



Employee

Benefits



Effective January 1, 2012

Mecklenburg County
Human Resources

Bi-Weekly Rates	County's Premium	Employee	Employee & Child(ren)	Employee & Spouse/Domestic Partner	Employee & Family
Non-Tobacco					
Standard	\$267.35	\$25.00	\$82.44	\$141.43	\$200.43
Enhanced	\$309.76	\$46.94	\$140.69	\$218.65	\$296.61
Tobacco Use					
Standard	\$267.35	\$57.30	\$116.36	\$175.36	\$234.36
Enhanced	\$309.76	\$86.19	\$181.91	\$259.88	\$337.83

Medical Plan Choices for 2012		
	Standard Plan	Enhanced Plan
Deductibles (Individual/Family)		
In-Network	\$500/\$1,000	\$250/\$500
Out-of-Network	\$1,200/\$2,400	\$600/\$1,800
Out-of-Pocket Maximums (Individual/Family)		
In-Network	\$2,500/\$7,500	\$1,250/\$3,750
Out-of-Network	\$7,500/\$15,000	\$3,500/\$10,000
Lifetime Maximum Benefit		
	No maximum	No maximum
Co-insurance		
In-Network	20%	15%
Out-of-Network	40%	35%
Physician Services		
Office Visit	\$25 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$35 copay
Preventative Care	No copay	No copay
Routine Gynecological Exam	No copay	No copay
Maternity	\$35 copay (first visit)	\$25 copay (first visit)
Surgery	20% after deductible	15% after deductible
Allergy Injection (by non-physician)	No charge	No charge
Diagnostic X-Ray/Lab (in doctor's office)	100% after copay	100% after copay
Hospital/Facility		
Inpatient Hospital	20% after Deductible	15% after deductible
Outpatient Hospital	20% after deductible	15% after deductible
Emergency Room	20% coinsurance \$150 copay	20% coinsurance \$150 copay
Urgent Care Center	\$25 copay	\$20 copay
Retail Prescription Drugs (30 day supply)		
Retail Generic	\$10 copay	\$5 copay
Retail Preferred Brand	20% coinsurance \$25 min, \$35 max	20% coinsurance \$20 min, \$30 max
Retail Non-Preferred Brand	40% coinsurance \$50 min, \$70 max	40% coinsurance \$45 min, \$65 max
Mail Order Prescription Drugs	3 month supply for the price of 2 months	
Vision Care		
Routine Eye Exam	\$25 copay (1visit/24mths)	\$25 copay(1visit/24mth)
Mental Health Benefits/Chemical Dependency		
Inpatient	20% after deductible	15% after deductible
Out patient	\$40 copay	\$35 copay
Office Visit	\$40 copay	\$35 copay

Mecklenburg County offers employees a choice of Cigna Standard or Cigna Enhanced Medical Plans.

Common features of both plans:

Both plans are affiliated with Presbyterian Hospital and Carolinas Medical Center.

Both plans are PPOs and offer network benefits which include physician services, emergency care, inpatient and outpatient hospitalization and prescription coverage.

The County pays a portion of the total cost of medical insurance for all active regular employees.

Employees can choose to cover dependents and are responsible for the additional cost.

Medical Plan Opt Out/Waive
Mecklenburg County Employees only

If you have other group coverage and do not want to participate in the County's medical plan for 2012, you may choose to opt out/waive and the County will contribute \$400 to your medical flexible spending account (FSA). The opt out/waive status will remain in effect the entire year unless you have a qualifying family status change. Employees hired during the year receive a prorated FSA contribution.

Mecklenburg County reserves the right to request proof of coverage of other medical coverage at any time.

