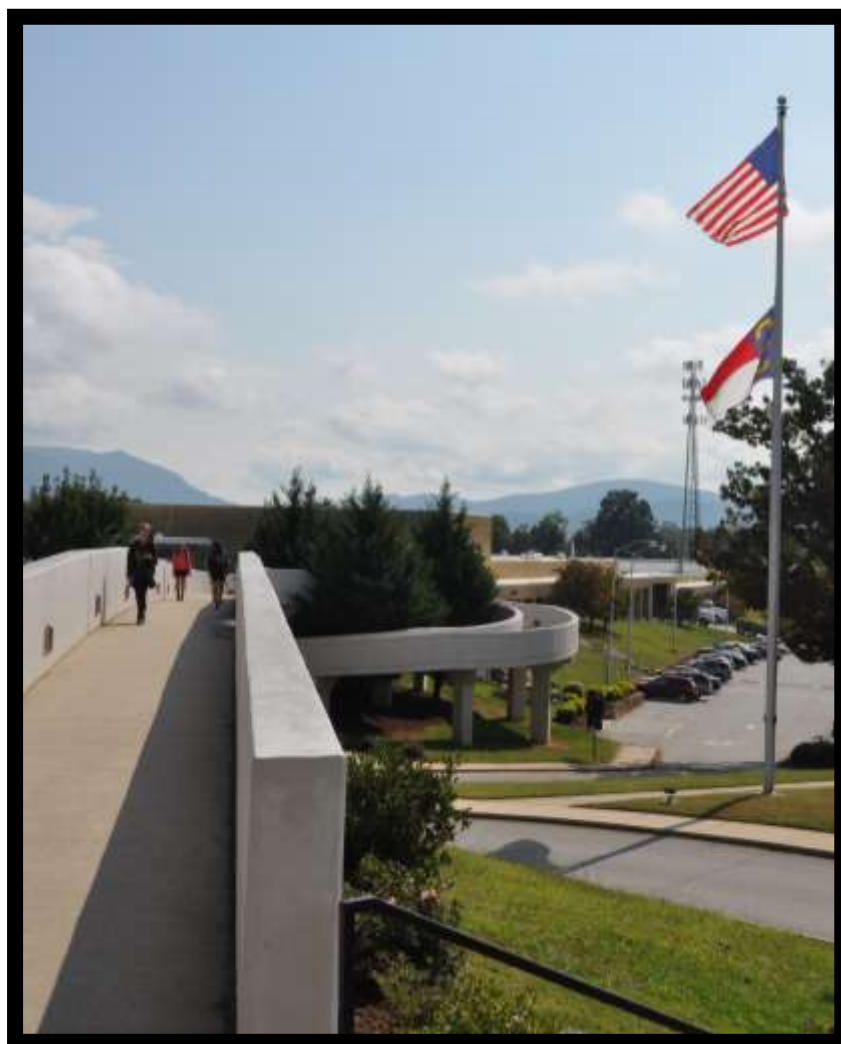


# BENEFITS BOOKLET

## PROCEDURE 500.03 PART TIME REGULAR EMPLOYEES

Effective January 1, 2022 – December 31, 2022



You have 30 days from your hire date to enroll in the Health Benefits and Supplemental Benefits

# CONTACT INFORMATION

## HUMAN RESOURCES & PROFESSIONAL DEVELOPMENT DIVISION

(828)

