

BENEFITS BOOKLET

PROCEDURE 500.01 FULL TIME REGULAR 30 HOUR EMPLOYEES

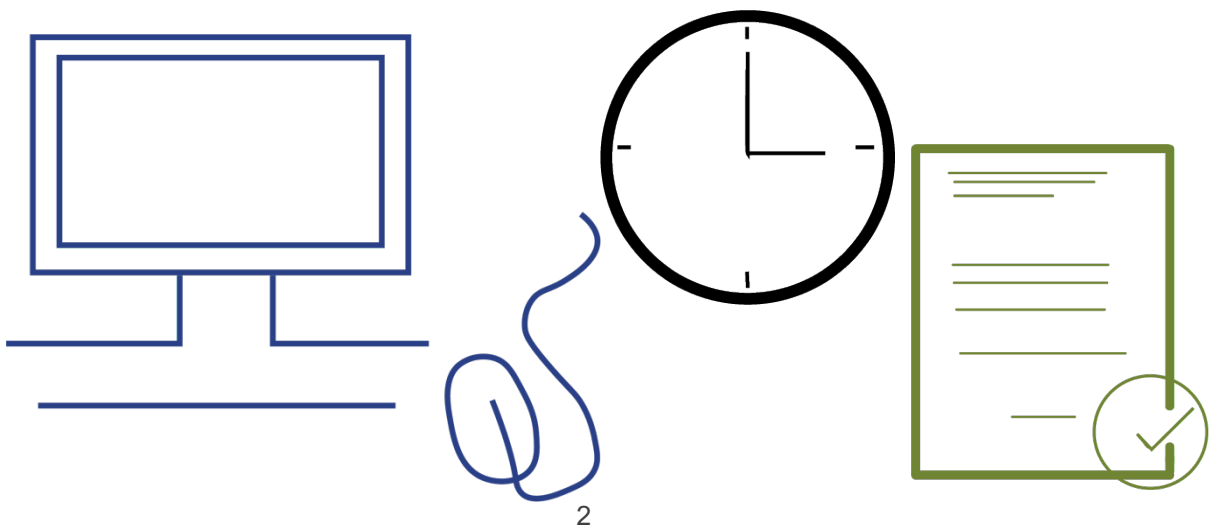
Effective January 1, 2024 – December 31, 2024



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

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CONTACT INFORMATION

QUICK REFERENCE TO BENEFITS PROVIDERS

Benefit	Provider	Plan	Website	Contact
Medical	State Health Plan Blue Cross and Blue Shield of NC	S26001	www.shpnc.org https://www.bluecrossnc.com/	State Health Plan: (855) 859-0966 BCBSNC: (800) 422-4658
Dental	Delta Dental of NC	1467	www.deltadentalnc.com/	(800) 662-8856
Vision	EyeMed	1026937	https://eyemed.com/en-us/member	(866) 804-0982
Life Insurance	Hartford	921803	https://www.thehartford.com/contact-the-hartford	(800) 523-2233
Supplemental Life Insurance	Sun Life	942151	https://www.sunlife.com/us	(800) 247-6875
Supplemental Policies	Pierce Group Benefits	Varies	https://piercegrupbenefits.com/client/abtechnicalcommunitycollege/	(888) 662-7500
Flexible Spending (FSA & DCA)	AmeriFlex	261158	www.myameriflex.com	(888) 868-3539 Claims fax: (888) 631-1038
Supplemental Retirement: Tax Sheltered Plans: 401(k), 457	NC Total Retirement Plans Prudential	002003	https://ncplans.retirepru.com/	Local Retirement Counselor Deborah Rapetski: (828) 230-3655 Prudential: (866) 627-5267
Retirement: Teachers' and State Employees' Retirement System (TSERS)	NC State Treasurer	31105	www.myncretirement.com www.orbit.myncretirement.com	ORBIT Help Desk: (877) 627-3287

CONTACT INFORMATION

HUMAN RESOURCES & PROFESSIONAL DEVELOPMENT DIVISION

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Benefits HR Fax benefitshr@abtech.edu	Secure Fax Line for Benefits Related Items	281-9693

