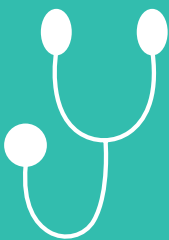


2018 NEW HIRE BENEFIT GUIDE



Your Guide to Your Benefits

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We strongly recommend that you schedule an appointment with a benefits counselor to complete your enrollment.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers two health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: [Enhanced 80/20 Plan](#) and [Traditional 70/30 Plan](#).

A paper copy is also available, free of charge, by calling 855-859-0966.



This guide is intended to summarize the benefits you receive from Charlotte-Mecklenburg Schools. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.

New Hire Benefits Enrollment

WELCOME TO YOUR BENEFITS ENROLLMENT

Charlotte-Mecklenburg Schools provides a broad array of benefits so you can select the coverage that best meets the needs of you and your family. This guide includes an overview of the benefits and your initial enrollment process. Benefit elections for most plans are effective the first day of the month following your hire date. The Hartford and Trustmark voluntary benefits will be effective the first of the month following the application signature date.

You have 30 days from your date of hire in which to enroll in benefits. Some benefits may require an application with health questions. If you do not enroll during your initial enrollment period, *in addition, if you don't enroll by this time you may not enroll until the next Open Enrollment period unless you experience a life status change.*

Medical and prescription drug coverage at CMS is provided by the State Health Plan of North Carolina. See pages 6-8 or visit the [State Health Plan](#) website for details.

WHEN CAN I MAKE CHANGES?

Any changes made after you have enrolled can only be made during each open enrollment period, unless you have a qualifying life event. Life events include, but are not limited to: marriage, divorce, gain or loss of an eligible dependent, changes in your spouse's employment and changes in employee work status. You have 30 days from the date of the life event to make changes.

REGISTER FOR YOUR PERSONAL ENROLLMENT SESSION TODAY!

Call 877.401.6390 to schedule your personal enrollment session. A benefit counselor* will explain your options and pricing, as well as help complete the online enrollment. They will also provide a benefits confirmation statement to you.

For a wallet card of benefit carriers and their contact information, please stop by the lobby of Human Resources at 1901 Herbert Spough Lane, Charlotte, NC 28208.

Benefit Counselors are Licensed Insurance Producers.


Before your enrollment, learn more about the plan choices and prices through this guide, Employee Self-Service and the [State Health Plan](#) website.

Employee Self Service Instructions

Log into the CMS Intranet.

<http://my.cms.k12.nc.us>

Note: If you work from a school location, you must change the *Realm* from *cmsdomain* to *cmssites*.



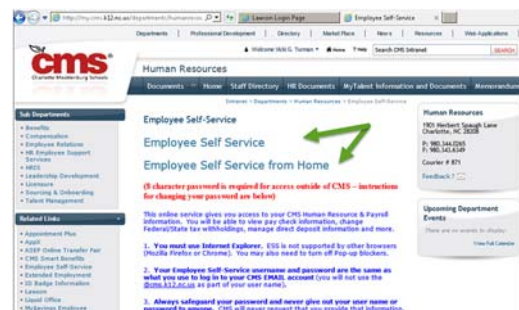
In the blue box on the left, click “Check out your Benefits”



Click on “Employee Self Service”



Select either “Employee Self Service” or “Employee Self Service Home”



Your Lawson username and password are the same as what you use to log in to your CMS email account (you will not use @cms.nc.us as a part of your username). Your initial password is Cm\$xxxxx (last 5 of your SSN).



Eligibility Explained

The chart below outlines the eligibility for the CMS sponsored plans for full-time and part-time employees. Employees must enroll in each benefit plan in order to have coverage, with the exception of Basic Term Life Insurance that CMS provides.

Plan	Full-Time Employees	Part-Time Employees
State Health Plan (Medical/Rx)	✓	✓
Cancer and Specified Disease Insurance	✓	✓
Hospital Indemnity	✓	✓
Dental Plans	✓	✓
Vision Plans	✓	✓
Flexible Spending Accounts	✓	
Short Term Disability Insurance	✓	
Long Term Disability Insurance	✓	
Accident Insurance	✓	✓
Term Life Insurance*	✓	✓
Universal Life Insurance	✓	✓
Supplemental Term Life	✓	✓
Legal Plan/Identity Theft Plan	✓	
* CMS pays for Basic Term Life		

DEPENDENT ELIGIBILITY

If you are eligible to participate in the benefits offered by CMS, your eligible dependents may also participate. For most benefit plans, dependents include:

- Your legal spouse
- Your children up to age 26
- Your children covered by the plan who are over the age of 26 and who are/were physically or mentally incapacitated on the date they turn/turned 26

Medical Plans

The State Health Plan of North Carolina offers two medical plans to CMS employees for 2018: a Traditional PPO and an Enhanced PPO plan. The Enhanced Plan provides higher coverage levels in many categories compared to the Traditional Plan. The table below provides In-Network highlights from each plan. Details about each plan are available on the State Health Plan website at www.shpnc.org.

