

**DENTAL—Delta Dental PPO Plus Premier**

ELIGIBILITY: The First Day of the Month after Hire

Customer Service: 1-800-662-8856

Website: www.memberportal.com

**Plan Rates—**

- Employee -\$31.03—Town pays 100%
- Employee pays for Children—\$55.64/mo.
- Employee pays for Spouse—\$31.03mo.
- Employee pays for Family—\$67.41/mo.

**Deductible—**

- Employee ONLY—\$50
- Employee & Children—\$50
- Employee & Spouse—\$50
- Family—\$100

NOTE: Administered by the HILB Group and Delta Dental.. Deductible plan year is July 1st– June 30th

**VISION Delta Vision VSP**

ELIGIBILITY: The First Day of the Month after Hire

Customer Service: 1-800-877-7195

**Plan Rates—**

- Employee -\$8.14—Town pays 100%
- Employee & Children—\$9.30mo.
- Employee & Spouse—\$8.14/mo.
- Family—\$19.72/mo.

NOTE: You don't need an ID card or claim form. Go to the VSP website to find a participating doctor.

**LIFE INSURANCE**

ELIGIBILITY: The First Day of the Month after Hire

Provider: MetLife

Employee ONLY—Town pays 100%. Policy pays \$15,000. For information on supplemental life insurance, contact Meredith Bailey at Town Hall.

**SHORT-TERM DISABILITY**

ELIGIBILITY: The First Day of the Month after Hire

Provider: MetLife

Employee ONLY —Town pays 100%. Benefit pays 50% of employee's base weekly salary for up to a maximum of 11 weeks.

**LONG-TERM DISABILITY**

ELIGIBILITY: The First Day of the Month after Hire

Provider: MetLife

Employee ONLY —Town pays 100%. Payment amount varies subject to circumstances.

**OTHER BENEFITS**

**401K Empower**

ELIGIBILITY: Immediate

Town contributes 5% of employee's base salary. Employee may also contribute, but it is not required. No vesting requirement. Customer Service: 866-627-5267

**NC Retirement**

ELIGIBILITY: immediate

Town contributes a % of gross salary for full time employees and a % for full time law enforcement. This rate fluctuates annually as directed by NC State Retirement System. Employee must also contribute 6 %.

Employee is vested after five years of service with the Town. Includes death benefit payout of one times employee's annual salary to beneficiary (minimum \$25,000 and a maximum of \$50,000). Employee must have one year of active service to qualify for death benefit.

Customer Service: 877-627-3287

**Hardship Leave Pool**

The Town allows employees to contribute accumulated sick time into a pool for use by other employees if needed for emergency situations.

For questions call Town Hall at 458-8216 and ask for:

**MEREDITH BAILEY or MANDY SANDERS**  
**BENEFITS**  
**PERSONNEL CONCERNS**  
**WORKER'S COMPENSATION**  
**PROPERTY CLAIMS**

**EMPLOYEE BENEFITS**  
**Jan. 1, 2026- Dec. 31, 2026**

**Medical • Dental • Vision • Life**  
**Flex Account • Other Benefits**



**Holidays**

- New Year's Day**
- Martin Luther King Day**
- Good Friday**
- Memorial Day**
- Independence Day**
- Labor Day**
- Veteran's Day**
- Thanksgiving (three days -Wednesday - Friday)**
- Christmas - three days**

**Vacation**

<b><u>0–5 years of service</u></b>	<b><u>12 days/yr.</u></b>
<b><u>6–10 years of service</u></b>	<b><u>15 days/yr.</u></b>
<b><u>11–15 years of service</u></b>	<b><u>18 days/yr.</u></b>
<b><u>16--20 years of service</u></b>	<b><u>21 days/yr.</u></b>
<b><u>21- 25 years of service</u></b>	<b><u>24 days/yr.</u></b>
<b><u>26+ years of service</u></b>	<b><u>27 days/yr.</u></b>

**Sick Leave**

**12 days per year**

**FLEXIBLE SPENDING ACCOUNT**



ELIGIBILITY: 30 days after hire date. FSA spending amount is pro-rated for new hires.

