



Employee Benefit Summaries

Coverage includes: Medical

7/1/2020 – 6/30/2021



CONTEMPORARY BENEFITS ADVISORS

Contact Us

We invite you to contact our staff directly to ensure that you receive excellent support. You can call or email to request service, comment on specific needs, ask for sales, or offer suggestions on how we might serve you better.

704-218-2899 (local)
844-892-2292 (toll-free)
704-218-2893 (fax)

Managing Partner	EXT	Email Address
• Ken Harbin	3232	ken@c-ben.com

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• Beverly Griffin	3219	beverly@c-ben.com

Service Specialists		
• Michelle Harbin	3220	michelle@c-ben.com
• Kaylyn Harbin	3216	kaylyn@c-ben.com
Faisal Akar	3203	faisal@c-ben.com
Stevie Moreno	3200	stevie@c-ben.com
Angela Williams	3218	angela@c-ben.com
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Group Benefit Specialists		
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1801 Skyway Drive Monroe, NC 28110~Toll Free ~844-892-2292
Office 704.218-2899 ~ Fax 704.218-2893
www.contemporary-benefits.com

Medical Benefits

You may access participating providers and facilities through United Healthcare website at www.myuhc.com



CONTEMPORARY BENEFITS ADVISORS

BQM5 CHOICE PLUS - Base Plan

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$2,500 single \$5,000 family	\$5,000 single \$10,000 family
Coinsurance (<i>after the deductible</i>)	80% for Inpatient Benefits 80% for Outpatient Benefits	Deductible + 50%
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$5,000 single \$10,000 family	\$10,000 single \$20,000 family
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Deductible + 20%	Deductible + 50%
Physician Office Visits	\$30 co-pay	Deductible + 50%
Specialist Office Visits	\$60 co-pay	Deductible + 50%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1= \$10 co-pay Tier 2 = \$35 co-pay Tier 3 = \$75 co-pay Tier 4 = \$150 co-pay Tier 5 = \$350 co-pay *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	Deductible + 20%	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 20%	Deductible + 50%
Emergency services Outpatient	Deductible + 20%	Paid as in-network
Urgent Care Center Services	\$50 co-pay per visit	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Deductible + 20%	Deductible + 50%

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.

Medical Benefits

You may access participating providers and facilities through United Healthcare website at www.myuhc.com



CONTEMPORARY BENEFITS ADVISORS

BQMW CHOICE PLUS - BuyUp Plan

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family
Coinsurance (<i>after the deductible</i>)	80% for Inpatient Benefits 80% for Outpatient Benefits	Deductible + 50%
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$6,000 single \$12,000 family	\$12,000 single \$24,000 family
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Deductible + 20%	Deductible + 50%
Physician Office Visits	\$40 co-pay	Deductible + 50%
Specialist Office Visits	\$80 co-pay	Deductible + 50%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1= \$10 co-pay Tier 2 = \$35 co-pay Tier 3 = \$75 co-pay Tier 4 = \$150 co-pay Tier 5 = \$350 co-pay *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	Deductible + 20%	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 20%	Deductible + 50%
Emergency services Outpatient	\$500 co-pay per visit	Paid as in-network
Urgent Care Center Services	\$50 co-pay per visit	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Deductible + 20%	Deductible + 50%

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.

Town of Wingate Health Reimbursement Arrangement Effective 7/1/2020

\$500 Out of Pocket Maximum

The first \$500 of the UHC out of pocket maximum, as incurred by you, is paid using your Employer Sponsored Benefits Card.

For services that apply to your UHC Out of Pocket Maximum the provider will file your claim with UHC for discounting. You will receive from UHC an Explanation of Benefit (EOB) showing the amount you owe.

Once you pay your provider using your benefits card, send IEB a copy of your EOB.



You will receive a letter or email, after you pay using your benefits card. This letter will ask that you send a copy of your EOB to substantiate the payment you made. If you do not send a copy of your EOB that substantiates the payment you made, your benefits card will be temporarily deactivated until the EOB is received by IEB. If you use your benefits card to pay for services that are not eligible, you will be asked to refund your employer.

