

Employee Benefit Guide

2025-2026

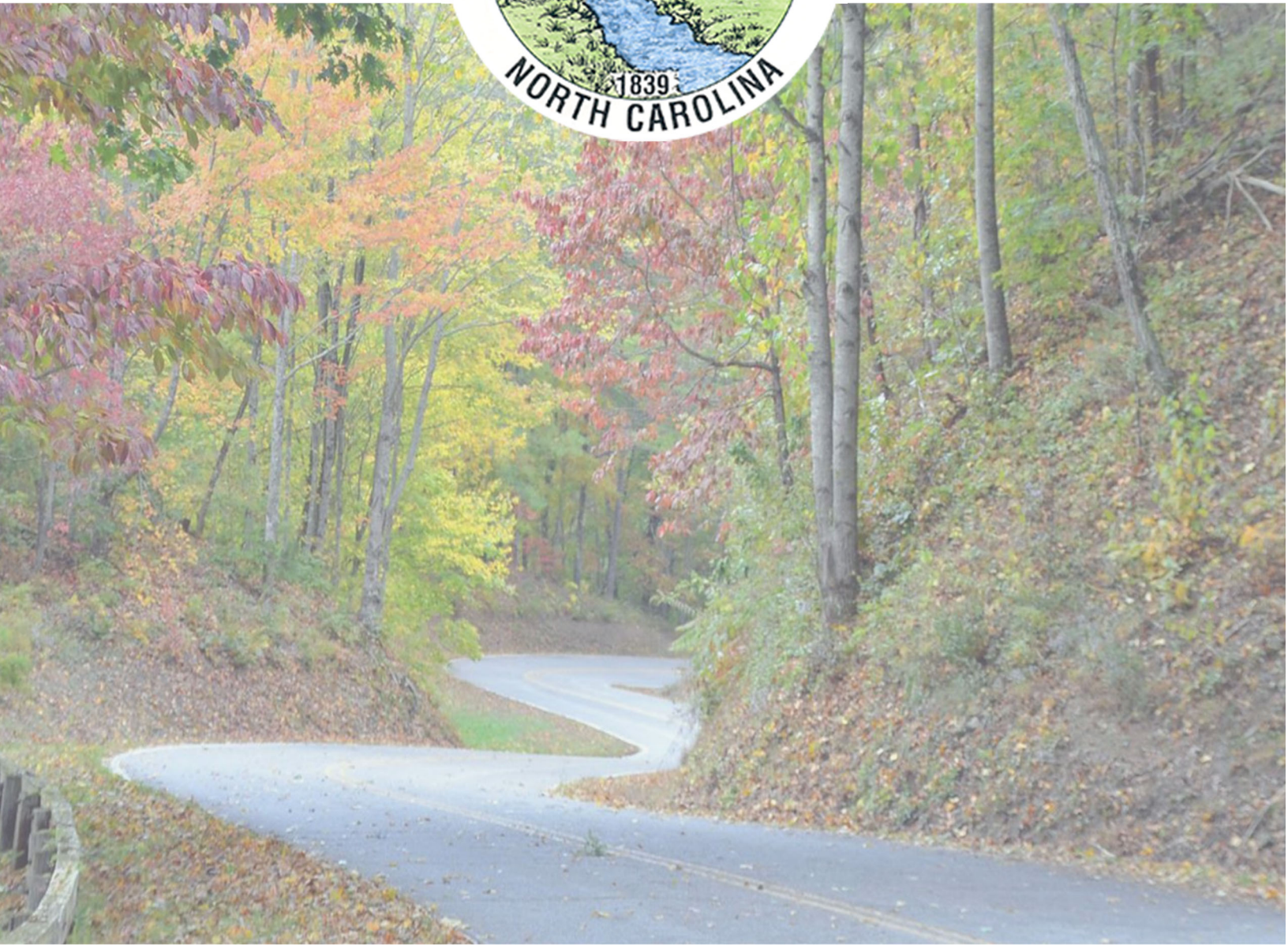


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MEDICAL

MedCost

T: 800-795-1023

W: MedCost.com

SONA (RX)

T: 844-550-1984

E: pharmacy@sonapharmacy.com

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ALLY HEALTH

T: 828-342-1993

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DENTAL

MedCost

T: 800-795-1023

W: MedCost.com

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VISION

Community Eye Care

T: 888-254-4290

W: cecvision.com

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EAN

Employee Assistance Network

T: 800-454-1477

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LIFE & VOLUNTARY LIFE

Lincoln Financial Group

T: 800-423-2765

W: lincolffinancial.com

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DISABILITY

Lincoln Financial Group

T: 800-423-2765

W: lincolffinancial.com

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AFLAC

T: 828-342-1993

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DISCLOSURE NOTICES

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BENEFIT INFORMATION

YOUR BENEFITS PLAN

Cherokee County offers a variety of benefits allowing you the opportunity to customize a benefits package that meets your personal needs.

In the following pages, you'll learn more about the benefits offered. You'll also see how choosing the right combination of benefits can help protect you and your family's health and finances—and your family's future.

Benefit	Who pays the cost?
Medical	Cherokee County pays 100% towards the employee coverage. Employee is responsible for 100% of dependent coverage.
EAN	Cherokee County pays for all employees to have access to the Employee Assistance Network at no cost.
Ally Health	Cherokee County pays for all benefit eligible employees to have access to the virtual health services for employees and everyone in their
Dental	Cherokee County pays 100% towards the employee coverage. Employee is responsible for 100% of dependent coverage.
Vision	Cherokee County offers vision coverage on a voluntary basis.
Group Life	Cherokee County pays 100% towards the employee coverage.
Voluntary Disability	Cherokee County offers disability coverage on a voluntary basis
Voluntary Life	Cherokee County offers life coverage on a voluntary basis
Worksite	Cherokee County offers AFLAC benefits on a voluntary basis

PRE-TAX BENEFITS

CHOOSING YOUR BENEFITS

The premium for elected coverages are taken from your paycheck automatically. There are two ways that the money can be taken out, pre-tax or post-tax.

WHY DO I PAY FOR BENEFITS WITH PRE-TAX MONEY?

There is a definite advantage to paying for some benefits with pre-tax money. Taking the money out before your taxes are calculated lowers the amount of your pay that is taxable. Therefore, you pay less in taxes.

ELIGIBILITY

All Regular full-time employees are eligible to join Cherokee County Benefits once the waiting period has been satisfied. Coverage will begin on the first of the month following 30 days of your hire date. “Regular Full-Time Employees” must be regularly scheduled and working at least 30 hours per week. You may also enroll your dependents in the Benefits Plan when you enroll.

WHO’S AN ELIGIBLE DEPENDENT?

- ◆ Your legal spouse
- ◆ Your married or unmarried natural children, step-children living with you, legally adopted child(ren) and any other child(ren) for whom you have legal guardianship, up to age 26

WHEN CAN YOU ENROLL?

You can sign up for Benefits at any of the following times:

- ◆ As a new hire, at your initial eligibility date.
- ◆ During the annual open enrollment period, effective July 1st of each year.
- ◆ Within 30 days of a qualified life-event.

