



NCLM

LIFE & HEALTH INSURANCE





ABOUT THE HEALTH BENEFITS TRUST

The Health Benefits Trust is a nonprofit insurance pool established by the North Carolina League of Municipalities to provide group benefits coverage for local governments and their employees.



30+ years of reliable, personal service

420+ local government entities participating

9,000+ employees and dependents

LEADERSHIP, STAFF AND PARTNERS THAT WORK FOR YOU

A Board of Trustees governs the Health Benefits Trust, establishing policies, setting rates and approving special services. Consultants assist the Board with investment management, actuarial study and financial audit. Third party administrators are also contracted to provide underwriting, claims and customer services. In addition, the Trust is reinsured for catastrophic claims.



A STRONG, UNIFIED PROGRAM THAT OFFERS COMPETITIVE, DEPENDABLE RATES.

The Health Benefits Trust is made up of North Carolina cities, towns and public entities who have banded together, pooling risks and resources. This leads to stable, competitive rates year in and year out. We negotiate the best terms for claims administration, pharmacy benefits management, reinsurance, and more. This purchasing power leads to lower healthcare costs and higher quality programming and partnerships.

WE OFFER FLEXIBLE OPTIONS THAT SAVE YOU TIME AND MONEY.

With more than 20 standard benefit designs and pharmacy benefits, the Health Benefits Trust and our staff work with you to identify the best option for your needs and your employees' wants. We allow groups of all sizes to provide multi-level coverage options to employees – just one example of why the Health Benefits Trust is unique.

Our personalized customer service helps you spend less time administering your benefits and more time meeting the needs of your citizens.

And our supplemental programs focus on employee wellness and preventative health as a way to control costs and minimize unnecessary claims and usage. Retiree coverage, including a Medicare supplement, is also available.

MEDICAL plans with comprehensive pharmacy benefits

DENTAL options with and without orthodontics

VISION including basic and premier options

LIFE including employee and dependent coverage options

DISABILITY with both short- and long-term plans available

MEDICAL BENEFITS

Health Benefits Trust medical plans are designed with local government employees and their dependents in mind. Whether you are a large or small group, we offer flexible plan options. Smaller groups (less than 50 employees) are allowed to offer more than one plan, giving employees additional choice. Larger groups have the flexibility to customize plans, maximizing savings and employee choice.

Benefits are administered by MedCost. Members have the flexibility to choose providers and facilities that are included in MedCost's large provider network.

High Deductible Health Plans and Administrative Services Only (ASO) arrangements are also available and can be customized to meet your employer group's coverage needs.

PRESCRIPTION DRUG BENEFIT

The Health Benefits Trust has a standard prescription benefit, that allows flexibility in copayments to meet the member's needs. The standard benefit includes a \$5 copay for a 30-day supply of generic prescriptions; brand and non-preferred brand drugs are higher. MedCost's extensive pharmacy network includes local, independent pharmacies and national chains.



THE HEALTH BENEFITS TRUST WELLNESS BENEFIT IMPROVES EMPLOYEE HEALTH AND BOOSTS EMPLOYER SAVINGS

The **Wellness Benefit** provides coverage for preventive services such as routine physical exams, mammograms, prostate screenings, immunizations, and routine laboratory tests and X-rays. The services may not be related to the treatment of an illness or injury. Think of the wellness benefit as a way to cover the routine tests and exams you need in order to determine the state of your health, saving your regular coverage for illness or injury. The benefit is unlimited and payable at 100% (for in-network providers). Age or frequency limits do not apply.

WELLNESS GRANTS AVAILABLE FOR EMPLOYERS

The Health Benefits Trust sets aside \$100,000 for wellness grants each year. Our health insurance members are eligible to apply for these grants to assist in funding health fairs, wellness programs, educational classes, fitness activities and equipment, nutritional programs, and more! Members can apply per event multiple times a year making the application process more convenient than having to plan an entire year of activities at once.





Personal Care Management is a proactive approach to health care. Individuals who are at risk for developing chronic and costly medical conditions learn how they can reduce their risk and improve their health. This type of programming results in long-term savings for employer groups. Unlike most traditional disease management programs, Personal Care Management members don't have to wait until they are diagnosed with a specific disease to be included in the program; the program works with dependents as well.