Plan Feature	Member In-Network Expenses	
	Traditional Plan (70/30)	Enhanced Plan (80/20)
Benefit Year Deductible (Jan. 1 - Dec. 31, 2018)	\$ 1,080 Individual \$ 3,240 Family	\$ 1,250 Individual \$ 3,750 Family
Member Co-insurance	30% of eligible expenses after deductible	20% of eligible expenses after deductible
Out-of-Pocket Maximum	<u>Medical Coinsurance Out-of-Pocket Maximum¹</u> \$ 4,388 Individual \$ 13,164 Family	<u>Medical Total Out-of-Pocket Maximum</u> \$ 4,350 Individual \$ 10,300 Family
Office Visit Copays	\$ 40 Primary Care ² \$ 94 Specialist ²	\$ 25 Primary Care ² \$ 85 Specialist ²
Emergency Room	\$ 337 copay plus 30% co-insurance after deductible	\$ 300 copay plus 20% co-insurance after deductible
Inpatient	\$ 337 copay plus 30% co-insurance after deductible	\$ 450 copay plus 20% co-insurance after deductible

¹ The Traditional 70/30 has an additional Rx \$3,360 out-of-pocket maximum and the Enhanced 80/20 Plan has an additional Rx \$2,500 out-of-pocket maximum for individuals and a \$4,000 out-of-pocket maximum for families.

² In-network hospital owned or operated practices may be subject to deductible and co-insurance. Contact your physician's office to determine if their practice is hospital owned or operated.

Potential Financial Responsibility when Using Out-of-Network Providers

The amount the plan pays for covered services provided is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Employee Benefits Guide does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

For full details on the State Health Plan, visit the Plan's website at www.shpnc.org.

Prescription Drug Coverage

The State Health Plan of North Carolina utilizes CVS/Caremark as the Prescription Benefit Manager.

The table below provides In-Network highlights for prescription drug coverage for a 30 day supply. Details about each plan are available on the State Health Plan website www.shpnc.org

Plan Feature	Traditional Plan (70/30)	Enhanced Plan (80/20)
Tier 1 (Generic)	\$16 copay	\$5 copay
Tier 2 (Preferred Brand and High Cost Generic)	\$47 copay	\$30 copay
Tier 3 (Non-Preferred Brand)	\$74 copay	Deductible/ 20% Coinsurance
Tier 4 (Low Cost Generic Specialty)	10% up to \$100 max	\$100 copay
Tier 5 (Preferred Specialty)	25% up to \$103	\$250 copay
Tier 6 (Non-Preferred Specialty)	25% up to \$133	Deductible/Coinsurance
Preferred Diabetic Supplies	\$10 copay	\$5 copay
ACA Preventive Medications	N/A	\$0

PRESCRIPTION DRUGS OUT-OF-POCKET MAXIMUM:

The Traditional 70/30 has a Prescription Drug out-of-pocket maximum of \$3,360 and the Enhanced 80/20 Plan has a Prescription Drug out-of-pocket maximum of \$2,500 for individuals and a \$4,000 for families.

2018 State Health Plan Rates

YOUR MONTHLY COST

For 12 month, Full-Time Employees

	Traditional	Enhanced 80/20
	Monthly rate	Monthly rate
Employee	\$85.00	\$110.00
Employee + Spouse	\$650.00	\$760.00
Employee + Child(ren)	\$278.00	\$365.00
Family	\$658.00	\$780.00

TOBACCO ATTESTATION

Premium Credit

(will reduce the premium amount listed above)

Traditional 70/30 Credit	Enhanced 80/20 Credit
\$60 Per month	\$60 Per Month

Other Cost Saving Opportunities	Enhanced 80/20 Plan
Visit your PCP (listed on your ID Card)	Copay reduced by \$15
Visit a Blue Options Designated Specialist	Copay reduced by \$40
Receive Inpatient Care in a Blue Options Designated Hospital	\$450 copay is not applied

For full details on the State Health Plan, visit the Plan's website at www.shpnc.org.

To make your health insurance enrollment election and complete your tobacco attestation, click [here](#).

Cancer & Specified Disease

A major illness – such as cancer, a heart attack or stroke – can leave you emotionally, physically and financially overwhelmed. Critical Illness insurance can help relieve the financial impact of an illness so you can focus on recovery. With Critical Illness insurance, you'll receive a lump-sum payment when a covered illness is diagnosed. You can use the payment in any way you choose, including expenses not covered by your medical insurance.

Critical Illness insurance can enhance your traditional medical plan. When combined with accident or disability insurance, it can also help ensure that you'll be better prepared to cover out-of-pocket expenses in the event of a serious illness.

B E N E F I T S & F E A T U R E S	COVERAGE AMOUNTS	
	Coverage Amount per Option	\$10,000; \$20,000 or \$30,000
	COVERED ILLNESSES	BENEFIT AMOUNTS
	CANCER CONDITIONS	
	Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
	Non-invasive Cancer	25% of coverage amount
	VASCULAR CONDITIONS	
	Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount
	Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
	OTHER SPECIFIED CONDITIONS	
	Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount
	Bone Marrow Transplant	25% of coverage amount
	NEUROLOGICAL CONDITIONS	
	Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage amount
	ADDITIONAL BENEFITS	
	Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
	Second Opinion Cancer	\$500 per diagnosis
	Prosthesis/Wig	\$500 one time
	Health Screening Benefit	\$100 once per year for each covered person

NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In NY: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Cancer and Specified Diseases or specified disease plan are not eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

Cancer & Specified Disease

FEATURES	Details
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist® EAP ¹ — 24/7/365 access to help for financial, legal or emotional issues	
HealthChampions ¹ — Administrative and clinical support following serious illness or injury	

ASKED & ANSWERED

Who is eligible?	You are eligible for this insurance if you are an active full-time or part-time employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80. Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.
Am I guaranteed coverage?	This insurance is guaranteed up to the guaranteed issue amount—coverage up to this amount is available without having to provide information about your or your family's health. All you have to do is elect coverage to become insured up to this amount. If you elect an amount that exceeds the guaranteed issue amount you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess amount can become effective.
How much does it cost and how do I pay for this insurance?	You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier. Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.
When can I enroll?	You may enroll during any scheduled enrollment period, within 30 days of the date you have a change in family status, or within 30 days of the completion of any eligibility waiting period established by your employer.
When does this insurance begin?	Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage). You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.
When does this insurance end?	This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.
Can I keep this insurance if I leave my employer or am no longer a member of this group?	Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Cancer and Specified Diseases Form Series includes GBD-2600, GBD-2700, or state equivalent.

