



NORTH CAROLINA
ADMINISTRATIVE OFFICE
of the COURTS

**Benefits Overview
Superior Court Judges**

Date: 10/18/2010
Prepared by: Human Resources Division



Benefits Overview Main Topics

- Health Insurance – NC State Health Plan
- North Carolina Flex Program
- Supplemental Benefits
- Miscellaneous Benefits



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**Health Insurance
NC State Health Plan Options**



- NC Smart Choice Basic Plan 70/30
- NC Smart Choice Standard Plan 80/20

Both plan options are administered by Blue Cross and Blue Shield of North Carolina.

Both plan options are automatically deducted from your pay check on a pre-tax basis.



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**Health Insurance
Eligibility**

- Permanent employees working 30+ hours per week.
- Permanent employees working 20 – 29 hours per week.
 - 20 – 29 hour permanent employees will pay full cost of the benefit.
- Some grant funded positions.



**Health Insurance
Effective Dates of Coverage**



You have the choice:

- 1st of the month following the date of hire, or life/status change.

OR

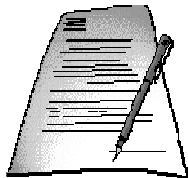
- 1st of the second month following the date of hire or life/status change.

Example:

If you were hired / took your oath of office on October 2, 2010, you can choose for your health insurance to begin on November 1, 2010 or December 1, 2010



**Health Insurance
Enrollment Periods**



- New Hires = 30 days from your official oath of office (your date of hire)
- Active Eligible Employees = Changes can be made within 30 days from the date of the qualifying event.
- Annual enrollment for all eligible employees will be in the spring each year for a July 1 effective date.



Health Insurance
PPO Basics

- PPO = Preferred Provider Organization
- How it works:
 - PPO Plans arrange with health care providers to provide medical services at a lower than usual fee for faster payment and a higher volume of patients.
- How it helps state employees:
 - It gives you the freedom to choose from an extensive list of in-network providers or choose to go outside the network.
- It has strong emphasis on wellness and prevention for participants and their families.



Health Insurance
Plan Option Details (In-Network Only)

Smart Choice Plans →	PPO Basic Plan	PPO Standard Plan
Benefits ↓	70/30	80/20
Lifetime Maximum:	Unlimited	Unlimited
Annual Deductible:	\$800 Individual \$2,400 Family	\$600 Individual \$1,800 Family
Coinsurance Maximum: (does not include deductible)	\$3,250 Individual \$9,750 Family	\$2,750 Individual \$8,250 Family
Primary Care:	\$30 co-pay	\$25 co-pay
Specialist:	\$70 co-pay	\$60 co-pay
Urgent Care:	\$75 co-pay	\$75 co-pay
Emergency Room:	\$250 co-pay plus 30% coinsurance after deductible	\$200 co-pay plus 20% coinsurance after deductible



Health Insurance
Pharmacy Benefits

- Administered by Medco
- Co-payments are the same over all PPO plans.
- Mail order services available for long-term prescriptions or supplies.
- Variety of services for specialty medications that require particular handling and patient monitoring.
- Visit www.shpnc.org for a list of Medco's preferred prescriptions.



Health Insurance
Prescription Co-payment Details

- Generic = \$10*
- Preferred Brand Without Generic Available = \$35*
- Non-Preferred Brand Without Generic Available = \$55*

*Co-payment amount for a standard 30-day supply

Prescription drug co-payments are limited to \$2,500 per person per benefit period. After the \$2,500 maximum is reached, the health benefit plan pays 100% of allowed prescription drug charges.

For brand name drugs with an available generic, members will be required to pay the generic co-pay, plus the difference between the Plan's cost of the brand name drug and the Plan's cost of the generic drug.



Health Insurance
Monthly premiums

Smart Choice Plans → Coverage Level ↓	PPO Basic Plan 70/30	PPO Standard Plan 80/20
Employee Only	\$0	\$0
Employee + Children	\$178.68	\$237.62
Employee + Spouse	\$460.36	\$547.48
Employee + Family	\$490.34	\$580.44



Health Insurance
Blue Extras

- Health Coach – Specially trained health care professionals available 24/7 to help eligible members understand health issues and provide support.
- Case Management - These services are offered to members with complex medical needs.
- AudioBlue – Hearing aid discount program.
- Blue365 – Wellness resources with discounts on fitness clubs, weight-loss programs.
- OpticBlue – Discounts on vision and corrective laser eye surgery.
- VitaBlue – Discounts on vitamins, minerals and herbal supplements.