MAKING CHANGES

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change your benefit elections during the plan year if you have a change in the status including:

- ◆ Your marriage or divorce
- ◆ Birth or adoption of an eligible child
- ◆ Death of your spouse or covered child
- ◆ Change in your spouse’s work status that affects your benefits
- ◆ Change in your work status that affects your benefits
- ◆ Change in residence that affects your eligibility for coverage
- ◆ Change in your child’s eligibility for benefits
- ◆ Receiving Qualified Medical Child Support Order (QMCSO)

You must notify and provide Cherokee County with the necessary documentation within 30 days from the life event by providing it to the HR Administrator. The IRS allows changes to be made within 60 days for those eligible for Medicaid or CHIP under HIPAA Special Enrollment Rights.

WHEN DOES COVERAGE END?

Medical, Dental , Vision, Group & Voluntary Life Coverage will end the last day of the month in which you terminate employment with Cherokee County. Short-Term and Long-Term Disability will end on date of termination.

MEDICAL INSURANCE

Cherokee County offers a medical plan through MedCost. The chart on the next page provides an overview of the plan, please refer to your Summary of Benefits and Coverage for further detail. You may request a copy at Human Resources or going to MedCost.com r calling 800-795-1023.



To find a provider Go to www.medcost.com

- Click on “Find a Doctor”
- Choose Network from drop-down menu
- To find

North or South Carolina providers:

- “MedCost and MedCost ULTRA”

- To find

Providers outside NC, SC or VA

- Click to the right “Find a Doctor” and select the First Health Logo



IN-NETWORK

DEDUCTIBLE (EMBEDDED) / COINSURANCE / MAXIMUM OUT-OF-POCKET

Individual / Family	\$500 / \$1,500
Coinsurance	20%
Maximum Out-Of-Pocket (Individual / Family)	\$3,500 / \$10,500

FACILITY VISITS

Primary Care	Plan pays 100% (after \$25 copay)
Specialist Visits	Plan pays 100% (after \$50 copay)
Preventive Care	Plan pays 100% up to \$500 combined maximum per Plan Year, then 20% after deductible.
Inpatient Hospital	20% Coinsurance (after deductible)
Outpatient Hospital	20% Coinsurance (after deductible)
Emergency Room	20% Coinsurance (after \$150 copay)
Urgent Care	Plan pays 100% (after \$30 copay)

DIAGNOSTIC SERVICES & IMAGING

X-Ray	20% Coinsurance (after deductible)
Blood Work	20% Coinsurance (after deductible)
CT/PET scans	20% Coinsurance (after deductible)
MRI's	20% Coinsurance (after deductible)

PRESCRIPTIONS—SONA PHARMACY

Generic	\$10 Copay (30 day retail)
	\$25 Copay (90 day retail)
Preferred Brand	\$30 Copay (30 day retail)
	\$75 Copay (90 day retail)
Non-Preferred Brand Drugs	\$60 Copay (30 day retail)
	\$150 Copay (90 day retail)
Specialty	Generic
	\$10 Copay
	Formulary Brand
	\$30 Copay
	Non-Formulary Brand
	\$60 Copay

****CVS Pharmacies are excluded from the network. Employees can fill prescriptions at independent and chain pharmacies across the nation (excluding CVS)**

**** Please refer to Summary of Benefits and Coverage for Out-of-Network**



medcost network

MedCost Network Providers

MedCost is committed to ensuring access to high-quality healthcare through an extensive network of physicians, hospitals, and other medical professionals. When you choose a network provider, your out-of-pocket costs are less because the providers in the network have agreed to offer services to members for reduced fees.

Along with the MedCost Network in North and South Carolina and MedCost Virginia in Virginia, you also have access to the First Health Network if you reside or are traveling outside of MedCost's network areas.

You can check provider participation status through Live Chat on MedCost.com during regular member service hours, or use our online Provider Search Directory any time (see sidebar for instructions). Providers are added and removed from the network on a daily basis, so please verify a provider's participation in the MedCost network when making an appointment. Always present your health insurance ID card so the provider registers you as a MedCost participant.

If you have any questions about the participation of a physician, hospital, or facility, please call MedCost Customer Service at the number shown on your ID card.



How to Find a Provider

With our online Provider Search Directory, you can quickly and easily find a MedCost network participating provider.

- Go to www.medcost.com
- Click on "Find a Doctor"
- Choose Network from drop-down menu
- To find North or South Carolina providers:
 - "MedCost and MedCost ULTRA"
- To find Virginia providers:
 - "MedCost Virginia (including Plus and Ultra)"

Provider Name – search by physician last name, practice name or specialty (further narrow your results by entering the physician's first name, city, and/or state).

Facility Name – search by facility/ancillary name or type (further narrow your results by entering a city and/or state).

Provider Radius – choose a specific provider specialty or facility type and search for providers or facilities within a certain mile radius of your zip code.

Create a Custom Directory – print your search selections or generate a custom PDF Directory of providers or facilities



www.MedCost.com

ANY DEVICE
ANYWHERE
24/7

Create Your Account Today



[DR-]



Use your digital ID card!

Get access to your benefits with your MedCost account at [MedCost.com/MyMedCost](https://www.MedCost.com/MyMedCost) and the **My MedCost mobile app**



Go to [MedCost.com/MyMedCost](https://www.MedCost.com/MyMedCost) or download the My MedCost mobile app. Just search for My MedCost.



Follow the prompts. You'll need information from your health plan ID card to complete registration.



Confirm that the information you entered is correct to complete registration and sign in.

- ✓ **USE** your digital ID card — one less thing to carry in your wallet!
- ✓ **SEE** your year-to-date deductible balances and out-of-pocket limits

- ✓ **CHECK** claims status and Explanations of Benefits (EOBs)
- ✓ **GO** paperless — update your EOB delivery preference

If you have questions, please call our Customer Service Contact Center at the number shown on your health plan ID card.



TERMS TO KNOW

Coinsurance

The percentage of total costs that you pay out of pocket for covered expenses after you meet the deductible.

Copayment (Copay)

The set fee you have to pay out of pocket for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay out of pocket before the health plan will start to pay its share of covered expenses.

Network

The amount you pay out of pocket before the health plan will start to pay its share of covered expenses.

Out-of-Pocket Maximum

The most you pay each year out of pocket for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for the covered expenses for the remainder of the plan year.

Preventive Care Services

You receive to help you stay healthy (rather than when you're sick or injured). Preventive care services include annual physicals, wellness, screenings, and well-baby care.

Speak with a US Board Certified doctor... at no cost!

Available 24/7/365 by phone, email, or video chat. Anytime. Anywhere.

- ✓ Talk directly with a doctor or pediatrician in minutes
- ✓ No deductibles or copays
- ✓ Board Certified, US based doctors
- ✓ Prescriptions called in to your local pharmacy (at doctor's discretion)
- ✓ Unlimited use with no per-call fees
- ✓ For your entire family



When to Use AllyHealth:

- If you're considering the ER or urgent care center for a non-emergency medical issue
- For non-emergency medical issues & questions
- Request prescriptions or get refills
- Traveling and in need of medical care
- During or after normal business hours, nights, weekends and even holidays



Common conditions we treat:

Acne	Fever	Sinus Infection
Allergies	Gout	Sports Injuries
Asthma	Headache	Constipation
Bronchitis	Infections	Skin Inflammations
Cellulitis	Insect Bites	Urinary Tract Infection
Cold & Flu	Rashes	Joint Aches & Pains
Sunburn	Diarrhea	
Sore Throat	Ear Infection	And more...