**WHO DO I CONTACT IF I
HAVE QUESTIONS?**

**Innovative Employee
Benefits, Inc. (IEB)
PO Box 470257
Charlotte, NC 28247**

**Phone: 704-341-5981
1-866541-5981
Fax: 704-341-5984
1-866541-5984**

cs@better-benefits.com

mywealtheonline.com/ieb

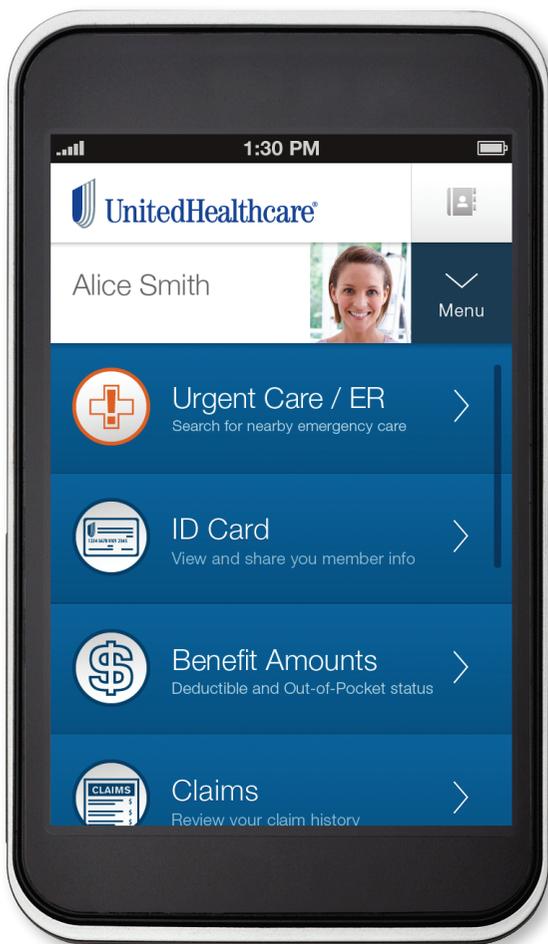
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UnitedHealthcare Health4MeSM

Key features



Health4Me



- ▶ Search for physicians or facilities by location or specialty
- ▶ Store favorite physicians and facilities
- ▶ View claims
- ▶ Have an Easy Connect Representative contact you to answer any questions
- ▶ View and share health plan ID card information
- ▶ Contact an experienced registered nurse 24/7
- ▶ Choose to view plan members independently or the plan as a whole
- ▶ Locate Urgent Care facilities and ERs
- ▶ Check status of deductible and out-of-pocket spending
- ▶ Compare procedures, providers, prices and places with myHealthcare Cost Estimator.
- ▶ Complete confidentiality
- ▶ No cost

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Administrative services provided by United HealthCare Services, Inc. or their affiliates.
100-11765 9/12

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UHCEW584797-000

**Weight loss
that's free.*
A transformation
that's real.**

**Real
Appeal**



**Real Appeal is a free digital
weight loss program available
to you as part of your
employee benefit plan.***

**Lose
10
lbs+**

average weight loss after 4 sessions

**If you're already a member of our UnitedHealthcare
plan, learn more and join today at**

realappeal.com

***Real Appeal is available at no additional cost to eligible employees as part of your benefits. If you choose UnitedHealthcare for your benefits, you can enroll once you are active in the new plan.**

Your transformation experience

Real Appeal

Program highlights

- This is an online program, so you will need access to a computer or other personal device
- Backed by decades of proven clinical research[†]
- Nearly 1 million lbs lost by thousands of members
- Covered at no additional cost as an employee benefit



Congratulations!

Your employer and/or health plan is offering Real Appeal as part of your benefits.