Bi-Weekly Rates	County's Premium	Employee	Employee & Child(ren)	Employee & Spouse/Domestic Partner	Employee & Family
Standard	\$8.82	\$2.21	\$14.26	\$11.59	\$22.80
Enhanced	\$14.49	\$3.62	\$23.42	\$19.04	\$37.45

Dental Plan Choices for 2012		
	Standard Plan	Enhanced Plan
Calendar Year Maximum (Class I, II, and III Expenses) <i>(per individual)</i>		
In-Network	\$1,000	\$1,500
Out-of-Network	\$1,000	\$1,500
Calendar Year Deductibles (Individual/Family)		
In-Network	\$75/\$225	\$50/\$150
Out-of-Network	\$75/\$225	\$50/\$150
Class I Expenses - Preventive & Diagnostic Care <i>(In-Network/Out-of-Network)</i>	100% /80% No Deductibles	100% /100% No Deductibles
Oral Exams		
Cleanings		
Routine X-Rays		
Fluoride Application		
Sealants		
Space Maintainers (limited to non-orthodontic treatment)		
Non-Routine X-Rays		
Emergency Care to Relieve Pain		
Histopathologic Exams		
Class II Expenses - Basic Restorative Care <i>(In-Network/Out-of-Network)</i>	70% /50% After Deductible	80% /80% After Deductible
Fillings		
Oral Surgery - Simple Extractions		
Oral Surgery - All except simple extractions		
Surgical Extraction of Impacted Teeth		
Anesthetics		
Major Periodontics		
Minor Periodontics		
Root Canal Therapy/Endodontics		
Relines, Rebases, and Adjustments		
Repairs - Bridges, Crowns, and Inlays		
Repairs - Dentures		
Class III Expenses - Major Restorative Care <i>(In-Network/Out-of-Network)</i>	40% / Not Covered After Deductible	50% / 50% After Deductible
Crowns/Inlays/Onlays		
Dentures		
Bridges		
Class IV Expenses - Orthodontia (In-Network/Out-of Network)		
Coverage for Eligible Children Only	Not Covered	50% / 50% No Separate Deductible
Lifetime Maximum	Not Covered	\$1,500
Missing Tooth Provision	Teeth missing prior to coverage under the CIGNA Dental plan are not covered.	
Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Out-of-Network Reimbursement	80th Percentile	
Student Age	26	



Employees will have two options in selecting a dental plan: the Standard or Enhanced plan. Below are just a few of the differences between the two plans:

Standard

- Must go to a Network dentist
- Calendar Year Maximum of \$1,000 per individual
- No Orthodontic coverage

Enhanced

- May go to any dentist
- Calendar Year maximum of \$1,500 per individual
- Orthodontic Coverage (Life time Max \$1,500)

NOTE: Dental cards will NOT be issued to employees. To print a dental card or to locate a provider, please go to www.cigna.com.

Bi-Weekly Rates	Employee	Employee & Child(ren)	Employee & Spouse/Domestic Partner	Employee & Family
Standard	\$2.69	\$5.86	\$5.57	\$9.21
Enhanced	\$5.47	\$10.51	\$10.26	\$15.99

The County offers employees a choice of two voluntary vision plans for a minimal premium which provides coverage for exams, lenses, frames, contacts, etc. at reduced costs.



Note: Vision cards will NOT be issued to employees as part of this plan.

Vision Plan Choices for 2012		
	Standard Plan	Enhanced Plan
Copays	<i>Eye exam every 12 months</i>	
Comprehensive Exam	\$10	\$0
Materials	\$20	\$0
Contact Lenses <i>(in lieu of eyeglasses)</i>	<i>Contact Lenses every 12 months</i>	
Covered-in-full Contact Lenses	Contacts (including disposables), the fitting/evaluation fees, and up to two follow-up visits are covered-in-full. If covered disposable contact lenses are chosen, up to 6 boxes are included when obtained from a network provider.	
Non-Covered Contact Lenses	A \$150.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision covered-in-full contacts. The materials copay does not apply.	
Frames	<i>Frames every 24 months</i>	
	\$50 wholesale frame allowance applied toward the wholesale cost of a frame at private practice providers, or a \$130 frame allowance applied toward the retail price of a frame at retail chain providers.	
Lenses and Lens Options	<i>The following lenses and Lens Options are Covered-in-Full every 12 months</i>	
	Standard Plan	Enhanced Plan
	Lined bifocal Single Vision Round & seg. Lined trifocal Scratch Coating Plastic bifocals Plastic trifocals	Standard plan options plus: High-End Progressives Basic Progressives Super ET Gradient Tint Photochromatic Polycarbonate UV & Scratch Guard Solid Tint Transition UV Coating (Glass) UV Coating (Plastic) Platinum progressive Premium progressive

