CUMBERLAND COUNTY
NORTH CAROLINA

July 1, 2026
Benefits Guide

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Welcome!

At County of Cumberland, North Carolina we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees.

Sincerely,

County of Cumberland, North Carolina

When Benefits Begin and End

Your benefits will begin and end as noted in the chart below.
Benefits Plan Year runs from July 1 – June 30

BENEFIT TYPE	WHO PAYS		BENEFIT STARTS		MAKING CHANGES		BENEFIT ENDS	
	County of Cumberland	You	Date of Hire	1st of Month following Date of Hire	Qualifying Life Event	Open Enrollment	Date of Termination	End of Termination Month
Medical	✓	✓	✓		✓	✓	✓	
Employee Pharmacy (must be enrolled on Cumberland's group Medical plan to be eligible)	✓	✓	✓				✓	
Flexible Spending Accounts		✓		✓	✓	✓	✓	
Dental		✓		✓	✓	✓		✓
Vision		✓		✓	✓	✓		✓
Basic Life and AD&D Insurance	✓			✓			✓	
Voluntary Life Insurance		✓		✓	✓	✓	✓	
Voluntary Short-Term Disability		✓		✓		✓	✓	
Voluntary Long-Term Disability		✓		✓		✓	✓	
Critical Illness		✓		✓		✓	✓	
Accident		✓		✓		✓	✓	
Life with Long Term Care		✓				✓	✓	
Employee Assistance	✓						✓	
Travel Connect Global Assist	✓						✓	

Eligibility

Eligible Employees:

You may enroll in the County of Cumberland, North Carolina Employee Benefits Program if you are a Full-Time employee working at least 30 hours per week. All permanent employees who work 20 or more hours per week will be enrolled in Employer Paid Life & AD&D.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse* and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship.

***Note:** If your spouse is currently eligible under their own employer's health insurance, they are not eligible to be enrolled in the County's medical plan. If your spouse does not have a medical plan available as a benefit of employment, you must attest in the Benefit Portal or submit a *Spouse Employment Affidavit* to add them to your medical plan.

When Coverage Begins:

The effective date for your benefits is July 1, 2026. Newly hired employees and dependents will be effective in County of Cumberland, North Carolina's benefits programs on date of hire for medical benefits, and the first of the month following date of hire for all other benefits. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

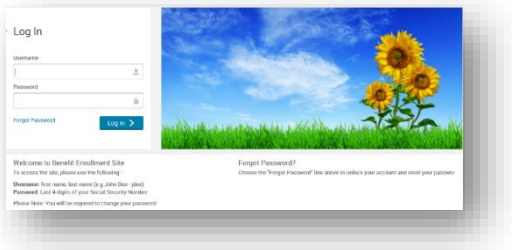
A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

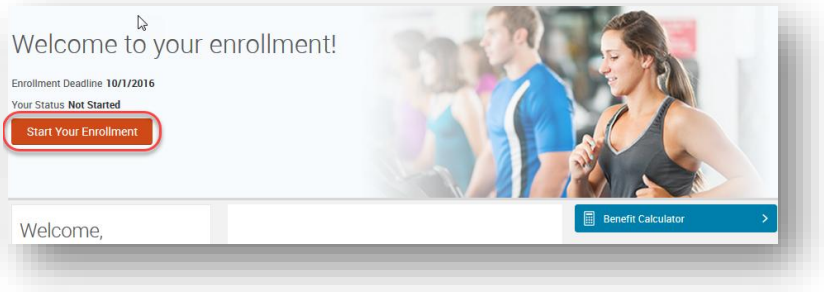
If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please log into the **Bswift Self-Service employee portal** within the timeframe allotted to request these changes.

Bswift Employee Portal

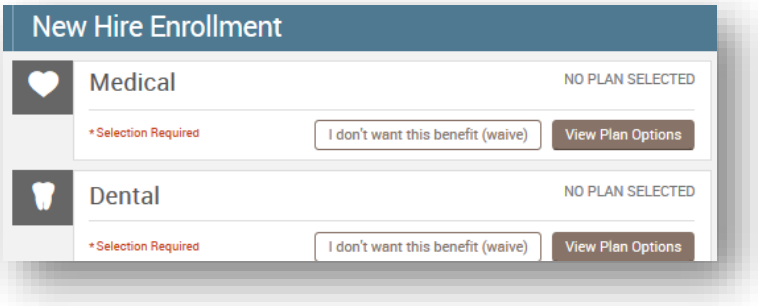
1. Login to Bswift at: https://cumberlandcounty.bswift.com
   - **Username**: your Employee ID number
   - **Password**: the last four digits of your social security number

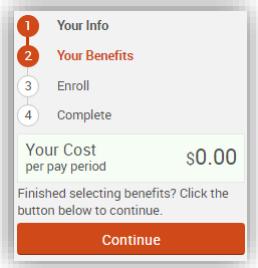


2. Click on **Start Your Enrollment**

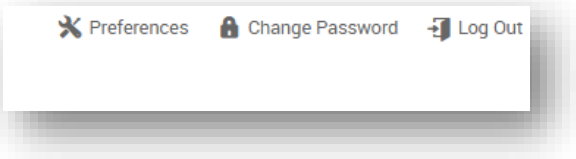


3. Personal information
   Review and update (if applicable)
4. Family Information
   Add dependents (if applicable)
5. Selecting your benefits – all eligible plans type will be displayed
   View Plan Option to make elections





6. Review elections.
7. Review and Edit selections if necessary
8. Check the box to Agree and Finish Enrollment
9. View, Print or Email your confirmation statement
10. Once complete, please log out



Medical Insurance - Base Plan
Blue Options $2000

The charts on the following pages is a brief outline of the plan. Deductibles and Plan Year Maximums reset every **July 1**. Please refer to the summary plan description for complete plan details.

	Blue Cross and Blue Shield of North Carolina	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductible – Plan Year		
Individual	$2,000	$3,000
Family	$6,000	$9,000
Coinsurance	Covered at 80%	Covered at 70%
Maximum Out-of-Pocket		
Individual	$5,000	$6,000
Family	$12,000	$21,000
Physician Office Visit		
Primary Care	$30 copay	70% after deductible
Specialty Care	$50 copay	70% after deductible
Preventive Care		
Adult Exams & Well-Child	Covered 100%	70% after deductible
Diagnostic Services		
Lab Tests	80% after deductible	70% after deductible
Radiology	80% after deductible (may require Pre-Auth)	70% after Deductible
Urgent Care	80% after deductible	70% after deductible
Emergency Room Charge	80% after deductible	70% after deductible
Inpatient Hospital	80% after Deductible	70% after deductible
Outpatient Services	80% after deductible	70% after deductible
Mental Health		
Inpatient	80% after deductible	70% after deductible
Outpatient	$30 copay	70% after deductible
Substance Abuse		
Inpatient	80% after deductible	70% after deductible
Outpatient	$30 copay	70% after deductible
Other Services		
Chiropractor	$30 copay	70% after deductible
Retail Pharmacy (30 Day Supply)		
Deductible	$150 Waived for Tier 1 & 2	$150 Waived for Tier 1

	Blue Cross and Blue Shield of North Carolina	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Tier 1 and Tier 2	$10 copay	You pay the in-network cost plus the difference between the charged amount and the allowed amount.
Tier 3	$55 copay	
Tier 4	$70 copay	
Tier 5	You pay 25% With a $50 min and $100 maximum charge	
Mail Order Pharmacy (90 Day Supply)		
Tier 1 and Tier 2	$25 copay	Not covered
Tier 3	$137.50 copay	
Tier 4	$175 copay	
Tier 5	You pay 25% With a $125 min and $250 maximum charge	

RX Bin# 015905

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options $2000 - **Wellness**	
Employee	$21.09
Employee & Spouse	$168.29
Employee & Child	$103.21
Employee & Children	$178.36
Employee & Spouse & Child(ren) (Family)	$234.15

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options $2000 – **Non-Wellness**	
Employee	$46.09
Employee & Spouse	$193.29
Employee & Child	$128.21
Employee & Children	$203.36
Employee & Spouse & Child(ren) (Family)	$259.15

Medical Insurance - Buy-Up Plan
Blue Options $1000

The charts on the following pages is a brief outline of the plan. Deductibles and Plan Year Maximums reset every **July 1**. Please refer to the summary plan description for complete plan details.