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<b>Barb Browning</b> o <a href="mailto:barbaracbrowning@abtech.edu">barbaracbrowning@abtech.edu</a>	Director of Professional Development	398-7538
<b>Briana Capps</b> o <a href="mailto:brianabcapps@abtech.edu">brianabcapps@abtech.edu</a>	Time & Leaves and COVID Response Specialist	412-2261
<b>Shanna Chambers</b> o <a href="mailto:shannarchambers@abtech.edu">shannarchambers@abtech.edu</a>	Vice President of Human Resources & Organizational Development	398-7178
<b>Tammy Cogburn</b> o <a href="mailto:tammypcogburn@abtech.edu">tammypcogburn@abtech.edu</a>	Human Resources Coordinator	398-7762
<b>Charmaine Cooper</b> o <a href="mailto:charmaineicooper@abtech.edu">charmaineicooper@abtech.edu</a>	Technical Support Specialist	398-7508
<b>Rachel Cutshall</b> o <a href="mailto:rachelacutshall@abtech.edu">rachelacutshall@abtech.edu</a>	Leaves & COVID Specialist	450-5386
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<b>Darryl Rhymes</b> o <a href="mailto:darrylryhmes@abtech.edu">darrylryhmes@abtech.edu</a>	Director of Employment and Employee Relations	398-7167
<b>Crystal Savell</b> o <a href="mailto:crystalmsavell@abtech.edu">crystalmsavell@abtech.edu</a>	Benefits & Risk Management Coordinator	398-7168
<b>Elizabeth Watkin</b> o <a href="mailto:elizabethhwatkin@abtech.edu">elizabethhwatkin@abtech.edu</a>	Instructional Developer	398-7512
<b>Suzanne Wilkie</b> o <a href="mailto:suzanneewilkie@abtech.edu">suzanneewilkie@abtech.edu</a>	Payroll Accountant I	398-7328
<b>HR Fax</b> o <a href="mailto:hr@abtech.edu">hr@abtech.edu</a>	Secure Fax Line	232-5004
<b>Benefits HR Fax</b> o <a href="mailto:benefitshr@abtech.edu">benefitshr@abtech.edu</a>	Secure Fax Line for Benefits Related Items	281-9693

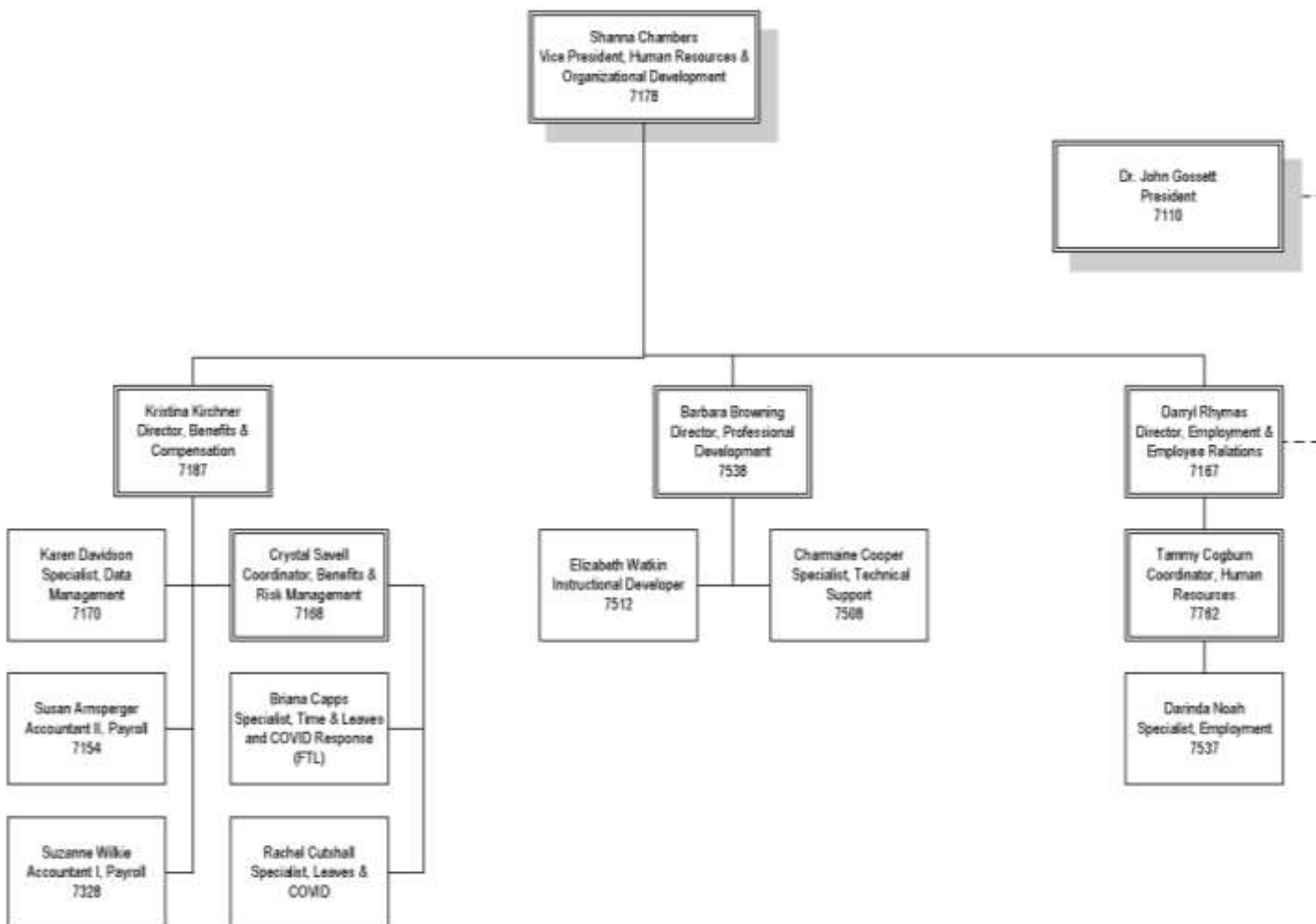
THE EMPLOYMENT, EMPLOYEE RELATIONS, BENEFITS AND COMPENSATION DEPARTMENTS ARE  
LOCATED IN THE SUNNICREST HOUSE