Laser Vision Benefit

UnitedHealthCare Vision has partnered with the Laser Vision Network of America to provide our members with access to discounted laser vision correction providers. 1-888-563-4497

Out of Network Reimbursement

Standard and Enhanced Plan benefits are the same.

Network copays do not apply

	<u>Up to</u>
Comprehensive Exam	\$40
Lenses	
Single Vision	\$40
Bifocal	\$60
Trifocal	\$80
Lenticular	\$80
Frames	\$45
Contact Lenses (in lieu of eyeglasses)	
Elective	\$150
*Necessary	\$210

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to UnitedHealthCare Vision for benefit reimbursement for Out of Network services.

Flexible Spending Accounts



What is A Flexible Spending Account (FSA)?

FSA is a pre-tax program to help reduce health care and dependent care out-of-pocket expenses.

Health Care Spending Account is for individual and family healthcare expenses not paid for by insurance like co-pays, deductibles, prescriptions, dental or vision care. You may contribute a minimum of \$260.00 up to a maximum of \$4000.00 per year.

Dependent Care Account is for childcare expenses for a child under age 13 like day care, after-school care or summer day camp. You may contribute a minimum of \$260.00 to a maximum of \$5000.00 per year.

Visit www.FlexCorp.com for a complete list of eligible expenses.

How do I contribute to my FSA?

Once you make your annual election, the amount will be deducted from your pay in equal amounts throughout the year, before taxes are deducted.

How do I get reimbursed?



A Flex Debit Card will be issued to you and you may use your card to pay for eligible expenses and the funds are automatically deducted from your Spending Account. OR simply pay for the eligible expenses and then fax or mail a reimbursement request and receipt to be processed. Forms are available on MeckWeb intranet site.

Annual Savings Example*:	With FSA Account	Without Account
Annual Salary	35,000	35,000
Pre-tax Contribution	1,500	
Taxable income	33,500	35,000
Federal and State Taxes	(7,107)	(7,597)
After-Tax dollars spent on eligible expenses	0	1,500
Spendable income	26,393	25,903
Tax Savings with an FSA	490	

*Sample tax savings for a single taxpayer with no dependents. Actual savings will vary based on your individual tax situation. Please consult a tax professional for more information.

Important Note:

You may claim your expenses incurred through March 15, 2013 and file claims until April 15, 2013. Unused contributions are forfeited.

How do I contact Flex Corp?

Flex Corp
146 Resource Parkway
Birmingham, AL 35242

Phone: 888-505-4557
Fax: 205-995-4099
Toll Fax: 866-238-8244

Visit their website at: www.flexcorp.com

Hours of Operation: 8:30 – 5:00

Savings and Retirement

Retirement

Mecklenburg County employees are automatically enrolled into the North Carolina Local Government Retirement System upon their employment. Employees contribute 6% of gross wages and become vested after five years of service. The County also contributes on behalf of all County employees to fund future benefits. Various retirement options are available.

529 College Savings Plan



Employees can save for college through payroll deduction with the North Carolina 529 College Savings Plan. The plan offers a wide range of investment options from conservative to aggressive. Investments can be used at any college for qualified educational expenses such as tuition, books, and room and board.

