

NCLM

NC LEAGUE OF MUNICIPALITIES

Health Benefits Trust

competitive, reliable, comprehensive health insurance and wellness programs for North Carolina's local government employees

Working as one. Advancing all.





Why do more than 9,000 employees and their families rely on the League for insurance benefits?

STRENGTH IN NUMBERS.

More than 400 local government entities pooled together mean we have the purchasing power to negotiate stable, competitive rates.

FLEXIBLE OPTIONS THAT SAVE YOU MONEY.

With more than 20 standard benefit designs and pharmacy benefits, we work with you to identify the best options for your needs and for your employees.

MORE THAN "JUST" INSURANCE.

Our health and wellness programs offer best-in-class and generous preventative coverages as well as options for encouraging healthier lifestyle choices.

WELLNESS GRANTS FOR HEALTHIER EMPLOYEES.

Health Benefits Trust members are eligible to apply for assistance to help fund health fairs, local wellness programs and more. We set aside funding for grants each year.

A LONG HISTORY OF SERVICE.

The League has been a trusted partner for local governments for more than 40 years.

With the Health Benefits Trust, you have the power of the League behind you.

STRENGTH IN NUMBERS

The Health Benefits Trust is made up of North Carolina cities, towns and local government entities who have banded together, pooling risks and resources. This leads to stable, competitive rates year in and year out. We negotiate the best terms for claims administration, pharmacy benefits management and more. This purchasing power leads to lower healthcare costs and higher quality programming and partnerships.

FLEXIBLE OPTIONS THAT SAVE YOU TIME AND MONEY

With more than 20 standard benefit designs and pharmacy benefits, the Health Benefits Trust and our staff work with you to identify the best option for your needs and your employees' wants. We allow groups of all sizes to provide multi-level coverage options to employees – just one example of why the Health Benefits Trust is unique.

Our personalized customer service helps you spend less time administering your benefits and more time meeting the needs of your citizens.

And our supplemental programs focus on employee wellness and preventative health as a way to control costs and minimize unnecessary claims and usage. Retiree coverage, including a Medicare supplement, is also available.

MEDICAL PLANS with comprehensive pharmacy benefits.

DENTAL OPTIONS with and without orthodontics.

VISION, including basic and premier options.

LIFE, including employee and dependent coverage options, as well as options to cover elected officials.

DISABILITY with both short- and long-term plans available.



IN-HOUSE BILLING AND ELIGIBILITY

Vimly Benefit Solutions' platform SIMON allows the League to handle eligibility in-house. We can work alongside your staff to make any enrollment changes, such as new hires, terminations and qualifying event changes with a quick turnaround.



COMPREHENSIVE MEDICAL PLANS

LARGE PROVIDER NETWORK, CUSTOMIZABLE OPTIONS

Medical benefits are administered by Aetna. Members have the flexibility to choose providers and facilities that are included in Aetna's large provider network.

Qualified High Deductible Health Plans and Medical Employer Reimbursement Plans are also available and can be customized to meet your employer group's coverage needs.

PRESCRIPTION DRUG BENEFIT

The Health Benefits Trust has a standard prescription benefit, that allows flexibility in copayments to meet the member's needs.

We also contract with Aetna/CVS Caremark to achieve extra savings for high-cost specialty medications. This partnership offers a personalized approach that coordinates the efforts of providers and payers to streamline delivery and administration of treatment.

CVS Caremark's extensive pharmacy



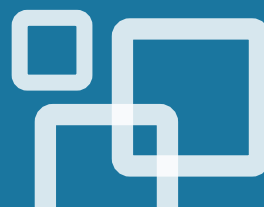
network includes local, independent pharmacies and national chains.

PRESCRIPTION OPTIONS

Members can receive their prescription medications from an in-network retail pharmacy for both short- and long-term prescription needs. Mail order prescription service is also available as is service for specialty medications.

