# TOWN OF ATLANTIC BEACH
# EMPLOYEE BENEFITS

## MEDICAL INSURANCE

### MONTHLY BCBS MEDICAL / VISION RATES

| Individual | Emp + Children |
|---|---|
| $0* | $898.78 |

Employee portion paid by the Town at $1056.81/month.

Effective July 1, 2015, spousal coverage options were discontinued.

### PLAN HIGHLIGHTS

**BCBS of NC Provider Network**

Copay – $25 Primary Care Physician / $50 Specialist - $ 0 Teledoc
Urgent Care Centers – $50 copay
Emergency Room – $300 copay, 10% after deductible if admitted
Inpatient Hospital Services – 10% after deductible
Deductible – $2000 Individual / $4000 Family
Out-of-Pocket Maximum – $4000 Individual / $8000 Family
Lifetime Benefit Maximum – Unlimited

Prescriptions:
TIER 1 DRUGS $10 copayment
TIER 2 DRUGS $35 copayment
TIER 3 DRUGS $60 copayment
TIER 4 DRUGS 25%
TIER 5 DRUGS 25%
Spacers and Peak Flow Meters 25%.

One copayment for up to a 30-day supply. 31-60-day supply is two copayments, and 61-90-day supply is three copayments. For each 30-day supply of a TIER 4 or TIER 5 DRUG, you pay coinsurance up to a $100 maximum. Any OUT-OF-NETWORK charges over the ALLOWED AMOUNT are not included in this maximum.

## BLUE 20/20 EXAM PLUS Summary of Benefits

The following chart shows the different benefit levels available for the BLUE 20/20 Exam Plus vision plan. You can view your specific benefits by visiting the website at **www.BlueConnectNC.com** or by calling Customer Service at the number listed in "Who to Contact?"

| Benefit | IN-NETWORK Copayment or Allowance | OUT-OF-NETWORK Reimbursement |
|---|---|---|
| **Routine Eye Exam** | $10 Copayment | PROVIDER'S billed charge or $39, whichever is less |
| Includes one routine eye exam, with dilation as necessary, once every 12 months. | | |
| **Lenses** | | |
| One of the following type of lenses benefit applies once every 12 months. | | |
| **Lenses** | $25 Copayment | PROVIDER'S billed charge or single vision $25, bi-focal $39, tri-focal and lenticular $63, whichever is less |
| **OR** | | |
| **Contact Lenses** | $175 Allowance | PROVIDER'S billed charge, or 80% of your IN-NETWORK Allowance for Contact Lenses, whichever is less |
| Progressive lenses may have additional costs outside your regular vision benefit plan. Contact lenses include both conventional and disposable contact lenses. | | |
| **OR** | | |
| **Medically Required Contact Lenses*** | $0 Copayment | PROVIDER'S billed charge or $200, whichever is less |
| *Subject to eligibility review. See the section titled "Lenses and Frames." | | |
| **Frames** | $175 Allowance | PROVIDER'S billed charge, or 50% of your IN-NETWORK Allowance, whichever is less |

## DENTAL COVERAGE

The Town provides a self-insured dental plan to full-time employees and their family with a fiscal year benefit of $1,200 (July 1 to June 30) for dental services rendered at a dental facility. Employee must pay for dental service and attach a statement showing date of office visit, patient's name, total cost of services rendered, and date/amount paid to dental claim form in order to be reimbursed. All dental reimbursement forms shall be delivered to the Personnel Officer in a sealed envelope to maintain confidentiality. Benefits are paid as follows:

First $300.00 spent is reimbursed @ 100% = $ 300.00
Next $1125.00 spent is reimbursed @ 80% = $ 900.00
$1,200.00

## SUPPLEMENTAL LIFE INSURANCE

40% participation or must have evidence of insurability
No disability premium waver
$10,000 increments up to $200,000 maximum. After initial enrollment, any increase greater than $10,000 may require evidence of insurability.
Terminates at retirement (conversion option available) unless employer provides retiree life benefits.
Benefits reduce at ages 65, 70 and 75 (see benefit booklet)

**Supplemental Life Insurance**

For each $1,000 of Supplemental Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

| Employee Age | Rate |
|---|---|
| Less than 25 | $.12 |
| 25-29 | $.12 |
| 30-34 | $.12 |
| 35-39 | $.13 |
| 40-44 | $.19 |
| 45-49 | $.29 |
| 50-54 | $.45 |
| 55-59 | $.66 |
| 60-64 | $.86 |
| 65-69 | $1.35 |
| 70-74 | $2.06 |
| 75 or over | $6.31 |

**Basic Accidental Death & Dismemberment Insurance** $.03 per $1,000

**Supplemental Accidental Death & Dismemberment Insurance** $.032 per $1,000

Supplemental Life Insurance Reductions
At age 65 by 35% of the pre-65 amount,
At age 70 by an additional 20% of the pre-65 amount,
At age 75 with a final additional reduction of 15% of the pre-65 amount.

# Town of Atlantic Beach
# State Retirement Plan

All new hires are required to participate in the State Retirement Plan and shall contribute 6% of their earnings toward the Plan. After one year of service with Atlantic Beach, employees are eligible for the Death Benefit.

# Town of Atlantic Beach
# State 401(k) Plan

The Town of Atlantic Beach contributes 5% of base salaries for all full-time employees to the State 401(k) Plan. As required by state law, the Town contributes 5% to the Plan on behalf of all full-time sworn enforcement officers.

The elective deferral (contribution) limits for employee 401k Plan accounts are subject to IRS contribution limits.

# Town of Atlantic Beach
# Health Savings Account Plan

Annual contribution limits (includes all employer and employee elected contributions made in the tax year).

