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2025 Benefit DIGEST

CITY OF LEXINGTON

We are pleased to provide you with the 2025 Benefit Digest. This digest is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview, and you must review specific plan brochures and plan documents for full program details, limitations and exclusions.

We are confident that our people are the reason behind our successes. We truly value you as an employee and part of our professional family. Our goal is to offer the very best healthcare possible to you and your loved ones. With this in mind, we have developed a comprehensive employee benefit package designed to protect you and your family.

This digest provides benefit information available July 1, 2025. Please visit our website through Employee Navigator to review all benefits for enrollment.

Employee Navigator: <https://www.employeenavigator.com/benefits/Account/Login>

Employee Eligibility

All full-time employees working 30 hours per week are eligible for benefits.

Benefits Begin: 1st of the month following date of hire

Benefits Terminate: Date of termination

Dependent Children Age Limits: To age 26 (Medical, Dental, Vision, & Life)

Dependents deemed to be disabled can remain on the plan past the age of 26 if appropriate documentation is submitted to HR and UMR. Coverage for children ends at the end of the month of their 26th birthday.

Flexible Spending Account (FSA)

www.umar.com | 800-826-9781

Our Flexible Spending Account plan allows employees to contribute tax free up to \$3,300 to your Medical Spending Account and up to \$5,000 to your Dependent Care Account.

- Plan year is July 1 through June 30.
- If you don't use it, you lose it. You have 90 days following the end of the plan year to file for reimbursement of expenses incurred during the plan year.
- 2 months + 15-day grace period to incur eligible expenses for reimbursement beyond the plan year.
- The only way to change your election during the plan year is to have a qualifying life event.

Medical Plan and Pharmacy Plan

www.umar.com | 800-826-9781

www.teladoc.com | 800-835-2362

www.optumrx.com | 800-356-3477

Your medical coverage through UMR is an “open access” PPO plan, which means that you do not need to select a primary care doctor, nor will you need a referral to visit a specialist. As long as you remain in the network, your benefits will be covered at the higher in-network benefit amount. Your pharmacy coverage is through OptumRx.

IN-NETWORK	
Contract Year	July 1 – June 30
Office Visit	PCP/SPC: \$25/\$50 Copay Telemedicine (Teladoc): \$10 Copay
Prescription Drugs	\$10 Copay Generic 20% up to \$100 each Preferred Brand 20% up to \$200 each Non-preferred Brand Mail Order: 2x Copay for 3-month supply
Emergency Room	\$150 Copay 1 st visit, then covered at 20% after deductible
Urgent Care	\$50 Copay
Annual Deductible	\$750/\$2,250
Out-of-Pocket Maximum	\$5,500 / \$11,000
Inpatient Care	20% after deductible
Outpatient Care	20% after deductible

Preventive care is covered at 100%. Preventive care is based on the US Preventive Taskforce recommended services and Preventive Services for Women as required by Healthcare Reform.

Dental Plan

www.umar.com | 800-826-9781

Dental coverage is provided by UMR and allows you to use the dentist of your choice.

LEVEL OF COVERAGE	IN-NETWORK*
Benefit Period	July 1 – June 30
Single/Family Deductible	\$50/\$150
Benefit Max	\$2,000
Orthodontia Lifetime Max	\$1,500
Preventive Care	Covered at 100% of allowed amount
Basic Care	20% of allowed amount after deductible
Major Care	50% of allowed amount after deductible
Orthodontia Care	50% of allowed amount after deductible (children only ages 6-18)

The allowed amount is a lower wholesale rate negotiated by UMR providing a significant discount compared to most submitted retail fees.

*Out-of-Network benefits match the In-Network benefits.

Vision Plan

www.eyemed.com | 866-939-3633

Your vision plan is provided by EyeMed using the Insight Network. Using an in-network provider will lower your cost. Go to <https://eyedoclocator.eyemedvisioncare.com> to find an in-network provider.