Activate Your Account TODAY!

You are 3 Steps Away!

- 1 Activate Your Free Membership**
 - 🖥️ www.allyhealth.net/activate-account
 - 📞 888-565-3303 (ext. 1)
- 2 Complete Your Medical History**
 - 📄 Simply complete your medical history during registration (by phone or online)
- 3 Request a Consultation**
 - 🖥️ member.allyhealth.net
 - 📞 888-565-3303 (ext. 1)
 - 💬 Speak with a doctor or pediatrician any time free of charge by secure video, phone, or email

For more information:

- 📞 888-565-3303
- ✉️ member-services@allyhealth.net
- 🖥️ www.allyhealth.net

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

DEDUCTIBLE	
Individual	\$25 / person
Family	\$75 / family
ANNUAL MAXIMUM	
Per Covered Person	\$1,000
DIAGNOSTIC & PREVENTIVE CARE	YOU PAY
Oral Exams, Bite-wing X-Rays, Full mouth X-rays. Prophylaxis, Topical fluoride, Space maintainers, Emergency palliative treatment	0%
BASIC DENTAL SERVICES	
Periapical X-Rays. Extractions, Periodontics, Root canals, General anesthetics, Injectable antibiotics, Fillings or restorations, Recementing of inlays, crowns, and bridges, Consultations with a specialist.	20%
THERAPEUTIC AND RESTORATIVE SERVICES	
Relining of full or partial dentures, Gold restora- tions, including inlays, onlay, & foil fillings. Repair of crowns, bridgework, and removable dentures. Replacement of partial or full denture or fixed bridgework, Crowns & gold fillings, & Dental implant surgery.	50%
ORTHODONTIA BENEFITS* available for dependents up to age 19	
Treatment and services necessary to move and correct the position of maloccluded or malpositioned teeth.	50%

*Orthodontia benefits have a separate \$25 per person deductible and a lifetime maximum benefit of \$1000 per person.

VISION INSURANCE



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

THE BENEFIT

- An eye exam once a year (\$15 co-pay)
- A \$130 allowance for eyewear annually (\$15 co-pay)
- A contact lens fitting, re-fit, evaluation once a year (\$15 co-pay)

PLAN FEATURES

Your Allowance. Your Decision.

Your eyewear allowance is completely flexible. That means you can get frames, lenses, contact lenses, and/or special lens options. *You can even purchase non-prescription eyewear!*

Eyewear Discounts

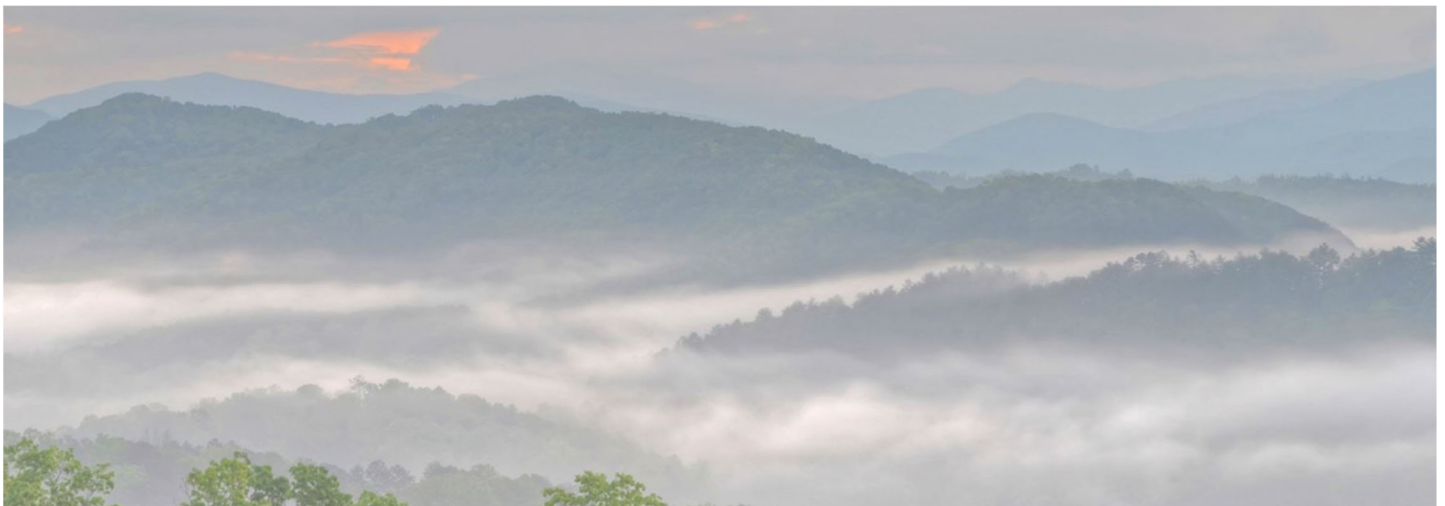
Members who exceed their allowance are eligible for discounts on the overage when seeing a network provider—a 20% discount for glasses and a 10% discount for contact lenses.

Member's Portal

CEC's website, cecvision.com, gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card and more.

OUT-OF-NETWORK BENEFIT

Members who obtain exams and eyewear from a non-credentialed provider still receive their full covered benefit. The member simply submits a claim to CEC and is reimbursed for the cost of their exam (minus the co-pay) and for the cost of their eyewear, up to the amount of their eyewear allowance (minus the co-pay).





Schedule an Appointment

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

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

Getting help shouldn't be hard

1. Contact EAN and provide some basic demographic information.
2. Set an appointment with an EAN Counselor, either in our office, virtually, or by telephone.
3. Talk with the counselor, develop a plan, and **start feeling better.**



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

Email: ean@eannc.com

Online at: EANNC.com

Our Offices

EAN has offices in Asheville, Sylva, Waynesville, and Hendersonville. We also have counselors available throughout the United States.



Employee
Assistance
Network



Things will get better and **we're here to help.**

Everyone has personal challenges and problems sometimes. It's part of the human condition.

Fortunately, your employer understands that we all need help sometimes and has provided an Employee Assistance Program for you and your family members.

Under the EAP, you and your immediate family members have access to a counselor through EAN who will listen, understand, and help you develop a plan to move forward.

Our services are confidential and pre-paid by your employer. There is no cost to you or your family members to access the EAP benefit.

As part of your employer sponsored, comprehensive EAP benefit, you have access to practical, real-life help. The reasons why people access their EAP benefit vary, there is no problem too large or too small. Some of the common issues that EAN helps with include:

- **Financial pressure**
- **Stress and tension**
- **Relationship problems**
- **Family and parenting issues**
- **Problems at work**
- **Gambling and addiction**
- **Alcohol and drugs**
- **Sleep problems**
- **Personal growth and development**
- **Leadership coaching and development**
- **Communication skills development**
- **Improving and developing emotional intelligence**

EAN also offers resources through our website, including educational flyers and mini webinars that offer practical, real life self-help resources on common life challenges.