	Blue Cross and Blue Shield of North Carolina	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductible – Plan Year		
Individual	$1,000	$3,000
Family	$3,000	$9,000
Coinsurance	Covered at 80%	Covered at 70%
Maximum Out-of-Pocket		
Individual	$3,500	$6,000
Family	$7,000	$21,000
Physician Office Visit		
Primary Care	$25 copay	70% after deductible
Specialty Care	$40 copay	70% after deductible
Preventive Care		
Adult Exams & Well-Child	Covered 100%	70% after deductible
Diagnostic Services		
Lab Tests	80% after deductible	70% after deductible
Radiology	80% after deductible (may require Pre-Auth)	70% after Deductible
Urgent Care	80% after deductible	70% after deductible
Emergency Room Charge	80% after deductible	70% after deductible
Inpatient Hospital	80% after Deductible	70% after deductible
Outpatient Services	80% after deductible	70% after deductible
Mental Health		
Inpatient	80% after deductible	70% after deductible
Outpatient	$40 copay	70% after deductible
Substance Abuse		
Inpatient	80% after deductible	70% after deductible
Outpatient	$40 copay	70% after deductible
Other Services		
Chiropractor	$30 copay	70% after deductible
Retail Pharmacy (30 Day Supply)		
Deductible	$150 Waived for Tier 1 & 2	$150 Waived for Tier 1
Tier 1 and Tier 2	$10 copay	You pay the in-network cost plus the difference between the charged amount and the allowed amount.
Tier 3	$55 copay	
Tier 4	$70 copay	
Tier 5	You pay 25% With a $50 min and $100 maximum charge	
Mail Order Pharmacy (90 Day Supply)		

	Blue Cross and Blue Shield of North Carolina	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Tier 1 and Tier 2	$25 copay	Not covered
Tier 3	$137.50 copay	
Tier 4	$175 copay	
Tier 5	You pay 25% With a $125 min and $250 maximum charge	

RX Bin# 015905

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options - **Wellness**	
Employee	$76.77
Employee & Spouse	$240.75
Employee & Child	$168.75
Employee & Children	$251.63
Employee & Spouse & Child(ren) (Family)	$313.84

Employee Contributions (Semi Monthly 24 per yr)	
Blue Options – **Non-Wellness**	
Employee	$101.77
Employee & Spouse	$265.75
Employee & Child	$193.75
Employee & Children	$276.63
Employee & Spouse & Child(ren) (Family)	$338.84

Blue Cross Blue Shield of North Carolina Plan Information

Blue Cross Blue Shield of Carolina offers a wide range of innovative, convenient services designed to make healthcare simpler and easier for County of Cumberland, North Carolina employees. To learn about your medical services, visit www.bluecrossnc.com.

Find a Provider

Follow these steps to easily find a physician or hospital in the Blue Cross Blue Shield Network:

- Go to www.bluecrossnc.com
- Click on “Find Care”

- Select “Look up a Doctor or Drug”
- You can choose to browse as a guest of your employer medical plan or log in to your Blue Connect portal.
- Enter your zip code.
- Then select the Blue Options network.
- Search by provider, service, or condition.

Blue Cross Blue Shield Helpful Online Tools

- View, download or print your health plan ID card.
- View claims and Explanation of Benefits.
- Find and price medications at in-network Pharmacies near you.
- Check the status of deductible and out-of-pocket spending.

Considering joint replacement surgery?

Get coordinated care and simplified billing with our knee, hip, and shoulder replacement program.

If you need a knee, hip or shoulder replacement, visit **BlueCrossNC.com/Bundle** to find participating providers offering streamlined, high-quality care and simplified billing. If you qualify, you’ll only be responsible for a single copay – often $750, though the amount may vary depending on your specific plan – instead of paying a deductible and coinsurance!

The County of Cumberland Onsite Wellness Center Clinic & Employee Pharmacy

The County of Cumberland Wellness Center Clinic

In the interest and well-being of our employees, we are proud to provide you with an onsite Wellness Center Clinic. You can visit the clinic for diagnoses and treatment of common illnesses such as a cold, allergies, pink eye, ear infections and other minor conditions. The Wellness Center Clinic also offers Lifestyle education and Health coaching for a variety of health and wellness risk factors such as diabetes and weight management. **Primary Care services are also offered**. See the next page for more details.

Wellness Programs:

You can also join one of our many Wellness programs! There is a variety of classes to participate in such as: Running & walking, Weight Watchers, Eat Smart Move More Weigh Less and the Incentive Prize Program.

The County of Cumberland Employee Pharmacy

The County of Cumberland, North Carolina offers an onsite pharmacy, where employees covered under our health plan have access to preventative or Tier 1 & 2 prescriptions at no cost.

Discounted Copays for Insured Employees, Dependents, and Retirees

Tier 1 drugs:	$0 for 1-90 days' supply
Tier 2 drugs:	$0 for 1-90 days' supply
Tier 3 drugs:	$25 for 1-30 days' supply
	$50 for 31-60 days' supply
	$75 for 61-90 days' supply
Tier 4 drugs:	$40 for 1-30 days' supply
	$80 for 31-60 days' supply
	$120 for 61-90 days' supply

There is no deductible at the Employee Pharmacy.

OTC Medications

The Pharmacy sells a variety of OTC items at significantly reduced prices. Commonly stocked items include fever reducers, pain relievers, antacids, vitamins, first aid products, ointments, creams, and diabetes testing supplies. Only Cumberland County employees and retirees can purchase OTC items at the Pharmacy.

Cumberland County Employee Pharmacy

A Closed-Door Pharmacy serving Cumberland County Employees and Retirees

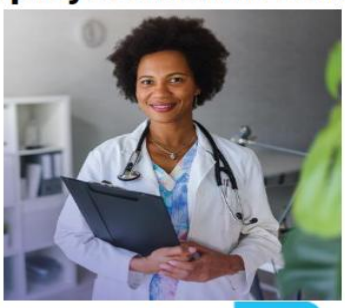
Main Pharmacy Line: 910-433-3861
227 Fountainhead Lane, Suite 104, Fayetteville, NC

Monday-Thursday 7 a.m.–5:30 p.m.
Friday 8 a.m.–3 p.m.
Saturday 9 a.m.–1 p.m.

We are closed Sundays and Cumberland County holidays.
We are also closed if County offices are closed due to inclement weather.

Proactive MD

Cumberland County Employee Health Center



proactive md

Your first stop for healthcare for routine care, minor illnesses, or injuries. Your Cumberland County Employee Health Center Proactive MD Team will assess your symptoms and help you understand the best course of action.

226 Bradford Avenue, Fayetteville, NC
910-433-3847

Monday: 7:15 am to 3:30 p.m.
Tuesday: 7:15 a.m. to 3:30 p.m.
Wednesday: 8:15 a.m. to 5:30 p.m.
Thursday: 7:15 a.m. to 3:30 p.m.
Friday: 7:15 a.m. to 1:00 p.m.

We are closed on Cumberland County holidays and if County offices are closed due to inclement weather.

Additional information

- Primary Care services will be offered. If you do not have a primary care physician and need/want one, our Employee Health Center (EHC) **CAN BE** your primary care physician. Services will still be FREE to all employees, retirees, and eligible dependents that are on the county insurance plan. If you have a primary care physician, you can still use the EHC any time.
- All employees and retirees regardless of insurance coverage may use the EHC. Dependents age 2 and older who are covered on the county health plan may also be seen.
- Employees do not use sick leave to visit the EHC. If they are sent home by the provider because of illness, sick leave starts after departure from the EHC. If a pharmacy visit immediately follows and is part of the EHC visit, the pharmacy time will be included on the documentation. If the pharmacy visit is a separate drop off or pick up visit, employees must use leave.
- A nurse practitioner, patient advocate who is a licensed clinical social worker and certified medical assistant are on staff at the EHC.
- In person and virtual appointments are available.

CUMBERLAND COUNTY
NORTH CAROLINA

Above and beyond primary care

Proactive MD has partnered with Cumberland County to provide an employer-sponsored Health Center. Now you, your eligible dependents, and eligible retirees enrolled in the county health plan can receive exceptional primary whenever it's needed, at no cost to you.

Our Health Center offers services such as family medicine, acute care, prescriptions, lab work, and more. You have access to Proactive MD total wellness solutions where your provider and Patient Advocate will guide you through matters like weight-loss counseling, diabetes management, stress management, and smoking cessation.

Our providers and clinical care team practice medicine the way it was meant to be practiced: personally and proactively. We are here to serve you with compassion and transparency, and we promise to always fight for your greatest good. Come see what Care Without Compromise could mean for you!

Your Health Center Offers:

- Same-day sick appointments
- Less than 5-minute wait times
- Select onsite labs at no cost
- Mental health support
- Management of chronic conditions like diabetes and high blood pressure
- Disease and Illness prevention
- Treatments for common illness & infections
- Ear or sinus infection treatments
- Minor procedures
- And more!

Make an appointment to visit your new healthcare home and learn what else Care Without Compromise can do for you!

When you become a Proactive MD patient, you get more than just a place to go when you're sick or hurt. You get a healthcare home: the place you can come with any questions or concerns about your personal wellbeing and find a trusted partner to listen and support you.

Joining the Employee Health Center will make healthcare more simple, affordable, accessible, and effective. When you are a Proactive MD patient, you are never alone!

Stay Connected to Care

Communicating with your care team is simple.
Your patient portal allows you to request an appointment, ask your provider medical questions securely, and request prescription refills. You may contact the health center to request a link to sign up for the portal prior to your first appointment, or you can sign up while you are visiting the health center. To access the portal after registering, simply visit portal.proactive-md.com.

After-Hours Line

ACCESS TO A PROVIDER, 365 DAYS A YEAR
Your provider is available when your Health Center is not open, including after hours, on the weekends, and on holidays, at no additional cost.

Your provider can help you with:

- Understanding symptoms
- Medication advice & dosing
- Treating minor illnesses, cuts & injuries
- And much more!

1. Call your Health Center at **910.433.3847**
2. Leave a voicemail **Press "1" and leave a detailed message**
3. The provider will return your call!

**No controlled substances will be filled after hours.*
Contact your clinic during regular hours to refill a medication or schedule an appointment.

Smoking Cessation

QuitLineNC Smoking Cessation Program

About QuitlineNC
Since 2015, **Blue Cross NC members** have had access to QuitlineNC, a statewide, four-call tobacco cessation counseling program. Members work with a quit coach through a series of four phone calls. After completing all four calls, members receive a certificate of completion.