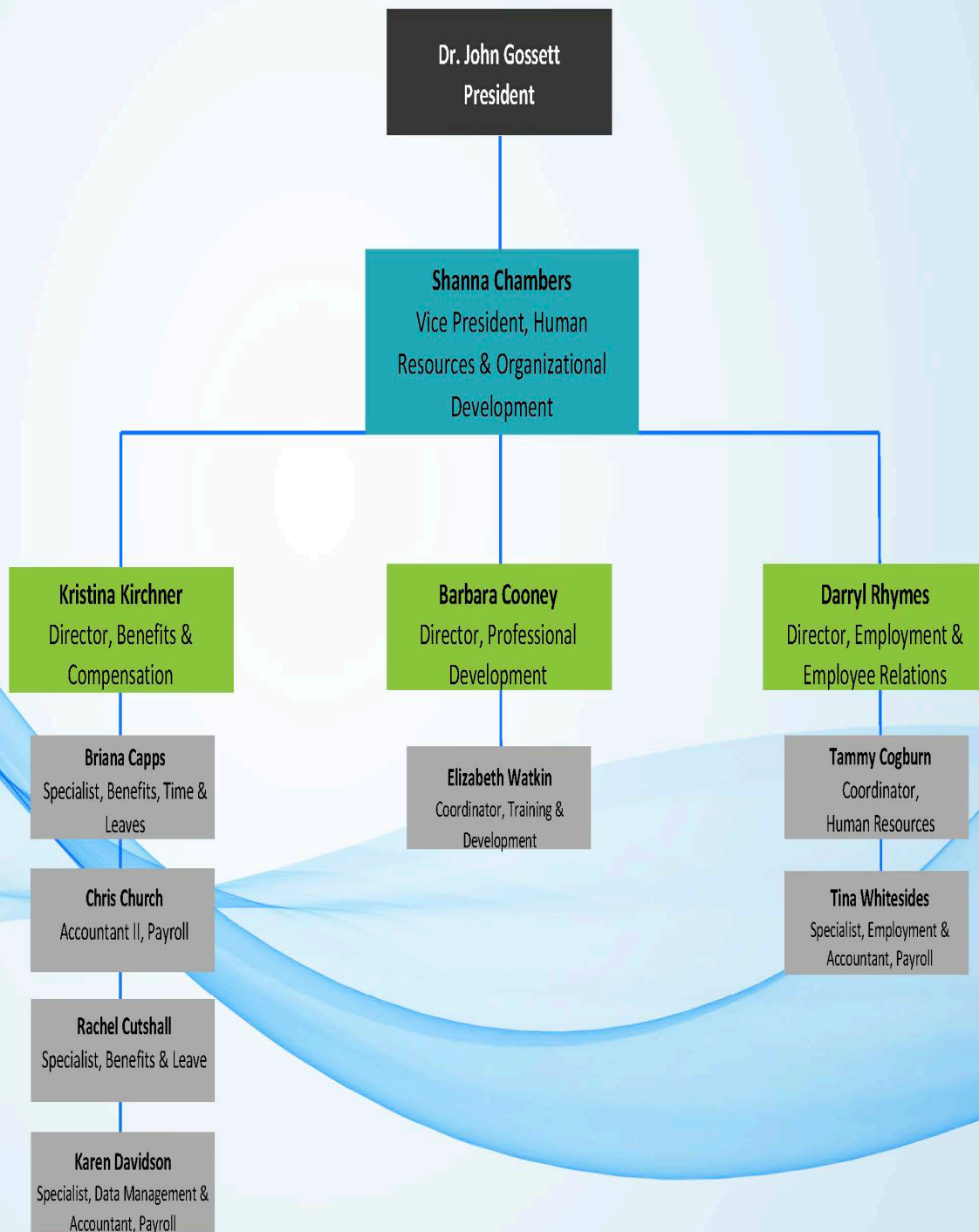
THE EMPLOYMENT, EMPLOYEE RELATIONS, BENEFITS AND COMPENSATION DEPARTMENTS ARE
LOCATED IN THE SUNNICREST HOUSE

PROFESSIONAL DEVELOPMENT DEPARTMENT IS LOCATED IN THE FERNIHURST HOUSE

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

APPOINTMENTS ARE REQUIRED

Human Resources Organizational Chart



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.