OFFICE HOURS ARE MONDAY – FRIDAY 9:00 AM – 5:00 PM

**APPOINTMENTS ARE REQUIRED**

# ORGANIZATION CHART

## HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT



# ELIGIBILITY AND PAYROLL

## EMPLOYEE BENEFITS ELIGIBILITY

### POLICY 500

Applies to full-time regular and/or part-time regular employees as defined in Policy 503.05- Employment Categories and Classifications. Statutory benefits apply to all employees.

## PART- TIME REGULAR EMPLOYEE

### PROCEDURE 503.05

An employee who works an average of between 20-29 service hours per week and is employed on an annual schedule of at least nine months with the reasonable expectation of recurring employment. Part-time regular employee work hours should not exceed 29 hours per week or 129 hours per month unless specifically approved by the President.

### PROCEDURE 503.03

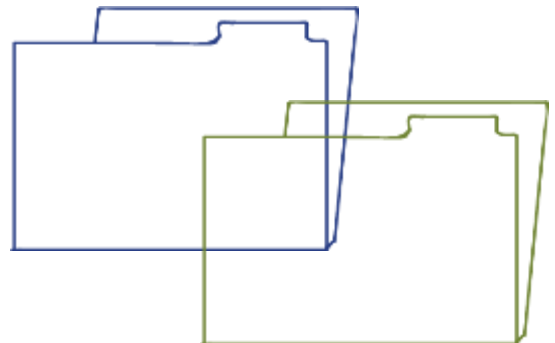
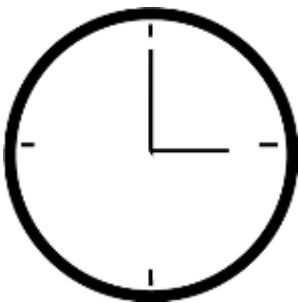
The medical premium deduction is paid a month prior to the coverage effective date, so in some instances a double deduction is required from the paycheck. This double deduction must be paid-in-full to ensure no lapse in coverage.

## ENROLLMENT

The HR Department will reach out to all new hires within their first month of hire to set up an appointment for enrollment in all benefits.

## ANNUAL ENROLLMENT

Most changes can only be made during Annual Enrollment or due to a Qualifying Life Event. All changes must be made within 30 days of the Event. Please contact HR Department for questions regarding Qualifying Life Events.



# MEDICAL

SCAN FOR MEMBER PORTAL ↗



## STATE HEALTH PLAN – BLUE CROSS AND BLUE SHIELD OF NC (BCBSNC)

(855) 859-0966  
<https://www.shpnc.org/>

Group #: S26001

Our medical coverage is through the North Carolina State Health Plan, administered by BCBSNC, and two plans are offered to active employees. Coverage begins the 1<sup>st</sup> day of the month following the hire date or the 1<sup>st</sup> day of the second month following the hire date into a benefit eligible position. You will receive your insurance card in seven to ten business days after your enrollment and this card will include your individual subscriber ID. Note: The Tobacco Attestation must be completed in order to reduce the employee premium. The monthly employee's premium costs are shown in the chart below.

