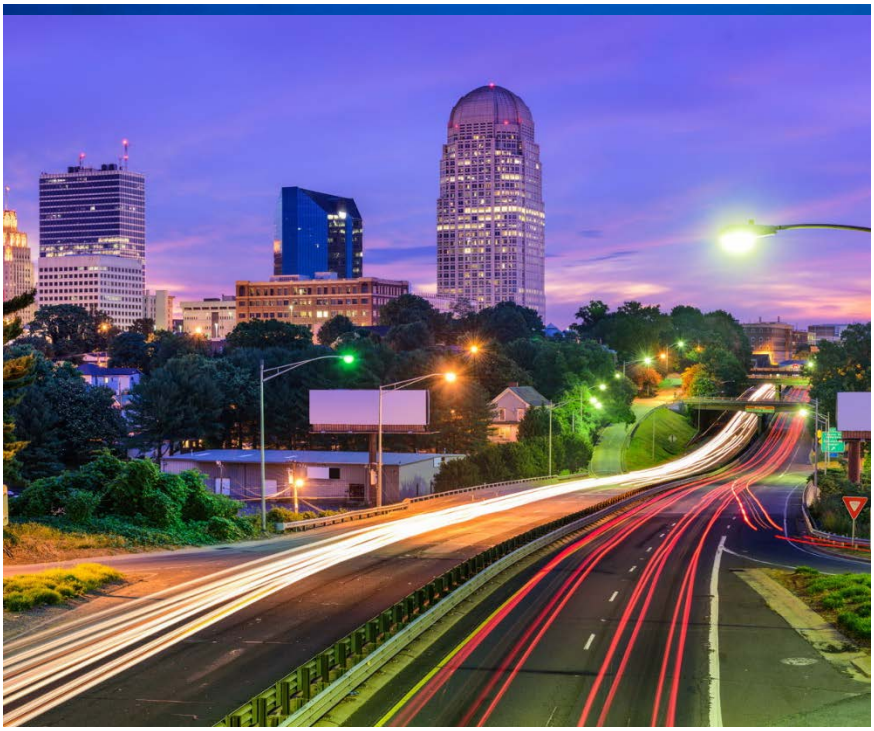

A Guide to Your Retiree Benefits 2022

Winston-Salem

Table of Contents

Note: This overview describes the benefit plans and policies available to you as a retired City of Winston-Salem employee. The details of these plans are contained in the official plan documents, including some insurance contracts. This overview is not meant to contain all of the details that are included in your Member Guides or in your other employee benefit materials. If you have questions about the plans, or if there is a conflict between the information in this overview and the formal language of the plan, the formal wording in the plan documents will govern.

The benefits highlighted and described in this overview may be changed at any time and do not represent a contractual obligation—either implied or expressed—on the part of the City of Winston-Salem.

Cover image by Wings Over Winston courtesy of Visit Winston-Salem

Benefit Basics

Retiree Eligibility For Medical Insurance

Full-time City employees hired before July 1, 2010, who leave employment or retire from the City of Winston-Salem may be eligible to participate in the City's retiree group medical coverage. Eligibility requirements to participate are below:

- Fifteen (15) years of full-time employment and hired prior to July 1, 2010; or
- At age 62, if vested, employees who left the City prior to retirement with fifteen (15) years of full-time employment; or
- Employed by the City prior to September 16, 1991 with a minimum of five (5) years of service; or
- Full-time employees who retired from the City of Winston-Salem and are approved for disability retirement by the NC State Retirement System.

*Employees terminated for cause are not eligible for retiree medical coverage.

Eligibility for $2,000 Life Insurance

Employees who retire or resign from the City after completing 15 years or more of full-time employment with the City are eligible for a death benefit of $2,000.
*Employees terminated for cause are not eligible for this benefit.

Dependent and Survivor Benefits Eligibility

Spouse and dependent(s) of a City retiree or employee who dies during active employment may be eligible to participate in the City's retiree group medical coverage. Spouse and dependent(s) eligibility requirements to participate are below:

If the City retiree was eligible to participate in retiree group medical coverage, then dependent(s) will be eligible to participate as defined below:

- If eligible dependent(s) is enrolled in the City's group medical coverage prior to the date of the deceased City retiree; or
- Spouse and/or dependent child(ren) under age 26 of a full- time employee who dies during active employment with five (5) or more years of service is eligible at the date of the employee's death; or
- Spouse and/or dependent child(ren) under age 26 of a full-time employee who dies as a result of a job-related injury is eligible at the date of the employee's death.

Post-Employment Benefits

All vested employees retiring from the City, former vested employees who separated service with the City prior to retirement, and families and/or administrators of deceased vested employees must make a written request to the City for any earned post–employment benefits and the City shall have no responsibility for paying such post–employment benefits until the date that such written notification has been received by the City.

Medicare Eligible – Age 65+

Most retirees and spouses are eligible for Medicare Part A and/or Part B coverage at age 65.

Your medical insurance will change if you are enrolled in one of the Group PPO Medical Plans and become eligible for Medicare. Generally, you will receive information about the City's Medicare Advantage Plan approximately two (2) to three (3) months prior to your 65th birthday. If you do not receive this information, please contact the City's Human Resources Department.

If you, the retiree, are not eligible for Medicare Part A and/or Part B coverage as a primary beneficiary as determined by Social Security Administration, you may be eligible for Medicare Part A and/or Part B as a beneficiary member under your spouse.

Please contact your local Social Security Department or Centers for Medicare & Medicaid Services (CMS) for additional information.