FULL-TIME REGULAR EMPLOYEE

PROCEDURE 503.05

A Full-Time Regular Employee works an average of at least 30 service hours per week or 130 service hours per month and is employed on an annual schedule of at least nine months with the reasonable expectation of recurring employment. A full-time schedule of less than 40 hours per week must be approved by the President.

PAYROLL DEDUCTIONS

PROCEDURE 503.03

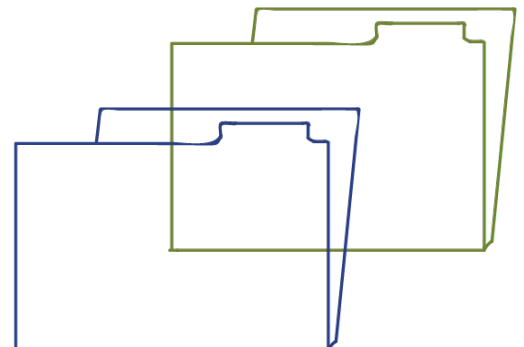
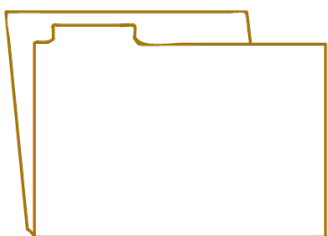
Payroll deductions for the NC State Teacher's and State Employees' Retirement and group life insurance through Unum are always deducted from the first paycheck, regardless of start date. Deductions for employee elected benefits are generally deducted the following month, giving the employee time to make their new hire enrollment selections. The premium deductions for Medical are 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.

INITIAL ENROLLMENT

The Benefits Team in Human Resources will reach out to all new hires within their first week of hire with an email for enrollment in all benefits.

ANNUAL OPEN ENROLLMENT

Most changes can only be made during Annual Open Enrollment (OE) or due to a Qualifying Life Event (QLE). All changes must be made within 30 days of the Event. Please contact the Benefits Team in Human Resources for questions regarding Qualifying Life Events.



MEDICAL

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 1st day of the month following the hire date or the 1st 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 Active Subscribers

Monthly Premium Rates January 1, 2024 - December 31, 2024	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	TOBACCO ATTESTATION COMPLETE?*		TOBACCO ATTESTATION COMPLETE?*	
	YES	NO	YES	NO
ACTIVE SUBSCRIBERS				
Subscriber	\$50.00	\$110.00	\$25.00	\$85.00
Subscriber + Child(ren)	\$305.00	\$365.00	\$218.00	\$278.00
Subscriber + Spouse	\$700.00	\$760.00	\$590.00	\$650.00
Subscriber + Family	\$720.00	\$780.00	\$598.00	\$658.00

*Premium credit completed during enrollment period.

\$\$\$ A-B Tech contributes \$674.54 per employee per month towards the total premium \$\$\$

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. Children must be under the age of 26 in order to be eligible for coverage. 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!

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

2024 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	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
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
Preventive Services	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A
Office Visits	\$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
Specialist Visits	\$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
Speech/Occu/Chiro/PT	\$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
Urgent Care	\$70		\$100	

PCP: Primary Care Provider, CPP: Clear Pricing Project

To find a CPP Provider, visit www.shpnc.org and click Find a Doctor.



PLAN DESIGN FEATURES	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Copay waived w/admission or observation stay)	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
Inpatient Hospital	\$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
PHARMACY BENEFITS				
Tier 1	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3	Deductible/coinsurance		Deductible/coinsurance	
Tier 4	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6	Deductible/coinsurance		Deductible/coinsurance	
Preferred Blood Glucose Meters (BGM) and Supplies*	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
Preferred and Non-Preferred Insulin	\$0 copay per 30-day supply		\$0 copay per 30-day supply	
Preventive Medications	\$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

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

- [Comprehensive Formulary](#)
- [Preferred Drug List](#)
- [Preventative Drug List](#)
- [Specialty Drug List](#)
- [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.

