

2024 - 2025

Benefits Reference Guide

Carteret Health Care (CHC) is proud to offer a comprehensive benefits package to eligible employees. You share the costs of some benefits and Carteret Health Care provides other benefits at no cost to you. We appreciate the hard work and dedication you bring to Carteret Health. For this and many other reasons, we want to offer you competitive and cost effective benefits. It is one way we can say Thank You for your contributions.

Health and Wellbeing Benefits

- Medical Plans** - Carteret Health Care offers two medical plan options through MedCost - Medical Plan B (Traditional PPO) and Medical Plan C (High Deductible Health Plan with Health Savings Account). Covered members, under both plans, will receive the best value by using a Carteret Health provider when possible. To find an In-Network provider, go to www.medcost.com/members/care/find-doctor.

	MEDICAL PLAN B		MEDICAL PLAN C	
	Carteret Health	In-Network	Carteret Health	In-Network
Calendar Year Deductible	\$1,000 Single \$3,000 Family	\$3,000 Single \$9,000 Family	\$2,000 Single \$4,000 Family	\$3,500 Single \$7,000 Family
Coinsurance (You Pay)	10%	30%	10%	30%
Out-of-Pocket Maximum	\$4,500 Single \$13,500 Family	\$6,500 Single \$15,700 Family	\$3,000 Single \$5,000 Family	\$5,000 Single \$10,000 Family
Virtual Doctor Visit (relyMD)	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Primary Care Doctor Office Visit	\$5 copay	\$15 copay	10% after Deductible	30% after Deductible
Specialist Office Visit	\$30 copay	\$50 copay	30% after Deductible	30% after Deductible
Preventive Services	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Emergency Room	10% after Deductible	30% after Deductible	10% after Deductible	30% after Deductible
Urgent Care	\$75 copay	\$75 copay	30% after Deductible	30% after Deductible
Inpatient Services	10% after Deductible	30% after Deductible	10% after Deductible	30% after Deductible
Prescription Drugs	Retail (30-day supply)	Mail Order (90-Day Supply)	Retail (30-day supply)	Mail Order (90-Day Supply)
Prescription Drug Deductible (Must be met before copays apply)	\$100	Waived	N/A	N/A
Tier 1	\$10 copay	\$20 copay	10% after Deductible	10% after Deductible
Tier 2	\$35 copay	\$70 copay	10% after Deductible	10% after Deductible
Tier 3	\$70 copay	\$140 copay	10% after Deductible	10% after Deductible
Tier 4	25% to \$250	N/A	10% after Deductible	10% after Deductible

- Your Medical plan contributions will be deducted from your paycheck on a bi-weekly basis.
- If you enroll in Medical Plan C, CHC will contribute up to \$1,000 annually for Single coverage and \$1,500 for Family coverage into a Health Savings Account.
- You have the opportunity to earn financial incentives for positive health habits through the Well-Points Program.
- If you participate in the Personal Care Management Program there is enhanced coverage for insulin and diabetic supplies. The plan also includes up to six (6) sessions with a CHC Dietitian or Diabetes Educator at no charge.

- **Health Savings Account (HSA)**
 - If you enroll in Medical Plan C, you may contribute up to \$4,150 (Single) or \$8,300 (Family) for 2024 and \$4,300 (Single) or \$8,550 (Family) for 2025 (these maximums include CHC contributions). For those age 55 and older, there is an additional catch up contribution of up to \$1,000 for both 2024 and 2025. These elections are deducted from your paycheck pre-tax.
- **Flexible Spending Account (FSA)**
 - If you are not enrolled in a High Deductible Health Plan or contributing to a HSA, you may enroll in the Healthcare FSA. You may contribute pre-tax dollars up to \$3,200. If you are enrolled in the HDHP you may enroll in the limited purpose FSA for dental and vision expenses only.
 - You may enroll in the Dependent Care FSA which allows you to use pre-tax dollars toward qualified dependent care for children under age 13 or for elder adults. The maximum contribution is \$5,000 (\$2,500 if married and filing separately).
 - “Use it or lose it” rules apply which means any unused funds at the end of the plan year will be forfeited.
- **Dental Benefits** – Administered through MetLife. You will have the option to enroll in either the Base Plan or the Buy-up Plan.
- **Vision Benefits** – Administered through Community Eye Care (CEC). You will have the option to enroll in either the Eyewear Only Plan or the Comprehensive Plan.
- **Supplemental Health Benefits** – Administered through Aflac. Full-time employees may elect to enroll in the Voluntary Accident, Voluntary Critical Illness, Voluntary Hospital Indemnity, or Voluntary Cancer Insurance plans.
- **Employee Assistance Program (EAP)** – Administered through BHS. This is a free, confidential, in-the-moment support program to help you and your household members with personal or professional assistance with problems that may interfere with work or family responsibilities. CHC provides this benefit at no cost to you.
- **Gym Reimbursement Program** – Up to \$45 per month reimbursement for attending 12 times or more for qualifying gym memberships.

