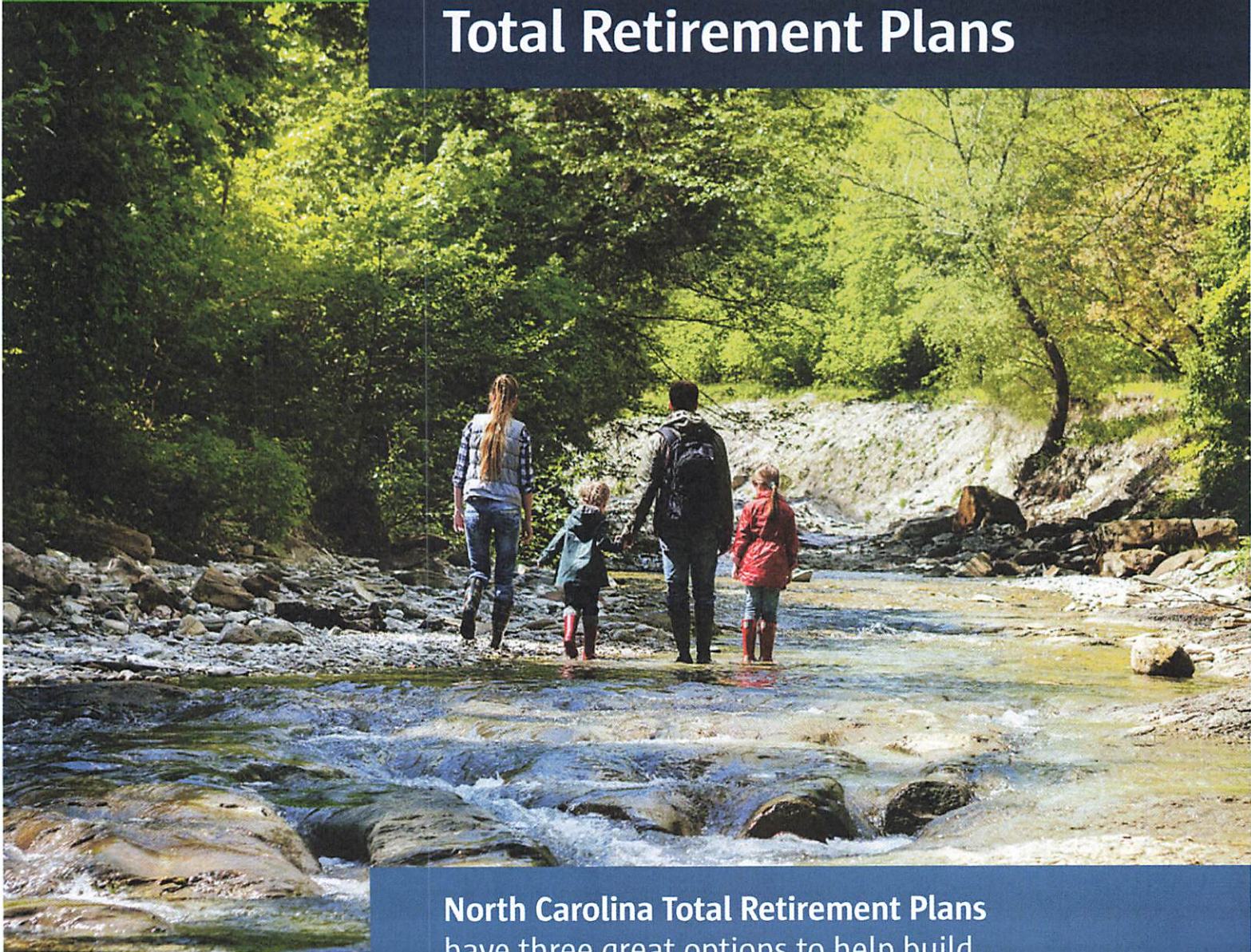
To change your beneficiary(ies), complete the following steps:

1. Login to ORBIT at <https://orbit.myncretirement.com>

If you have not used ORBIT before, you will need to register by clicking on the Register button on the same page. To complete the registration, you need to supply your Social Security number, birth date, and zip code.

2. Once logged in, click on the "Maintain Beneficiaries" tab on the left hand side of the screen.
3. On the next screen, you can view your beneficiaries, and use the add, edit and delete features to change your beneficiary(ies).

The North Carolina Total Retirement Plans



North Carolina Total Retirement Plans
have three great options to help build
retirement savings.



North Carolina
Total Retirement Plans
401k|457|403b



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Saving for Retirement

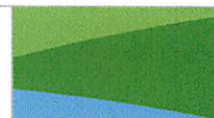
Saving for retirement is an important step toward living out a financially secure future.

As a public employee in North Carolina, you are fortunate to have the NC Total Retirement Plans available to you. While they are similar in many ways, there are some unique differences between the three plans, as the chart below illustrates.

Provision	NC 457 Plan		NC 401(k) Plan*		NC 403(b) Program*	
	Traditional Pre-Tax Contributions	Roth After-Tax Contributions	Traditional Pre-Tax Contributions	Roth After-Tax Contributions	Traditional Pre-Tax Contributions	Roth After-Tax Contributions
Eligibility	<ul style="list-style-type: none"> • Employer offers NC 457 Plan • Full-time, temporary or part-time employees • Elected or appointed officials • Rehired retired employees 		Contributing members to one of the North Carolina public employees Retirement Systems, including: <ul style="list-style-type: none"> • Teachers' and State Employees' Retirement System (TSERS) • Local Governmental Employees' Retirement System (LGERS) • Legislative Retirement System • Consolidated Judicial Retirement System 		Eligibility is determined by your school district or community college. For the most part, full-time, temporary, or part-time employees working more than 20 hours per week are eligible.	
Contributions	<ul style="list-style-type: none"> • Pre-tax contributions and/or Roth after-tax contributions • Made by payroll deduction • No minimum • Maximum is \$19,500 in 2021 (amount is not reduced by rollovers into the plan from other eligible retirement plans) 		<ul style="list-style-type: none"> • Pre-tax contributions and/or Roth after-tax contributions • Made by payroll deduction • No minimum • Maximum is \$19,500 in 2021 (amount is not reduced by rollovers into the plan from other eligible retirement plans) 		<ul style="list-style-type: none"> • Pre-tax contributions and/or Roth after-tax contributions • Made by payroll deduction • No minimum • Maximum is \$19,500 in 2021 (amount is not reduced by rollovers into the plan from other eligible retirement plans) 	
Age 50+ Catch-Up Contributions	If age 50 or older by December 31, 2021, the member may contribute an additional \$6,500 to the plan for a total maximum deferral of \$26,000 in 2021. <i>Cannot be used in conjunction with the three-year catch-up contribution.</i>		If age 50 or older by December 31, 2021, the member may contribute an additional \$6,500 to the plan for a total maximum deferral of \$26,000 in 2021.* *Limit is for total combined contributions.		If age 50 or older by December 31, 2021, the member may contribute an additional \$6,500 to the plan for a total maximum deferral of \$26,000 in 2021.* *Limit is for total combined contributions.	
Additional Catch-Up Contributions	Available to members who are within three years of the taxable year in which normal retirement age is attained and who did not contribute the maximum allowed in prior years. Maximum contribution is \$39,000 in 2021. <i>Cannot be used in conjunction with the age 50+ catch-up provision.</i>		Not available		If permitted by your district, for an employee who has at least 15 years of service with a public school system, his or her 403(b) elective deferral limit is increased by the lesser of: <ul style="list-style-type: none"> • \$3,000, • \$15,000, reduced by the amount of additional elective deferrals made in prior years because of this rule, or • \$5,000 times the number of the employee's years of service for the organization, minus the total elective deferrals made for earlier years. If an employee qualifies for the 15-year rule, his or her elective deferrals under this limit can be as high as \$21,500 for 2021.	
Employer Contributions	Employer contributions, if applicable, reduce the annual maximum employee contribution allowance.		Employer contributions, if applicable, do not reduce the annual maximum employee contribution allowance.		Employer contributions, if applicable, do not reduce the annual maximum employee contribution allowance.	
Saver's Credit	A nonrefundable tax credit is available to eligible taxpayers who make contributions to qualifying retirement plan(s). Depending on the member's adjusted gross income (AGI), the credit ranges from 10% to 50% of the first \$2,000 in eligible contributions. Generally, this credit would be available to joint filers with an AGI of up to \$66,000, head-of-household filers with an AGI of up to \$49,500, and single filers with an AGI of up to \$33,000. (Source: https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-savings-contributions-savers-credit)					
Rollovers Into the Plan	Pre-tax rollovers are accepted from eligible retirement plans, including 401(k), 401(a), 403(b) and governmental 457(b) plans; and many individual retirement accounts (IRAs), including Traditional, Rollover (Conduit), SEP and SIMPLE plans.	Roth after-tax rollovers are accepted from eligible retirement plans such as governmental 457(b), 401(k) and 403(b) plans, but not from Roth IRAs.	Pre-tax rollovers are accepted from eligible retirement plans, including 401(k), 401(a), 403(b) and governmental 457(b) plans; and many individual retirement accounts (IRAs), including Traditional, Rollover (Conduit), SEP and SIMPLE plans.	Roth after-tax rollovers are accepted from eligible retirement plans such as Roth 401(k), Roth 403(b) and Roth 457 plans, but not from Roth IRAs.	Pre-tax rollovers are accepted from eligible retirement plans, including 401(k), 401(a), 403(b) and governmental 457(b) plans and some individual retirement accounts (IRAs), including Traditional, SEP and SIMPLE plans.	Roth after-tax rollovers are accepted from eligible retirement plans such as Roth 401(k), Roth 403(b) and Roth 457 plans, but not from Roth IRAs.
Loan Provision*	Loans may be taken for any reason, provided funds are available in the member's account, and are repaid with interest through payroll deduction(s). With general-purpose loans, members may take up to five years to repay with no prepayment penalty. Only one loan may be outstanding at a time.				Loan availability is determined by your school district or community college. Contact your HR/Benefits office for further information.	

*An outstanding loan balance not paid back at termination is taxable in the year of the default. Under the Tax Cuts and Jobs Act of 2017, for defaults related to termination of employment after 2017, the individual has until the due date of that year's return (including extensions) to roll over this amount to an IRA or qualified employer plan.

Joining the NC 457 Plan, NC 401(k) Plan or NC 403(b) Program is a wise choice. So start saving for your future today!



Provision	NC 457 Plan		NC 401(k) Plan*		NC 403(b) Program*	
	Traditional Pre-Tax Contributions	Roth After-Tax Contributions	Traditional Pre-Tax Contributions	Roth After-Tax Contributions	Traditional Pre-Tax Contributions	Roth After-Tax Contributions
Hardship/ Unforeseen Emergency Withdrawals	Available in the following circumstances: <ul style="list-style-type: none"> • For medical expenses not covered by insurance for the member, spouse or dependents • To prevent eviction from or foreclosure on a primary residence • To cover funeral/burial expenses for the member's immediate family member • To repair damage to the member's principal residence that qualifies as a casualty deduction 		Available in the following circumstances, as defined by the IRS: <ul style="list-style-type: none"> • For medical expenses not covered by insurance for the member, primary beneficiary, spouse or dependents • To provide a down payment on a primary residence • For college tuition, room, board and some related educational expenses for the member, primary beneficiary, spouse or dependents • To prevent eviction from or foreclosure on a primary residence • To cover funeral/burial expenses for a primary beneficiary or a member's immediate family member • To repair damage to the member's principal residence that qualifies as a casualty deduction • Expenses and losses (including loss of income) incurred on account of a FEMA-declared disaster if you live or work in a FEMA-designated disaster area 		Available in the following circumstances, as defined by the IRS: <ul style="list-style-type: none"> • For medical expenses not covered by insurance for the member, primary beneficiary, spouse or dependents • To provide a down payment on a primary residence • For college tuition, room, board and some related educational expenses for the member, primary beneficiary, spouse or dependents • To prevent eviction from or foreclosure on a primary residence • To cover funeral/burial expenses for a primary beneficiary or a member's immediate family member • To repair damage to the member's principal residence that qualifies as a casualty deduction • Expenses and losses (including loss of income) incurred on account of a FEMA-declared disaster if you live or work in a FEMA-designated disaster area 	
Withdrawals & Rollovers While Employed	<ul style="list-style-type: none"> • Available upon reaching age 59½ • Upon transfer to the NC Retirement System to purchase service credit, if eligible for purchase • Allowed if the account balance is less than \$5,000 and no contributions have been made for a period of two years 	<ul style="list-style-type: none"> • Available upon reaching age 59½, and to receive favorable tax treatment, the first contribution must be at least five years old • Allowed if the account balance is less than \$5,000 and no contributions have been made for a period of two years 	<ul style="list-style-type: none"> • Available upon reaching age 59½ • Allowed upon transfer to the NC Retirement System to purchase service credit, if eligible for purchase 	<ul style="list-style-type: none"> • Available upon reaching age 59½ and to receive favorable tax treatment, the first contribution must be at least five years old 	<ul style="list-style-type: none"> • Available upon reaching age 59½ • Allowed upon transfer to the NC Retirement System to purchase service credit, if eligible for purchase 	<ul style="list-style-type: none"> • Available upon reaching age 59½ and to receive favorable tax treatment, the first contribution must be at least five years old
Options Upon Termination or Retirement¹	<ul style="list-style-type: none"> • Leave funds in the plan(s), subject to federal rules on required minimum distributions • Begin making withdrawals (lump sum, partial payments or systematic payout options) • Annuitize all or a portion • Roll all or a portion of the balance to another qualified retirement plan or IRA • At or after retirement, members may transfer all or a portion of pre-tax account balance to NC TSERS or NC LGERS, where it can be paid as a monthly benefit for your lifetime and/or the lifetime of your designated survivor 	<ul style="list-style-type: none"> • Leave funds in the plan, subject to federal rules on required minimum distributions • Begin making withdrawals (lump sum, partial payments or systematic payout options) • Roll all or a portion of the balance to another Roth 401(k), Roth 403(b), Roth IRA or Roth 457 	<ul style="list-style-type: none"> • Leave funds in the plan, subject to federal rules on required minimum distributions • Begin making withdrawals (lump sum, partial payments or systematic payout options) • Roll all or a portion of the balance to an annuity • Roll all or a portion of the balance to another qualified retirement plan or IRA • At or after retirement, members may transfer all or a portion of pre-tax account balance to NC TSERS or NC LGERS, where it can be paid as a monthly benefit for your lifetime and/or the lifetime of your designated survivor 	<ul style="list-style-type: none"> • Leave funds in the plan, subject to federal rules on required minimum distributions • Begin making withdrawals (lump sum, partial payments or systematic payout options) • Roll all or a portion of the balance to another Roth 401(k), Roth 457, Roth 403(b) or Roth IRA 	<ul style="list-style-type: none"> • Leave funds in the plan, subject to federal rules on required minimum distributions • Begin making withdrawals (lump sum, partial payments or systematic payout options) • Roll all or a portion to an annuity • Roll all or a portion of the balance to another qualified retirement plan or IRA • At or after retirement, members may transfer all or a portion of pre-tax account balance(s) to NC TSERS or NC LGERS, where it can be paid as a monthly benefit for your lifetime and/or the lifetime of your designated survivor. This option is available through the NC 401(k) or NC 457 Plans only at this time² 	<ul style="list-style-type: none"> • Leave funds in the plan, subject to federal rules on required minimum distributions • Begin making withdrawals (lump sum, partial payments or systematic payout options) • Roll all or a portion of the balance to another Roth 401(k), Roth 457, Roth 403(b) or Roth IRA

¹ Please note that if you terminate from service, requests for withdrawals or distributions from your account (not associated with retirement) will not be processed for 60 days.