Healthy living is just a click away with MedCost's **Online Personal Health Suite**. The site is a one-stop shop for employees looking for health and wellness tools and information. Several 12-week Health Living Program modules are available to help employees achieve better health; subjects include Weight Loss, Healthy Heart, Healthy Kids, Healthy Seniors, and more.

SmartStarts Maternity Management is a comprehensive prenatal program that provides expectant mothers with the education and support they need to carry their babies to full-term. SmartStarts is a great way for both mother and child to get a healthy start together and can significantly reduce the financial impact of maternity/newborn care – participants enrolled during their first trimester receive \$150, or \$75 if they enroll during their second trimester.



WELLNESS PROGRAM

Implementing wellness incentives that help prevent and identify illness is a proven way to achieve long-term cost savings. Employers benefit by having reduced claims, and employees have access to health education and earlier interventions if health issues do arise.

All active covered individuals (employees and spouses) must meet the following wellness screening requirements, as applicable:

Annual wellness screening from a primary care physician, urgent care facility or employer on-site assessment. One per calendar year.

Age appropriate cancer screenings per American Cancer Society guidelines:

- Mammograms: 1 per year for females age 45-54; 1 every 2 years for females age 55+
- Colonoscopy: 1 every 10 years for all individuals age 50+
- Pap: 1 every 3 years for females age 21+ (alternate guidelines for females who've had a hysterectomy)

Personal Care Management program participation (as invited).



Any employee who fails to meet the wellness requirements will incur a 10% surcharge of their monthly premium starting the next policy year. Individual employees pay the surcharge, which is payroll deducted.

New employees, spouses and/or employer groups whose coverage begins after July 1 have up to 18 months to meet the wellness screening requirements the first year. Likewise, if a covered individual becomes of age to have a specific screening after July 1, he or she has up to 18 months to receive the screening.





TELADOC MAKES ACCESSING HEALTH CARE FAST, EASY AND AFFORDABLE.

Telehealth services, including telephonic consultations and videoconferencing, can make medical care more accessible and convenient for your employees while reducing medical expenses for your health plan.

Limited time to schedule an appointment away from the office and increased scheduling waits are just a few reasons that employees put off going to the doctor. Many are forced to visit expensive urgent care centers or the emergency room for non-urgent care because their doctor isn't available after hours.

Teladoc does not replace primary care providers, but with a consultation cost of \$0 for employees enrolled in a traditional PPO plan and \$45 for employees enrolled in a true High Deductible Health Plan, it offers the care your employees need in a timely, convenient and affordable manner.

After requesting a consultation and providing some medical history information over the phone or online, covered individuals receive a call back from a licensed, board-certified physician who practices in North Carolina within an hour – average call back time is 22 minutes. Members can also schedule an appointment and receive a call back at their convenience.





DENTAL BENEFITS

The Health Benefits Trust offers three benefit plan designs to give your employees flexibility on the dental coverage they need. Coverage is available for a variety of services.

Preventive | Class I Expenses Includes but is not limited to oral exams, cleaning or X-rays.

Basic Restorative | Class II Expenses Includes but is not limited to fillings, periodontal scaling, extractions or root canal therapy.

Major Restorative | Class III Expenses Includes but is not limited to crowns, dentures or bridges.

Orthodontics Coverage for orthodontia can be added to any benefit plan for dependent children age 25 and younger.

Depending on the services provided, coverage is based on either a fixed-fee schedule (Plan I) or a percentage of reasonable and customary (Plan II and Plan III). Deductibles are waived for preventive services. A pretreatment estimate is available if charges for service are expected to be more than \$200. Coverage details, including limitations and exclusions, are contained in the summary plan description.