To enroll in the plan, contact the **College Foundation of North Carolina** (CFNC) toll free at 800-600-3453 or visit www.NC529.org. Once you have enrolled and selected the payroll deduction option, a representative from CFNC will contact the County to advise that you've requested that your contributions be payroll deducted.

Deferred Compensation

Mecklenburg County employees have the option to supplement their pension benefit by participating in either a 401(k) plan and/or a 457 plan.

The NC 401(k) Plan is administered by Prudential Retirement.

The County offers a choice of two 457 plans:

- 457 plan administered by ICMA-RC
- NC 457 plan administered by Prudential Retirement

Employees may contribute up to a total of \$16,500 to the 457 plans combined and up to \$16,500 to the NC 401(k) Plan. Special catch up allowances that allow for additional contributions are available in all plans for employees who are 50 or older this year.

Mecklenburg County provides matching contributions of up to 3% of gross salary when the employee contributes to one or a combination of these plans.

The county also contributes 5% of gross salary into the NC 401(k) plan for sworn law enforcement officers as mandated by the State of North Carolina.



Contacts

Retirement

North Carolina Local Government Retirement System

Phone: 877-627-3287

Fax: 919-508-5350

Visit their website at:

<http://www.myNCretirement.com>

457 Plan

ICMA-Retirement Corporation

Phone: 800-669-7400

Visit their website at:

<http://www.icmarc.org/>

401(K) Plan and 457 Plan
Prudential

Phone: 866-627-5267

Visit their website at:

<http://www.prudential.com/ncplans>

Savings Bonds

Mecklenburg County supports the US Savings Bond Program. Employees can invest in savings bonds through Treasury Direct, a free online system offered by the Department of the Treasury. Employees can begin purchasing bonds by going to www.treasurydirect.gov and creating an account. If you have any questions or need assistance, please call the Employee Services Center at 704-432-6947.

Life and Disability Benefits

Basic Term Life Insurance

Regular employees are automatically covered with basic term life insurance in the amount equal to their annual salary. Dependent/Spouse coverage of \$10,000 is available.

Supplemental Term Life Insurance

The County offers employees the opportunity to purchase up to six (6) times their annual salary (or up to \$1,000,000) in supplemental term life insurance. Proof of good health is not required if requested coverage does not exceed four (4) times the annual salary or \$300,000 and if enrollment begins immediately upon eligibility. The policy includes an accelerated death benefit for those with terminal illnesses as well as Accidental Death and Dismemberment (AD&D) benefits. Rates are based on age, smoking habits, and amount of insurance requested.

Short Term Disability

This benefit is provided to assist an employee who is disabled due to a non-work related illness or accident. Sixty percent of the employee's weekly earnings will be paid for up to 26 weeks, after a 25-day waiting period. Short Term Disability begins 90 days after employment and excludes pre-existing conditions.

Long Term Disability

Long Term disability replaces 40% of an employee's salary for up to 5 years should he or she become disabled. This benefit is provided by the County for regular employees who have less than 5 years of service with the County. Employees with 5 or more years will refer to the NC Retirement System plan for benefits. Employees can also purchase an additional 20% of coverage.



Contact

Customer Service is available by phone at our Employee Services Center at (704) 432-6947 and by email at myHR@mecklenburgcountync.gov.

Voluntary Accident Benefit

Accidents happen in places where you and your family spend the most time; at work, in the home and on the playground and they're unexpected. How you care for them shouldn't be.

What is Accident Insurance?

When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to the doctor's office, urgent care facility or the emergency room for x-rays or ride in an ambulance.

- Accident Emergency Treatment - \$125
- X-Ray Benefit - \$30
- Ambulance - \$200
- Air Ambulance - \$2,000

Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental emergency. Remember, accidents can happen anywhere at any time.

- | | | |
|-------------------|----------------|--------------------|
| • Sports Injuries | • Car Accident | • Lifting Injuries |
| • Broken Bone | • Laceration | • Chip a Tooth |
| • Bee Sting | • Insect Bite | • Knee Injury |

What does the Accident Plan cover?