Special Medicare Notification

If you or your spouse is declared disabled as determined by the Social Security Administration and become eligible to enroll in Medicare Part A and Part B coverages, before reaching age 65, your medical insurance will change and Medicare will become your primary insurance. To provide maximum medical benefits, the City offers a Medicare Advantage Plan to eligible City retirees and spouses, which provides coverage for additional services that are not provided under the standard Medicare insurance.

Timely enrollment is required. Please contact the City's Human Resources Department for additional information.

Information and questions about your Medicare options and eligibility should be directed to your local Social Security Administration or Centers for Medicare & Medicaid Services (CMS).

Benefit Basics

Qualified Life Events

Generally, you can only change your benefits during the annual enrollment period. However, you can change your applicable benefit plans during the year if you have a qualifying life event (QLE) change. QLEs include:

- Getting married
- Getting divorced or legally separated
- Birth, adoption, or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in your or your spouse's work status that affects benefits eligibility (for example: starting a new job, leaving a job, changing from part-time to full-time, a strike or lockout, starting or returning from an unpaid leave-of-absence)
- Change in residence or work site that affects your eligibility for coverage (for example: moving out of a medical plan's network area)
- A significant change in your or your spouse's health coverage attributable to your spouse's employment
- A change in your dependent's eligibility for benefits (for example: aging out)
- Becoming eligible for Medicare or Medicaid during the year

Any changes you make to your benefits must be directly related to the qualifying life event change.

If you have a family status change, you must notify Human Resources within 30 days of the change. Depending on the type of change, you will be required to provide proof of the change (for example: a copy of a marriage certificate or birth certificate). If you do not notify Human Resources within 30 days, you will have to wait until the next annual enrollment period to make benefit changes unless you have another qualifying life event.

When Coverage Ends

All benefits end the last day of the month following a qualifying event change. Coverage ends on the actual date-of-death of employee or dependent.

Address Changes

If you have an address change, please keep us informed of the change. We would like to make sure you are aware of any changes to your medical or life insurance benefits and invite you to upcoming events. Address changes can be sent to: City of Winston-Salem Human Resources Department, PO Box 2511, Winston-Salem, NC 27102. You will also need to report address changes to the NC State Retirement System at 1-877-NC-SECURE (1-877-627-3287).

Beneficiary Changes

Retiree Beneficiary Change for $2,000 City Life Insurance
To ensure we honor your intentions, please make sure you update your beneficiary information. You can access a copy of the Benefits Enrollment/Change Form on the Retiree Center website http://www.cityofws.org or call Human Resources at 336-747-6807.

Note: All QLE changes, address changes, and beneficiary changes can be mailed to:

City of Winston-Salem
Human Resources Department
P.O. Box 2511
Winston-Salem, NC 27102

Medical Coverage – Core versus Enhanced OAP Plans

The City offers you the choice between two Cigna Open Access Plus (OAP) medical insurance plans: Core OAP and Enhanced OAP.

- The OAP plan has an established provider network that allows maximum benefit coverage with its contracted physicians and hospitals and lower copays.
- You also have the option of using providers outside the network. These providers will cost you more money because they have higher copays and deductibles.

What is the Difference?

The Core OAP may be the better choice for some people, while others may prefer the Enhanced OAP.

What should you consider before making your decision? The charts to the right and on the next page highlight some important differences between the two plans. Both plans are flexible, high-quality programs that are easy to use.

The networks have been designed to offer you a broad selection of quality providers. To find out if your doctors participate in the plan, call the customer service number on the back of your Cigna card or access the plan's website at www.MyCigna.com. If your doctors are not in the network, you may still use them; however, the cost to you is higher.

Real Life Example

Patricia carries retiree/family level coverage. The chart below is a comparison of the total cost of medical services for each medical plan. It is designed to help you determine which plan may be best for your personal needs.

Benefit	Core OAP (In-Network)	Enhanced OAP (In-Network)
Benefit	**Core OAP (In-Network)**	**Enhanced OAP (In-Network)**
Patricia: Dr. Visit 1 (Primary Care) / Dr. Visit 2 (Specialist)	$20 copay $40 copay	$20 copay $30 copay
Patricia's Husband: Inpatient Hospital bill of $5,000	$1,800 ($1,000 individual deductible + 20% coinsurance [$800])	$950 ($500 individual deductible + 10% coinsurance [$450])
Patricia's Child: Dr. Visit (Primary Care) / Urgent Care Visit (In-Network)	$20 copay $40 copay	$20 copay $30 copay
Total Medical Expenses	$1,920	$1,050
Annual Premium (Employee + Family)	$5,748	$9,996
Total Out-of-Pocket Cost (Medical Expenses + Premium)	$7,668	$11,046
Benefit	**Core OAP (In-Network)**	**Enhanced OAP (In-Network)**

Note: *The above example assumes coinsurance maximum and annual deductible have not previously been met, and only one family member was required to have met individual annual deductible amount during benefit period.*

Cigna Pre- Enrollment Line
888-806-5042

Medical Coverage

You can choose from the following Cigna Open Access Plus (OAP) plans: Core OAP and Enhanced OAP.

