



OPEN ENROLLMENT FOR PLAN YEAR JULY 1, 2016 – JUNE 30, 2017

April 25, 2016

Listed below are the forms that must be completed and returned to the Human Resources Department no later than May 17, 2016.

- Benefits Enrollment Form—please complete all highlighted areas with current information – even if you are not making any changes
- Incomplete forms will be returned to you for completion
- Nicotine Certification Form
- Shared Leave Enrollment Form (if participating)

THERE IS NO RATE INCREASE FOR THE PLAN YEAR 2016-2017

CHANGES for the 2016-2017 Plan Year

- Prescription copay increase
- Vision coverage will be provided by Community Eye Care
- Wellness High Risk Factor incentives lost will be payroll deducted \$20 per month for each High Risk factor (you may recertify October 1, January 1, April 1 for the 2016-2017 Plan Year)
- EAP Provider effective July 1, 2016 Piedmont Counseling & Development Group

BCBSNC and ACS Benefit Services will continue as administrators for the medical and dental plans. New cards will be mailed to the home address on file.

The Standard Life Insurance Company will administrate the Basic Life & AD&D, Short Term Disability, Dependent Life Insurance, and Voluntary Life Insurance.

For new enrollees (employed by the City greater than 31 days) for the above products, you will need to submit an “Evidence of Insurability” as soon as possible.

Documents included for your review:

- Benefits Enrollment Form
- Nicotine Certification Form
- Shared Leave Enrollment Form
- 2016-2017 Wellness Program Changes and H SA comparison
- 2016-2017 Rate Sheet-PPO Wellness, H SA Wellness, and Prescriptions
- ACS Summary of Dental Benefits with rates
- Community Eye Care Plan Description with rates
- The Standard-Basic Life, AD&D, Short Term Disability, Dependent Life, and Voluntary Life Rates
- Employee Assistance Program Information
- HIPPA, COBRA, and Medicare Prescription Drug Notification
- NC Retirement Systems Orbit Login instructions—(NAME BENEFICIARIES)
- Prudential 401k and 457 information
- Nationwide 457 information
- AFLAC
- Tip Sheet



2016 - 2017 BENEFITS OPEN ENROLLMENT
 Completed forms must be returned to HR by May 17, 2016.

PART A PLEASE CIRCLE: Married Not Married Sex: Male Female Date of Birth: _____ Employment Date: _____
 Legal Marital Status: _____ MI _____ FORMER LAST NAME (IF CHANGED) _____ SOCIAL SECURITY NUMBER _____
 LAST _____ FIRST _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____ EMAIL ADDRESS _____
 Name: _____ STREET OR P.O. BOX _____

PART B MEDICAL INSURANCE COVERAGE PPO HSA Decline Coverage No Change
 Please choose one of the following: Employee only Employee & Child Employee & Children

PART C DENTAL COVERAGE Employee only Child Decline Coverage No Change
 VISION COVERAGE Employee only Children Decline Coverage No Change

PART D Dependents-Complete in Full - List any additional dependents on the back of this form.

ADD DELETE	LAST NAME	FIRST NAME	MI	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP	TYPE OF COVERAGE
ADD DELETE								Medical Dental Vision
ADD DELETE								Medical Dental Vision
ADD DELETE								Medical Dental Vision
ADD DELETE								Medical Dental Vision
ADD DELETE								Medical Dental Vision
ADD DELETE								Medical Dental Vision

OVER

PART E

BENEFICIARY DESIGNATION - BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE* (City Provided)

NAME	PERCENT	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ADDRESS	BENEFICIARY DESIGNATION
						PRIMARY CONTINGENT
						PRIMARY CONTINGENT
						PRIMARY CONTINGENT
						PRIMARY CONTINGENT

*IMPORTANT: Please list your beneficiaries for your Basic Life and AD&D insurance. (City provided) benefit is payable to contingent beneficiary ONLY if all primary beneficiaries are deceased. (if a class of beneficiaries contains more than one person, the benefit is apportioned equally unless specified otherwise.)

PART F

OPTIONAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Employee Paid - Submit within 31 days of hire or medical statement required

Beneficiaries will be the same for Part E and Part F, unless designated separately.

Amount: \$25,000 \$50,000 \$75,000 \$100,000

I Elect coverage I Decline coverage

PART G

DEPENDENT OPTIONAL LIFE INSURANCE - List Dependent Information in Part D

I Elect coverage I Decline coverage

OPTIONAL SUPPLEMENTAL SHORT-TERM DISABILITY INSURANCE

I Elect coverage I Decline coverage

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER	RELATIONSHIP

PART H

MEDICAL INSURANCE PLAN CHANGE

Open Enrollment PPO HSA with contribution HSA without contribution

Date of Change: Dental Vision

DEPENDENT COVERAGE CHANGES

Reason for change: Marriage Spouse's Coverage terminated Other, specify

Date of change: Newly eligible for coverage Child reached age limit No longer a student

PART I

******I understand this is a legal binding document and I hereby authorize deductions from my salary of the amount required, if any, for the insurance indicated. This authorization will remain in effect until revoked in writing. Medical, vision and dental insurance deduction is paid on a pre-tax basis unless a waiver is submitted.**

Employee Signature _____ Date _____

**FOR OFFICE USE: HEALTH DENTAL VISION LIFE/AD&D OPTIONAL LIFE/AD&D Salary Min Hours worked



City of Hickory
Post Office Box 398
Hickory, NC 28603
Phone: (828) 323-7421
Fax: (828) 323-7550

Human Resources Division

2016-2017 Certification Regarding Nicotine Use

Employee Name: _____ (please print)

Department: _____

Non-Nicotine User

I certify that I am eligible for the Non-Nicotine User Premium by **checking this box and** returning this form to Human Resources to be placed in my personnel file. For the purposes of this certification, nicotine products include tobacco in all forms, as well as nicotine gum, lozenges, patches, and e-cigarettes in any form containing nicotine.

- I certify that this information is true and correct to the best of my knowledge.
- I understand that by certifying that I am a non-nicotine user, my name will be placed in a random drawing for nicotine testing.
- I understand that by certifying that I am a non-nicotine user, I agree to undergo nicotine (cotinine) testing should my name be randomly drawn to do so.
- I understand that refusal to submit to a required random test will be considered a positive test result.
- **I acknowledge and understand that the following conditions apply should my random cotinine test return a positive result:**
 1. **I will be required to pay back the premium, dated back to July 1 of the current fiscal year.**
 2. **I will also be required to pay the nicotine user premium for the remainder of the current fiscal year. This premium is deducted one month in advance.**
 3. **I will be disciplined for making a fraudulent statement certifying my nicotine use. The disciplinary action will be at least a one-day (1) suspension without pay and possibly up to and including dismissal**
- I acknowledge and understand that if my nicotine user status changes and I do not immediately change my status with Human Resources, and I test positive on a random test, all three of the above stated conditions apply.