If your employer includes it in your comprehensive EAP benefit, you can also have access to some of the following resources:

My Life Expert Portal

Gives members access to thousands of up-to-date articles, videos, podcasts, calculators, interactive checklists, webinars, and more related to health and wellness, along with a discount portal on local and commonly used goods and services. Contact EAN to find out your company code and how to access your My Life Expert portal

Work/Life Balance Services

Provides direct access to a specialist who can help navigate some of life's most challenging hurdles including childcare, eldercare, college coaching, adoption, legal, and financial problems including identity theft. Contact EAN to see if you are eligible and to request these services.

EMPLOYER PAID BENEFIT	AMOUNT
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Personal Life Insurance	<u>Benefit Amount</u>
AD&D Insurance Principal Sum	\$15,000
	\$15,000

Personal Life Insurance Reduction	Age 65: Reduce by 35%
	Age 70: Reduce by 60%
	Age 75: Reduce by 75%

You may purchase on your spouse and/or dependents for \$1.26.

Dependent Life Insurance	<u>Benefit Amount</u>
Spouse	\$5,000
Dependent Child (age 14 days to 26 years)	\$5,000

** Spouse Life will terminate when the Insured employee attains age 70 or retires, whichever occurs first.**

EMPLOYEE PAID BENEFIT	AMOUNT
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Personal Life Insurance

You may elect Life Insurance in any \$10,000 increment: subject to maximum of Five times Basic Annual Earnings (rounded to the next higher \$10,000). Coverage is subject to a minimum of \$10,000 and an overall maximum of \$100,000. If you initially become insured after attaining age 70 your benefit is subject to a maximum of \$50,000 .

Personal Life Insurance Reduction

Age 65: Reduce by 35%
 Age 70: Reduce by 60%
 Age 75: Reduce by 75%

Spouse Life Insurance

You may elect Life Insurance in any \$5,000 increment; subject to a maximum of 50% of your Life Insurance Benefit (rounded to the next higher \$5,000). Coverage is subject to a minimum of \$5,000 and an overall maximum of \$50,000

Child Life Insurance

Dependent Child (age 14 days to 6 months); \$500
 Dependent Child (age 6 months to 26 years): \$10,000



DISABILITY INSURANCE



Cherokee County provides the opportunity to enroll into short and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. ***This is an employee paid benefit.***

SHORT-TERM DISABILITY

Benefit Percentage	60%
Maximum Weekly Benefit	\$500
Minimum Weekly Benefit	10% of your Weekly Total Disability Benefit
Day Benefits Begin	15th consecutive day of Disability due to Accidental Injury 15th consecutive day of Disability due to Sickness
Maximum Benefit Period	24 Weeks

LONG -TERM DISABILITY

Benefit Percentage	60%
Maximum Monthly Benefit	\$3,000
Minimum Monthly Benefit	\$100 OR 10% of your Weekly Total Disability Benefit, whichever is greater.
Day Benefits Begin	180 calendar days of Disability
Maximum Benefit Period	Less than 68: 2 years 68-69: To Age 70 70 and Over: (but not less than 1 year) - 1 year

Own Occupation Period: A period beginning at the end of the Elimination Period and ending 24 months later for Insured Employees

AFLAC ACCIDENT INSURANCE

ACCIDENT-ONLY INSURANCE



Accidents can happen at any moment. Let Aflac help ease the financial pain

Accidents can happen at any time and treating them can be costly. Even with health insurance there may be out-of-pocket costs — causing everyday expenses to suddenly seem overwhelming. Aflac Accident Insurance helps provide financial protection if a covered accidental injury occurs.

Health care costs continue to rise, and health insurance wasn't designed to cover everything. From out-of-pocket medical costs to time away from work, the financial impact can be surprising. Aflac can help cover those costs. Best of all, you get paid directly (unless otherwise assigned) — not the doctor or hospital.

Aflac has been there for our policyholders for nearly 70 years — in some of their most challenging moments. Aflac Accident Insurance can help give you peace of mind if you experience an accidental injury so you can focus on recovery rather than worrying about finances.



Aflac herein means American Family Life Assurance Company of Columbus.

Series	A38000 - New Policy	A38000 - New Policy	A36000 - Old Policy	A36000 - Old Policy
	Aflac Accident Insurance (24-Hour) Option 2 (A38200)	Aflac Accident Insurance (24-Hour) Option 3 (A38300)	Accident Advantage (24-Hour) Option 3 (A36300)	Accident Advantage (24-Hour) Option 4 (A36400)
Initial Accident Treatment	\$200 once per covered accident, per Covered Person	\$250 once per covered accident, per Covered Person	\$200 once per 24-hr period, per covered accident, per Covered Person	\$200 once per 24-hr period, per covered accident, per Covered Person
Initial Accident Treatment Coverage Type/Number of Visits Per Calendar Year	Individual: 10 Visits Insured/Spouse: 15 Visits One-Parent Family: 20 Two-Parent Family: 25	Individual: 10 Visits Insured/Spouse: 15 Visits One-Parent Family: 20 Two-Parent Family: 25	N/A	N/A
Ambulance	\$300 ground \$2,000 air or water	\$400 ground \$2,500 air or water	\$200 ground \$1,500 air	\$250 ground \$1,875 air
Hospital Confinement:				
Initial Hospitalization Admission with New Building Benefit	\$1,500-\$3,500 hospital \$3,000-\$7,000 ICU	\$1,500-\$3,500 hospital \$3,000-\$7,000 ICU	\$1,300 reg admission (at least 18hrs) \$2,800 ICU No Building Benefit	\$1,950 reg admission (at least 18hrs) \$3,250 ICU No Building Benefit
Hospital Confinement Per Day with New Building Benefit	\$300-\$500 per day, up to 365 days	\$300-\$500 per day, up to 365 days	\$250 per day, up to 365 days No Building Benefit	\$300 per day, up to 365 days No Building Benefit
ICU Confinement Per Day with New Building Benefit	\$600-\$1,000, up to 15 days	\$600-\$1,000, up to 15 days	\$400, up to 15 days No Building Benefit	\$500, up to 15 days No Building Benefit
Rehabilitation Confinement	\$200 per day (at least 18 hours), up to 30 days	\$250 per day (at least 18 hours), up to 30 days	\$150 per day	\$200 per day
Dislocation and Fracture:				
Category 1	\$25-\$300	\$40-\$400	\$100-\$3,750 (All)	\$120-\$4,500 (All+A1)
Category 2	\$190-\$1,000	\$250-\$2,000	N/A	N/A
Category 3	\$375-\$3,000	\$500-\$4,000	N/A	N/A
Dismemberment	\$400-\$30,000	\$500-\$50,000	\$300-\$40,000	\$300-\$50,000
Emergency Dental Treatment	\$150-\$400	\$200-\$500	\$130-\$400	\$160-\$500
Emergency Vision Treatment	\$75-\$400	\$100-\$500	\$65-\$300	\$75-\$350
Laceration	\$50-\$100	\$50-\$100	\$35-\$500	\$40-\$600
Road Rash with Skin Graft (New)	\$100-\$2,000	\$175-\$3,000	N/A	N/A
Second-Degree Burn	\$100-\$2,000	\$175-\$3,000	\$125-\$1,500	\$135-\$2,000
Third-Degree Burn	\$200-\$15,000	\$275-\$25,000	\$125-\$12,500 (Skin Graft: 50% of Burn Benefit)	\$135-\$13,000 (Skin Graft: 50% of Burn Benefit)

