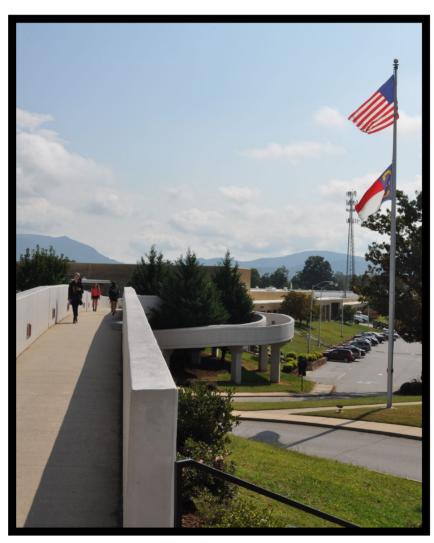
# BENEFITS BOOKLET

# PROCEDURE 500.03 PART TIME REGULAR EMPLOYEES

Effective January 1, 2021 – December 31, 2021





You have 30 days from your hire date to enroll in the Health Benefits and Supplemental Benefits

# **CONTACT INFORMATION**

# **HUMAN RESOURCES & PROFESSIONAL DEVELOPMENT DIVISION**

		828-
Susan Arnsperger	Payroll Accountant II	398-7154
Yana Babak	Human Resources Data Management Technician	398-7288
Barb Browning	Director of Professional Development	398-7538
Shanna Chambers	Vice President of Human Resources & Organizational Development	398-7178
Tammy Cogburn	Human Resources Coordinator	398-7762
Charmaine Cooper	Technical Support Specialist	398-7508
Rachel Cutshall	Leaves & COVID Specialist	450-5386
Karen Davidson	Leaves Specialist	398-7170
Kristina Kirchner	Director of Benefits & Compensation	398-7187
Darinda Noah	Employment Specialist	398-7537
Darryl Rhymes	Director of Employment and Employee Relations	398-7167
Crystal Savell	Benefits & Risk Management Coordinator	398-7168
Michael Tiller	Human Resources Assistant	398-7114
Elizabeth Watkin	Instructional Developer	398-7512
Suzanne Wilkie	Payroll Accountant I	398-7328
HR FAX	Secure FAX Line	232-5004

THE EMPLOYMENT, EMPLOYEE RELATIONS, BENEFITS AND COMPENSATION DEPARTMENTS ARE LOCATED IN THE SUNNICREST HOUSE

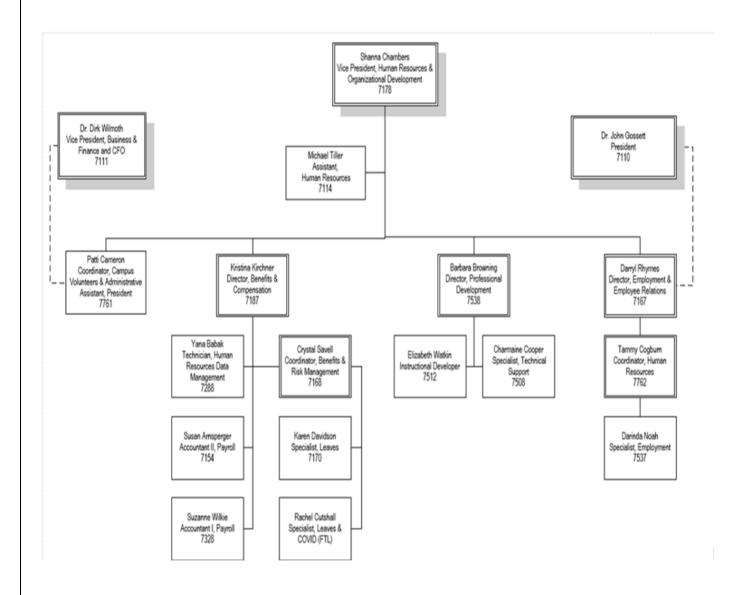
PROFESSIONAL DEVELOPMENT DEPARTMENT IS LOCATED IN THE FERNIHURST HOUSE

OFFICE HOURS ARE MONDAY - FRIDAY 9:00 AM - 5:00 PM

**APPOINTMENTS REQUIRED** 

# **ORGANIZATION CHART**

## **HUMAN RESOUCES & ORGANIZATIONAL DEVELOPMENT**



# **ELIGIBILITY AND PAYROLL**

# **EMPLOYEE BENEFITS ELIGIBILITY**

## POLICY 500

Applies to full-time regular and/or part-time regular employees as defined in Policy 503.05- Employment Categories and Classifications. Statutory benefits apply to all employees.