Nicotine User

- I acknowledge that I will pay the Nicotine User premium by **checking this box.**
- I declare that I use nicotine in some form or that I choose not to disclose my status as it relates to nicotine use.
 - I understand that by using nicotine, I am choosing to pay the nicotine user premium.
 - I understand that if I cease to use nicotine, I may request to fill out another certification and that I will then declare myself a non-nicotine user subject to nicotine testing as outlined in the Non-Nicotine User section above.
 - I understand that I may change my nicotine-user status to "non-nicotine user" during the fiscal year, but no more than once per quarter, beginning with the July 1 quarter each fiscal year.

Refusal to sign this form will place the coworker in the Nicotine User category.

Employee Signature

Date

Human Resources

Date



**CITY OF HICKORY
2016-2017 SHARED LEAVE BANK
POLICY AND ENROLLMENT FORM**

SHARED LEAVE

The purpose of shared leave is to provide assistance to coworkers who are unable to work due to a catastrophic illness or the catastrophic illness of the coworker's immediate family member that requires care by the coworker.

Eligibility

Only full time coworkers who have exhausted all vacation leave, sick leave and compensatory time and have a physician certified catastrophic illness that prevents them from returning to work for a projected minimum of 20 working days may request leave from the shared leave bank. The catastrophic illness may be that of the coworker or a coworker's immediate family member if the physician requires the coworker to care for the immediate family member.

To enroll- you must have been employed one full year prior to July 1, 2016. The month of May is Open Enrollment for the Shared Leave Bank. Shared leave is actually a bank of hours contributed by coworkers. Joining this bank is voluntary. The policy requires coworkers to share in the bank by donating 4 hours of leave time per year before being able to apply for use of the donated time. This leave time can be either vacation or sick. As you can see, this bank must be self-supporting. Therefore, if a request is approved and the bank is low or empty a notice will be sent to participating shared leave bank coworkers that the bank is low and there is a need for additional donated time. If additional time is not donated, the requesting party will be unable to receive shared leave.

The shared leave bank year will be a fiscal year and will end June 30 of each year. If you are a current member and wish to continue participation, you must enroll in this bank each year.

If you would like to join the shared leave bank, complete the form BELOW and return to Human Resources by May 17, 2016.

NAME	
Department	Date of Hire

- 1) I have read and agree to abide by the Shared Leave Policy.
- 2) I wish to donate 4 hours of _____ (VACATION OR SICK). I realize this donation of time is irrevocable.
- 3) I understand that the bank must be self-supporting.
- 4) I understand that if I request the use of shared leave that a Review Committee will be reviewing the necessary documentation and they have my permission to discuss the issues relating to my request in an effort to make a decision. Also, I must have been a member for one year to request Shared Leave.
- 5) I understand this election is for the current fiscal year only and will expire at the end of the fiscal year.
- 6) I understand that I must have been employed full time by the City of Hickory for 1 (one) year to be eligible to enroll.

Signature

Date



City of Hickory Monthly Contribution Rates for Active Employees Effective July 1, 2016

BlueCrossBlueShieldNC Wellness PPO

Individual

\$ 750 Deductible

\$3000 Co-insurance

Family

\$1500 Deductible

\$6000 Co-insurance

Coverage	Monthly Rate	Weekly Rate	Semi-Monthly Rate
Employee Only	\$ -	\$ -	\$ -
Employee Child	\$ 173.38	\$ 40.01	\$ 86.69
Employee Children	\$ 459.87	\$ 106.12	\$ 229.94

BlueCrossBlueShieldNC H S A Wellness

Individual

\$1500 Deductible

Family

\$3000 Deductible

Coverage	Monthly Rate	Weekly Rate	Semi-Monthly Rate
Employee Only	\$ -	\$ -	\$ -
Employee Child	\$ 138.05	\$ 31.86	\$ 69.03
Employee Children	\$ 378.70	\$ 87.39	\$ 189.35

For H S A Members the City of Hickory will contribute \$840 per plan year to your H S A account that you establish at the Local Government Federal Credit Union. You may contribute \$3350 for individual coverage and \$6750 family coverage.

You cannot have other Medical Coverage and participate in the H S A Plan.

<u>Wellness Works Plan</u>	<u>Consumer-Driven Health Savings Account (City contributes \$840 per fiscal year)</u>
<p>Employee pays \$0 in premium provided s/he is compliant with the wellness program and making the required improvements</p> <p>Deductible: \$750</p>	<p>Employee pays \$0 in premium provided s/he is compliant with the wellness program and making the required improvements</p> <p>Deductible: \$1,500 (Coworker pays this amount out of pocket)</p>
<p>Copay: \$20/\$50 unless out of network; copays do not apply toward the deductible</p> <p>City pays: Premium (must be program-compliant to receive)</p>	<p>No copays, plan becomes 80/20 after \$1,500 deductible is reached</p> <p>City pays: Premium plus \$840 additional per fiscal year, payable each July 1 and January 1. Employee must be program-compliant to receive additional City contribution.</p>
<p>Employee contribution: \$ 0 (coworker responsible for copays and **copays do not count toward the deductible)</p> <p>Preventive screenings covered at 100%</p> <p>Excellent prescription plan</p>	<p>Employee contribution: \$3,350 maximum per fiscal year (\$6,750 for family)</p> <p>**All medical expenses count toward the deductible</p> <p>Preventive screenings covered at 100%</p> <p>Excellent prescription plan</p>
<p>Must be compliant with City Wellness Program, HRA required, and visit clinic the number of times prescribed based on risk factors Must make improvements based on high risk factors or lose the premium incentive of \$20 for each of the four high risk factors that apply.</p> <p>On-site health clinic available</p>	<p>Must be compliant with City Wellness Program, HRA required, and visit clinic the number of times prescribed based on risk factors Must make improvements based on high risk factors or lose the premium incentive of \$20 for each of the four high risk factors that apply.</p> <p>On-site health clinic available</p>

Questions to consider:

- What is my overall health
- How many prescriptions do I/we use?
- Do I have a small savings while I build up my account?

Consumer-Driven Health Savings Account

- Contributions are pre-tax
- Interest earned is tax free
- You roll over any money you don't spend and it keeps growing
- You can contribute to an H.S.A. until you are age 65

2016 Wellness Program



Loss of the premium incentive will result in the following deductions from payroll.

Per the Affordable Care Act, with needed improvement you may recertify once per quarter with the Nurse Practitioner or Occupational Health Nurse-October 1, January 1, April 1, and July 1 to receive incentive. There is no refund available for the quarter(s) paid prior to recertification.

Classes and coaching are available to assist in the reduction of High Risk Factors.

NP 828.261.2206

OHN 828.323.7404

High Risk Category	Monthly Incentive	Weekly Incentive	Semi-Monthly Incentive
Blood Pressure Systolic	\$ 20.00	\$ 4.62	\$ 10.00
Blood Pressure Diastolic	\$ 20.00	\$ 4.62	\$ 10.00
Glucose	\$ 20.00	\$ 4.62	\$ 10.00
BMI	\$ 20.00	\$ 4.62	\$ 10.00

Nicotine Incentive

Non nicotine users will receive the monthly incentive of \$43 and are subject to Random Testing. The loss of the incentive will result in the payroll deduction amounts below.