	IN-NETWORK	OUT-OF-NETWORK
Eye Exam (Once every 12 months)	\$10 Copay	Up to \$40 Allowance
Retinal Imaging	Up to \$39	Not Covered
Lenses (Once every 12 months)		
Single Vision	\$10 Copay	\$30 allowance
Bifocal	\$10 Copay	\$50 allowance
Trifocal	\$10 Copay	\$70 allowance
Progressive – Standard	\$65 Copay	\$50 allowance
Progressive – Premium Tier I / II / III / IV	\$95 / \$105 / \$120 / \$225 Copay	\$50 allowance
Frames (Once every 12 months)	Up to \$180 allowance (20% off remaining balance)	Up to \$126 allowance
Contact Lenses (Once every 12 months)	Conventional: Up to \$180 (15% off remaining balance)	Up to \$126 allowance
	Disposable: Up to \$180	Up to \$126 allowance
Contact Lenses	Fit and Follow Up - Standard: Up to \$40	N/A
	Fit and Follow Up - Premium: 10% off retail price	N/A

Plan allows member to receive either contacts and frame, or frames and lenses

Life Insurance

www.standard.com | 800-368-1135

- 100% Employer paid benefit of 1.5 x salary, up to a maximum of \$200,000 for all active employees
- Includes voluntary option for Spouse and Dependent life benefit of \$10,000 for each eligible dependent with a semi-monthly cost of \$1
- Benefit reduces by 35% at age 65, 60% at age 70 & 75% at age 75

Short Term Disability

www.standard.com | 800-368-1135

- 100% Employer-paid
- Benefit begins after 29 days of disability for accident or illness
- Weekly benefit is 66.67% of your salary to a maximum of \$1,000
- Benefit period is 26 weeks including a 29-day elimination period
- Sick leave must be used prior to STD benefits commencing

Long Term Disability

www.standard.com | 800-368-1135

- 100% Employer-paid
- Benefit begins after 180-day elimination period
- Monthly benefit is 66.67% of your salary to a maximum of \$5,000
- Benefit period is to age 65 or Social Security Normal Retirement Age

Voluntary Accident & Critical Illness

www.standard.com | 800-368-1135

- 100% Employee-paid
- These benefits provide an added means to help protect the assets you have in place in the event of an unexpected accident or illness
- Pays you directly regardless of other coverage
- For specific coverage details, please refer to the Standard Benefit Summaries. For rates, please review Employee Navigator.

Employee Contributions

Employee contributions are the employee's share of premium costs and are made through payroll deductions. Payroll deductions, as listed below, are deducted on a pre-tax basis.

SEMI-MONTHLY PAYROLL DEDUCTIONS	MEDICAL	DENTAL	VISION
Employee	\$12.00	\$0.00	\$1.00
Employee/Spouse	\$223.00	\$3.50	\$2.00
Employee/Child	\$82.00	\$4.00	\$2.00
Employee/Children	\$128.00	\$7.00	\$3.00
Family	\$297.00	\$9.50	\$4.00

The city contributes 97–100% toward the monthly cost of coverage for eligible employees and contributes 74.5-83.4% toward dependent coverages.

Retirement Plans: LGERS, 401(k) and 457

www.myncretirement.com | 919-814-4590 | NC 401(k) and NC 457 Plans: 866-627-5267

The NC Local Governmental Employees' Retirement System (LGERS) is a defined benefit plan. Employees who work in a regular position which requires 1,000 hours or more of work a year must be a contributing member. As a member of the LGERS, you are entitled to a monthly lifetime benefit calculated using a specified formula once you meet the retirement eligibility requirements. You are required to contribute 6% of your compensation through payroll deduction to the LGERS. Your employer also makes contributions to LGERS based on calculations prepared by an actuary. Your pre-tax contributions and your employer's contributions are invested by the Department of State Treasurer to provide the funding needed to pay lifetime monthly benefits for you and other members. The ORBIT online system allows members to access their individual account information. You can review your beneficiary information, salary history, service credits, and benefit statements. There are support tools available such as the Benefit Calculator to assist you in calculating your monthly retirement benefit.

The NC 401(k) Plan is a Supplemental Retirement Plan offered by the State of North Carolina through the Department of State Treasurer. The Plan is available to contributing members of a state or local pension (e.g., TSERS, LGERS), law enforcement officers, participants in the Optional Retirement Program (ORP), and employees of UNC Health Care, as well as all employees (e.g., full-time, part-time, rehired retiree) whose employer participates in the Plan. The NC 401(k) Plan is designed to help you reach your retirement savings goals.

The NC 457 Plan is a deferred compensation plan administered by the North Carolina Department of State Treasurer, and available exclusively to those North Carolina public employees whose employers offer the Plan. This includes full-time, part-time and temporary employees, elected and appointed officials, rehired retired employees, and North Carolina local government employees.

EAP Plan: Assistance by BHS

portal.bhsonline.com ID: LEXINGTONNC | 866-594-7292

Provided by BHS, your Employee Assistance Program (EAP) provides you and your household members with free, confidential, in-the-moment support to help with personal or professional problems that may interfere with work or family responsibilities. Services are available by phone, or online, 24/7!