**Need reliable
insurance coverage?**

**We've got your
back.**



DENTAL OPTIONS

As the nation's leading provider of dental insurance, Delta Dental works with the Health Benefits Trust and our members to protect their employees' smiles with the largest network of dentists, quick answers, and personalized service.

The Health Benefits Trust offers benefit plan designs to give your employees flexibility on the coverage they need. Coverage is available for a variety of services.

When you enroll in dental benefits with the Health Benefits Trust, you get access to the Delta Dental Network of providers. As a client of Delta Dental of North Carolina, your employees will have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier. With 4 out of 5 dentists participating nationwide, these two networks provide superior access to care as well as reduced fees through our agreements with participating dentists. Lower claims costs mean lower rates!

Moreover, your employees cannot be balance billed – giving employees added savings. Enrollees can visit nonparticipating dentists, but they can be balance billed and may have to pay more.



DIAGNOSTIC & PREVENTIVE SERVICES

Includes but is not limited to Diagnostic and Preventative Services, such as oral exams, cleaning, fluoride, and space maintainers, Emergency Palliative Treatment, Sealants, Brush Biopsy, and X-Rays.

BASIC RESTORATIVE SERVICES

Includes but is not limited to Major Restorative Services, Endodontic Services, Periodontics Services, Relines and Repairs.

MAJOR RESTORATIVE SERVICES

Includes but is not limited to Major Restorative Services and Prosthodontic Services.

Coverage of orthodontia for dependent children (age 25 and younger) can be added to any benefit plan. Depending on the services provided, coverage is based on either a fixed fee schedule (Plan I) or a percentage of reasonable and customary (Plan II and Plan III). Deductibles are waived for preventive services. A pretreatment

	Dental Option I	Dental Option II	Dental Option III
Deductible	\$50	\$50	\$50
Employee	\$100	\$100	\$100
Family	\$1,000	\$1,000	\$1,000
Coinsurance			
Preventative	100%	100%	100%*
Basic	50%	80%*	80%*
Major	25%	50%*	80%*
Child Orthodontia	50%	50%*	50%*
Annual Maximum	\$1,000	\$1,000	\$1,500
Child Orthodontia	\$1,000	\$1,000	\$1,500








estimate is available if charges for service are expected to be more than \$200. Coverage details, including limitations and exclusions, are contained in the summary plan description.

As a Delta Dental PPO plus Premier member, you may see any dentist you like. However, there are advantages to choosing a dentist who belongs to one of Delta Dental’s two dentist networks.

Delta Dental PPO SM dentists	<ul style="list-style-type: none">No balance billing on covered servicesMost significant network discounts with more than 2,681 dentists in North Carolina¹Dentists file claims for member
Delta Dental Premier dentists	<ul style="list-style-type: none">No balance billing on covered servicesSignificant network discounts with more than 3,705 dentists in North Carolina^{*1}Dentists file claims for member
Out-of-network dentists	<ul style="list-style-type: none">May be balance billedNo network discountsMay need to file own claims

1 Delta Dental of North Carolina internal data, 2021.

How it works—As shown below, your lowest out-of-pocket costs result from going to a Delta Dental PPO dentist.

Example savings for a crown by network	 Estimated charge	 Maximum allowed fees	 Percentage paid by Delta Dental	 Amount Delta Dental pays	 Amount dentist can balance bill	 Total amount you pay	 Your total cost savings
Delta Dental PPO	\$1,500	\$900	50%	\$450	\$0	\$450	\$600 ✓
Delta Dental Premier	\$1,500	\$1,000	50%	\$500	\$0	\$500	\$500
Out-of-network	\$1,500	\$1,200	50%	\$600	\$300	\$900	\$0