QuitlineNC Smoking Cessation Program Highlights through BCBSNC

- Up to 12 weeks of nicotine replacement therapy (NRT), **free of charge**, to all Blue Cross NC members
  NRT is available for two quit attempts per year, for up to 24 weeks each; 4 weeks at a time.
  NRT includes the patch, gum, lozenges, or combination; mailed to homes without prescription.
- Includes extra calls for pregnant women and people with certain BH conditions.
- Behavioral Health protocol:
  - Members with schizophrenia or bipolar are automatically enrolled in the behavioral health protocol
  - Members with one of the other conditions are asked if that condition will interfere with their ability to quit. If they answer yes, they are enrolled in the behavioral health protocol.
  - A letter is sent to the participant's doctor letting them know their patient is trying to quit.
  - There is no charge to members for NRT or the behavioral health calls.

To participate:

- Call the Blue Cross NC dedicated quit line at 1-844-8NCQUIT (1-844-862-7848).
- **Indicate you are a Blue Cross NC member**, who is not with the State Health Plan or Medicare Advantage D.
- Share their Blue Cross NC health insurance ID number – preferred but not required
- **Enroll** in the multi-call program to qualify for the NRT.
- If members call the national Quitline (1-800-QUITNOW), they will still have access to BCBSNC QuitlineNC services as long as they identify themselves as a Blue Cross NC member.

Dental Insurance

The County of Cumberland, North Carolina offers two dental options through Delta Dental of NC. Deductibles and Plan Year Maximums reset **every July 1**. The lifetime maximum for orthodontia does not reset. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Delta Dental of North Carolina Dental High Plan		Delta Dental of North Carolina Dental Low Plan	
Benefits Coverage	In-Network	Out-of-Network 90th UCR*	In-Network	Out-of-Network MAC**
Annual Deductible – Plan Year				
Individual	$0	$50	$0	$50
Family	$0	$150	$0	$150
Waived for Preventive	Yes	Yes	Yes	Yes
Annual Maximum – Combined in and out of network				
Per Person / Family	$1,500		$1,250	
Preventive	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	50%	50%	50%	50%
Orthodontia				
Benefit Percentage	50%	50%	50%	50%
Adult and Children	Covered	Covered	Covered	Covered
Lifetime Maximum	$1,000		$1,000	

*High Plan Out-of-Network reimbursement is based on 90th Usual/Customary/Reasonable (UCR) fees per network zone.
**Low Plan Out-of-Network reimbursement is based on the carrier's Maximum Allowable Charge (MAC).

Employee Contributions (Semi Monthly 24 per yr)		
	Dental High Plan	Dental Low Plan
Employee	$17.75	$16.48
Employee & 1 Dep	$35.82	$33.27
Employee & 2+ Deps	$53.05	$49.28

Rollover Rewards per Benefit Year

The rewards program is easy and **automatic**. To qualify for a Rollover Reward, you must receive at least one covered dental service (any service) within the plan year. That's it!

- If claims paid out by Delta Dental do not exceed the maximum 'threshold' amount of $500 (of your current annual plan maximum) then you will receive Rollover Rewards for the next plan year.
- Annual maximum dollars are used first. Rollover dollars are used after the annual maximum is met. Accumulated Rollover maximum is capped at $1,000.00.

✓ Reward with PPO or Premier providers, only (receive rollover of)...$350.00
✓ Reward if you visit any non-participating providers $250.00

Vision Insurance

The County of Cumberland, North Carolina offers a comprehensive Vision program through EyeMed. You're on the Insight Network. **Benefit frequency is on a rolling 12-month basis.**

The chart below is a brief outline of the plan. Members are also able to receive a $20 contacts lens discount at www.contactsdirect.com. Additional in-network discounts include 40% off additional prescription eyeglasses and 20% non-prescription sunglasses. Please refer to the summary plan description for complete plan details.

	EyeMed Vision Care Vision
In-Network Copay and Allowance - 12 month Frequency	
Routine Exams	$10 copay
Vision Materials	
Materials Copay	$10 copay
Lenses	Benefit varies by type of lens; single, bifocal, trifocal $10 copay Progressive lenses range in copays from $65 - $185 Covered every 12 months
Contacts	Elective contacts covered up to $150 allowance: 15% off balance Medically necessary contacts are paid in full Covered every 12 months
Frames	Covered at up to $150 allowance: 20% off balance Covered every 12 months
Out of Network REIMBURSMENT	
Routine Exams	Up to $50
Lenses	Benefit varies by type of lens; from up to $40 for single vision to $100 for lenticular Covered every 12 months
Contacts	Elective contacts covered up to $120 Medically necessary contacts up to $210 Covered every 12 months
Frames	Frames covered up to $105 Covered every 12 months

Employee Contributions (Semi Monthly 24 per yr)	
Vision	
Employee	$3.98
Employee & 1 Dep	$7.70
Employee & 2+ Deps	$11.31

Life and AD&D

The County of Cumberland, North Carolina provides Basic Life and AD&D benefits to eligible employees at no cost. This benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Lincoln Financial Life and AD&D	
Employee	
Benefit	$5,000
Conversion	If your coverage ends you have the option to convert your group coverage to an individual policy.

Voluntary Life Insurance

In addition to the employer paid Life Insurance coverage, you have the option to purchase additional Voluntary Life Insurance. Your election, however, could be subject to medical questions, or Evidence Of Insurability (EOI). Your contributions will depend on your age and the amount of coverage you choose. See plan documents for more details.

Lincoln Financial Voluntary Life	
Benefit Options	
Employee	Increments of $10,000 to a maximum of $100,000 (not to exceed 5x your salary)
Spouse	Flat $10,000. Terminates at age 70
Child	Flat $5,000 (Birth to 6 months coverage is $1,000; auto increases to $5,000 at 6 months)

- All amounts are Guarantee Issue when first eligible.
- You must be enrolled yourself for your spouse and/or child(ren) to be enrolled.
- Rates are Age Banded. Login to the Employee Self-Serve portal to calculate the premium amounts.
- Premiums ae provided as monthly amounts and deducted from your pay monthly.
- Portability and Conversion included.
- Benefit begins to reduce at age 65.

Annual Buy-Up/Buy-In Option

Evidence of Insurability (EOI) is NOT required to add or increase coverage by two increments of $10,000 ($20,000 maximum) during the Annual Enrollment Period, only. Increases over the annual allowance WILL require EOI.

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Short-Term Disability

Voluntary Short-Term Disability (STD) benefits through Lincoln Financial Group replace up to 70% of your weekly salary. You may elect in $100 increments up to a maximum benefit of $500 per week. STD is income replacement should you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury (excluding on-the-job injuries which are covered by workers compensation insurance). Does not require Evidence of Insurability (EOI).

Benefits are available for either a maximum of 13 or 26 weeks depending on the option you choose. This benefit is provided to you on a Post-Tax basis. Please see the plan documents for complete details. Does not require Evidence of Insurability (EOI).

Voluntary Long-Term Disability

Voluntary Long-Term Disability (LTD) benefits through Lincoln Financial Group offers income protection if you become disabled and cannot work due to an accident or sickness for an extended period of time.

During the first 2 years, benefits are paid if you are unable to perform the duties of your "own occupation". After 2 years, you must be unable to perform "any occupation" for which you are reasonably suited. You can choose a benefit duration of a 5-year term or to have benefits paid to Social Security Normal Retirement Age, deductions are on a Post- Tax basis. Does not require Evidence of Insurability (EOI). Please see the plan documents for complete plan details.

Voluntary SHORT-TERM Disability (STD)		Voluntary LONG-TERM Disability (LTD)	
Benefit Options		Benefit Options	
% of Salary	Up to 70% if Weekly Salary	% of Salary	60% of Monthly Salary
Maximum Weekly Benefit	Up to $500 weekly, in $100 increments	Maximum Monthly Benefit	Up to $10,000
Elimination Period	0 Day Injury (Benefits begin on 1st day) 7 Days Illness (Benefits begin on 8th day)	Elimination Period	180 Days (Approximately 26 weeks)
Duration Period Options	Option 1: 13 weeks Option 2: 26 weeks	Duration Period Options	Option 1: Core- 5-year term Option 2: High - Social Security Normal Retirement Age
Pre-Existing Conditions	Your plan does not cover a disability due to pre-existing condition during the 12 months after your effective date for treatment received within 3 months prior to your effective date.	Pre- Existing Conditions	Your plan does not cover a disability due to pre-existing condition during the 12 months after your effective date for treatment received within 6 months prior to your effective date.

Please login to the Employee Self-Serve Portal benefits portal to calculate the premium amounts for the voluntary disability products illustrated.

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with County of Cumberland, North Carolina allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. The plan is administrated by **Sentinel Benefits.**

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

2026 IRS Maximum Election Limit	
Health Care FSA	$3,400
Dependent Care Account	$7,500

Please plan your FSA contributions carefully, as any funds not used by the end of the Grace Period will be forfeited. Re-enrollment is required each year.

Plan Guidelines:

- **Plan Year**: Runs from July 1st through June 30th each year.
- **Grace Period**: An additional 2 1/2 months to incur services, to September 15th.
- **Last day to submit claims**: 30 days after the grace period ends, until October 15th.

To pay at the point-of-service, use the Benny Card.