² TSERS or LGERS members with NC 403(b) accounts can take advantage of the Transfer Benefit option by first establishing an NC 401(k) or NC 457 Plan account, and transferring all or part of the NC 403(b) account balance(s) into this account.

Provision	NC 457 Plan		NC 401(k) Plan*		NC 403(b) Program*	
	Traditional Pre-Tax Contributions	Roth After-Tax Contributions	Traditional Pre-Tax Contributions	Roth After-Tax Contributions	Traditional Pre-Tax Contributions	Roth After-Tax Contributions
Tax Considerations	<ul style="list-style-type: none"> Withdrawals of pre-tax funds are subject to federal and state income taxes for the year in which the distribution(s) is/are processed Rollovers to other qualified plans or IRAs are not taxable events 	Contributions are NOT taxed when withdrawn Withdrawals of earnings are subject to federal or state income taxes unless: <ul style="list-style-type: none"> The first Roth contribution has been in the account for at least five tax years The member is 59½ or older, disabled or deceased 	<ul style="list-style-type: none"> Withdrawals of pre-tax funds are subject to federal and state income taxes for the year in which the distribution(s) is/are processed Rollovers to other qualified plans or IRAs are not taxable events 	Contributions are NOT taxed when withdrawn Withdrawals of earnings are subject to federal or state income taxes unless: <ul style="list-style-type: none"> The first Roth contribution has been in the account for at least five tax years The member is 59½ or older, disabled or deceased 	<ul style="list-style-type: none"> Withdrawals of pre-tax funds are subject to federal and state income taxes for the year in which the distribution(s) is processed Rollovers to other qualified plans or IRAs are not taxable events 	Contributions are NOT taxed when withdrawn Withdrawals of earnings are subject to federal or state income taxes unless: <ul style="list-style-type: none"> The first Roth contribution has been in the account for at least five tax years The member is 59½ or older, disabled or deceased
Additional Tax Penalties on Withdrawals	Regardless of age at withdrawal, generally no additional penalties will apply	Regardless of age at withdrawal, generally no additional penalties will apply	Withdrawals prior to age 59½ may be subject to an additional 10% federal income tax penalty. This penalty can be avoided if the member: <ul style="list-style-type: none"> Separates from service in the calendar year they turn age 55, or later Elects to receive substantially equal payments based on life expectancy Is disabled or deceased Is deemed a qualified public safety employee and separates from service in or after the year they turn age 50 	Withdrawals of earnings prior to age 59½ may be subject to an additional 10% federal income tax penalty. This penalty can be avoided if the member: <ul style="list-style-type: none"> Separates from service in the calendar year they turn age 55, or later Elects to receive substantially equal payments based on life expectancy Is disabled or deceased Is deemed a qualified public safety employee and separates from service in or after the year they turn age 50 	Withdrawals prior to age 59½ may be subject to an additional 10% federal income tax penalty. This penalty can be avoided if the member: <ul style="list-style-type: none"> Separates from service in the calendar year they turn age 55, or later Elects to receive substantially equal payments based upon life expectancy Is disabled or deceased Transfers funds to the Retirement System 	Withdrawals of earnings prior to age 59½ may be subject to an additional 10% federal income tax penalty. This penalty can be avoided if the member: <ul style="list-style-type: none"> Separates from service in the calendar year they turn age 55, or later Elects to receive substantially equal payments based on life expectancy Is disabled or deceased
Required Minimum Distributions	The federal government dictates that minimum withdrawals must begin by age 70½ (72 for those who reach 70½ after December 31, 2019), provided the member is no longer employed by the sponsoring employer. Failure to receive this annual required minimum distribution (RMD) may result in significant tax penalties.					

Where can you go for information?
Call 866-NCPlans (866-627-5267) toll-free, or visit NCPlans.prudential.com.

*Amounts withdrawn before age 59½ may be subject to a 10% federal income tax penalty, applicable taxes and plan restrictions. Withdrawals are taxed at ordinary income tax rates. Neither Prudential Financial nor any of its representatives are tax or legal advisors and encourage you to consult your individual legal or tax advisor with any specific questions. Rollover assets may be assessed fees or other surrender charges. Please contact the current account provider for this information.

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For the NC 403(b) Program, shares of the registered mutual funds are offered through Prudential Investment Management Services LLC (PIMS), Newark, NJ, a Prudential Financial company. Retirement Education Counselors are registered representatives of PIMS.

Prudential Retirement provides the communications and recordkeeping services for the NC 401(k) and NC 457 Plans and the NC 403(b) Program. With the exception of the NC Stable Value Fund and the NC Fixed Income Fund, the investments offered to you within the NC 401(k) and NC 457 Plans are not offered by or affiliated with Prudential Financial or any of its companies or businesses. Prudential Retirement is a Prudential Financial business.

Retirement products and services are provided by Prudential Retirement Insurance and Annuity Company (PRIAC), Hartford, CT or its affiliates. PRIAC is a Prudential Financial company.

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Counties

Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Swain, Transylvania, Yancey


Savings philosophy:

Plan your tomorrow or your tomorrow will plan you.

2021

NEW EMPLOYEE ENROLLMENT GUIDE

January 1, 2021 - December 31, 2021



*"Welcome to the State Health Plan!
Let us help you evaluate your options
to select the best health plan for
you and your family. See inside for
an introduction to the Plan and
important information about benefits,
plan comparisons and how to enroll.
We wish you the best of health
throughout 2021."*

Dale R. Folwell, CPA · State Treasurer

Our mission is to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents, in a financially sustainable manner, thereby serving as a model to the people of North Carolina for improving their health and well-being.

Understanding the Value of Your State Health Plan Coverage

You are now a valued state employee. In return, the taxpayers of North Carolina invest in you and your health by offering eligible employees full medical and pharmacy benefits through the State Health Plan. It's important to remember that the state pays for the majority of your benefit, with you subsidizing the coverage for any dependents you choose to add on to the Plan. Please read this guide carefully before enrolling.

The State Health Plan offers two health plan options: The 80/20 Plan and the 70/30 Plan.

Both the 80/20 Plan and the 70/30 Plan are administered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) but benefits are paid by the state, not Blue Cross NC. You can seek care from providers in the NC State Health Plan Network or go out-of-network. However, if you stay in-network, your deductibles, copays and coinsurance will be lower. Both plans cover the same medical and pharmacy services. However, the member cost share varies by each plan.

CVS Caremark is the Plan's pharmacy manager, but your pharmacy benefits are paid by the state. Members should note that this does NOT mean members will have to go to a CVS pharmacy location for their prescriptions.

The State Health Plan utilizes a custom, closed formulary or drug list. Under a custom, closed formulary, certain drugs are not covered. If you find that your prescription is not covered, speak to your provider about possible alternatives. There is an exception process available to providers who believe that, based on medical necessity, it is in the member's best interest to remain on a non-covered drug.

80/20 Plan

This plan has higher premiums than the 70/30 Plan in exchange for lower copays and lower coinsurance. In addition, the deductible is lower on this plan than the 70/30 Plan. With this plan, Affordable Care Act preventive services and medications are covered at 100%, which means there is no charge to you. An example of such a service includes an annual physical.

70/30 Plan

This plan has lower premiums in exchange for higher copays and coinsurance. Affordable Care Act preventive services and medications are also covered at 100%, which means there is no charge to you. An example of such a service includes an annual physical.

Please note:

- Permanent employees working a minimum of 30 hours per week may enroll in the State Health Plan. Some part-time employees are also eligible but on a fully contributory basis.
- For you and other permanent employees, your employing agency contributes **nearly \$500** to your health benefit each month.
- For employee-only coverage each month, you pay \$25 on the 70/30 Plan, or \$50 on the 80/20 Plan, if you complete a tobacco attestation, plus any dependent premiums, if you choose to cover dependents.
- Non-permanent employees working a minimum of 30 hours per week can also enroll in State Health Plan benefits. However, they are different benefits and these employees should work with their HR department regarding that option.



LOWER YOUR MONTHLY PREMIUMS

By completing the tobacco attestation, you can earn a wellness premium credit that will reduce your monthly premium in both plan options. The wellness premium credit only applies to the employee-only premium. In order to receive the premium credit, you must complete the tobacco attestation within 30 days of your hire date. The tobacco attestation can be completed online through eBenefits, the Plan's enrollment system.

2021 PREMIUM CREDIT SAVINGS	80/20 PLAN	70/30 PLAN
Employee-only Monthly Premium	\$110	\$85
Attest that you are tobacco-free or agree to visit a CVS MinuteClinic or a Primary Care Provider that offers counseling for at least one tobacco cessation counseling session.*	-\$60	-\$60
Total Monthly Employee-Only Premium: (With Credit)	\$50	\$25

**Tobacco attestation must be completed each year. For tobacco users that agree to visit a CVS MinuteClinic or a Primary Care Provider for a tobacco cessation counseling session, only one visit is required to receive your premium credit. One session must be completed within 60 days of your enrollment.*

NC STATE HEALTH PLAN NETWORK

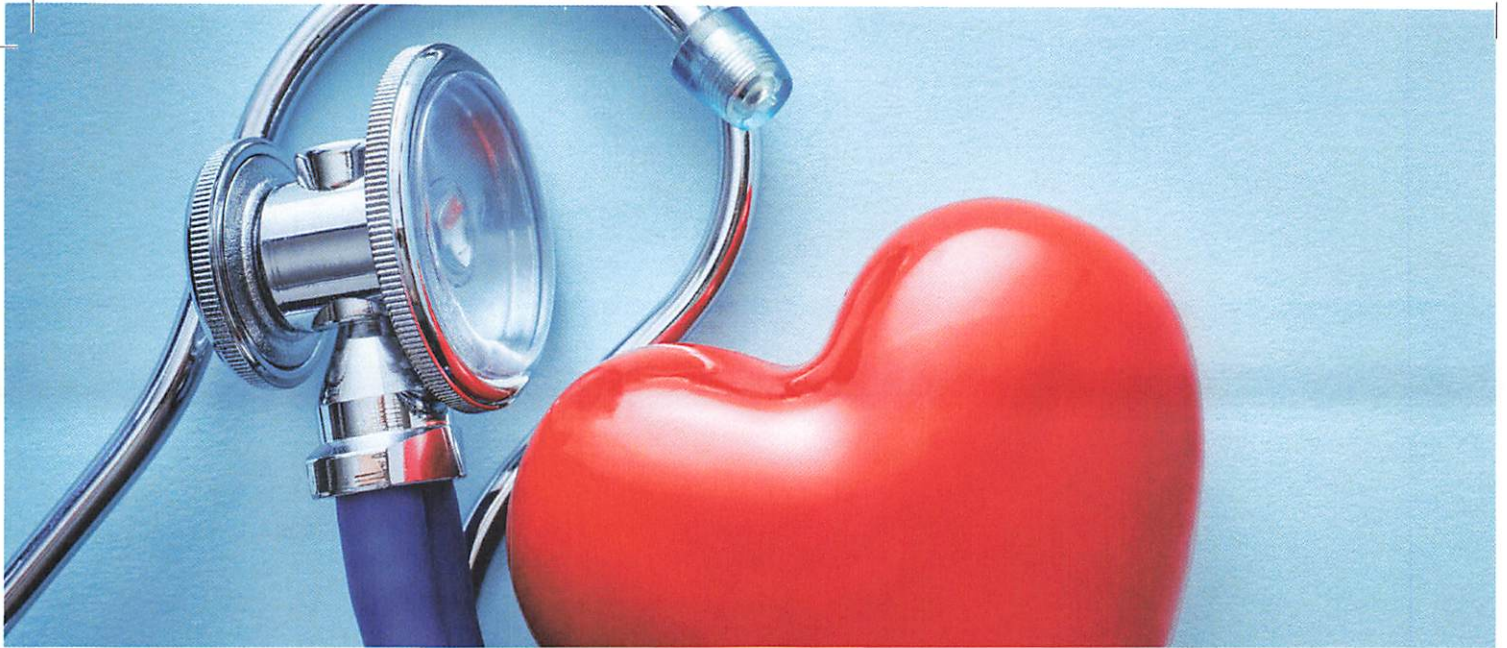
As a State Health Plan member, you will have access to the North Carolina State Health Plan Network, which is made up of providers who signed up for the Plan's Clear Pricing Project (CPP), and Blue Cross NC's Blue Options network. CPP providers have agreed to get rid of secret contracts, making health care more affordable and transparent. In an effort to lower health care costs for members and to support CPP providers, the Plan will be offering significant copay reductions for members who visit a CPP provider in 2021.