Delta Dental PPO dentists Delta Dental PPO dentists have agreed to charge \$900 for the \$1,500 service, a savings of \$600. Your Delta Dental plan covers 50 percent of the cost. Assuming you’ve already met your deductible for the year, Delta Dental will pay \$450 and you’ll pay \$450.	Delta Dental Premier dentists Delta Dental Premier dentists have agreed to charge \$1,000—a savings of \$500 compared to the fee the dentist usually charges. Assuming you’ve met your deductible, Delta Dental will cover 50 percent of that \$1,000, paying \$500. You’ll also pay \$500. That’s an extra \$50 tacked on to your share of the bill when compared to what you would have paid with a Delta Dental PPO dentist.	Out-of-network dentists Out-of-network dentists have not agreed to charge lower fees and can bill the full \$1,500. Delta Dental has set a limit on the accepted amount at \$1,200, which means Delta Dental’s share of the tab is \$600. The dentist can bill you the difference between Delta Dental’s payment and what they charge. This leaves you with a bill of \$900, which includes the \$300 the out-of-network dentist can “balance bill.”
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^{*} This number is inclusive of the PPO network.
NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.

Find Delta Dental participating dentists near you by using the search feature on our website at www.deltadentalinc.com/findadentist, or by calling Delta Dental toll-free at 800-662-8856.

VISION BENEFITS

The Health Benefits Trust offers Vision Signature Plan (VSP) vision plans. These plans provide affordable benefits with a larger provider network and expansive eyewear choices. There are basic and premier plan options, and employers are able to offer more than one plan option to employees.

To find out more about VSP doctor networks, visit www.vsp.com or call 800-877-7195.



\$20

Additional Retail Frame Allowance
available to all VSP members who purchase a Marchon or Altair frame*

Exam Copay:	\$	<u>VSP</u>	10.00	\$	<u>VSP</u>	10.00	\$	<u>VSP</u>	10.00
Material Copay:			N/A	\$		20.00	\$		20.00
Wholesale Frame Allowance:			N/A	\$		46.00	\$		61.00
Retail Frame Allowance:			N/A	\$		120.00	\$		160.00

Member Out-of-Pocket Comparison VSP Signature Plan® Vision Plans Municipal Insurance Trust of NC

		Average U&C (Retail) Cost in NC	Low VSP Exam Plus Plan	Premier VSP Signature Plan	Premier Plus VSP Signature Plan
Example 1	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Metal (WFC \$49.95)	\$ 149.95	\$ 119.96	\$ 23.96	\$ -
	Single Vision Lens (material copay included)	\$ 83.89	\$ 67.11	\$ 20.00	\$ 20.00
	Polycarbonate Lens	\$ 55.00	\$ 44.00	\$ 23.00	\$ -
	Anti-Reflective Coating - Crizal easy UV	\$ 96.00	\$ 76.80	\$ 51.00	\$ -
	Backside UV Coating ¹	\$ 22.00	\$ 17.60	\$ 10.00	\$ 10.00
	Member Out-of-Pocket on Day of Service	\$ 579.80	\$ 335.47	\$ 137.96	\$ 40.00
Example 2	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Metal (WFC \$57.00)	\$ 175.00	\$ 140.00	\$ 44.00	\$ -
	Bifocal Lens (material copay included)	\$ 142.80	\$ 114.24	\$ 20.00	\$ 20.00
	Progressive Lens - Kodak Concise (add-on avg cost)	\$ 92.00	\$ 73.60	\$ 50.00	\$ -
	Photochromic Tint - Transitions®	\$ 109.00	\$ 87.20	\$ 76.00	\$ 76.00
	Member Out-of-Pocket on Day of Service	\$ 691.76	\$ 425.04	\$ 200.00	\$ 106.00
Example 3	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Plastic (WFC \$60.00)	\$ 199.95	\$ 159.96	\$ 63.96	\$ -
	Bifocal Lens (material copay included)	\$ 142.80	\$ 114.24	\$ 20.00	\$ 20.00
	Progressive Lens - Varilux Physio (add-on avg. cost)	\$ 153.00	\$ 122.40	\$ 90.00	\$ -
	Anti-Reflective Coating - Crizal Avancé UV	\$ 129.00	\$ 103.20	\$ 75.00	\$ -
	Backside UV Coating ¹	\$ 22.00	\$ 17.60	\$ 10.00	\$ 10.00
	Polycarbonate for Progressive Lens	\$ 63.00	\$ 50.40	\$ 30.00	\$ -
	Member Out-of-Pocket on Day of Service	\$ 882.71	\$ 577.80	\$ 298.96	\$ 40.00
Example 4	Exam with Copay	\$ 172.96	\$ 10.00	\$ 10.00	\$ 10.00
	Frame - Metal (WFC \$59.99)	\$ 199.95	\$ 159.96	\$ 63.96	\$ -
	Bifocal Lens (material copay included)	\$ 142.80	\$ 114.24	\$ 20.00	\$ 20.00
	Progressive Lens - Varilux Ellipse 360 (add-on avg. cost)	\$ 222.00	\$ 177.60	\$ 120.00	\$ -
	Anti-Reflective Coating - Crizal Alizé UV	\$ 110.00	\$ 88.00	\$ 61.00	\$ -
	Backside UV Coating ¹	\$ 22.00	\$ 17.60	\$ 10.00	\$ 10.00
	Photochromic Tint - Transitions®	\$ 109.00	\$ 87.20	\$ 76.00	\$ 76.00
	Member Out-of-Pocket on Day of Service	\$ 978.71	\$ 654.60	\$ 360.96	\$ 116.00

