

Cape Fear Public Utility
Authority

2020 Benefit
Summary Handbook



Cape Fear Public Utility Authority is offering all benefit-eligible employees a comprehensive Cafeteria Benefits plan which allows you to pay for certain insurance premiums, child-care, and unreimbursed medical expenses before taxes are taken out of your paycheck. Paying for these benefits in this method may reduce your taxes and/or may increase your take-home pay.

The Plan Year is from January – December 2020.
You may visit HR Shared Files for additional information

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This employee benefit summary document is intended to provide a brief summary of the benefit plans. The official plan document and/or contracts determine eligibility or benefits and coverage. If there is any discrepancy between this summary and the plan document, the plan document will prevail.

State Health Plan - 80/20
Blue Cross Blue Shield of NC

BENEFIT HIGHLIGHTS

In-Network

Annual Deductible

\$1,250 Individual
\$3,750 Family

Coinsurance

20% of eligible expenses after the Deductible up to the maximum Out-of-Pocket amount

Medical/Rx Out-of-Pocket Maximum

\$ 4,890 Individual
\$14,670 Family

Plan pays 100% for remainder of the Calendar year after OOP amount has been met

Preventive Care Services

Covered at 100%

Office Visit Copay

\$10 if use PCP on ID card
\$25 if use another PCP
\$80 Specialist

URGENT CARE

\$70

Hospital & Emergency Room

\$300 copayment plus 20% after the deductible is met
(Copay waived with admission or observation stay)

PRESCRIPTION DRUGS

Tier 1 (<i>Generic</i>)	\$5 copay per 30-day supply
Tier 2 (<i>Preferred Brand</i>)	\$30 copay per 30-day supply
Tier 3 (<i>Non-Preferred Brand</i>)	Deductible / Coinsurance
Tier 4 (<i>Specialty Brand</i>)	\$100 copay per 30-day supply
Tier 5 (<i>Preferred Specialty</i>)	\$250 copay per 30-day supply
Tier 6 (<i>Non-Preferred Specialty</i>)	Deductible / Coinsurance
ACA Preventive Medications	\$0.00
Preferred Diabetic Testing Supplies	\$5 copay per 30-day supply

Premium discounts are applied with participation in the following Wellness Activity:

State Health 80/20 PPO Plan		
Wellness Activity	Completed	
	No	Yes
Tobacco-Free Attestation or QuitlineNC Enrollment	No	Yes
Credit	0.00	-60.00
Biweekly Premiums		
Employee Only	55.00	25.00
Employee Spouse	157.25	127.25
Employee Children	114.78	84.78
Employee Family	161.76	131.76

For Customer Service needs and questions, please call
BCBSNC at 1-888-234-2416

State Health Plan - 70/30

Blue Cross Blue Shield of NC

BENEFIT HIGHLIGHTS

In-Network

Annual Deductible

\$1,500 Individual
\$4,500 Family

Coinsurance

30% of eligible expenses after the Deductible up to the maximum Out-of-Pocket amount

Medical / Rx Out-of-Pocket Maximum

\$ 5,900 Individual
\$16,300 Family

Plan pays 100% for remainder of the Calendar year after OOP amount has been met

Preventive Care Services

Covered at 100%

Office Visit

\$30 if use PCP on ID card
\$45 if use another PCP
\$94 Specialist

URGENT CARE

\$100

Hospital & Emergency Room

\$337 copayment plus 30% after the deductible is met
(Copoly waived with admission or observation stay)

PRESCRIPTION DRUGS

Tier 1 (<i>Generic</i>)	\$16 copay per 30-day supply
Tier 2 (<i>Preferred Brand</i>)	\$47 copay per 30-day supply
Tier 3 (<i>Non-Preferred Brand</i>)	Deductible / Coinsurance
Tier 4 (<i>Specialty Brand</i>)	\$200 per 30-day supply
Tier 5 (<i>Preferred Specialty</i>)	\$350 per 30-day supply
Tier 6 (<i>Non-Preferred Specialty</i>)	Deductible / Coinsurance
Preventive Medications	\$0.00
Preferred Diabetic Testing Supplies	\$10 copay per 30-day supply

Premium discounts are applied with participation in the following Wellness Activity:

State Health 70/30 PPO Plan		
Wellness Activity	Completed	
Tobacco-Free Attestation or QuitlineNC Enrollment	No	Yes
Credit	0.00	-60.00
Biweekly Premiums		
Employee Only	42.50	12.50
Employee Spouse	138.00	108.00
Employee Children	99.40	69.40
Employee Family	142.11	112.11

For Customer Service needs and questions, please call
BCBSNC at 1-888-234-2416

NOTE: Spouses eligible for insurance coverage on another employer health insurance plan, will not be eligible for coverage on CFPUA’s 80/20 or 70/30 Plan. To ensure continued coverage, the spouse should act during their healthcare plan’s open enrollment.

Dental Plan

MetLife

The plan provides dental coverage for employees and families. To find a dental provider, go to www.metlife.com.