**To locate a CPP provider, visit the Plan's website and click "Find a Doctor."
Then look for "Clear Pricing Project Provider" next to a provider's name.
Compare the difference and check out the savings!**

CLEAR PRICING PROJECT PROVIDER COPAY COMPARISON CHART

PROVIDER	80/20 PLAN	70/30 PLAN
Primary Care Provider (PCP)	CPP PCP on ID card \$0 Non-CPP PCP on ID card \$10 Other PCP \$25	CPP PCP on ID card \$0 Non-CPP PCP on ID card \$30 Other PCP \$45
Specialist	CPP Specialists \$40 Non-CPP Specialists \$80	CPP Specialists \$47 Non-CPP Specialists \$94
Speech, Occupational, Chiropractor and Physical Therapy	CPP Providers \$26 Non-CPP Providers \$52	CPP Providers \$36 Non-CPP Providers \$72

As noted above, you can also save money under the 80/20 and 70/30 plans when you visit your selected Primary Care Provider, even if that provider is not a CPP provider.



HEALTH & WELLNESS RESOURCES

The State Health Plan offers telephonic coaching for disease and case management for members with the following conditions:

- chronic obstructive pulmonary disease (COPD)
- congestive heart failure
- coronary artery disease
- diabetes
- asthma
- cerebrovascular disease
- peripheral artery disease

Case management will also be provided for members with complex health care needs and with conditions such as chronic and end stage renal disease. Eligible members will receive more information about these services.

Blue365: A Wellness Resource and Discount Program for Healthy Living

As State Health Plan members, you can save money, live healthier and find great member discounts on fitness and health tools through Blue365®. Staying healthy and active is easy and affordable. It's the best investment you can make in your future. Blue365, offered through Blue Cross NC, is a simple way to access trusted wellness resources, and valuable offers like these:

- **Fitness:** Gym memberships and fitness gear
- **Personal Care:** Vision and hearing care
- **Healthy Eating:** Weight loss and nutrition programs
- **Lifestyle:** Travel and family activities
- **Wellness:** Mind/body wellness tools and resources
- **Financial Health:** Financial tools and programs

To access more information on these saving opportunities, please visit Blue Connect. To access Blue Connect, visit the State Health Plan's website at www.shpnc.org and click eBenefits to log into eBenefits, the Plan's enrollment system. Once you're logged into eBenefits, you will see a Blue Connect Quick Link. Once you are in Blue Connect, look for the Blue365 tab. Members must register to use Blue365 services. You can also find more information in your benefit booklet and by calling 855-511-2583, 8 a.m. - 6 p.m., Monday-Friday.

► New Member Enrollment

You can enroll yourself as well as eligible family members in health plan coverage. Eligible family members include:

- Your spouse.
- Your or your spouse's biological, legally adopted or foster child up to age 26 (including a child for whom you are the court-appointed guardian and a stepchild if you are married to the child's biological parent).
- A dependent child over the age of 26 if he or she is physically or mentally incapacitated to the extent that he or she is incapable of earning a living. The handicap must have either developed or begun to develop before the dependent's 19th birthday, or the handicap must have developed or begun to develop before the dependent's 26th birthday if the dependent was covered by the State Health Plan.

Dependent verification documentation is required for all dependents. You can upload these documents in eBenefits, the Plan's enrollment system. A list of required documents is available on the website. New members may find it helpful to gather these documents before beginning their enrollment.

► Decision Support Tools

WHAT ARE THE PREMIUM RATES?

Premium rate charts are available on the State Health Plan's website at www.shpnc.org. If you are a less than 12-month employee or the employee of a Local Government Employer, please ask your Health Benefits Representative for your applicable rates.

SELECTING THE PLAN THAT IS BEST FOR YOU

Only you can decide which plan option is best for you and your family. However, the State Health Plan provides a number of resources to help you make an informed decision.

Visit www.shpnc.org for details about the 2021 Health Plan options, including:

- Links to the CVS Caremark drug lookup tool to assist you with determining your out-of-pocket costs for medications
- Benefit Booklets
- Plan Comparison
- Informational Videos

Once you choose your benefit plan, you may not elect to switch plans until the next Open Enrollment period.

The coverage type you select (for example, employee-only or employee-spouse) will remain in effect until the next Open Enrollment period. You will not be able to add or drop a spouse or dependents until the next benefit plan year unless you experience a qualifying event. These events include changes such as marriage, birth and retirement. For a complete list of qualifying events, refer to the Benefit Booklet located on the Plan's website at www.shpnc.org, or ask your Health Benefits Representative. Open Enrollment is typically held in the fall.

► Special Enrollment

If you decline coverage for yourself or your eligible dependents and you later experience a qualifying event, you and/or your dependents may be eligible to enroll. You must enroll within 30 days of the qualifying event outside of the annual Open Enrollment period.

► Effective Date

The coverage effective date for new employees is the first day of the month following the date of employment, or the first day of the second month. You and any eligible dependents must enroll in the State Health Plan with the same effective date unless you experience a qualifying life event. Enrollment must occur within 30 days of your date of hire.

► How Do I Enroll?

To enroll, visit the State Health Plan's website at www.shpnc.org and click "eBenefits" at the top of the website to access the Plan's enrollment system. If you need assistance call **855-859-0966**.

► Stay Informed

Subscribe to the State Health Plan's Member Focus free e-newsletter to keep up to date on your pharmacy and health benefits. You'll receive monthly tips on how to stay healthy and save money—plus recipes and more. Sign up today at www.shpnc.org. Just click on the "Newsletter" link on the bottom of the page.

► Have Questions?

For additional information regarding benefit coverage, visit the State Health Plan website at www.shpnc.org. You may also call Customer Service at **888-234-2416**, or ask your Health Benefits Representative. Questions regarding Enrollment and Eligibility should be directed to the Eligibility and Enrollment Support Center at **855-859-0966**. For a complete description of the health plans offered, please refer to the Benefit Booklets available online at www.shpnc.org.

Effective January 1, 2021, members first hired on and after this date will not be eligible for retiree medical benefits.

2021 STATE HEALTH PLAN COMPARISON

WHAT YOU PAY				
PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
Preventive Services	\$0 (covered by the Plan at 100%)	N/A	\$0 (covered by the Plan at 100%)	N/A
Office Visits	CPP PCP on ID card \$0 Non-CPP PCP on ID card \$10 Other PCP \$25	40% after deductible is met	CPP PCP on ID card \$0 Non-CPP PCP on ID card \$30 Other PCP \$45	50% after deductible is met
Specialist Visits	CPP Specialist \$40 Other Specialists \$80	40% after deductible is met	CPP Specialist \$47 Other Specialists \$94	50% after deductible is met
Speech, Occupational, Chiro & Phys. Therapy	CPP Provider \$26 Other Provider \$52	40% after deductible is met	CPP Provider \$36 Other Provider \$72	50% after deductible is met
Urgent Care	\$70		\$100	
Emergency Room (Copay waived w/ admission or observation stay)	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
Inpatient Hospital	\$300 copay, then 20% after deductible is met. Out-of-Network \$300 copay, then 40% after deductible is met.		\$337 copay, then 30% after deductible is met. Out-of-Network \$337 copay, then 50% after deductible is met.	
Tier 1 (Generic)	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)	Deductible/coinsurance		Deductible/coinsurance	
Tier 4 (Low-Cost Generic Specialty)	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5 (Preferred Specialty)	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance		Deductible/coinsurance	
Preferred Diabetic Testing Supplies*	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
Preferred and Non-Preferred Insulin	\$0 copay per 30-day supply		\$0 copay per 30-day supply	
Preventive Medications	\$0 (covered by the Plan at 100%)		\$0 (covered by the Plan at 100%)	

PCP: Primary Care Provider

*Preferred Brand is the One Touch Test Strips.

Legal Notices

Notice of Privacy Practices for The State Health Plan for Teachers and State Employees

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Original Effective Date: April 14, 2003

Revised Effective Date: January 20, 2018

Introduction

A federal law, the Health Insurance Portability and Accountability Act (HIPAA), requires that we protect the privacy of identifiable health information that is created or received by or on behalf of the Plan. This notice describes the obligations of the Plan under HIPAA, how medical information about you may be used and disclosed, your rights under the privacy provisions of HIPAA, and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information if we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services or sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information (including medical records, billing records, and any other records used to make decisions regarding your health care benefits) for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except: (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.
- To request an accounting, you must submit a written request to the Privacy Contact identified in this Notice. Your request must state a time period of no longer than six (6) years.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information provided in this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1-877-696-6775**, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: The Plan may disclose your health information so that your doctors, pharmacies, hospitals, and other health care providers may provide you with medical treatment.

Run our organization

We can use and disclose your information to run our organization (healthcare operations), improve the quality of care we provide, reduce healthcare costs, and contact you when necessary.

Example: The Plan may use and disclose your information to determine the budget for the following year, or to set premiums.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

continued on the next page

Example: We share information about you with CVS Caremark to coordinate payment for your prescriptions.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your employer's Health Benefit Representative is provided information to help you understand your health benefits, and help make sure you are enrolled.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research. Research done using Plan information must go through a special review process. We will not use or disclose your information unless we have your authorization, or we have determined that your privacy is protected.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other Uses and Disclosures

Some uses and disclosures of your information will be made only with your written authorization. For example, your written authorization is required in the following instances: (i) any use or disclosure of psychotherapy notes, except as otherwise permitted in 45 C.F.R. 164.508(a)(2); (ii) any use or disclosure for "marketing," except as otherwise permitted in 45 C.F.R. 164.508(a)(3); (iii) any disclosure which constitutes a sale of protected health information (PHI). If you authorize the Plan to use or disclose your PHI, you may revoke the authorization at any time in writing. However, your revocation will only stop future uses and disclosures that are made after the Plan receive your revocation. It will not have any effect on the prior uses and disclosures of your PHI.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

The Plan has the right to change this notice at any time. The Plan also has the right to make the revised or changed notice effective for medical information the Plan already has about you as well, as any information received in the future. The Plan will post a copy of the current notice at www.shpnc.org. You may request a copy by calling **919-814-4400**.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with the Plan, contact the Privacy Contact identified in this Notice.

To file a complaint with the Secretary of the Department of Health and Human Services Office for Civil rights use this contact information:

U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F, HHH Building Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

File complaint electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Privacy Contact

The Privacy Contact at the Plan is:
State Health Plan
Attention: HIPAA Privacy Officer
3200 Atlantic Avenue Raleigh, NC 27604
919-814-4400

Enrollment in the Flexible Benefit Plan (under IRS Section 125) for the State Health Plan

If you are an active employee, you are eligible for participation in the Flexible Benefit Plan to have your health benefit plan premium payments deducted on a pre-tax basis. Retirees and members with COBRA continuation coverage are not eligible for participation since they must have current earnings from which the premium payments can be deducted. The Flexible Benefit Plan allows any premiums you pay for health benefit coverage to be deducted from your paycheck before Federal, State, and FICA taxes are withheld. By participating, you will be able to lower your taxable income and lower your taxable liability, thereby in effect, lowering the net cost of your health plan coverage.

The Flexible Benefit Plan is designed so that your participation will be automatic unless you decline. If you wish to decline participation and have your contributions paid on an "after-tax" basis, you must do so in the eBenefits system or by completing the Flexible Benefit Plan (IRS Section 125) Rejection form available on the Plan's website at www.shpnc.org. You will have the opportunity to change your participation election during each Open Enrollment period. The Flexible Benefit Plan administered by the State Health Plan is for the payment of health benefit plan premiums on a before-tax basis only and is separate and distinct from NCFlex, which is administered by the Office of State Human Resources.

Your health benefit coverage can only be changed (dependents added or dropped) during the Open Enrollment period or following a qualifying life event. These events include, but are not limited to the following:

- Your marital status changes due to marriage, death of spouse, divorce, legal separation, or annulment.
- You increase or decrease the number of your eligible dependents due to birth, adoption, placement for adoption, or death of the dependent.
- You, your spouse, or your eligible dependent experiences an employment status change that results in the loss or gain of group health coverage.
- You, your spouse, or your dependents become entitled to Medicare, or Medicaid.
- Your dependent ceases to be an eligible dependent (e.g., the dependent child reaches age 26).
- You, your spouse, or your dependents commence or return from an unpaid leave of absence such as Family and Medical Leave or military leave.
- You receive a qualified medical child support order (as determined by the plan administrator) that requires the plan to provide coverage for your children.
- If you or your dependents change your country of permanent residence by moving to or from the United States, you or your dependents will have 30 days from the date of entering or exiting the United States to change your health benefit plan election.
- If you, your spouse or dependents experience a cost or coverage change under another group health plan for which an election change was permitted, you may make a corresponding election change under the Flex Plan (e.g., your spouse's

employer significantly increases the cost of coverage and as a result, allows the spouse to change his/her election).

- If you change employment status such that you are no longer expected to average 30 hours of service per week but you do not lose eligibility for coverage under the State Health Plan (e.g., you are in a stability period during which you qualify as full time), you may still revoke your election provided that you certify that you have or will enroll yourself (and any other covered family members) in other coverage providing minimum essential coverage (e.g., the marketplace) that is effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.
- You may prospectively revoke your State Health Plan election if you certify your intent to enroll yourself and any covered dependents in the marketplace for coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.
- You or your children lose eligibility under Medicaid or a state Children's Health Insurance Program. In this case you must request enrollment within 60 days of losing eligibility.
- If you, your spouse or your dependent loses eligibility for coverage (as defined by HIPAA) under any group health plan or health insurance coverage (e.g., coverage in the individual market, including the marketplace), you may change your participation election.

In addition, even if you have one of these events, your election change must be "consistent" with the event, as defined by the IRS. Consequently, the election change that you desire may not be permitted if not consistent with the event as determined by IRS rules and regulations. When one of these events occurs, you must complete your request through your online enrollment system within 30 days of the event (except as described above). If you do not process the request within 30 days, you must wait until the next Open Enrollment to make the coverage change.

Whenever you report a change due to a qualifying event, your premium deduction will be on a pre-tax basis.

Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 towards 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).

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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. 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.

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 assistance.

To request special enrollment or obtain more information, contact the Eligibility and Enrollment Support Center at **855-859-0966**.

Notice Regarding Mastectomy - Related Services

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 your elected plan.

Notice of Patient Protections for Non-Grandfathered Plans

The following notice applies to plans offered by the North Carolina State Health Plan for Teachers and State Employees ("the Plan") that are not considered to be a "grandfathered health plan" under the Patient Protection and Affordable Care Act. The Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Customer Service.

You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Customer Service.

Notice Regarding Availability of Health Insurance Marketplace Coverage Options (Employer Exchange Notice)

To assist you as you evaluate options for you and your family, this notice provides basic information about the Health Insurance Marketplace ("Marketplace"). The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium.

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you are eligible for depends on your household income. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

It is important to note, if you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

For more information about your coverage offered by your employer, please review the summary plan description or contact Customer Service. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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

continued on the next page

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, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563
ALASKA – Medicaid	KANSAS – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
ARKANSAS – Medicaid	KENTUCKY – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
CALIFORNIA – Medicaid	LOUISIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	MAINE – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-healthplan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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
FLORIDA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html Phone: 1-877-357-3268	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
GEORGIA – Medicaid	MINNESOTA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid	MISSOURI – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: http://gethiptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Medicaid Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, 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

Nondiscrimination and Accessibility Notice

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

The State Health Plan:

- 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)
- The State Health Plan website is Americans with Disabilities Act (ADA) compliant for the visually impaired.
- 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 Civil Rights Coordinator identified below (the "Coordinator"):

State Health Plan Compliance Officer
919-814-4400

If you believe that the State Health Plan has failed to provide these services or discriminated against you, you can file a grievance with the Coordinator. You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, available at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

File complaint electronically at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

continued on the next page

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **919-814-4400**.

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 **919-814-4400**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **919-814-4400**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **919-814-4400**.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **919-814-4400**.

تدعى اسمها تامادخ ناف، تؤولا ركذا شذحت صتك اذا: تظوح لم مقرب لصتا. نأجملاب لئل رفاوتت تؤولا **919-814-4400**.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **919-814-4400**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **919-814-4400**.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **919-814-4400**.

සූචනා: ඔබේ මව් බසින් කතා කිරීමේදී, අප විසින් ඔබට නිවැරදි පරිවර්තන සේවාවක් නොමිලකින් සැපයීමට සූදානම්වෙමු. දුර අංකය **919-814-4400**.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សូមពិនិត្យយុទ្ធសាស្ត្រ ជាមួយមិនគិតថ្លៃនូវលក្ខណៈពិសេសសំរាប់ប្រើប្រាស់។ ចូរ ទូរស័ព្ទ **919-814-4400**។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **919-814-4400**.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **919-814-4400**.

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 919-814-4400.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **919-814-4400**.

Contact Us

Eligibility and Enrollment Support Center
(eBenefits questions):
855-859-0966

Blue Cross and Blue Shield of NC
(benefits and claims):
888-234-2416

CVS Caremark
(pharmacy benefit questions):
888-321-3124

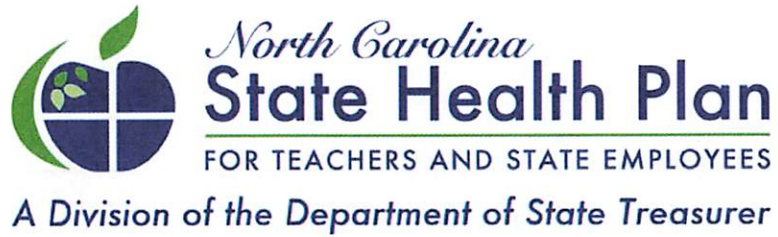
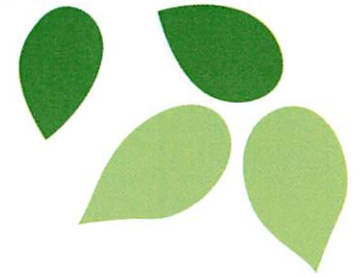
80/20 & 70/30 Plan for Active Subscribers

Monthly Premium Rates January 1, 2021 – December 31, 2021	80/20 PLAN		70/30 PLAN	
	TOBACCO ATTESTATION COMPLETE?*		TOBACCO ATTESTATION COMPLETE?*	
	YES	NO	YES	NO
ACTIVE SUBSCRIBERS				
Subscriber	\$50.00	\$110.00	\$25.00	\$85.00
Subscriber + Child(ren)	\$305.00	\$365.00	\$218.00	\$278.00
Subscriber + Spouse	\$700.00	\$760.00	\$590.00	\$650.00
Subscriber + Family	\$720.00	\$780.00	\$598.00	\$658.00

Notes:

1. If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
2. If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).
3. If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.
4. The employer share for Active subscribers is \$521.96.

*Premium credit completed during enrollment period.



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

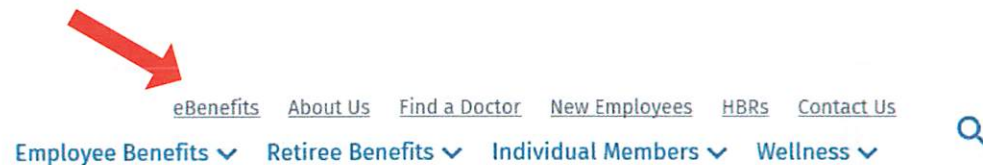


Step-by-Step Enrollment Instructions for New Employees

A Division of the Department of State Treasurer

State Health Plan Website

- Once your Health Benefits Representative has created a personal record for you in the eBenefits system, go to the State Health Plan's website at www.shpnc.org and click eBenefits located at the top center on the home screen.

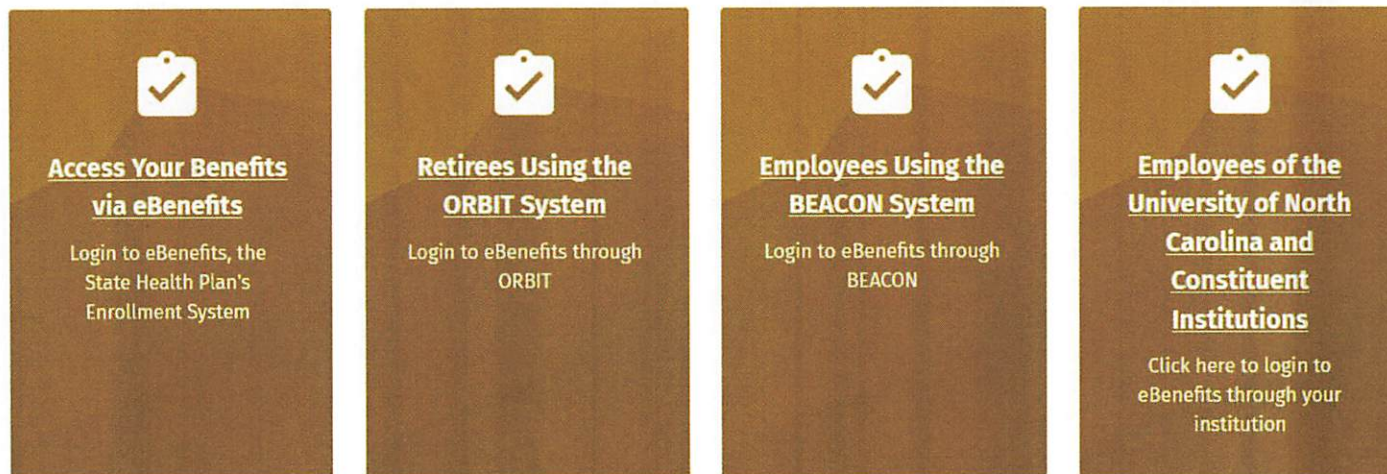


eBenefits is the Gateway to your Enrollment

- eBenefits is the Plan's online enrollment system and the gateway to all of your benefit information.
- Once you are logged into eBenefits, you will have access to several resources without having to remember various passwords:
 - Blue Connect: your portal for order new ID cards, reviewing your Explanation of Benefits, reviewing where you are in meeting your deductible and other benefit resources
 - CVS Caremark: your pharmacy portal, where you can review your prescription history and other benefits

Logging into eBenefits

- If you are employed by any of the organizations in the gold boxes, click one to enroll. If not, click Access your Benefits via eBenefits (the first gold box).
- Enter your Username and Password. Login ID: Your first name, the first initial of your last name and the last 4 digits of your Social Security number. Initial Password: Your Social Security number without spaces or dashes.
- Example for employee John Doe with SSN 111-22-3333: Login ID is JohnD3333 and Password is 111223333. If you have transferred from another agency and already had an account in eBenefits, please check with your HBR to verify your login information.



Changing Your Password

- You will be prompted to change your password as soon as you log in.
- After you select **Save**, you will also be asked to select your secret questions and answers.
- Select **Save** again and **Next**.

Your Account

Change your username, password and secret questions.

Username

Current username

0ET3333

Edit

Password

New password *

Confirm new password *

Save

Cancel

Your Password must contain 8-15 characters, at least 1 number, and at least 1 upper case and 1 lower case letter. Your password cannot contain more than 7 of the same characters in a row or your Login ID.

Secret questions

Edit



Getting Started

- When you have arrived at the Member Home Page at login, you will be able to get started on your enrollment. Just follow the prompts in this slide and the ones that follow.


The screenshot displays the Member Home Page interface. On the left is a navigation sidebar with links for Home, Dependents, Language Preferences, Manage Account (Login Information, Medicare, Select or Update Primary Care Provider), and My Docs (View Tax Documents, Document Center). The main content area features a dark header with a user icon, followed by a section titled "Important Messages for You". This section contains a warning icon and the text: "You have new benefits being offered to you." Below this, it states "You have 30 days to elect your Current Enrollment benefits." A yellow "Get started >" button is highlighted with a green callout box that says "Click Get Started". Below the messages is a section titled "Do you need to update your PCP?" with the instruction "Click the 'Select or Update Primary Care Provider' link under Manage Account". The footer is green and contains copyright information, a "Questions?" link with a phone number, and accessibility options like "Low Vision? Enable high contrast mode".

Profile Review

PROFILE SHOP FOR BENEFITS CONFIRM & FINISH

Your profile

Review and complete the required information for your profile below.

 About you

Here's what we know about you

Some of your information is managed in another system. To change it, contact your administrator.

Your personal information Edit

Name	██████████	Social security number	██████████
Gender	Female	Date of birth	██/██/██
Marital status		Race	

Your contact information Edit

Physical address	██
Work email	██████████@██████████.██████████
Personal email	
Home phone	
Cell phone	
Work phone	
Work cell phone	
Alternate phone	

Profile looks good! Continue to next step Cancel and return home

Updating Profile Information

PROFILE SHOP FOR BENEFITS CONFIRM & FINISH

Your profile

Review and complete the required information for your profile below.

About you

Here's what we know about you

Your personal information [Edit](#)

Name [Redacted] Social security number [Redacted]
Gender [Redacted] Date of birth [Redacted]
Marital status [Redacted] Race White

Your contact information [Edit](#)

Physical Address [Redacted]
Mailing Address [Redacted]
Work email [Redacted]
Personal email [Redacted]
Home phone [Redacted]
Cell phone [Redacted]
Work phone [Redacted]
Work cell phone [Redacted]
Alternate phone [Redacted]

Profile looks good! Continue to next step **Cancel and return home**

Add Dependents, if applicable

PROFILE SHOP FOR BENEFITS CONFIRM & FINISH

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

Click Next

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Ask a Question | Terms of Use | Privacy Statement

Questions? Please call 855-859-0900
Monday through Friday, 8:00 a.m. to 5:00 p.m. EST
Low Vision? [Enable high contrast mode](#)

Begin Enrollment

Profile Shop for benefits Confirm & Finish

Current Benefits

You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.

Your benefits

1. Choose your Medical coverage

Begin enrollment Decline coverage

**Click
Begin
Enrollment**

Plan Selection Page/Add Dependent(s)

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan?

ACTION REQUIRED: Open Enrollment Oct 15-Oct 31, 2020

70/30 PPO Plan **\$85.00**
Monthly Cost

Please click Select plan to enroll.

Benefit Year Deductible:	\$1,500 Individual/\$4,500 Family
Office Visit Copay:	\$0 Copay for CPP Provider selected as PCP/\$30 Copay for Non CPP Provider/\$45 for any other PCP visit
Preventive Care:	\$0 Copay
Specialist Visit Copay:	\$47 Copay for Non CPP Specialist Provider/\$94 for any other Specialist visit
Emergency Room Copay:	\$337 Copay, then 30% after deductible
Inpatient Hospital Copay:	\$337 Copay, then 30% after deductible

Currently Selected

80/20 PPO Plan **\$110.00**
Monthly Cost

Please click Select plan to enroll.

Benefit Year Deductible:	\$1,250 Individual/\$3,750 Family
Office Visit Copay:	\$0 Copay for CPP Provider selected as PCP/\$10 Copay for Non CPP Provider/\$25 for any other PCP visit
Preventive Care:	\$0 Copay
Specialist Visit Copay:	\$40 Copay for Non CPP Specialist Provider/\$80 for any other Specialist visit
Emergency Room Copay:	\$300 Copay after deductible, then 20% after deductible
Inpatient Hospital Copay:	\$300 Copay

Declare Coverage

2021 Tobacco Attestation

PROFILE SHOP FOR BENEFITS CONFIRM & FINISH

Premium credits

> Tobacco Attestation (Worth \$60 Premium Credit) \$0.00 per month

I attest that I am NOT a tobacco user (includes cigarettes, cigars, pipes, chewing tobacco, snuff, vaping or any product containing nicotine). Or if I am a tobacco user, I agree to complete at least one tobacco cessation counseling session by November 30, 2020. (Please note: You may lose your \$60 monthly premium credit if you do not visit a Primary Care Provider or a CVS MinuteClinic for a tobacco cessation counseling session as agreed by November 30, 2020.) As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from State Health Plan coverage. I also agree to cooperate with the Plan in any efforts to verify my tobacco status.