* \$20 Additional Retail Frame Allowance applies to all full-service VSP Plans effective 01/01/2014

¹ Backside UV is required on all Crizal Anti-reflective Coatings.

WFC - Wholesale Frame Cost

VSP Signature Plan is a registered trademark of Vision Service Plan.

Costs are estimated based on VSP doctor U&Cs. Retail costs will be higher.



DISABILITY BENEFITS

Short-Term Disability is available to all employees who work 30+ hours a week. The benefit is available at a competitive per employee, per month premium, and it includes:

- Weekly benefits for non-occupational illness/injury
- Benefits begin on the 8th calendar day, with a maximum benefit period of 26 weeks
- Benefits are payable on a daily basis at 60% of gross weekly salary
- Additional details, limitations and exclusions can be found in the rider.

Long-Term Disability is available to all employees who work 30+ hours a week.

Disability is based on an employee's complete inability to perform his/her own occupation during the first 24 months of

disability, and work in any occupation to the end of the benefit period. The benefit includes:

- Pays 50% of monthly base salary to age 65 (maximum of \$5,000 per month, for a maximum benefit period of five years)
- 180-day waiting period

**Find out
why so many
North Carolinians
trust the League for
their insurance.**



LIFE INSURANCE

The Health Benefits Trust offers life insurance, accidental death and dismemberment, supplemental life insurance, and dependent life insurance

underwritten by Unum. Each type of coverage has its own plan options and premiums.

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT

The Health Benefit Trust’s standard life insurance benefit offers nine benefit designs, and allows an employer to create a plan that meets its needs. Benefits are 100%

employer paid, and are paid regardless of the cause of death. Elected officials are eligible for coverage. Benefits reduce at ages 65, 70, 75 and upon retirement.

A. Department heads \$10,000 All other employees \$ 5,000
B. 1 x Salary (all employees)
C. 1.5 x salary (all employees)
D. 2.0 x salary (all employees)
E. Top administrator \$25,000 Department heads \$15,000 all other employees \$10,000
F. Top administrator \$50,000 Department heads \$25,000 all other employees \$15,000
G. \$10,000 (all employees)
H. \$25,000 (all employees)
I. \$50,000 (all employees)

SUPPLEMENTAL LIFE INSURANCE

The Health Benefits Trust offers supplemental life insurance in increments of \$10,000 up to a maximum of \$100,000.