	<u>In-Network</u>	<u>Out-of-Network</u>
Type A - Preventive Services	100%*	100%
<i>Deductible</i>	<i>Waived</i>	<i>Waived</i>
<ul style="list-style-type: none"> ● Prophylaxis – Cleanings – 1 in 6 months ● Oral Examination – 1 in 6 months ● Topical Fluoride Applications - 1 in 12 months for children up to 14th birthday ● Space Maintainers for Children - under age 16 ● Full mouth X-Rays – 1 in 5 years ● Sealants - 1 per tooth in 3 years for children up to 16th birthday ● Bitewing X-Rays – 1 tooth in 12 months up to 14th birthday 		
Type B - Basic Restorative	90%*	80%
<i>Deductible</i>	<i>Waived</i>	\$50
<ul style="list-style-type: none"> ● Crowns: Prefabricated Stainless Steel & Resin ● Diagnostic Consultation- 1 in 12 months ● Fillings: Amalgam & Anterior Composites ● General Anesthesia- surgical procedures only ● Emergency Palliative Treatment ● Uncomplicated extractions 		
Type C - Major Services	50%*	50%
<i>Deductible</i>	<i>Waived</i>	\$50
<ul style="list-style-type: none"> ● Oral Surgery ● Repairs of dentures, bridgework, crowns, etc. ● Bridges – 1 per tooth in 5 years ● Crowns/Inlays/Onlays – 1 per tooth in 5 years ● Dentures – 1 per tooth in 5 years ● Endodontic Services/Root Canal - 1 per tooth in 12 months ● Periodontal Surgery – 1 in 36 months 		

Type D - Orthodontia – Adult and Children

Paid at 50% UCR* in- and out-of-network with a \$1,500 lifetime maximum per person. No deductible applies.

Calendar Year Payment Limit for Non-Orthodontic Services

For Type A, B and C Service up to \$1,500.00

Group Enrollment Period

A group enrollment period is held each year. During this period, you may elect to enroll in dental insurance under this plan.

Late Entrant Provision

Employees and dependents who do not enroll within 31 days of becoming eligible for coverage have a 6-month waiting period on Type B services, a 12-month waiting period on Type C services, and 24-month waiting period on Orthodontic treatment for This provision is waived for employees who enrolled during the initial enrollment period.

Plan Features

Deductible is waived for Preventive services. There are 3 individual deductibles per family for the Basic and Major services. Children are covered up to the end of the month of their 19th birthday or 26 if a full-time student.

No waiting periods apply for eligible employees/dependents

In-network benefits are based on a negotiated contracted fee schedule. Out-of-network benefits are based on usual, reasonable, and customary rates for a given area.

Employees should realize an out of pocket savings by using In-Network providers.

MetLife will provide pre-determination review assistance for you and your dentist by determining what benefits could be payable for services and procedures over \$300 including orthodontic treatment if your plan includes it

Special Limitation Covered individuals with teeth lost or missing before a coverage the plan won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.

Semi-Monthly (24-Deductions) Premium

Employee	\$ 6.76
Employee + Spouse	\$14.37
Employee + Children	\$17.67
Employee & Family	\$25.13

For in-network dentist, call MetLife at 800-275-4638 or visit www.metlife.com

Vision Plan

Community Eye Care

Plan Summary: This Vision Plan offers coverage for employees, their spouses and children to age 20 (26 if full-time student)

Plan Features:

- *One routine eye exam every 12 months (\$10 copay)
- *\$130 allowance for eyewear every 12 months (\$25 copay)
- *Up to \$100 for contact lens fitting and \$80 for annual evaluation (\$25 copay)

Members obtaining services and goods from an in-network provider are not responsible for filing claims. Members electing to receive services and goods from an out-of-network provider still receive their full benefit but must submit a claim and receipt to Community Eye Care for cost reimbursement up to the allowed amount.

To locate a provider in your area, go to communityeyecare.net and follow the directions.

Semi-Monthly (24-Deductions) Premium

Employee	\$2.25
Employee + Spouse	\$5.80
Employee + Children	\$5.60
Employee & Family	\$8.45

**For questions, or concerns, contact Customer Support
at 1.888-254-4290**

Flexible Spending Accounts

Flores & Associates

Flexible Spending Accounts are reimbursement accounts that allows you to set aside a certain amount of each paycheck and use pre-taxed dollars towards out of pocket health care expenses (prescription and over-the-counter medication, certain medical procedures, copays, etc..) and dependent care expenses. Flexible Spending Accounts (FSA), can save a significant amount of money on your health and day care expenses.

Medical Reimbursement Plan Maximum / Minimum: \$2,700 / \$0

Dependent Care Account Maximum / Minimum: \$5,000 / \$0

2019 claims may be filed within 90-days after the end of the calendar year.

Up to \$500 remaining in the Medical Reimbursement Plan will roll over for 2021.

REMINDER: The Internal Revenue Service (IRS) requires review of all receipts for eligible expenses in an FSA, including debit card transactions and over the counter drugs. As a reminder, participants should keep all their receipts for the entire plan year in the event that Flores asks for documentation or the IRS requests a copy of a receipt.

The amount you elect is deducted from gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses you save on income tax realizing a greater take home pay! FSA contributions and reimbursements are exempt from Federal Income taxes, Social Security (FICA) taxes, and in most cases, state income taxes.

Only expenses incurred during the plan year and while you are a participant are eligible for reimbursement. You have a grace period (90 days) after the end of the plan year to submit expenses incurred during the plan year.

You may only change your FSA elections during the annual enrollment period.

