

2024



Carolinas AGC
NC Health Plan

CAGC NC Health Plan


EMPLOYEE BENEFITS GUIDE

Enclosed in this book you will find a brief overview of your CAGC company benefits for the upcoming year. Please reach out to your HR Manager, for additional information.

www.CAGCHealthPlan.com

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CAGC is committed to providing employees with a benefits program that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the benefits CAGC offers is important to us and that is why we have created this Employee Benefits Guide.

We encourage you to review each section and to discuss your benefits with your family members. This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. Information presented here does not cover all details and limitations for the plans. Additional information is found in Summary Plan Booklets. The legal plan documents and master insurance policies are the final authority in determining benefits. CAGC reserves the right to amend its plans from time to time and has the right at any time to terminate any plan or benefit. Participation in the plan described does not constitute any contract of employment.

Please see your Summary Plan Description for complete details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

CAGC

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS



WHO IS ELIGIBLE

You are eligible for benefits if:

- Your employer has completed an CAGC participating employer agreement and
- You are a full-time associate working at least 30 hours per week



EFFECTIVE DATE OF COVERAGE

During the plan year, eligible new hires will be subject to a waiting period determined by the applicable benefit. Most plans will become effective the first of the month following the waiting period. If you enroll in benefits during Open Enrollment, your benefits will be effective January 1st.



WHEN TO ENROLL

Benefit eligible associates have the two following opportunities to enroll in the associate benefits program:

NEW HIRE ENROLLMENT. New hires have thirty days from their date of hire to enroll in CAGC's benefit coverages. Most plans become effective first of the month following 30 days. Associates not enrolling during this period must wait until the next open enrollment to elect coverage. If you have questions, please contact your manager.

OPEN ENROLLMENT. For the 2024 plan year, CAGC's annual open enrollment period will take place beginning Wednesday, November 15, 2023 and will close Tuesday, December 12, 2023. All changes and elections will be effective January 1.

HOW TO ENROLL



If your company has completed a CAGC participating employer agreement you go online to enroll at www5.benefitsolver.com.



If you need assistance with your online enrollment please call xxx-xxx-xxxx or contact your HR Department.

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS

WHEN YOU CAN MAKE CHANGES

CAGC benefits plan year is from January 1 to December 31. Generally, you can only change your benefit choices during the annual Benefits Enrollment period.

You are also allowed to make benefit changes if you have an IRS “Qualifying Event” during the year, which includes:

- Marriage or Divorce
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse’s work status that results in cancellation of your benefits
- Your dependent child is no longer eligible
- Loss of coverage through a parent’s plan
- Becoming eligible for Medicare or Medicaid during the year

If you have a life event change, you must submit notification to your manager within 30 days of the qualifying event. Depending on the type of change, you may need to provide proof document-tation (for example, a marriage license or birth certificate). If you do not submit notification within 30 days, you will have to wait until the next annual Open Enrollment period to make benefit changes.

WHEN COVERAGE ENDS

Benefits end on the last day of the month in which your employment ends, or when you cease to meet eligibility guidelines.



MEDICAL INSURANCE

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

CAGC offers four medical plan options administered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). All plans use the same network of providers who have agreed to charge discounted rates to plan members. The amount you pay for health care will vary depending on whether or not you use in-network providers and facilities. You always have the choice to go to any provider, but you'll pay less if you stay within the Blue Cross NC Blue OptionsSM network.