Customer Service: 888-321-3124

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



DENTAL

DELTA DENTAL OF NC

Our dental provider is Delta Dental. **Our network is the Delta Dental PPO + Premier.** Coverage begins the 1st day of the 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 should be given to your provider at each visit. Children must be under the age of 26 in order to be eligible for coverage. The monthly premium costs are shared between A-B Tech and the employee as outlined below:

Level of Coverage	Employee Monthly Cost	A-B Tech Contribution	Premium Total Cost
Employee Only	\$3.65	\$32.35	\$36.00
Employee + Child(ren)	\$55.54	\$32.35	\$87.89
Employee + Spouse	\$43.76	\$32.35	\$76.11
Employee + Family	\$103.81	\$32.35	\$136.16

Dental Expense Category and Examples	Network Dental Benefit
Diagnostic and Preventative <i>Oral Exams</i> <i>Cleanings</i> <i>X-Rays</i> <i>Fluoride Treatments (to age 19)</i>	100% no deductible
Basic Services <i>Oral Evaluation – Problem Focuses</i> <i>Simple Extractions</i> <i>Fillings</i> <i>Periodontal Maintenance</i> <i>Endodontics</i> <i>Periodontics (surgical & non)</i> <i>Oral Surgery</i>	80% after deductible
Major Services <i>Bridges</i> <i>Dentures</i> <i>Crowns</i> <i>Implants</i>	50% after deductible

\$1,000 Calendar Year Max Benefit per Person

\$50 Individual and \$150 Family Deductible per Year

\$1,750 Orthodontics Lifetime Maximum Benefit per child to age 20

(919) 877-9933

<https://northcarolina.deltadental.com/>

Group #: 1467



VISION

EYEMED

Our vision provider is EyeMed. **We are in the Insight network.** Coverage begins the 1st day of the 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 should be given to your provider at each visit. Children must be under the age of 26 in order to be eligible for coverage. The monthly premium costs are outlined below:

Level of Coverage	Employee Monthly Cost	Extra Discounts and Savings
Employee Only	\$8.34	40% OFF Complete pair of prescription eyeglasses
Employee + Child(ren)	\$14.54	20% OFF Non-prescription sunglasses
Employee + 1	\$14.32	15% off retail or 5% off promo price; call 1.800.988.4221
Employee + Family	\$24.81	Freedom Pass: a special offer that goes above and beyond your frame allowance at LensCrafters®, Target Optical® or Sears® Optical.

Benefit	Network Provider	Non-Network
Eye Exam	\$10 copay	Up to \$40
Frames – Retail Value	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
Lenses (per pair)		
Single	\$10 copay	Up to \$40
Bifocal	\$10 copay	Up to \$55
Trifocal & Lenticular	\$10 copay	Up to \$90
Progressive - Standard	\$65 copay	Up to \$55
Contact Lenses (in lieu of glasses)		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$91
Contacts - Disposable	\$0 copay; plus balance over \$130 allowance	Up to \$91
Contacts - Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210

FREQUENCIES - EXAMS, LENSES, & CONTACTS: EVERY 12 MONTHS; FRAMES: EVERY 24 MONTHS

(866) 804-0982

<https://eyemed.com/en-us/member>

Group #: 1026937



FLEX SPENDING ACCOUNTS

AMERIFLEX

Employees may elect to contribute to a Health Flexible Spending Account (FSA) or a Dependent Care Account (DCA). Coverage begins the 1st day of the month following the hire date into a benefit eligible position. You will receive your flex spending card in seven to ten business days after your enrollment. You may pay for your expenses out of pocket and apply for reimbursement out of your account, or you may use the AmeriFlex Convenience Card (used like a credit card) for qualified expenses per the IRS guidelines.

Health Flexible Spending Account (FSA):

If you participate in the FSA plan, you will elect to have a specified amount (up to \$3,050 annually for 2024) of “pre-tax” money deducted from your paycheck each pay period. These funds are subtracted from your gross earnings before taxes and put into a Flexible Spending Account that you can then use to pay for eligible out-of-pocket medical expenses. The IRS determines what expenses are eligible for reimbursement under the medical FSA. Information regarding the rules and regulations of the FSA may be found in the **Department of Treasury’s IRS Publication 969**. If you do not use all of the funds that you have contributed to your account by the end of the Benefits Year (December 31st) then only \$610

will roll into the new benefits plan year.