However, you may change or revoke your deferral rate if you have a *Change in Dependent Status*. Examples of a qualifying status change may include:

- Marriage, divorce, or legal separation
- Birth, adoption or placement for adoption of a child
- Death of a dependent or spouse
- Change in employment status of yourself or your spouse
- A significant change caused by a third party in the cost of your dependent care coverage

Upon termination of employment, or participation in the FSA, the money left in your account(s) will be available to reimburse only expenses incurred prior to your termination date and submitted within the termination grace period. Any money remaining in your account(s) after the grace period will be forfeited.

You can view your FSA balances online by visit www.flores247.com and login to access claims information and FSA balances online. If you are new to Flores, complete the brief site registration to login. You will need your group number (found on your ID Card),

social security number, and a valid email address to complete this section. Questions regarding your account balance, claim reimbursement or eligible expenses, can be access thought your account information at myFlores.com or you can call our Customer Contact Center at 1-800-532-3327.

MEDICAL REIMBURSEMENT ACCOUNT

With a medial reimbursement FSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be equally divided between pay periods. The IRS requires you to forfeit any money that is left in the FSA at the end of the year. Generally, it is better to underestimate the expenses and pay a little extra tax than to overestimate expenses and forfeit money. To help avoid forfeitures, you will receive a notice of your balance prior to the end of each year. As you incur eligible expenses, fax your completed claim form and receipts to Flores for reimbursement.

Eligible FSA health care expenses incurred by you, your spouse, or any dependent that you claim as a dependent on your income tax returns may include deductibles, co-payments and amounts over the maximum your plan pays, expenses for routine physicals and other expenses not covered by your health care plan.

For reimbursement of expenses covered under a health care plan:

- Ensure your expenses are submitted to your health carrier
- If you also have coverage through a spousal plan, you must submit your expenses to both carriers before you submit your expenses for FSA reimbursement
- Once processed by your health carrier(s), complete the Health Care Expense Claim form and attach a copy of the “Explanation of Benefits” showing the unpaid expenses
- For reimbursement of expenses not covered under a health care plan: (ex.: over-the-counter medicines) Complete the Health Care Expenses claim form and attach itemized bills for the expense

FAX CLAIMS AND PROOF OF EXPENSE TO (704) 335-0818 FOR PROCESSING.

You will be reimbursed for eligible expenses claim up to the maximum amount you elected for the plan year, minus any previous reimbursements.

Out-of-pocket expenses for you and your dependents are eligible for reimbursement whether you are insured through your company. Health related expenses are reimbursable for your dependents, if you claim them as a dependent on your income tax returns (this definition of a dependent may be different than that used for your health insurance plan).

Expenses payable through your benefits program (or your spouse’s, if applicable) are not eligible for reimbursement under the Health Care FSA. In addition, expenses reimbursed through your Health Care FSA cannot be claimed as a deduction on your income tax returns.

IRS regulations do not permit reimbursement of expenses through the FSA that would otherwise be covered under your health insurance plan. Expenses should first be submitted to your health insurance plan(s), then send any remaining unpaid claims to

Flores for reimbursement.

If you have any questions, you can access your account information 24/7 at www.flores247.com , or you can call Flores’s Customer Contact Center at 1-800-532-3327.

Flores provides a Flex Debit Card to pay for out of pocket medical expenses. FSA Debit Card will only be accepted at authorized vendors that have the appropriate merchant codes, such as medical clinics, hospitals, dental offices, vision care centers and pharmacies. The card will reflect your plan year contributions amount and may be used only for eligible items. If the Card swipe transaction is approved (e.g., there are sufficient funds in the account and at least some of the purchases are FSA eligible), the amount of the FSA-eligible purchases is deducted from the account balance and no receipt follow up is required. The receipt will identify the FSA-eligible items and may also show a subtotal of the FSA-eligible purchases.

Per IRS requirements, verification of claims is required for all debit card transactions.

A large portion of debit card transaction can be verified using one of the IRS’ approved electronic methods: however, **not all transactions can be verified electronically**. For any expense that cannot be verified electronically, **you must provide supporting documentation** upon request in the form of an itemized bill or receipt to Flores. Verification should include the patient name, date of service, description of services rendered, cost and patient liability. If Flores does not receive verification within 30 days of the date requested you will be asked to return the un-verified amounts to your employer, or they may be counted as taxable income to you.

Please visit <https://www.flores-associates.com/EligibilityList.html> for the latest list of over-the-counter expenses.

Your FSA Debit Card may not be used to pay for eligible Dependent Care expenses. Your card will only be accepted at authorized vendors that have the appropriate merchant codes, such as medical clinics, hospitals, dental offices, vision care centers and pharmacies.

If you have any questions or to access your account information, you can contact Flores:

Customer Contact Center
At 1-800-532-3327 or (704) 335-8211.
Website: www.flores247.com
Fax Number: (704) 335-0818

DEPENDENT CARE REIMBURSEMENT ACCOUNT

The Dependent Care FSA helps you pay for childcare services and may be used to help pay for the care of a disabled spouse or dependent. Like the medical reimbursement FSA, you must decide on your contribution amount for the dependent care reimbursement at the beginning of the plan year. The amount you designate will be equally divided between pay periods. The IRS requires you to forfeit any money that is left in the FSA

at the end of the year. Generally, it is better to underestimate the expenses and pay a little extra tax than to overestimate expenses and forfeit money. To help avoid forfeitures, you will receive a notice of your balance prior to the end of each year. As you incur eligible expenses, fax your completed claim form and receipts to Flores for reimbursement.

