



Gallagher

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2024 **benefits** **DIGEST**

HOUSING AUTHORITY OF WINSTON-SALEM

We are pleased to provide you with the 2024-2025 Benefits Digest booklet. This guide is intended to provide a summary of the benefit programs available to all eligible employees. It is only an overview and you must review specific plan brochures and plan documents for full program details, limitations and exclusions.

At Housing Authority of Winston-Salem, we are confident that our people are the reason behind our successes. We truly value you as an employee and part of our professional family. Our goal is to offer the very best healthcare possible to you and your loved ones. We have developed a comprehensive employee benefit package designed to protect you and your family.

This brochure provides benefit information available June 1, 2024 through May 31, 2025.

If you have comments, questions or other inquiries, please contact Human Resources.

Employee Eligibility

All employees working 30 hours or more per week are eligible for benefits and may cover their legally married spouse. Dependents may be covered on medical, dental and vision to age 26, regardless of student or marital status.

Benefits Begin:	1 st of the month following 30 days of employment
Benefits Terminate:	End of the month following date of termination (Medical, Dental & Vision); Date of termination (Short Term Disability, Long Term Disability and Life Insurance)

Retiree Eligibility

Employees, who have completed 20 years of service and attained age 55, may participate in the medical and dental programs upon retirement. Retirees are responsible for 100% of the cost of coverage and may continue participation under these plans until age 65. Please see Human Resources for more information.

Employee Assistance Program

All employees enrolled in the Long Term Disability plan and their eligible dependents are automatically enrolled in the EAP at no additional cost to you. This confidential service offers help and resources for services including stress and anxiety, child care and elder care issues and many others. This benefit provides up to 5 face-to-face

counseling sessions for free and unlimited phone support. There are 2 ways to access online: Sign into www.GuidanceResources.com or download the GuidanceNow mobile app. You can also access care by phone at 888-628-4824.

Medical Plan

www.bluecrossnc.com | 877-258-3334

Your medical coverage through Blue Cross Blue Shield of NC is an “open access” PPO plan using the Blue Options Network, which means that you do not need to select a primary care doctor nor will you need a referral to visit a specialist. As long as you remain in the network, your benefits will be covered at the higher in-network benefit amount.

	IN-NETWORK	OUT-OF-NETWORK
Calendar/Contract Year	Contract	
Office Visit	PCP: \$25 Copay ¹ Specialist: \$50 Copay Virtual: \$10 Copay**	PCP: 70%* Specialist: 70%* Virtual: Not Covered
Prescription Drugs	Retail: \$10/\$25/\$40/\$80/25% ² Mail Order: 3 x Copay	Copay + charge over in-network allowed amount
5 Tier Drug Formulary	Essential Formulary	Essential Formulary
Emergency Room	\$500 Copay	\$500 Copay
Urgent Care	\$50 Copay	\$100 Copay
Inpatient Care	80%*	70%*
Outpatient Care	80%*	70%*
Annual Deductible	\$2,500/\$7,500	\$5,000/\$15,000
Out of Pocket Maximum	\$7,500/\$15,000	\$15,000/\$30,000

* Coverage provided after deductible

¹ PCP Copay is waived for the first 3 visits if PCP has been selected in Blue Connect.

² There is a \$100 Drug Minimum and a \$200 per Drug Maximum for each 30-day supply of Tier 5 Drugs.

Preventive Care is covered at 100% with a preventive primary diagnosis code. The service must be a covered preventive care benefit under healthcare reform. For a list of covered preventive benefits under healthcare reform, please visit www.bcbsnc.com/preventive. During your annual physical, if anything is discussed or performed outside of the healthcare reform approved screenings; your visit may not be covered at 100%.

**Virtual visits are offered through the BCBSNC medical plan. The service is provided by Teladoc. Teladoc provides fast and inexpensive access to board certified physicians, who can diagnose illness, recommend treatment and prescribe medications via video conference 24/7. Employees are responsible for paying a copay for this service, which is \$10. If you are covered under the HAWS medical plan, you and your covered dependents can reach Teladoc by downloading the Teladoc app, visiting Teladoc.com or calling 1-800-835-2362.

Deductible Reimbursement Program

Administered by HAWS

As part of our group medical insurance plan, you are provided with a deductible reimbursement program. This program is for services that are rendered by in-network physicians and facilities. Should you incur an expense where a deductible applies, you will be reimbursed for a portion and your reimbursement will be tax-free. This program is administered by Human Resources and Accounting. Claims must be submitted within 180 days after the plan year has ended.