	PLATINUM	GOLD	SILVER	HDHP H.S.A
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>				
<i>Individual</i>	\$1,000	\$3,500	\$5,000	\$5,000
<i>Family</i>	\$2,000	\$7,000	\$10,000	\$10,000
<i>Coinsurance</i>	80%	80%	80%	70%
<i>Out-of-Pocket Max.</i>				
<i>Individual</i>	\$3,000	\$7,000	\$9,450	\$8,050
<i>Family</i>	\$6,000	\$14,000	\$18,900	\$16,100
<i>Inpatient Services</i>				
<i>Inpatient Facility</i>	20% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance
<i>Emergency Room</i>	Covered at 100% after \$300 copay	Covered at 100% after \$300 copay	Covered at 100% after \$500 copay	30% Coinsurance
<i>Physician Office Visits</i>				
<i>Preventive Care</i>	100% Covered	100% Covered	100% covered	100% Covered
<i>Primary Care</i>	\$15 Copay	\$25 Copay	\$35 Copay	30% Coinsurance
<i>Specialist Office</i>	\$30 Copay	\$50 Copay	\$70 Copay	30% Coinsurance
<i>Outpatient Services</i>				
<i>Outpatient Surgical</i>	20% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance
<i>Diagnostic X-Ray Lab</i>	20% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance
<i>Mental Health / Substance Abuse</i>	20% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance
<i>Prescription Drug</i>				
<i>Tier 1</i>	\$4 Copay	\$4 Copay	\$15 Copay	30% Coinsurance
<i>Tier 2</i>	\$25 Copay	\$25 Copay	\$45 Copay	30% Coinsurance
<i>Tier 3</i>	\$35 Copay	\$35 Copay	\$85 Copay	30% Coinsurance
<i>Tier 4</i>	\$75 Copay	\$75 Copay	\$105 Copay	30% Coinsurance
<i>Tier 5</i>	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance

MEDICAL MONTHLY PREMIUM				
	PLATINUM	GOLD	SILVER	HDHP H.S.A
Single	\$817.45	\$695.49	\$610.87	\$451.65
Employee + Spouse	\$1,801.35	\$1,533.07	\$1,346.91	\$996.63
Employee + Child	\$1,559.12	\$1,327.42	\$1,166.63	\$864.14
Family	\$2,543.04	\$2,164.99	\$1,902.68	\$1,409.13

MEDICAL INSURANCE

MEDICAL PLAN OVERVIEW

MEDICAL INSURANCE BASICS

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay.

CO-INSURANCE

The percentage of costs of a covered health care service you pay after you have paid your deductible (20% for example).

OUT-OF-POCKET MAXIMUM

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits for the remainder of the year.

WHICH PLAN IS RIGHT FOR ME?

PLATINUM PLANS

The platinum plan provides a higher level of benefit coverage. While the premium is also higher, it is for good reason. This plan may be the best fit for you and your family if you anticipate regularly using the plan or historically have various medical expenses throughout the year.

GOLD AND SILVER PLANS

The gold and silver plans provide mid-level benefit coverage. While the premiums are higher than the HDHP plan, it is for good reason. These plans may be the best fit for you and your family if you anticipate regularly using the plan or historically have various medical expenses throughout the year.