For groups with at least 40% employee participation, there is no proof of insurability requirement. However, groups with less participation would be required to apply. After the initial enrollment, annual increases

of \$10,000 are allowable without evidence of insurability. There is no disability premium waiver. The coverage is portable upon termination of employment or retirement, unless retiree life benefits are provided. The benefits reduce at ages 65, 70 and 75 (see benefit booklet).

Premiums are based on age.

DEPENDENT LIFE INSURANCE

Life insurance is available for all eligible dependents, and the amount of coverage depends on the dependent's age. The four available plans include:

	Plan A	Plan B	Plan C	Plan D
Spouse	\$2,000	\$2,500	\$5,000	\$10,000
Unmarried Child(ren) ages 14 days, but less than 6 months	\$1,000	\$1,000	\$1,000	\$1,000
Unmarried Child(ren) ages 6 months, but less than 26 years age 19-26 must be full-time students	\$2,000	\$2,500	\$5,000	\$10,000





MORE THAN “JUST” INSURANCE

Our health and wellness programs offer best-in-class and generous preventative coverages as well as options for encouraging healthier lifestyle choices.

WELLNESS BENEFIT

The Wellness Benefit provides coverage for preventive services such as routine physical exams, mammograms, prostate screenings, immunizations, and routine laboratory tests and X-rays. The services may not be related to the treatment of an illness or injury.

Think of the wellness benefit as a way to cover the routine tests and exams you need in order to determine the state of your health, saving your regular coverage for

illness or injury. The benefit is unlimited and payable at 100% for in-network providers; out-of-network coverage is limited to \$500. Age or frequency limits do not apply. Implementing wellness incentives that help prevent and identify illness is a proven way to achieve long-term cost savings. Employers benefit by having reduced claims, and employees have access to health education and earlier interventions if health issues do arise.

WELLNESS PROGRAM REQUIREMENT

The League’s Risk Management Board of Trustees has a wellness requirement in place designed to help members become healthier, and to better control premium costs for all participants.

The Health Benefits Trust encourages members to meet the wellness requirement before the end of the calendar year.

Members are required to attend an annual wellness visit/routine physical to check blood pressure, cholesterol, blood sugar levels, etc.

Although not required, the age appropriate cancer screenings remain covered at 100%. Health Benefits Trust encourages its members to talk to their doctor and schedule these screenings.

PLEASE NOTE: Medical plans with the Health Benefits Trust do NOT have a 365 day rule, meaning you can visit your doctor anytime in the calendar year for your wellness regardless of the last visit.

The wellness Requirement is not applicable to COBRA participants or dependent children. They are not applicable to pre-65 retirees as defined by the applicable

governmental entity, unless specifically designated to apply by such governmental entity.

Questions? We're happy to help. Reach out to the League's Health Benefits Trust staff to discuss wellness programs, coverage options, claims, policy details, and anything else you may need.

WEIGHT LOSS

Wondr™ is a skills-based digital weight loss program offered by the Health Benefits Trust that has helped thousands of people in different stages of health:

- Lose weight
- Feel their best mentally and physically
- Use practical, clinically-proven health skills that become life skills

Wondr is a digital behavioral change program that teaches clinically-proven weight management skills. A master class of sorts, their renowned team of doctors and clinicians teach the behavioral science behind eating the foods you love while still losing weight, and improving your overall physical and mental wellbeing.



Wondr is a personalized, 100% digital program that is built in three stages for results throughout the year and beyond. It starts with weight loss to teach the science of better sleep, less stress, improved emotional health, and so much more.

NO-COST HEALTH AND WELLNESS BENEFITS

The following benefits are offered at no cost to members:

24-HOUR NURSE LINE

With the 24-Hour Nurse Line, you can speak to a registered nurse about health issues whenever you need to. Aetna's nurses can provide information on more than 5,000 health topics. You could save time, money and a trip to the ER.

The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the emergency room. That can be a money-saver. Plus, you'll be able to make smarter health decisions with reliable information you can trust — and it's only a phone call or click away.