Series	A38000 - New Policy	A38000 - New Policy	A36000 - Old Policy	A36000 - Old Policy
	Aflac Accident Insurance (24-Hour) Option 2 (A38200)	Aflac Accident Insurance (24-Hour) Option 3 (A38300)	Accident Advantage (24-Hour) Option 3 (A36300)	Accident Advantage (24-Hour) Option 4 (A36400)
Surgery: Category 1	\$400	\$400	\$200-\$1,250 (All Surgery)	\$250-\$1,500 (All Surgery)
Surgery: Category 2	\$1,000	\$1,500	N/A	N/A
Surgery: Category 3	\$2,000	\$3,000	N/A	N/A
Acquired Brain Injury (Concussion/Coma)	\$200-\$15,000	\$250-\$20,000	\$150-\$12,500	\$150-\$12,500
Paralysis	Quadriplegia: \$30,000 Triplegia: \$30,000 Diplegia: \$10,000 Hemiplegia: \$10,000 Monoplegia: \$10,000	Quadriplegia: \$50,000 Triplegia: \$50,000 Diplegia: \$15,000 Hemiplegia: \$15,000 Monoplegia: \$15,000	Quadriplegia: \$12,500 Paraplegia: \$6,250 Hemiplegia: \$4,750	Quadriplegia: \$12,500 Paraplegia: \$6,250 Hemiplegia: \$4,750
Post-Accident Care	\$60, up to 30	\$70, up to 30	\$60, up to six	\$70, up to six
Transportation	\$500 per round trip, up to 3 per year	\$1,000 per round trip, up to 3 per year	\$600 per round trip, up to 3 per year	\$700 per round trip, up to 3 per year
Prosthesis	\$1,000	\$1,000	\$800	\$1,000
Prosthesis Repair/Replace	\$1,000	\$1,000	\$800 per Covered Person, per lifetime	\$1,000 per Covered Person, per lifetime
Regular Accidental Death	\$50,000 Primary and Spouse \$15,000 Child	\$80,000 Primary and Spouse \$25,000 Child	\$50,000 Primary and Spouse \$12,500 Child	\$65,000 Primary and Spouse \$20,000 Child
Common-Carrier Accidental Death	\$150,000 Primary and Spouse \$30,000 Child	\$250,000 Primary and Spouse \$50,000 Child	\$150,000 Primary and Spouse \$25,000 Child	\$200,000 Primary and Spouse \$30,000 Child
Hazardous Activities			\$10,000 Primary and Spouse \$5,000 Child	\$10,000 Primary and Spouse \$5,000 Child
Automobile and/or Home Modification	\$4,000	\$5,000	\$3,000 (home only)	\$4,000 (home only)
Preventive Care Benefit	\$100 once per policy, per Calendar Year	\$100 once per policy, per Calendar Year	\$80 once per policy, per Calendar Year	\$80 once per policy, per Calendar Year
Organized Sporting Activity	\$125 once per covered accident, per Covered Person	\$125 once per covered accident, per Covered Person	Add'l 25% of benefits; up to \$1,000 per policy, per Calendar Year	Add'l 25% of benefits; up to \$1,000 per policy, per Calendar Year
Waiver of Premium	Yes	Yes	Yes	Yes
Continuation of Coverage Benefit	Yes	Yes	Yes	Yes
Line of Duty Benefit Rider	Yes	Yes	No	No
Aflac Plus Rider	Yes	Yes	Yes	Yes

Cancer Protection Assurance Insurance

Thanks to advances in science and treatment, more Americans are living with cancer.¹ But cancer is one of the most expensive medical conditions to treat.² Major medical insurance may not cover the copayments, lost work time or even travel.

If you were diagnosed with cancer, would you have the money for out-of-pocket expenses such as:

- Transportation to a distant medical facility?
- Specialized treatment costs?
- Living expenses such as rent, mortgage payments and utility bills?

Aflac is insurance for daily living

Aflac Cancer Protection Assurance³ pays cash benefits directly to you if you're diagnosed with a covered cancer.* This means that you can have added financial resources to help with medical costs or ongoing living expenses.

Apply today

Isn't it time to get to know Aflac? Ask your Aflac agent to help you complete your cancer coverage.



*Unless payment assigned otherwise.

¹Progress Against Cancer – 2019 Annual Plan, National Cancer Institute. <https://www.cancer.gov/about-nci/budget/plan/progress>. Accessed: November 13, 2020. ²National Cancer Institute: Financial Toxicity (Financial Distress) and Cancer Treatment - Patient Version, November 3, 2017 <https://www.cancer.gov/about-cancer/managing-care/track-care-costs/financial-toxicity-pdq>. Accessed: April 12, 2020. ³In Idaho, Policies B70100ID, B70200ID, B70300ID, B7010EPID, B7020EPID. In Oklahoma, Policies B70100OK, B70200OK, B70300OK, B7010EPOK, B7020EPOK. This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.

Individual coverage is underwritten by American Family Life Assurance Company of Columbus. Worldwide Headquarters | 1932 Wynnton Road | Columbus, GA 31999 | 800.99.AFLAC (800.992.3522)

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
CANCER SCREENING	One \$75-\$100 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250-\$350 per covered person, per lifetime
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000-\$7,500 Dependent Child: \$10,000-\$15,000 Payable once per covered person, per lifetime
ADDITIONAL OPINION	\$300-\$400 per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375-\$600 per calendar month Physician Administered: \$1,600-\$2,000 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
HORMONAL THERAPY	\$25-\$40 once per calendar month
TOPICAL CHEMOTHERAPY	\$150-\$200 once per calendar month
ANTINAUSEA	\$100-\$150 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000-\$10,000; lifetime maximum of \$7,000-\$10,000 per covered person Donor Benefit: \$150 for stem cell donation, or \$1,000 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: actual charges incurred up to \$50-\$75 multiplied by the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: actual charges incurred up to \$175-\$250 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$6,250 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$6,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35-\$50 Excision of lesion of skin without flap or graft: \$170-\$250 Flap or graft without excision: \$250-\$375 Excision of lesion of skin with flap or graft: \$400-\$600 Maximum daily benefit will not exceed \$600. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250-\$350 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200-\$300 Dependent Child: \$250-\$375
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400-\$600 Dependent Child: \$600-\$750
OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200-\$300 per day, per covered person

Aflac Critical Care Protection Insurance

Critical Care for your employees. Benefits for your bottom line

Health care costs continue to rise, and providing a comprehensive benefits package for your employees while keeping an eye on your bottom line can be a stressful proposition. Aflac Critical Care Protection insurance can help provide your employees with the financial peace of mind they need in the event of a serious health event — with no direct cost to you.

Give your employees extra protection to face the unexpected

Health insurance was not designed to cover everything. From out-of-pocket medical costs to a temporary loss of income, your employees' finances may be strained if they were to experience a serious health event — like a heart attack or stroke. Aflac Critical Care Protection insurance pays them a lump-sum benefit upon diagnosis of a covered health event, with additional benefits paid for things such as hospital confinement, ambulance, transportation, lodging and continuing care. And, Aflac pays policyholders directly, not the doctor or hospital, so your employees can use the money however they see fit.

Aflac has been there for our policyholders for nearly 70 years — in some of their most challenging moments. Aflac Critical Care Protection can help give your employees peace of mind if they experience a serious health event so they can focus on recovery, rather than worrying about finances.