Nicotine	Monthly Incentive	Weekly Incentive	Weekly Incentive
	\$ 43.00	\$ 9.93	\$ 21.50

Wellness Program July 1, 2016

What has changed?

- There is a greater association of high insurance costs and claims as the number of your risk factors increase.
- Beginning July 2016, improvements must be made in EACH high risk category or you will lose the premium incentive for that category.
- The premium incentive is the amount the City will not charge you toward your health care premium. Everyone is eligible for a total up to \$123 in incentive (money you don't have to pay) toward your health care premium. (That is broken down as: \$43 if you are a non-nicotine user and \$20 each for the 4 high risk factors if you have none).
- Each high risk category offers a \$20 premium incentive. The percent of improvement needed remains the same as in previous years and has been reviewed by the Synergy Healthcare (formerly HealthAlliance) medical director.
- We are dropping cholesterol as a risk factor, but are still including your scores in the HRA; if you are concerned about your cholesterol, and/or triglycerides, please see your physician.
- If you lost your incentive after the 2016 HRA, per the Affordable Care Act, you may re-certify once per quarter. If you make the needed improvement, you receive the incentive for the remainder of the year. The quarters are: October 1, January 1, April 1 and July 1.
- You must see the Nurse Practitioner in the City's Clinic according to the schedule for the number of risk factors you have. This will be noted in your HRA results letter.
- Non-nicotine users will receive a \$43 premium incentive (money you don't have to pay toward your health insurance premium). All employees are subject to random nicotine testing.
- HealthAlliance has changed its name to SYNERGY Healthcare.

Waist Circumference
High Risk is:
> 39 Males
≥ 34 Females
BMI
≥ 30
(considered ONE risk factor)

Glucose
High Risk is:
≥ 110

Blood Pressure (Diastolic - Bottom)
High Risk is:
≥ 90

Blood Pressure (Systolic - Top)
High Risk is:
≥ 140

Example: In 2015 your Blood Glucose was 116, which is 'high' risk. At the 2016 HRA, your blood glucose must improve by 5%, be at 110, or you lose the premium incentive of \$20. You have to improve again the following year to get below 110.

Example: In 2015 your BMI was 42. You have been on a weight loss program and are now at BMI 40. Although you are still considered 'high' risk, you qualify for the incentive because you lost 1 BMI point and more.

Improvement Needed or Percentage Decrease (if high risk)
10% decrease BP systolic
5% decrease BP diastolic
5% decrease Glucose
None for LDL
None Total Cholesterol
None for HDL
5% decrease or drop 1 BMI point
Medically certified achievable improvements



Life. Well Crafted.

Prescriptions

The City of Hickory Prescription Plan currently offers three tiers for prescription medications. Prime Therapeutic is the current provider of all prescription medications. Copays is the responsibility of the covered member.

	Tier One	Tier Two	Tier Three
Member Copay	\$ 15.00	\$ 30.00	\$ 50.00

The City of Hickory provides a "Medication Dedication" program that offers generic drugs to assist in the management of the Wellness Program's High Risk Factors. There is no copay associated with this program available to members of the plan. This program is another benefit to support the wellness of our employees.

With the constant rise in cost of prescription drugs always ask medical provider if there are more affordable medications that will perform the same. This will result in a savings to you and the plan.



Life. Well Crafted.

ACS DENTAL RATES

ACS Benefit Services, Inc. will continue to administrate the City of Hickory Dental Plan. There is no deductible to be met with the plan and offers \$2000 per covered member per plan year.

Coverage	Monthly Rate	Weekly Rate	Semi-Monthly Rate
Employee Only	\$ 24.85	\$ 5.73	\$ 12.43
Employee Child	\$ 50.96	\$ 11.76	\$ 25.48
Employee Children	\$ 52.19	\$ 12.04	\$ 26.10
Employee Spouse	\$ 47.82	\$ 11.04	\$ 23.91
Employee Family	\$ 69.63	\$ 16.07	\$ 34.82

ACS Benefit Services, Inc.

Summary of Dental Benefits	
<i>Services are not subject to a Calendar Year Deductible</i>	
<i>Calendar Year Maximum \$2,000 per Calendar Year for Type A, B and C Services Only</i>	<i>No Deductible</i>
Type A (Preventative)	Plan Copayment Rate - 100%
<ul style="list-style-type: none"> (1) Oral examinations, not more than twice in a Benefit Year (2) X-Rays - Bitewing x-rays, not more than twice in a Benefit Year; Full mouth x-rays, once in a thirty-six (36) month period (includes Panorex) (3) Preventive treatment, consisting of: Oral prophylaxis - (cleaning, scaling and polishing of teeth), but not more than twice in a Benefit Year (4) Two fluoride treatments for covered Dependent children under age 19, but not more than twice in a Benefit Year (5) Space maintainers for covered Dependent children under age 19 to replace primary teeth (6) Study models (7) Sealants - (materials, other than fluoride) on the occlusal surface of a permanent posterior tooth for Dependent children up to age 16 (one application every three years) (8) Pulp vitality test (9) Diagnostic photos 	
Type B (Basic Service)	Plan Copayment Rate - 80%
<ul style="list-style-type: none"> (1) Fillings (2) Periodontal Treatment (3) Emergency Palliation Treatment (4) Administration of General Anesthetics (5) Occlusal guards (not TMJ related) (6) Therapeutic drug injections (7) Harmful habit appliance for grinding of teeth (8) Root Canal Therapy (9) Oral Surgery (including wisdom teeth) 	
Type C (Major Service)	Plan Copayment Rate - 50%
<ul style="list-style-type: none"> (1) Inlays, onlays, crowns and dentures (except as a substitute to TMJ surgery) (2) Repair or re-cementing of inlays, onlays, crowns, bridgework or dentures (3) Stainless steel crowns 	
Type D (Orthodontics) <i>Lifetime Maximum Benefit - \$2,000 per dependent child under 19</i>	Plan Copayment Rate - 50%
<p>These services are available for covered Dependent children under age 19 and include preliminary study, including x-rays, diagnostic casts and treatment plan, active treatments and retention appliance.</p> <p>Payments for comprehensive full-banded orthodontic treatments are made in installments.</p>	



Community Eye Care will replace EyeMed Vision Care as the Vision Provider.