### 80/20 & 70/30 Plan for 100% Contributory for Leave of Absence Subscribers

Monthly Premium Rates January 1, 2022 – December 31, 2022	80/20 PLAN		70/30 PLAN	
	TOBACCO ATTESTATION COMPLETE?*		TOBACCO ATTESTATION COMPLETE?*	
	YES	NO	YES	NO
<b>ACTIVE SUBSCRIBERS</b>				
Subscriber	\$582.36	\$642.36	\$557.36	\$617.36
Subscriber + Child(ren)	\$837.36	\$897.36	\$750.36	\$810.36
Subscriber + Spouse	\$1,232.36	\$1,292.36	\$1,122.36	\$1,182.36
Subscriber + Family	\$1,252.36	\$1,312.36	\$1,130.36	\$1,190.36

## ENROLLMENT

Employees must self-enroll in the medical plan of their choice by logging into the State Health Plan's website within 30 days of the benefit eligible date. After your benefits meeting with HR, you will receive your username and login information to self-enroll in your chosen plan at <https://abtech.hrintouch.com>.

**Once enrolled in a plan create a Blue Connect account at [www.bluecrossnc.com](http://www.bluecrossnc.com)!**

On BlueConnect, you can access your ID cards, claims and deductible information, and tools to help you find a doctor or estimate medical costs!

# 2022 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
<b>Coinsurance</b>	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
<b>Out-of-Pocket Maximum (Combined Medical and Pharmacy)</b>	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
<b>Preventive Services</b>	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A
<b>Office Visits</b>	\$0 for CPP PCP on ID card; \$10 for non-CPP PCP on ID card; \$25 for any other PCP	40% after deductible is met	\$0 for CPP PCP on ID card; \$30 for non-CPP PCP on ID card; \$45 for any other PCP	50% after deductible is met
<b>Specialist Visits</b>	\$40 for CPP Specialist; \$80 for other Specialists	40% after deductible is met	\$47 for CPP Specialist; \$94 for other Specialists	50% after deductible is met
<b>Speech/Occu/Chiro/PT</b>	\$26 for CPP Provider; \$52 for other Providers	40% after deductible is met	\$36 for CPP Provider; \$72 for other Providers	50% after deductible is met
<b>Urgent Care</b>	\$70		\$100	

PCP: Primary Care Provider, CPP: Clear Pricing Project

To find a CPP Provider, visit [www.shpnc.org](http://www.shpnc.org) and click Find a Doctor.



PLAN DESIGN FEATURES	80/20 PLAN		70/30 PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Emergency Room (Copay waived w/admission or observation stay)</b>	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
<b>Inpatient Hospital</b>	\$300 copay, then 20% after deductible is met	\$300 copay, then 40% after deductible is met	\$337 copay, then 30% after deductible is met	\$337 copay, then 50% after deductible is met
<b>PHARMACY BENEFITS</b>				
<b>Tier 1 (Generic)</b>	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
<b>Tier 2 (Preferred Brand &amp; High-Cost Generic)</b>	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
<b>Tier 3 (Non-preferred Brand)</b>	Deductible/coinsurance		Deductible/coinsurance	
<b>Tier 4 (Low-Cost Generic Specialty)</b>	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
<b>Tier 5 (Preferred Specialty)</b>	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
<b>Tier 6 (Non-preferred Specialty)</b>	Deductible/coinsurance		Deductible/coinsurance	
<b>Preferred Blood Glucose Meters (BGM) and Supplies*</b>	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
<b>Preferred and Non-Preferred Insulin</b>	\$0 copay per 30-day supply		\$0 copay per 30-day supply	
<b>Preventive Medications</b>	\$0 (covered by the Plan at 100%)		\$0 (covered by the Plan at 100%)	

\* This does not include Continuous Glucose Monitoring Systems or associated supplies. Preferred Continuous Glucose Monitoring Systems and associated supplies are considered a Tier 2 member copay.