Specified health events covered by the Aflac Critical Care Protection policy include:

- Heart attack.
- Coronary artery bypass graft surgery.
- Stroke.
- Third-degree burns.
- End-stage renal failure.
- Sudden cardiac arrest.
- Paralysis.
- Persistent vegetative state.



This information refers to benefit ranges for Policy Series A74000 and is for illustrative purposes only. The table below is not a comprehensive list of all benefits available through the policy. Please refer to the product brochure or benefit summary for a more detailed list of all benefits. Policies/riders may not be available in all states, and coverage and benefits may vary by state. Please refer to your state's policies/riders for benefits, limitations and exclusions.

Aflac Critical Care Protection benefits ²	
Benefit	Description for CCP Options 1–3
First-occurrence benefit	Named insured/spouse: \$10,000 - \$25,000 (Formerly \$3,500 - \$7,500); Dependent children: \$12,500 - \$30,000 (Formerly \$5,000 - \$10,000). Payable only once per covered person, per lifetime.
Subsequent specified health event benefit	\$5,000 - \$12,500 (Formerly \$1,000 - \$3,500). No lifetime maximum. Subsequent occurrence limitations apply.
Coronary angioplasty benefit	\$1,000 available on Options 1 and 2. \$2,000 available on Option 3 (under specified heart surgery benefit). Payable only once per covered person, per lifetime.
Hospital confinement benefit	\$300 per day. No lifetime maximum.
Continuing care benefit	\$125 each day. No lifetime maximum.
Ambulance benefit	\$250 ground or \$2,000 air. No lifetime maximum.
Transportation benefit	\$.50 per mile; limited to \$1,500 per occurrence. No lifetime maximum.
Lodging benefit	Up to \$75 per day; limited to 15 days per occurrence. No lifetime maximum.
Hospital intensive care unit benefit (Options 2 and 3 only)	Days 1–7: \$800 per day; Days 8-15: \$1,300 per day; limited to 15 days per period of confinement. No lifetime maximum. Available on Options 2 and 3.
Specified heart surgery benefit (Option 3 only)	\$2,000–\$4,000 depending on “tier” (type of surgery). Tier 1 and 2 benefits each payable only once per covered person, per lifetime. Subsequent occurrence limitations apply. Available on Option 3.

¹Unless otherwise assigned.

²This is a brief product overview only. Products and benefits vary by state and may not be available in some states. The policy has limitations and exclusions that may affect benefits payable. Refer to your policy for complete details, limitations and exclusions.

In Arkansas, Policies A74100ARR, A74200ARR, A74300ARR. In Delaware, Policies A74100DE, A74200DE, A74300DE. In Idaho, Policies A74100ID, A74200ID, A74300ID. In Oklahoma, Policies A74100OK, A74200OK, A74300OK. In Oregon, Policies, A74100OR, A74200OR, A74300OR. In Pennsylvania, Policies A74100PA, A74200PA, A74300PA. In Texas, Policies A74100TX, A74200TX, A74300TX. In Virginia, Policies A74100VA, A74200VA, A74300VA. This is a brief product overview only. Benefit amounts shown are ranges for Options 1-3.

Coverage may not be available in all states. The policy is not available in New York. Benefits/premium rates may vary based on state and plan level selected. Optional riders are available at an additional cost. The policy has limitations, exclusions, and preexisting limitations that may affect benefits payable. Refer to the policy for complete details, limitations and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent.

Coverage is underwritten by American Family Life Assurance Company of Columbus.

WWHQ | 1932 Wynnton Road | Columbus, GA 31999

Z2400322R1

EXP 4/26

Aflac Term Life Group Insurance

Count on Aflac for Life

The pandemic has changed how we think and feel about many things. One of the most important is life insurance. As uncomfortable as it may be, we have been forced to think about how our families may manage without the primary wage earner. Aflac is here to help you plan for the unexpected. Whether it's paying for final expenses, enabling your loved ones to remain in the family home or providing for school tuition and educational costs, life insurance is a smart decision. When someone is depending on you for financial security, **you can count on Aflac for Life.**

Coverage to count on

You can choose the face amount and term that best fits your budget and your family's lifestyle. When the unthinkable happens, Aflac will pay cash benefits directly to your beneficiary, unless you choose otherwise. This means your loved ones will have added financial resources to help with ongoing living expenses. Our term life insurance plans are designed to provide benefits such as:

- Up to \$500,000* of term life coverage.
- Accelerated death payment for a terminal illness.
- Advanced claim payment.
- An optional spouse 10-, 20- or 30-year term life insurance add-on.
- An optional child term life insurance add-on.

Peace of mind from a company you can trust

With Aflac Term Life Insurance, you can rest easy knowing that Aflac is ready to help take care of your loved ones' immediate and future needs if you should pass away.

Ask your Aflac benefits advisor how Aflac Term Life Insurance can help when your loved ones face one of life's unexpected events.

JOSH FIELDS

(828)342-1993 | josh_fields@us.aflac.com



*Certain face amounts may not be available. Underwriting requirements apply. The policy described herein has limitations, exclusions and pre-existing condition limitations that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. In Arkansas, Idaho, Oklahoma, Oregon, Texas, Policies ICC18QG0200C, ICC18QG0300C, ICC18QG0400C. This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions. For costs and complete details of the coverage, please contact your local Aflac agent. Coverage is underwritten by Aflac. Worldwide Headquarters | 1932 Wymton Road | Columbus, GA 31999

Z2200252R1

Exp 1/24

Is your family protected if something happens to you?

If something happens to you, will your family be able to pay the bills without your income? Life insurance will help protect their way of life – from remaining in the family home to paying for childcare, continuing dance or soccer lessons, or even school tuition and other educational costs. When someone is depending on you for financial security, you can count on Aflac for Life.

You can choose the face amount that fits your budget as well as your lifestyle. If something happens to you, your loved ones will have cash benefits that can help with:

- Burial and funeral expenses.
- Out-of-pocket medical costs, current bills and debts.
- Income replacement and educational plans.
- Emergency funds and retirement expenses.

Face Amounts

If you're **age 50 or under**, you may apply for up to \$500,000 in coverage.¹

If you're between the **ages of 51 and 70**, you may be eligible for up to \$250,000 in life insurance protection.¹

Aflac also offers the option of guaranteed-issue² whole life coverage. Ask your Aflac representative for details.

No one likes to think about the need for life insurance. But when people depend on you, Aflac is here to help you ensure their financial futures with life insurance benefits. Our whole life insurance is an important way you can help make sure they're well-protected and you are, too.



¹Certain face amounts may not be available. Underwriting requirements apply.
²Subject to certain conditions.

Aflac herein means American Family Life Assurance Company of Columbus.