PLAN BENEFIT	EMPLOYEE PORTION	REIMBURSEMENT
\$2,500 Individual Deductible	First \$500	Up to the last \$2,000
\$7,500 Family Deductible	First \$2,501	Up to the last \$4,999

Dental Plan

www.lfg.com | 800-423-2765

Your dental plan is provided by Lincoln Financial. While there is a network associated with this plan, there is no penalty for not using the network. Whether your dentist is in or out-of-network, the benefits will be paid the same regardless. Dentists who are in-network cannot balance bill you for amounts over the allowed charges; however, non-network dentists may bill you for amounts over the allowed charges.

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Plan Year (6/1 – 5/31)	
Preventive Care	100%	
Basic Care	80% after deductible	
Major Care	50% after deductible	
Orthodontia Care (Child Only)	50%	
Single/Family Deductible	\$25/\$75	
Annual Benefit Max	\$1,500	
Lifetime Orthodontia Max	\$1,500	

Vision Plan

www.superiorvision.com | 800-507-3800

Your vision plan is provided by Superior Vision. While a large number of people wear corrective lenses or contacts, detection is very important in catching diseases and impairments at an early stage when treatment can prevent further damage. This benefit is voluntary and the employee pays 100% of the cost.

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK ¹
Benefit Frequency	Exam: 12 months Lenses & Contacts: 12 Months Frames: 24 months	
Exam	\$10 Copay	Ophthalmologist: Up to \$44 allowance Optometrist: Up to \$39 allowance
Frames & Lenses	\$25 Copay ²	Frames: Up to \$52 allowance Lenses: Up to \$76 allowance; varies by lens type
Elective Contact Lenses in lieu of lenses & frames	Up to \$180 allowance	Up to \$100 allowance

¹Copays apply to out-of-network providers for exams, lenses and frames

²Frames are covered up to \$180 allowance, plus discount on balance over allowance after copay

Flexible Spending Account

www.healthequity.com | 877-713-7682

Each year during open enrollment, you are offered the opportunity to enroll in the FSA plan. Elections cannot be changed throughout the plan year, unless you experience a qualifying event. Your FSA plan is administered by Health Equity. Important highlights include:

- Contribute up to \$5,000 to your Dependent Care Account
- Contribute up to \$3,200 to your Medical Spending Account
- Plan year is June 1st – May 31st
- 2 month + 15 day grace period for Medical Spending Accounts to incur eligible expenses for reimbursement beyond the plan year. If you don't use it, you lose it. You have 90 days following the end of the plan year to file for reimbursement of expenses incurred during the plan year.

Basic Life Insurance

www.lfg.com | 800-423-2765

- 100% Employer paid benefit
- 1.5 x salary up to a maximum of \$100,000; Guarantee issue is \$100,000; Age reductions apply
- Dependent coverage can be purchased on a voluntary basis and is paid for 100% by the employee
 - Spouse: \$5,000 benefit; coverage terminates when spouse turns Age 70
 - Dependents: \$500 (14 days to 6 months), then \$5,000 to Age 26

Spouse or dependent coverage will require the completion of Evidence of insurability (EOI) if enrolling after first eligible.

Disability Insurance

www.lfg.com | 800-423-2765

Short Term Disability

- Paid for 100% by the employee
- Benefit begins on 15th day of injury or illness
- Benefit may be paid for up to 13 weeks including the 14-day elimination period
- 66.67% of earnings up to \$1,500 per week

Long Term Disability

- Cost of coverage is shared equally by employee and HAWS
- Benefit begins after 90-day elimination period
- 66.67% of earnings up to \$6,000 per month
- Benefit period is to age 65 or SSNRA

Evidence of Insurability is required if you have previously declined coverage. Please see HR for more information and rates.

Employee Contributions

Employee contributions are the employee's share of premium cost and are made through payroll deductions. Medical, Dental, Vision and FSA payroll deductions are deducted on a pre-tax basis.

MEDICAL	WELLNESS BI-WEEKLY CONTRIBUTION	NON- WELLNESS BI-WEEKLY CONTRIBUTION
Employee	\$40.13	\$46.48
Employee + Spouse	\$146.35	\$152.58
Employee + Child(ren)	\$111.25	\$117.52
Family	\$207.64	\$213.86

DENTAL	BI-WEEKLY CONTRIBUTION
Employee	\$0.00
Employee + Spouse	\$8.32
Employee + Child(ren)	\$10.67
Family	\$15.09

VISION	BI-WEEKLY CONTRIBUTION
Employee	\$3.21
Employee + Spouse	\$6.42
Employee + Child(ren)	\$7.35
Family	\$11.33

If you have comments, questions or other inquiries, please contact Human Resources.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specialize in this practice area.

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Note: The description in this document is intended to provide a general overview of your health & welfare benefit plans. For a complete description, please consult your policy.