- It's toll-free.
- You can call as many times as you need — at no extra cost.
- Your covered family members can use it, too.

AETNA ONE FLEX CARE MANAGEMENT

The Aetna One Flex care management model takes a holistic approach to physical and emotional well-being. It offers:

- One-on-one support for clinical concerns, both acute and chronic conditions
- A behavioral health assessment and medication review
- Personalized care plan and information specific to your health needs
- Aetna® Healing Better full program and care team support
- Referral to other programs (internal and external)
- Readmission prevention visits at MinuteClinic® at select CVS Pharmacy® and Target® locations

- Personalized nurse communication
- 24-Hour Nurse Line
- Aetna Compassionate Care program
- Digital coaching and well-being tools
- Expanded interdisciplinary care team that is trained in gender diversity, suicide prevention and cultural sensitivity
- Dietitian, pharmacist and transgender advocate support

ENHANCED MATERNITY PROGRAM

With the Aetna Enhanced Maternity Program, you'll receive personalized support throughout your entire pregnancy journey, at no additional cost to you. You'll learn about what to expect before and after delivery, early labor symptoms, newborn care and more. The program:

- Offers you phone-based genetic counseling and screening, as well as convenient, confidential and cost-effective genetic testing
- Helps you make informed decisions throughout your pregnancy
- Gives you advice on lowering your risk for early labor
- Helps you with postpartum depression
- Personalized nurse support - If you have a health condition or other risk that could affect your pregnancy, we can help you manage or lower those risks.

Helping you deliver at the right time

In most cases, full-term babies have fewer health problems than preterm babies. If you're at risk for early labor, we'll explain the signs and symptoms and help you lower those risks. We'll also talk about treatment options.



GUIDED GENETIC HEALTH

As part of your Aetna membership, you have easy access to low-cost clinical-grade genetic testing and expert genetic counselors. This is especially valuable for individuals with specific personal or family histories, or for those with certain health goals or concerns, such as:

- Planning for pregnancy or experiencing infertility
- Having questions about hereditary cancer
- Feeling concerned about family history of cardiovascular conditions

AETNA CONCIERGE

Your Aetna Concierge is here for you. They'll listen, understand your needs and find solutions that are right for you.

A concierge can help you:

- Get answers about a diagnosis
- Select a doctor
- Learn about your coverage
- Plan for upcoming treatment

- Find health care solutions
- Learn how to use our online tools to make the right decisions
- Find network providers based on your medical needs
- Assist you in scheduling appointments

DIGITAL HEALTH COACHING — HEALTH YOUR WAY

No matter what your health goals are, our digital coaching tools can help you achieve them. You can work on things like being more active, losing weight, eating better and more.

Digital coaching provides:

- Fun games, quizzes and videos
- Small bites of helpful information
- Access to group coaching classes
- Daily activities that can help you keep moving forward

Members over 18 years old who enroll in the digital health coaching program are eligible to receive \$100 in incentives for completing activities in their portal or mobile applications.

ADDITIONAL HEALTH AND WELLNESS BENEFITS

These benefits may be offered at no cost to members depending on the membership plan design (copay or coinsurance):

ABLETO BEHAVIORAL CARE PROGRAM

Sometimes life can be overwhelming, leading to worry, stress and sadness. These are common feelings with major life changes or chronic pain. But help is now just a phone call away.

With the AbleTo program, you'll get virtual, personalized support that can help you feel better. You'll learn how to better manage your emotions and improve your overall health. And you'll have access to a licensed therapist within seven days or less from calling.

The program can help you:

- Work through your normal emotions
- Know the types of changes you need to make
- Feel like you're in control of your health and life

AbleTo allows you to attend a private, confidential session virtually, by telephone or secure video chat, right from your home. Simply schedule your sessions at your convenience, including outside normal business hours and on weekends.