# **PART-TIME REGULAR EMPLOYEE**

### PROCEDURE 503.05

An employee who works an average of between 20-29 service hours per week and is employed on an annual schedule of at least nine months with the reasonable expectation of recurring employment. Part-time regular employee work hours should not exceed 29 hours per week or 129 hours per month unless specifically approved by the President.

### PROCEDURE 503.03

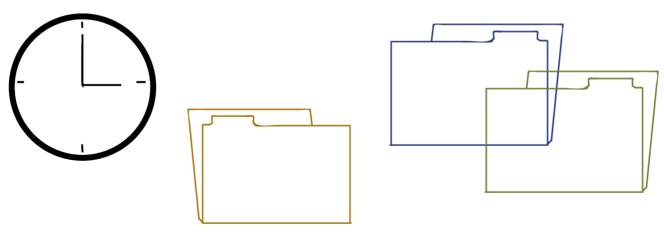
The medical premium deduction is paid a month prior to the coverage effective date, so in some instances a double deduction is required from the paycheck. This double deduction must be paid-in-full to ensure no lapse in coverage.

# **ENROLLMENT**

The HR Department will reach out to all new hires within their first month of hire to set up an appointment for enrollment in all benefits.

## **ANNUAL ENROLLMENT**

Most changes can only be made during Annual Enrollment or due to a Qualifyng Life Event. All changes must be made within 30 days of the Event. Please contact HR Department for questions regarding Qualifying Life Events.



# MEDICAL

# STATE HEALTH PLAN – BLUE CROSS AND BLUE SHIELD OF NC (BCBSNC)

(855) 859-0966 https://www.shpnc.org/

Group #: \$26001

Our medical coverage is through the North Carolina State Health Plan, administered by BCBSNC, and two plans are offered to active employees. Coverage begins the 1st day of the month following the hire date or the 1st day of the second month following the hire date into a benefit eligible position. You will receive your insurance card in seven to ten business days after your enrollment and this card will include your individual subscriber ID. Note: The Tobacco Attestation must be completed in order to reduce the employee premium. The monthly employee's premium costs are shown in the chart below.

# 80/20 & 70/30 Plan for Other 100% Contributory Subscribers

(COBRA, Former Legislators, RIF Members & Surviving Dependents)

	80/20 PLAN TOBACCO ATTESTATION COMPLETE?*		70/30 PLAN	
<b>Monthly Premium Rates</b> January 1, 2021 - December 31, 2021			TOBACCO ATTESTATION COMPLETE?*	
	YES	NO	YES	NO
SUBSCRIBERS				
Subscriber	\$571.96	\$631.96	\$546.96	\$606.96
Subscriber + Child(ren)	\$826.96	\$886.96	\$739.96	\$799.96
Subscriber + Spouse	\$1,221.96	\$1,281.96	\$1,111.96	\$1,171.96
Subscriber + Family	\$1,241.96	\$1,301.96	\$1,119.96	\$1,179.96

#### Note

## **ENROLLMENT**

Employees must self-enroll in the medical plan of their choice by logging into the enrollment site, <a href="https://abtech.hrintouch.com/">https://abtech.hrintouch.com/</a>, within 30 days of the benefit eligible date.

Once enrolled you can create a BlueConnect account at <a href="https://www.bcbsnc.com/">https://www.bcbsnc.com/</a>

On BlueConnect you can access your claims and deductible information and tools such that help you find a doctor or estimate medical costs

<sup>\*</sup>Premium credit completed during enrollment period.

# **2021 STATE HEALTH PLAN COMPARISON**

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
	IN-NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
Preventive Services	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A
Office Visits	\$0 for CPP PCP on ID card; \$10 for non-CPP PCP on ID card; \$25 for any other PCP	40% after deductible is met	\$0 for CPP PCP on ID card; \$30 for non-CPP PCP on ID card; \$45 for any other PCP	50% after deductible is met
Specialist Visits	\$40 for CPP Specialist; \$80 for other Specialists	40% after deductible is met	\$47 for CPP Specialist; \$94 for other Specialists	50% after deductible is met
Speech/Occu/Chiro/PT	\$26 for CPP Provider; \$52 for other Providers	40% after deductible is met	\$36 for CPP Provider; \$72 for other Providers	50% after deductible is met
Urgent Care	\$70		\$100	

PCP: Primary Care Provider, CPP: Clear Pricing Project

To find a CPP Provider, visit www.shpnc.org and click Find a Doctor.





PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
FLAN DESIGN FEATORES	IN-NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK
Emergency Room (Copay waived w/admission or observation stay)	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
Inpatient Hospital	\$300 copay, then 20% after deductible is met	\$300 copay, then 40% after deductible is met	\$337 copay, then 30% after deductible is met	\$337 copay, then 50% after deductible is met
PHARMACY BENEFITS				
Tier 1 (Generic)	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)	Deductible/coinsurance		Deductible/coinsurance	
Tier 4 (Low-Cost Generic Specialty)	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5 (Preferred Specialty)	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance		Deductible/coninsurance	
Preferred Diabetic Testing Supplies**	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
Preferred and Non-Preferred Insulin	\$0 copay per 30-day supply		\$0 copay per 30-day supply	
Preventive Medications	eventive Medications \$0 (covered by the Plan at 100%)		\$0 (covered by t	he Plan at 100%)

<sup>\*\*</sup> Preferred Brand is the OneTouch Test Strips. Non-preferred diabetic testing supplies are considered a Tier 3 member copay.





# PHARMACY

# CVS CAREMARK PHARMACY RESOURCE CENTER

**Customer Service: 888-321-3124** 

https://www.shpnc.org/cvs-caremark-pharmacy-resource-center

CVS Caremark is the State Health Plan's Pharmacy Benefit Manager for the 70/30 Plan, the 80/20 Plan and the High Deductible Health Plan. Members should note that this does NOT mean members have to go to a CVS pharmacy location for their prescriptions. CVS Caremark has a broad pharmacy network, which can be found using the Pharmacy Locator Tool.

Under both health plans, the formulary, or drug list, for prescription drugs is a closed formulary. Under a closed formulary, certain drugs are not covered. Please note that there is an exception process available to providers who believe that, based on medical necessity, it is in the member's best interest to remain on a non-covered drug(s).

Please note: If a drug is not covered, the following advisory will appear under Plan Notes in the Drug Lookup Tool: "Not covered: Ask your doctor about alternatives

# PHARMACY AND DRUG LOOPUP TOOLS

- Pharmacy Locator Tool
- 70/30 Plan Drug Cost Lookup Tool
- 80/20 Plan Drug Cost Lookup Tool

# PHARMACY DRUG LISTS

- 2021 Comprehensive Formulary
- 2021 Preferred Drug List
- 2021 Specialty Drug List
- 2021 Preventative Medications List

# PHARMACY FORMS AND PROCESSES

- Mail Order Request Form
- Formulary Exclusion Exceptions Process
- Prescription Drug Claim Form



Once enrolled in a plan you can create a BlueConnect account at <a href="https://www.bcbsnc.com/">https://www.bcbsnc.com/</a>

On BlueConnect, you can access your claims and deductible information and tools such that help you find a doctor or estimate medical costs!

# PROFESSIONAL LIABILITY INSURANCE

Coverage of up to \$1,000,000 is provided to all faculty, staff, Board members, and volunteers for wrongful acts and defense of any civil suit alleging a wrongful act. This insurance does not provide coverage for criminal acts. Insurance coverage is subject to all the terms and conditions contained in the insurance policy.



# STATUTORY BENEFITS

# **WORKERS COMPENSATION**

(828) 398-7168 crystalmsavell@abtech.edu

All employees are covered by the NC Workers' Compensation Act as defined by N.C. Gen. Stat. §§ 97-2(1), 97-2(3), 97-93.

Workplace incidents must be reported immediately. Please contact Crystal Savell in Human Resources to report all workplace incidents. Workplace Accident Reporting Packet and Medical Provider List.

# **SOCIAL SECURTIY/ MEDICARE**

Employees are required to pay the established percentage of earnings for Social Security/Medicare. The College pays the established employer percentage.

## **UNEMPLOYMENT COMPENSATION INSURANCE**

The College participates in the Unemployment Compensation Insurance Programs through the State of North Carolina. Benefits are based on earnings prior to unemployment and the reason for leaving the College.

# LEAVE PLANS

# Policies and Procedures 507

# FAMILY AND MEDICAL LEAVE - NOTE: THIS LEAVE REQUIRES YOU TO NOTIFY HR

Pursuant to the Family and Medical Leave Act of 1993 (FMLA) and as amended by the National Defense Authorization Act of 2008, Pub. L.110-181, and the Department of Labor's regulations any eligible employee (e.g., employees who have worked worked a certain number of hours within the past 12 months who are are employed by an eligible employer) may be granted up to a total of 12 weeks of unpaid job-protected family and medical leave.