The Accident Plan provides you with several benefits to assist with costs associated with certain accidents **both on and off the job**. You have coverage 24 hours a day, 365 days a year. **The benefits are paid directly to you** and are offered for everyone in your family if chosen. Children are covered to the age of 25, **even if they are not a full-time student**. Sport injuries are covered and you have the ability to add disability protection for your spouse if you choose.

The Accident Plan covers, but is not limited to:

- Emergency Room Treatment
- Doctor's Office / Urgent Care
- Surgical Care
- Transportation / Lodging
- Hospital Admission and Confinement
- Follow-up Care
- Physical Therapy
- Appliances
- Follow-up Visit

**YOU GET
24/7
COVERAGE**

Other Features:

- You are covered **WORLDWIDE**
- This plan is portable; you can take it with you if you change jobs or retire
- You are paid benefits regardless of any other insurance you may have

With the Accident Plan, you get a health and wellness screening benefit up to \$50 per covered person per calendar year.

Wellness Benefit:

The Accident Plan provides a benefit if the covered person has one health screening test performed. This benefit is payable once per calendar year per person.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Employees interested in obtaining more information or enrolling in this Voluntary Accident plan should call the Employee Services Center at (704) 432-6947.

Voluntary Cancer Benefit

The risk of developing cancer, unfortunately, is very real. In the United States, according to the American Cancer Society, 1 in 2 men and 1 in 3 women have a lifetime risk of developing cancer. 62% of the costs associated with cancer treatment are now considered out-of-pocket expenses not covered by your major medical insurance.

If you are diagnosed with cancer, how will you pay for what your health insurance won't?

Direct Costs Most Major Medical Plans Cover:

- Hospital charges
- Surgeon fees
- Physician Fees
- Medication & drug costs
- Radiological fees
- Nursing costs

Only 38% of
cost covered

Indirect Costs You Pay:

- Loss of wages or salary
- Deductibles or coinsurance
- Travel expenses to/from treatment centers
- Lodging and meals
- Child care

You cover 62%
of costs

What does the Cancer Plan cover?

The Cancer Plan pays for a variety of inpatient or outpatient benefits related to cancer treatment including, but not limited to:

- Hospital confinement
- Ambulance
- Air ambulance
- Private, full-time nursing services

Other inpatient and outpatient treatment benefits include a variety of other items such as those listed below:

- Radiation/chemotherapy
- Anti-nausea medication
- Experimental treatments
- Blood / Plasma / Platelets / Immunoglobulin
- Hair prosthesis / External breast / Voice box prosthesis
- Medical imaging studies
- Peripheral stem cell transplant
- Supportive / Protective care drugs and colony simulating factors
- Bone marrow stem cell transplant.

The Cancer Plan covers items you may not typically think of.

Oftentimes, there are costs associated with cancer treatment that you may not typically consider. Those costs listed below are covered under the Cancer Plan.

- Travel expenses
- Companion transportation and lodging
- Surgical procedures including skin cancer
- Second medical opinions
- Anesthesia
- Prosthetic or artificial limbs
- Outpatient surgical center
- Reconstructive surgery



With the Cancer Plan, premiums are TAX-FREE so you will receive an average savings of 30%.

Wellness Benefit:

Under the cancer plan, each covered individual can receive reimbursement for up to \$125.00 once per calendar year for a cancer or wellness screening. The screenings include, but are not limited to:

- Chest x-ray
- Pap smear
- Mammography
- Breast ultrasound
- PSA - blood test for prostate cancer
- Biopsy of skin lesion
- Colonoscopy

What else does the cancer benefit include?

The cancer plan also offers extended care benefits such as coverage for:

- Skilled nursing care facility
- Family care
- Hospice
- Home health care service
- Waiver of Premium

Employees interested in obtaining more information or enrolling in this Voluntary Cancer plan should call the Employee Services Center at (704) 432-6947.