Coverage	Core OAP		Enhanced OAP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$1,000 / $2,000	$2,000 / $4,000	$500 / $1,000	$1,000 / $2,000
Out-of-Pocket Maximum *includes copay and deductible* (Individual/Family)	$4,000 / $8,000	$8,000 / $16,000	$2,000 / $4,000	$4,000 / $8,000
Primary Physician Office Visit	$20 copay	40% *	$20 copay	30%*
Specialist Office Visit	$40 copay	40% *	$30 copay	30% *
Routine Physical	$0	40% *	$0	30%*
Inpatient Hospital Services	20%*	40%*	10%*	30%*
Outpatient Hospital Services	20%*	40%*	10%*	30%*
Urgent Care	$40 copay	$40 copay	$30 copay	$30 copay
Emergency Room Care	$150 copay		$100 copay	
Mental Health Office Visit	$40 copay	40%*	$30 copay	30%*
Inpatient Mental Health	20%*	40%*	10%*	30%*
Substance Abuse Office Visit	$40 copay	40%*	$30 copay	30%*
Inpatient Substance Abuse	20%*	40%*	10%*	30%*
Vision - *basic / routine*	$0	Not covered	$0	Not covered
Chiropractic	$40 copay; 30 visits per year	40%*	$30 copay; 30 visits per year	30%*
Retail Prescription Drugs (30-day supply) **Tier 1 –Generic** **Tier 2 – Preferred Brand** **Tier 3 – Non-preferred Brand** **Tier 4 – Specialty**	$10 copay 20% coinsurance ($40 min - $70 max) 20% coinsurance ($55 min - $105 max) 20% coinsurance ($105 max)		$10 copay 10% coinsurance ($30 min - $60 max) 10% coinsurance ($50 min - $100 max) 10% coinsurance ($100 max)	
Mail Order Prescription Drugs (90-day supply) **Tier 1 - Generic** **Tier 2 – Preferred Brand** **Tier 3 – Non-preferred Brand**	$20 copay $60 copay $100 copay		$20 copay $50 copay $90 copay	

*****What you pay after your deductible.*

Note: *This is not a complete listing of covered services. See your Member Guide at* ***www.MyCigna.com*** *or your Summary of Benefits Coverage on the Employee Center website for a more complete list. Coinsurance/copayments apply toward your out-of-pocket maximum.*

Prescription Drug

Prescription drug coverage is part of your Cigna medical plan. You can access your prescription information through the Cigna website at **www.MyCigna.com** to search for prescription history, order refills, check drug pricing and find drug and health information.

Retail Pharmacy (Cigna Pharmacy)

Non-specialty prescriptions can be filled at participating retail pharmacies. Simply present your Cigna member ID card at the time you get your prescription filled; or you may have to pay a higher amount than the contracted cost. If you submit a manual claim you will only be reimbursed up to the contracted cost of the prescription.

Home Delivery/Mail Order (Express Scripts)

For added savings, you can use the mail-order prescription program and receive a 90-day supply of maintenance medications (i.e., blood pressure, allergy, etc.) for the same cost as a 60-day supply. This discount is for mail-order prescriptions only and does not apply to prescriptions filled at a retail pharmacy. Contact customer service at Express Scripts Home Delivery at 800-835-3784.

SaveOnSP

Your Cigna plan offers a program called SaveOnSP, which can help lower your out-of-pocket costs to $0 for certain specialty medications. Certain specialty medications are eligible for the SaveonSP program. If you're filling an eligible medication, a representative from SaveOnSP will call you to talk about enrolling in the program or you can call 800.683.1074.

Specialty Medications (Accredo)

All specialty medications are distributed by Accredo. To begin service or to get additional information, call Accredo at 877-826-7657.

Step Therapy

Step Therapy is part of the prescription plan. It is a process whereby prescriptions are filled with an effective but more affordable medication. A more costly medication can be authorized if the alternative medication is not effective in treating the condition. Prior authorization may be required. If you have questions, contact Cigna Customer Service at 1-800-Cigna-24.

No Cost Preventive Medications Program

Retirees who enroll in the City's medical plans will be eligible for the No Cost Preventive Medications List. This benefit allows you and your dependents who are covered by the City's medical plan to receive certain maintenance medications at a $0 copay. Please review the No Cost Preventive Medications List on the Employee Center under the Benefits tab or contact a Cigna Customer Service representative at 1-800-Cigna-24 with questions about this benefit.

Example of Prescription Plan for 2022 with Coinsurance and Minimum & Maximum

		Core OAP	Enhanced OAP
In-network	**Illustrative Drug Cost**	**Retail (30-day supply)**	**Retail (30-day supply)**
Preventive Generics & Preferred Brands	$25	You pay $0	You pay $0
Tier 1 (Generics)	$30	You pay $10	You pay $10
Tier 2 (Preferred Brands)	$300	20% coinsurance = $60	10% coinsurance = $30
Tier 3 (Non-preferred Brands)	$500	20% coinsurance = $100	10% coinsurance = $50
Tier 4 (Specialty)*	$3000*	20% coinsurance = $600 (Actual Cost is $105 due to Max Copay)*	10% coinsurance = $300 (Actual Cost is $100 due to Max Copay)*
***You may be eligible for the SaveOnSP program, where select specialty medications are $0 cost to you.**			

2022 Medical Premiums

Core OAP Premiums	
Coverage Tier	Monthly Premium
Retiree Only	$252
Retiree/Child	$641
Retiree/Spouse	$813
Retiree/Children	$1,218
Retiree/Family	$1,420
Spouse Only	$621
Spouse/Child	$1,011
Spouse/Children	$1,587

Enhanced OAP Premiums	
Coverage Tier	Monthly Premium
Retiree Only	$391
Retiree/Child	$993
Retiree/Spouse	$1,164
Retiree/Children	$1,674
Retiree/Family	$1,979
Spouse Only	$776
Spouse/Child	$1,363
Spouse/Children	$2,057

City Retiree Medicare Advantage Program and Premium Reimbursement Program Policy and Procedures

The City offers you the option to participate in the City's Medicare Advantage PPO Group Plan or you may waive enrollment and instead purchase an individual plan of your choice. Retirees who choose to purchase individual coverage may be reimbursed for their paid premiums up to the amount that the City pays for retirees participating in the BCBSNC Medicare Advantage PPO Plan. For the 2022 plan year, the monthly reimbursable amount is $12.08.

