



Benefits Summary 2025-2026

Program	Benefits	Cost to Employee
<i>Insurance Benefits</i>		
<u>Medical Insurance</u> BlueCross BlueShield of NC	Fiscal Year Deductible: Individual: \$2,000 / Family: \$4,000 Preventative Care: No charge Approved Services and Prescriptions: 20% coinsurance following deductible satisfaction	Employee: \$50.00* *Waived with participation in Wellworks Program Employee/Child: \$272.00 Employee/Spouse: \$509.00 Employee/Children: \$827.00 Employee/Family: \$827.00
<u>Dental Insurance</u> Ameritas Dental Network 800-487-5553	Fiscal Year Maximum Benefit: \$1,000 Preventive Care: 100% Basic Services: 80% after deductible Major Services: 50% after deductible	Employee: No Cost Employee/Child: \$18.00 Employee/Spouse: \$30.00 Employee/Children: \$52.00 Employee/Family: \$52.00
<u>Life Insurance</u> The Standard 800-628-8600	Group Basic Term Life Coverage of \$20,000 with life-age reductions at 65, 70, and 75	No cost to employee
<u>Employee Assistance Program</u> AllOne Health 866-216-1996	<ul style="list-style-type: none"> • 24-hour access to services • Professional consultation in person or by phone • Connections and referrals to additional supports and services as needed • Services are provided for you as well as your family 	No cost to employee
<i>Paid Time Off</i>		
<u>Vacation/Annual Leave</u>	<ul style="list-style-type: none"> • Rate of Accumulation increases with years of service to Halifax County; • Maximum accumulation of 225 hours; and • Time over 225 hours at the end of the year will convert to sick leave. 	
<u>Sick Leave</u>	<ul style="list-style-type: none"> • Earned at a rate of 7.5 hours per month (90 hours per year); and • No maximum accumulation. 	
<u>Paid Holidays</u>	At least 11 paid holidays per year, following the State of NC Holiday Schedule	
<i>Retirement</i>		
<u>Retirement</u> Local Government Employees Retirement System 919-814-4590	Full retirement after: <ul style="list-style-type: none"> • 30 years of service credit; • Age 60 with 25 years of service credit; OR • Age 65 with 5 years of service credit. 	Mandatory participation at 6% of annual salary

Optional Benefits

<p><u>NC 401(k) Plan</u> Empower 866-627-5267</p>	<ul style="list-style-type: none"> Contributions are made by payroll deduction; and Option to sign up outside open enrollment. 	<p>Optional participation solely funded by the employee</p>												
<p><u>457(b) Deferred Comp Plan</u> Nationwide Insurance Company 877-677-3678</p>	<ul style="list-style-type: none"> Contributions are made by payroll deduction; and Option to sign up outside open enrollment. 	<p>Optional participation solely funded by the employee</p>												
<p><u>Credit Union Membership</u></p>	<p>CIVIC Federal Credit Union</p>	<p>Fees may apply</p>												
<p><u>Vision Insurance</u> Community Eye Care (Comprehensive Plan) 888-254-4290</p>	<p>Annual Eye Exam: \$10 co-pay Annual Eyewear Allowance: \$200 with \$0 co-pay Annual Contact Lens Fitting, Re-fit, or Evaluation: \$0 co-pay</p>	<p>Employee Only: \$9.22 Employee/Child(ren): \$17.87 Employee/Spouse: \$16.60 Employee/Family: \$26.27</p>												
<p><u>Vision Insurance</u> Community Eye Care (Material Plan) 888-254-4290</p>	<p>Annual Eyewear Allowance: \$200 with \$0 co-pay Annual Contact Lens Fitting, Re-fit, or Evaluation: \$0 co-pay</p>	<p>Employee Only: \$7.98 Employee/Child(ren): \$16.76 Employee/Spouse: \$15.96 Employee/Family: \$23.94</p>												
<p><u>Short-Term Disability Plan</u> One America 800-553-5318</p>	<ul style="list-style-type: none"> Up to 13 weeks of coverage for approved disability; 7-day elimination period; Doctor's statement required; Plan has portability provision; and Benefit options are in \$100 increments with a maximum allowance of 70% of basic monthly earnings. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Monthly Benefits</u></th> <th style="text-align: left;"><u>Monthly Premium</u></th> </tr> </thead> <tbody> <tr> <td>\$500 (minimum)</td> <td>\$ 10.36</td> </tr> <tr> <td>\$1,000</td> <td>\$ 20.71</td> </tr> <tr> <td>\$1,500</td> <td>\$ 31.07</td> </tr> <tr> <td>\$2,000 (max)</td> <td>\$ 41.42</td> </tr> <tr> <td colspan="2" style="text-align: center;">\$100 Increments</td> </tr> </tbody> </table>	<u>Monthly Benefits</u>	<u>Monthly Premium</u>	\$500 (minimum)	\$ 10.36	\$1,000	\$ 20.71	\$1,500	\$ 31.07	\$2,000 (max)	\$ 41.42	\$100 Increments	
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\$100 Increments														
<p><u>Long-Term Disability Plan</u> One America 800-553-5318</p>	<ul style="list-style-type: none"> Up to 60% of covered basic monthly earnings; and Period payable depends upon age when total disability begins. 	<p>Age Banded</p>												
<p><u>Additional Term Life</u> The Standard 800-628-8600</p>	<p>Available for Employee, Spouse, and Child(ren) at specified face amounts</p>	<p>Rates are determined and based on plan design.</p>												
<p><u>Universal Life</u> Trustmark 800-918-8877</p>	<p>Available for Employee and other family members to apply at specified face amounts</p>	<p>Rates are determined and based on plan design.</p>												
<p><u>Cancer Plan</u> MetLife through Bay Bridge Administrators, LLC 800-845-7519</p>	<p>Available for Employee, Spouse, and Child(ren) at specified amounts</p>	<p>Rates are determined and based on plan design.</p>												
<p><u>Accident, Hospital Indemnity, and Critical Illness Plans</u> Aflac 800-433-3036</p>	<p>Availability varies by plan type.</p>	<p>Rates are determined based on plan design.</p>												

Please refer to the Handbook of Benefits for more detailed information. Please refer to your policy or certificate for each product where exact terms and conditions will be provided. Additional Benefit Information can be found by following [Halifax County | Mark III Benefits Guide \(mymarkiii.com\)](https://mymarkiii.com)