Voluntary Medical Bridge Benefit

As major medical plans move toward larger deductibles and higher co-payments, you may be left with more gaps to fill. How will you cover all of those medical expenses?

Medical Bridge 3000, hospital confinement indemnity insurance, or for short, Medical Bridge, is designed to fill the gaps in your health insurance and help protect against those out-of-pocket expenses, including deductibles and co-pays, that occur when it comes to you or your family members' healthcare.

What is Medical Bridge and how does it work?

The Medical Bridge Plan helps to "bridge the gaps" in your health insurance.

Take a look at the chart below to see how out-of-pocket medical expenses can quickly add up. **Medical Bridge will assist you with these costs.**

EXAMPLE: 80/20 PPO	
Outpatient Surgery:	\$8,000 Total
Your Deductible:	- \$500
Balance:	\$7,500
	x 20% Co-Insurance
	\$1,500 Co-Insurance
	+ \$500 Deductible
YOUR COST:	\$2,000

25% of the \$8,000 is YOUR responsibility without Medical Bridge

The following benefits are payable due to a covered accident or covered sickness:

• **Outpatient Surgical Procedure Benefit**

pays a lump-sum benefit when a covered person requires a surgical procedure and is not confined to a hospital at the time of the surgery. The procedure must be performed in a hospital or an ambulatory surgical center. Refer to the outline of coverage for the calendar year maximum and the list of covered procedures.

• **Hospital Confinement Benefit**

pays a lump-sum benefit if any covered person is confined. This benefit can help you pay for the deductibles associated with a hospital confinement.

• **Rehabilitation Unit Benefit**

pays \$100 per day up to 15 days per confinement with no more than 30 days per calendar year if any covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement.

• **Waiver of Premium Benefit**

waives the premium for the policy and any attached riders once the named insured has been confined to a hospital for 30 continuous days. The premium is then waived as long as the confinement in a hospital or rehabilitation unit continues.

With the Medical Bridge Plan, premiums are TAX-FREE and family coverage is available.

Wellness Benefit:

The Medical Bridge Plan pays \$50 for one of the wellness tests listed below. The plan pays one test per calendar year for employee-only coverage; or two tests per calendar year combined for family coverage. This benefit helps reimburse you for part of the expense of tests you normally have each year.

- Blood test for triglycerides
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy or virtual colonoscopy
- Fasting blood glucose
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear of thin prep pap
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Serum cholesterol test for HDL & LDL
- Stress test on a bicycle or treadmill
- Thermography

Employees interested in obtaining more information or enrolling in this Voluntary Accident plan should call the Employee Services Center at (704) 432-6947.

Wellness

Fitness Centers

For a nominal membership fee, employees can join the County's Fitness Center. The Center has state-of-the-art weight resistance and cardiovascular equipment, locker rooms and showers, and a variety of group exercise classes and wellness programs. Join your fellow employees in a professional, safe, supportive, and goal-oriented fitness program designed to meet your individual needs.



Mecklenburg County Aquatic Center

The Mecklenburg County Aquatic Center, located at 800 East Martin Luther King Jr. Blvd, has state-of-the-art swim facilities including a 50-meter competition pool, 25-yard warm instructional pool, 1-meter and 3-meter diving boards, hot tub, and full circuit fitness center. County employees receive a reduced rate membership.

Employee Assistance Program

This program provides confidential counseling and referral services to employees who are facing personal and work-related problems such as drugs or alcohol abuse, marital or financial problems, caring for older adults, and stress. This program is available to employees and eligible family members at no cost. For free, confidential help, call EAP at **800-633-3353**.