You, as the retiree, will need to continue your enrollment in the Original Medicare coverage Part A (Hospitalization), if applicable, and Part B (Physician). The Medicare Advantage PPO Group Plan the City offers is a creditable coverage plan for Part C (supplemental coverage for Medicare Part A and Part B) and Part D (prescription coverage). Premiums paid for Medicare Part A and Part B, and Core OAP or Enhanced OAP Plans will not be eligible for reimbursement under the program.

Please contact Human Resources at 336-747-6807 or visit the Retiree Center website for additional details.

Medicare Premiums

Coverage Tier	BCBSNC Medicare Advantage PPO Plan	Who Pays?
Retiree Only	$0	City pays up to $12.08 per retiree per month
Spouse Only	$12.08	Spouse pays full cost of monthly premium

BCBSNC Medicare Advantage Plan Prescription Coverage

Outpatient Prescription Drug Coverage
Full Gap Coverage
Formulary includes 100% of the drugs covered by Medicare Part D
Bonus Drug List covers some Medicare Part D excluded drugs
No Rx Deductible

BCBSNC Medicare Advantage PPO Plan

Plan Features	Cost (In-Network & Out-of-Network Providers)
Monthly Premium	You pay **$0** for the City retiree coverage and **$12.08** for spouse coverage
Annual Deductible	$300
Annual Maximum Out-of-Pocket Amount (the maximum out-of-pocket limits applies to all covered Medicare Part A and B benefits including deductible)	$3,500
Preventive Care	**Cost (In-Network & Out-of-Network Providers)**
Annual Wellness Exams (one exam every 12 months)	$0
Routine Physical Exams (one exam every 12 months)	$0
Medicare Covered Immunizations (Pneumococcal, Flu, Hepatitis B)	$0
Routine GYN Care (Cervical and Vaginal Cancer Screenings) one routine GYN visit and pap smear every 24 months	$0
Routine Mammograms (Breast Cancer Screening) one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over	$0
Routine Prostate Colorectal Cancer Screening (for all members age 50 & over)	$0
Routine Bone Mass Measurement	$0
Diabetic Eye Exams	$0
Routine Eye Exams (one annual exam every 12 months, up to $100)	$20
Physician Services	**Cost (In-Network & Out-of-Network Providers)**
Primary Care Visits	$20
Physician Specialist Visits	$40
Diagnostic Procedures	**Cost (In-Network & Out-of-Network Providers)**
Outpatient Diagnostic Laboratory	$0
Outpatient Diagnostic X-ray	$0
Outpatient Diagnostic Testing	$0
Outpatient Complex Imaging	$0

BCBSNC Medicare Advantage PPO Plan

Emergency Medical Care	Cost (In-Network & Out-of-Network Providers)
Urgently Needed Care; Worldwide	$40
Emergency Care; Worldwide (waived if admitted)	$50
Ambulance Services	$100
Hospital Care	**Cost (In-Network & Out-of-Network Providers)**
Inpatient Hospital Care (the member cost sharing applies to covered benefits incurred during a member's inpatient stay)	$0 per stay
Outpatient Surgery	$0
Blood	All components of blood are covered beginning with the first pint.
Mental Health Services	**Cost (In-Network & Out-of-Network Providers)**
Inpatient Mental Health Care (the member cost sharing applies to covered benefits incurred during a member's inpatient stay)	$0 per stay
Outpatient Mental Health Care	$40
Alcohol/Drug Abuse Services	
Inpatient Substance Abuse (Detox and Rehab) (the member cost sharing applies to covered benefits incurred during a member's inpatient stay)	$0
Outpatient Substance Abuse (Detox and Rehab)	$40
Other Services	**Cost (In-Network & Out-of-Network Providers)**
Skilled Nursing Facility (SNF) Care (limited to 100 days per Medicare benefit period - the member cost sharing applies to covered benefits incurred during a member's inpatient stay)	$0
Home Health Agency Care	$0
Hospice Care	Covered Medicare at a Medicare certified hospice.
Outpatient Rehabilitation Services	$0
Cardiac Rehabilitation Services	$0
Pulmonary Rehabilitation Services	$0
Radiation Therapy	$0
Chiropractic Services (limited to Medicare - covered services for manipulation of the spine)	$20
Durable Medical Equipment/Prosthetic Devices	20%