Coverage	Monthly Rate	Weekly Rate	Semi-Monthly Rate
Employee Only	\$ 3.40	\$.79	\$ 1.70
Employee Children	\$ 6.19	\$ 1.43	\$ 3.10
Employee Spouse	\$ 6.53	\$ 1.51	\$ 3.27
Employee Family	\$ 9.61	\$ 2.22	\$ 4.81

City of Hickory Vision Plan

City of Hickory is pleased to announce the addition of a voluntary vision plan to the list of benefits available to our employees. The plan enables employees and their families to significantly reduce their expenditures for routine eye care. Offered through Community Eye Care, the benefit includes the following:

EYE EXAMINATION

- An eye exam once a year (\$10 co-pay)
- A contact lens fitting, re-fit, or evaluation once a year (\$25 co-pay)

EYEWEAR ALLOWANCE

- A \$100 allowance for eyewear annually (\$25 co-pay)

The allowance can be applied to frames, spectacle lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, the only out-of-pocket expense you incur for the eyewear is the \$25 co-pay.

HOW TO USE THE BENEFIT

1. Select a provider from the Community Eye Care provider network.
2. Call the provider to make an appointment, and let them know that you have Community Eye Care coverage.
3. See the doctor and select your eyewear.
4. Your only payments to the provider are your co-pays, plus any discounted amount that exceeds the \$100 eyewear allowance.

MONTHLY RATES

Employee Only	\$3.40
Employee + Child(ren)	\$6.19
Employee + Spouse	\$6.53
Employee + Family	\$9.61

PROVIDER SEARCH

To locate a provider in your area, go to

communityeyecare.net

and search by:

- county
- doctor's last name
- practice name
- zip code

CLAIMS

There are no claims to file when you see an in-network provider. Network providers file claims on your behalf. Additionally, most CEC network providers offer discounts on the average if you exceed your allowance — 20% on glasses and 10% on contact lenses.

Maximum coverage for contact lens exams is \$100 for fittings and \$80 for annual evaluations.

If you see a non-network provider, simply submit a claim form and a receipt to Community Eye Care.

CUSTOMER SUPPORT

Contact CEC's helpful Customer Support Team at [1.888.254.4290](tel:1.888.254.4290) with any questions about benefits or providers.





The Standard
Standard Insurance Company

The Standard will provide Basic Life, AD&D, Short Term Disability, Dependent Life Insurance and Voluntary Life Insurance.

To enroll in Short Term Disability, Dependent Life and Voluntary Life you will need to complete an Evidence of Insurability Form available in the Human Resource Department or on the city website to be submitted to The Standard for approval. Deductions will not begin until approval has been received.

Coverage	Monthly Rate	Weekly Rate	Semi-Monthly Rate
Short Term Disability	\$ 5.40	\$ 1.25	\$ 2.70
Dependent Life	\$ 1.25	\$.29	\$.63
Voluntary Life-Employee Only			
\$ 25,000	\$ 4.75	\$ 1.10	\$ 2.38
\$ 50,000	\$ 9.50	\$ 2.19	\$ 4.75
\$ 75,000	\$ 14.25	\$ 3.29	\$ 7.13
\$ 100,000	\$ 19.00	\$ 4.38	\$ 9.50



TheStandard®

City of Hickory

Life / AD&D Insurance Plan – 100% Employer paid

▶ **Life / AD&D salary benefit** – 1.5 x salary rounded to the next \$1,000 to a max of \$125,000 • Reduces to 65% at age 65 and 50% at age 70. Terminates when you are no longer eligible or reach retirement; whichever occurs first.

→ **Employee Paid Dependent Life benefit** – \$10,000 Spouse; \$10,000 Child; \$1,000 Infant (14 days to 6 months)

→ **Accelerated Death Benefit included** If employee has a terminal condition with a life expectancy of 12 months or less, he or she can apply for early payment of the death benefit. The amount requested can be up to 50% of the life insurance amount in force, not to exceed \$250,000.

→ **Waiver of Premium** If employee becomes totally disabled before age 60 and remains disabled for at least 9 months, we will continue his or her basic life insurance, without premium payment, up to age 65, or until he or she is no longer considered totally disabled, whichever occurs first.

→ **Conversion Privilege** An insured employee or dependent can convert this policy to an individual policy (subject to the terms of the employer's contract).

→ **AD&D benefits include:**

• **Seat belt/airbag benefit** – Additional benefit paid if employee's death results from an automobile accident while he or she was wearing a seat belt. The seat belt benefit pays 10% to a maximum of \$10,000 of the AD&D benefit amount. If the seat belt benefit is payable, and the accident also involves proper deployment of an air bag designed to protect the area where the employee was seated, an additional benefit of 5% to a maximum of \$5,000 will be paid.

• **Public transportation benefit** – Additional benefit equal to the lesser of the employee's AD&D principal sum benefit or the Table of Losses in the event of a covered loss sustained while employee was a passenger using licensed public transportation.

• **Education benefit** – Additional benefit amount up to \$2,500 per academic term to assist with post- secondary educational expenses for each qualifying dependent child if employee has a covered accidental death. This benefit will be paid for maximum of 8 terms or academic terms.

• **Repatriation benefit** – Additional benefit amount to assist with expenses necessary to transport the body to the place of burial or cremation if employee has a covered accidental death more than 100 miles from his or her permanent place of residence.

• **Brain Damage benefit** – A benefit equal to the lesser of 5% of your AD&D principal sum amount or \$5,000 will be paid if an employee sustains a traumatic brain injury causing brain damage which begins within 60 days of the accident & continues for at least 12 months.

• **Coma benefit** – A benefit equal to the lesser of 5% of your AD&D principal sum amount or \$5,000 will be paid if an employee sustains an injury which directly results in a coma within 31 days of the accident & persists for at least 31 days.

• **Felonious Assault benefit** – A benefit equal to the lesser of 5% of your AD&D principal sum amount of \$5,000 will be paid if an employee incurs a covered loss as the result of a robbery, holdup, kidnapping or other assault classified as a felony by someone other than a fellow employee or family/household member.

Late Entrant Restriction applies for employees and dependents enrolling past their eligibility period. Please refer to your certificate for limitations and restrictions.

Dependent unmarried children are covered up to age 26.

This summary is for illustrative purposes only.



Supplemental Life / AD&D Insurance Plan – 100% Employee paid

- Life / AD&D choice of Flat Amounts • \$25,000, \$50,000, \$75,000 and \$100,000

Eligibility: Employees working 30 or more hours per week are eligible for this plan. Current employees who did not enroll in the plan when initially eligible, and new employees who do not enroll within 31 days of becoming eligible are subject to late entrant underwriting. Late entrant underwriting will require medical information and your application could be denied based on this information.

Guarantee Issue: \$100,000, Employees that are currently covered and wish to increase their coverage amount are subject to approval of evidence of insurability. This applies even if their current coverage amounts are below the guarantee issue levels.