Dependent Care Account (DCA):

With a DCA, you set aside pre-tax payroll deductions (up to \$5,000 annually) to reimburse the expenses associated with day care for your qualified dependents. The care for the dependent must enable you and your spouse to be employed, the child must be under the age of 13, and the amount reimbursed must not be greater than you or your spouse’s income. Information regarding the rules and regulations of the DCA may be found in the **Department of Treasury’s IRS Publication 503**.

www.myameriflex.com

Fax: (800) 282-9818

Group #: 261158 | Employer ID: AMFASHBUN



TERM LIFE INSURANCE

HARTFORD

A-B Tech provides a life insurance and accidental death & dismemberment (AD&D) policy with coverage of two times your annual salary.

All full-time employees are automatically enrolled in this benefit when hired. Employees will be asked to complete the Beneficiary Designation Form.

(800) 523-2233

<https://www.thehartford.com/contact-the-hartford>

Group #: 921803

Sun Life - Additional Voluntary Term Life/AD&D Coverage:

All full-time employees may elect to apply for additional life insurance and AD&D for themselves, their eligible spouse, and children (up to age 26 if unmarried). Additional Term Life coverage options are:

Employee Life/AD&D Benefit Highlights

Amount of Insurance

You may elect an amount of Voluntary Life Insurance in \$10,000 increments.

The minimum amount you may elect is \$10,000.

The maximum amount you may elect is the lesser of \$500,000 **or** 5 times your Basic Annual Earnings, rounded to the next lower \$10,000, if not already a multiple of \$10,000.

Guaranteed Issue Amount: \$200,000.

Spouse Benefit Highlights

Amount of Insurance

You may elect an amount of Spouse Voluntary Life Insurance in \$5,000 increments.

The minimum amount you may elect is \$5,000. The maximum amount you may elect is \$500,000.

Your amount of Spouse Voluntary Life Insurance cannot be more than 100% of your amount of Employee Voluntary Life Insurance. **Guaranteed Issue Amount:** \$30,000.

Dependent Child Benefit Highlights

6 months of age or older: You may elect an amount of Dependent Children Voluntary Life Insurance in \$2,000 increments.

The minimum amount you may elect is \$2,000. The maximum amount you may elect is \$10,000. Under 6 months of age:

\$1,000. Your amount of Dependent Children Voluntary Life Insurance cannot be more than 100% of your amount of Employee Voluntary Life Insurance.

(800) 247-6875

<https://www.sunlife.com/us>

Group #: 942151



SUPPLEMENTAL POLICIES

PIERCE GROUP

The below supplemental policies and more are available:

Life Insurance

Accident

Short Term Disability

Long Term Disability

Critical Care

Medical Bridge

Cancer

Pet Insurance

Call a Doc

Legal Shield

ENROLLMENT

Contact Pierce Group Service Center at (888) 662-7500 to enroll. Premiums will vary based on the coverage you elect. You must enroll within 30 days of your hire date. Online enrollment is only available during the Annual Open Enrollment for all employees.

Pierce Group Benefits Booklet: [Asheville-Buncombe Technical Community College • Pierce Group Benefits](#)



RETIREMENT

NORTH CAROLINA TEACHERS' AND STATE EMPLOYEES' RETIREMENT SYSTEM (TSERS)

Participation is required for employees who are classified as Full-Time Regular employees. Retirement benefits are provided through the North Carolina Teachers' and State Employees' Retirement System.

- Employer and employee contribution rates are determined by the NC Treasurer's Office.
 - Tax deferred employee contribution rate is 6.0%.
 - The employer contribution rate for the **2024** fiscal year is **25.02%**.
- Vesting (the right to a monthly income benefit) occurs after 5 years of creditable state service (TSERS).
- Membership may be transferred between North Carolina state institutions, agencies, or departments.
 - Current Employee Benefits for non-retirees and retirees
 - <https://www.myncretirement.com/non-retirees/current-employees/benefits-current-employees>
 - <https://www.myncretirement.com/retirees/retiree-health-benefits>
 - TSERS Disability Income of North Carolina (DIPNC)
 - <https://www.myncretirement.com/non-retirees/current-employees/benefits/tsers-dipnc-benefit-recipient-faqs>
 - TSERS Disability Retirement
 - <https://www.myncretirement.com/tsers-disability-retirement-faqs#if-i-meet-all-eligibility-requirements-how-do-i-decide-whether-to-receive-tsers-disability-retirement-benefits-or-dipnc-benefits>

(877) 627-3287

Fax: (919) 855-5800

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

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

Employer Code: 31105

TAX SHELTERED SUPPLEMENTAL RETIREMENT PLANS: 401(K) & 457

866-NCPlans (866-627-5267)

<https://ncplans.retirepru.com/>

In addition to the defined pension plan, the Retirement System and the College partners with Prudential to also provide these optional retirement plans. These defined contribution plans can help you save even more for retirement.