BCBSNC Medicare Advantage PPO Plan

Other Services	Cost (In-Network & Out-of-Network Providers)
Podiatry Services	$40
Diabetic Supplies includes supplies to monitor your blood glucose. We exclusively cover blood glucose test strips made by LifeScan (OneTouch) and Ascensia (Contour)	$0
Medicare Part B Prescription Drugs	20%
Additional Non-Medicare Covered Services	**Cost (In-Network & Out-of-Network Providers)**
Resources for Living	Covered
Vision Eyewear Reimbursement	$150 per plan year
Hearing Aid Reimbursement	$699-$999 copayment, per ear per year
Fitness Benefit	Silver & Fit
Pharmacy – Prescription Drug Benefits	**Cost (In-Network & Out-of-Network Providers)**
Prescription Drug Calendar Year Deductible	$0 – This plan does not have a Part D deductible
Pharmacy Network	Prime Preferred. To find a network pharmacy, visit https://www.bluecrossnc.com/find-a-drug-or-pharmacy.
Formulary	Complete
Initial Coverage Limit (ICL) The Initial Coverage Limit includes the applicable plan deductible. Until covered Medicare Prescription Drug expenses reach the initial Coverage Limit (and after the deductible is satisfied), cost sharing is as follows:	$4,430
Preferred Retail (30-day supply)	You pay: Preferred Generic: $4, Generic: $10, Preferred Brand: $15, Non-preferred brand: $30, Specialty: 33%
Preferred Retail (90-day supply)	You pay: Preferred Generic: $12, Generic: $30, Preferred Brand: $45, Non-preferred brand: $90, Specialty: Limited to one-month supply
Preferred Mail Order (90-day supply)	You pay: Preferred Generic: $0, Generic: $0, Preferred Brand: $30, Non-preferred brand: $60, Specialty: Limited to one-month supply
Outpatient Prescription Drug Coverage	• Full Gap Coverage & No Rx deductible • Bonus Drug List covers some Medicare Part D excluded drugs

Medicare Drug Coverage

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 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 parts 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 has determined that the prescription drug coverage offered by Prime Therapeutics is, on average for all plan participants, expected to pay out as much as 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 (penalty) if you later decide to join a Medicare drug plan.

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 to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will have a two month period in which you can join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

As an active employee, if you decide to join a Medicare drug plan, your current City coverage will not be affected. Active employees may keep their City coverage and it will coordinate with Part D coverage.

For retirees who elect Part D coverage, your City coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City coverage, be aware that your dependents may be able to get their coverage back.

Refer to the Centers for Medicare and Medicaid Services (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.

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 the City and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact Human Resources for more information at 336-747-6807.

Note: You will get this notice each year prior to the Medicare Annual Enrollment period and if this coverage through the City changes. You also may request a copy of this notice at any time.

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

Refer to the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare if you are currently enrolled in Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program for personalized help. You can locate your state's number by going to **www.medicare.gov/contacts.** For North Carolina, the phone numbers are: 1-855-408-1212 or 336-748-0217.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

COBRA Benefits

Continuing Your Coverage

Under certain circumstances, you may continue your health care coverage when it would otherwise end. COBRA coverage is administered by Savers Admin.

The right described above is given under the Public Health Services Act (PHSA) and stipulated by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA contains provisions giving certain former employees, retirees, spouses, and/or dependent children the right to temporarily continue health coverage at group rates.

However, this coverage is only available in specific instances. Group health coverage for COBRA participants is usually more expensive than health coverage for active employees since the City pays a part of its employees' insurance premiums.

COBRA applies to these plans:

- Medical
- Dental
- Vision
- Medical Flexible Spending Account

COBRA coverage will end before the end of the eligibility period if:

- You do not make premium payments on time
- You become entitled to Medicare
- All of the City's group benefit plans are discontinued
- You become covered under another group health plan after you elect COBRA coverage (unless the plan has pre-existing condition limitations that affect you—if the new plan complies with HIPAA regulations, a pre-existing condition limitation likely will not affect termination of COBRA coverage)
- You make a request to cancel coverage

When COBRA Ends

The charts shown below illustrate how long you can continue your COBRA coverage.
If you have any questions about COBRA, please contact Human Resources at 336-747-6807 or Savers Admin at 336-837-6712 or 1-800-949-0311.

If YOUR DEPENDENT loses coverage because…	YOUR DEPENDENT continues coverage for…
of your death	36 months
you became eligible for Medicare after your COBRA election begins	36 months
you and your spouse divorce	36 months
he or she is no longer considered to be a dependent (because of age)	36 months

If YOU Lose coverage because…	YOU continue coverage for…
you are no longer eligible due to termination of employment	18 months
you are no longer eligible and either you or a dependent is disabled (according to the Social Security definition) within 60 days of your loss of eligibility	29 months

COBRA Benefits

COBRA Medical Plan Monthly Premium (Including 2% Administrative Fee)

Coverage Tier	Core	Enhanced
Employee Only	$531.11	$1,062.73
Employee/Child	$952.17	$1,901.05
Employee/Spouse	$1,518.24	$3,032.33
Employee/Children	$1,117.29	$2,232.94
Employee/Family	$1,745.53	$3,421.85

COBRA Dental Plan Monthly Premium (Including 2% Administrative Fee)

Coverage Tier	Core	Enhanced
Employee Only	$19.28	$27.07
Employee/Family	$53.14	$78.52

COBRA Vision Plan Monthly Premium (Including 2% Administrative Fee)

Coverage Tier	Core	Enhanced
Employee Only	$5.69	$7.24
Employee/Child(ren)	$11.38	$14.48
Employee/Spouse	$12.18	$15.48
Employee/ Family	$19.46	$24.77

COBRA Dental Coverage

The City's dental PPO (DPPO) plan is administered by CIGNA. The plan covers a full range of services however, it does not cover cosmetic procedures. Your DPPO plan allows you to see any licensed dentist but using an CIGNA in-network provider may minimize your out-of-pocket expenses.