Select the appropriate response below:

- I am NOT a tobacco user
- I AM a tobacco user. BUT I agree to complete at least one tobacco cessation counseling session by 11/30/2020
- I AM a tobacco user

Next Previous Cancel



PCP Copay Reduction Reminder

The screenshot displays a web interface with a prominent red-bordered dialog box. The dialog box has a title bar that reads "PCP Copay Reduction Reminder" and a close button (X) in the top right corner. The main text of the dialog box states: "If you enroll in the 80/20 or 70/30 plan and visit your selected PCP, you can receive a copay reduction. Visit the State Health Plan website for more information." Below the dialog box, the text "(Care Provider) information." is partially visible. At the bottom of the screenshot, there is a table with a blue header row. The header row contains the text "PCP Name". Below the header, a single row contains the name "JAMES J CROSSWELL JR".

PCP Name
JAMES J CROSSWELL JR

PCP Selection Page

-Clicking "Search" will open the BCBSNC PCP Lookup Tool

The screenshot shows the 'Medical' section of the PCP Selection Page. At the top, there are two navigation tabs: 'PROFILE' and 'SHOP FOR BENEFITS', both with checkmarks. Below the tabs, the heading 'Medical' is followed by the instruction: 'Search from the list of providers to enter your PCP (Primary Care Provider) information.' The main form area contains a dark blue header bar with a 'PCP Name' label on the right. Below this is a search input field with a 'Search' button. A red arrow points to the 'Search' button. At the bottom of the form, there are three buttons: 'Next' (yellow), 'Previous' (white), and 'Cancel' (white). A notification box with a lightbulb icon and the text 'PCP Copay Reduction Reminder' is visible above the buttons.

PCP Confirmation

The screenshot shows a web interface for PCP Confirmation. At the top left, there are logos for the State Health Plan and the State Treasurer's Office. The top right corner features a user profile icon and a shopping cart icon. A progress bar below the navigation bar indicates three steps: 'PROFILE' (completed), 'SHOP FOR BENEFITS' (current step), and 'CONFIRM & FINISH'. The main content area is titled 'Medical Provider Summary' and contains a form with a 'PCP Name' field. A notification bell icon is present with the text 'PCP Copay Reduction Reminder'. At the bottom of the form, there are three buttons: 'Next' (highlighted in yellow), 'Previous', and 'Cancel'.

Medical Benefits Cost Summary

Medical
70/30 PPO Plan
Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 01/01/2021
You Pay: \$25.00 per month
Persons Covered:

Premium credits [Edit](#)
Show details

Medicare
No policy on record
No medicare policy information on record

Additional Insurance [Edit](#)
No policy on record
No additional insurance policy information on record

Primary Care Provider [Edit](#)
Show details

[Edit coverage](#) [Edit plan](#) [Plan details](#)

[Save](#) [Cancel](#)

Cost Summary
This is a summary of your OE benefit elections. [Show/hide all](#)

Benefit Elections (1 items)

Monthly
Eligible for Employer Contribution
Medical \$5.00

You Pay

Subtotal	\$35.00
Premium Wellness Credits	-\$10.00
Monthly Total 	\$25.00

Additional Insurance

PROFILE SHOP FOR BENEFITS CONFIRM & FINISH

Additional Insurance

Currently, do any of the persons covered for this benefit including yourself have other health insurance?

Yes
 No

Please Note:
It is very important to enter your and/or your covered dependents' insurance policies. By providing this information, you will ensure that the claims for you and your covered dependents will be processed timely and accurately.

Additional insurance information should NOT be supplied on non-medical policies such as Dental, Vision, Life, Cancer or Medicaid. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used to coordinate benefits if you or your dependents have other medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.

[Next](#) [Previous](#) [Cancel](#)

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Questions? Please call 866-359-0966
Monday through Friday, 8:00 a.m. to 5:00 p.m. EST
Low Vision? [Enable high contrast mode](#)

Select Effective Date

PROFILE SHOP FOR BENEFITS CONFIRM & FINISH

Medical

Employing Unit Premium Contribution - When would you like your benefits to become effective?

Effective Date *

01/01/2021

02/01/2021

Next Previous Cancel

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Questions? Please call 855-550-0606
Monday through Friday, 8:00 a.m. to 5:00 p.m. EST.
Low Vision? [Enable high contrast mode](#)

Your Benefits Review

Current Benefits **Open Enrollment Benefits**

Open Enrollment Benefits

All active and Non-Medicare members were moved to the 70/30 Plan for the 2021 benefit year. If you want to enroll in the 80/20 Plan, YOU MUST TAKE ACTION. If you want to reduce your monthly premium by \$60 for either plan, YOU MUST TAKE ACTION by October 31, 2020. REMEMBER TO CLICK SAVE! After you see the green "Congratulations" message PRINT your Confirmation Statement *This is Not Applicable to HDHP Members*

Your benefits

+ Your Medical coverage

Click "edit coverage" to complete the Tobacco Attestation credit.

70/30 PPO Plan

Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 01/01/2021
Persons Covered: [Redacted]

\$25.00
per month

Decline

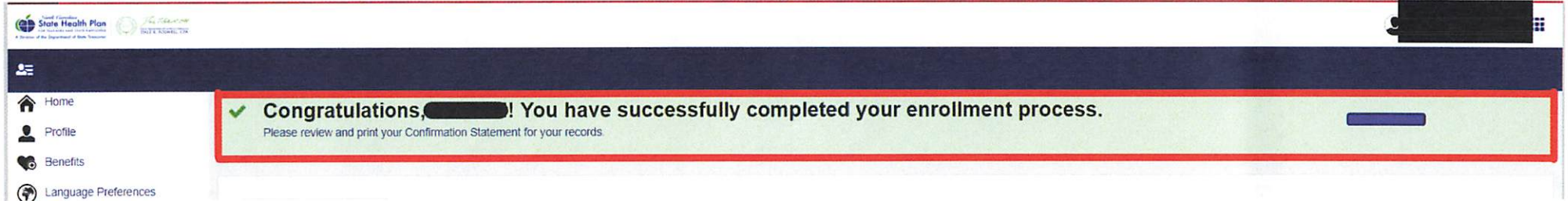
[Edit coverage](#) [Show Plan Details](#)

You Pay (Monthly Total): **\$25.00**

Complete Enrollment



Congratulations Banner



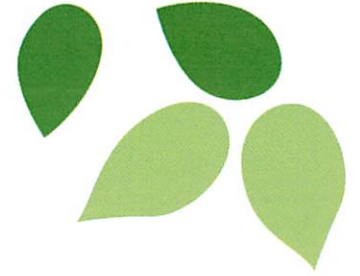
The screenshot shows a web portal interface. At the top left, there are logos for the "North Carolina State Health Plan" and "The Education SUBSCRIPTION". A user profile icon is visible in the top right corner. On the left side, there is a navigation menu with the following items: Home, Profile, Benefits, and Language Preferences. A large green banner with a red border is centered on the page, containing a checkmark icon and the text: "Congratulations, [REDACTED]! You have successfully completed your enrollment process." Below this main text, it says "Please review and print your Confirmation Statement for your records." A blue button is located on the right side of the banner.

Questions?

ELIGIBILITY AND ENROLLMENT (Support Center for Members)
855-859-0966

CVS CAREMARK (PHARMACY BENEFITS)
888-321-3124

BLUE CROSS AND BLUE SHIELD OF NC (BENEFITS & CLAIMS)
888-234-2416



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

www.shpnc.org

www.nctreasurer.com

State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility

Dependent Verification Requirements	Required Documentation from Employee
<p>Legal Married Spouse <i>Defined as legally married spouse and includes same and opposite gender spouses.</i></p>	<ul style="list-style-type: none"> Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the spouse (may be joint or separate as long as the spouse is listed) & signed page or official tax transcript <p>OR</p> <p>Official Marriage Certificate** PLUS one of the following to show current joint tenancy:</p> <ul style="list-style-type: none"> Current joint lease or lease showing residency Current joint of one of the below, or two separate of any of the below showing the same address, one listing the employee and the other listing the spouse: <ul style="list-style-type: none"> Monthly bill or financial statement Current year's property/vehicle tax or registration bill Current insurance statement or bill Designation of the spouse as a primary beneficiary of the employee's life insurance or retirement benefits and listing primary residence
<p>Biological Child under the age of 26 <i>Defined as your biological child and Includes child of same gender spouse.</i></p>	<ul style="list-style-type: none"> Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the child as dependent & signed page or official tax transcript <p>OR</p> <ul style="list-style-type: none"> Birth Certificate or Mother's Copy with subscriber's name listed as parent Verification of Facts within 6 months of birth
<p>Stepchild under the age of 26 <i>Defined as your stepchild.</i></p>	<ul style="list-style-type: none"> Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child as dependent & signed page or official tax transcript <p>OR</p> <ul style="list-style-type: none"> Birth Certificate or Mother's Copy with subscriber's name listed as parent AND Marriage Certificate (indicating employee's spouse is married to employee) Verification of Facts within 6 months of birth
<p>Adopted Child under the age of 26 <i>Child you have legally adopted or has been placed with you for adoption or in anticipation of legal adoption.</i></p>	<ul style="list-style-type: none"> Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child or adopted child as dependent & signed page or official tax transcript <p>OR</p> <ul style="list-style-type: none"> International adoption papers from country of adoption Official adoption agreement for the dependent being added from the adoption agency showing intent to adopt
<p>Foster Child under the age of 26 <i>Defined as your foster child or child placed with you for foster care.</i></p>	<ul style="list-style-type: none"> Official State Agreement for placement specific to the dependent(s) being added
<p>Child under the age of 26 for whom the Subscriber is Court Appointed Guardian <i>Defined as a child for whom the subscriber has become the child's court-ordered guardian or has been awarded legal and physical custody of the child, pursuant to a valid court order.</i></p>	<ul style="list-style-type: none"> Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the child as a dependent & signed page or official tax transcript <p>OR</p> <ul style="list-style-type: none"> Court documents signed by a judge verifying legal custody of the child
<p>Child under age 26 for whom the Plan has received a Qualified Medical Child Support Order (QMCSO) <i>Defined as any recognized child(ren) you are required to cover under the Plan due to a Qualified Medical Child Support Order (QMCSO).</i></p>	<ul style="list-style-type: none"> Court documents signed by a judge Medical support orders issued by a State

*Most recent tax form from the previous year. If not available, the year prior will be accepted along with a letter indicating you have an extension. **Employees that have been married less than a year are able to submit a marriage certificate only.

Acceptable Documentation for Dependents:

1040 Tax Form

Tax Transcript

1040 U.S. Individual Income Tax Return 2017. Includes sections for Filing Status, Exemptions, Income, Adjusted Gross Income, and various tax calculation lines.

Internal Revenue Service Tax Return Transcript. Includes header with IRS logo, taxpayer information, and a table of tax data with columns for Description, Amount, and Code.

Tax Form Signature Page

Qualified Medical Child Support Order

8879 IRS e-file Signature Authorization. Includes fields for taxpayer name, SSN, PIN, and checkboxes for authorization of e-filed returns.

Qualified Medical Child Support Order. A legal document with numbered sections (1-11) detailing the court's order regarding child support and medical expenses.



Verification of Facts for Dependents under 6 months of age

Affidavit Out of Wedlock

North Carolina Department of Health and Human Services
 Vital Records

Verification of Facts

PARENT 1: BIRTHING MOTHER'S INFORMATION

1. Birth Mother's Legal Name
 2. Current Legal Name (First, Middle, Last)
 3. Marital Status
 4. What was your name at birth if different from current legal name?
 5. Date of Birth
 6. Place of Birth
 7. Residence Address
 8. Inside City Limits?
 9. Mailing Address
 10. Mailing Address
 11. Social Security Number
 12. Education
 13. Height/Origin?
 14. Race
 15. Received VHC?
 16. Height
 17. Preeclampsia/Weight
 18. Cigarettes Smoked
 19.

PARENT 2: FATHER/PARENT INFORMATION

20. Current Legal Name (First, Middle, Last)
 21. Date of Birth
 22. Place of Birth
 23. Social Security Number
 24. Education
 25. Height/Origin?
 26. Race
 27.

28. Name of Person Providing Information if other than Birthing Mother (First, Middle, Last)
 29. Relationship to Birthing Mother
 30.

I certify that I have reviewed the above information and attest that the information is correct.

Mother's Signature _____ Date _____

AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK

We hereby affirm that _____ is the biological father of _____ child born out of wedlock to _____ on _____ at _____ North Carolina Department of Health and Human Services, Vital Records, 100 North Salisbury Street, Raleigh, NC, 27601.

INFORMATION CONCERNING THE FATHER

1. Name
 2. Date of Birth
 3. Place of Birth
 4. Social Security Number
 5. Education
 6. Height/Origin?
 7. Race
 8. Received VHC?
 9. Height
 10. Preeclampsia/Weight
 11. Cigarettes Smoked
 12.

CERTIFICATION OF PARENTS

Mother: I am the natural mother of the child named above. I have not had any other children with the father named above. I understand that the father's name shall appear on the child's birth certificate. I have not had any other children with the father named above. I understand that the father's name shall appear on the child's birth certificate. I have not had any other children with the father named above. I understand that the father's name shall appear on the child's birth certificate.

Father: I acknowledge that I am the natural father of the child named above. I understand that the father's name shall appear on the child's birth certificate. I have not had any other children with the mother named above. I understand that the mother's name shall appear on the child's birth certificate. I have not had any other children with the mother named above. I understand that the mother's name shall appear on the child's birth certificate.

My Notarization expires _____
 My Notarization expires _____

NOTARY PUBLIC
 NOTARY PUBLIC

Lease Agreement

Lease Agreement

This Lease Agreement (this "Agreement") is made this _____ day of _____ by and between _____ located at _____, AL, ("Landlord") and _____ located at _____, AL, ("Tenant"). Each Tenant is jointly and severally liable to Landlord for payment of rent and performance in accordance with all other terms of this Agreement.

1. Premises. The premises leased are located at _____, AL, (the "Premises").

2. Agreement to Lease. Landlord agrees to lease to Tenant and Tenant agrees to lease from Landlord, the Premises according to the terms and conditions in this Agreement.