Employee Supplemental Life/AD&D Monthly Rate per \$1,000 Volume: 0.19

To calculate Your Monthly Premium for Supplemental Life/AD&D:

Choose Life/AD&D Amount \$ _____
Multiply by Supplemental Life/AD&D monthly rate 0.19
Divide by 1,000
Monthly Supplemental Life/AD&D Cost _____

- **Accelerated Death Benefit included** if employee has a terminal condition with a life expectancy of 12 months or less, he or she can apply for early payment of the death benefit. The amount requested can be up to 50% of the life insurance amount in force, not to exceed \$250,000.
 - **Waiver of Premium-** If employee becomes totally disabled before age 60 and remains disabled for at least 9 months, we will continue his or her basic life insurance, without premium payment, up to age 65, or until he or she is no longer considered totally disabled, whichever occurs first.
 - **Conversion Privilege** –If coverage terminates, you may convert to an individual policy up to the original face amount of your voluntary term life benefit, certain restrictions apply. You must apply within 31 days of termination. The premium rate will be based on your age at the time of conversion and rate scale of the converted policy.
 - **Exclusions-** Death by suicide is not covered during the first two years of coverage
- AD&D benefits include:**
- **Seat belt/airbag benefit** – Additional benefit paid if employee's death results from an automobile accident while he or she was wearing a seat belt. The seat belt benefit pays 10% to a maximum of \$10,000 of the AD&D benefit amount. If the seat belt benefit is payable, and the accident also involves proper deployment of an air bag designed to protect the area where the employee was seated, an additional benefit of 5% to a maximum of \$5,000 will be paid.
 - **Public transportation benefit** – Additional benefit equal to the lesser of the employee's AD&D principal sum benefit or the Table of Losses in the event of a covered loss sustained while employee was a passenger using licensed public transportation.
 - **Education benefit** – Additional benefit amount up to \$2,500 per academic term to assist with post-secondary educational expenses for each qualifying dependent child if employee has a covered accidental death. This benefit will be paid for maximum of 8 terms or academic terms.
 - **Repatriation benefit** – Additional benefit amount to assist with expenses necessary to transport the body to the place of burial or cremation if employee has a covered accidental death more than 100 miles from his or her permanent place of residence.

Late Entrant Restriction applies for employees and dependents enrolling past their eligibility period. Please refer to your certificate for limitations and restrictions. This summary is for illustrative purposes only.



TheStandard®

City of Hickory Voluntary Short Term Disability-100% Employee Paid

- ▶ Benefit Amount – 60% of your basic weekly earnings
- ▶ Maximum weekly benefit – \$300
- ▶ \$25 minimum weekly benefit
- ▶ Coverage for non-occupational injuries and illnesses, including maternity
- ▶ Accident Benefits begin on 1st day, Sickness Benefits begin on 8th day,

Maximum Benefit Period is 26 weeks

- ▶ Maternity benefits are paid in a lump sum
- ▶ Zero Day Residual benefit – satisfy the elimination period with days of total and/or partial disability
- ▶ Partial Disability – employee is eligible for partial benefits if he or she is earning less than 80% of his or her pre-disability earnings
- ▶ Integration – Benefits will integrate with other sources of income including retirement benefits, automobile insurance or a sick leave/salary continuation program
- ▶ Reasonable Accommodation Benefit – Reimbursement to the employer for a portion of their expenses to adjust or enhance the workplace enabling the employee to return to work

Late Entrant Restrictions apply for employees enrolling past their eligibility period. Please refer to your certificate for limitations and restrictions. This summary is for illustrative purposes only. Refer to your certificate for specific qualifications, limitations and exclusions. If there is a discrepancy between this summary and your certificate, the certificate prevails.



City of Hickory
Post Office Box 398
Hickory, NC 28603
Phone: (828) 323-7421
Fax: (828) 323-7550

Human Resources Division

2016-2017 Certification Regarding Nicotine Use

Employee Name: _____ (please print)

Department: _____

Non-Nicotine User

I certify that I am eligible for the Non-Nicotine User Premium by **checking this box and** returning this form to Human Resources to be placed in my personnel file. For the purposes of this certification, nicotine products include tobacco in all forms, as well as nicotine gum, lozenges, patches, and e-cigarettes in any form containing nicotine.

- I certify that this information is true and correct to the best of my knowledge.
- I understand that by certifying that I am a non-nicotine user, my name will be placed in a random drawing for nicotine testing.
- I understand that by certifying that I am a non-nicotine user, I agree to undergo nicotine (cotinine) testing should my name be randomly drawn to do so.
- I understand that refusal to submit to a required random test will be considered a positive test result.
- **I acknowledge and understand that the following conditions apply should my random cotinine test return a positive result:**
 1. **I will be required to pay back the premium, dated back to July 1 of the current fiscal year.**
 2. **I will also be required to pay the nicotine user premium for the remainder of the current fiscal year. This premium is deducted one month in advance.**
 3. **I will be disciplined for making a fraudulent statement certifying my nicotine use. The disciplinary action will be at least a one-day (1) suspension without pay and possibly up to and including dismissal**
- I acknowledge and understand that if my nicotine user status changes and I do not immediately change my status with Human Resources, and I test positive on a random test, all three of the above stated conditions apply.

Nicotine User

- I acknowledge that I will pay the Nicotine User premium by **checking this box.**
- I declare that I use nicotine in some form or that I choose not to disclose my status as it relates to nicotine use.
 - I understand that by using nicotine, I am choosing to pay the nicotine user premium.
 - I understand that if I cease to use nicotine, I may request to fill out another certification and that I will then declare myself a non-nicotine user subject to nicotine testing as outlined in the Non-Nicotine User section above.
 - I understand that I may change my nicotine-user status to "non-nicotine user" during the fiscal year, but no more than once per quarter, beginning with the July 1 quarter each fiscal year.

Refusal to sign this form will place the coworker in the Nicotine User category.

Employee Signature

Date

Human Resources

Date



CITY OF HICKORY
2016-2017 SHARED LEAVE BANK
POLICY AND ENROLLMENT FORM

SHARED LEAVE

The purpose of shared leave is to provide assistance to coworkers who are unable to work due to a catastrophic illness or the catastrophic illness of the coworker's immediate family member that requires care by the coworker.

Eligibility

Only full time coworkers who have exhausted all vacation leave, sick leave and compensatory time and have a physician certified catastrophic illness that prevents them from returning to work for a projected minimum of 20 working days may request leave from the shared leave bank.

To enroll- you must have been employed one full year prior to July 1, 2016. The month of May is Open Enrollment for the Shared Leave Bank. Shared leave is actually a bank of hours contributed by coworkers. Joining this bank is voluntary. The policy requires coworkers to share in the bank by donating 4 hours of leave time per year before being able to apply for use of the donated time.

The shared leave bank year will be a fiscal year and will end June 30 of each year. If you are a current member and wish to continue participation, you must enroll in this bank each year.

If you would like to join the shared leave bank, complete the form BELOW and return to Human Resources by May 17, 2016.

Form with fields for NAME, Department, and Date of Hire.

- 1) I have read and agree to abide by the Shared Leave Policy.
2) I wish to donate 4 hours of (VACATION OR SICK). I realize this donation of time is irrevocable.
3) I understand that the bank must be self-supporting.
4) I understand that if I request the use of shared leave that a Review Committee will be reviewing the necessary documentation and they have my permission to discuss the issues relating to my request in an effort to make a decision. Also, I must have been a member for one year to request Shared Leave.
5) I understand this election is for the current fiscal year only and will expire at the end of the fiscal year.
6) I understand that I must have been employed full time by the City of Hickory for 1 (one) year to be eligible to enroll.