Sign up at realappeal.com

When you enroll, you'll need:

- insurance information
- height and weight
- health history
- preferred day and time for online weekly group sessions



Attend weekly online group sessions

Up to a full year of support in sessions led by specially trained coaches



Access tools

Digital tools and trackers available 24/7 to customize your experience



Receive your Success Kit

Your program toolkit including a scale, workout DVDs, session guides and more is free after your first session



Spark your transformation

[†]In the past 20 years, researchers have demonstrated that structured weight-loss and lifestyle-change programs can accomplish three critical employee and population health goals: 1. Improving overall health outcomes for individuals who are overweight and obese but do not yet have prediabetes or diabetes (Jensen, M.D., Ryan, D.H., Donato, K.A. et al, 2014) 2. Reducing the progression to diabetes in those who have prediabetes (Williamson, D.A., Bray, G.A., & Ryan, D.H, 2015) 3. Improving clinical markers for individuals who already have Type 2 diabetes (Espeland, M.A., Glick, H.A., Bertoni, A., et al for the Look AHEAD Research Group, 2014)

SCHEDULE OF BENEFITS
Dental Option II (No Orthodontia)
2019

For access to information 24/7, go to www.medcost.com and go to Member Login to visit the personalized website; use ID card with Member and Group ID numbers to create an account. For questions about claim status, benefits or other general questions, contact MedCost Benefit Services Customer Service at (800) 795-1023 or mbscs@medcost.com; please include Member ID in body of email.

This Schedule of Benefits is an outline of benefits of the Employee Benefit Plan provided by your Employer. The basis of payment of the benefits described herein will be determined by the provider of services and claims rules of the Plan. All benefits described in this Schedule are subject to the exclusions and limitations described more fully in the Summary Plan Description.

Send dental claims to:
 MedCost Benefit Services
 PO Box 25987
 EDI 56205
 Winston-Salem, NC 27114-5987
 Or by email to mbswebmail@medcost.com.

See also Master Summary Plan Description for details of the Plan.

Waiting Period	Effective on date deemed by the governmental unit
Spousal Definition	If Spousal coverage is offered by the governmental unit: The term "Spouse" means the person who is legally recognized as the husband or wife under the laws of the state where the marriage took place. The Employer may require documentation proving a legal marital relationship.
Dependent Children	Coverage for Dependent children is extended to the end of the month during which the 26 th birthday occurs.
Retirees / Board Members	See Master Summary Plan Description / governmental unit for details.
Open Enrollment	Benefit choices made during Open Enrollment are effective on July 1 st unless otherwise specified by governmental unit's Human Resources department.
Leave of Absence	FMLA. See Master Summary Plan Description. Other than FMLA. See Master Summary Plan Description.
Pre-Existing Conditions	Not applicable to Dental Only coverage.

Plan Deductible

Plan Deductible	Individual	\$50
	Family	\$100
Carryover Deductible	Yes. See Master Summary Plan Description.	

Maximum – Types A, B and C

Maximum per Calendar Year or Plan Year, as applicable	\$1,000 per person (Type A, B and C Expenses combined)
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**Type A
Preventive and Diagnostic Care**

Coverage	100%, no Plan Deductible
Clinical oral examination	2 per person per calendar or plan year, as applicable
Prophylaxis (Cleaning)	2 per person per calendar or plan year, as applicable
Periodontal Prophylaxis (Cleaning)	
Full Mouth X-rays	One full mouth X-ray every 3 calendar or plan years, as applicable
	Full mouth X-rays - a radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.
Bitewing X-rays	2 bitewing X-ray series each calendar or plan year, as applicable.
Panoramic X-ray or Diagnostic service	As needed to determine necessary care
Fluoride application	1 per calendar or plan year, as applicable, to age 15
Space maintainer	Limited to non-orthodontic treatment
Sealant	Limited to permanent posterior teeth to age 14
Emergency care to relieve pain	As needed