	Plan I	Plan II	Plan III
Annual Deductible	\$50 individual/\$150 family	\$50 individual/\$100 family	\$50 individual/\$100 family
Annual Maximum Benefit	\$1,000	\$1,000	\$1,500
Lifetime Orthodontic Benefit*	\$1,000	\$1,000	\$1,000
Preventive & Diagnostic (Class I)	per schedule/deductible waived	100% †	100% †
Sealants** (Class I)	per schedule/deductible waived	100% †	100% †
Basic Restorative Care (Class II)	per schedule	80% ◇	80% ◇
Major Restorative Care (Class III)	per schedule	50% ◇	80% ◇

*dependent children
**14 and younger

† reasonable & customary
◇ reasonable & customary/deductible applies

VISION BENEFITS

The Health Benefits Trust offers Vision Signature Plan (VSP) vision plans. These plans provide affordable benefits with a larger provider network and expansive eyewear choices. There are basic and premier plan options, and employers are able to offer more than one plan option to employees.

To find out more about VSP doctor networks, visit www.vsp.com or call 800-877-7195.



\$20
Additional Retail Frame Allowance
 available to all VSP members who purchase a Marchon or Altair frame*

Member Out-of-Pocket Comparison VSP Signature Plan® Vision Plans Municipal Insurance Trust of NC

		<u>VSP</u>		<u>VSP</u>		<u>VSP</u>
Exam Copay:	\$	10.00	\$	10.00	\$	10.00
Material Copay:		N/A	\$	20.00	\$	20.00
Wholesale Frame Allowance:		N/A	\$	46.00	\$	61.00
Retail Frame Allowance:		N/A	\$	120.00	\$	160.00

	Average U&C (Retail) Cost in NC	Low VSP Exam Plus Plan	Premier VSP Signature Plan	Premier Plus VSP Signature Plan	
Example 1	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Metal (WFC \$49.95)	\$ 149.95	\$ 119.96	\$ 23.96	\$ -
	Single Vision Lens (material copay included)	\$ 83.89	\$ 67.11	\$ 20.00	\$ 20.00
	Polycarbonate Lens	\$ 55.00	\$ 44.00	\$ 23.00	\$ -
	Anti-Reflective Coating - Crizal easy UV	\$ 96.00	\$ 76.80	\$ 51.00	\$ -
	Backside UV Coating ¹	\$ 22.00	\$ 17.60	\$ 10.00	\$ 10.00
	Member Out-of-Pocket on Day of Service	\$ 579.80	\$ 335.47	\$ 137.96	\$ 40.00
Example 2	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Metal (WFC \$57.00)	\$ 175.00	\$ 140.00	\$ 44.00	\$ -
	Bifocal Lens (material copay included)	\$ 142.80	\$ 114.24	\$ 20.00	\$ 20.00
	Progressive Lens - Kodak Concise (add-on avg cost)	\$ 92.00	\$ 73.60	\$ 50.00	\$ -
	Photochromic Tint - Transitions®	\$ 109.00	\$ 87.20	\$ 76.00	\$ 76.00
	Member Out-of-Pocket on Day of Service	\$ 691.76	\$ 425.04	\$ 200.00	\$ 106.00
Example 3	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Plastic (WFC \$60.00)	\$ 199.95	\$ 159.96	\$ 63.96	\$ -
	Bifocal Lens (material copay included)	\$ 142.80	\$ 114.24	\$ 20.00	\$ 20.00
	Progressive Lens - Varilux Physio (add-on avg. cost)	\$ 153.00	\$ 122.40	\$ 90.00	\$ -
	Anti-Reflective Coating - Crizal Avancé UV	\$ 129.00	\$ 103.20	\$ 75.00	\$ -
	Backside UV Coating ¹	\$ 22.00	\$ 17.60	\$ 10.00	\$ 10.00
	Polycarbonate for Progressive Lens	\$ 63.00	\$ 50.40	\$ 30.00	\$ -
Member Out-of-Pocket on Day of Service	\$ 882.71	\$ 577.80	\$ 298.96	\$ 40.00	
Example 4	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Metal (WFC \$59.99)	\$ 199.95	\$ 159.96	\$ 63.96	\$ -
	Bifocal Lens (material copay included)	\$ 142.80	\$ 114.24	\$ 20.00	\$ 20.00
	Progressive Lens - Varilux Ellipse 360 (add-on avg. cost)	\$ 222.00	\$ 177.60	\$ 120.00	\$ -
	Anti-Reflective Coating - Crizal Alizé UV	\$ 110.00	\$ 88.00	\$ 61.00	\$ -
	Backside UV Coating ¹	\$ 22.00	\$ 17.60	\$ 10.00	\$ 10.00
	Photochromic Tint - Transitions®	\$ 109.00	\$ 87.20	\$ 76.00	\$ 76.00
Member Out-of-Pocket on Day of Service	\$ 978.71	\$ 654.60	\$ 360.96	\$ 116.00	