**Health Insurance and NC Flex Program
Qualifying Family or Employment Changes**

- Marriage
- Divorce or legal separation
- Death of a spouse or eligible, covered dependent
- A dependent loses eligibility
- Birth or adoption of a child
- An incapacitated adult becomes your dependent
- Spouse becomes employed/unemployed
- You or your spouse change from part-time to full-time employment (or vice versa)
- You or your spouse take an unpaid leave of absence
- Other changes permitted by the IRS and approved by the State



**North Carolina Flex Program
Overview**

- Provides a variety of plans to meet the needs of you and your family.
- You may enroll in any or all of the benefits.
- All NC Flex benefits are pre-tax deductions directly from your paycheck.



**NCFlex Program
Overview**

- Health Care Flexible Spending Account (FSA)
- Dependent Day Care Flexible Spending Account
- Dental Insurance
- Vision Care Insurance
- Critical Illness Plan
- Cancer Insurance
- Accidental Death and Dismemberment Insurance
- Core Accidental Death and Dismemberment Insurance
- Group Term Life Insurance



NC Flex Program
Eligibility

- Permanent full-time employees working 30+ hours per week.
- Permanent part-time employees working 20 – 29 hours per week.
- Some grant funded positions.



NC Flex Program
Effective Date of Coverage

- Effective date of coverage is 1st of the month following your date of hire or life/status change.

Example:

If you were hired / took your oath of office on January 2, 2010, any of your plan elections will begin on February 1, 2010.



NCFlex Program
Enrollment Periods

- Newly Hired Eligible Employees = 30 days from their date of hire
- Current Eligible Employees with a qualifying family life or employment status change = 30 days from the date of the event.
- Annual enrollment for all eligible employees will be in the fall each year for a January 1 effective date.



**Flexible Spending Accounts
Plan Options**

- Two tax savings options available.
- Health Care Flexible Spending Account
- Dependent Day Care Flexible Spending Account



**Health Care Flexible Spending Account (FSA)
Basics**

- Minimum annual contributions = \$120
- Maximum annual contribution = \$5,000
- Monthly payments are deducted pre-tax through payroll deduction.
- Claims that are filed are reimbursed and direct deposited with your pre-tax dollars within 5 business days.
- If you choose the convenience card option, swipe that card instead of your personal bank card and your expense is paid with pre-tax monies.



**Health Care Flexible Spending Account (FSA)
Basics**

- Plan year for incurring expenses is January 1, 2011 – March 15, 2012.
- Your annual amount is available to you on your first eligible effective day.
- Claims can be filed until April 30, 2012.
- **PLAN CAREFULLY!**
- If you do not use all of your plan year election it WILL be forfeited.
- Upon separation of employment you may still submit claims for services incurred before your coverage termination date.



Health Care Flexible Spending Account (FSA)
Eligible Expenses

- Deductible(s), co-payments, coinsurance
- Over-the-counter meds with a prescription ONLY
- Dental expenses
- Hearing aids and its batteries
- Insulin and diabetic supplies
- Mileage (to/from medical provider's office for treatment)
- Vision expenses (exams, glasses, contacts)
- C-PAP machine, hoses, filters etc. for sleep apnea
 - For a more detailed list of drugs and medical supplies visit www.ncflex.org.



Dependent Day Care FSA
Basics

- Minimum annual contribution = \$120
- Maximum annual contribution = \$5,000
- Monthly payments are deducted pre-tax through payroll deduction.
- Claims that are filed are reimbursed and direct deposited with your pre-tax dollars within five business days IF the funds are available in your account.
- If you choose the convenience card option, swipe that instead of your personal bank card and your expense is paid with pre-tax monies IF funds are available in your account.



Dependent Day Care FSA
Basics

- Plan year for incurring expenses is January 1, 2011 – March 15, 2011.
- Claims can be filed until April 30, 2011.
- **PLAN CAREFULLY!**
- If you do not use all of your plan year election, it WILL be forfeited.
- Upon separation of employment you may still submit claims for services incurred before your coverage termination date.
- There are tax implications that may need to be considered if you are married or use the federal Child Care Credit.
 - Visit www.ncflex.org for further tax details and considerations.