Holidays and Leave

Holidays (10 days annually)

New Year's Day	Labor Day
MLK's Birthday	Thanksgiving Day
Good Friday	Friday after Thanksgiving
Memorial Day	Christmas Day
Independence Day	One other day @ Christmas

Sick Leave (12 days annually)

Sick leave is accrued on a bi-weekly basis at a rate of 0.04615 hours (12 days annually) for each regularly scheduled hour worked. There is no maximum accrual limit.

Sick Leave Donation

In long-term medical situations, employees may donate sick leave to other employees subject to certain conditions.

Leaves of Absences

There are specific types of absences which may be approved as periods of time away from work. Mecklenburg County recognizes the following types of leave. Restrictions apply.

- Administrative Leave – unpaid up to 30 days
- Family/Medical Leave – unpaid up to 12 weeks
- Extended Medical Leave – unpaid up to 52 weeks
- Extended Family Leave – unpaid up to 52 weeks
- Military Leave
- Disaster Response Leave

Bereavement Leave

Mecklenburg County allows time away from work for the death of an immediate family member. Employees may take up to 24 consecutive work hours paid leave.

Vacation Leave

Vacation leave begins accruing on the first day of employment. The accrual rate is based upon years of service. Employees who do not use sick leave or leave without pay for 7 consecutive pay periods earn an additional 4 hours of vacation.

Vacation Accrual Rate

<u>Years of Service</u>	<u>Days per Year</u>
0-1	10
2-4	12
5-9	15
10-14	18
15-19	21
20 +	24

At the end of each calendar year, employees may carry a maximum of 30 days vacation into the New Year, and any excess leave over 30 days will be rolled into the employee's accumulated sick leave balance.



You need to Know

Coverage for Eligible Family Members

County employees may cover eligible family members by paying a bi-weekly payroll deducted premium. Eligible family members include:

- Your legally married spouse
- A same sex domestic partner (affidavit required)
- You may cover a biological, foster, adopted or step-child/ren up to age 26.

Proof may be required if child or spouse has different last name than employee.

Do you have a Change in your Family and/or Financial Situation?

What types of changes can I make throughout the year?

Add or drop dependent coverage, based on a qualifying event (such as marriage, birth of a child or dependent has reached maximum age).

Change or update your life insurance beneficiary information

Enroll or change participation level in the 401K or 457 Defined Contribution Plan.

Enroll or change participation in the NC529 College Savings Plan.

Family Status Change

It is the employee's responsibility to advise the Employee Services Center within 31 days of a qualifying family status change (birth/adoption, marriage/divorce, graduation of child, death, etc) if a dependent needs to be dropped or added. After the 31 day period, no dependents can be added or dropped. Premium refunds will not be made and coverage will end as soon as the dependent becomes ineligible for coverage. See Forms and Information in this brochure for contacting the Employee Services Center.

Need More Information?



Benefit forms and information are available to County employees on the intranet (MeckWeb). Customer Service is available by phone at our Employee Services Center at (704) 432-6947 and by email at myHR@mecklenburgcountync.gov.

Mecklenburg County Employee Benefits

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY AND AMERICANS WITH DISABILITIES ACT

It is the policy of the County to provide equal employment opportunity without regard to race, color, religion, sex, age, disability, or national origin.

Discrimination against any person in the recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of religious belief, affiliation, race, national origin, ancestry, or other factors is prohibited.

Discrimination on the basis of age, sex, or physical disability is prohibited except where age, sex, or disability requirements constitute a bona fide occupational qualification necessary for performance of the essential functions of a job.

The County will comply with the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of a disability. The County will make reasonable accommodations upon requests of otherwise qualified disabled applicants and employees to enable them to perform essential job functions except where such accommodations may constitute an unreasonable hardship or jeopardize the health and safety of employees, applicants or the general public.

The employee benefits program is administered by Mecklenburg County
Human Resources Department
700 East 4th Street
Charlotte, NC 28202

Employees Services Center:
(704) 432-6947 phone
(704) 336-2731 fax
www.charmeck.org

Revised 1/2012