- Cards are good for 3 years.
- If you can't use the Benny Card, claims can be made Online, via Mobile App, Fax and/or Mail.
- Download the Sentinel Benefits Mobile App

CHUBB Offerings

Accident, Critical Illness, Life+Long-Term Care

Visit our microsite which provides a comprehensive resource for product knowledge and assistance with filing claims: [Chubb Voluntary Benefits Site]

Critical Illness

Voluntary Critical Illness coverage provides a **lump-sum cash benefit** to help you cover the out-of-pocket expenses associated with a critical illness – such as deductibles, copays, and coinsurance. Premiums based on Issue Age and do not increase. **No Evidence of Insurability (EOI) required.**

- Employee may choose a lump sum benefit of either $10,000 to $20,000
- When an employee enrolls, a child (up to age 26) a benefit at 25% of employee benefit is included at no extra charge.
- Spouse benefit, if elected, is 50% of the employee benefit. Rate based on employee's age.
- Wellness specified screening benefit of $100 for each covered member.

Accident Insurance

Provides you and your family financial protection in the event of an accident, works as supplementary coverage to your health plan. Employee and family options. Available when first eligible and at each Open Enrollment. **No Evidence of Insurability (EOI) required.**

It pays a specified amount per off-the-job occurrence such as:

- Benefits for Initial Care Benefits (ER, Urgent Care, and Provider Visits)
- Hospital/Facility Benefits (Inpatient Hospital, Outpatient Hospital, Rehab, etc.)
- Other occurrences such as ambulance, blood, burns, lacerations, x-rays, therapy, and more.
- Wellness specified screening benefit of $50 for each covered member.

Life Insurance with Long Term Care Benefit

No Evidence of Insurability (EOI) required.

ONLY available during annual OPEN ENROLLMENT. New hires must wait for first Open Enrollment.

Benefit

- Employee: Ages 19 - 70: $100,000 ($25,000 increments).
- Spouse up to age 60: 50% of employee amount to a maximum of $25,000 (1 medical question)
- Child: Up to $25,000 ($5,000 increments) regardless the number of children

Guaranteed Benefits

While the policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70. Even after age 70, it will never be less than 50% of the original death benefit, designed to last to age 99.

Paid-up Benefits

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid-up benefit is guaranteed.

Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed through age 100.

Benefits for Long Term Care

Pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.

Death Benefit Restoration

A percentage of the death benefit will be restored; assuring the beneficiary will receive a death benefit even if the original death benefit was fully accelerated for Long Term Care.

Employee Assistance Program and Global Travel Assistance

Both Employer Paid Programs

Employee Connect EAP Program

Employee Connect offers professional, confidential services to help you and your loved ones improve your quality of life,

In-person guidance:

- In-person help for short-term issues (**up to five sessions** with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

Unlimited 24/7 assistance:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning.

Online Resources

- Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow app for:
  - Articles and tutorials
  - Videos
  - Interactive tools, including financial calculators, budgeting worksheets, and more

For more information about the program, visit GuidanceResources.com, download the GuidanceNow mobile app, or call 888-628-4824. GuidanceResources.com login credentials:
Username**: LFGSupport** Password: **LFGSupport1**

Travel Connect© Global Assistance Program

Provides 24/7 benefits when traveling more than 100 miles from home. Services include, but are not limited to:

- Medical, dental, and pharmacy referrals, Corrective lenses, and medical device replacement
- Recovering lost or stolen documents or luggage, ID recovery assistance, Language translation
- Emergency evacuation, Legal consultation
- Arranging travel if injured and need emergency evacuation to a medical facility, Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort

For a complete list of Travel Connect® services, go to **MyOnCallPortal.com** and enter **Group ID: LFGTravel123.**
Brochures on both the EAP and Travel Assist are located on the Employee Self-Serve Portal benefits portal.

We speak insurance.

Call the Benefit Resource Center (BRC). We're here to help!

- "Services denied?"
- "Why won't they pay my claim?"
- "How can my claim still be in process? It's been two months!"
- "I called my insurance carrier, but now I'm just more confused."
- "Do I have mail-order prescription benefits?"

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan, and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service — and more!

Benefits Resource Center
BRCSouthwest@usi.com | Toll Free: 855-874-0110 | Monday – Friday • 8am – 5pm EST & CST

Benefits Information When You Need It Most

County of Cumberland, North Carolina

FIND IT IN THE APP STORE

Search for '**MyBenefits2GO**' and download our free app.

Enter this code when prompted: **A82763**

HIGHLIGHTS OF THE MyBenefits2GO APP

- Access benefits information on the go
- Convenient contact information for Carriers and HR
- Organized plan information in one place
- View the most updated plan information
- Store your ID cards in the app

MyBenefits2GO: FREE MOBILE BENEFITS APP FOR ANDROID AND IPHONE

The MyBenefits2GO app gives you on-the-go access to your benefit and insurance policy details, HR contact information and more!

The app is a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. Store photos of ID cards in the app and easily locate carrier and HR contact information—all in one place. The MyBenefits2GO app is free for iPhone and Android.

Getting In Touch
The app provides employees and their enrolled dependents single-point contact information for benefits resources and insurance carriers.

Lightening Wallets
The app allows you to store and share images of your ID cards, freeing up space and giving you access when you need it.

Keeping Up-to-Date
The app automatically connects you with the most updated plan information and allows for message reminders from your employer.

Staying Organized
The app gives you access to benefit plan information and ID cards—all in one place.

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your annual benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero ($0) elections.

Contact Information

	CONTACT	PHONE NUMBER	WEBSITE
Medical	Blue Cross Blue Shield of North Carolina	1-888-206-4697	www.blueconnectnc.com
Dental	Delta Dental of North Carolina	1-800-587-9514	www.deltadental.com
Vision	EyeMed	1-866-804-0982	www.eyemed.com
Life and AD&D Short Term Disability (STD) Long Term Disability (LTD)	Lincoln Financial Group	1-877-275-5462	www.lincolnfinancial.com
Flexible Spending (FSA) Health and Dependent Care	Sentinel Benefits	1-888-762-6088	www.sentinelgroup.com
Critical Illness and Accident	CHUBB	1-833-542-2013	www.chubbworkplacebenefits.com
Life with Long Term Care	CHUBB	To File a Claim call 1-855-241-9891 fax 1-603-352-1179 or email: CLAIMS@gotoservice.chubb.com	csmail@gotoservice.chubb.com
Benefits Coordinator	County of Cumberland	1-910-223-3327	cloney@cumberlandcountync.gov

This brochure summarizes the benefit plans that are available to County of Cumberland, North Carolina eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits

The NC 401(k) Plan

PLAN HIGHLIGHTS

The NC 401(k) Plan is a Supplemental Retirement Plan offered by the State of North Carolina through the Department of State Treasurer. The Plan is available to contributing members of a state or local pension (e.g., TSERS, LGERS), law enforcement officers, participants in the Optional Retirement Program (ORP), and employees of UNC Health Care, as well as all employees (e.g., full-time, part-time, rehired retiree) whose employer participates in the Plan.

The NC 401(k) Plan is designed to help you reach your retirement savings goals.

WHAT IS INSIDE

North Carolina
Retirement Systems
NC 401(k) Plan

The Plan offers you these benefits:

Automatic payroll deductions

Contributions to the NC 401(k) Plan are made through payroll deduction.

You may change or stop your contributions at any time.

100% vesting

You are fully vested in the NC 401(k) Plan from your first contribution to your last. To be "vested" means to own, which means the money is always yours.

Convenient asset consolidation

To simplify your financial life, the NC 401(k) Plan allows for rollovers from other retirement plans you may have from former employers, including 401(k), 401(a), 403(b), Governmental 457 and TSP plans, and some IRAs.

Multiple investment choices

You can invest in vehicles that range from potentially high growth to highly conservative, so you can make the most appropriate choice to help you meet your savings goals.

For details about the Plan's investment options, please visit **myNCPlans.com** to view the quarterly fund fact sheets.

Simple investing with GoalMaker*

With GoalMaker®, you can spread your money across various asset classes and investment options. Once you provide your chosen retirement age and risk tolerance, you will be provided a suggested NC GoalMaker model comprised of the investments offered in the Plan.[1] *Past performance of investments or asset classes does not guarantee future results.*

Quarterly statements to keep you informed

Statements are provided after the end of each quarter to help you monitor activity in your account.

Online retirement planning tools

You may access your account 24 hours a day, 7 days a week. You may also access a host of retirement articles, interactive calculators and other resources at **myNCPlans.com**.

* The North Carolina GoalMaker models are subject to change — including, for example, the replacement of investment options and allocations within the models. You will be notified in advance of such changes.

[1] GoalMaker's model allocations are based on generally accepted financial theories that take into account the historic returns of different asset classes. Past performance of any investment does not guarantee future results. Participants should consider their other assets, income and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, etc.) in addition to their interest in the plan, to the extent those items are not taken into account in the model. Participants should also periodically reassess their GoalMaker investments to make sure their model continues to correspond to their investment objectives, risk tolerance and retirement time horizon.

One-on-one assistance

The Plan has knowledgeable NC 401(k)/NC 457 Plans' Retirement Plan Counselors[2] strategically located throughout North Carolina to help you get the most from your participation in the Plan. These representatives are a resource available to Plan members by phone, email or in person.