Prudential also offers the services of a certified financial planner to assist employees in financial planning and selection of appropriate investment products. Each plan is available as a traditional and/or roth account and employees may choose to enroll in one, none, or even all three. Employees can enroll at any time throughout the year.

Contact your local [Retirement Education Counselor](#) (Western Region) or call 866-NCPlans (866-627-5267).

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

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

AGGREGATE SERVICE

New employees may transfer up to 240 vacation hours and/or their sick leave balance from other NC State governmental agencies covered by the NC Teacher's and State Employees' Retirement System (TSERS) or the Local Government Employees Retirement System (LGERS).

VACATION LEAVE

Full Time 30-hour a week employees will start accruing vacation leave at a rate of 7.5 hours a month.

SICK LEAVE

Full-time 30-hour regular employees accrue leave at a rate of 6 hours a month.

CIVIL LEAVE

Full-time regular employees are entitled to leave with pay to serve on a jury or if summoned to serve as a witness for the court. Employees are entitled to receive compensation from the court for such duty.

BEREAVEMENT LEAVE

Full-time regular employees are entitled to three days of leave with pay for a death in the immediate family. Additional days must be charged to vacation leave, compensatory time (if applicable), or taken without pay.

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.

COMMUNITY SERVICE LEAVE

Up to 24 hours of paid community service leave will be offered to full-time regular and full-time limited employees per fiscal year for participation in a Community Service Organization activity. Unused time will be forfeited at the end of the fiscal year (June 30).



PERSONAL OBSERVANCE LEAVE

Full-time regular and full-time limited employees will receive 16 hours (two days) of Personal Observance Leave each calendar year and may be used for any two days of personal significance. Regardless of the employee’s religious or cultural background, any day that the employee identifies as significant for cultural, religious, or personal reasons qualifies as Personal Observance Leave. Unused time will be forfeited at the end of the calendar year. Please see Procedure 507: Personal Observance Leave for more information.

HOLIDAYS

Full-time employees are eligible for the following Holidays:

<i>Holiday</i>	<i>Number of Days</i>
<i>New Year’s Day</i>	1
<i>Martin Luther King Jr. Day</i>	1
<i>Independence Day</i>	1
<i>Labor Day</i>	1
<i>Thanksgiving</i>	2
<i>Winter Break</i>	6

NOTE: LEAVE PLANS ON THIS PAGE REQUIRE A MEETING WITH HR DEPARTMENT

MATERNITY/PATERNITY LEAVE

Maternity leave is available for employees who are not yet eligible for Family Medical Leave. Maternity leave cannot exceed three calendar months starting on the first day of absence. The employee must return to work on or before expiration of the three calendar months' period allowed. Reinstatement to the same position or one of like seniority, status, and pay must be made upon the employee's return to work.

PAID PARENTAL LEAVE

In order to assist and support employees in balancing work and family obligations, Asheville-Buncombe Technical Community College will provide (8) eight weeks of fully paid leave to eligible employees upon the birth of their child or the adoption, foster placement, or other legal placement of a child under the age of eighteen (18).

FAMILY AND MEDICAL LEAVE

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 may be granted up to a total of 12 weeks of unpaid job-protected family and medical leave.

MILITARY LEAVE

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.

VOLUNTARY SHARED LEAVE

In cases of a prolonged absence due to a serious medical condition of an employee or their immediate family member an employee may apply for, or be nominated to become a recipient of, leave transferred from the vacation, bonus vacation, and/or sick leave accounts of other Community Colleges, State Agencies, or Public Schools per the guidelines set forth in Procedure 507.13.

EDUCATIONAL LEAVE

Educational Leave may be paid or un-paid and must be approved by the Board of Trustees'.