Plan Benefits	Core	Enhanced
Calendar Year Maximum (class I,II,III expenses)	$750	$1,500
Calendar Year Deductible (class II and III)	$50 individual / $150 family	$25 individual / $75 family
Class I – Preventive and Diagnostic (Oral Exams / Cleanings, Routine X-Rays, Fluoride Application, Sealants, Space Maintainers (non-orthodontic treatment), Non-Routine X-Rays)	100% no deductible	100% no deductible
Class II – Basic (emergency care, fillings, oral surgery, surgical extraction of impacted teeth, anesthetics, periodontics, root canal therapy / endodontics, stainless steel / resin crowns, brush biopsy)	50% after deductible	80% after deductible
Class III – Major (relines, rebases and adjustments, repairs-bridges, crowns and inlays, repairs-dentures, crowns, inlays, onlays, dentures, bridges, implants)	50% after deductible	50% after deductible
Class IV- Orthodontia (adults and children)	Not Covered	50% ; $1,500 lifetime maximum

COBRA Vision Coverage

The vision plan offered through VSP covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them.

	Core Option		Enhanced Option	
Benefit – every calendar year	**In-Network Member Cost**	**Out-of-Network Reimbursement**	**In-Network Member Cost**	**Out-of-Network Reimbursement**
WellVision Exam	$10 copay	$10 copay , up to $35 reimbursement	$10 copay	$10 copay , up to $35 reimbursement
Prescription Glasses	$25 copay	$25 copay	$25 copay	$25 copay
Frames • Allowance • Featured Frame • Walmart/Sam's/Costco • Overage Discount	 $130 $180 $70 20%	 $50 NA NA NA	 $200 $250 $180 20%	 $50 NA NA NA
Lenses • Single vision • Lined bifocal • Lined trifocal • Impact resistant lenses for dependent children	Included	 $25 $40 $55 NA	Included	 $25 $40 $55 NA
Lens Enhancements • Standard Progressive • Premium Progressive • Custom Progressive	 $0 $95-$105 $150-$175	NA	 $0 $95-$105 $150-$175	NA
Medically Necessary Contact Lenses	$0 copay , Paid in Full	Up to $200	$0 copay , Paid in Full	Up to $200
Elective Contact Lenses in lieu of Glasses • Allowance • Fitting and Evaluation	 $130 Up to $60	Up to $104	 $200 Up to $60	Up to $104
Lightcare (VSP Provider)– Ready-made non-prescription sunglasses, or blue light filtering glasses lieu of prescription glasses or contacts - $200 after $25 copay				
Primary Eyecare (VSP Provider) • Retinal screening for members with diabetes - $0 • Exams and services for members with diabetes, glaucoma, or age-related macular degeneration - $20 per exam • Treatment and diagnoses of eye conditions - $20 per exam				
Additional Savings **Glasses and Sunglasses** – additional $50 to spend on featured frame brands (vsp.com/framebrands). 40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam. 20% savings on unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP network doctor. **Retinal Screening-** No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction-** Average 15% off the regular price or 5% off the promotional price; discounts available at contracted facilities				

Life Insurance

Retiree Life Insurance - $2,000 Life Insurance

The City of Winston-Salem will pay a life insurance benefit of $2,000 to the beneficiary on record or to the retiree's estate.

Beneficiary records are maintained on file in the City's Human Resources Department. It is important to update beneficiary records when changes occur. You can access a copy of the Benefits Enrollment/Change Form online at the Retiree Center or call Human Resources at 336-747-6807.

Claims for benefits are processed and paid by the City of Winston-Salem. Please contact the Human Resources Department for additional information.

Eligibility for $2,000 Life Insurance

- Fifteen (15) years of full-time employment; or
- Full-time employees who retire from the City of Winston-Salem and are approved for disability retirement by the NC State Retirement System.

Converting and Porting Life Insurance

As a retiree, you will need to remember the following for your life insurance to remain in force for you and/or your dependent:

- If, at retirement, you choose to convert or port Basic, Supplemental, and/or Dependent Life coverage for you and/or dependents, you must do so within 31 days of the termination date of the group coverage;
- You must continue to make premium payments directly to insurance carrier(s);
- Keep your beneficiary data current with carrier(s).

Insurance Options

Group Life Insurance – Securian / Atlanta Life Insurance Company

Basic, Supplemental, and Dependent Life

At retirement, you may elect to convert or port your group life insurance coverage to an individual policy up to the benefit amount you are eligible for as an active employee or up to the benefit amount for your dependent. The premium amount will be based on the coverage amount you elect to continue and the age of you and/or your dependent at retirement.

Convert To Individual Life Insurance

Conversion allows you to convert in-force Group Term Life insurance to an individual whole life policy without having to answer questions about your health. No coverage or age maximums apply, and rates do not increase with age.

If you convert to a whole life policy, the following applies:

- Face amount of insurance payable at death
- Living benefit builds cash value
- Premium amount remains the same

Port Group Term Life Insurance

Portability allows you to continue your in-force Group Term Life insurance without having to answer questions about your health. Coverage maximums apply. Rates may be higher than those paid by active employees. Rates continue to increase with age. The group term life insurance provides a death benefit only. There is no cash benefit.

Universal Life Insurance—UnumProvident, Colonial Life, and Midland Life/Reassure

At retirement, you do not need to convert or port your universal life insurance policies, which are considered individual policies. You will pay the same premium amount you paid as an active employee.

Contributory Death Benefit—North Carolina State Retirement System

- City retirees may elect to purchase an individual $10,000 term life insurance policy.
- Enrollment, premium collections, benefit claims, and beneficiary records are handled through the NC State Retirement System.

Retirement Benefits

North Carolina Retirement System

The City of Winston-Salem is a member of the North Carolina Local Government Employees Retirement System (LGERS) and offers a defined pension benefit to eligible City retirees or beneficiaries. The Department of State Treasurer administers the public employee retirement systems for more than 900,000 members with more than $80 billion in assets.