Consider AbleTo support if you've had one of these health conditions or life changes:

- Depression, anxiety or panic attacks
- Chronic pain/pain management
- Grief and loss
- Diabetes/weight loss
- Cardiovascular disease
- Caregiver stress (child, elder or person with autism)
- Digestive health issues
- Cancer diagnosis and recovery
- Respiratory issues
- Infertility or postpartum depression
- Alcohol or substance use disorder
- Military transition



DIABETES MANAGEMENT

A \$500 value per employee, offered at no cost to your organization

NCLM's Diabetes Management program, offered through HealthMapRx and available to all Health Benefits Trust members, is a valuable and tremendous resource for your employees — and it's complimentary.

This voluntary program keeps our diabetic and pre-diabetic members healthy and in control.

Through Diabetes Management, your covered employees are paired with a Pharmacist Care Manager, who they'll meet for coaching and consultation four to six times per year. Co-pays are 100% covered for condition-related preferred medications. Not only are these services provided at no cost, but compliant participants will additionally be awarded up to \$120 per year!

Benefits of HealthMapRx™ Diabetes Management:

- Health coaching: A personalized Pharmacist CareManager will meet with employees throughout the year for consultation and assistance.
- Help with expensive medications: Co-pays are 100% covered for condition-related preferred medications through this program.

- Awards: Complete the program, and employees will earn \$120 per year.
- Eligibility: Employee is a covered HBT member. Takes medication for diabetes or pre-diabetes.

Three Enrollment Options Available:

1. Enroll online: <https://www.ppcn.org/nclm.html>
2. Fax or scan/email completed Participant Information Form to PPCN
3. Contact PPCN Health Promotions at (704) 618-7719 or jessica.bridges@emailmm.com.



COMPLEMENTARY OR ALTERNATIVE MEDICINE

Our local governments have unique responsibilities and unique leaders to carry them out.

It's critical that the wellness needs of those leaders are met. To that end, the Health Benefits Trust offers the CAM Program (Complementary or Alternative Medicine). The CAM Program is available to groups that have medical coverage through HBT, and provides coverage for the following complementary and alternative medical treatments:

ACUPUNCTURE/DRY NEEDLING:

Practice in which fine needles are inserted into the skin to stimulate specific points in the body.

ACUPRESSURE: Massaging certain points on the body to relax muscles, balance your natural energy flow, and relieve stress and pain.

AYURVEDIC MEDICINE: Treatment based on the belief that health and wellness

depend on a delicate balance between the mind, body, and spirit. Its main goal is to promote good health, not fight disease.

BIOFEEDBACK: Method used to help a person learn stress-reduction skills by providing information about muscle tension, heart rate, and other vital signs as the person attempts to relax.

ENERGY MEDICINE: (see Qi Gong and Reiki)

FUNCTIONAL MEDICINE: (see Appendix B in Master Medical SPD for more information)

HOMEOPATHY: Medical system based on the belief that the body can cure itself. Those who practice it use tiny amounts of natural substances, like plants and minerals.

HYPNOTHERAPY: Treatment using guided relaxation, intense concentration, and focused attention to achieve a heightened state of awareness. Hypnotherapy can help some people change certain behaviors, such



as to stop smoking or nail-biting. It can also help in treating certain kinds of pain.

INTEGRATIVE MEDICINE: (see Appendix B in Master Medical SPD for more information)

MASSAGE THERAPY: Form of hand-applied pressure-point treatment that can reduce pain, anxiety, fatigue, and nausea. (Note that claims are based on individual massage sessions.)

NATUROPATHY:

System that uses natural remedies (including herbs, massage, acupuncture, exercise, and nutritional counseling) to help the body heal itself.

QI GONG: Chinese form of moving meditation.

REIKI: Form of "touch" therapy that realigns your body's energy balance. It can make it easier to manage pain, stress, and worry.