Signature _____ Date _____



EMPLOYEE ASSISTANCE PROGRAM

Effective July 1, 2016 the provider will be Piedmont Counseling & Development Group.

NORTH CAROLINA TOTAL RETIREMENT PLANS "ORBIT"

This your connection to your personal retirement account. If you have not established an account and named beneficiaries, please do so as soon as possible.

For "Active" members, please review your information and make any changes necessary either online or by submitting the proper form.

PRUDENTIAL RETIREMENT is also an important part of your retirement. The City of Hickory will match up to 1% of your salary when you contribute 1% into the 401K Program. This match does not include the Prudential 457 Deferred Compensation Plan.

NATIONWIDE RETIREMENT offers a 457 Deferred compensation Plan to the employees of the City of Hickory.

AFLAC

The City of Hickory will payroll deduct the AFLAC plan elected by you and the representative - Steven Canipe.

Human Resources is available to assist with these programs.



Dear Hickory City Employee,

On behalf of Piedmont Counseling and Development Group, we thank you for allowing us the privilege of providing your organization with your Employee Assistance Program benefit. Under the direction of Dr. Douglas Freeman, who has provided the region mental health services for thirty-five years – Piedmont Counseling and Development Group will be here for you and your family members 24/7 in times of need. Recognizing your need for work life balance, we extend to you weekdays hours until 10pm as well as convenient Saturday hours. For those seeking additional, longer term care we are partnered with your insurance plan to provide best in class long term counseling services.

We look forward to becoming a part of your community and being at your constant disposal!

Warmly,

Robert L. Hoffman, M.A. LPCA
Managing Partner
Piedmont Counseling and Development Group
305 4th St. SW
Hickory, NC 28601

P 828.270.3840
F 828.270.3840
M 828.291.0772
rhoffman@piedmontcdg.com
www.piedmontcdg.com



Piedmont Counseling and Development Group offers the following confidential, best in class services:

- **Counseling Services** – You are not alone – it is estimated more than 50% of physical disorders present with untreated, comorbid mental health concerns. PCDG takes a whole person approach, offering free and confidential short-term counseling services which are just a text, email or phone call away 24/7. For those employees choosing additional, longer term care, we partner with all major insurance plans. We conveniently provide weekday hours until 10pm and Saturday hours.
- **Alcohol & Substance Abuse** – PCDG leads the region in providing integrated care, treating both the substance use disorder and comorbid mental health issues concurrently. We provide assessment, counseling and additionally can provide Intensive Outpatient Programs for those requiring intense, long term care
- **Assessment** – Our skilled assessment and testing services can shed valuable light upon critical diagnostic questions and provides a comprehensive and informed measure for pre-employment screening
- **Training** – Our training is meant to seamlessly dovetail with your in place, best practice performance reporting procedures. If your department or organization lacks such performance procedures, PCDG offers additional Consulting Services to help implement such best practice. We offer the following training topics conveniently in online format as well as live:
 - Strategies for keeping your workplace safe and drug-free
 - The importance of recognizing and confronting workplace bullies
 - Alerting your employees to online hazards and show them how to use social media wisely and appropriately
 - Methods for motivating top producers and dealing with underperformers
 - Twelve basic employment law issues
 - Steps for properly disciplining and terminating employees
 - The importance of ethics at every level of your organization
 - Essential leadership skill for setting an ethical tone and keeping open door
- **Consulting and Employee Development** – PCDG is uniquely qualified to assess and help cultivate your organization's human capital and the systems and processes which assist them. This work is performed by personnel uniquely experienced in both clinical work and best practice Fortune 500 management experience

CITY OF HICKORY HEALTH PLAN NOTICE OF PRIVACY PRACTICES

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. THIS NOTICE IS EFFECTIVE MAY 1, 2016.

Introduction

This notice of privacy practices is provided in compliance with the Health Insurance Portability and Accountability Act (HIPAA). It describes the practices of the City of Hickory Health Plan and any third party that assists with Plan administration with respect to your Protected Health Information (PHI). PHI includes individually identifiable information which relates to your past, present, or future health, health care, or payments for health care services. We are required to take reasonable steps to ensure the privacy of your individually identifiable health information and to provide this Notice to inform you about:

- how we may use and disclose your PHI to carry out Treatment, Payment, Health Care Operations and for other purposes that are permitted or required by law;
- your rights to access and control your PHI;
- our duties with respect to your PHI;
- your right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about our privacy practices.

How We May Use and Disclose Your PHI

The following categories describe different ways that we, along with any third party that assists us in administering the Plan, use and disclose your PHI. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may disclose your PHI to providers, including doctors, nurses, or other hospital personnel who are involved in taking care of you. For example, we may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental x-rays from the dentist.

For Payment: We may use and disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate coverage. For example, we may tell a doctor whether you are eligible for coverage or what percentage of the bill may be paid by the Plan, or we may provide your doctor with information about your medical history to determine whether a particular treatment is experimental, investigational or medically necessary. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI to determine the insurance benefits to be paid for your care.

For Health Care Operations: Health Care Operations include, but are not limited to quality assessment and improvement; reviewing competence or qualifications of health care professionals; underwriting, premium rating and other activities relating to creating or renewing insurance contracts; disease management and case management; conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs; business planning, development, and management; and general administrative activities. We may use and disclose your PHI for any of these Plan operations. For example, we may use information about your claims to refer you to a disease management program, to project future benefit costs, to respond to a customer service inquiry from you, or to audit the accuracy of claims processing functions.

To Business Associates. We may contract with individuals or companies known as Business Associates to perform various functions, activities, and services for the Plan. In their performance of these functions, activities and services, our Business Associates may receive, create, maintain, use or disclose PHI, but only after agreeing in writing to contract terms designed to appropriately safeguard the information.

To the Plan Sponsor. Your PHI may be disclosed to another health plan maintained by City of Hickory for purposes of facilitating claims payment under that plan. In addition, your PHI may be disclosed to City of Hickory personnel for purposes of Plan administrative functions or pursuant to an authorization signed by you. The City of Hickory may not use this information to retaliate against you in any way which violates the Health Insurance Portability and Accountability Act.

Where Required By Law or for Public Health Activities: We will disclose your PHI when required to do so by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases or providing PHI to a governmental agency or regulator with health care oversight responsibilities. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death

Legal Proceedings: We may disclose your PHI as required for judicial and administrative proceedings, in response to an order of a court or administrative tribunal, and in response to a subpoena, a discovery request or other lawful process. For example, if you are involved in a lawsuit or dispute, the Plan may disclose your PHI in response to a court or administrative order.

Law Enforcement Purposes or Specific Government Functions: We may disclose your PHI if requested by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may also disclose PHI to federal officials for intelligence, counter-intelligence, or other national security activities authorized by law.