Hospital Indemnity

Hospital Indemnity insurance provides a cash benefit in the event of an unexpected hospital stay for a covered illness and/or injury. You and your covered dependents are paid a set benefit amount, depending on your plan and the length of your stay. You can use the payment in any way you choose – from medical expenses like deductibles, to every day costs, like housekeeping and child care. Benefits pay for hospital care, including:

- ⇒ First day stay (hospital admission)
- ⇒ Additional days in the hospital
- ⇒ Days spent in the Intensive Care Unit (ICU)

NOTE: Your *Hospital Indemnity Insurance Benefit Highlight Sheet* lists additional benefits that may be included in your plan.

Plan Information	PLAN
Coverage Type	On and off-job (24 hour)
Covered Events	Illness and injury
HSA Compatible	Yes
HOSPITAL CARE	
First Day Hospital Confinement—Up to 5 days per year	\$1,000
Daily Hospital Confinement (Day 2+) - Up to 365 days per year	\$100
Daily ICU Confinement (Day 1+) - Up to 90 days per year	\$200
VALUE ADDED SERVICES	
Ability Assist [®] EAP ¹ — 24/7/365 access to help for financial, legal or emotional issues	Included
HealthChampions ¹ — Administrative and clinical support following serious illness or injury	Included

Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

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Hospital Indemnity

PREMIUMS

Your contribution is shown below. The amounts shown are MONTHLY amounts (12 payment/deductions per year)¹.

YOUR MONTHLY COST

COVERAGE TIER	OPTION 1
Employee Only	\$15.52 (\$0.51 per day)
Employee & Spouse	\$32.20 (\$1.06 per day)
Employee & Child(ren)	\$28.50 (\$0.94 per day)
Employee & Family	\$44.00 (\$1.45 per day)

ASKED & ANSWERED

Who is eligible?	You are eligible for this insurance if you are an active full-time or part-time employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80. Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.
Am I guaranteed coverage?	This insurance is guaranteed up to the guaranteed issue amount—coverage up to this amount is available without having to provide information about your or your family's health. All you have to do is elect coverage to become insured.
How much does it cost and how do I pay for this insurance?	Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier. Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.
When can I enroll?	You may enroll during any scheduled enrollment period, within 30 days of the date you have a change in family status, or within 30 days of the completion of any eligibility waiting period established by your employer.
When does this insurance begin?	Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage). You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.
When does this insurance end?	This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.
Can I keep this insurance if I leave my employer or am no longer a member of this group?	Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy or Extended Continuation provision. Your spouse may also continue insurance in certain circumstances.

¹Rates and/or benefits may be changed.

Hospital Indemnity

NOTICES

THE POLICY IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

Dental Plans

Eligible CMS employees have a choice between three dental plans - 2 dental PPOs and 1 dental HMO - insured by Cigna. Eligible services, coverage levels and premium rates vary by plan.

To make the best plan selection for you, review the highlights shown in the table below and the more detailed benefit summaries and monthly premium rates on [CMS Benefits](#). You will also find instructions for locating Cigna participating in-network dentists.

Plan Feature	Dental HMO	PPO Basic Plan		PPO Standard Plan	
	In-Network Only ¹	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Benefit Maximum	None	\$750	\$750	\$1,500	\$1,000
Plan Year Deductible Individual / Family	N/A	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$75 / \$225
Office Visit Fee (copay)	\$5	N/A	N/A	N/A	N/A
Preventive & Diagnostic Exams, Cleanings, X-rays	Member copays apply. See Cigna Patient Charge Schedule for details.	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Basic Restorative Fillings, Extractions, Oral Surgery		80% after deductible	80% after deductible	90% after deductible	80% after deductible
Major Restorative Crowns, Periodontics, Dentures		50% after deductible	50% after deductible	60% after deductible	50% after deductible
Orthodontia²		Not covered	Not covered	50%, no deductible	50%, no deductible
Orthodontia Lifetime Maximum	None	N/A	N/A	\$1,000	\$1,000

¹ Each enrollee in the Dental HMO must select and utilize a Primary Care Dentist in Cigna's Dental HMO network.

² Child and adult orthodontia are covered under the Dental HMO; Child orthodontia is covered under the PPO Standard Plan.

**YOUR
MONTHLY
COST**

For 12 month, full-time	DHMO	Basic	Standard
Employee	\$17.59	\$24.42	\$36.64
Employee + Spouse	\$47.84	\$66.65	\$99.36
Employee + Child(ren)	\$45.57	\$63.47	\$101.65
Family	\$76.53	\$106.72	\$170.39

Vision Plans

CMS offers eligible employees the option to purchase vision insurance plans. Our vision carrier is Superior Vision. There are two available options - the Standard Plan and the Premium Plan.