To be eligible, you must be at work during the time your eligible dependent receives care. You must also meet one of the following eligibility guidelines:

- You and your spouse are both employed;
- You are a single parent;
- Your spouse is a full-time student at least five months during the year while you are working;
- Your spouse is physically or mentally unable to provide his/her own care; or
- You are divorced or legally separated and have custody of your child most of the time even though your former spouse may claim the child for income tax purposes.

An eligible dependent is defined as any person who can be claimed as a dependent for federal tax purposes and who:

- Is a child under 13 years of age;
- Is a child over the age of 13 who is physically or mentally incapable of caring for himself or herself;
- Is your spouse who is physically or mentally incapable of caring for himself or herself,
- An elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself.

Eligible dependent care expenses are those which allow you and your spouse, if you are married, to work or attended school full- time. Below are some examples of eligible dependent care expenses:

- Day care facility fees
- Before/after school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for kindergarten
- In home babysitting fees, if not provided by another dependent and claimed as income by the care provider
- Private school tuition, K4 and above is not eligible for reimbursement

You are required to provide the name, address and taxpayer identification (or Social Security number) of the dependent care provider on your income tax return. If you are unable to provide this information, both the tax credit and the exclusion for the spending account reimbursement may be denied by the IRS. Verify that this information is available before you elect to participate in the Dependent Care FSA.

Expenses reimbursed from this FSA cannot be used to claim a Federal Income Tax credit; therefore, you should determine which approach is best for you. You may even be able to combine the expense account and tax credits to reduce your overall dependent care expenses. However, the maximum expense you can claim when using both the tax credit and FSA is the tax credit limit (\$2,400 for one dependent or \$4,800 for two or more dependents), minus the amount reimbursed under the Dependent Care FSA.

You can be reimbursed from your Dependent Care FSA for any qualified daycare expenses, whether performed in your home, the provider's home or a "daycare center". Receipts for the expenses and the caregiver's Tax ID number or Social Security number must be provided.

If your child resides with you most of the year, you can use the dependent care account to pay for childcare services. However, you might want to call your tax advisor to discuss your circumstances before you elect to participate in the account

As you incur eligible expenses you must submit a completed Dependent Care FSA claim form to Flores with proof of payment from your day care provider or from the individual who provides the care. Dependent Care FSA claims must include the federal tax identification number or Social Security number, name and address of the provider, dates of service, type of service rendered and name of dependent. The individual who provides the care cannot be your spouse or a dependent under the age of 19. With a Dependent Care FSA, you will be reimbursed as you set funds aside. If you submit a claim for more than what has been set aside for that account, the unreimbursed claim portion will be placed in "pending" status until funds are received through payroll deduction at which time you will receive reimbursement.

***FAX CLAIMS AND PROOF OF EXPENSE TO (704) 335-0818 FOR PROCESSING. ***

Critical Illness

AFLAC

Critical Illness insurance provides financial support that can make a difference through the following features:

Employees can enroll in Critical Illness coverage when first eligible without a health examination or health questionnaire. This opportunity may not be offered after first eligible.

An insured receives a lump sum of \$5,000, \$10,000, or \$20,000, benefit payment upon first ever of the following critical illnesses:

Heart Attack (Myocardial Infraction)	100%
Sudden Cardiac Arrest	100%
Major Organ Transplant	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Coronary Artery Bypass Surgery	25%
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year

Benefits are paid for each critical illness additional diagnosis different when the date of diagnosis is separated by at least six (6) consecutive months.

Benefits are paid for reoccurrence of the same critical illness when the date of diagnosis is separated by at least six (6) consecutive months

Up to 50% of employee benefits is paid for dependent children under age 26 at no cost.

Benefits will not be payable for the illness if it occurs within the first 30 days after the insured's effective date.

Premium Rates do not increase with age and have no reduction of benefit at any age.

For preexisting conditions, a twelve month look back period, 12-month exclusion period applies.

SEMI-MONTHLY PREMIUM ATES

Employee Non-Tobacco Premium Rates			
Age	\$5,000	\$10,000	\$20,000
18-29	\$1.15	\$2.30	\$4.59
30-39	\$1.97	\$3.93	\$7.85
40-49	\$3.97	\$7.92	\$15.84
50-59	\$7.83	\$15.66	\$31.31
60+	\$15.15	\$30.29	\$60.57

Spouse Non-Tobacco Premium Rates			
Age	\$5,000	\$10,000	\$20,000
18-29	\$1.15	\$2.30	n/a
30-39	\$1.97	\$3.93	n/a
40-49	\$3.97	\$7.92	n/a
50-59	\$7.83	\$15.66	n/a
60+	\$15.15	\$30.29	n/a

Employee Tobacco Premium Rates			
Age	\$5,000	\$10,000	\$20,000
18-29	\$1.68	\$3.36	\$6.70
30-39	\$3.16	\$6.31	\$12.61
40-49	\$6.34	\$12.67	\$25.34
50-59	\$12.80	\$25.60	\$51.19
60+	\$23.83	\$47.66	\$95.31

Spouse Tobacco Premium Rates			
Age	\$5,000	\$10,000	\$20,000
18-29	\$1.68	\$3.36	n/a
30-39	\$3.16	\$6.31	n/a
40-49	\$6.34	\$12.67	n/a
50-59	\$12.80	\$25.60	n/a
60+	\$23.83	\$47.66	n/a

For questions, or concerns about any AFLAC Plan, call
Customer Service at 1-800-433-3036. Fax claims to 1-866-849-2970

Short-Term Disability Plan

Lincoln National

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

All full-time active employees working 30 or more hours per week in an eligibility class are eligible for coverage on the policy effective date.