**Dependent Day Care FSA
Eligible Expenses**

- Nursery schools, day care centers or individuals who satisfy all state and local laws and regulations.
- Before and after-school care beginning with kindergarten and higher grades.
- Relatives for care of a dependent; however, the relative cannot be your tax dependent or your child under age 19.
- Payments for camp in lieu of regular day care such as soccer, computer, etc., **but not overnight camps.**



**Convenience Card
Basics**

- You can pay health care expenses directly if they accept Visa.
- Annual fee of \$6.00
- You can use your NC Flex Convenience Care at participating pharmacies, discount stores and supermarkets that can identify FSA-eligible items at checkout. Visit www.ncflex.org to view a current list of Information Inventory Approval System (IIAS) compliant stores.



**Convenience Card
Documentation**

Proper documentation and/or receipts are needed for all convenience card transactions.

If you are purchasing ineligible items at the same time you wish to purchase eligible items, it is suggested to make two separate transactions. This will save you from having to repay the account and fill out additional paperwork.



**Dental Plan
Options**

- High Option Plan
- Low Option Plan



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**Dental Plan
Basics**

- Both options are administered by United Concordia and underwritten by United Concordia Life and Health Insurance Company.
- You may select the dentist of your choice.
- You or your dentist can file claims.
- Participants will receive an ID card.
- All services are subject to usual and customary charges.
- During the 2011 Annual Enrollment period, you and/or your dependents have the opportunity to rollover from an after-tax dental plan with credit towards waiting periods.

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**Dental Plan
Rates**

	High Option	Low Option
Employee Only	\$36.30	\$20.72
Employee & Spouse	\$72.82	\$41.78
Employee & 1 Child	\$69.86	\$40.10
Employee & 2 or More Children	\$88.30	\$51.08
Family	\$128.56	\$71.52

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**Dental Plan
Comparisons**

	<u>High</u>	<u>Low</u>
Type I Diagnostic/Preventative	100%	100%
Type II Basic Services		
- Fillings, Simple extractions	80%	80%
- Root Canals, Oral Surgery, General Anesthesia, Replacement Crowns, Repair Dentures, etc.	80 %	50%
- Periodontic Services	50%	50%



**Dental Plan
Comparisons**

	<u>High</u>	<u>Low</u>
Type III Major Services -Crowns, Dentures, Bridges, etc.	50%	Not Covered
Type IV Orthodontics Dependent Children under 19	50%	Not Covered
Calendar Year Deductible		
Type I	None	\$25/\$75*
Type II	\$50/\$150*	\$25/\$75*
Type III	\$50/\$150*	Not Covered
<i>*Per person / per family</i>		



**Dental Plan
Maximum Benefits**

<u>Lifetime</u>	<u>High</u>	<u>Low</u>
Type IV (orthodontics) *	\$1,500	-----
Calendar Year		
Type I, II, III	\$1,250	\$1,000

**Not applicable to the Low Option Plan.*



Dental Plan
Waiting Periods

New Hires (enrolling within 30 days)

High Option Plan = 12-month waiting period for Type IV orthodontic services
Low Option Plan = No waiting period for covered services

Late Enrollees

High Option = 12-month waiting period for Type II, Type III and Type IV
Low Option = 12-month waiting period for Type II

Current NC Flex Dental Plan Participant-Low Option Plan

If you switch to the High Option during annual enrollment, you will have a 12-month waiting period for Type III and Type IV.

Current NC Flex Dental Plan Participant-High Option

If you switch to the Low Option during annual enrollment, you will have no waiting period for any covered services.



Vision Care
Benefits Overview

- Administered by Superior Vision Services.
- All 3 options offer in and out-of-network benefits.
- Contact lens exam & fitting co-pays
- Frame and contact lens allowance from \$100 to \$150 depending on the plan option you choose.
- \$20 co-pay for vision exam with Plan 1 or 3 only.
- For the 2010 enrollment period, you may enroll in Plan 3 regardless of prior eligibility status.



Vision Care
Rates

	<u>Employee Only</u>	<u>Employee Family</u>
Plan 1	\$6.84	\$17.37
<i>(Exam & Materials)</i>		
Plan 2	\$5.14	\$12.72
<i>(Materials Only)</i>		
*Plan 3	\$9.98	\$25.10
<i>(Enhanced Exam & Materials)</i>		

*NEW FOR 2009



**Critical Illness
Benefits Overview**

- Administered by MetLife
- Employee only; Employee + Spouse; Employee + Child(ren); or Employee + Family coverage levels available.
- Monthly rates based on 5 year age bands and will increase when a covered person reaches a new age band.
- Pays a lump-sum payment when the covered person experiences a covered condition.
- YOU choose how you want to use the lump-sum payment.
- For Plan Year 2010, no Evidence of Insurability (EOI) required for new enrollees.