Standard Plan	
Co-Pays	
Exam	\$10
Materials ¹	\$20
Contact Lens Fitting	\$25
Services/Frequency	
Exam	1 per calendar year
Frames	1 per 2 calendar years
Contact Lens Fitting	1 per calendar year
Lenses	1 per calendar year
Contact Lenses	1 per calendar year
In-Network	Out-of-Network
Covered in full	Up to \$44
Covered in full	Up to \$39
\$100 retail allowance	Up to \$40
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$26
Covered in full	Up to \$34
Covered in full	Up to \$50
Covered in full	Up to \$76
Covered in full	Not covered
Covered in full	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
See description ³	Up to \$50
\$100 retail allowance	Up to \$100

Premium Plan	
Co-Pays	
Exam	\$10
Materials ¹	\$20
Contact Lens Fitting	\$25
Services/Frequency	
Exam	1 per calendar year
Frames	1 per calendar year
Contact Lens Fitting	1 per calendar year
Lenses	1 per calendar year
Contact Lenses	1 per calendar year
In-Network	Out-of-Network
Covered in full	Up to \$44
Covered in full	Up to \$39
\$175 retail allowance	Up to \$70
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$26
Covered in full	Up to \$34
Covered in full	Up to \$50
Covered in full	Up to \$76
Covered in full	Not covered
Covered in full	Not covered
Covered in full	Not covered
Covered in full	Not covered
Covered in full	Not covered
See description ³	Up to \$50
\$175 retail allowance	Up to \$175

YOUR MONTHLY COST

For 12 month, full-time employees	Standard	Premium
Employee	\$5.20	\$9.24
Employee + Spouse	\$10.10	\$19.68
Employee + Child(ren)	\$10.58	\$20.62
Family	\$15.35	\$28.91

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² See your benefits materials for definitions of standard and specialty contact lens fittings

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

*Standard Plan-polycarbs are covered in full for dependent children; Premium-polycarbs covered in full

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any

questions. Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800.507.3800 SuperiorVision.com The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life

Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

Flexible Spending Account

A Flexible Spending Account (FSA) allows you to put aside money for important expenses and helps you reduce your income taxes at the same time. CMS offers two types of Flexible Spending Accounts - a Healthcare FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

How Flexible Spending Accounts Work

1. As a new hire and each year during Open Enrollment, you decide how much to set aside for health and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the year. A \$48.00 open administrative fee is deducted along with your contributions.
3. After you incur eligible expenses throughout the benefit year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. For some healthcare expenses, you may also use your FSA debit card to pay at the point of sale.

Please note that the health and dependent care accounts are separate; you may choose to participate in one, both or neither. You may *not* use money from the Health Care FSA to cover expenses under the Dependent Care FSA or vice versa.

FSA Plan	Maximum Open Contribution	Examples of Eligible Expenses*
Health Care FSA	\$2,600	Medical, Rx, dental, vision copays, deductibles, coinsurance, etc.
Dependent Care FSA	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care
* See IRS Publications 502 and 503 for a more complete list of eligible expenses.		

Disability Plans—State Disability

Disability coverage provides a benefit in the event you cannot work due to a covered illness or injury. CMS employees have access to multiple disability income replacement options depending on meeting the State Disability Program's eligibility criteria and election of supplemental coverage.

Short Term and Long Term Disability benefits are provided by the North Carolina State Retirement System to employees who contribute to the Teachers' and State Employees Retirement System (TSERS). You must meet the plan's length of service requirements before becoming eligible for coverage. The table below outlines some key features of these programs.

Benefit Feature	Short Term Disability	Extended Short Term Disability	Long Term Disability
Maximum Benefit Period	Up to 1 year	Up to an additional year	Until eligible for unreduced retirement
Benefit Amount (Taxable Benefit)	50% of 1/12th of annual pay up to \$3,000/month	50% of 1/12th of annual pay up to \$3,000/month	65% of annual pay up to \$3,900/month*
Eligibility	Members with at least 1 year of contributing service	Members with at least 1 year of contributing service with a temporary disability	Members with at least 5 years of contributing service with a permanent disability
Elimination Period	60 days	After Short Term Disability benefits are exhausted	After all Short Term Disability benefits are exhausted
* See State Disability Program information for employees with less than 5 years of service.			

Disability Plans—Supplemental

To supplement the state program, CMS offers the following Disability plan options:

- Short Term Disability Income Insurance through Trustmark
- Long Term Disability through Unum

How does it work?

Disability Income insurance replaces part of your paycheck when you are disabled and unable to work. It can help you meet financial obligations when you don't have a paycheck coming in. Your disability insurance benefits are yours to use any way you want.

Before you are vested in the State Disability plans, or even after you are vested, coverage through one of these programs may be beneficial for you and your family. The following table provides an overview of key components of each program and carrier.

Program Component	Short Term Disability (STD)	Long Term Disability (LTD)	Long Term Disability (LTD)
Insurance Carrier	Trustmark	Unum (Choice #1)	Unum (Choice #2)
Elimination Period	Choice of two options: 1) 0 Days Injury / 7 Days Illness 2) 14 Days Injury / 14 Days Illness	The later of 365 days or the end of your salary continuation	The later of 365 days or the end of your salary continuation
Maximum Benefit Period	12 months	To normal retirement age for disabilities occurring before age 62	To normal retirement age for disabilities occurring before age 62
Maximum Benefit Amount (in increments of \$100)	Vested in State STD: 25% of pay Not vested in State STD: 60% of pay	60% of pay	30% of pay
Monthly Benefit Maximum	\$6,000	\$8,000	\$8,000
Minimum Monthly Benefit	\$300	The greater of \$100 or 15% of the monthly benefit	None
Rate Basis	Age banded	Age banded	Age banded
Maternity Coverage?	Yes	Covered as any other illness	Covered as any other illness
Premium Withholding Basis	Post-tax (for tax-free benefit)	Post-tax (for tax-free benefit)	Post-tax (for tax-free benefit)
Benefits offset by other coverage payments?	No	Yes, by other group or individual LTD coverage and/or Social Security or any other offsets	There are no benefit offsets.