The Town provides a Healthcare Flexible Spending Account (FSA) in the form of a VISA debit card that may be used toward:

- Plan deductibles
- Drug co-pays
- Out-of-pocket dental & vision expenses
- Medical equipment (wheelchair) and Lasik eye surgery
- Related expenses for family members even if they're NOT covered on your insurance. (Family member must be eligible to be claimed on your Federal Tax Return)
- Limitations apply to over the counter items (see [www.fsastore.gov](http://www.fsastore.gov) or Meredith Bailey for details)
- Dependent Care FSA is also available (includes Daycare).

**CARD AMOUNTS**

The town contribution to your FSA is \$1550 each calendar year.

Employees may contribute pre-tax dollars into their FSA through payroll deductions, to a maximum of \$3,400.

The balance on your FSA VISA card must be used before December 31 of the plan year. It does not carry over to the next year. You have 90 days from December 31st to submit receipts for reimbursement.

For more information, contact Meredith Bailey at Town Hall.  
Plan administrator is TASC.  
Customer Service: 888.704.3539  
[www.tasconline.com](http://www.tasconline.com)

<u>NC State Health Plan - AETNA</u>	<u>STANDARD PPO</u>	<u>PLUS PPO</u>
<b>EMPLOYEE MONTHLY PREMIUMS</b> <i>**EMPLOYEE and DEPENDENT premium rates are based on wellness activity participation by the employee</i>		
Amount paid by Town (for employee only)	\$518.64	\$518.64
Employee Only Premium	\$35-\$80	\$66 - \$160
Employee <b>and</b> Children	\$185-\$230	\$276 - \$370
Employee <b>and</b> Spouse	\$575-\$620	\$746 - \$840
Employee <b>and</b> Family	\$575-\$620	\$746 - \$840
<b>EMPLOYEE DEDUCTIBLES</b>		
Individual	\$3000	\$1500
Family	\$9000	\$4500
<b>EMPLOYEE CO-PAYS</b>		
Office Visits/Primary Care Provider	\$50	\$40
Specialist	\$94	\$80
Preventive	\$0	\$0
Urgent Care	\$100	\$70
Emergency Room Services (Co-pay waived w/admission or observation stay)	\$600 then 30%	\$500 then 20%
<b>EMPLOYEE OUT OF POCKET MAXIMUM</b>		
Individual (Medical/Pharmacy)	\$6500	\$5000
Family (Medical/Pharmacy)	\$16300	\$15000

*\*All amounts listed above are based on "in-network" costs \* AD is After Deductible \*Refer to Plan Benefit Booklet for details regarding Co-Insurance Maximums and Out of Pocket Limits\* This pamphlet serves only as a quick reference tool. Please refer to your specific plan benefit booklet for additional information, or you may call 888-234-2416 with specific coverage questions. Plan benefit booklets are available at Town Hall or may be found at [www.shpnc.org](http://www.shpnc.org).*

**AETNA (State Health Plan)**

ELIGIBILITY: The first day of the month after hire date.

**Tiered Prescription Co-Pays:**

**STANDARD PPO PLAN**

Tier 1—\$25  
Tier 2—\$75  
Tier 3—Deductible/coinsurance (See handbook for additional tiers)

**PLUS PPO PLAN**

Tier 1—\$15  
Tier 2—\$55  
Tier 3—Deductible/coinsurance (See handbook for additional tiers)  
Preventative—\$0

**Contact Info:**

To locate a physician or healthcare facility within the AETNA network, go to [www.shpnc.org](http://www.shpnc.org).

**For State Health Plan questions call:**

Customer Service 855-859-0966  
Benefits/Claims 888-234-2416  
Prescription 888-321-3124  
Mental 800-367-6143  
Wellness 800-817-7044

**For ID cards, change of information or additional coverage contact Meredith Bailey at Town Hall.**