To Avert a Serious Threat to Health or Safety: We may use or disclose your PHI when consistent with applicable law and standards of ethical conduct, if we believe, in good faith, it is necessary to prevent or lessen a serious and immediate threat to your health or safety or the health and safety of the general public.

Required Disclosures of Your PHI: We are required to disclose most of your PHI to you upon your request. We are also required, upon your request, to provide an accounting of certain disclosures of your PHI. Your rights to request this information and the Plan's related duties are described in the section below entitled "Your Rights With Respect to Your PHI". We are also required to disclose your PHI to the Department of Health and Human Services when the Secretary is investigating or determining our compliance with the Privacy Rule.

Incidental Disclosures. We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule where the Plan has reasonably safeguarded against such incidental uses and disclosures and limited them to the minimum necessary information.

Limited Data Set Disclosures. We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or Health Care Operations provided we have entered into a Data Use Agreement with the recipient of the information obligating the recipient to protect the information.

Uses and Disclosures that Require You Be Given an Opportunity to Agree or Disagree Prior to Use or Disclosure. We may disclose your PHI to family members, other relatives, your close personal friends or other persons identified by you if the information is directly relevant to that person's involvement with your care or payment for that care and you have either agreed to the disclosure, have been given an opportunity to object and have not objected, or in certain other cases of incapacity or emergency.

Other Uses and Disclosures of PHI. Other uses and disclosures of PHI not covered by the Notice or permitted by HIPAA or the laws that apply to the Plan will be made only with your written authorization. If you provide authorization for us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any disclosures already made pursuant to your authorization, and we are required to retain records of the care provided to you.

Your Rights With Respect to Your PHI

Right to Request Restrictions on Uses and Disclosures of Your PHI. You may ask us to restrict or limit the PHI we use or disclose about you for Treatment, Payment or Health Care Operations. You may also ask us to restrict the PHI we disclose to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request. To request a restriction, you must make your request in writing to City of Hickory Human Resources Director, P.O. Box 398, Hickory, NC 28603. The request must include (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limits to apply, for example, to disclosures to your spouse.

Right to Inspect and Copy Your PHI. You have a right to inspect and obtain a copy of your PHI that may be used to make decisions about your plan benefits. To inspect and/or copy your PHI, submit your request in writing to City of Hickory Human Resources Director, P.O. Box 398, Hickory, NC 28603. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access, you may request that the denial be reviewed.

Right to Amend Your PHI. If you feel that the PHI the Plan has about you is incorrect or incomplete, you may ask us to amend your PHI or a record about you for as long as the PHI is maintained by or for the Plan. To request an amendment, your request must be submitted in writing to City of Hickory Human Resources Director, P.O. Box 398, Hickory, NC 28603, and your request must contain a reason to support the request. We may deny your request for an amendment if it is not in writing or it does not include a supporting reason. We may also deny your request if you ask us to amend information that is not part of the medical information kept by or for the Plan; was not created by us (unless the person who created the information is no longer available to make the amendment); is not part of the information you would be permitted to inspect and copy; or is accurate and complete. If your request is denied in whole or in part, we will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Right to Receive an Accounting of Disclosures. At your request, we will provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include disclosures of your PHI made: (i) to carry out Treatment, Payment or Health Care Operations; (ii) to you about your own PHI; (iii) prior to the compliance date; or (iv) based on your written authorization. You must submit your request for an accounting in writing to the City of Hickory Human Resources Director, P.O. Box 398, Hickory, NC 28603. Your request must state a time period which may not be longer than 6 years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional requests, we will charge a reasonable cost-based fee. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. The accounting will include the date(s) of the disclosure, to whom the disclosure was made, a brief description of the information disclosed, and the purpose of the disclosure.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail. We will not ask the reason for your request, and we will accommodate all reasonable requests. Your request must be made in writing to the City of Hickory Human Resources Director, P.O. Box 398, Hickory, NC 28603.

Right to Paper Copy of the Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of the Notice at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy of the Notice, contact the City of Hickory Human Resources Director. You may also obtain a copy of this notice at our website, www.hickorygov.com.

Note on Personal Representatives. You may exercise your rights through a personal representative. Your personal representative must produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may be a valid power of attorney for health care purposes; court order of appointment of the person as the conservator or guardian of the

individual; or a person who is the custodial parent of a minor child. We retain the discretion to deny access to your PHI to a personal representative if we reasonably believe that (i) you have been, or may be, subject to domestic violence, abuse or neglect by such person; (ii) treating such person as your personal representative could endanger you, or (iii) we determine that it is not in your best interest to treat the person as your personal representative.

Our Duties

We are required by law to maintain the privacy of your PHI and to provide you with a copy of this Notice. We reserve the right to change this Notice and to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. If a privacy practice is changed, a revised version of the Notice will be provided to all past and present beneficiaries for whom the Plan still maintains PHI. The revised Notice will be posted on our website (www.hickorygov.com) and will be distributed to all participants within 60 days of the effective date of the revision.

Minimum Necessary Standard. When using or disclosing your PHI or when requesting your PHI from another covered entity, we will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses or disclosures made to you;
- disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; or
- uses or disclosures that are required for the Plan's compliance with legal regulations.

The Notice does not apply to information that has been de-identified. De-identified information is information that does not identify you as an individual.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the City of Hickory Human Resources Director, P.O. Box 398, Hickory, NC 28603, telephone 828-323-7421.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20201.

All complaints must be submitted in writing and there will be no retaliation against you for filing a complaint.

General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Primary Contact identified on the COBRA Contacts page included with this notice.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified on the COBRA Contact Information page. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Important Notice from The City of Hickory About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

The key purpose of this notice is to advise you that the prescription drug coverage you have under you're The City of Hickory group medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2016 (this is known as "creditable coverage."). The reason this is important is that if you or a covered dependent are or become eligible for Medicare and you decide to enroll in a Medicare prescription drug plan during a subsequent annual enrollment period, you will not be subject to a late enrollment penalty as long as

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The City of Hickory and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Hickory has determined that the prescription drug coverage offered by the City of Hickory's Group Insurance Program is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
3. Read this notice carefully - it explains the options you have under Medicare's prescription drug coverage, and can help you decide whether or not you want to enroll.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan).

What Happens To Your Current Coverage if You Decide to Join a Medicare Drug Plan?

1. If you decide to join a Medicare drug plan, your current City of Hickory coverage will be affected. The City of Hickory has determined that the prescription drug coverage offered by our benefit plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current City of Hickory coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Hickory and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join. ***For more information about this notice or your current prescription drug coverage:***

Contact the person listed below or call 1 800-MEDICARE (1-800-633-4227). TTY users should call (1-877-486-2048). **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Hickory changes. You also may request a copy of this notice at any time.