Note: UNUM's Choice #1 is not available for employees with greater than 5 years of service who are covered under the NC TSERS disability plan. Choice #1 and Choice #2 are available to employees with less than 5 years of service who are not covered under the NC TSERS disability program.

This is an outline of coverage provided and does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language.

Disability Plans—Supplemental

SHORT TERM DISABILITY INCOME INSURANCE

Offered by Trustmark Insurance Company

Short-Term Disability Income Insurance replaces part of your paycheck when you are disabled¹ and unable to work. It can help you meet financial obligations when you don't have a paycheck coming in. Your disability benefits are yours to use in any way you want. Use them to help with:

- Rent or mortgage
- Credit card and automobile payments
- Child care and housekeeping
- Medical insurance copays and deductibles

Short-Term Disability Income Insurance benefits are paid in full regardless of other coverage³. You receive benefits for total and continuous disability due to a covered non-occupational injury or accident.

TOTAL DISABILITY DEFINED⁴

Totally disabled means you are:

- Unable to work at your job
- Not working at your current employer
- Under a doctor's care for the injury or covered sickness causing your disability

Short-Term Disability Income Insurance may be right for you if you become totally disabled² due to:

- Non-occupational sickness
- Non-occupational injury
- Pregnancy⁵
- Complications of pregnancy

How Short-Term Disability Income Insurance benefits add up:	
Example: \$1,000 monthly benefit Jake ruptured a disc and continued to be disabled after his elimination period for another two months and 15 days.	
	Benefits Paid
Jake's benefits following his elimination period and his first month of disability	\$1,000
Jake's benefits for his second month of disability	\$1,000
Jake's benefits for his last 15 days of disability	\$500
Total Benefits Paid⁶:	\$2,500

¹ As defined by policy / certificate

^{2,3} Subject to terms and conditions of coverage

⁴ Definition may vary by state. See your policy or certificate for complete definition in your state.

⁵ Pregnancy covered 10 months after Effective Date for employees who previously applied for coverage that is no longer in force.

⁶ Benefits paid may vary. See your policy or certificate for details.

Disability Plans—Supplemental

PLAN HIGHLIGHTS

SHORT-TERM DISABILITY INCOME INSURANCE

Plan Features	Benefit to You
Eligibility	Full-time employees, ages 17-67, who are actively at work, working 30 or more hours per week.
Coverage Options	Employee only.
Benefit Amount	Guaranteed issue up to a \$5,000 monthly benefit, except for employees who previously applied for coverage that is no longer in force. Coverage is available up to a \$6,000 monthly benefit with medical questions. Amount is subject to Income Replacement percentages shown below.
Benefit Period	Up to one year, while you remain disabled.
Recurrent Disabilities	A new disability is subject to a new elimination period and a new maximum benefit period applies. A disability that is considered a continuation of a previous disability within 6 months is not subject to a new elimination period, and a new maximum benefit period does not apply.
Elimination Period	Two options: 14/14 or 0/7 (injury/illness)
Income Replacement Options	Up to 25% if vested (1+ years of employment) in North Carolina Retirement System Short-Term Disability Plan, up to 60% if not vested (less than 1 year of employment) in the North Carolina Retirement System Short-Term Disability Plan.
Covered Maternity Benefits	Total disability resulting from a pregnancy or childbirth is covered the same as sickness. ¹
Waiver of Premium	Waives premium if you remain disabled for 90 consecutive days during the benefit period.
Guaranteed Renewable	Guaranteed coverage to age 72, as long as premiums are paid. Consult your policy /certificate for your state's exact terms and provisions.
Premiums	Rates do not increase because of your age.
Portability	Take your coverage with you and pay the same premium if you change jobs or retire.
Pre-Existing Condition Limitation	Pre-existing conditions have been waived for all CMS employees, except for employees who previously applied for coverage that is no longer in force.

¹ Pregnancy covered 10 months after Effective Date for employees who previously applied for coverage that is no longer in force.

Pre-existing conditions limitation: If you have become disabled because of a pre-existing condition, the disability is not covered if it begins during the first 12 months after the effective date of coverage. Pre-existing condition means a sickness or physical condition for which you were treated, received medical advice or had taken medicine within 12 months before the effective date of coverage. Pre-existing limitations may vary by state. See your policy for exact terms.

Most insurance policies contain exclusions, limitations and terms for keeping them in force. Your representative will be glad to provide you with costs and complete details. See plan DI-902 for your state for exact terms and provisions. This policy is designed to provide you with coverage for disabilities resulting from covered accidents or covered sicknesses. It is not a Medicare supplement policy. It is not a police of workers' compensation insurance and will not cover accidents or sickness covered by workers' compensation insurance. This policy is supplemental and not designed to cover all medical expenses. It is not a substitute for a health benefit plan. This policy does not cover basic hospital, basic medical or major medical expenses. In MA, you must have a health benefit plan in order to purchase this insurance. Please read your policy or certificate carefully for complete information. DI-902 is underwritten by Trustmark Insurance Company, Lake Forest, Illinois.