The maximum weekly benefit payable is in \$100 increments up to a \$3,500 monthly maximum not to exceed 60% of Monthly Salary. Benefit will round down to the nearest \$100.

After a seven (7) day elimination period benefits may be paid for a maximum duration of thirteen weeks

Benefits may be reduced if:

- you are receiving benefits from any compulsory benefit, act, or law, such as a state disability plan.

-You are receiving sick leave pay from your employer.

For pre-existing conditions in the last twelve-month period, approval is pending underwriting approval

Employees can enroll in short-term disability coverage when first eligible without a health examination or medical questionnaire. This opportunity may not be offered after first eligible.

This coverage will terminate when you terminate employment with this policyholder or at your retirement.

Understanding Your Benefits

- **Total Disability**-You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
- **Partial Disability**-You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
- **Continuation of Disability**-If you return to work full-time but become disabled from the same disability within two weeks of returning to work, you will begin receiving benefits again immediately.
coverage effective date.
- **Benefit Exclusions**- You will not receive benefits in the following circumstances:

Your disability is the result of a self-inflicted injury.

You are not under the regular care of a doctor when requesting disability benefits.

Your disability is covered by under a worker's compensation plan and/or is due to a job-related sickness or injury.

You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.

- **Benefit Reduction**-Your benefits may be reduced if you are receiving benefits from any of the following sources:
 - Any governmental retirement system earned because of working for the current policyholder;
 - Any disability or retirement benefit received under a retirement plan; Any Social Security, or similar plan or act, benefits.

For Assistance or Additional Information

Lincoln Financial Group

1-800-423-2765

www.lincolnfinancial.com



**Lincoln Disability Insurance
Annual Income Requirements / Plan Premium
7/7 Elimination 3-month benefit**

Monthly Disability Income Benefit	Annual Income Required for "60%" Benefit Amount	Hourly Wage Based on 40 Hour Work Week	18 - 39 Semi Monthly Premium	40 - 49 Semi Monthly Premium	50 - 59 Semi Monthly Premium	60 - 65 Semi Monthly Premium
\$300	\$6,000	\$2.88	\$2.55	\$3.00	\$3.92	\$4.20
\$400	\$8,000	\$3.85	\$3.40	\$4.00	\$5.22	\$5.60
\$500	\$10,000	\$4.81	\$4.25	\$5.00	\$6.53	\$7.00
\$600	\$12,000	\$5.77	\$5.10	\$6.00	\$7.83	\$8.40
\$700	\$14,000	\$6.73	\$5.95	\$7.00	\$9.14	\$9.80
\$800	\$16,000	\$7.69	\$6.80	\$8.00	\$10.44	\$11.20
\$900	\$18,000	\$8.65	\$7.65	\$9.00	\$11.75	\$12.60
\$1,000	\$20,000	\$9.62	\$8.50	\$10.00	\$13.05	\$14.00
\$1,100	\$22,000	\$10.58	\$9.35	\$11.00	\$14.36	\$15.40
\$1,200	\$24,000	\$11.54	\$10.20	\$12.00	\$15.66	\$16.80
\$1,300	\$26,000	\$12.50	\$11.05	\$13.00	\$16.97	\$18.20
\$1,400	\$28,000	\$13.46	\$11.90	\$14.00	\$18.27	\$19.60
\$1,500	\$30,000	\$14.42	\$12.75	\$15.00	\$19.58	\$21.00
\$1,600	\$32,000	\$15.38	\$13.60	\$16.00	\$20.88	\$22.40
\$1,700	\$34,000	\$16.35	\$14.45	\$17.00	\$22.19	\$23.80
\$1,800	\$36,000	\$17.31	\$15.30	\$18.00	\$23.49	\$25.20
\$1,900	\$38,000	\$18.27	\$16.15	\$19.00	\$24.80	\$26.60
\$2,000	\$40,000	\$19.23	\$17.00	\$20.00	\$26.10	\$28.00
\$2,100	\$42,000	\$20.19	\$17.85	\$21.00	\$27.41	\$29.40
\$2,200	\$44,000	\$21.15	\$18.70	\$22.00	\$28.71	\$30.80
\$2,300	\$46,000	\$22.12	\$19.55	\$23.00	\$30.02	\$32.20
\$2,400	\$48,000	\$23.08	\$20.40	\$24.00	\$31.32	\$33.60
\$2,500	\$50,000	\$24.04	\$21.25	\$25.00	\$32.63	\$35.00
Values of this plan include:						
1. Guaranteed Issue product. No underwriting at time of application.						
2. Plan pays beginning at 8th day for accident and 8th day for sicknesses and will provide benefits for up to 3						

Basic & Additional Term Life Plan

AXA Benefit Solutions

(This information is a brief description of your coverage and is not a contract. Read your certificate for the exact terms and conditions.

Basic Employee Life Insurance

All full-time employee working 30 hours or more per week are eligible for coverage. Coverage in the amount of 1 time your annual salary (minimum of \$25,000, maximum of \$150,000) is payable for death from any cause to any person you name as Beneficiary is paid by CFPUA. Employees must complete the election card within 31 days of employment to enroll yourself and dependents without evidence of insurability.