You can review your reported earnings, service credits, and beneficiary information on the NC State Retirement System website. Visit ORBIT and logon at www.nctreasurer.com.

Additional Retirement Plans

The City sponsors additional retirement plans for Sworn Police and Fire Suppression personnel as listed below:

- Winston-Salem Police Officers' Defined Contribution Retirement Plan (WSPORS)
- Winston-Salem Police Officers' Defined Contribution Plan (WSPO DC)
- Winston-Salem Fireman's Retirement Fund (WSFRF)
- Fireman's and Rescue Worker's Pension Fund (NC Retirement System)

Savings & Investment Plans

The City has provided savings and investment options for City retirees who wish to continue participation during retirement. Retirees interested in continuing their participation in any of the plans listed below should contact the individual plan carriers for additional information. Currently, the City of Winston-Salem offers several supplemental retirement investment accounts.

NC Traditional 401(k) & Roth 401(k) Plans

Supplemental retirement plan for public employees by the State of North Carolina and managed by Prudential

457 Deferred Compensation & Roth IRA Plans

Supplemental retirement plan that is available for certain state and local government/non-governmental entities managed by Mission Square/ ICMA- RC.

401(a) Plan

A retirement plan through which the City contributes 2% of eligible employee's earnings into a 401(a) account. This plan is managed by Mission Square/ICMA-RC and participants are vested after 5 years.

Prudential and Mission Square / ICMA-RC plans provide the following tools to assist you with managing your investments:

- Online Retirement Planning Tools allow you the opportunity to access your plan account at any time.
- Personal financial representatives are available to meet with you at your convenience. You may request an appointment by calling your Prudential or Mission Square/ ICMA-RC representative directly. See the contact information page in this guide.

457 Nationwide Deferred Compensation Plan

Some retirees may have an existing 457 retirement supplement account with Nationwide Deferred Compensation; however, it is not a current supplemental retirement plan the City offers as an investment option. For questions about your account, contact Nationwide. See the contact information page in this guide.

College Savings Plan (NC 529)

This plan is sponsored by the College Foundation of North Carolina. It allows you to create a college savings strategy for your child, grandchild, yourself or someone else important to you.

- The North Carolina College Savings Fund is open to City retirees who are interested in participation.
- Setting up an account is easy. Contributions you make today create a gift that lasts a lifetime—an education.
- Call 1-866-866-2362 or go to cfnc.org/nc529 to enroll or to update your beneficiary information.

Please refer to the Important Contact Information page (at the back of this booklet) for direct customer service telephone numbers and website access for all of the investment plans listed on this page.

For additional information, please contact the Human Resources Department or visit the Retiree Center website at **www.cityofws.org/721/retiree-center**.

Dependent Eligibility Verification & Key Terms

If you are currently covering dependents who do not meet the definition of an eligible dependent as defined under "Key Terms…" below, please contact Human Resources to discontinue their enrollment in the City's group health and/or dental plans.

Consequences of having ineligible dependents are disciplinary action up to and including termination of employment, and/or requiring reimbursement to the City for claims paid to providers on behalf of the ineligible dependents.

Prior to enrolling a new dependent on your health and/or dental coverage, you will be required to provide documentation of the dependent's eligibility such as a copy of marriage or birth certificate, legal document establishing custody, guardianship, or foster care indicating dependent's name you wish to enroll. Please note that the City will recognize any marriage certificate from any State or U.S. jurisdiction, regardless of sex, for all City benefit programs.

Key Terms Relating To Your Employee Benefits	
COBRA	A federal law that allows workers and dependents who lose their medical, dental or health care flexible spending account coverage to continue any of those coverages for a specified length of time.
Coinsurance	The percentage of the medical charge that you have to pay.
Convert	To change your group term life insurance to an individual life insurance policy, which will be a guaranteed cost whole life insurance policy - a cash value policy.
Copayment	A flat fee that you pay for medical services, regardless of the actual amount charged by your doctor or another provider. This generally applies to physicians' office visits and prescription drugs.
Deductible	The amount you pay toward medical and dental expenses each calendar year before the plan begins paying benefits.
Eligible Dependent	For a dependent to be covered, you must be covered and your dependent must be one of the following: your spouse (must have a valid marriage certificate from any State or U.S. jurisdiction, regardless of sex), child (including step or adopted), foster child or you must be a legal guardian or have custody of a dependent who is under the age of 26. If the dependent child is mentally or physically disabled and was covered prior to reaching age 26, the dependent can continue to be covered for medical insurance, regardless of age.
Out-of-Pocket Maximum	The most you pay for covered medical expenses in a plan year.
Port	To take the group term life insurance policy with you. You can keep the group term life insurance within specified age and benefits minimum and maximum amounts. The group term life insurance provides a death benefit only. There is no cash benefit.
Summary Plan Description (SPD)	A legal document that describes your benefits, as well as your rights and responsibilities under the Plan. We encourage you to read your SPD and any attached Riders and/or Amendments carefully and to keep your SPD and any attachments in a safe place for your future reference. Please be aware that your Physician does not have a copy of your SPD and is not responsible for knowing or communicating your benefits.

Notice of Privacy Information Practices

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

We are required by law to provide this notice about our information practices, and to follow the information practices that are described in this notice. In accordance with 45CFR Section 164.520(c)(1)(iii), this notice is provided to the named insured under the Group HealthPlan(s).

It is the responsibility of the named insured to share this notice with his/her dependents. You may also receive a privacy notice from the City and our benefits vendors regarding the use and disclosure of Protected Health Information (PHI). This notice was revised and published November 30, 2013, and it replaces all previous notices. You may also review the City of Winston-Salem's Privacy Policy at www.cityofws.org. Should you have any questions regarding the notice(s), contact the City or the benefits vendors for the appropriate plan or the City of Winston-Salem's Human Resources Department.