Disability Plans—Supplemental

SHORT-TERM DISABILITY INCOME INSURANCE SAMPLE RATES

Sample weekly rates based on a 1-year benefit period.

Age	Weekly Rates per \$100 Monthly Indemnity	
	0/7 Elimination Period	14/14 Elimination Period
17-49	\$0.88	\$0.66
50-59	\$1.10	\$0.89
60-67	\$1.53	\$1.26

Actual payroll deduction amounts may vary. An application for insurance must be completed to obtain coverage. Benefit and exclusions and limitations apply.

EXCLUSIONS*

Generally no benefits are paid for disability which results from your involvement in:

- Involvement in any period of armed conflict even if not declared;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Operating, learning to operate, serving as a crew member or jumping or falling from any aircraft, including those that are not motor-driven, other than as a fare-paying passenger;
- Participating in or attempting to participate in any illegal activity;
- Suicide, attempted suicide or intentionally self-inflicted injury, whether you are sane or not;
- Addiction to use of alcohol or drugs;
- Having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. Alzheimer's and other organic senile dementias are covered.
- Having a work-related injury

*May vary by state mandates.

LONG TERM DISABILITY

Employees with *less than 5 years of service* who are not covered under the NC TSERS disability program may choose from two long term disability plan benefit options:

- 60% of monthly earnings up to \$8,000 per month, **or**
- 30% of monthly earnings up to \$8,000 per month

For employees with *5 or more qualifying years of service* that are covered under the NC TSERS disability plan, you may elect:

- 30% of monthly earnings up to \$8,000 per month; payable in addition to what the State plan pays, and regardless of what other benefits for which you may qualify

Voluntary Accident

An accident can happen to anyone, and recovery can be costly. Your major medical insurance may pick up most of the tab, but leave you with out-of-pocket expenses that add up quickly. Accident insurance can help ease the unplanned financial burden by complementing other insurance you may have, including major medical and disability coverage. As medical costs continue to rise, this additional layer of financial protection may make a difference at a time when you and your family need it most.

PLAN HIGHLIGHTS

PLAN INFORMATION		
Coverage Type		Off-job only
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$50
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance—Air	Once per accident	\$800
Ambulance—Ground	Once per accident	\$300
Blood/Plasma/Platelets	Once per accident	\$200
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident	\$200
Emergency Room	Once per accident	\$200
Health Screening Benefit	Once per year for each covered person	\$100
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$50
Lodging	Up to 30 nights per lifetime	\$125
Medical Appliance	Once per accident	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$100
Transportation	Up to 3 trips per accident	\$300
Urgent Care	Once per accident	\$75
X-ray	Once per accident	\$100

Voluntary Accident

PLAN HIGHLIGHTS

SPECIFIED INJURY & SURGERY		CUSTOM PLAN
Abdominal/Thoracic Surgery	Once per accident	\$2,000
Arthroscopic Surgery	Once per accident	\$400
Burn	Once per accident	Up to \$10,000
Burn—Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$6,000
Eye Injury	Once per accident	Up to \$300
Fracture	Once per bone per accident	Up to \$8,000
Hernia Repair	Once per accident	\$200
Joint Replacement	Once per accident	\$3,000
Knee Cartilage	Once per accident	Up to \$800
Laceration	Once per accident	Up to \$600
Ruptured Disc	Once per accident	\$750
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	Up to \$800
CATASTROPHIC		CUSTOM PLAN
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000
Common Carrier Death	Within 90 days	3 times death benefit
Coma	Once per accident	\$15,000
Dismemberment	Once per accident	Up to \$50,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$15,000
Prosthesis	Up to 2 per accident	Up to \$1,000
FEATURES		CUSTOM PLAN
Ability Assist® EAP ¹ – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampions ¹ – Administrative & clinical support following serious illness or injury		Included

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

¹HealthChampions® and Ability Assist® are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Ability Assist is a registered trademark and HealthChampion is a service mark of ComPsych Corporation.

Voluntary Accident

PREMIUMS

The amounts shown are MONTHLY amounts (12 payment/deductions per year)¹.

YOUR MONTHLY COST

COVERAGE TIER	CUSTOM PLAN
Employee Only	\$10.81 (\$0.36 per day)
Employee & Spouse	\$17.90 (\$0.59 per day)
Employee & Child(ren)	\$17.89 (\$0.59 per day)
Employee & Family	\$28.48 (0.94 per day)

ASKED & ANSWERED

Who is eligible?	You are eligible for this insurance if you are an active full-time or part-time employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80. Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.
Am I guaranteed coverage?	This insurance is guaranteed issue coverage — it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.
How much does it cost and how do I pay for this insurance?	Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier. Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.
When can I enroll?	You may enroll during any scheduled enrollment period, within 30 days of the date you have a change in family status, or within 30 days of the completion of any eligibility waiting period established by your employer.
When does this insurance begin?	Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage). You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility),
When does this insurance end?	This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.
Can I keep this insurance if I leave my employer or am no longer a member of this group?	Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

¹Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase as you enter each new age category.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities

Term Life

BASIC TERM LIFE INSURANCE

Eligible CMS employees are automatically enrolled in Basic Term Life Insurance paid for by CMS. CMS provides a benefit of \$10,000. This benefit is payable to your beneficiary upon your death. You must designate your beneficiary in Lawson Employee Self-Service (ESS). See page 4 for instructions on logging into ESS.