**Critical Illness
Categories of Covered Conditions**

- *Category 1: Cancer – related conditions
Cancer; Bone marrow transplant
- *Category 2: Heart – related conditions
Heart Attack; Stroke; Coronary artery bypass graft; Heart transplant
- *Category 3: Other – certain conditions
Major organ transplant (other than bone marrow and heart); Kidney failure

**please refer to your NCFlex booklet or www.ncflex.org for further details on covered conditions.*



**Critical Illness
Rates**

Employee and Spouse age as of 1/1/09	Monthly Rates for \$15,000 of Category Coverage
<25	\$1.50
25 – 29	\$1.80
30 – 34	\$2.84
35 – 39	\$5.10
40 – 44	\$9.14
45 – 49	\$16.04
50 – 54	\$25.89
55 – 59	\$40.34
60 – 64	\$61.20
65 – 69	\$93.14
70 – 74	\$93.14
75 – 79	\$194.84
80 – 84	\$239.70

Eligible dependent children are covered for a category benefit of \$15,000.

One flat rate no matter how many dependent child(ren) the employee has.

Monthly dependent rate is \$1.04



Critical Illness Rates

Calculating your monthly cost

EXAMPLE:

For Employee + Family Coverage

(Ages as of 1/1/09)

- * You are 43 years old = \$10.05/mo
- * Your spouse is 39 years old = \$5.70/mo
- * Your 5 children (all various ages) = \$1.04/mo

TOTAL MONTHLY PREMIUM = \$16.79



Cancer Insurance Benefits Overview

Provided through Allstate Workplace Division (AWD).
 3 Plan options: Low, High, Premium
 2 Coverage Levels: Employee Only or Employee + Family.
 Insurance pays benefits for 29 other specified diseases.

PAYS YOU CASH!! Not the insurance company...YOU!

During the annual enrollment for the 2010 Plan Year, you **will not** need to provide EOI to enroll in the Low Option plan.

AWD does not pay for any loss due to a pre-existing condition during the 12-month period beginning on the date that person became a covered person.



Cancer Insurance Rates

	Employee Only	Employee Family
Low Option	\$6.78	\$11.26
High Option	\$15.68	\$26.06
Premium Option	\$21.64	\$35.96



**Cancer Insurance
Benefits Overview**

Benefits:	Low Option:	High Option:	Premium Option:
Cancer Screening	\$25	\$100	\$100
Radiation/Chemotherapy* (per 12 month period)	Up to \$2,500	Up to \$7,500	Up to \$10,000
Family Member Lodging*	Up to \$50 per day, maximum 60 days		
Extended Care Facility* (per day)	Up to \$100	Up to \$200	Up to \$300
New or Experimental Treatment*	Up to \$5,000 per 12 month period		

**These benefits are payable based on actual charges up to the maximum amount listed.*



**Cancer Insurance
Benefits Overview**

Other benefits covered: (Including but not limited to...)

- Second Surgical Opinion
- Ambulatory Surgical Center
- Inpatient Drugs and Medicine
- At Home Nursing
- Prosthesis
- Ambulance
- Non-local Transportation
- Physical or Speech Therapy
- Bone Marrow or Stem Cell Transplant

For more details go to www.ncflex.org or call your Benefits Specialist.



**Accidental Death & Dismemberment
Benefits Overview**

- Underwritten by A.C. Newman and Company on behalf of Gerber Life Insurance Company.
- Pays a benefit if you suffer a loss or certain disabling injuries as the result of a covered accident.



**Accidental Death & Dismemberment
Benefits Overview**

Loss Of:	Percent of Principal Sum:
Life	100%
Speech and Hearing of Both Ears	100%
Both Hands or Feet	100%
One Hand & One Foot	100%
Loss of Use of 4 Limbs	100%
Loss of Use of 3 Limbs	85%
Loss of Use of 2 Limbs	75%
Loss of Use of 1 Limb	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech OR Hearing of Both Ears	50%
Hearing of One Ear	25%
Thumb & Index Finger of Same Hand	25%



**Accidental Death & Dismemberment
Benefits Overview**

ASSIST AMERICA provides:

- Direct access to prompt medical emergency assistance when traveling more than 100 miles from home
- Hospital admission guarantee
- Emergency evacuation/air ambulance
- Dispatch of prescribed medication
- Care/transport of minor children
- Transport of family member to join patient
- Legal referrals



**Accidental Death and Dismemberment
Rates Overview**

Principal Sum	Employee Only	Employee & Family
\$50,000	\$0.96	\$1.50
\$75,000	1.42	2.26
\$100,000	1.90	3.00
\$200,000	3.80	6.00
\$300,000	5.70	9.00
\$400,000	7.60	12.00
\$500,000	9.50	15.00

For other principal sums available go to www.ncflex.org or contact your Benefits Specialist.