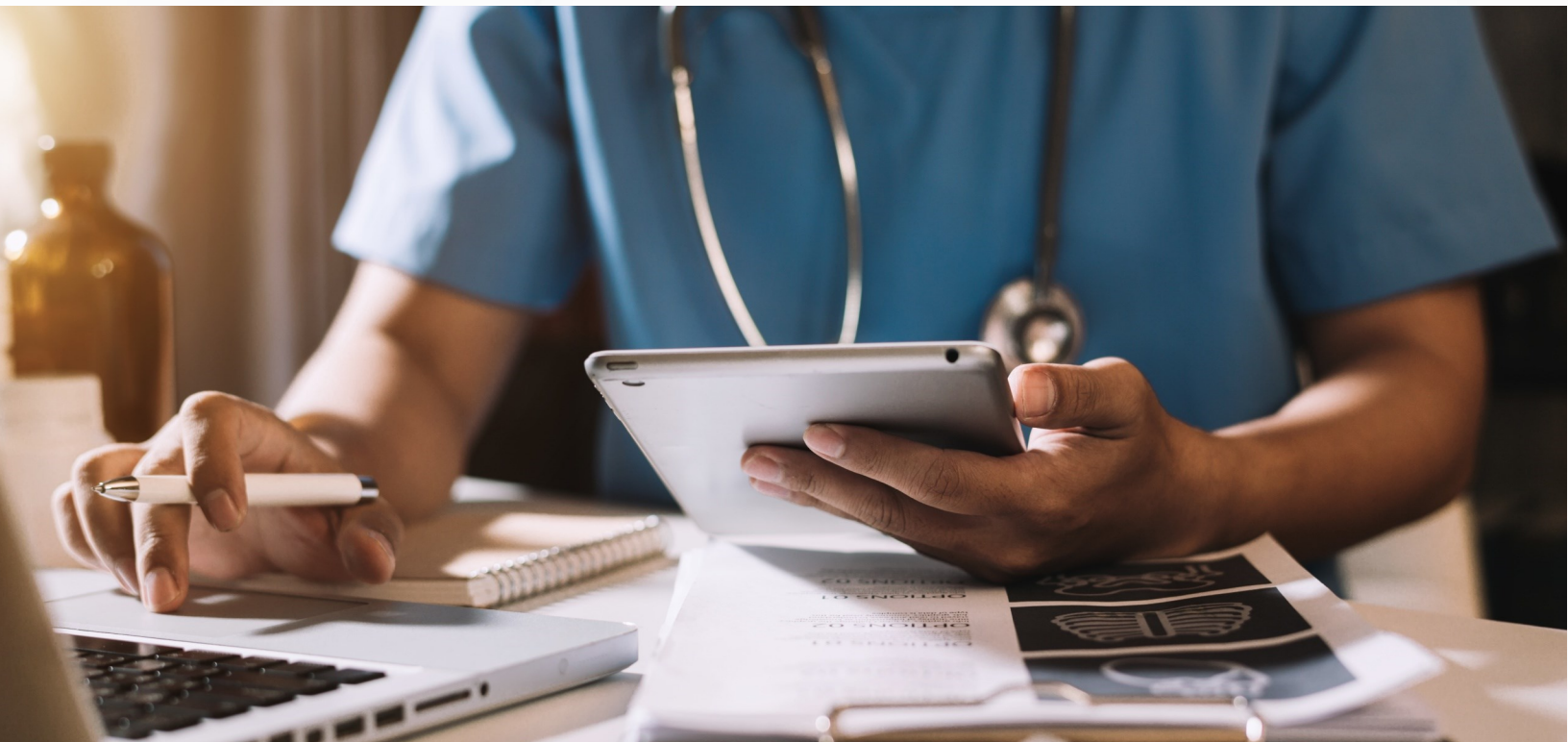
HDHP H.S.A PLAN

The HDHP plan provides a basic level of insurance coverage. The cost of the plan is less because the overall benefit has a much higher deductible and overall out of pocket costs. This plan may be the best fit for you and your family if your goal is to have protection against a catastrophic or unexpected medical expense and do not have a history of frequent medical expenses.



TELEMEDICINE

TELADOC



Telephone and online video consultations are available for all associates & family members enrolled in medical coverage.

Unlimited services are available to members and provide a quick and easy service to diagnose, treat and prescribe medication (when necessary) for certain general medical issues. To enroll in Teladoc, visit www.Teladoc.com or call 800.835.2362. You can activate your account, choose a doctor or resolve your issue.

Teladoc consultations are available subject to a \$10 payment for the Platinum, Gold and Silver plan and 30% coinsurance for the



COMMON TELEMEDICINE DIAGNOSES:

Sinus problems
Urinary tract infection
Pink eye
Allergies / congestion
Flu / cold / cough / ear infection



WHEN TO USE TELADOC:

Non-emergency medical assistance
Physician unavailable
After normal hours of operation
On vacation / out-of-town
Short-term prescription refill
Second medical opinions

DENTAL INSURANCE

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

CAGC offers dental coverage to you through BlueCross NC. Your dental plan provides coverage to help with the cost of many dental services including routine cleanings, x-rays, restorative and prosthetic services. The plan includes an extensive network of dental providers. Maximize your benefits by selecting an in-network dentist to save more on all covered services and avoid balance billing.