# MILITARY LEAVE - NOTE: THIS LEAVE REQUIRES YOU TO NOTIFY HR

Military leave shall be granted to employees of the State for periods of service in the uniformed services in accordance with G.S. 127A-116 and the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). Military leave shall also be given for state military duty to members of the State Defense Militia as outlined in Rule .0820 and the Civil Air Patrol as outlined in Rule .0806.

# COMPENSATORY OVERTIME LEAVE (COT) - NOTE: THIS LEAVE REQUIRES SUPERVISOR APPROVAL

Non-exempt employees will receive compensatory leave in lieu of overtime pay. Compensatory leave will be earned at the rate of one and one-half hours for every hour worked over 40 in a work-week and/or if an employee is required to work a College Holiday. Compensatory leave will be earned at the rate of two hours for every hour worked on a Federal Holiday and/or if an employee is required to work when the College is closed during inclement weather.

## CHILD INVOLVEMENT LEAVE

The College will grant four hours of unpaid leave per calendar year to any employee who is a parent, guardian or person standing in loco parentis of a school-aged child so that the employee may attend or otherwise be involved at that child's school.

# **ADDITIONAL BENEFITS**

# STATE EMPLOYEES CREDIT UNION

## www.ncsecu.org

Membership in the State Employees' Credit Union is open to all full-time and part-time employees. Services include banking, savings, and loans. More information may be obtained by visiting one of the local offices or by visiting their website.

# **WELLNESS COMMITTEE**

# https://abtechedu.sharepoint.com/sites/GRP A-BTechWellness

The Employee Wellness Committee provides no cost or a minimal fee programs to all faculty and staff with the purpose of supporting the mental, emotional, and physical well-being of the College family. Planned events and activities provide sessions on educational topics, physical activities, and the use of College facilities to include the gym, weight room, staff yoga, staff martial arts, UNCA swim passes, and more. Be sure to keep an eye on your work email for announcements of these Wellness benefits!

## **PARKING**

(828) 398-7114

https://abtech.edu/about/campus-safety/parking-decals

All employees are provided with parking registration free of charge. Please submit your request online to obtain your parking sticker.

## **EMPLOYEE ASSISTANCE NETWORK**

(828) 252-5725

## www.eannc.com

The College has pre-paid the cost of five diagnostic, referral, and/or counseling sessions per separate eligible instance for employees and anyone living under their roof. This is a confidential service that provides professional and/or personal assistance in a myriad of areas:

EAN offers appointments in person at their offices, virtually by a secure video platform or by phone.

Call or email an Intake Coordinator to decide on the location and type of appointment that works best for you.

Phone: 828-252-5725/800-454-1477

Email: ean@eannc.com
Online at: EANNC.com

## **EMPLOYEE EMERGENCY PROGRAM – EBLEN CHARITIES**

50 Westgate Parkway Asheville, NC 28806

Email: info@eblencharities.org

(828) 255-3066

www.eblencharities.org

Contact Suzanne Wilkie in Human Resources to obtain request form at (828) 398-7328 or at suzanneewilkie@abtech.edu

When an emergency occurs, it can cause a tremendous financial burden for an employee. With this in mind, A-B Tech has partnered with Eblen Charities to create an Employee Emergency Program (EEP).

- > The A-B Tech Employee Emergency Program at Eblen Charities provides a financial gift to meet approved employee needs, <u>based on the availability of funds in this account</u>.
- > Funds are typically awarded in the form of a check that is paid directly to the vendor, not the employee.

**EEP Eligibility:** All A-B Tech employees who:

- > Have worked for the College for at least one year.
- > Have a current work assignment.
- ➤ Have not reached the maximum benefit amount of \$500 per rolling six month period.

# **LONGEVITY PAY**

# Policy 502.03

Regular full-time and regular part-time employees who have completed at least 10 years of total state (North Carolina) service shall receive a lump sum payment annually. Longevity payments are paid at the end of the anniversary month.

The below table reflects the percentage of pay:

Years of Total NC State Service	Longevity Pay Rate
10 but less than 15	1.50%
15 but less than 20	2.25%
20 but less than 25	3.25%
25 or more years	4.50%





For more information regarding Employee Benefits, please contact:

Crystal Savell (828) 398-7168 Sunnicrest Building – Main Campus

Last Update: July 2021