SUPPLEMENTAL TERM LIFE INSURANCE

You may also apply for supplemental term life insurance through Unum to help provide you and your family with additional financial protection at affordable group rates. You have the option to purchase coverage for yourself, your spouse and your dependent children.

- **Employee:** Select an amount between \$10,000 and \$1,000,000, in increments of \$10,000, not to exceed 5 times your basic annual earnings.
- **Spouse:** Select an amount between \$5,000 and \$100,000, in increments of \$5,000, not to exceed 50% of the employee's supplemental coverage.
- **Child(ren):** Select an amount between \$2,500 and \$10,000, in increments of \$2,500 for each child up to age 26 years old who are dependent on the employee for maintenance and support.

During your initial enrollment period, CMS employees may enroll for an amount up to the lesser of 3 times your basic annual earnings or \$650,000 without having to provide Evidence of Insurability. You may also enroll your spouse up to the lesser of 50% of your election amount or \$50,000 without providing Evidence of Insurability. Spouse and dependent coverage is contingent upon employee coverage.

Evidence of Insurability will be required for all late entrants—those who currently do not have employee or spouse coverage.

Dependent coverage is contingent upon employee coverage. Supplemental Term Life rates vary based on your age and the amount of coverage you choose.

Employees must be actively at work for coverage to take effect. Dependents must not be totally disabled in order for coverage to take effect.

This is an outline of coverage provided and does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language.

Universal Life and LifeEvents

PLAN HIGHLIGHTS

Universal Life Insurance

Universal Life insurance provides a death benefit to your beneficiaries if you pass away, but also builds cash value and features living benefits for long-term care. Issue age is age 18—75 for employees, 18—70 for spouses.

Universal LifeEvents® Insurance

LifeEvents provides a death benefit to your beneficiaries if you pass away, and also builds cash value and features living benefits for long-term care. It pays a higher death benefit during your working years when expenses are high and you need maximum protection. Then, at age 70 when your financial needs are lower, your death benefit reduces to one-third¹.

LIVING BENEFITS*

- **Long Term Care Benefit (LTC)**² pays 4% of your death benefit for up to 25 months for home healthcare, assisted living, nursing home care and adult day care. There is a 90-day elimination period before the benefit can be paid. To receive benefits you must meet Conditions of Eligibility for Benefits. The LTC benefit does not reduce at age 70.
- **Benefit Restoration** restores the death benefit that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

*Benefits may not be available in all states or may be named differently. Your policy will contain complete details and provisions of coverage.

¹Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 18-64.

²The LTC Benefit is an acceleration of the death benefit. Benefits begin to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. In New York, once benefits begin, they cover the period retroactive to the first day you received care. In North Carolina, the LTC benefit is the greater of 4% or \$750 per month.

Universal Life & LifeEvents

FEATURES YOU WILL APPRECIATE

Lifelong protection – Provides coverage that will last your lifetime.

Family coverage – Apply for your spouse even if you choose not to participate. Dependent children and grandchildren can be covered under a Universal Life policy.

Terminal Illness Benefit – Accelerates up to 75 percent of your death benefit if your doctor determines your life expectancy is 24 months or less.

Guaranteed renewable – Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class changes.

Separately priced benefits:

Children's term life covers newborns to age 22 and is convertible to Universal Life insurance without evidence of insurability.

EZ Value* automatically raises your benefits to keep pace with your increasing needs, without additional underwriting.

*Benefits may not be available in all states or may be named differently.

Plan Form GUL.205/IUL.205 is underwritten by Trustmark Insurance Company, Lake Forest, Illinois.

LegalShield Legal Plan

LEGAL PLAN

The need for legal protection is now more common than ever. Over 57 million Americans have experienced a significant legal event within the past year. Securing the proper legal guidance and concerns about costs are true challenges for anyone.

To make legal protection more accessible and affordable, CMS will now offer a comprehensive legal benefit from **LegalShield**. Under the program, you will not have to worry about high hourly costs or about figuring out which attorneys to use – LegalShield will do that for you.

LegalShield’s dedicated provider law firms will be your advocates – offering direct high quality legal guidance and responsive service – to promptly address your legal matters.

The plan offers a wide array of fully covered services, including:

- Unlimited consultation and document review
- Estate planning, including wills and trusts
- Adoption, administrative hearings, and other family matters
- Moving traffic violations
- Financial matters, such as bankruptcy and debt collection defense
- Purchase and sale of a primary residence and tenant/landlord disputes

Additionally, participants will have access to the plan at their fingertips, through LegalShield’s mobile App. The App provides:

- Direct access to a provider law firm
- Fast and easy upload of traffic tickets
- Access to plan information and auto accident tips
- Will preparation initiation
- 24/7/365 emergency support

**Y O U R
MONTHLY
COST**

COVERAGE TIER	
Per Employee	\$14.75

ID Shield

IDENTITY THEFT PROTECTION

Millions of Americans are impacted by identity theft each year. In fact, someone becomes a victim of identity theft every two seconds - it is a real threat to your financial and emotional wellbeing. Having an identity theft protection plan with alerts can help notify you of suspicious activity before substantial damage is done.