DENTAL INSURANCE		
	DENTAL HIGH PLAN	DENTAL LOW PLAN
BENEFITS	IN-NETWORK	IN-NETWORK
Annual Maximum per Individual	\$1,500	\$1,000
Type I – Diagnostic & Preventive Exams, Cleanings, Fluoride Treatment, Space Maintainers, X-Rays, Sealants	100%	100%
Type II – Basic Services Fillings, Simple Extractions, General Anesthesia, Oral Surgery, Endodontics	80%	80%
Type III – Major Services Crowns, Inlays, Onlays, Bridges, Dentures, Periodontic, Implants, TMJ	50%	50%
Type IV – Orthodontic Services	50% (Child)	Not Covered
Calendar Year Deductible Applies to: Individual Family	\$50 single \$150 family	\$50 single \$150 family
Lifetime Orthodontia Maximum	\$1,500	Not Covered

DENTAL INSURANCE TOTAL MONTHLY PREMIUM		
COVERAGE TIER	HIGH PLAN	LOW PLAN
Single	\$44.31	\$38.89
Employee + Spouse	\$88.62	\$77.81
Employee + Child	\$106.07	\$92.86
Family	\$162.13	\$141.90

VISION INSURANCE

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

CAGC offers vision coverage to you through BlueCross NC. Receive the maximum benefits and pay less out-of-pocket by visiting an in-network provider. The network includes provider access points nationwide. A comprehensive vision exam is available every 12 months and you may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses.

VISION INSURANCE		
CLASS DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Eye Examination Comprehensive exam of visual functions and prescription of corrective eye wear.	\$10 Copay	\$39 Allowance
Contact Lens Evaluation and Fitting Elective Medically Necessary	\$130 Allowance + 15% off balance Covered in full	Not Covered \$104 Allowance \$200 Allowance
Materials / Eye wear Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$25 Allowance \$39 Allowance \$63 Allowance \$163 Allowance
Frame Allowance Standard Frame	\$130 Allowance + 20% off balance	\$65 Allowance
Lens Upgrades PolyCarbonate (single vision/multi-vision) Anti-Reflective (single vision/multi-vision) Scratch Resistant (single vision/multi-vision) Transitions / Photochromic (single vision/multi-vision)	\$40 \$45—20% off \$15 \$75	Not Covered Not Covered Not Covered \$70 Allowance
Progressive Lens Standard Multi-Vision Premium Multi-Vision Custom Multi-Vision	\$85 \$95 \$110	\$39 Allowance
Laser Vision Correction	15% off Laser Correction	

VISION INSURANCE TOTAL MONTHLY PREMIUM	
COVERAGE TIER	RATE
Employee Only	\$12.75
Employee + Spouse	\$20.63
Employee + Child(ren)	\$21.50
Employee + Family	\$29.73

VALUE ADDED PROGRAMS

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

Blue Cross NC members have access to electronic newsletters and personalized health tools such as health trackers and assessments. Additionally, Blue Cross NC offers a number of support tools and resources to help you and dependents take charge of your healthcare. Login to your Blue Connect portal to learn more.

NURSE SUPPORT PROGRAM

Case Management supports members who may need one-on-one attention for high-risk conditions. Case Managers/Nurse Advocates help members better understand and improve their health. Support is provided via text, secure email and phone.

PIVOT

This clinically proven, personalized and self-paced program (delivered via smartphone app) helps members quit or reduce tobacco use.¹ It includes in-app coaching, daily activities, no-cost NRT and the Pivot SmartSensor progress tracker.

GUIDED HEALTH RX

By analyzing pharmacy and medical data, GuidedHealth Rx provides actionable, clinical intelligence to prescribers and members, so they can make better decisions about medications. These insights can result in improved care, safer medicine use and lower total cost of care. The Base program includes adherence and underutilization features.

CARE NAVIGATION PROGRAM

Blue Cross NC Care Navigators receive behavioral health referral requests from providers and members via our secure website. Members are then matched to in-network providers that best suit the member's needs.