Optional Employee Life Insurance

You can elect additional group life insurance through payroll deduction.

Optional Dependent Life Insurance

Provides coverage on:

- Your Spouse
- Child(ren) from live birth through age 25 (through age 26, if wholly dependent upon you for maintenance and support, if enrolled as a full-time student in an accredited school or college). Handicapped children can continue to be covered with no age limit, if the child is covered prior to age 19 or to age 26 if a full-time student.

It is your responsibility to notify the Benefits Department in writing when a dependent is ineligible for coverage. Examples of ineligible dependent status are divorce or a graduate from college.

Increases in coverage, Optional Employee coverage over \$100,000, Optional Dependent Spouse coverage over \$20,000, a re-entry in the plan and participants who enroll 31 days beyond the eligibility period will be required to provide evidence of insurability satisfactory to AXA.

You have the right to designate the beneficiary of your choice. The beneficiary elected on your life enrollment form designates your beneficiary for optional coverage. You are automatically the beneficiary under Dependent Life. It is the responsibility of the insured to update one's beneficiary designation as necessary.

If you enroll for Optional Life Insurance on or before you become eligible for coverage, your insurance becomes effective on the date of your eligibility if you are actively at work. If you are not actively at work, your insurance will not be effective until you return to active full-time work.

If you remain in active service beyond age 65 your combined amount of Basic and Optional Employee Life Insurance will reduce as follows:

Attained Age	Percent of Original Amount
65	65%
70	50%

(The above age reduction also applies to dependent spouse.)

All insurance under this plan will terminate upon the earlier of the date you retire or the date your employment terminates. Nevertheless, if you or a covered dependent should die within 31 days thereafter, the life insurance will still be paid to the beneficiary.

Your Basic and Optional Life coverages include a waiver of premium provision. If an employee is unable to engage in any occupation because of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance, except a term policy, issued by AXA. If you wish to continue with a term policy, please refer to the section below on Portability. The amount of the individual contract may not be more than the amount of your life coverage in effect on your date of termination. You must apply for this policy within 31 days after the date your employment terminates. This privilege applies to Optional Employee Life Insurance, Dependent Spouse Life Insurance, and Dependent Child Life Insurance.

AXA has included a Portability provision as part of your group life benefits. You may be eligible to port your coverage upon termination or retirement. If an insured employee or spouse elect portability, he may also elect to continue Dependent Child(ren)'s coverage. Please see certificate for more details.

AXA has included an Accelerated Benefit Option as part of your group life benefits. Under this option, if you are diagnosed as having a terminal illness, you may be eligible to receive a portion of your group life benefits at such a difficult time. Please refer to your Group Certificate for details.

No Optional Employee Life Benefits are payable if you commit suicide within two years from the effective date of the coverage. Likewise, no Optional Dependent Life Benefits are payable if the insured dependent commits suicide within two years from the effective date of this coverage.

Claim forms needed to file for benefits under the group insurance program can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your employer, who is usually able to provide the necessary information.

SCHEDULE OF BENEFITS

Basic Employee Life Insurance

Coverage amount equivalent to your annual salary and paid by your employer. **Minimum of \$25,000, Maximum of \$150,000*

Basic Dependent Life Insurance

Coverage amount of \$5,000 for your spouse and \$2,500 for child(ren).

Optional Employee Life Insurance

Increments of \$10,000 up to \$300,000.

-Guaranteed Issue coverage up to \$100,000 if elected when first eligible.

Optional Spouse Life Insurance

Increments of \$5,000 up to \$150,000

-Guaranteed Issue coverage up to \$20,000 if elected when first eligible. Spouse coverage may not exceed Optional Employee Life Insurance coverage.

Optional Child Life Insurance

Your choice of \$2,500, \$5,000, \$7,500 or \$10,000 of coverage

Election amount covers each of your eligible children

Optional Dependent Life Insurance is available only to those eligible employees who are insured for Optional Employee Life Insurance.

Group Term Life Insurance

For employees of Cape Fear Public Utility Commission

Employee and Spouse Pay Period Deduction Amount (24 Pay Periods)