For questions or assistance, contact your NC 401(k)/NC 457 Plans' Retirement Plan Counselor:

Christy Kelly

919-602-8226

christy.kelly@empower.com

How to register your account

The Plan's security features require that you register your online account. The process is simple:

- Visit **myNCPlans.com** and choose *Register or Access my Account*.
- Choose *Register*.
- Select *I do not have a PIN*.
- Enter your personal information then hit *Continue*.
- Enter the verification code you receive from Empower.
- Create a username and password.
- Select *Sign in* and log in to your account with your new username and password.

IMPORTANT: If you are accessing your account from a mobile device, you will be directed to download our mobile app before you can complete your registration.

[2] ***Retirement counselors are registered with Empower Financial Services, Inc., Member FINRA/SIPC.*** *EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.*

Flexible ways to contribute

Traditional pre-tax contributions

Pre-tax contributions are automatically deducted from your paycheck **before** any federal or state income taxes are taken out, therefore reducing your taxable income. As a result, your take-home pay is not impacted by the full amount of your contribution. Additionally, these contributions grow tax-deferred until withdrawal. At that point, federal and state income taxes will be incurred.

Roth after-tax contributions

Roth contributions are automatically deducted from your paycheck **after** taxes are paid and therefore reduce your take-home pay dollar for dollar. Roth contributions and returns grow tax-deferred and can benefit members who anticipate being in a higher tax bracket while in retirement and would rather pay taxes at today's tax rate. Qualified distributions are federal income tax-free.[3]

You save per month	$25	$100	$200	$300
10 years	$4,327	$17,308	$34,617	$51,925
15 years	$7,924	$31,696	$63,392	$95,089
20 years	$13,023	$52,093	$104,185	$156,278
30 years	$30,499	$121,997	$243,994	$365,991

Assumes 7% annual return. The compounding concept is hypothetical and for illustrative purposes only and is not intended to represent performance of any specific investment, which may fluctuate. This example is based on a hypothetical rate of return of 7% compounded annually. No taxes are considered in the calculations; generally withdrawals are taxable at ordinary rates. **It is possible to lose money by investing in securities.**

Special "One Time" Contributions

If you wish to defer additional compensation that will be deducted for only one payroll cycle for reasons such as longevity payments, or final payouts of unused vacation and/or bonus leave, you may coordinate this deduction with your payroll office. You can obtain a One Time Contribution Form by visiting **myNCPlans.com**. Submit the completed form directly to your payroll office. Total annual contributions may **not** exceed IRS limits.

[3] Amounts withdrawn before age 59½ may be subject to a 10% federal income tax penalty, applicable taxes and plan restrictions. Withdrawals are taxed at ordinary income tax rates. See plan information regarding limitations on withdrawals from your 401(k) account. According to IRS rules, a distribution from a Roth 401(k) is qualified to be tax-free if the first Roth contribution to your account remains in the account for at least five tax years AND: a) you are age 59½ or older, or b) disability or death. If your withdrawal does not meet these conditions, then the Roth earnings — but not the Roth contributions — may be subject to state and federal income taxes.

Consolidate with rollovers into the NC 401(k) Plan

The Plan accepts rollovers from other qualified retirement plans you may have from former employers, including 401(k), 401(a), 403(b), governmental 457 plans and TSP plans, as well as Traditional, Conduit, SIMPLE and SEP IRAs. Under current IRS guidelines, Roth IRAs are not eligible for rollover into the Plan. All rollover requests must receive pre-approval from the Plan before funds can be received.

Initiating a rollover into your NC 401(k) Plan is easy, and it offers many benefits, including:

- The convenience of accessing your retirement savings with one website, one phone number and a single point of contact for your retirement account questions.
- The simplicity of managing all your retirement savings within one quarterly statement, making it easier to stay on track toward your retirement savings goals.
- The ease of asset allocation, since it is simpler to maintain an investment strategy among your various investments when you can see how they work together.
- The potential to save money through lower Plan fees.

Consider cost

Before rolling over assets from other retirement plans, you should contact the current provider to inquire about fees or other surrender charges that may be assessed.

The **NC 401(k)/NC 457 Plan Cost Comparison** document which can be found on the Plan's website, **myNCPlans.com**, can help you compare fees and costs between the NC 401(k) Plan and any other qualified retirement plans you may have from former employers.

For assistance with a rollover into the NC 401(k) Plan, call **866-NCPlans (866-627-5267)**.

Accessing your money while employed

We understand that there may be times when you need to access the funds in your retirement account sooner rather than later. The NC 401(k) Plan gives you the ability to do this through:

Loans

Active employees may be eligible to borrow money from their account for any purpose. Loans are repaid through payroll deduction, with the interest paid directly to your account. The minimum loan is $1,000, and the maximum loan is 50% of your account value, up to $50,000. You have up to five years to repay a loan. You may only have one loan outstanding at any time. Restrictions apply. There is a $60 fee for taking out a loan. Please keep in mind that loans and withdrawals can affect your account balance.[4]

In-service distributions

Plan members who are age 59½ or older can withdraw or roll over all or part of an account balance to another qualified retirement savings vehicle, like an IRA. In addition, and regardless of age, members may elect to roll over all or a portion of their balance to the North Carolina Retirement Systems to purchase service credits—this type of distribution is NOT subject to ordinary income tax.

Hardship withdrawals

If you are younger than age 59½, several types of hardship withdrawals are available, depending on the circumstances.

Qualifying hardship withdrawals include:

- Expenses for medical care previously incurred by you, your spouse, your primary beneficiary or any dependents.
- Costs directly related to the purchase of your principal residence, excluding mortgage payments.
- Tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for yourself, your spouse, your primary beneficiary or dependents.
- Funeral/burial expenses for a parent, spouse, child, dependent or primary beneficiary.
- Payments necessary to prevent your eviction from your principal residence or foreclosure on the mortgage of your principal residence.
- Certain expenses relating to the repair of damage to your principal residence.
- Expenses and losses (including loss of income) incurred on account of a FEMA-declared disaster if you live or work in a FEMA-designated disaster area.

Hardship withdrawals are subject to income tax and, if prior to age 59½, a 10% tax penalty.

[4] *Any outstanding loan balance not paid back at termination becomes taxable in the year of default, unless you roll over the defaulted amount to an IRA or qualified employer plan by the date that the defaulted amount must be reported on your tax return.*

When you leave employment, you can choose what to do with your money in the NC 401(k) Plan[5]

Leave your funds in the Plan

Contributions to the Plan stop when you leave employment, but the investments in your account remain invested and continue to work for you. Federal rules require that you must begin taking minimum distributions by a certain age,[6,7] provided you are no longer working for the plan sponsor (employer).

Take a systematic withdrawal (periodic payments to fit your need)

You can opt to receive monthly, quarterly, semiannual or annual installment payments.[5,8]

Take a full or partial lump-sum withdrawal

This option allows you to withdraw all or a portion of your account balance on an as-needed basis, at your discretion.[5,8]

Roll over all or a part of your balance to an eligible employer-sponsored retirement plan or to an IRA (Individual Retirement Account)

A rollover to a qualified plan is not subject to taxes or penalties, provided the check is made payable to the financial institution receiving the funds. The **NC 401(k)/NC 457 Plan Cost Comparison** can help you compare fees and costs between the NC 401(k) Plan and any other qualified retirement plans you may have from former employers.

Generate monthly lifetime income

Transfer all or a portion of your pre-tax account balance to North Carolina's Teachers' and State Employees' Retirement System (TSERS) or Local Governmental Employees' Retirement System (LGERS), where it can be paid as a monthly benefit for your lifetime and/or the lifetime of your designated survivor.

At or after retirement with TSERS or LGERS, Plan members can select from among a variety of income stream options in addition to their monthly pension benefit. This one-time (irrevocable) transfer is only applicable to pre-tax contributions, including funds rolled into the Plan and any employer contributions.

Withdrawal restrictions apply to participants who retire or leave a covered position at an employer that participates in the NC 401(k) Plan, and, after doing so, transition to a covered position with another employer that participates in the Plan.

[5] *Amounts withdrawn from the NC 401(k) Plan are subject to applicable taxes and Plan restrictions. If taken before age 59½, they may also be subject to a 10% federal income tax penalty. The 10% penalty can be avoided by waiting to retire or separating from service in the year you turn 55 or older, if you receive payments from the NC 401(k) Plan in substantially equal amounts over your life expectancy or are deemed a qualified public safety employee and separate from service in, or after the year you turn age 50, or after you have attained 25 years of service, whichever comes first. Distributions are subject to 20% mandatory withholding.*

[6] *The IRS generally requires you to start taking required minimum distributions (RMDs) at age 73.*

[7] *The required minimum distribution (RMD) requirement does not apply to any assets designated as Roth within your Plan account. In addition, a surviving spouse may elect to be treated as the deceased plan participant for purposes of the RMD rules.*

[8] *Please note that if you terminate from service, requests for withdrawals or distributions from your account (not associated with retirement) will not be paid for 60 days, unless you are: (1) retired; (2) eligible for an in-service distribution; or (3) required to take a distribution by the Internal Revenue Code or the provisions of the Plan.*

The NC 457 Plan

PLAN HIGHLIGHTS

The NC 457 Plan is a deferred compensation plan administered by the North Carolina Department of State Treasurer, and available exclusively to those North Carolina public employees whose employers offer the Plan. This includes full-time, part-time and temporary employees; elected and appointed officials; rehired retired employees and North Carolina state and local government employees.