* \$20 Additional Retail Frame Allowance applies to all full-service VSP Plans effective 01/01/2014

¹ Backside UV is required on all Crizal Anti-reflective Coatings.

WFC - Wholesale Frame Cost

VSP Signature Plan is a registered trademark of Vision Service Plan.

Costs are estimated based on VSP doctor U&Cs. Retail costs will be higher.



DISABILITY BENEFITS

Short-Term Disability is available to all employees who work 30+ hours a week for a premium of \$12 per employee, per month. The benefit includes:

- Weekly benefits for non-occupational illness/injury
- Benefits begin on the 8th calendar day, with a maximum benefit period of 26 weeks
- Benefits are payable on a daily basis at 60% of gross weekly salary
- Additional details, limitations and exclusions can be found in the rider.

Long-Term Disability (GAP) is available to all employees who work 30+ hours a week for a premium of \$0.29 per \$100 in salary, per month.

Disability is based on an employee's complete inability to perform his/her own occupation during the first 24 months of disability, and work in any occupation to the end of the benefit period. The benefit includes:

- Pays 50% of monthly base salary to age 65 (maximum of \$5,000 per month, for a maximum benefit period of 5 years)
- 180-day waiting period

LIFE INSURANCE BENEFITS

The Health Benefits Trust offers life insurance, accidental death and dismemberment, supplemental life insurance, and dependent life insurance underwritten by Unum. Each type of coverage has its own plan options and premiums.

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT

The Health Benefit Trust's standard life insurance benefit offers 8 benefit designs, and allows an employer to create a plan that meets its needs. Benefits are paid regardless of the cause of death. Elected officials are eligible for coverage. Benefits reduce at ages 65, 70, 75 and upon retirement.

A. Department heads \$10,000 All other employees \$ 5,000
B. 1 x Salary (all employees)
C. 1.5 x salary (all employees)
D. 2.0 x salary (all employees)
E. Top administrator \$25,000 Department heads \$15,000 all other employees \$10,000
F. Top administrator \$50,000 Department heads \$25,000 all other employees \$15,000
G. \$10,000 (all employees)
H. \$25,000 (all employees)
O. \$50,000 (all employees)





SUPPLEMENTAL LIFE INSURANCE

The Health Benefits Trust offers supplemental life insurance in increments of \$10,000 up to a maximum of \$100,000.

For groups with at least 40% employee participation, there is no proof of insurability requirement. However, groups with less participation would be required to apply. After the initial enrollment, annual increases of \$10,000 are allowable without evidence of insurability. There is no disability premium waiver. The coverage is portable upon termination of employment or retirement, unless retiree life benefits are provided. The benefits reduce at ages 65, 70 and 75 (see benefit booklet).

Premiums are based on age (see chart at right).

Age	Monthly Premium per \$1,000 in Coverage
less than 35	\$0.10
35-39	\$0.13
40-44	\$0.20
45-49	\$0.34
50-54	\$0.54
55-59	\$0.87
60-64	\$1.31
65-69	\$1.97
70-74	\$3.72
75-79	\$6.00
80-85	\$9.28

DEPENDENT LIFE INSURANCE

Life insurance is available for all eligible dependents, and the amount of coverage depends on the dependent's age. The four available plans include:

	Plan A	Plan B	Plan C	Plan D
Spouse	\$2,000	\$2,500	\$5,000	\$10,000
Unmarried Child(ren) ages 14 days, but less than 6 months	\$1,000	\$1,000	\$1,000	\$1,000
Unmarried Child(ren) ages 6 months, but less than 26 years <i>age 19-26 must be full-time students</i>	\$2,000	\$2,500	\$5,000	\$10,000



www.nclm.org/insurance/health