AFLAC PLUS RIDER

OPTIONAL LUMP SUM CRITICAL ILLNESS BENEFIT RIDER

Rider Series CIRIDER

AP

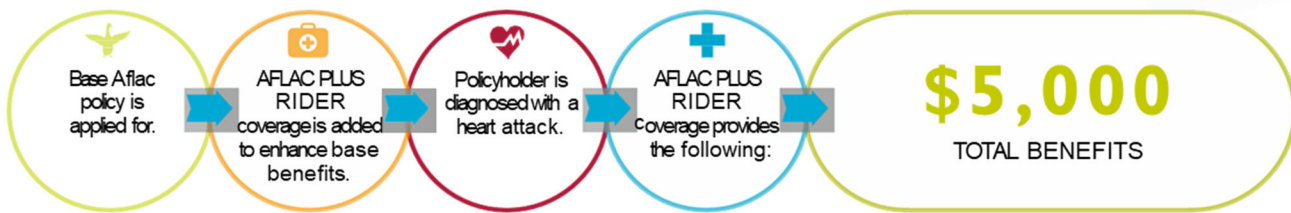
Boost Your Protection with the Aflac Plus Rider

Like many people, you probably have insurance to cover auto accidents, fires, burglaries, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack, stroke, advanced Alzheimer's disease, or advanced Parkinson's disease—an event that knocked you off your feet? Even a severe case of COVID, flu or pneumonia and accompanying costs could change your life forever.

The Aflac Plus Rider can help. This rider can be attached to select policies, further boosting your benefits. The Aflac Plus Rider pays a specific benefit amount when you are diagnosed with a covered event. You can use the cash to help pay out-of-pocket expenses, such as utility bills, car payments, and mortgage or rent payments. **For a list of policies the Aflac Plus Rider can be added to, please contact your Aflac insurance agent/producer.**



How it works



The above example is based on a scenario for Aflac Lump Sum Critical Illness Benefit Rider that includes the following benefit conditions: heart attack (Tier One Critical Illness Event Benefit) of \$5,000. The Tier One Critical Illness Event Benefit pays \$5,000 for a covered tier one critical illness event.

The rider has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy and rider for benefit details, definitions, limitations and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

Boost your protection and help lower out-of-pocket costs with the Aflac Plus Rider

Aflac Plus Rider Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT*												
TIER ONE CRITICAL ILLNESS EVENT BENEFIT	<p>\$5,000 upon a covered person's onset date of one of the following:</p> <ol style="list-style-type: none"> 1. Heart Attack 2. Stroke 3. Coma 4. Paralysis 5. Type 1 Diabetes 6. Traumatic Brain Injury 7. Advanced Alzheimer's Disease 8. Advanced Parkinson's Disease 9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease) 10. Loss of Independence 11. Sustained Multiple Sclerosis 12. Permanent Loss of Sight 13. Permanent Loss of Hearing 14. Permanent Loss of Speech 15. Sudden Cardiac Arrest <p>This benefit is payable once per covered person, per lifetime.</p>												
SUBSEQUENT TIER ONE CRITICAL ILLNESS EVENT BENEFIT	<p>\$2,500 upon a covered person's onset date of:</p> <ul style="list-style-type: none"> • a recurrence of that same Tier One Critical Illness Event, or • an occurrence of a different Tier One Critical Illness Event. <p>This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.</p>												
TIER TWO CRITICAL ILLNESS EVENT BENEFIT	<p>\$1,250 upon a covered person's onset date of one of the following:</p> <table border="0"> <tr> <td>1. Encephalitis</td> <td>6. Necrotizing Fasciitis</td> </tr> <tr> <td>2. Bacterial Meningitis</td> <td>7. Osteomyelitis</td> </tr> <tr> <td>3. Lyme Disease</td> <td>8. Systemic Lupus</td> </tr> <tr> <td>4. Sickle Cell Anemia</td> <td>9. Cystic Fibrosis</td> </tr> <tr> <td>5. Cerebral Palsy</td> <td></td> </tr> </table> <p>This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.</p>	1. Encephalitis	6. Necrotizing Fasciitis	2. Bacterial Meningitis	7. Osteomyelitis	3. Lyme Disease	8. Systemic Lupus	4. Sickle Cell Anemia	9. Cystic Fibrosis	5. Cerebral Palsy			
1. Encephalitis	6. Necrotizing Fasciitis												
2. Bacterial Meningitis	7. Osteomyelitis												
3. Lyme Disease	8. Systemic Lupus												
4. Sickle Cell Anemia	9. Cystic Fibrosis												
5. Cerebral Palsy													
CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT	<p>\$1,250 when a covered person undergoes Coronary Artery Bypass Graft Surgery.</p> <p>This benefit is payable once per covered person, per lifetime.</p>												
TIER THREE CRITICAL ILLNESS EVENT BENEFIT	<p>Pays the highest applicable benefit amount listed per period of hospital confinement or period of intensive care unit confinement upon a covered person's onset date of the following:</p> <table border="0"> <tr> <td>1. Human Coronavirus</td> <td>3. Influenza</td> <td>5. Ebola</td> </tr> <tr> <td>2. Bird Flu/H5N1</td> <td>4. Pneumonia</td> <td></td> </tr> </table> <p>Benefit amounts:</p> <table border="0"> <tr> <td>Hospital confinement 4-9 days</td> <td>\$1,250</td> </tr> <tr> <td>Hospital confinement 10 days or more</td> <td>\$3,125</td> </tr> <tr> <td>Intensive care unit confinement</td> <td>\$5,000</td> </tr> </table> <p>Maximum amount payable per 180 days is \$5,000.</p>	1. Human Coronavirus	3. Influenza	5. Ebola	2. Bird Flu/H5N1	4. Pneumonia		Hospital confinement 4-9 days	\$1,250	Hospital confinement 10 days or more	\$3,125	Intensive care unit confinement	\$5,000
1. Human Coronavirus	3. Influenza	5. Ebola											
2. Bird Flu/H5N1	4. Pneumonia												
Hospital confinement 4-9 days	\$1,250												
Hospital confinement 10 days or more	\$3,125												
Intensive care unit confinement	\$5,000												

*If more than one loss per covered person occurs on the same day, only the highest eligible benefit will be paid. REFER TO THE FOLLOWING SUMMARY PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



How To Set Up Your Aflac Profile

Using the MyAflac Mobile App:

Download the App:

- On your Smart Phone, go to the Apple Store or Play Store and download the MyAflac App
- Click on Install
- Open the App

Register (Contact your agent for your policy number)

- In the App, click on “First Time User?”, then “Register now”
- Enter your policy # _____ and click “submit”
 - o If you don’t know your policy number, click on “I don’t know my policy number”
- Enter the requested information and click submit
- Create a User ID _____ & password – _____ then click Submit
- Verify your email address
 - o Go to your email and click on verify in the email
- Log in again and Accept on the User Agreement

Using Your Computer:

Initial Set Up

- Go to www.aflac.com
- Click “Login/Register” on the top Right side of the screen - Click “Individuals”
- Scroll down to “First time user?”, Click “Register”
- Enter your Policy # _____
- Enter the requested information
- Set up Username: _____ & Password: _____
- Verify your email address
 - o Go to your email and click on verify in the email
- Log in again and Accept on the User Agreement

Setting Up Aflac Always:

- Click “3 lines” for Menu
- Click “My Account”, then “Aflac Always” (6th option down)
- Then click “Enroll”
- Choose which policies you want to keep, payment date, and the billing frequency.
- Enter Financial Information, click “Save”

How to file a wellness claim

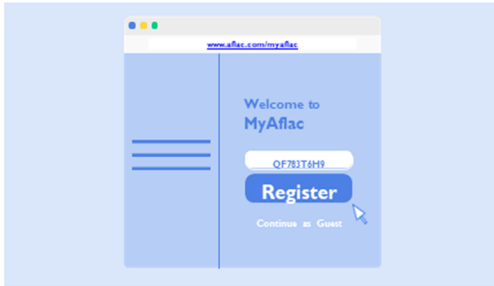


Your Aflac wellness claim pays you money for staying on top of your health by getting yearly checkups and medical screenings such as physicals, dental exams and eye tests. Most Aflac accident, hospital indemnity and cancer insurance policies have a wellness benefit to pay you for staying on top of your health.