# PHARMACY

SCAN FOR MEMBER PORTAL ↴



## CVS CAREMARK PHARMACY RESOURCE CENTER

Customer Service: 888-321-3124

<https://www.shpnc.org/cvs-caremark-pharmacy-resource-center>

CVS Caremark is the State Health Plan's Pharmacy Benefit Manager for the 70/30 Plan, the 80/20 Plan and the High Deductible Health Plan. **Members should note that this does NOT mean members have to go to a CVS pharmacy location for their prescriptions. CVS Caremark has a broad pharmacy network, which can be found using the Pharmacy Locator Tool.**

Under both health plans, the formulary, or drug list, for prescription drugs is a closed formulary. Under a closed formulary, certain drugs are not covered. Please note that there is an exception process available to providers who believe that, based on medical necessity, it is in the member's best interest to remain on a non-covered drug(s).

**Please note:** If a drug is not covered, the following advisory will appear under Plan Notes in the Drug Lookup Tool: "Not covered: Ask your doctor about alternatives"

## PHARMACY AND DRUG LOOPUP TOOL

- [70/30 Plan Drug Cost Lookup & Pharmacy Locator Tool](#)
- [80/20 Plan Drug Cost Lookup & Pharmacy Locator Tool](#)

## PHARMACY DRUG LISTS

- [2022 Comprehensive Formulary](#)
- [2022 Preferred Drug List](#)
- [2022 Preventative Drug List](#)
- [2022 Specialty Drug List](#)
- [2022 Specialty Quantity Limit Drug List](#)

## PHARMACY FORMS AND PROCESSES

- [Mail Order Request Form](#)
- [Formulary Exclusion Exceptions Process](#)
- [Prescription Drug Claim Form](#)



**Once enrolled in a plan create a CVS Caremark account at [caremark.com](https://www.caremark.com)!**

With a Caremark account, you can access and manage all your prescription information.



# PROFESSIONAL LIABILITY INSURANCE

Coverage of up to \$1,000,000 is provided to all faculty, staff, Board members, and volunteers for wrongful acts and defense of any civil suit alleging a wrongful act. This insurance does not provide coverage for criminal acts. Insurance coverage is subject to all the terms and conditions contained in the insurance policy.



# STATUTORY BENEFITS

## WORKERS COMPENSATION

## WORKERS COMPENSATION

<https://abtechedu.sharepoint.com/sites/EmployeeSafety/SitePages/Worker's-Compensation.aspx>

All employees are covered by the NC Workers' Compensation Act as defined by N.C. Gen. Stat. §§ 97-2(1), 97-2(3), 97-93.

All workplace incidents must be reported immediately, even if you do not believe medical treatment will be sought – this ensures that there are no delays or complications should care be necessary. Please make sure you see an approved provider and do not give them your personal health insurance information – just let them know it happened at work. [Visit the Employee Safety – Worker's Compensation SharePoint](#) for more information such as finding the [Employee Incident Process & Approved Medical Facilities](#) form and the [Incident Reporting Packet](#).

## SOCIAL SECURITY/ MEDICARE

Employees are required to pay the established percentage of earnings for Social Security/Medicare. The College pays the established employer percentage.

## UNEMPLOYMENT COMPENSATION INSURANCE

The College participates in the Unemployment Compensation Insurance Programs through the State of North Carolina. Benefits are based on earnings prior to unemployment and the reason for leaving the College.

# LEAVE PLANS

## Policies and Procedures 507

### **FAMILY AND MEDICAL LEAVE** - **NOTE: THIS LEAVE REQUIRES YOU TO NOTIFY HR**

Pursuant to the Family and Medical Leave Act of 1993 (FMLA) and as amended by the National Defense Authorization Act of 2008, Pub. L.110-181, and the Department of Labor's regulations any eligible employee (e.g., employees who have worked worked a certain number of hours within the past 12 months who are are employed by an eligible employer) may be granted up to a total of 12 weeks of unpaid job-protected family and medical leave.

### **MILITARY LEAVE** - **NOTE: THIS LEAVE REQUIRES YOU TO NOTIFY HR**

Military leave shall be granted to employees of the State for periods of service in the uniformed services in accordance with G.S. 127A-116 and the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). Military leave shall also be given for state military duty to members of the State Defense Militia as outlined in Rule .0820 and the Civil Air Patrol as outlined in Rule .0806.

### **COMPENSATORY OVERTIME LEAVE (COT)** - **NOTE: THIS LEAVE REQUIRES SUPERVISOR APPROVAL**

Non-exempt employees will receive compensatory leave in lieu of overtime pay. Compensatory leave will be earned at the rate of one and one-half hours for every hour worked over 40 in a work-week and/or if an employee is required to work a College Holiday. Compensatory leave will be earned at the rate of two hours for every hour worked on a Federal Holiday and/or if an employee is required to work when the College is closed during inclement weather.