Remember, annual maximums as determined by the IRS are total amounts; you will need to factor in any Town contributions as well when determining your allowable maximum contribution for tax purposes. The management of the HSA and additional related funding is the responsibility of the employee. The funds deposited to your HSA will belong solely to you, not the Town. Therefore, these funds roll over from year to year and continue to be available even after employment ends. These monies remain tax-free if used for qualified medical expenses (including dental, vision, etc.) Visit website: www.irs.gov and type HSA in the search box to stay current with the latest tax rules and regulations regarding your tax favored Health Savings Account.

Town Match: $100/month for FY2026-27.

Open Enrollment: **https://www.cognitoforms.com/TownOfAtlanticBeach/healthequityhsaopenenrollment**

Changes: **https://www.cognitoforms.com/TownOfAtlanticBeach/HealthEquityHSAChanges**

# Town of Atlantic Beach
# Dependent Care Flexible Spending Account

Town of Atlantic Beach offers Dependent Care Flexible Spending Accounts (DC FSA) through HealthEquity for all full time employees. A DC FSA allows for pretax dollars to be set aside and used for eligible dependent care expenses. Employees choose their contribution amount, can only change during open enrollment or due to qualifying "change in status", and are subject to the IRS limits.

DC FSA plan year is on a calendar year basis with open enrollment occurring annually from December 1 through December 15, with changes effective January 1. DC FSA funds DO NOT roll over year to year but you do have a grace period built in. Allowed 2.5 months following the end of plan year for expenses to be incurred. Claims can be submitted until March 31 of year following the plan year. For more information outlining eligible dependents and expenses: https://healthequity.com/learn/dcfsa

To enroll, follow the link and complete the form: https://www.cognitoforms.com/TownOfAtlanticBeach/HealthequityDCFSAEnrollment

**APPROVED PER PERSONNEL RESOLUTION # 20-07-01, ADOPTED 07/27/2020**

**Pay Periods** – 14-day cycle/26 per year

| | Per Pay Period | Per Year |
|---|---|---|
| Regular Employees | 80 hrs. | 2080 hrs. |
| Police Officers | 84 hrs. | 2184 hrs. |
| Fire Employees | 106 hrs. | 2756 hrs. |

Payday is on the Wednesday following the end of the pay period.

**Sick Leave** - Unlimited Accumulations

| | **Earned Per Pay Month** | **Earned Per Year** |
|---|---|---|
| Regular Employees | 8 hours | 96 hours |
| Police Employees | 8.4 hours | 100.8 hours |
| Fire Employees | 10.6 hours | 127.2 hours |

Employees leaving the Town service are not entitled to be paid for unused sick leave.

**Vacation Leave**

Employees serving a probationary period following initial employment may accumulate vacation leave but shall not be permitted to take vacation leave during the first six months of the probationary period. Employees shall be allowed to take accumulated vacation leave after six months of service.

| | | **Earned Per Pay Month** | **Earned Per Year** |
|---|---|---|---|
| Regular Employees | (less than 5 years) | 8 hours | 96 hours |
| | (5 years but less than 10 years) | 10 hours | 120 hours |
| | (10 years but less than 15 years) | 12 hours | 144 hours |
| | (15 plus years) | 13.33 hours | 160 hours |
| Police Employees | (less than 5 years) | 8.4 hours | 100.8 hours |
| | (5 years but less than 10 years) | 10.5 hours | 126 hours |
| | (10 years but less than 15 years) | 12.6 hours | 151.2 hours |
| | (15 plus years) | 14 hours | 168 hours |
| Fire Employees | (less than 5 years) | 10.6 hours | 127.2 hours |
| | (5 years but less than 10 years) | 13.25 hours | 159 hours |
| | (10 years but less than 15 years) | 15.9 hours | 190.8 hours |
| | (15 plus years) | 17.66 hours | 212 hours |

Vacation leave is accumulated each month. Vacation leave may be accumulated without any applicable maximum until December 31 of each year. During the pay period containing December 31, any employee with a balance exceeding 30 days shall have the excess accumulation transferred to sick leave so that only a balance of 30 days is carried forward to January 1. Employees are not eligible to receive pay for vacation time not taken. Under no circumstances is the Town liable for payment of vacation leave over the maximum.

*30 day equivalents: Regular: 240 hrs Police: 252 hrs Fire: 318 hrs

**Probationary Period**

All new employees serve a probationary period as follows:

| | |
|---|---|
| Regular Employees | 6 months |
| Police Employees | 12 months |
| Fire Employees | 12 months |

Employees accumulate, but may not use, vacation leave during the first six months of the probationary period.

**Holidays – 12 annually**

New Years Day
Martin Luther King Jr Birthday
Good Friday
Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Thursday & Friday
Christmas Day (3 days)

In order to receive a paid holiday, an employee must be on paid status before and after the holiday.

*Holiday equivalents: Regular: 8 hrs Police: 8.4 hrs Fire: 10.6 hrs

**Longevity Pay (increased 7/1/2026)**

Full-time employees of the Town may be compensated for years of service by payment of a longevity supplement based on continuous years of service as of December 31st of each year. This compensation is typically paid between Thanksgiving and the first week in December or at a time designated by the Town Manager. Continuous service is continuous employment including any approved leave or involuntary reduction in force. Longevity amounts shall be as follows:

| Years of Service | Amount | Years of Service | Amount |
|---|---|---|---|
| 0 - 1 years | $ 100 | 10 - 14 years | $ 600 |
| 1 - 4 years | $ 300 | 15 - 19 years | $ 800 |
| 5 - 9 years | $ 450 | 20 + years | $1,000 |

**Credit Union**

Town employees are eligible to become a member of CIVIC Credit Union.

**Direct Deposit for Payroll**

Atlantic Beach requires direct deposit for all regular payrolls. We offer direct deposit to any bank or credit union.