You can file your wellness claim online at aflac.com/MyAflac or through the MyAflac® mobile app available for Apple and Android devices.

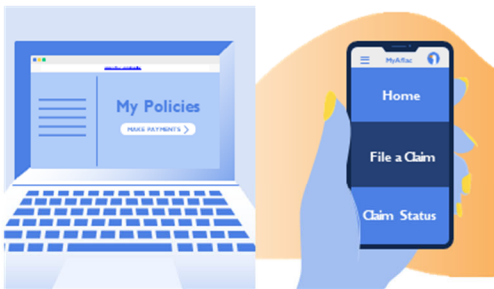


Follow these steps below or watch the video [here](#).



Step 1:

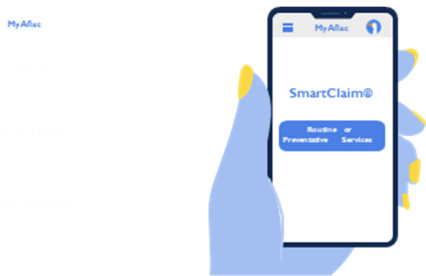
Before filing a claim, make sure you register online by creating a MyAflac account. You can sign up using either your Aflac insurance policy number or alternate personal information. You can also file a claim as a guest if you prefer not to register.



Step 2:

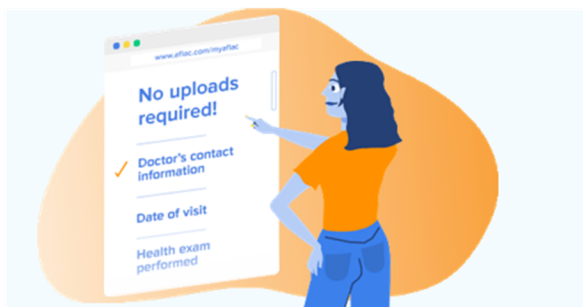
Simply log in to your account at aflac.com/MyAflac or download the MyAflac app to your mobile device.





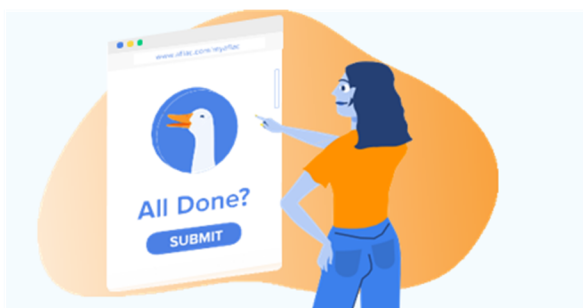
Step 3:

Go to "File a Claim", select "Physician visits, routine or preventative services" and follow the steps.



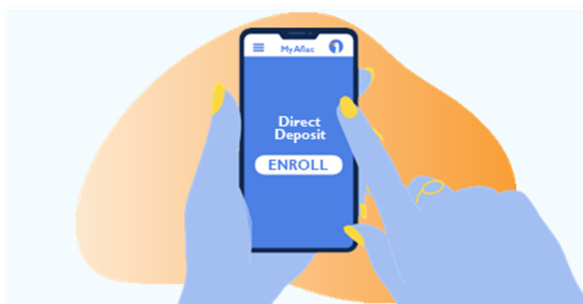
Step 4:

There's no uploading required. All you need is your doctor's contact information, date of your visit, and the health exam performed.



Step 5:

Follow a few simple steps and your Aflac wellness claim is complete. You can even track its progress online with the claims status tracker.



Step 6:

Need your money even faster? Enroll in direct deposit for speedier delivery right to your bank account.

We're here for you when you need us most. Get to know us at [aflac.com](https://www.aflac.com).

ADDITIONAL BENEFIT INFORMATION



Welcome to the
North Carolina Retirement Systems

North Carolina Retirement Systems

<https://www.myncretirement.com/>

Orlando
★★★★★★★★★★★★★★★★
Employee Discounts

Save up to 35% on Your Orlando Vacation! Orlando Employee Discounts offers Exclusive Pricing on Hotels and Vacation Homes in or nearby Disney World and Universal Studios Orlando as well as Discounts on Tickets for Disney World, Universal Studios Orlando as well as All Orlando Area Theme Parks and Attractions! Visit orlandoemployeediscounts.com!

Username for Cherokee County employees is **cherokee101**

PREMIUM RATES

(24 pay periods)

MEDICAL

Coverage Type	Rate
Employee	\$0
Employee + Spouse	\$250
Employee + Children	\$150
Employee + Family	\$350

DENTAL

Coverage Type	Rate
Employee	\$0
Employee + Spouse	\$15
Employee + Children	\$16
Employee + Family	\$31

VISION

Coverage Type	Rate
Employee	\$3.48
Employee + One	\$6.50
Employee + Family	\$10

**** Short-Term Disability, Long-Term Disability, & Voluntary Life are age based rates. Please see plan document or Employee Navigator for the exact rates based on your age. ****



Disclosure Notices

Important Notice from Cherokee County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Cherokee County has determined that the prescription drug coverage offered by the Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cherokee County coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Cherokee County coverage, be aware that you and your dependents will be able to get this coverage back with a special enrollment opportunity.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cherokee County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information at (828) 837-2130 ext. 1816. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cherokee County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

- For more information about Medicare prescription drug coverage
 - Visit www.medicare.gov
 - Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY users should

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty). call 1-800-325-0778).

Date: 07/01/2025
Contact: Mandi Amos / Human Resources
Address: 75 Peachtree Street
Murphy, NC 28906

Name of Entity/Sender: Cherokee County
Phone: (828) 837-2130 ext. 1816



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2024)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Cherokee County Human Resources Department (828) 837-2735

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CHEROKEE COUNTY GOVERNMENT		4. Employer Identification Number (EIN) 56-6000285	
5. Employer address 75 PEACHTREE STREET		6. Employer phone number (828) 837-2735	
7. City MURPHY	8. State NC	9. ZIP code 28906	
10. Who can we contact about employee health coverage at this job? MANDI AMOS. HUMAN RESOURCES			
11. Phone number (if different from above)		12. Email address Mandi.Amos@cherokeecounty-nc.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to SOME EMPLOYEES. You are eligible for benefits if you are:
Eligible employees are:

A full-time active employee normally scheduled to work a minimum of 30 hours per week.
Retired Employee of the Employer up to age 65 or until eligible for Medicare with 30 years of service.
On the regular payroll of the County; and
In a class of employees eligible for coverage.

- With respect to dependents:

We do offer coverage but do not contribute to their premium. Eligible dependents are:

Your legal spouse (as determined by Federal law);
Your child under age 26 regardless of financial dependency, residency with you, marital status, or student status;
Your unmarried child of any age who is principally supported by you and who is not capable of self-support due to a physical or mental disability that began while the child was covered by the Plan.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.