Type B

BASIC Restorative Care	
Coverage	80% after Plan Deductible
Fillings	
Root canal	
Osseous surgery	
Periodontal services, non-surgical	Includes treatment plan, local anesthetics and postoperative care: <ul style="list-style-type: none"> • Periodontal root planing and cleaning – as necessary for substantial bone and attachment loss. • Occlusal adjustment – allowable only when done in conjunction with periodontal surgery.
Denture adjustment / repair	adjustment / repair of a denture within 6 months of installation
Extraction	(Local anesthetic / analgesia / routine postoperative care for extractions - not separately reimbursed - considered part of submitted fee for global surgical procedure)*
General Anesthesia	Paid as separate benefit only when Medically or Dentally Necessary, as determined by MedCost Benefit Services and when administered in conjunction with complex oral surgical procedures covered under this plan.
Oral surgery	*Note above
Type C MAJOR Restorative Care	
Coverage	50% after Plan Deductible
Crowns	See Alternate Treatment paragraph in Summary Plan Description.
Dentures	
Bridges	
Implants	
Missing Tooth Provision – Waiting Period for Services	
First 24 months of coverage	Covered at 50%
Waiting Period for Services - Not applied to Type A	
If Employee / dependent NOT added when first eligible:	Covered at 50% for the first 12 months of continuous coverage
Predetermination of Benefits	
Voluntary	Before starting a dental treatment for which the charge is expected to exceed \$1,000
Dental Plan Exclusions	
<ul style="list-style-type: none"> • Cosmetic dentistry (elective) or other services and supplies that improve, alter or enhance appearance, whether or not for psychological reasons; • Replacement of a lost or stolen appliance; • Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) the replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is covered for these benefits; • Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards; • Procedures, appliances or restorations (except full dentures) whose main purpose is to: (a) change vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontal involved teeth; or (d) restore occlusion; • Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars; • Bite registrations; precision or semi-precision attachments; or splinting; • Instruction for plaque control, oral hygiene and diet; • Dental services that do not meet common dental standards; • Services that are deemed to be medical services, including: <ul style="list-style-type: none"> • Removal of wisdom teeth.¹ • Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth. • Emergency repair due to Injury to sound natural teeth. • Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor and roof of the mouth. • Excision of benign bony growths of the jaw and hard palate. • External incision and drainage of cellulitis. • Incision of sensory sinuses, salivary glands or ducts. • Reduction of dislocations and excision of temporomandibular joints (TMJs). 	

- Medically necessary replacement of teeth lost as a direct result of chemotherapy and/or radiation treatment.
 - Orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone cannot correct, even when:
 - The deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
 - Orthognathic surgery is medically necessary as a result of tumor, trauma, disease; or
 - Orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.
 - Repeat or subsequent orthognathic surgeries for the same condition.
- ¹If you have elected “Dental Only” coverage with the MIT Plan, removal of wisdom teeth will be covered.
- Services and supplies received from a Hospital;
 - Type D - orthodontic treatment UNLESS applicable to the specific governmental unit’s selected Option;
 - For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
 - For or in connection with a sickness which is covered under any workers' compensation or similar law;
 - For charges made by a Hospital owned or operated by or which provides care or performs services for, the United States government, if such charges are directly related to a military-service-connected condition;
 - Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
 - To the extent that payment is unlawful where the person resides when the expenses are incurred;
 - For charges which the person is not legally required to pay;
 - For charges which would not have been made if the person had no insurance;
 - For charges for unnecessary care, treatment or surgery;
 - To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
 - Experimental or investigational. Services or supplies that do not meet accepted standards of dental practice, or are not necessary according to those standards, including charges for services or supplies that are experimental or investigational in nature, and charges not yet approved by the Council on Scientific Affairs / Dental Therapeutics of the American Dental Association.
 - Foreign travel where care, treatment or supplies outside of the United States if travel is for the sole purpose of obtaining dental services.
 - Labial veneers.

Please refer to Summary Plan Description (SPD) for further details on benefit provisions, definitions and exclusions. In the event of discrepancy between this Schedule and the Summary Plan Description (booklet), the approved Summary Plan Description (booklet) will govern.

Your VSP Vision Benefits Summary



Municipal Insurance Trust of North Carolina (Premier Plan) and VSP provide you with an affordable eye care plan.

VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$120 allowance for a wide selection of frames \$140 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.			
Exam	up to \$40	Lined Bifocal Lenses	up to \$65
Frame	up to \$45	Lined Trifocal Lenses	up to \$84
Single Vision Lenses	up to \$46	Progressive Lenses	up to \$84
		Contacts	up to \$105
VSP guarantees coverage from VSP network providers only. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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VSP, VSP Vision care for life, eyeconic.com, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

MUNICIPAL INSURANCE TRUST OF NORTH CAROLINA SHORT TERM DISABILITY RIDER

The following benefits provided by the Municipal Insurance Trust of North Carolina (MITNC) shall be effective July 01, 2003 for Governmental Units, which elected short-term disability.

SHORT TERM DISABILITY BENEFIT SCHEDULE OF BENEFITS

Amount of Benefit:	60% of Basic Weekly Salary
Benefit Begins:	8 th day of a Disability due to an Accident or Sickness
Maximum Payment Period:	26 weeks

***Only employees working 30 hours or more per week are eligible for this benefit.**

SHORT TERM DISABILITY BENEFITS FOR EMPLOYEES

If a Participant while covered under this Plan for short term disability benefits, shall become wholly and continuously disabled so as to be actually prevented from the performance of every duty of his or her occupation or employment for salary or wages, due to bodily injury or sickness, the MITNC will pay benefits to such Participant according to the Schedule of Benefits.

Employees must be actively at work on the effective date of the short-term disability benefit plan to be eligible for benefits. If the employee is not actively at work, short-term disability benefits will be postponed until the employee returns to work for at least five consecutive workdays. For the purpose of this plan, actively at work shall mean the active expenditure of time and energy in the service of the governmental unit, except that a Participant shall be deemed actively at work on each day of a regular paid vacation, or on a regular non-working day, on which he or she is not disabled, provided he or she was actively at work on the last preceding regular working day.

Successive periods of disability shall be considered as one continuous period of disability unless: (1) the subsequent disability is due to causes entirely unrelated to the causes of the previous disability; or (2) they are separated by a continuous period of at least two weeks during which the Participant is not absent from active work on a full-time basis.

Changes in the amount of benefit due to change in occupation, position, salary or wage will become effective on the first day of the month following the date of change, except if the Participant is away from work due to disability on the date an increase in the amount of benefit would become effective, it will be postponed until the Participant returns to active full-time work.

EXCLUSIONS

WAR

You are not covered for Disabilities caused or contributed to by war or any act of War. War, means declared or undeclared War, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

INTENTIONALLY SELF-INFLICTED INJURY

You are not covered for Disabilities caused or contributed to by an intentionally self-inflicted injury, while sane or insane.

EMPLOYMENT

You are not covered for Disabilities arising out of or in the course of any employment for wage or profit.

LIMITATIONS

OCCUPATIONAL BENEFITS

You are not eligible for benefits during any period you are receiving or are eligible to receive benefits under a Workers' Compensation law or similar law. If your claims for these benefits are accepted, compromised, or settled, you must repay us for the full amount of any payments we make to you while your claims for occupational benefits were pending.

LONG TERM DISABILITY

You are not eligible for STD benefits during any period you are receiving or are eligible to receive LTD benefits under any policy issued by Provident.

BENEFIT OFFSETS

Benefit Offsets means the following:

1. Salary continuation from the Employer; and
2. Any amount you receive or are eligible to receive because of your Disability under any state disability income benefit law or similar law.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
(Herein called the Provident)
1 Fountain Square, Chattanooga, Tennessee 37402

CERTIFICATE INSERT

This Certificate Insert is issued by the Provident
to Covered Persons insured under Policy **10600-0006**
issued to
Municipal Insurance Trust of North Carolina
as Policyholder

For **Town of Wingate** employees, the following information from **Section II – Schedule of Insurance** outlines the life insurance benefits effective July 1, 2010:

EMPLOYEE LIFE INSURANCE BENEFITS

AMOUNT	\$25,000										
CONTRIBUTIONS	Employees are not required to pay toward the cost of this insurance.										
REDUCTIONS	<p>The amount of life insurance will equal the amount described above, multiplied by the appropriate percentage:</p> <table><tr><td>Age of Employee</td><td></td></tr><tr><td>Under Age 65</td><td>100%</td></tr><tr><td>Age 65 through 69</td><td>65%</td></tr><tr><td>Age 70 through 74</td><td>45%</td></tr><tr><td>Age 75 and over</td><td>30%</td></tr></table> <p>The reduced amount of insurance will be adjusted to the next higher multiple of \$1,000 if not already a multiple of \$1,000.</p>	Age of Employee		Under Age 65	100%	Age 65 through 69	65%	Age 70 through 74	45%	Age 75 and over	30%
Age of Employee											
Under Age 65	100%										
Age 65 through 69	65%										
Age 70 through 74	45%										
Age 75 and over	30%										
LIVING BENEFIT											
CLASS 2	Yes; 50% of the life benefit, with a maximum payment of \$12,500 for Terminal Illness expected to result in death within 12 months. To be eligible, an individual must have at least \$10,000 of life insurance.										
LAY-OFF OR LEAVE OF ABSENCE	Not to exceed 60 days										
FAMILY AND MEDICAL LEAVE	Yes; see the section entitled Coverage Provisions .										
RETURN TO WORK/RE-HIRE LIMIT	7 days; see section entitled Coverage Provisions .										
EFFECTIVE DATE OF CHANGES	A change in the amount of benefits due to a change in employment class, attainment of a specific age, or a change in Annual Earnings or options will become effective on the date of change subject to Actively at Work requirements.										

Certificate Insert

EMPLOYEE AD&D INSURANCE BENEFITS

BASIC EMPLOYEE AD&D INSURANCE

**ACCIDENTAL DEATH
AND DISMEMBERMENT INSURANCE
PRINCIPAL SUM**

CLASS 1	\$50,000
CLASS 2	\$25,000

AD&D BENEFIT

The AD&D benefit is a percentage of the Principal Sum based on the type of Loss as shown in the table below:

<u>Accidental Loss of</u>	<u>Percentage of Principal Sum</u>
Life	100%
Both hands or both feet or sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
One hand or one foot	50%
Sight of one eye	50%
Maximum any one accident	100%

TIME OF LOSS

Loss must occur within 90 days after the accident.

CONTRIBUTIONS

Employees may be required to pay toward the cost of this insurance.

REDUCTIONS

The amount of AD&D insurance will equal the amount described above, multiplied by the appropriate percentage:

Age of Employee

Under Age 65	100%
Age 65 through 69	65%
Age 70 through 74	45%
Age 75 and over	30%

The reduced amount of insurance will be adjusted to the next higher multiple of \$1,000 if not already a multiple of \$1,000.

EFFECTIVE DATE OF CHANGES

A change in the amount of benefits due to a change in employment class, attainment of a specific age, or a change in Annual Earnings or options will become effective on the date of change subject to Actively at Work requirements.

This Certificate Insert will not alter or affect any of the terms of the Plan other than as stated above. Please attach this insert to your Certificate and Summary Plan Description.

Town of Wingate

Reasons to Use

An EAP is designed to help with all kinds of life situations. Examples include, but are not limited to:

- Marital difficulties
- Family problems
- Parenting
- Stress
- Balancing work and family
- Relationship issues
- Work-related concerns
- Depression
- Alcohol and drug use/abuse
- Grief and loss
- Elder care
- Healthy living
- Crisis events



How to Access

Simply call 800-633-3353 or 704-529-1428 to access the EAP. An employee assistance professional may assess your situation prior to scheduling an appointment to ensure that you are receiving the most appropriate care.



The Best Kept Secret at Work

CORPORATE HEADQUARTERS | MCLAUGHLIN YOUNG GROUP
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What's the Secret?

Your employer knows that there are times when life and work can be stressful. That's why they have partnered with McLaughlin Young to provide you with an employee assistance program (EAP). An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. Best of all, it's free for you and your household.