WHAT IS INSIDE

North Carolina
Retirement Systems
NC 457 Plan

The Plan offers you these benefits:

Automatic payroll deductions

Contributions to the NC 457 Plan are made through payroll deduction.

You may change or stop your contributions at any time.

100% vesting

You are fully vested in the Plan from your first contribution to your last. To be "vested" means to own, which means the money is always yours.

Penalty-free withdrawals

Withdrawals from your NC 457 Plan account are **never** subject to a 10% federal income tax penalty, regardless of your age at the time of withdrawal. Remember that the NC 457 Plan is a single-state plan, administered by the North Carolina Department of State Treasurer, available to all eligible employees whose employers offer the Plan. Withdrawal restrictions apply to participants who retire or leave a covered position at an employer that participates in the NC 457 Plan, and, after doing so, transition to a covered position with another employer that participates in the Plan.

Convenient asset consolidation

To simplify your financial life, the NC 457 Plan allows for rollovers from other retirement plans you may have from former employers, including 401(k), 401(a), 403(b), governmental 457 and TSP plans, and some IRAs.

Online retirement planning tools

You may access your account 24 hours a day, 7 days a week. You may also access a host of information, interactive calculators and other resources at **myNCPlans.com**.

Multiple investment choices

You can invest in vehicles that range from potentially high growth to highly conservative, so you can make the most appropriate choice to help you meet your savings goals.

For details about the Plan's investment options, please visit **myNCPlans.com** to view the quarterly fund fact sheets.

Simple investing with GoalMaker*

With GoalMaker®, you can spread your money across various asset classes and investment options. Once you provide your chosen retirement age and risk tolerance, you will be provided a suggested NC GoalMaker model comprised of the investments offered in the Plan.[1] *Past performance of investments or asset classes does not guarantee future results.*

Quarterly statements to keep you informed

Statements are provided after the end of each quarter to help you monitor activity in your account.

*The North Carolina GoalMaker models are subject to change — including, for example, the replacement of investment options and allocations within the models. You will be notified in advance of such changes.

[1] GoalMaker's model allocations are based on generally accepted financial theories that take into account the historic returns of different asset classes. Past performance of any investment does not guarantee future results. Participants should consider their other assets, income and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, etc.) in addition to their interest in the plan, to the extent those items are not taken into account in the model. Participants should also periodically reassess their GoalMaker investments to make sure their model continues to correspond to their investment objectives, risk tolerance and retirement time horizon.

One-on-one assistance

The NC 457 Plan has knowledgeable NC 401(k)/NC 457 Plans' Retirement Plan Counselors[2] strategically located throughout North Carolina to help you to get the most from your participation in the Plan. These representatives are a resource available to Plan members by phone, email or in person.

For questions or assistance, contact your NC 401(k)/NC 457 Plans' Retirement Plan Counselor:

Christy Kelly

919-602-8226

christy.kelly@empower.com

How to register your account

The Plan's security features require that you register your online account. The process is simple:

- Visit **myNCPlans.com** and choose *Register or Access my Account*.
- Choose *Register*.
- Select *I do not have a PIN*.
- Enter your personal information then hit *Continue*.
- Enter the verification code you receive from Empower.
- Create a username and password.
- Select *Sign in* and log in to your account with your new username and password.

IMPORTANT: If you are accessing your account from a mobile device, you will be directed to download our mobile app before you can complete your registration.

[2] **Retirement counselors are registered with Empower Financial Services, Inc., Member FINRA/SIPC.** EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Flexible ways to contribute

Traditional pre-tax contributions

Pre-tax contributions are automatically deducted from your paycheck **before** any current federal or state income taxes are taken out, therefore reducing your taxable income. As a result, your take-home pay is not impacted by the full amount of your contribution. Additionally, these contributions grow tax-deferred until withdrawal. At that point, federal and state income taxes will be incurred.

Roth after-tax contributions

Roth contributions are automatically deducted from your paycheck **after** current taxes are paid and therefore reduce your take-home pay dollar for dollar. Roth contributions and earnings grow tax-deferred and can benefit members who anticipate being in a higher tax bracket while in retirement and would rather pay taxes at today's tax rate. Qualified distributions are federal income tax free.[3]

You save per month	$25	$100	$200	$300
10 years	$4,327	$17,308	$34,617	$51,925
15 years	$7,924	$31,696	$63,392	$95,089
20 years	$13,023	$52,093	$104,185	$156,278
30 years	$30,499	$121,997	$243,994	$365,991

Assumes 7% annual return.

The compounding concept is hypothetical and for illustrative purposes only and is not intended to represent performance of any specific investment, which may fluctuate. **It is possible to lose money by investing in securities.**

No taxes are considered in the calculations; generally, withdrawals are taxable at ordinary rates.

Special "One Time" Contributions

If you wish to defer additional compensation that will be deducted for only one payroll cycle for reasons such as longevity payments, or final payouts of unused vacation and/or bonus leave, you may coordinate this deduction with your payroll office. You can obtain a One Time Contribution Form by visiting the Tools & Resources tab at **myNCPlans.com**. Submit the completed form directly to your payroll office. Total annual contributions may **not** exceed IRS limits.

[3] There are two separate sets of rules for taking distributions from your NC 457 Roth account on a tax-free basis. The first NC 457 Plan rule states you can only take a distribution after you: (i) separate from service; or (ii) attain age 59½ while still in service. The second, an IRS rule, defines what is considered a "qualified" distribution from a Roth Account in order to be tax free.** Taken together, this means that you can withdraw money from your NC 457 Roth Account tax free once you meet the following criteria: The first Roth contribution to your account must remain in your account for at least five tax years; AND: a) you have separated from service and are age 59½ or older; or b) you have separated from service due to a death or disability retirement; or c) you are still working and are at least age 59½. If your withdrawal does not meet these conditions, then the Roth earnings—but not the Roth contributions—may be subject to state and federal income taxes.

**The criteria outlined by the IRS is for tax-free treatment for federal income tax purposes. Your withdrawal may also be eligible for state tax-free treatment.

Consolidate with rollovers into the NC 457 Plan

The Plan accepts rollovers from other qualified retirement plans you may have from former employers, including 401(k), 401(a), 403(b), governmental 457 plans and TSP plans, as well as Traditional, Conduit, SIMPLE and SEP IRAs. Under current IRS guidelines, Roth IRAs are not eligible for rollover into the Plan. All rollover requests must receive pre-approval from the Plan before funds can be received.

Initiating a rollover into your NC 457 Plan is easy, and it offers many benefits, including:

- The simplicity of all your retirement savings reported on one quarterly statement, making it easier to monitor your accounts and stay on track toward your retirement savings goals.
- The potential to save money through reduced Plan fees.
- The convenience of managing all of your retirement savings through one website, one phone number, and with one point of contact for your retirement account questions.
- The ease of asset allocation, since it's simpler to maintain an investment strategy among your various investments when you can see how they work together.

Before rolling over assets from other retirement plans, you should contact those plan providers to inquire about fees or other surrender charges that may be assessed.

For assistance with a rollover into the NC 457 Plan, call **866-NCPlans (866-627-5267)**.

Accessing your money while employed

We understand that there may be times when you need to access the funds in your retirement account sooner rather than later. The NC 457 Plan gives you the flexibility to do this through:

Loans

Active employees may be eligible to borrow money from their account for any purpose. Loans are repaid through payroll deduction, with the interest paid directly to your account. The minimum loan is $1,000, and the maximum loan is 50% of your account value, up to $50,000; or the lesser of 100% of your account balance. You have up to five years to repay a loan. There's also a 15-year repayment allowed for the purchase of a primary residence. You may only have one loan outstanding at any time. *There is a $60 processing fee for taking out a loan. Please keep in mind that loans and withdrawals can affect your account balance.*[4]

Voluntary small balance cash out request

You are allowed to withdraw your funds after 24 consecutive months with no contributions and an account value of less than $5,000 without penalty, but the amount may be subject to ordinary income tax.

In-service distributions[5]

Plan members who are age 59½ or older can withdraw or roll over all or part of an account balance to another qualified retirement savings vehicle, like an IRA. In addition, and regardless of age, members may elect to roll over all or a portion of their balance to the North Carolina Retirement Systems to purchase service credits—this type of distribution is NOT subject to ordinary income tax.

Hardship withdrawals

There are several types of hardship withdrawals available, depending on the circumstances.

Qualifying hardship withdrawals include:

- Medical expenses not covered by insurance for you, your spouse or dependents
- Payments to prevent eviction from your principal residence, or foreclosure on the mortgage of your principal residence
- Funeral/burial expenses for a parent, spouse, child or other dependent
- Certain expenses relating to the repair of damage to your principal residence

[4] Any outstanding loan balance not paid back at termination becomes taxable in the year of default, unless you roll over the defaulted amount to an IRA or qualified employer plan by the date that the defaulted amount must be reported on your tax return.

[5] Amounts rolled over to another qualified retirement savings vehicle or used to purchase service credits are not subject to current income tax.

When you leave employment, you can choose what to do with your money in the NC 457 Plan

The NC 457 Plan is a single-state plan, administered by the North Carolina Department of State Treasurer, available to all eligible employees whose employers offer the Plan. Withdrawal restrictions apply to participants who retire or leave a covered position at an employer that participates in the NC 457 Plan, and, after doing so, transition to a covered position with another employer that participates in the Plan.

