



Benefits Summary 2021-2022

Program	Benefits	Cost to Employee	
<i>Insurance Benefits</i>			
<u>Medical Insurance</u> Blue Cross Blue Shield of NC	<ul style="list-style-type: none"> • Fiscal Year Deductible: Individual: \$2,000, Family: \$4,000 • Doctor Visits: <ul style="list-style-type: none"> ○ Primary: 20% co-insurance ○ Preventative care: no charge ○ Prescriptions: included 	<ul style="list-style-type: none"> • Employee: \$30 *waived with participation in County wellness program* • Employee/Child: \$259.00 • Employee/Spouse: \$485.00 • Employee/Family: \$788.00 	
<u>Dental Insurance</u> Ameritas Dental Network	<ul style="list-style-type: none"> • Fiscal Year Maximum benefit: \$1,000 • Diagnostic and Preventive Care paid at 100% • Basic Services paid at 80% • Crowns, Inlays Services paid at 50% 	<ul style="list-style-type: none"> • No cost to employee • Employee/Child: \$18.00 • Employee/Spouse: \$30.00 • Employee/Family: \$52.00 	
<u>Vision Insurance</u> Community Eye Care (Comprehensive Plan)	<ul style="list-style-type: none"> • Eye Exam once a year: \$10 co-pay • \$200 allowance for eyewear annually: \$0 co-pay • A contact lens fitting, re-fit, or evaluation once a year: \$0 co-pay 	<ul style="list-style-type: none"> • Employee Only: \$9.22 • Employee/Child(ren): \$17.87 • Employee/Spouse: \$16.60 • Employee/Family: \$26.27 	
<u>Vision Insurance</u> Community Eye Care (Eyewear Plan)	<ul style="list-style-type: none"> • A \$200 allowance for eyewear annually: \$0 co-pay • A contact lens fitting, re-fit, or evaluation once a year: \$0 co-pay 	<ul style="list-style-type: none"> • Employee Only: \$7.98 • Employee/Child(ren): \$16.76 • Employee/Spouse: \$15.96 • Employee/Family: \$23.94 	
<u>Life Insurance</u>	<ul style="list-style-type: none"> • All employees: \$20,000 of coverage 	<ul style="list-style-type: none"> • No cost to employee 	
<u>Short-term Disability Plan</u> One America 800-553-5318	<ul style="list-style-type: none"> • Up to 13 weeks of coverage for non-work-related injury or illness. • Up to 70% of monthly earnings. • Begins on 8th day of disability. • Doctor's statement required. 	<u>Monthly Benefits</u> \$500 (minimum) \$1,000 \$1,500 \$2,000 (maximum)	<u>Monthly Premium</u> \$10.36 \$20.71 \$31.07 \$41.42
<u>Long-Term Disability Plan</u> One America 800-553-5318	<ul style="list-style-type: none"> • Up to 60% of covered basic monthly earnings. • Benefit duration of up to 5 years if disabled prior to age 61. 	<u>Monthly Benefits</u> \$500 \$1,000 \$1,500 \$2,000	<u>Monthly Rates</u> \$8.15 \$16.30 \$24.45 \$32.60
<u>Employee Assistance Program</u> Reach work Life 800-950-3434	<ul style="list-style-type: none"> • 24-hour access to services • Professional consultation in person or by phone • Connections and referrals to additional supports and services as needed 	<ul style="list-style-type: none"> • No cost to employee 	

	<ul style="list-style-type: none"> Services are provided for you as well as your family 	
<i>Paid Time Off</i>		
<u>Vacation</u>	<ul style="list-style-type: none"> Maximum accumulation of 225 hours. Time over 225 hours at the end of the year will convert to sick leave. 	<ul style="list-style-type: none"> No cost to employee
<u>Sick Leave</u>	<ul style="list-style-type: none"> Earned at a rate of 7.5 hours per month No maximum accumulation 	<ul style="list-style-type: none"> No cost to employee
<u>Paid Holidays</u>	<ul style="list-style-type: none"> At least 11 paid Holidays per year 	<ul style="list-style-type: none"> No cost to employee
<i>Retirement</i>		
<u>Retirement</u> Local Government Employees Retirement System	Full retirement after: <ul style="list-style-type: none"> 30 years of service credit; OR Age 60 with 25 years of service credit; OR Age 65 with 5 years of service credit. 	<ul style="list-style-type: none"> 6% of annual salary
<u>NC 401(K) Plan</u> Prudential Financial Company www.nc401K.prudential.com	<ul style="list-style-type: none"> Contributions are tax-sheltered. Employees may make voluntary contributions. 10% penalty for withdrawal before you are 59 ½ years of age. You may sign up or change at any time. 	<ul style="list-style-type: none"> Employee paid No contribution from the County
<u>Section 457 Plan</u> Nationwide Insurance Company 877-677-3678	<ul style="list-style-type: none"> Contributions are tax-sheltered. Employees may make voluntary contributions. 	<ul style="list-style-type: none"> Employee paid No contribution from the County
<i>Other Benefits</i>		
<u>Credit Union Membership</u> (Local Government Credit Union)	NC Local Government Employees Credit Union	<ul style="list-style-type: none"> Bank Fees may apply

Additional Benefit Information can be found @ [Halifax County | Mark III Benefits Guide \(mymarkiii.com\)](http://Halifax County | Mark III Benefits Guide (mymarkiii.com))

The above list is not all inclusive of the benefits that are provided by Halifax County Government!

Come join our team!