Financial Protection and Management

- **Group Term Life/Accidental Death and Dismemberment (AD&D)** – Administered through Lincoln Financial Group. CHC pays the total cost of this benefit.
- **Voluntary Life/AD&D** – You may supplement the company provided Life/AD&D insurance by purchasing additional coverage.
- **Short Term Disability (STD)** – This benefit replaces a portion of your income if you become disabled and are unable to work. You have the choice to enroll in one of three STD plan options.
- **Long Term Disability** – This benefit replaces a portion of your income if you become disabled and remain disabled for 6 or months. CHC pays the total cost of this insurance benefit.

Retirement

- 403(B) Retirement Plan
- 457(B) Plan
- NC 529 College Savings Plan
- Money Purchase Pension Plan

Education

- Approved Associate Degree Program – Reimbursement up to \$1,500/Fiscal Year towards tuition, books, fees.
- Approved Baccalaureate Degree Program – Reimbursement up to \$3,000/Fiscal Year towards tuition.
- Approved Graduate Degree Program – Reimbursement up to \$4,000/Fiscal Year towards tuition.

Paid Time Off (PTO)

Service Completed	PTO Hours Earned Bi-Weekly for 80 HR	Max Carry-Over (as of last payday in September)
1-12 Months	6.15 or .076 per hour	80 Hours
1 – 3 Years	7.07 or .088 per hour	160 Hours
4 – 9 Years	8.62 or .107 per hour	200 Hours
10 – 14 Years	9.23 or .115 per hour	240 Hours
15 or more Years	10.15 or .126 per hour	280 Hours

The information contained in this summary should not be construed as a promise or guarantee of employment or benefits. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this flyer and the actual plan documents, contracts, certificates, or policies, the plan documents will always govern. Plan documents are available through the HR Department.

EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	BI-WEEKLY
Medical/Rx Plan B* Wellness	
Employee	\$63.81
Employee + Spouse	\$218.20
Employee + Child(ren)	\$166.55
Family	\$279.05
Medical/Rx Plan C Wellness	
Employee	\$45.74
Employee + Spouse	\$177.28
Employee + Child(ren)	\$126.97
Family	\$237.26

BENEFIT PLAN	BI-WEEKLY
Medical/Rx Plan B* (Basic)	
Employee	\$88.81
Employee + Spouse	\$243.20
Employee + Child(ren)	\$191.55
Family	\$304.05
Medical/Rx Plan C (Basic)	
Employee	\$70.74
Employee + Spouse	\$202.28
Employee + Child(ren)	\$151.97
Family	\$262.26

*Part-time employees who enroll in the Medical/Rx Plan B pay an additional \$50 per paycheck.

BENEFIT PLAN	BI-WEEKLY
Vision Eyewear Only	
Employee	\$3.72
Employee + One	\$7.30
Family	\$10.96
Vision Comprehensive	
Employee	\$5.62
Employee + One	\$10.90
Family	\$16.04

BENEFIT PLAN	BI-WEEKLY
Dental Base Plan	
Employee	\$14.43
Employee + Spouse	\$33.25
Employee + Child(ren)	\$30.06
Family	\$48.33
Dental Buy-Up Plan	
Employee	\$16.17
Employee + Spouse	\$37.25
Employee + Child(ren)	\$33.68
Family	\$54.14