**Core Accidental Death and Dismemberment
Benefits Overview**

- Employees are eligible for \$10,000 of Core Employee-only AD&D coverage at no cost.
- To receive this no cost coverage, you simply need to enroll during annual enrollment for the 2011 Plan Year.
- Benefits include Assist America Worldwide Travel Assist



**Group Term Life Insurance
Benefits Overview**

- Pays a benefit to your beneficiary(ies) if you die while covered under the policy.
- If you enroll in this plan the first time it is offered, you may elect coverage up to \$100,000 without providing Evidence of Insurability (EOI).
- During the 2011 Annual Enrollment period, you may purchase \$20,000 of coverage on a guaranteed issue basis (if you were not previously denied coverage.
- If you are currently enrolled, you may add \$10,000 of additional coverage at each annual enrollment, up to \$100,000 without providing Evidence of Insurability (EOI).



**Group Term Life Insurance
EOI Requirements**

You will need to submit EOI in the following situations:

Newly Eligible

- You are electing more than \$100,000 of coverage.

Existing Employees

- You did not elect term life insurance when it was first offered to you, and you decide to enroll for more than \$20,000 of coverage for the first time.
- You increase your existing coverage by more than \$10,000.
- Your elected increase results in your total coverage exceeding the guaranteed issue amount of \$100,000.



**Group Term Life Insurance
Benefits Overview**

Other Features

- Disability Waiver of Premium
- Accelerated Death Benefit
- Portability
- Conversion



**Group Term Life Insurance
Benefits Overview**

COVERAGE AMOUNTS

Coverage amounts are available in increments of \$10,000.

- \$20,000 Minimum
- \$500,000 Maximum

** Coverage amount may not exceed 5 times your base annual salary.*



**Group Term Life Insurance
Rates**

Your Age	Monthly Rates/ \$1,000 Coverage
Under 25	\$0.049
25-29	\$0.059
30-34	\$0.079
35-39	\$0.089
40-44	\$0.139
45-49	\$0.198
50-54	\$0.337
55-59	\$0.564
60-64	\$0.84
65-69	\$1.73
70 - 74	\$2.52
75+	\$2.52



**NC Flex Plans
One Year Obligation**

For All NC Flex Plans:

- You **must** remain with the options chosen for the calendar year, unless you have a qualifying employment or family status change.



Supplemental Retirement Income Plans

North Carolina 401(k) and 457 Deferred Compensation Plans

- Both administered through Prudential Retirement
- 1-866-627-5267



Miscellaneous Benefits

- Term / Whole / Universal Life Insurance – ING
- Supplemental Hospital Insurance - AFLAC
- Long-term Care Insurance - Prudential
- Cancer Insurance - AFLAC
- Supplemental Disability Insurance - Colonial
- Supplemental Accident Insurance - AFLAC
- State Employees' Association Insurance Plans
- Prepaid Legal Insurance
- State Employees' Credit Union



Judicial Longevity

<u>Years of Service</u>	<u>Percentage</u>
▪ 5 but less than 10	4.8%
▪ 10 but less than 15	9.6%
▪ 15 but less than 20	14.4%
▪ 20 or more	19.2%

Note: Years of service are based on creditable service towards your position.



Holidays

- New Years' Day
- Martin Luther King, Jr. Day
- Easter Friday
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving (2 days)
- Christmas (2 or 3 days)



Employee Assistance Program

- The Employee Assistance Program is administered by Deer Oakes Behavioral Health Organization.
- This program assists permanent part-time and full-time employees and their dependents in successfully coping with psychological, legal, financial, and health related sources of stress that interfere with work.
- It coordinates referrals to professional service providers if there is a need for services beyond the initial assessment.
- The Employee Assistance Program coordinates services for medical related treatment with the State Health Plan.
- Deer Oaks Care Coordinators are available 24 hours a day, 7 days a week.
- The toll-free number for the Deer Oaks Employee Assistance Program is 1-877-327-7658.



Important Web Site Addresses

State Health Plan
www.shpnc.org
Retirement Systems
www.nctreasurer.com
NC Flex
www.ncflex.org
401(k) and 457 Plans
www.NCPlans.prudential.com



Contact Information

For Benefits Questions Call:

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LAW AND JUSTICE