3. Term. This Lease will be for a term of _____ months beginning on _____ and ending on _____ (the "Term").

4. Rent. Tenant will pay Landlord a monthly rent of \$_____. The rent is payable in advance and due on the 1st of each month during the Term. The rent will be paid to the Landlord at the Landlord's address stated above (or at another address as directed by Landlord) by mail or in person and accepted via one of the following methods: The first rent payment is payable to Landlord when Tenant signs this Agreement.

5. Additional Rent. There may be instances under this Agreement where Tenant may be required to pay additional charges to Landlord. All such charges are considered additional rent under this Agreement and will be paid with the next regularly scheduled rent payment. If Tenant does not pay rent, Tenant will pay a late charge in the amount of _____% of the monthly rent and such late charge will be paid as additional rent. Landlord has the same rights and Tenant has the same obligations with respect to additional rent as they do with rent.

6. Use of Premises. The Premises will be occupied only by the Tenant and his/her/their immediate family and used only for residential purposes.

7. Landlord's Failure to Give Possession. In the event Landlord is unable to give possession of the Premises to Tenant on the start date of the Term, Tenant will not be liable for rent until after Landlord gives possession of the Premises to Tenant. This does not affect the end date of the Term.

Adoption Decree

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
DOMESTIC RELATIONS BRANCH – ADOPTION

EX PARTE IN THE MATTER OF : Adoption Case No. A- _____
THE PETITION OF :
[Petitioners' Initials] :
FOR ADOPTION OF MINOR CHILD : JUDGE _____

FINAL DECREE OF ADOPTION

Upon consideration of the Petition for Adoption filed by [current name of child] for the adoption of a minor child born [current name of child], in [current name of child], and upon the report and recommendation of the Child and Family Services Agency of the District of Columbia (or of the appropriate agency), it appears to the satisfaction of the court: (1) That the court has jurisdiction pursuant to D.C. Code Ann. § 16-301 (2001); (2) That the adoptee is physically, mentally, and otherwise suitable for adoption by the petitioner; (3) That the petitioner is fit and able to give the adoptee a proper home and education; (4) That the adoption will be for the best interests of the adoptee; (5) That the adoptee has resided with the petitioner since [current name of child] (if this is a foreign adoption, replace with: That the adoptee has been in the legal care and control of petitioners by virtue of an adoption (or, if applicable, a guardianship) in [current name of child] on [current name of child], and has resided with them since that date), which is more than six months preceding the date of this

1 If there are two petitioners, modify the order appropriately throughout.

Beneficiary Designation

Principal Financial Group Mailing Address Des Moines, IA 50392-0002 Principal Life Insurance Company Employee Enrollment & Waiver - KY

Company name: WESLEY VILLAGE Division level: Account number/unit number:

Employee Information

Name: Social security number: Mailing address (street): Birth date: male female (City) (state) (ZIP code) Do you have an eligible spouse or child? Yes No Date employed full-time: Hours worked per week: Job occupation/class: Location: Salary amount: Salary mode: yearly weekly hourly monthly bi-weekly What is your payroll mode? monthly semi-monthly weekly bi-weekly Employer ZIP: Employer county: **Long Term Disability** Employee: Elect Decline **Group Term Life** Employee: Elect Decline **Group Term Life Beneficiary Designation** (Complete if covered for group term life coverage.) All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. **Primary Beneficiaries:** Name: Percentage: Relationship: Address: Social security number: Name: Percentage: Relationship: Address: Social security number: Name: Percentage: Relationship: Address: Social security number: **Contingent Beneficiaries:** Name: Percentage: Relationship: Address: Social security number: Name: Percentage: Relationship: Address: Social security number: GP54729-02 Page 1 of 3 11/2009

Legal Separation w/ Notary

SEPARATION AGREEMENT AND RELEASE IN FULL

This Separation Agreement and Release in Full (this "Agreement") is made and entered into by and between the City of Charlotte, a North Carolina Municipal Corporation ("City"), and Randall W. Kerrick ("Employee"). This Agreement is effective as of October 2, 2015 ("Effective Date").

PRELIMINARY STATEMENT

Employee was hired by City on or about March 22, 2010, and has worked most recently as a Charlotte Mecklenburg Police Officer. On September 18, 2013, Employee was suspended without pay. Subsequent to Employee's suspension, the City Manager made a determination, pursuant to a City Council resolution adopted December 12, 1977 and recorded at Resolutions Book 13, pages 141-142, that the City would not defend, or pay for the defense, of a civil lawsuit against Employee.

Employee and City now desire to terminate their employment relationship in a definitive manner and to settle and resolve any and all claims they may have against each other. City, in exchange for the release provided by Employee below, and Employee's agreement with various covenants set forth herein, has agreed to provide Employee with separation benefits that it may not otherwise be legally obligated to provide. This Agreement sets forth the parties' understanding and agreement with respect to such employment separation, post-employment obligations, release of claims, and related matters.

AGREEMENT

NOW, THEREFORE, in consideration of the agreements and representations hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Employee and City, intending to be legally bound, hereby agree to the termination of their employment relationship in accordance with terms and conditions hereinafter set forth:

- Termination from Employment.** Employee hereby voluntarily resigns as an employee of the City, and Employee and City confirm Employee's termination from employment with City, effective as of **October 2, 2015** (the "Termination Date").
- No Admission of Liability or Wrongdoing.** This Agreement and the payments provided herein do not constitute an admission of any wrongdoing, unlawful conduct or liability by the City.
- Payments and Benefits Provided by City.** City agrees to pay or provide Employee with compensation, benefits and consideration under this Agreement as follows:
 - (a) **Back Pay.** City shall pay Employee back pay from the date of Employee's suspension up through and including the Termination Date, payable in one lump sum, gross payment, on October 16, 2015, in accordance with City's generally applicable policies and procedures.

said cause may be had without further notice.

Dated _____, 20__.

SIGNATURE: _____

STATE OF _____

County of _____

I, _____, a Notary Public in and for said County and State, do hereby certify that _____ personally known to me to be the same person whose name is subscribed to the foregoing waiver of summons, appeared before me this day in person, and acknowledged that he signed said appearance as his free and voluntary act, for the purpose therein set forth.

Given under my hand and Notarial Seal, _____, 20__.

NOTARY PUBLIC

Court Appointed Guardian

STATE OF NORTH CAROLINA

IN THE MATTER OF THE ESTATE OF

LETTERS OF APPOINTMENT LIMITED GUARDIAN OF THE PERSON

The Court in the exercise of its jurisdiction for the appointment of guardians of incompetent persons, and upon proper application, has appointed the person(s) named below as Limited Guardian(s) of the Person of the ward named above and has ordered that these Letters of Appointment be issued.

The Court in the exercise of its jurisdiction for the appointment of guardians of incompetent persons, and upon proper application, has appointed the person(s) named below as Limited Guardian(s) of the Person of the ward named above and has ordered that these Letters of Appointment be issued.

The ward retains the following legal rights and privileges:

Determine his/her degree of participation in interpersonal relationships and social, religious, and community activities.

Make Assist in decisions regarding living arrangements.

Make Assist in decisions regarding employment.

Make Assist in decisions regarding health treatment.

Take care of minor health problems.

Contact service providers as needed.

Make decisions regarding social, religious, and community activities.

Other

These Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court

NAME AND ADDRESS OF LIMITED GUARDIAN OF THE PERSON: _____

NAME AND ADDRESS OF OTHER GUARDIAN OF THE PERSON: _____

EX OFFICIO JUDGE OF PROBATE

NOTE: This document is not valid unless the official seal of the Clerk of Superior Court is present.

Medicaid Approval Letter

PLEASE READ THIS IMPORTANT NOTICE ABOUT YOUR MEDICAID OR SPECIAL ASSISTANCE APPROVAL NOTICE

APPROVALS

The application for Medicaid (Medical Assistance Number (MAN)) is approved.

Your present monthly liability for long-term care is _____.

Your Medicaid is approved starting _____ and ending _____.

Medicaid covers all necessary medical services. If you get Medicaid from the Social Security Administration, Medicaid will pay your Medicare A and B Premiums, deductibles, and co-payment beginning _____.

Medicaid pays only Medicare Part A and B premiums and Medicare cost sharing for Medicare and Medicaid covered services.

Medicaid pays only Medicare Part B premiums.

Medicaid pays for medical services related to family planning. (See page 2 for limited services.)

Statewide Medicaid coverage is approved for the period(s) of _____.

If you receive Medicaid, Medicaid is responsible for your premiums. The state rules used to make this decision are in _____ which state that Approval assistance and/or eligibility factors have been verified and eligibility is established.

DETAILS

Medicaid Special Assistance/Adult Care Home Special Assistance/In-home

Medicaid Special Assistance/Adult Care Home Special Assistance/In-home

The state rules used to make this decision are in _____ which state that

Individuals who are eligible for full Medicaid coverage may be eligible for health insurance—and help paying for it—through the Health Insurance Marketplace. We urge your attention to date. You can visit the Marketplace or you can contact their directly. To contact the Marketplace, an online assistance person or call 1-800-318-2796. After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial help in North Carolina, several non-profit organizations offer free in-person assistance with health insurance applications. To schedule an appointment, call 1-833-733-3771 or go online to marketplace.gov.

HEARING RIGHTS: If you disagree with this decision, you have a right to a hearing to review the decision. Call your worker at the number below within 60 days to ask for a hearing. The 60-day rule is _____ If you do not ask for a hearing by this date, you cannot have a hearing unless you have a good reason for missing the deadline. You may request for benefits at any time. To prevent your rights, you may (KRT) request ADJ for fee hearing.

FREE LEGAL HELP: Free Legal Aid may be available to you. Contact your nearest Legal Aid in Legal Services office, or call 1-877-684-2684 toll free.

CHECKER NAME AND PHONE NUMBER: _____

FILE OFFICE USE ONLY: Case ID # _____ Aid Program/Category _____

YOU WILL RECEIVE A NOTICE WHEN IT IS TIME TO REVIEW YOUR CONTINUED ELIGIBILITY FOR BENEFITS. IT IS IMPORTANT TO COMPLETE THIS FROM TIME TO TIME TO CONTINUE YOUR HEALTH COVERAGE.

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING.

DMH-680 (12/07)

Medicaid Termination Letter

Hoke County DSS
P.O. Box 340
Razford, NC 28376

Case Identifier:
Worker:
Date Generated:

Hoke County DSS
P.O. Box 340
Razford, NC 28376

Employee's Name and Address

Notice of Termination of Public Assistance

Case ID: _____ Adequate

And Program Category: Medical Assistance

This letter is to notify you of a change which is about to take place in your assistance. Please read all the information carefully because it is very important to you.

THE CHANGE WHICH WILL TAKE PLACE:
Effective 11-30-2018 All Medicaid benefit will stop for the following individual(s):

WHY THE CHANGE WILL BE MADE:
Your income and/or resources changed. State rules supporting this action are found in Sections 2340, 2250, and 2510 of the aged, Blind, Disabled Manual or Sections 1255, 3300 and 3360 of the Family and Children's Manual.

WHEN THE CHANGE WILL BE MADE:
The change will be effective on 11-30-2018.

Individuals who are ineligible for full Medicaid coverage may be eligible for health insurance—and help paying for it—through the Health Insurance Marketplace. We urge your attention to date. You can visit the Marketplace or you can contact their directly. To contact the Marketplace, an online assistance person or call 1-800-318-2796. After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial help in North Carolina, several non-profit organizations offer free in-person assistance with health insurance applications. To schedule an appointment, call 1-833-733-3771 or go online to marketplace.gov.

If this notice says "TIMELY" in the upper right corner: If this change is for Cash Assistance, Refugee Assistance, Medicaid, or Special Assistance, and if you ask for a hearing on or before the date the change will be made, you can continue to receive benefits at the present level until the first hearing decision is made, unless you waive this right. Continuation of benefits DOES NOT apply to North Carolina Health Choice.

If this notice says "ADEQUATE" in the upper right corner: Your benefits will be changed without further notice. You may request a hearing by the date below.

If you choose to have your Work First Family Assistance or Refugee Assistance continued and the hearing shows that the changes were correct, you must repay the benefits you received while waiting for the hearing decision. If you choose to have your Medicaid or Special Assistance continued and the hearing shows that the changes were correct, you may have to repay benefits you received while waiting for the hearing decision. If you choose not to have benefits continued and the hearing decision is in your favor, you will receive retroactive benefits to cover the benefits you missed.

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO A HEARING.

DSS-610 (Rev. 12/17)
Economic and Family Services

Page 1 of 2

Property/Vehicle Tax

NC COMBINED VEHICLE REGISTRATION RENEWAL AND PROPERTY TAX NOTICE

Date of Notice: _____
Customer: _____

VEHICLE PROPERTY TAX INFORMATION

Tax County:	Appraised Value:	Tax Rate Per \$100 Value:	Amount Due:
Jackson County Finance Dept 225-11-2299 401 Grandstaff Curve Rd Sylvan, NC 28779 www.jacksonsnc.org	_____	0.00000 0.00000	0.00 0.00

Please review the Taxing Districts shown on this notice. If the Taxing Districts shown are different than the actual location of this vehicle at the time of renewal, do not send this renewal by mail because the property tax amount could be miscalculated. If you need a recalculation see the reverse side for additional information.

PROPERTY TAX: \$

Vehicle Registration Questions:
NC Division of Motor Vehicles
919-814-1779
www.ncdot.gov/dmv/

VEHICLE REGISTRATION / INSPECTION INFORMATION

Year:	License#:
Make:	Due Date:
Style:	NC INSPECTION REQUIRED:
VIN:	Licensed Weight:
Title Number:	Equip #:
Classification:	Insurance Co:
Lessor Name:	Policy Number:

REGISTRATION FEE: \$

TOTAL AMOUNT DUE: \$

Due Date: _____

PLEASE DETACH & RETURN THIS PORTION WITH YOUR PAYMENT.