We are excited to offer **IDShield**, a full and proactive identity theft protection program, for the first time this year. With over 15,000 identities restored and a \$5 million service guarantee, you can rest assured knowing IDShield will protect you and your family. The program includes the following services:

- Credit monitoring with monthly credit score tracking
- Lost wallet assistance
- Surveillance of Black Market websites
- Minor child and social media accounts monitoring
- Direct access to Licensed Private Investigators for consultation and restoration services
- 24/7/365 emergency support
- A mobile App that provides customized alerts, credit score tracking, and direct access to support personnel

**Y O U R
M O N T H L Y
C O S T**

COVERAGE TIER	
Employee Only	\$6.00
Employee & Spouse	\$11.00
Employee & Child(ren)	\$11.00
Employee & Family	\$11.00

Other Employee Programs

PURCHASING POWER PURCHASING PROGRAM

Through the Purchasing Power program you can buy various household items and other goods and pay for them via payroll deduction. Things like computers, televisions, appliances and many more items are available. Visit www.cms.purchasingpower.com for more details.

HOME & AUTO INSURANCE DISCOUNT PROGRAM

Four insurance companies partner with CMS to offer employees discounts on home and automobile insurance. The four vendors are:

- Liberty Mutual
- MetLife
- Nationwide
- Horace Mann

For more information about what each carrier offers, you may contact them directly. Telephone numbers are listed on page 33 of this Guide.

Important Notices

Premium Assistance Under Medicaid & Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

North Carolina	South Carolina
Website: www.ncdhhs.gov	Website: www.scdhhs.gov
Phone: 919-855-4800	Phone: (888) 549-0820

Important Notices

Rate Notice and Escrow Notice for Less than 12 Month Employees

In order to provide continuous medical coverage for less than 12-month employees and their dependents during the summer months (June–August), CMS deducts additional amounts, called escrow payments, to cover the summer months' deductions.

For employees who increase their coverage for January 1, additional escrow payments will be collected in one or more of your payroll checks no later than May 31 of the current school year. The Human Resources department will notify you by email prior to the deduction being taken.

Making Changes During the Plan Year

Once you enroll during Open Enrollment or during your new hire initial eligibility period, you are required to maintain most of your benefit elections throughout the benefit year, unless you experience a Qualified Life Event, as defined by the IRS. These include:

- Marriage, death of a spouse, divorce, annulment or legal separation
- A change in the number of dependent children; including birth, adoption, placement for adoption, becoming responsible for a stepchild who will reside in your home or death of a child
- Employment change by the employee, spouse or dependent child that results in a loss or gain of health coverage
- Child's loss of eligibility due to age or marriage
- For Dependent Day Care FSA – enrollment into or removal from day care

If you experience a Qualified Life Event during January 1 - December 31, 2018, you have 30 calendar days from the date you experience the event to change your benefit elections. The benefit changes you make must be consistent with your life event, and you must provide CMS with documentation of the event (e.g., birth certificate, marriage certificate, COBRA or HIPAA letter showing loss of coverage) within the same 30 day window. If you do not make the change within 30 calendar days of the qualified life event or if you do not provide documentation within that period, you must wait until the next open enrollment period to make an election change. To report a Qualified Life Event and to make your mid-year benefit changes online, visit [CMS Benefits](#).

Other Notices

To view the health plan legal notices, visit the State Health Plan of North Carolina website at www.shpnc.org.

Charlotte-Mecklenburg Schools reserves the right to amend, modify, suspend or terminate - in whole or in part - the plan at any time without approval, consent or acceptance of participants. This reservation applies to all active benefit plans including all medical and prescription drug plans, and includes the right to change contributions and available benefits. Charlotte-Mecklenburg Schools will make reasonable efforts to maintain personal information, but it is entirely the responsibility of employees to maintain accurate and current personal information, including address, with the company. Failure to do so could result in loss of coverage.

It is the responsibility of employees and their covered dependents to notify Charlotte-Mecklenburg Schools of changes that may affect the eligibility of covered dependents, including but not limited to (1) the death of the covered employee, (2) divorce or legal separation of the covered employee, (3) a covered dependent child ceasing to qualify as a "dependent child" under the terms of the plan, and (4) a covered member's entitlement to Medicare. Notice of change must be made within 30 days of the change. Failure to notify may result in loss of coverage.

Carrier Contacts

QUESTIONS ABOUT YOUR BENEFITS WITH CMS?

Contact the CMS Benefits Service Center at 877-401-6390

Monday through Friday, 8:00 a.m. - 5:00 p.m.

Coverage	Carrier/Administrator	Website	Phone Number
Medical/Prescription Drug	North Carolina State Health Plan CVS/Caremark	www.shpnc.org	Medical—888-234-2416 Rx—888-321-3124
Accident Specified Disease Hospital Indemnity	The Hartford	https://www.thehartford.com	855-396-7655 866-547-4205-to file a claim
Dental	Cigna	www.mycigna.com	800-244-6224
Vision	Superior Vision	www.superiorvision.com	800-507-3800
Flexible Spending Accounts	Flores & Associates	www.flores247.com	800-532-3327
Short Term Disability	Trustmark	www.trustmarksolutions.com	800-918-8877
Long Term Disability	Unum	www.unum.com	800-633-7479
Universal LifeEvents Insurance	Trustmark	www.trustmarksolutions.com	800-918-8877
Term Life	Unum	www.unum.com	800-445-0402
Purchasing Program	Purchasing Power	www.cms.purchasingpower.com	866-670-3479
Legal/ID Theft Protection	LegalShield	http://benefits.legalshield.com/cms	888-807-0407
Discount Home & Auto Insurance Programs	Met Life Liberty Mutual Nationwide Horace Mann		800-438-6388 800-835-0894 704-549-4800 704-532-1111

<https://mybensite.com/cmsk12>

Notes

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Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

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