You are Covered

McLaughlin Young offers you and your immediate household members unlimited access to:

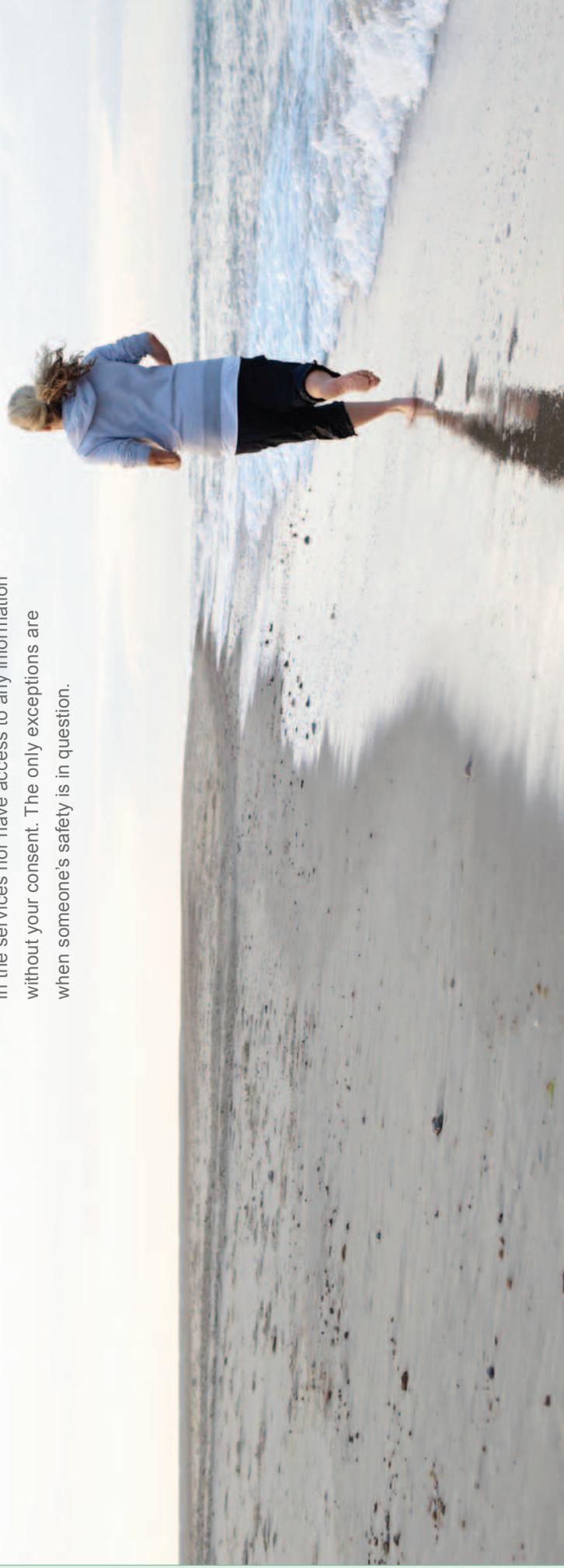
- Free, confidential help with personal or work-related concerns
- Referrals to other sources for assistance
- 24-hour emergency coverage

How our EAP Works

When you call the EAP, you are offered a needs assessment by an experienced, licensed counselor. If it is determined that the concern can be resolved through problem-solving sessions, the employee assistance professional will assist in resolution. If it is determined that a referral is needed for ongoing support, the EAP will connect you with the most cost-effective resources for care.

EAP is Confidential

Confidentiality is an essential part of the EAP. Your company will not know of your participation in the services nor have access to any information without your consent. The only exceptions are when someone's safety is in question.





Group Benefits Enrollment

We are now conducting our benefits enrollment online!

Online enrollment is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer.

You will get an email for this years Benefits Enrollment and can follow the instructions in the email to being your enrollment.

If you do not get an email:

If you do not receive an email you can use the following link to access the Benefits Enrollment:

<https://www.contemporary-benefits.com>

CLICK ON "CLIENT LOGIN"

If you cannot remember your username or password you can click "Reset a forgotten password" and follow the prompts to get your username and reset your password.

If you have not created a username or password:

Click "Register as new user" to create your username and password to acces the enrollment site. You will need the following information:

- 1. First Name and Last Name**
- 2. Company Identifier: TW01**
- 3. PIN - Last 4 digits of your SS #**
- 4. Birthdate**

Once you are logged into the enrollment site:

You can click the green button that says "START ENROLLMENT**" to go through and elect your benefits for the new plan year.**