Classification: PRIVATE PROP VEH

License #	Title Number	Vehicle Identification Number	Year	Make	Style	Licensed Weight
_____	_____	_____	_____	_____	_____	_____

If TOTAL AMOUNT IS NOT PAID IN FULL, REGISTRATION WILL NOT BE PROCESSED.

Total Amount Due: \$

Mail check payable to: **NC DMV**

Name and Address

Check here if you have noted any change in the space provided on the reverse side.

000035817755530A101A054YN5214390301

Divorce Decree

Monthly Bill

NO. _____

IN THE MATTER OF THE MARRIAGE OF JANE DOE AND JOHN DOE

IN THE DISTRICT COURT _____ JUDICIAL DISTRICT BELL COUNTY, TEXAS

FINAL DECREE OF DIVORCE

On _____ the Court heard this case.

Appearances
 Petitioner, JANE DOE, appeared in person and announced ready for trial.
 Respondent, JOHN DOE,
 appeared in person and announced ready.
 although duly and properly cited to appear or answer failed to appear or answer and wholly made default.
 has made a general appearance and was duly notified of trial but failed to appear and wholly made default.
 waived issuance and service of citation by waiver duly filed and did not otherwise appear.

Record
 The making of a record of testimony was waived by the parties with the consent of the Court.

OR
 A record of testimony was duly reported by the Court's reporter.

Jurisdiction and Domicile
 The Court finds that the pleadings of Petitioner are in due form and contain all the

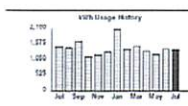
DUKE ENERGY
PROGRESS

Employee and Spouse's Name and Address

Customer Bill

ACCOUNT NUMBER _____
 Total due _____
 Current charges past due after _____
 Thank you for your business
 DUKE ENERGY
 This bill was mailed on _____

Usage
 Meter number _____
 Readings _____
 kWh usage _____
 Days in period 30 Average kWh per day _____

With Usage History


Billing Information
 Service rate _____
 Electric service _____
 Energy conservation discount _____
 Energy efficiency _____
 7% South Carolina sales tax _____
 Total due _____
 This bill is subject to a 1% per month delinquency charge after _____

For your information
 A free home energy assessment can reveal hidden energy wastes and help you cheer your bill. Make appointments call 1-800-895-4444 or go to www.dukeenergy.com/PowerOnCall.

Loss of Other Coverage Letter

Now Eligible for Other Coverage Letter

****This is an automatically generated email. Please do not respond as it will not be received.****

University Name North Carolina Central University

Enrollment Confirmation #

Coverage Period Spring/Summer 2019

Dear

This email serves as notification that your enrollment in the North Carolina Central University Medical Insurance Plan for Spring/Summer 2019 is now Void.

As a result you DO NOT have coverage for Spring/Summer 2019, whose coverage period is 01/01/2019 through 07/31/2019.

[insert date]

[Covered individual's full name]
 [Covered individual's]
 [City], [State] [Zip code]

[Mr./Ms.] [Last name]:

This letter is to serve as confirmation that [insert policyholder's name] has an active health insurance policy in place with [insert name of insurance company]. This is (choose one) [an individual plan] [a group plan provided through (specify name of employer through which the group plan is offered)].


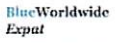

The policy number is [insert policy] and the effective date is [insert effective date]. The policy is issued to [specify the name of the insured]. The following dependents of the policyholder are covered under this policy:

- [first and last name of covered dependent]
- [first and last name of covered dependent]
- [first and last name of covered dependent]

My signature on this letter certifies that the above information is true and correct as of the date of this letter. If you require any additional information, please contact me at [insert email address] or [insert phone number, with extension if applicable].

Regards,
 [Signature]
 Typed name of authorized insurance company representative
 [Job title]

Insurance Card w/ Effective Date

 <p>BlueCross BlueShield</p> <p>Member Name John Doe Member ID EXFC0009900</p> <p>Group No. 32155-000 Effective Date 11/01/11</p>	 <p>BlueWorldwide Expat</p> <p>Dependent Name Jane Doe</p> <p>Plan STANDARD OPTION</p>	 <p>BlueCross BlueShield</p> <p>www.bluepat.com Direct: 312-915-9216* Toll Free: 866-586-2799* For pre-authorization or emergency medical assistance call: 312-915-9216* (24 hours) For providers in the U.S. call: 1-800-819-BLUE For eligibility in the U.S. call: 1-800-676-BLUE *Claims administration, member eligibility, medical assistance and phone support is provided by AXA Assistance USA, Inc.</p> <p>Underwritten by Aflac Life Insurance Company, an independent licensee of the Blue Cross Blue Shield Association.</p> <p>Multi-Country BlueWorldwide Expat P.O. Box 2711 Chicago, IL 60690</p>
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Unacceptable Documentation for Dependents:



Paternity Results

North Carolina Department of Health and Human Services
 Division of Public Health • N.C. Vital Records
 http://www.ncvital.com Telephone: 919 753 1500

Mail: 1903 Mail Service Center Raleigh, NC 27699-1903 Location: 225 North McDowell St. Raleigh, NC 27601-1102

PLEASE PRINT Application for a Copy of a North Carolina Birth Certificate

Certificate Information

Full Name on Certificate (If subject provides new information) First Name Middle Name Last Name
 Date of Birth Month Day Year Sex Male Female
 Place of Birth State County City/Town/Village/PO Box
 Full Name of Parent (All three parents, if applicable) First Name Middle Name Last Name Last Name (include last marriage, if applicable)
 Full Name of Parent First Name Middle Name Last Name Last Name (include last marriage, if applicable)

Check all boxes that apply; add the fee in # 3 and place the total amount of fee. See further instructions on Page 2.

1. Order Certificate (This request is only for non-releasable information.)
 Certificate Search and Print Copy (S&PC) \$ 1.00
 Additional copies of S&PC \$ 0.50 (Certificate is legally available for any purpose)
 Uncertified (available for research purposes)

2. Record Changes (Only if applies)
 Department requested for its services (S&PC non-releasable processing fee)
 Amendment \$ 1.00
 Name Change \$ 1.00
 Employment/ Court Order \$ 1.00
 Employment (cannot request before after child's birth) \$ 1.00
 Paternity (see fee) \$ 100.00
 Other \$ 1.00

3. Faster Service (Choose only one)
 Expedited for mail or express (S&PC non-releasable processing fee)
 Expedited Processing (S&PC) \$ 1.00
 Expedited Processing and Expedited Shipping (S&PC) \$ 1.00
 No to receive faster service to release your fees

4. Total Fees (Add #1-3 above for total) \$

Your Relationship to the Person Whose Certificate is Requested: (Check one)
 Self
 Spouse (Current)
 Spouse (Former)
 Brother/Sister
 Child
 Parent/Sibling/Parent
 Grandparent
 Other (must not be entitled to other than copies)
 How do you plan to use this record? (Please Print)
 Registrar (Print Name of Person Requesting a Certificate)
 Address (Street address only. Do not include PO Box or apartment number)
 P.O. Box (if mailing to a P.O. Box, street address must also be printed clearly)
 City, State, Zip/Post Office
 Email Address (Print Name, Surname/Name) (During Business Hours)
 E-mail Address
 Payment: Please pay with a credit or check or money or the inside payable to "Vital Records, Personal" check is not accepted. Requests that are submitted with no payment or incomplete payment or incomplete information will be returned. (S&PC card payment is available for the work on statements)
FEES OF THE PERSON REQUESTING A CERTIFICATE IS REQUIRED: See Page 2 for a list of acceptable IDs. Requests that do not include proper identification will be returned.

Signature of Person Requesting a Certificate _____ Date _____
 Title of Person _____
 Printed name of P. _____ (Check box as printed)
 Printed name of P. _____ Request title

FORM V-10 (Rev. 08/2010)
 N.C. Vital Records Form V-10 (1/10)

Birth Certificate Application

LabCorp
 Laboratory Corporation of America
 P.O. Box 2228 Burlington, NC 27219 Telephone: (336) 336-8171 Paternity Report

Account Information: 28642
 LABCORP (IF AMERICA DNA PREFIX)
 Assn Ref: 2
 Assn Ref: 2
 Billing Location: NC 27211

Case #: 0K6476 Relationship Report

Substrate: 13AB Date: 02/14/2018 Race: Caucasian DNA Collected: 02/15/2018
 Alleged Father: 02/14/2018

Test Results:

STR	Child	Alleged Father	Match
D3S1988	12, 15, 16	12, 15, 16	Yes
TH01	6, 7, 8, 9, 10	6, 7, 8, 9, 10	Yes
TH02	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH08	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH10	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH11	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH13	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH15	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH16	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH18	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH21	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH23	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH25	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH27	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH31	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH33	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH35	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH37	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH40	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH44	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH45	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH47	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH50	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH52	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH55	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH57	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH60	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH63	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH65	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH67	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH70	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH73	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH75	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH77	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH80	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH83	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH85	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH87	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH90	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH93	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH95	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH97	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes
TH100	1, 2, 3, 4, 5	1, 2, 3, 4, 5	Yes

Probability of Paternity: 99.999% (Prior Probability = 1)

The DNA specimens submitted for this test were stored and analyzed from above named individuals as described. These individuals are jointly responsible for the information provided and for the expenses. The identity and authenticity of the DNA specimens submitted on this report cannot be verified. LabCorp, Laboratory Corporation of America Holdings makes no representation as to the quality of the specimen used. Laboratory Corporation of America Holdings uses third party and all liability that may arise from the identification of alleged father.

Assessing the likelihood that the person indicated, the alleged father, is the biological father of the child is based on the DNA specimens submitted. Using the above system, the probability of paternity is 99.999%, or complete to six decimal places, based on the DNA specimens submitted.

LabCorp
 March 19, 2018

Page 1 of 1

Vaccine Administration Record for Children and Teens

Patient name: _____
 Birth date: _____
 Chart number: _____

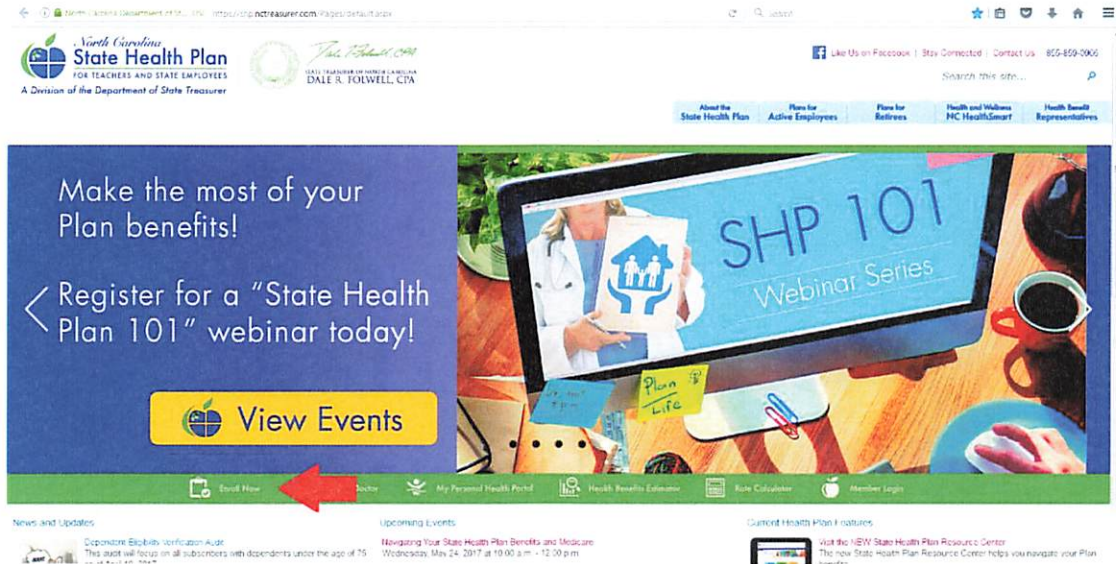
Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VIS) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (month/year)	Funding Source (F/S/P)	Site ²	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ³ (signature or initials & title)
					Lot #	Site	Date on VIS ⁴	Date given ⁵	
Hepatitis B ⁶ (e.g., HepB, Hep, HepB, DTaP-HepB-IPV, GSK IM ⁷)									
Diphtheria, Tetanus, Pertussis ⁸ (e.g., DTaP, DTaP15a, DTaP-HepB-IPV, DT, DTaP-IPV/IN, Tdap, DTaP-IPV, Td)									

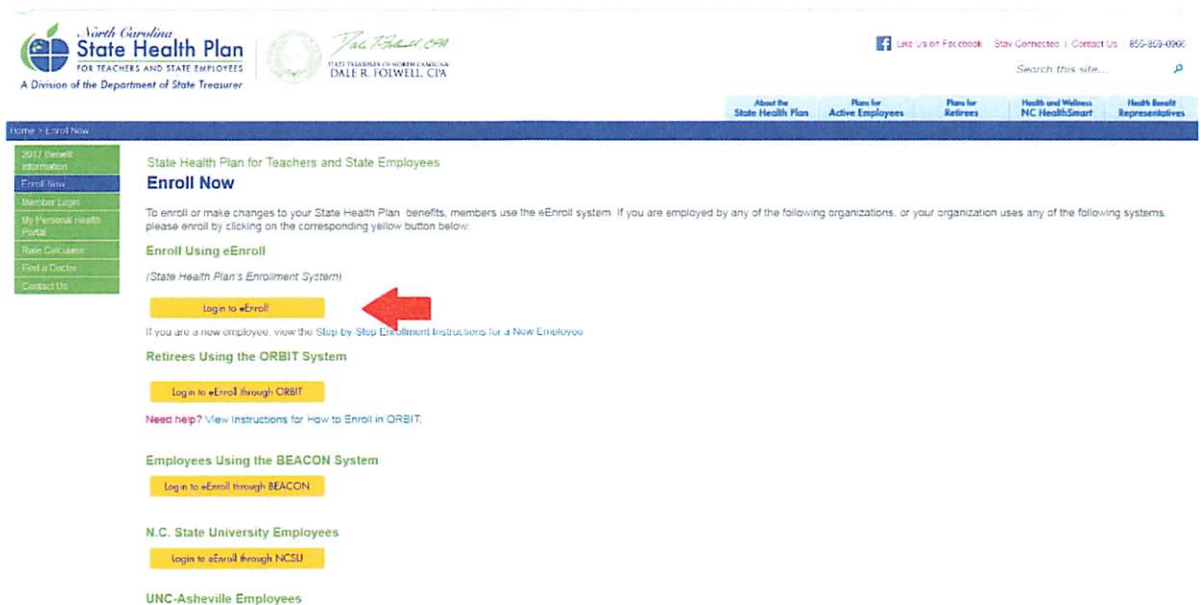
Immunization Records

How to Upload Required Dependent Documents in eEnroll

1. Go to the State Health Plan website at www.shpnc.org and select **Enroll Now**.



2. Select the appropriate yellow box to log into eEnroll. Please note: If you access eEnroll through another system, such as ORBIT, you will need to follow the appropriate instructions provided by your group to log into eEnroll.