MY PREGNANCY PROGRAM

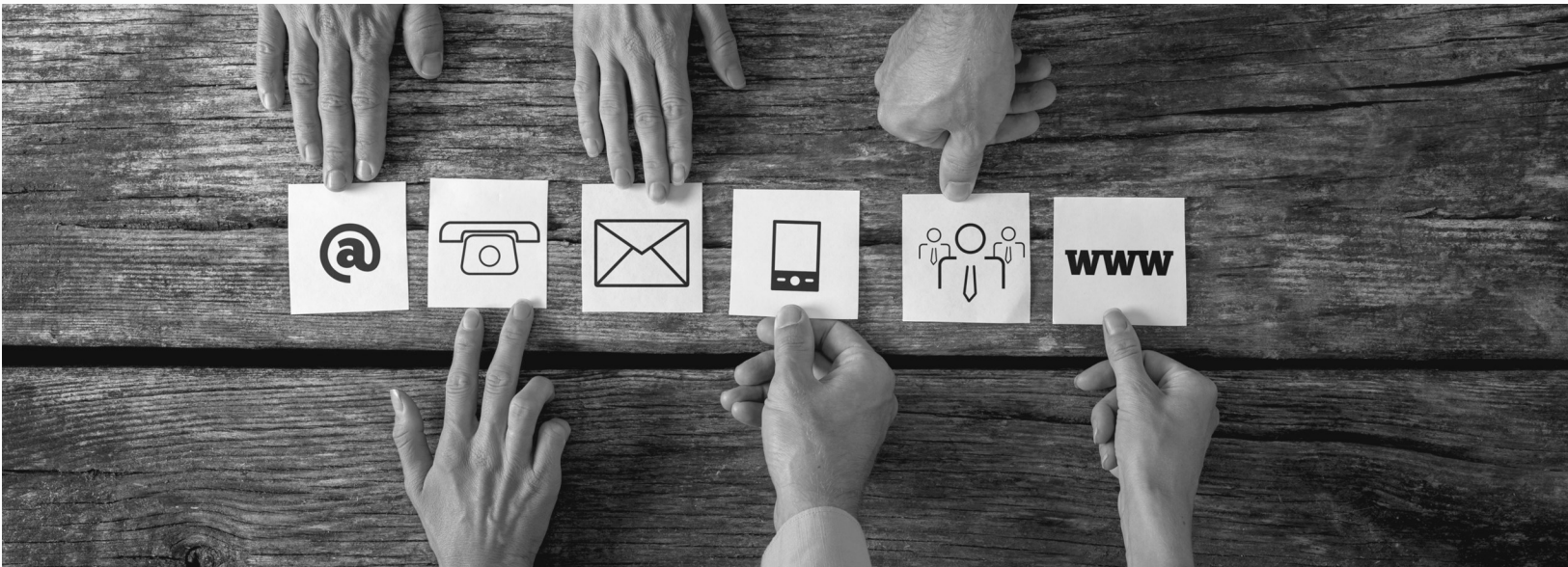
My Pregnancy is a mobile app that helps members manage their pregnancy. Weekly content, daily tips and a symptom/issue tool for real-time advice are just a few of the app's features. It also offers educational materials and tailored risk assessments with referrals to a Blue Cross NC obstetric nurse if a risk is detected.

BLUE 365

Blue365 offers member-only discounts and deals on health, fitness, travel and home products and services.

CONTACT INFORMATION

CONTACT LIST FOR YOUR EMPLOYEE BENEFITS



CONTACT INFORMATION

BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical	BlueCross NC	888-206-4697	www.bluecrossnc.com/members
Dental	BlueCross NC	888-206-4697	https://www.bluecrossnc.com/members/dental-blue
Vision	BlueCross NC	888-206-4697	https://www.bluecrossnc.com/members/vision
Enrollment	BenefitSolver		www5.benefitsolver.com

NOTES

USE THIS PAGE FOR INFORMATION YOU FIND HELPFUL



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