You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, or if this coverage changes, or upon your request.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

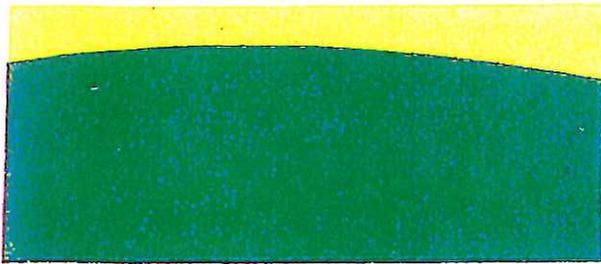
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE: May 1, 2016
NAME OF ENTITY/SENDER: The City of Hickory-Maxine Honeycutt
Contact/Position Office: HR Analyst
Address: PO Box 398
Hickory, NC 28603
Phone Number: 828 323-7421



The Personal Retirement Information Resource for Active Members

ORBIT provides you with secure access to your personal retirement account information 24 hours a day, seven days a week.

What You Can Do With ORBIT

- View your creditable service history and contributions.
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Take charge of your retirement planning. Explore the many features that ORBIT offers!

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- Visit www.myncretirement.com and click on the ORBIT image.
- You will be directed to the log-in page where you may complete your registration or log-in if you've already registered.

Active Members' Registration Process

1. Go to www.myncretirement.com and click on the "ORBIT" image.
2. To register, select "Register" in the lower right corner.
3. If you have forgotten your login information or security questions, you will need to re-register.
4. On the next screen, enter your Social Security number (no spaces or dashes e.g., 111223333).
5. Enter your complete date of birth (using slashes mm/dd/yyyy).
6. Click "Next."
7. Enter your 5-digit home zip code.
8. Create a user ID and a password to access your account.

STAY CONNECTED!

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NC Ret. Systems Division • 877-NC SECURE
 NC 401(k) & NC 457 • 866-NC PLANS
 NC 403(b) • 800-842-2776



Get on the Road to a More Secure Retirement!

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Kristin Wilkie will walk you through the NC 401(k) and NC 457 Plan's benefits:

- Pre-tax contributions and Roth-after-tax contributions available.
- A variety of investments to help you reach your goals.
- GoalMaker®, an optional asset allocation tool that helps you choose your investments in minutes—at no additional cost.



Get going—call your Regional Retirement Education Manager, Kristin Wilkie at 704-948-8387, and schedule a one-on-one meeting today!



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457 can supplement your pension and help you have a more comfortable retirement.

What is 457?

A 457 deferred compensation plan is a supplemental retirement-savings program that offers a tax-advantaged way to invest for potentially more retirement income. Pre-tax contributions and any earnings are taxed as ordinary income when withdrawn.*

Why join a 457 plan?

By investing through your employer's 457 deferred comp plan, you may be able to fill a potential gap between what your pension provides and income you may need. Consider this: a 65-year-old couple retiring this year may need \$220,000 (in today's dollars) to cover medical expenses throughout retirement.¹

How do you put money in your account?

That's the easiest part! Your contributions are automatically deducted before taxes from your pay, contributed to your 457 plan account, and then invested as you direct.*

Deferred comp is designed for long-term investing. However, if you leave employment with your 457 plan sponsor, you can withdraw money without paying a 10% penalty. Consider that, if you're thinking about early retirement.

What about the risks of investing?

Investing involves market risk, including possible loss of principal. But you also face several other risks. While your Nationwide Retirement Specialist cannot offer investment, tax or legal advice, we'll help you put the various risks into perspective and explain strategies that may help you deal with them.

How do I get started in a 457 plan?

Contact your Nationwide Retirement Specialist:

Colleen Heptig
704-775-0760
heptigc@nationwide.com

Retirement Specialists are registered representatives of Nationwide Investment Services Corporation, member FINRA.

**Note: If your employer's 457 plan offers and you take advantage of a Roth option, your contributions are taken after taxes are applied, but withdrawals of contributions and their potential earnings would be tax-free (subject to certain conditions).*

Sources: ¹Source: Fidelity Benefits Consulting, 2014.

The Nationwide Group Retirement Series includes unregistered group fixed and variable annuities and trust programs. The unregistered group fixed and variable annuities are issued by Nationwide Life Insurance Company. Trust programs and trust services are offered by Nationwide Trust Company, FSB, a division of Nationwide Bank. Nationwide Investment Services Corporation, member FINRA, Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.



Nationwide®

How will you help pay your deductible, co pay, things not covered by your health insurance, missed pay, etc?

AFLAC will pay cash directly to you if you or a covered family member has a qualified sickness or injury.

The City of Hickory

provides you with the opportunity to take advantage of group rates on AFLAC benefits.

Please check the plan(s) that interest you

(This is only to determine interest. This is not an enrollment form or application). The AFLAC agent will contact you for the application.

- ___ Short Term Disability Income Protector: Pays cash to you if you are out of work for a covered off the job accident or sickness disability. Plans start at \$3.45 per week.
- ___ Accident advantage Plan: Pays cash to you if you or covered family member has a covered accident. Benefits include: Dr. visits, hospitalizations, wellness visits, surgeries, ambulance, appliances, x rays, and much more. Plans start at \$4.92 per week for individual, but family rates available.
- ___ Cancer Care- rates start at \$4.14 per week. Plans include benefits for wellness, radiation, chemo, hospitalization, bone marrow transplant, surgery, transportation, experimental treatment, and much more.
- ___ Critical Care: Plans start at \$2.16 per week. Pays benefits to you when you or covered family member suffers from critical illness such as heart attack, stroke, coronary artery bypass surgery and more. Pays first occurrence benefit of \$5,000 for these events. Plus more. Some plans have benefits including ICU/CCU confinement.
- ___ Life insurance starting at \$1.60 per week. Rates depend on age, tobacco, Term, and amount need.

Please Print Name: _____

Telephone Number | _____

Work location: _____

Please turn this into HR by 6/15/16

**Steven Canipe- AFLAC Agent
828.310.7337**

HR Tip Sheet

- Cubbard Express offers ½ price car washes at the 321 location, across from Ham's and McDonald's. Enter code 7400 and press Enter on the automated entry system.
- 20% discount at Verizon Wireless with City ID or paystub.
- WeSave.com-join for discounts and benefits
- Discounted Theme park tickets thru LGFCU– <https://www.lgfcu.org/benefits-and-services/theme-park-tickets>
- The YMCA offers a corporate discount to City employees and their families
- Have you seen the new city webpage? www.hickorync.gov
 - <http://www.hickorync.gov/content/human-resources>
- Mark your calendars for the Ice Cream Social on June 1, 2016
 - Myra's will be bringing frozen yogurt and assorted topping
 - A truck will be at Public Services and City Hall from 2:30 p.m. until 4:00 p.m.
- Here are some interesting wellness numbers regarding physical activity, and just a little activity goes a long way!



Number of Steps per Day	Expected Medical Claims per Year (average)
2000	\$10,000
4000	\$ 5,000
8000	\$ 3,000

- Link to City of Hickory Calendar of events: <http://www.hickorync.gov/calendar/month>
- HRA results will be arriving in late April – Please look for a mailing from