Benefit	Ages										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.40	\$0.40	\$0.40	\$0.55	\$0.85	\$1.35	\$2.10	\$3.70	\$4.10	\$6.95	\$12.35
\$20,000	\$0.80	\$0.80	\$0.80	\$1.10	\$1.70	\$2.70	\$4.20	\$7.40	\$8.20	\$13.90	\$24.70
\$30,000	\$1.20	\$1.20	\$1.20	\$1.65	\$2.55	\$4.05	\$6.30	\$11.10	\$12.30	\$20.85	\$37.05
\$40,000	\$1.60	\$1.60	\$1.60	\$2.20	\$3.40	\$5.40	\$8.40	\$14.80	\$16.40	\$27.80	\$49.40
\$50,000	\$2.00	\$2.00	\$2.00	\$2.75	\$4.25	\$6.75	\$10.50	\$18.50	\$20.50	\$34.75	\$61.75
\$60,000	\$2.40	\$2.40	\$2.40	\$3.30	\$5.10	\$8.10	\$12.60	\$22.20	\$24.60	\$41.70	\$74.10
\$70,000	\$2.80	\$2.80	\$2.80	\$3.85	\$5.95	\$9.45	\$14.70	\$25.90	\$28.70	\$48.65	\$86.45
\$80,000	\$3.20	\$3.20	\$3.20	\$4.40	\$6.80	\$10.80	\$16.80	\$29.60	\$32.80	\$55.60	\$98.80
\$90,000	\$3.60	\$3.60	\$3.60	\$4.95	\$7.65	\$12.15	\$18.90	\$33.30	\$36.90	\$62.55	\$111.15
\$100,000	\$4.00	\$4.00	\$4.00	\$5.50	\$8.50	\$13.50	\$21.00	\$37.00	\$41.00	\$69.50	\$123.50
\$110,000	\$4.40	\$4.40	\$4.40	\$6.05	\$9.35	\$14.85	\$23.10	\$40.70	\$45.10	\$76.45	\$135.85
\$120,000	\$4.80	\$4.80	\$4.80	\$6.60	\$10.20	\$16.20	\$25.20	\$44.40	\$49.20	\$83.40	\$148.20
\$130,000	\$5.20	\$5.20	\$5.20	\$7.15	\$11.05	\$17.55	\$27.30	\$48.10	\$53.30	\$90.35	\$160.55
\$140,000	\$5.60	\$5.60	\$5.60	\$7.70	\$11.90	\$18.90	\$29.40	\$51.80	\$57.40	\$97.30	\$172.90
\$150,000	\$6.00	\$6.00	\$6.00	\$8.25	\$12.75	\$20.25	\$31.50	\$55.50	\$61.50	\$104.25	\$185.25
\$160,000	\$6.40	\$6.40	\$6.40	\$8.80	\$13.60	\$21.60	\$33.60	\$59.20	\$65.60	\$111.20	\$197.60
\$170,000	\$6.80	\$6.80	\$6.80	\$9.35	\$14.45	\$22.95	\$35.70	\$62.90	\$69.70	\$118.15	\$209.95
\$180,000	\$7.20	\$7.20	\$7.20	\$9.90	\$15.30	\$24.30	\$37.80	\$66.60	\$73.80	\$125.10	\$222.30
\$190,000	\$7.60	\$7.60	\$7.60	\$10.45	\$16.15	\$25.65	\$39.90	\$70.30	\$77.90	\$132.05	\$234.65
\$200,000	\$8.00	\$8.00	\$8.00	\$11.00	\$17.00	\$27.00	\$42.00	\$74.00	\$82.00	\$139.00	\$247.00
\$210,000	\$8.40	\$8.40	\$8.40	\$11.55	\$17.85	\$28.35	\$44.10	\$77.70	\$86.10	\$145.95	\$259.35
\$220,000	\$8.80	\$8.80	\$8.80	\$12.10	\$18.70	\$29.70	\$46.20	\$81.40	\$90.20	\$152.90	\$271.70
\$230,000	\$9.20	\$9.20	\$9.20	\$12.65	\$19.55	\$31.05	\$48.30	\$85.10	\$94.30	\$159.85	\$284.05
\$240,000	\$9.60	\$9.60	\$9.60	\$13.20	\$20.40	\$32.40	\$50.40	\$88.80	\$98.40	\$166.80	\$296.40
\$250,000	\$10.00	\$10.00	\$10.00	\$13.75	\$21.25	\$33.75	\$52.50	\$92.50	\$102.50	\$173.75	\$308.75
\$260,000	\$10.40	\$10.40	\$10.40	\$14.30	\$22.10	\$35.10	\$54.60	\$96.20	\$106.60	\$180.70	\$321.10
\$270,000	\$10.80	\$10.80	\$10.80	\$14.85	\$22.95	\$36.45	\$56.70	\$99.90	\$110.70	\$187.65	\$333.45
\$280,000	\$11.20	\$11.20	\$11.20	\$15.40	\$23.80	\$37.80	\$58.80	\$103.60	\$114.80	\$194.60	\$345.80
\$290,000	\$11.60	\$11.60	\$11.60	\$15.95	\$24.65	\$39.15	\$60.90	\$107.30	\$118.90	\$201.55	\$358.15
\$300,000	\$12.00	\$12.00	\$12.00	\$16.50	\$25.50	\$40.50	\$63.00	\$111.00	\$123.00	\$208.50	\$370.50
Dependent	Child(ren)	Covers	All	Eligible Children							
Benefit				\$2,500	\$5,000	\$7,500	\$10,000				
Deduction Amount				\$0.08	\$0.15	\$0.23	\$0.30				

Long Term Disability

AXA Benefit Solutions

Long-Term Disability, underwritten by AXA Insurance Company, is paid by CPUA and offers disability income protection to employees unable to perform all the material duties of their occupation on a full-time basis due to sickness or injury.

You must be partially or totally disabled for the elimination period of 90 continuous days before benefit payments start. The elimination period is waived on recurrent disabilities. You can return to your regular occupation for up to six months without having to satisfy a new elimination period if there is a recurrence of the prior disability.

The maximum benefit is for 2 Years - the longest period that benefits will continue to be paid to the disabled employee if he/she remains disabled in accordance with the contract. **The benefit period starts reducing depending on the age at the onset of the disability.**

A maximum monthly benefit of 60% of salary is the highest monthly benefit the disabled employee can receive up to a maximum of \$6,000.