3. If your group/agency has an HR InTouch site, you will need to click on the **Enroll Now** link to the right.
4. Once you are in eEnroll, click the **My Documents** on the left hand side, or the **My Document Center** in blue

State Health Plan

Home Profile Benefits Dependents Language Preferences

MANAGE ACCOUNT

Login information **My Documents** Medicare View Tax Documents Life Change

QUICK LINKS

CVS Caremark BlueConnect Learning Center

Have you experienced a life change that requires you to edit your benefits? Whether you have recently had a baby or experienced another event that requires you to edit your benefits, we are here to help. Let us walk you through any changes in order to ensure that your coverage best fits your needs. [Get Started >](#)

Important Messages for You

Dependent Verification Document Request
Documentation must be submitted and/or approved for the following dependents: to submit now.

Benefits Snapshot

Category	Plan Details	Amount
Medical	Enhanced 80/20 PPO Plan Employee and Family Effective as of 01/01/2017	\$723.76 Monthly
Medical	Enhanced 80/20 PPO Plan Employee and Family Effective as of 01/01/2017	\$723.76 Monthly

Important Documents

- Summary Confirmation Statement
- Confirmation Statement

Access **My Document Center**

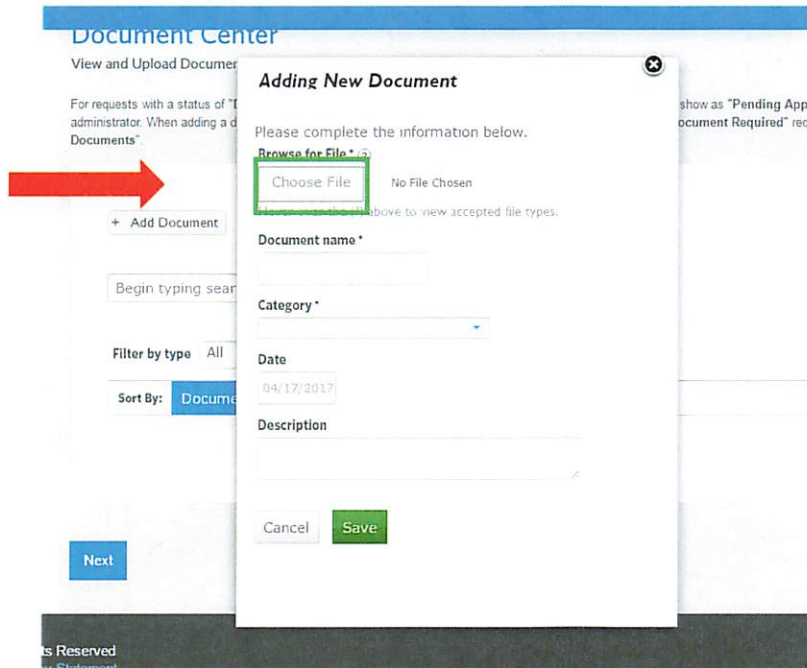
5. Select Upload a Document

Sort By: **Document Name** Date Created Date Uploaded

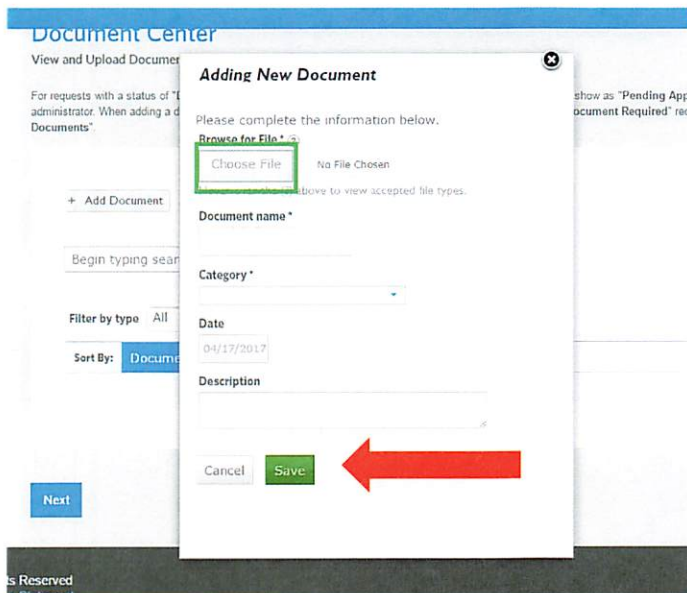
<p>Document is awaiting upload</p> <p>Dependent Name: TEST CHILD</p> <p>Benefits will not be effective until a verification document has been received and approved by your administrator.</p>	<p>04/19/2017</p> <p>DOE, JANE</p>
--	------------------------------------

Document Required [Upload a Document](#) [Associate an Existing Document](#)

6. Select the file you need by clicking on Choose File * accepted file formats are .jpg, .jpeg, .gif, .png, .pdf, .doc, .docx, xls and .xlsx. You will then be prompted to upload the required documentation within the Document Center.



7. Select Save



8. You will get a confirmation at the top of the screen that the document has been uploaded. And the task will now show pending approval.

The screenshot shows a web application interface for a State Health Plan. At the top, a green-bordered notification box contains the text "The document has been Associated successfully." A red arrow points from this notification to the document list below. The interface includes a navigation menu on the left with sections for "MANAGE ACCOUNT" and "QUICK LINKS". The main content area displays a summary of document counts: "1 Document Required, 1 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 1 All Documents". Below this is a search bar and filter options. The document list is sorted by "Document Name" and contains one entry with a "Word" icon, a "test" title, and a detailed description. The entry is in a "Pending Approval" state, indicated by a green box around the status label. Action buttons for "Edit" and "Preview" are also visible.

State Health Plan
The document has been Associated successfully.

MANAGE ACCOUNT

1 Document Required, 1 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 1 All Documents

+ Add Document

Begin typing search query Search

per page 10

Filter by type All Filter by status All Requests

Sort By: Document Name Date Created Date Uploaded

	test		05/09/2017
Word	Dependent Name: Benefits will not be effective until a verification document has been received and approved by your administrator.		05/31/2017
			1040 Income Tax Return

Pending Approval Edit Preview



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Haywood County Schools		4. Employer Identification Number (EIN)	
5. Employer address 1230 North Main Street Waynesville, NC 28786		6. Employer phone number (828) 456-2400	
7. City Waynesville	8. State NC	9. ZIP code 28786	
10. Who can we contact about employee health coverage at this job? Human Resources - Cindy Simson			
11. Phone number (if different from above)		12. Email address csimson@haywood.k12.nc.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time employees working 30 or more hour per week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

dependents with supporting verification documents

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ see rate sheets SHPNC.org

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

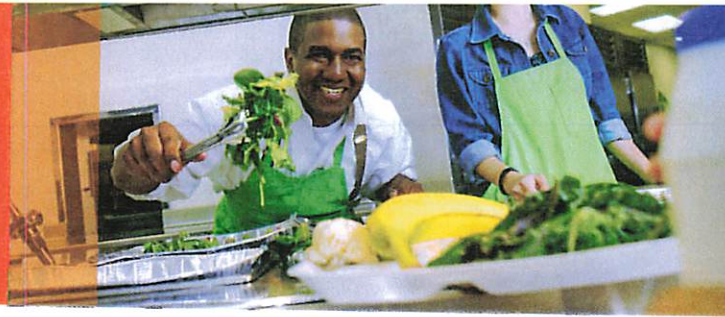
Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

As an educator, you face unique challenges...



GETTING HELP IS SIMPLE

Just call **800.225.2527** or **800.252.4555** 24/7 to reach a professional counselor.

Today, educators face special challenges – budget cuts, students at risk, parental issues. In addition to these on-the-job stressors, you juggle the challenges of personal and family issues.

Usually, we can handle problems on our own, but sometimes it makes sense to reach out for help.

Educators' EAP provides the benefits and solutions to help you and your family deal with virtually any personal issue you may encounter. In addition, we provide the resources you need to deal with professional issues. We're the only EAP specifically designed to address the unique challenges faced by educators.

And because your employer has covered the entire cost of services, there is no cost to you.

GETTING THE HELP YOU NEED

Call anytime for confidential assistance. To reach a counselor for any of your EAP needs, call toll free:

800-225-2527 OR 800-252-4555
OR VISIT **EducatorsEAP.com**

COUNSELING BENEFITS

Help with personal issues from relationships to stress and substance abuse.

WORK/LIFE BENEFITS

Assistance for other personal, financial and legal issues.

INFORMATION RESOURCE BENEFITS

Access a vast collection of self-help tools and articles.

LIFESTYLE BENEFITS

Discounts to help with fitness, nutrition and weight management.

PERSONAL DEVELOPMENT BENEFITS

Help balancing your work, life and career.

WELLNESS BENEFITS

Information and resources to improve your overall wellness.

Introducing your Educators' Employee Assistance Program



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HOW DOES THE EAP WORK?

Getting the help you need is simple. You can call the EAP 24 hours a day, 7 days a week to reach a professional counselor. Call our toll free number or visit our website to access other benefits.

**800-225-2527 or
800-252-4555
EducatorsEAP.com**

MORE BENEFITS FOR YOU

Your EAP provides access to more problem solving solutions than any other EAP. And nearly 99% of those who use the EAP are satisfied with the experience.



COUNSELING BENEFITS

Many complex issues are best resolved with counseling assistance from a behavioral health professional. You will want to consider calling for help if you encounter problems such as:

- Relationship and family issues
- Depression, stress, or anxiety
- Grief or loss of a loved one
- Eating disorders or substance abuse
- Workplace difficulties

When you call, you connect immediately with a counselor. Each of our experienced counselors has a Masters or Ph.D. level of training. Should you need to be referred to a local counselor for personal visits, we have more than 40,000 providers available to ensure that you will have a counselor near your home or workplace.



WORK/LIFE BENEFITS

Assistance for personal, family, financial, and legal issues is available for your everyday work/life problems, including:

- Debt counseling and restructuring
- Legal problems not related to employment or medical concerns
- Child care and elder care assistance
- Financial information
- Caregiver help and resources
- Real estate and tenant/landlord concerns
- Interpersonal skills with family and co-workers
- Pet Help Center

SELF-HELP RESOURCES

Self-help Resources give you access to a vast collection of thousands of tools and informative articles covering virtually every problem you might face. You can call or log on to the website to access these benefits. Some available resources include:

- Behavioral Health - information on everything from alcohol abuse to personal stress
- Financial - articles, tools and information to help with virtually every financial question
- Legal Information - topics ranging from adoption to wills
- Tools for Tough Times - resources to assist with difficult financial issues

PEAK PERFORMANCE COACHING

Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

Coaching is available for:

- Certified Financial Coaching
- Balancing Life at Work and Home
- Resilience
- Effective Communication
- Home Purchasing
- Student Debt
- Yoga & Relaxation for Beginners
- Workplace Conflict
- Retirement
- Succeeding as a Supervisor

EDUCATOR RESOURCE CENTERS

Our online Resource Centers offer educator-specific tools, links, and articles on hot-button issues, challenges and opportunities facing you and your students, such as:

- Budget Boosters for Educators: Money-Saving Tools and Tips
- Parental Challenges
- Social Networking for Educators
- Managing the Classroom
- Cyber-Safety Resource Center

LIFESTYLE BENEFITS

Your Lifestyle Benefits include discounts to help you enhance your quality of life. Call or check the website for nutrition, fitness and weight loss discounts.

CAREER DEVELOPMENT AND TRAINING BENEFITS

Our online training and resources help with personal growth. If you are a supervisor or hope to become one, we offer an entire online supervisory training resource. You can balance your work, life and career objectives with the help of tutorials, exercises and worksheets.

WELLNESS BENEFITS

The EAP wellness benefit allows you to access information and resources to improve you and your family's overall wellness including stress reduction, fitness, diet and smoking cessation.

- Online Wellness Center

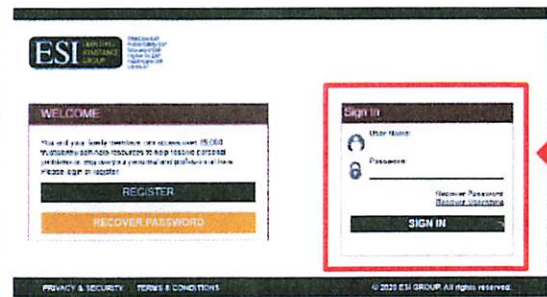


Accessing

Self-help EAP Benefits

LOG IN & REGISTRATION STEP-BY-STEP INSTRUCTIONS

1. Log on to www.EducatorsEAP.com
2. Click **Employee & Family Login**
3. If you've already created a User Name and Password, simply enter that information in the appropriate boxes. **If you have not registered, complete steps 4-5.**
4. Click on **REGISTER**
5. Fill out the Registration Form and create your own User Name and Password, then click **REGISTER**. **You only need to register once.**



ESI Employee Assistance Group

WELCOME

Sign In

User Name

Password

REGISTER

RECOVER PASSWORD

SIGN IN

PROVACY & SECURITY TERMS & CONDITIONS © 2013 ESI GROUP All rights reserved.



Register

User Name

First Name

Last Name

Organization Name

Email Address

Password (7 character minimum)

Verify Password

Remember

What is your mother's maiden name?

Privacy Policy

I agree to the terms of use

REGISTER