### **CHILD INVOLVEMENT LEAVE**

The College will grant four hours of unpaid leave per calendar year to any employee who is a parent, guardian or person standing in loco parentis of a school-aged child so that the employee may attend or otherwise be involved at that child's school.

# ADDITIONAL BENEFITS

## STATE EMPLOYEES CREDIT UNION

[www.ncsecu.org](http://www.ncsecu.org)

Membership in the State Employees' Credit Union is open to all full-time and part-time employees. Services include banking, savings, and loans. More information may be obtained by visiting one of the local offices or by visiting their website.

## WELLNESS COMMITTEE

[https://abtechedu.sharepoint.com/sites/GRP\\_A-BTechWellness](https://abtechedu.sharepoint.com/sites/GRP_A-BTechWellness)

The Employee Wellness Committee provides no cost or a minimal fee programs to all faculty and staff with the purpose of supporting the mental, emotional, and physical well-being of the College family. Planned events and activities provide sessions on educational topics, physical activities, and the use of College facilities to include the gym, weight room, staff yoga, staff martial arts, UNCA swim passes, and more. Be sure to keep an eye on your work email for announcements of these Wellness benefits!

## PARKING

(828) 398-7114

<https://abtech.edu/about/campus-safety/parking-decals>

All employees are provided with parking registration free of charge. Please submit your request online to obtain your parking sticker.

## EMPLOYEE ASSISTANCE NETWORK

(828) 252-5725

[www.eannc.com](http://www.eannc.com)

The College has pre-paid the cost of five diagnostic, referral, and/or counseling sessions per separate eligible instance for employees and anyone living under their roof. This is a confidential service that provides professional and/or personal assistance in a myriad of areas:

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

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

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

**Email: [ean@eannc.com](mailto:ean@eannc.com)**

**Online at: [EANNC.com](http://EANNC.com)**

# A-B TECH HEALTH CLINIC

## ON-CAMPUS CARE FOR ALL STUDENTS & EMPLOYEES At the A-B Tech Health Clinic



**NEW Hours:** THURSDAYS, 1 to 5 p.m.

February 3, 10, 17, 24 | March 3, 10, 17, 24, 31 | April 7, 14, 28  
May 5, 26 | June 2, 9, 16, 23, 30

**Location:** Ferguson Allied Health and Workforce Development Building 115.17

**Cost:** \$10 for students (with student ID)  
Student Vouchers are available for a free visit during clinic hours.

\$10 for employees.

### To Make Appointments:

Dial Extension 7570 or email [healthclinic@abtech.edu](mailto:healthclinic@abtech.edu)  
Walk-in clients are welcome!



- Need a Student Physical? Come see us! Student Physicals are \$20.00
- TB Testing now available -- \$15.00
- Flu shots will be available--\$5.00 for all students and any part-time/adjunct employees.
- And much more!

We have appointments available and walk-ins are always welcome. Feel free to email [Healthclinic@abtech.edu](mailto:Healthclinic@abtech.edu) with any questions you may have.

### COVID Testing:

We are offering FREE COVID Testing for those who meet the COVID-19 testing requirements. Testing is done by appointment only with a referral from the COVID Team. If you are currently exhibiting ANY of the COVID-19 symptoms or if you have had a direct exposure to an individual who has tested positive for COVID, please fill out the self-reporting form here: [COVID-19 Self-Reporting Form \(maxient.com\)](https://www.maxient.com) and the COVID Team will give you further guidance.

**We also have a food pantry that is free to all students and staff! Please feel free to donate!**

## LONGEVITY PAY

### [Policy 502.03](#)

Regular full-time and regular part-time employees who have completed at least 10 years of total state (North Carolina) service shall receive a lump sum payment annually. Longevity payments are paid at the end of the anniversary month.

The below table reflects the percentage of pay:

Years of Total NC State Service	Longevity Pay Rate
10 but less than 15	1.50%
15 but less than 20	2.25%
20 but less than 25	3.25%
25 or more years	4.50%



*Last Update: February 2022*