For more information about HIPAA, visit https://www.hhs.gov/hipaa/for-individuals/index.html

What is HIPPA?

A federal regulation, the Health Insurance Portability and Accountability Act of 1996, also known as the HIPPA Privacy Rule, requires the City of Winston-Salem to provide a detailed notice in writing of its privacy practices. This notice is long because the HIPPA Privacy Rule requires the City to address a number of specific issues in its notice of privacy information practices.

Uses and Disclosures of Health Information

Group Health Plan[1] and Benefits Vendors

The City, which is self-insured, provides several Group Health Plans for which it is the Plan Sponsor. The City has entered into Administrative Services Agreements with various companies to administer its Group Health Plans including web-based benefit enrollments. These entities and others that will serve in this same capacity in the future receive, use and disclose, on behalf of the Group Health Plan(s), protected health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for the purpose of providing, managing and coordinating your health care and related services including treatment, health care operations and payment. The benefits vendors may also receive and use PHI to ascertain, on behalf of the Group Health Plan(s), ways to improve the quality of health care and to possibly reduce health care costs. The City and our vendors may use and disclose PHI for the following:

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

The vast majority of the PHI that is received, used, and maintained by our benefits vendors, on behalf of the City's Group Health Plan(s), is never seen by the City in its capacity as Plan Sponsor or in its capacity as Employer.

Complaints Under HIPAA

If you are concerned that either the City or its benefits vendors have violated your privacy rights under HIPAA, or you disagree with a decision made, pursuant to HIPAA, about access to your records, you may contact the benefits vendors or the City's Privacy Official. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775 or by visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** You may also complete a complaint form online at **https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.** No person shall be retaliated against for filing a complaint or exercising rights provided for under HIPAA or any other applicable law. If you have questions about this notice, you may contact the City's Privacy Official at the address and telephone number listed below.

Privacy Official Contact Information
Camille French, Assistant City Attorney
City of Winston-Salem Privacy Official
100 E. First Street, Suite 131, Winston-Salem, NC 27101
336-747-6877

[1]For purposes of HIPAA, the term Group Health Plan, as used herein, includes the City's group health plans, the dental plan and the employee assistance program; however, the term does not include accident or disability income insurance or any combination thereof; coverage issued as a supplement to liability insurance; liability insurance including general liability insurance and automobile insurance, workers' compensation or similar insurance, automobile medical payment insurance; credit-only insurance; coverage for onsite medical clinics and other similar coverage, specified in the regulations, under which benefits for medical care are secondary or incidental to other insurance benefits

Contact Information

If you have questions about any of your benefits, please contact the company that handles the plan administration for the City. Contact names, phone numbers, and web addresses of the companies who administer the plans are below.

If you still have questions, or need more information about any other benefit plans, please check on the Retiree Center site at **http://www.cityofws.org/721/retiree-center** or contact the Human Resources Department at 336-747-6807.

Plan	Whom To Call	Phone Number	Website
Medical and Dental Insurance	CIGNA	1-800-Cigna-24	myCigna.com
Prescription Drug Plan	Cigna Express Scripts (Mail Order) Accredo (Specialty Medication)	1-800-Cigna-24	myCigna.com
Medicare Advantage PPO Plan	BCBSNC	1-877-494-7647	https://www.bluecrossnc.com/members
Flexible Spending Accounts/Medicare Premium Reimbursement	Savers Administrative Services, Inc. (Savers Admin)	336-837-6712 800-949-0311	saversadmin.com/fsalogin
Vision	VSP	1-800-877-7195	www.vsp.com
Basic and Supplemental Life and AD&D Insurance	Securian / Atlanta Life Insurance Company	EOI: 800-872-2214 Claims: 888-658-0193	lifebenefits.com
Universal Life Insurance	Unum Colonial	800-635-5597 800-325-4368	unumprovident.com coloniallife.com
Pension Plan	NC Retirement System	877-NC-SECURE 877-627-3287	nctreasurer.com
457 Deferred Compensation Plan, Roth IRA & 401(a)	Mission Square (formerly ICMA-RC) Customer Service	800-669-7400	icmarc.org
	Mission Square (formerly ICMA-RC) Representative **Daisy Jones**	866-266-7310	djones@missionsq.org
	Nationwide	877-677-3678	nrsforu.com
401(k) Plan & Roth 401(k) Plan	Prudential Customer Service	866-627-5267	ncplans.retirepru.com
	Prudential Representative **Donny Dutton**	336-209-3507	Donny.Dutton@prudential.com
NC 529 Plan	College Foundation of NC	866-866-2362	cfnc.org/nc529

City of Winston-Salem's Mission, Vision and Values

Our Mission

The City of Winston-Salem provides quality, affordable services that ensure the health, safety and well-being of citizens, while collaborating throughout the community to ensure its economic, social and environmental vitality.

Our Vision

A municipal government deserving of public confidence, that provides excellent and innovative services, and is an active and cooperative partner in creating a vital community.

Our Values

Openness
Integrity
Equity
Accountability
Teamwork
Respect for all citizens
Fiscal soundness
Continuous learning and improvement

About this Guide

This guide describes the benefit plans and policies available to you as an employee of the City of Winston-Salem. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in your Member Guides or in your other employee benefit materials. Your Member Guides and Summary Plan Descriptions are available through the City's Human Resources Department.
If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the City of Winston-Salem.