



Benefits Summary 2022-2023

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: \$272.00 • Employee/Spouse: \$509.00 • Employee/Family: \$827.00 										
<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"> • \$20,000 with life-age reductions 	<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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Monthly Benefits</u></th> <th style="text-align: center;"><u>Monthly Premium</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$500 (minimum)</td> <td style="text-align: center;">\$10.36</td> </tr> <tr> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">\$20.71</td> </tr> <tr> <td style="text-align: center;">\$1,500</td> <td style="text-align: center;">\$31.07</td> </tr> <tr> <td style="text-align: center;">\$2,000 (maximum)</td> <td style="text-align: center;">\$41.42</td> </tr> </tbody> </table>	<u>Monthly Benefits</u>	<u>Monthly Premium</u>	\$500 (minimum)	\$10.36	\$1,000	\$20.71	\$1,500	\$31.07	\$2,000 (maximum)	\$41.42
<u>Monthly Benefits</u>	<u>Monthly Premium</u>											
\$500 (minimum)	\$10.36											
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\$2,000 (maximum)	\$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. 	<ul style="list-style-type: none"> • Age Banded 										
<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 • Services are provided for you as well as your family 	<ul style="list-style-type: none"> • No cost to employee 										

<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 \(myhalifax.com\)](http://myhalifax.com/markiii)

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

Come join our team!