Should you need any of the above leave or have any leave questions please email BenefitsHR@abtech.edu

ADDITIONAL BENEFITS

STATE EMPLOYEES CREDIT UNION

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: www.ncsecu.org.

WELLNESS COMMITTEE

The Employee Wellness Committee provides no cost or a minimal fee program 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, and more. Be sure to keep an eye on your work email for announcements of these Wellness benefits!

https://abtechedu.sharepoint.com/sites/GRP_A-BTechWellness

HEALTH CLINIC-ON CAMPUS CARE

\$10 for Employees. Feel free to email HealthClinic@abtech.edu with any questions you may have and to schedule an appointment.

EMPLOYEE ASSISTANCE NETWORK

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.

(828) 252-5725 | (800) 454-1477

www.eannc.com | ean@eannc.com

ANNUAL FLEX BENEFIT

The College offers this benefit to full-time regular employees based on the availability of funding. This benefit is paid as an annual disbursement in an eligible employee's November pay advice.

Disbursements will be pro-rated based on the eligible employee's schedule, as follows:

12 month schedule: \$300

10 month schedule: \$250

9 month schedule: \$225

Eligible employees who are new to the College will be paid on a pro-rated basis in the month of November. Employees who separate from the College prior to the November payroll will receive a pro-rated disbursement in their final paycheck. Eligible employees must be in pay status (including approved paid leave status) for one-half or more of the workdays during each month in order to receive the full amount.

NOTE: MUST BE EMPLOYED FULL TIME FOR ONE YEAR FOR BENEFITS ON THIS PAGE

EMPLOYEE EMERGENCY PROGRAM –

When an emergency occurs, it can cause a tremendous financial burden for an employee and emergency funds provide financial assistance to employees who are experiencing a crisis.

- The A-B Tech Employee Emergency Program provides a financial gift to meet approved employee needs, based on the availability of funds in this account.
- Funds are typically awarded in the form of a check that is paid directly to the vendor, not the employee.

EEP Eligibility: All A-B Tech employees who:

- Have worked for the College for at least one year.
- Have a current work assignment.
- Have not reached the maximum benefit amount of \$500 per rolling six-month period.

For further information and to obtain a request form:

Contact Human Resources, by emailing BenefitsHR@abtech.edu with “EEP Request” in the subject line.

TUITION REIMBURSEMENT PLAN-

In support of educational and professional development, the Board of Trustees of Asheville-Buncombe Technical Community College will determine annually whether funds will be made available for Tuition Reimbursement at A-B Tech or another public regionally accredited institution for full time regular employees who have successfully completed the introductory period and/or their eligible immediate family members who take A-B Tech courses.

Twice each year, if funds are available, an e-mail announcement will be sent in advance of the upcoming term to let employees know that Approval for Tuition Reimbursement Requests can be submitted. This benefit is available in the order that eligible requests are received after the announced date and until allocated funds are depleted.

For further information and to obtain a request form:

Contact Human Resources, by emailing BenfitsHR@abtech.edu with “Tuition Reimbursement Program” in the subject line.

ALTERNATIVE WORK SCHEDULES AND TELEWORKING FOR STAFF & FACULTY

Policy 503.041

The College supports a work environment that supports an employee's balance of work responsibilities and personal responsibilities, as well as be engaged, healthy, and productive. Consistent with this philosophy, Alternative Work Schedules (AWS) may be granted by the immediate supervisor as a One Time AWS, or a Re-Occurring AWS. Employees must have completed their Introductory Period to participate in a Re-Occurring AWS. The request form for an AWS and the Telework Agreement Form is located in Procedure 503.041

EDUCATIONAL ATTAINMENT

Procedure 503.03

The College will award salary increases for the attainment of job-related degrees for employees who have successfully completed the Introductory Period, unless specifically denied by the North Carolina General Assembly.

Upon the completion of the program of study and with the approval of the supervisor and the President, the College will award an increase to the base salary, contingent on available funds:

Associate degree	\$500
Bachelor degree	\$1,000
Master or Ed.S. Degree	\$1,500
Doctoral Degree	\$2,500

The Application for Educational Attainment Award Form is located in Procedure 503.03.

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%



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