A **3/12 pre-existing condition limitation** applies to all insurance amounts. Pre-existing condition means any sickness or injury for which an employee has received medical treatment, consultation, care or services (including diagnostic measures or the taking of prescribed drugs or medicines) **during the 90 days prior to the insured employee's coverage effective date**. A disability arising from any such sickness or injury will be covered only if it begins after an employee **has performed his/her regular occupation on a full-time basis for 12 months following the coverage effective date**.

Pays a lump sum benefit equal to 3 times the insured's last gross monthly LTD benefit to the surviving spouse or children of the insured. The insured must have been disabled for a minimum of 180 days and have been receiving benefits under the policy when death occurs.

Premiums due during an insured's total or partial disability period are waived after benefits become payable and if the payments continue.

An insured can return to his/her regular occupation for up to six months without having to satisfy a new elimination period if there is a recurrence of the prior disability. However, if the insured returns to his/her regular occupation on a full-time basis for six months or more, a recurrent disability will be treated as a new period of disability, and the insured employee must complete another elimination period.

Pregnancy is treated as an illness. The definition of disability must be satisfied and the elimination period completed before benefits would begin.

Disability resulting from a mental disorder or substance abuse (such as alcoholism or drug addiction) will be covered up to 24 months of benefit payments unless the employee is hospitalized at the end of 24 months. In that case, benefits will continue for if the employee is confined to a hospital up to the specified maximum benefit duration.

Long Term Disability is intergrade with other benefits. Long Term Disability benefits are reduced by any other income the insured is eligible for under:

- Primary and Family Social Security Disability or Retirement or any similar plan or act;
- Worker’s Compensation Law, occupational disease law or any similar law;
- State Disability Plans or any compulsory benefit act or law;
- Other group disability plans;
- Disability or retirement benefits through the employer; and
- Any form of employment (full or part-time).

****The minimum benefit payable will never be less than \$100.00.***

Exclusions

AXA Insurance Company does not pay Long Term Disability benefits for any period of disability:

- That which is the result of self-inflicted injury or attempted suicide;
- Due to a pre-existing condition (see Pre-Existing Condition Exclusions);
- Due to violent or criminal conduct;
- Due to war, declared or undeclared, or any act of armed aggression

When a disability is due to mental illness, AXA’s contract considers benefits payable for up to a maximum period of 24 months. However, if the insured employee is confined to a hospital at the end of the 24-month period, benefits will continue up to the specified maximum benefit duration.

This plan is insured by AXA Insurance Company. This is not a contract. This brochure briefly summarizes the insurance coverage described. Controlling provisions are in the related policies, which are not modified by this brochure. State requirements may necessitate variances.

If you have any questions, please call
AXA’s Client Services at 1-866-274-9887
Or email, axaebcustomerservice@axa.us.com

Personal Accident

AFLAC

Group Accident insurance provides cash benefits directly to the employee to help with out-of-pocket expenses for treatment in the event of a covered accident

Coverage: 24/7 for Employee, Spouse, Child under age 26

Guaranteed-Issued: On the base accident product

Initial Treatment: Once per accident, within 7 days of accident

- ER/Urgent Care with X-Ray \$200

-Doctor's office with X-Ray \$100

Ambulance: Within 90 days of the accident

By Ground-\$300 By Air-\$900

Burns: Once per accident, within 6 months of accident.

Pays between \$75 and \$15,000 depending on the severity of a second- or third-degree burn

Prescriptions: \$5

Emergency Dental Work: \$120 with Crown

Eye Injury: \$175

Dislocations: Once per accident, within 90 days of accident

With Surgery Between \$360 and \$4,500 depending on body part (finger, wrist ankle, shoulder, knee, hip)

Without Surgery Between \$180 and \$2,250 depending on body part (finger, wrist ankle, shoulder, knee, hip)

Lacerations: Once per accident, within 7 days of accident

Requiring Stitches Between \$75 and \$300

Fractures: Once per covered accident, within 90 days

With Surgery Between \$480 and \$6,000 depending on body part (finger, jaw, ankle, leg, vertebrae, hip)

Outpatient Surgery \ Anesthesia: \$300 per day if performed in a hospital or ambulatory surgical center within one year of the accident

Inpatient Surgery \ Anesthesia: \$750 per day within one year of the accident

Hospital Admission: \$900 per confinement within 6 months of the accident

<u>Hospital Confinement:</u>	\$225 per day up to 365 days within 6 months of the accident
<u>Hospital Intensive Care:</u>	\$300 per day within 6 months of the accident up to 30 days
<u>Appliances:</u>	Varies from \$30 for cane up to \$300 for wheelchair, knee scooter, back brace
<u>Therapy:</u>	\$35 per visit up to 10 visits if initial treatment is received within 7 days of the accident.
Post-Traumatic Stress Disorder (PTSD):	\$150 once per accident within 6 months of the accident
<u>Wellness:</u>	\$25 Year 1 up to \$75 for Year 5+ to ALL family members who receive a wellness checkup per calendar year
<u>Accidental Death:</u>	\$50,000 if within 90 days of the accident \$100,000 if Common-Carrier death

Semi-Monthly (24-Deductions) Premium

Employee	\$8.41
Employee + Spouse	\$13.74
Employee + Children	\$17.84
Employee & Family	\$23.17

For questions, or concerns about any AFLAC Plan, call
Customer Service at 1-800-433-3036. Fax claims to 1-866-849-2970

Notes

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