Leave your funds in the Plan

Contributions to the Plan will stop when you leave employment, but the investments in your account remain invested and continue to work for you. Federal rules require that you must begin taking minimum distributions by a certain age,[6,7] provided you are no longer working for an employer that participates in the Plan.

Take a systematic withdrawal (periodic payments to fit your need)

You can opt to receive monthly, quarterly, semiannual or annual installment payments.

Take a full or partial lump-sum withdrawal[8]

This option allows you to withdraw all or a portion of your entire account balance on an as-needed basis at your discretion.

Roll over all or a part of your balance to an eligible employer-sponsored retirement plan or to an Individual Retirement Account (IRA)

A rollover to a qualified plan is not subject to taxes or penalties, provided the check is made payable to the financial institution receiving the funds.

Consider all your options and their features and fees before moving money between accounts.

Generate monthly lifetime income

Transfer all or a portion of your pre-tax account balance to the North Carolina's Teachers' and State Employees' Retirement System (TSERS) or the Local Government Employees' Retirement System (LGERS), where it can be paid as a monthly benefit for your lifetime and/or the lifetime of your designated beneficiary. At or after retirement with TSERS or LGERS, Plan members can select from a variety of income stream options in addition to their monthly pension benefit. This one-time, irrevocable transfer is only applicable to pre-tax contributions, including funds rolled into the Plan and any employer contributions.

[6] The IRS generally requires you to start taking required minimum distributions (RMDs) at age 73.

[7] The required minimum distribution (RMD) requirement does not apply to any assets designated as Roth within your Plan account. In addition, a surviving spouse may elect to be treated as the deceased plan participant for purposes of the RMD rules.

[8] Please note that if you terminate from service, requests for withdrawals or distributions from your account (not associated with retirement) will not be paid for 60 days, unless you are: (1) retired; (2) eligible for an in-service distribution; or (3) required to take a distribution by the Internal Revenue Code or the provisions of the Plan.

Choosing Your NC 401(k) & NC 457 Plan Investments

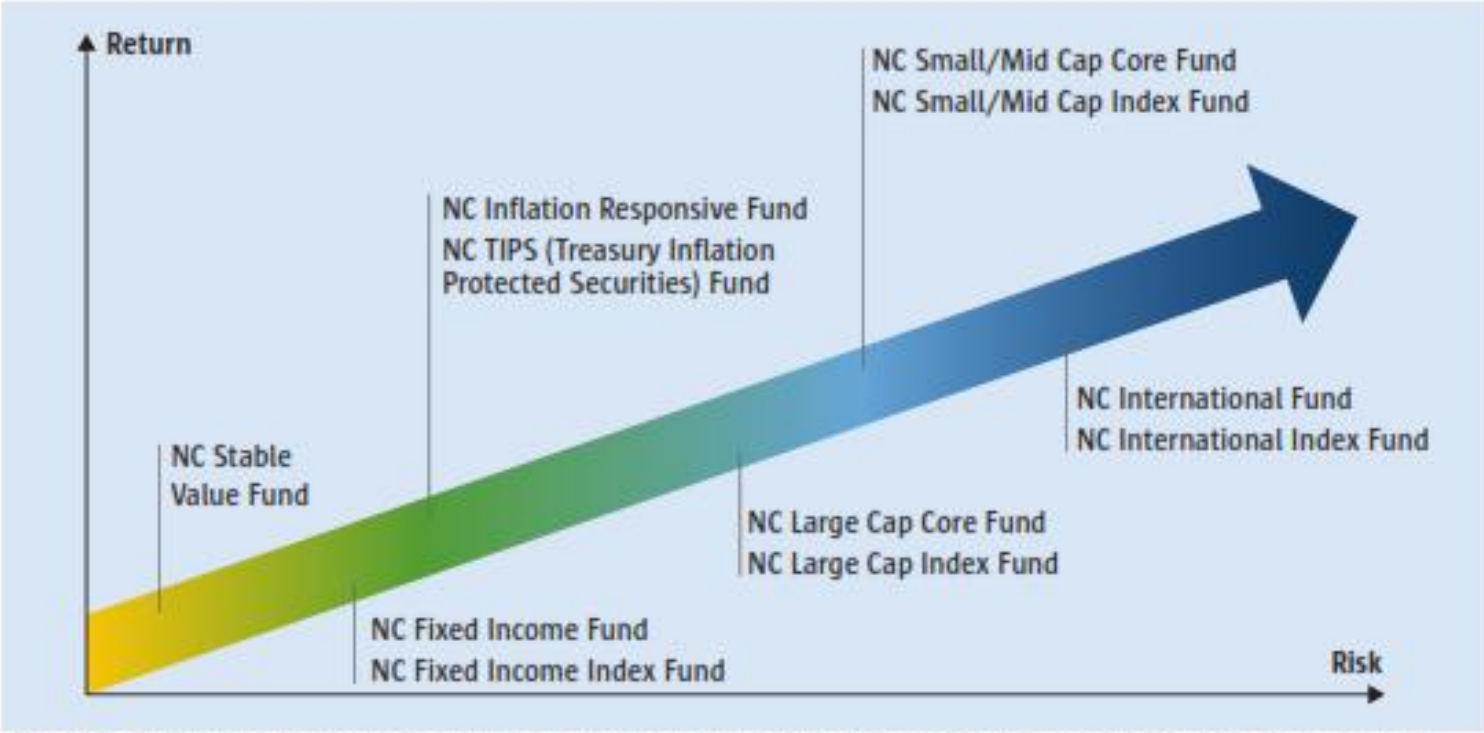
Taking a thoughtful approach to selecting a mix of investments can help you manage unforeseen risk in the markets as you work to save for a secure retirement.

TWO APPROACHES AVAILABLE—CHOOSE YOUR OWN OR USE GOALMAKER

You can select your own investments or you can elect GoalMaker®, an optional, no-additional cost asset allocation tool that provides suggested models among the investments offered in the Plans, based on your age and risk tolerance. The Supplemental Retirement Board of Trustees works to leverage the size of our Plans to make available these diverse, high-quality investment options, at very competitive costs.

Option 1: **Choose your own investment options**

Keep in mind that every investment has some degree of risk—and potential reward. If an investment offers little risk of losing money, it may also offer less chance for high returns. An investment with greater risk may offer a higher chance for returns.



This is a simplified illustration of the relationship between investment risk and potential rate of return. There is no assurance that higher-risk investments will provide greater returns over time. Past performance is not indicative of future performance.

Option 2: **Use GoalMaker***

With GoalMaker, you can spread your money across various asset classes and investment options. Once you provide your chosen retirement age and risk tolerance, you will be provided a suggested NC GoalMaker model comprised of the investments offered in the Plan(s), as shown in the image above.

North Carolina Retirement Systems
NC 401(k) & NC 457 Plans

* The North Carolina GoalMaker models are subject to change — including, for example, the replacement of investment options and allocations within the models. You will be notified in advance of such changes.

GoalMaker features

Rebalancing

Based on your date of birth, each quarter, your investments will automatically reset to align with your model's asset allocation.

Glide path

Your model allocations will automatically become more conservative over time.

Your risk tolerance: What kind of investor are you?

- **Aggressive investors** generally seek to maximize investment returns and can tolerate substantial market fluctuations.
- **Moderate investors** generally are willing to sacrifice safety of principal for potentially greater returns, and can tolerate modest market fluctuations.
- **Conservative investors** generally are concerned about short-term ups and downs in the market, and want to minimize risk and maintain principal.

North Carolina GoalMaker Models

Aggressive	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	2070
NC Inflation Responsive Fund	3%	3%	3%	4%	6%	7%	9%	9%	10%	10%	10%	10%	10%	10%
NC Treasury Inflation Protected Securities Fund	17	17	14	8	3	1	0	0	0	0	0	0	0	0
NC Fixed Income Fund	19	19	19	26	27	21	13	7	2	2	2	2	2	2
NC International Fund	17	17	20	21	24	32	36	38	40	40	40	40	40	40
NC Large Cap Index Fund	21	21	24	25	27	28	30	32	34	34	34	34	34	34
NC Small/Mid Cap Core Fund	6	6	6	8	10	10	12	14	14	14	14	14	14	14
NC Stable Value Fund	17	17	14	8	3	1	0	0	0	0	0	0	0	0
Total percentage	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Moderate	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	2070
NC Inflation Responsive Fund	3%	3%	4%	4%	5%	6%	7%	8%	9%	9%	9%	9%	9%	9%
NC Treasury Inflation Protected Securities Fund	22	22	16	9	5	2	0	0	0	0	0	0	0	0
NC Fixed Income Fund	23	23	27	34	36	33	28	21	13	6	6	6	6	6
NC International Fund	12	12	14	15	19	24	28	32	36	38	38	38	38	38
NC Large Cap Index Fund	14	14	16	18	19	21	24	27	30	33	33	33	33	33
NC Small/Mid Cap Core Fund	4	4	4	6	6	8	10	12	12	14	14	14	14	14
NC Stable Value Fund	22	22	19	14	10	6	3	0	0	0	0	0	0	0
Total percentage	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Conservative	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	2070
NC Inflation Responsive Fund	2%	2%	2%	3%	3%	4%	5%	6%	7%	8%	8%	8%	8%	8%
NC Treasury Inflation Protected Securities Fund	24	24	19	15	10	6	3	0	0	0	0	0	0	0
NC Fixed Income Fund	29	29	33	36	41	42	41	37	31	21	21	21	21	21
NC International Fund	8	8	9	9	12	16	18	25	28	32	32	32	32	32
NC Large Cap Index Fund	9	9	10	11	13	14	17	20	24	27	27	27	27	27
NC Small/Mid Cap Core Fund	2	2	2	4	4	6	8	8	10	12	12	12	12	12
NC Stable Value Fund	26	26	25	22	17	12	8	4	0	0	0	0	0	0
Total percentage	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Carefully consider the investment option's objectives, risks, fees and expenses. Contact Empower 866-NCPlans (866-627-5267) for a prospectus, summary prospectus for SEC-registered products or disclosure document for unregistered products, if available, containing this information. Read each carefully before investing.