TRADITIONAL CHINESE / ASIAN MEDICINE

YOGA THERAPY: Involves specific poses or sets of movements that can be combined with deep breathing to help ease stress, anxiety, and fatigue. (Not to exceed six-session package per claim submission and must be submitted after last date of package.)

When the Plan Participant participates in a CAM Program treatment, the fee should be paid to the provider at the time the service is rendered.

After participation and payment, fill out a Medical Claim form and send it to camsprogram@aetna.com with your receipt. You can find this form at www.aetna.com/individuals-families/using-your-aetna-benefits/find-form.html.

Members with a copay structured plan are responsible for a \$30 copay for CAM benefits. After services are received (like a massage) the employee will pay 100% of the cost to the provider. The employee will then fill out a claim form and attach a receipt for services. The employee will be reimbursed all but \$30.

For example, if I received a \$100 massage, I would pay the provider in full. I would then file a claim. A reimbursement of \$70 would arrive in the mail.

Members with a High Deductible Health Plan (HDHP) must meet their deductible before reimbursement. When services are rendered (like a massage) the employee will pay 100% of the cost to the provider. The employee will then fill out a claim form and attach a receipt for services. The employee will not be reimbursed until their deductible is met. This will count towards their deductible accumulation. After the deductible is met, CAM Benefits will be reimbursed at 100%.

For example, if I received a \$100 massage, I would pay the provider in full and then file a claim. If my deductible has already been met, I would receive all \$100 back in the mail.

This benefit has a \$1,000 per year max benefit.





CVS HEALTH VIRTUAL PRIMARY CARE

A CONVENIENT WAY TO ACCESS QUALITY CARE

Life is busy; it can be hard to set aside time to take care of your health. But with access to virtual care, it's never been simpler.

You'll have access to primary care, 24/7 on-demand care and mental health services. It's quality care with shorter wait times and affordable pricing. This virtual care option is in addition to your traditional network of providers and the costs depend on your plan design.

Primary care services include:

- Choose a dedicated provider and get a supporting Care Team
- Schedule a primary care visit with your provider in days, not weeks
- Schedule a virtual visit for chronic illnesses (like asthma and diabetes), common illnesses (infections, flu and minor injuries), medication refills, wellness and health screenings

- Mental health services - Talk with a licensed therapist by appointment seven days a week including evenings
- Get help with medication management 24/7
- Access 24/7 quick care with licensed providers for common illnesses (cough, colds, flu), common infections (ear, sinus, skin, urinary) and one-time medication refills

Additional benefits:

- Get coordination of in-person care when needed to nearby MinuteClinic® locations or in-network provider clinics
- Enjoy affordable care with some visits as low as \$0 for primary and on-demand appointments
- Access your health information, lab results and personalized tips from anywhere with your health dashboard

A LONG HISTORY OF SERVICE

The Health Benefits Trust is a nonprofit insurance pool established by the North Carolina League of Municipalities to provide group benefits coverage for local governments and their employees. The League has provided reliable, competitive and comprehensive insurance options to our members for more than 40 years.

A Board of Trustees governs the Health Benefits Trust, establishing policies, setting rates and approving special services. Consultants assist the Board with investment management, actuarial study and financial audit. Third party administrators are also contracted to provide underwriting, claims and customer services. In addition, the Trust is reinsured for catastrophic claims.

Our leadership, staff and partners are here to work for all of our members. Because when you enroll with the Health Benefits Trust, you have the power of the League behind you.

PERSONALIZED CUSTOMER CARE

The Health Benefits Trust provides members with a one-on-one personalized approach. Our staff members know you and your employees and can help you understand the options available. Our partners have dedicated staff to assist with claims and account-level questions to help you directly.



WORKING AS ONE. ADVANCING ALL.

The North Carolina League of Municipalities Health Benefits Trust
www.nclm.org • (919) 715-4000

NOTES

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across the entire width of the page, providing a guide for writing. The background is a solid off-white color. There are no margins, text, or other markings present.



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