It is possible to lose money when investing in securities.

These model allocations are provided as samples and not as investment recommendations. The model allocations are based on generally accepted investment practices and take into account the principles of modern portfolio theory, in which allocations are adjusted in an effort to achieve maximum returns for a given level of risk. You should consider other assets, income, and investments (e.g. equity in a home, Social Security benefits, individual retirement plan investments, etc.) in addition to your interest in the plan, to the extent those items are not taken into account in the model before applying these models to your individual situation. Please note that in addition to the specific investments used in the GoalMaker model allocations, other designated investment alternatives have similar risks and return characteristics. Information regarding those designated investment alternatives can be found in your plan enrollment materials or by logging into your retirement account. The GoalMaker allocations are subject to change including, for example, the replacement of investment options and allocations within the allocations. You will be notified in writing in advance of such changes. **Past performance of investments or asset classes does not guarantee future results.**

North Carolina
Total Retirement Plans

ORBIT

UPDATING AND MAINTAINING BENEFICIARIES

ORBIT ONLINE (orbit.myncretirement.com)

Why is this important?

- It's easy,
- secure, and
- the designation or change is immediate.

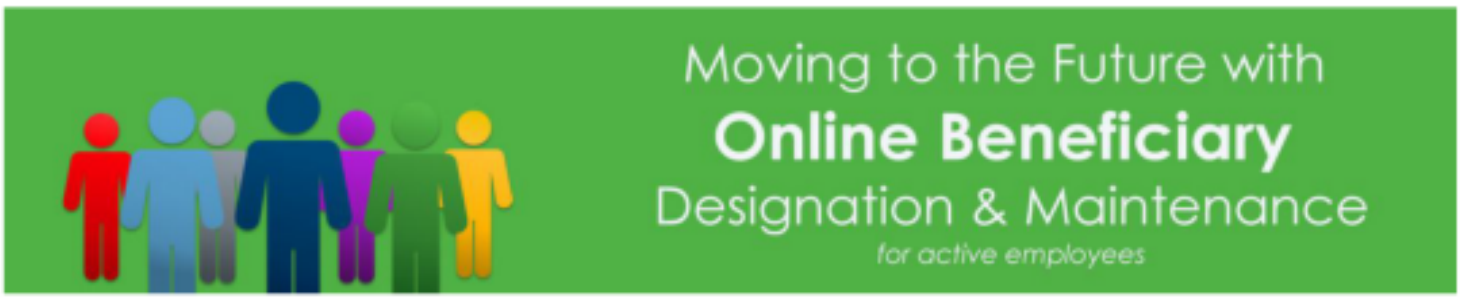
We have removed the tedious task of printing and handwriting the form, the delay in postal service and processing and delays due to missing or errant information.

Designating and maintaining a beneficiary is one of the most important steps you can take to ensure the benefits you work so hard for every day go to the right person(s) and to create an easier path for your loved ones. It is important to review your designations and make any changes that correspond with life events.

How to designate and update beneficiaries online:

- Log in to ORBIT (https://orbit.myncretirement.com/)
- Click on Maintain Beneficiaries
- Designate and/or update beneficiary(ies) for eligible retirement and death benefits

New employees will be able to access ORBIT to make these important updates by their second paycheck.



Welcome to YOUR pension

Welcome to public service! You're now part of a great team of dedicated people who serve and support the citizens and visitors of the State of North Carolina, and we're here to support YOU!

North Carolina is one of the nation's healthiest and most stable state pension plans. Each month, you, your employer and the state contribute to your personal pension account to get you closer to a secure retirement.

To get the most out of your pension benefit, go to ORBIT.MyNCRetirement.com. In ORBIT, you'll be able to:

Save Time

Update your contact information and designate your beneficiaries, whenever it's convenient for you. There's no need to fill out a paper form, send it by mail and wait for it to be processed.

Get Help

We know it's daunting to think about the decisions you have to make about your retirement, but we've got you covered. ORBIT has guides and videos to teach you everything you need to know.

Stay Informed

General updates about the Retirement Systems are shared by email. We'll send specific updates about your account by mail, but creating an ORBIT account means you'll learn about overall changes sooner.

Visit ORBIT.MyNCRetirement.com to get started!

ORBIT | North Carolina Total Retirement Plans

County of Cumberland, North Carolina

Important Legal Notices

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.
Please see page 10 for more details.

USI

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply as noted in this Benefits Guide.

NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

ADA NOTICE REGARDING WELLNESS PROGRAMS

The County of Cumberland, North Carolina wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol ratio and glucose level as well as waist circumference and blood pressure reading. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $50 monthly premium reduction for completing the screening and meeting certain biometric levels. You will have the opportunity to meet reasonable alternatives if biometric levels for the reward are not met. Although you are not required to participate in the biometric screening, only employees who do so will have the opportunity to qualify for reduced medical premiums. The information from the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, with the Health Coach in the Employee Clinic. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and County of Cumberland, North Carolina may use aggregate information it collects to design a program based on identified health risks in the workplace, County of Cumberland, North Carolina wwellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the staff at wellness administrator that conducts the screening, including the NP and RN in the Employee Clinic in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Cumberland County's Benefit Coordinator at cloney@cumberlandcountync.gov.

HIPAA WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Tammy Gillis 910-678-7728 or tgillis@co.cumberland.nc.us and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

PATIENT PROTECTION MODEL DISCLOSURE

You do not need prior authorization from BCBSNC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Carla Loney
Benefits Consultant
Financial Services
117 Dick St.
Fayetteville, NC 28302

910-223-3327

cloney@cumberlandcountync.gov

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.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- 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 and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:

  Marketing purposes
  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information
If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

Our Responsibilities
- We are 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 change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

Effective July 1, 2026
Carla Loney
Benefits Consultant
Financial Services
County of Cumberland, North Carolina
117 Dick St.
Fayetteville, NC 28302
910-223-3327
cloney@cumberlandcountync.gov

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice from County of Cumberland, North Carolina About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **County of Cumberland, North Carolina** 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. **County of Cumberland, North Carolina** has determined that the prescription drug coverage offered by the **County of Cumberland, North Carolina Employee Benefits Medical Plan** for the plan year **July 1, 2026-June30, 2027** 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 (a 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 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?

If you decide to join a Medicare drug plan, the following options may apply:

- If otherwise eligible under the terms of the plan, you may stay in the **County of Cumberland, North Carolina Employee Benefits Medical Plan** and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose **County of Cumberland, North Carolina Employee Benefits Medical Plan** creditable coverage.
- COBRA may be terminated when, *after* having elected COBRA continuation coverage, you enroll in Medicare. Otherwise, you may stay in the **County of Cumberland, North Carolina Employee Benefits Medical Plan** and also enroll in a Medicare prescription drug plan. The **County of Cumberland, North Carolina Employee Benefits Medical Plan will be the secondary payer** and Medicare Part D will become the primary payer.
- You may decline coverage in the **County of Cumberland, North Carolina Employee Benefits Medical Plan** and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do decide to join a Medicare drug plan and drop your current **County of Cumberland, North Carolina Employee Benefits Medical Plan** coverage, be aware that you and your dependents (if they elect to drop COBRA coverage as well) 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 **County of Cumberland, North Carolina** 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 October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.

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 **County of Cumberland, North Carolina** changes. You also may request a copy of this notice at any time.

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
- 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:	July 1, 2026
Name/Entity of Sender:	County of Cumberland, North Carolina
Contact Position/Office:	Carla Loney, Benefits Consultant, Financial Services
Address:	117 Dick St., Fayetteville, North Carolina 28301
Phone Number:	910-223-3327

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name/Entity of Sender:	County of Cumberland, North Carolina
Contact Position/Office:	Carla Loney, Benefits Coordinator Financial Services
Address:	117 Dick St., Fayetteville, North Carolina 28301
Phone Number:	910-223-3327

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer Name County of Cumberland, North Carolina		2. Employer Identification Number (EIN) 56-6000291
3. Employer address 117 Dick St.		4. Employer phone number 910-223-3327
5. City Fayetteville	6. State NC	7. City Fayetteville
8. Who can we contact about employee health coverage at this job? Benefits Coordinator		
11. Phone number (if different from above)	12. Email address cloney@cumberlandcountync.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-Time employee working at least 30 hours per week. All permanent employees who work 20 or more hours per week will be enrolled in Employer Paid Life & AD&D.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

In general, eligible dependents include your spouse* and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court- appointed legal guardianship.
*Note: If your spouse is currently eligible under their own employer's health insurance, they are not eligible to be enrolled in the County's medical plan. If your spouse does not have a medical plan available as a benefit of employment, you must attest in the Benefit

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums