AGENDA
Regular Town Council
Tuesday, April 9, 2019
Council Chambers 4:00 PM

Page

1. CALL TO ORDER
2. ADOPTION OF AGENDA
3. INVOCATION
4. PLEDGE OF ALLEGIANCE
5. PUBLIC COMMENT
6. CONSENT AGENDA

6.1. Adoption of Minutes- Closed session minutes February 11, 2019, Closed session minutes March 12, 2019 and Regular meeting minutes March 12, 2019 — 3 - 8
Regular Council - 12 Mar 2019 minutes

6.2. General Records Schedule for Local Government Agencies — 9 - 15
Output Document (Staff Report - 0095) - Pdf

6.3. USDA Budget Amendments #8 and #9 Water Utilities — 17 - 21
Budget Amend for Revenue Bond payment and Utility funds transfer (Staff Report - 0098) - Pdf

6.4. Sanitation Department Budget Amendment #2019-10 — 23 - 25
Output Document (Staff Report - 0105) - Pdf

6.5. 2019-11 Budget Amendment for Dam Repairs — 27 - 29
2019-11 Dam repair budget amend (Staff Report - 0104) - Pdf

7. NEW BUSINESS

7.1. State of Utility 2019 Update — 31 - 38

We are pleased to have reached this milestone in our system.
Output Document (Staff Report - 0102) - Pdf

7.2. Health Insurance — 39 - 98

Approve the League Med 700 Plan effective July 1st.
Output Document (Staff Report - 0099) - Pdf

7.3. Health Insurance additional plan — 99 - 100
Output Document (Staff Report - 0109) - Pdf

8. OLD BUSINESS

8.1. Garbage Fine Report to Date 101 - 102
Output Document (Staff Report - 0103) - Pdf

9. TOWN MANAGER AND STAFF REPORTS

9.1. Fire Department Monthly Report 103 - 104
Output Document (Staff Report - 0097) - Pdf

9.2. Tourism Development Authority Report 105 - 107
Output Document (Staff Report - 0107) - Pdf

9.3. March Parks and Recreation report 109 - 113
Output Document (Staff Report - 0106) - Pdf

9.4. Department of Infrastructure Reports 115 - 119
Output Document (Staff Report - 0100) - Pdf

9.5. Activity Yearly Summary Totals/Beech Mountain Police Dept. 121 - 123
Output Document (Staff Report - 0101) - Pdf

9.6. Planning and Inspections Monthly Report 2019-03 125 - 127
Output Document (Staff Report - 0108) - Pdf

10. TOWN COUNCIL COMMENTS

11. CITIZENS' AGENDA COMMENTS

12. ADJOURNMENT

MINUTES
Regular Council Meeting

3:00 PM - Tuesday, March 12, 2019
Council Chambers

The Regular Council of the Town of Beech Mountain was called to order on Tuesday, March 12, 2019, at 3:00 PM, in the Council Chambers, with the following members present:

COUNCIL PRESENT:	Mayor Renee Castiglione Vice-Mayor Barry Kaufman Councilman Carl Marquardt Councilman Weidner Abernethy Councilman Wendel Sauer
COUNCIL EXCUSED:	
STAFF PRESENT:	Town Manager Tim Holloman Attorney Stacy Eggers, IV Town Clerk Tamara Mercer Director of Infrastructure Robert Heaton Public Works Superintendent Matthew Clawson Chief of Police Tim Barnett Finance Officer Steve Smith Tax Admin & Utility Billing Clerk Rebecca Ward Town Planner Preston Yates Parks and Rec Director Sean Royall Director of Special Projects Riley Hatch Police Captain Renee Carpenter Fire Chief Bob Pudney Building Inspector John Merritt

1. CLOSED SESSION - PURSUANT TO NC GS 143-318.11 (A)(6) PERSONNEL MATTERS (A) (3) ATTORNEY CLIENT PRIVILEGE

2. CALL TO ORDER

3. ADOPTION OF AGENDA

3.1. Mayor Castiglione stated that the Town Manager, Tim Holloman had an employee evaluation by Town Council and it was conducted in the closed session and therefore she requested that item be added to the agenda under New Business. She also stated that the item listed on the agenda as 8.3

Hawthorne property negotiated offer, would be removed from the agenda as per the applicant request.

Motion

Wendel Sauer made a motion to adopt the revised agenda and Weidner Abernethy seconded the motion. CARRIED. unanimously.

4. INVOCATION

5. PLEDGE OF ALLEGIANCE

6. PUBLIC COMMENT- NO ONE ELECTED TO SPEAK

7. CONSENT AGENDA

7.1. Adoption of Minutes- January 15, 2019 FY:2019-20 Retreat Planning Meeting & February 11, 2019 regular Town Council meeting

7.2. Budget Amendment for Road Maintenance Dept.-New Holland mowing tractor and maintenance package with trade-in of the old tractor and
Budget Amendment for Fire Department and Recreation Department Landing Zone Approach Budget Amendment

7.3. Resolution Supporting Shane Outpost Park

7.4. Tax Release

Motion

Wendel Sauer made a motion to approve the consent agenda items and Weidner Abernethy seconded the motion. CARRIED. unanimously.

8. NEW BUSINESS

8.1. In closed session, Town Council evaluated the Town Manager's job performance as per the Beech Mountain Personnel Policy.

Motion

Wendel Sauer made a motion to increase the Town Manager's salary by 2% and Barry Kaufman seconded the motion. Carried 4-1 (opposed: Weidner Abernethy).

8.2. Side Path Streetscape Project

Mayor Castiglione noted the Side Path Streetscape project is also known as the Greenway Corridor which is a side path along Beech Mountain Parkway Hwy NC 184 to be constructed from the entrance of the Convenience Center to Christie Way, which will enhance the walkability and safety of pedestrians and bicyclists for a multi-modal use path.

Mr. Holloman stated that the bid was advertised in the fall of 2018 and the Town did not receive a submitted contractor bid and the bid was re-advertised in the spring. There is approximately $200,000 budgeted for the project and the bid submitted this February was for $309,000.

Special Projects Manager, Riley Hatch stated that NCDOT has pledged $66,000 towards the project, as well as there is $50,000 designated from the TDA towards the project. Mr. Holloman added that with what has been budgeted and pledged, staff recommends approval of the Side Path Streetscape project. For the first phase, we would be covering 432 linear feet but the whole project covers approximately 1,700 linear feet, which would occur in future phases.

There was a question and answer period. Mayor Castiglione said there was only one qualifying bid from M&M Construction. The contractor must be a licensed bonded contractor to qualify. Councilman Marquardt was glad to learn from Mr. Hatch that the NCDOT would release $66,000 towards the project.

In response to Councilman Abernethy's questions regarding the costs, Mr. Holloman reviewed the projected costs for Phase I and Phase II, noting that those were estimates and once DOT becomes involved in the first phase of a project, the partnership will continue through all the phases until completion of the project. This project has been in the planning stage for approximately eight years. Mayor Castiglione clarified how the Town and DOT developed the plan for the project, noting how the specs have changed over the years.

Mayor Castiglione called for a motion on the floor by Council.

Motion

Barry Kaufman made a motion to accept the bid from M & M Construction based on the Town Council discussion for a qualifying licensed bonded contract and Wendel Sauer seconded the motion. CARRIED. unanimously.

8.3. Discussion of Requiring Participation for Paving New Roads

Mayor Castiglione stated that the Town received a letter from Mr. David Conrad, President of the Emerald Mountain Association requesting the portion of Oz Road which is not paved and is a gravel dirt road to be paved to the paved section. She said an assessment letter was drafted by Staff and is submitted in the packet for Council review. Mayor Castiglione explained the assessment process by the Town's regulations for paving roads wherein the property owner pays their portion of the lineage square foot of the road and the Town pays for the other portion. Mayor Castiglione opened the discussion to adhere to the assessment or does the town take on the full payment.

Councilman Marquardt was fully in support of current policy that the Town bears 50% of costs. The argument that this is a special road and the Town bears the full cost was suspect and not a justifiable reason to change the

policy. The paving of this road is not on a priority list and the cost sharing and property assessment is the policy in place for this case and all other cases.

In response to Councilman Abernethy's question regarding the road maintenance after the paving, Mr. Holloman said that after the assessment and construction, the road is maintained by the Town in perpetuity. The initial construction costs are shared between the Town and the property owners as regulated by the 50 / 50 Cost Share Program.

Councilman Sauer was concerned about the assessment because if most of the people vote for the road paving but the one citizen who owns 871' of road frontage, votes against it; it would upset the process. He is also in favor of the current policy as it is, to which Councilman Marquardt agreed, that one property owner has most of the lot frontage and is concerned if that owner is opposed to the assessment. There was further discussion on the cost sharing and assessment process for paving the road. Councilman Marquardt reiterated he is opposed to changing the current ordinance policy and the Town should not pay 100% of the costs.

Mayor Castiglione said she learned of the ordinance and assessment process from the Town Manager and Public Works Director and all the Town's roads are paved this way, and now that she knows the process, Mayor Castiglione believes we should stay with the current policy and the assessment procedure. Mr. Holloman noted the estimate costs for the engineering and construction were submitted in the report and there was no motion required on the subject since this is an already adopted ordinance. Staff will follow up with the property owners and assessment letters.

9. OLD BUSINESS- NONE

10. TOWN MANAGER AND STAFF REPORTS

10.1. Staff reports were submitted, and Mr. Holloman reviewed the schedule and upcoming calendar. He announced that the first Golf Cart Committee meeting was scheduled for March 13 at 2:00 p.m. March 14 there will be a preconstruction meeting for the Landing Zone approach as was approved by Council's last meeting.

10.2. Police Department Council Report

10.3. Fire Department Monthly Report

10.4. February Parks and Recreation Report

10.5. Infrastructure Report Feb 19

10.6. TDA Report

10.7. Planning and Inspections Report 2019-02

11. TOWN COUNCIL COMMENTS

11.1. Councilman Abernethy stated that he needed clarity and explanations for the cost of Landing Zone and the road at the ball park as he was quoted different prices in February. He questioned which the correct quote was and

said he had asked the town manager for the contract. He listed the different quotes as $17,000, then $8,300 and then $18,500. Councilman Abernethy asked about the discrepancy and who approved the additional $10,000. Mr. Holloman said he had answered Councilman Abernethy's question on February 18th and had estimated that it was approximately $17,000. The cost at the $8,500 price was not for the drainage. With the added issue of stabilization and drainage; the costs increased so the correct amount is $18,500 for the entire Landing Zone Approach engineering and construction with the drainage stabilization.

Councilman Abernethy requests accurate numbers to make decisions and for there to be no miscommunication, to which Mr. Holloman agreed. He had answered with an estimate but when the specs changed, and the road width increased, the scope of the work increased the costs. The road width increased from 10' to 24', as this is a better plan for the future needs of the Town. To which Councilman Sauer agreed, the need is for two-way traffic at the approach to the ball field, so it makes sense. Mr. Holloman stated that at the Town Council retreat, the topic was reviewed and there were several options presented to Town Council and at the next regular meeting the item was voted by Council to increase the width of the road and to include the drainage engineering in order to stabilize the area. Mayor Castiglione and Councilman Marquardt confirmed this addresses the Town's future needs.

Councilman Abernethy congratulated Sanitation Director, Matthew Clausen on the Convenience Center as it looks 100% better. Councilman Marquardt reminded the citizens that the Town Council wished to hear from stakeholder's their comments on the golf cart issue and to notify the Golf Cart Committee and Council on suggestions.

12. CITIZENS' AGENDA COMMENTS

12.1. Mr. Rick Miller addressed the road paving and the cost sharing program. Mr. Miller stated that when the program began, 51% must be in favor of the road paving and the share is a 50/50 percent cost sharing between the Town and property owners. Property owners can pave the road themselves and the Town can take it over, to which Mr. Holloman added that the road must meet DOT standards in order for the Town to take it over. He said there is a process for a private road to be accepted; wherein the engineering specs, construction to NCDOT standards and the dedication and acceptance by the Town would occur in order for the Town to take over the maintenance of a public road.

Ms. Mercer pointed out that the submitted bid for the Landing Zone Approach project, was submitted by a qualified HUB (Historically Underutilized Business), and Council approved a contractor who meets the State HUB requirement for a minority business.

13. ADJOURNMENT

13.1. Adjourn

Motion

Barry Kaufman made a motion to adjourn and there being no further business the meeting adjourned at 4:30 p.m. and Wendel Sauer seconded the motion. CARRIED. unanimously.

Town Clerk

Mayor, Town of Beech Mountain

RESOLUTION

TO: Mayor and Town Council

FROM: Tamara Mercer

DATE: April 9, 2019

SUBJECT: General Records Schedule for Local Government Agencies

FOR THE PURPOSE OF:
Records Retention: The State Archives of North Carolina have recently revised and reissued the Records Retention and Disposition schedule as of March 1, 2019. Schedules are an agreement between the local government office/department and the Department of Natural and Cultural Resources, and as the inventory and schedule that the Department of Natural and Cultural Resources is directed by G.S. §121-5 (c) and G.S. §132-8 to provide.
These schedules must be approved by the governing board before a government or agency is permitted to destroy records according to the schedule.

ATTACHED FOR YOUR CONSIDERATION:
The Resolution to adopt the NC Department of Natural and Cultural Resources revised Records Retention and Disposition Schedule for 2019.
The universal update covering General Records is taking the form of a General Local Records Retention Schedule. When adopted, it supersedes the following standards on all local schedules published prior to March 1, 2019: Full schedule on file with the Clerk's Office as Exhibit A:

- Administration and Management Records
- Budget, Fiscal, and Payroll Records
- Geographic Information System (GIS) Records
- Information Technology Records
- Legal Records
- Personnel Records
- Public Relations Records
- Risk Management Records
- Workforce Development Records

STAFF RECOMMENDATION:
Staff recommends approval

SIGNATURES:

Town Manager	**Town Clerk**

Resolution **Town of Beech Mountain**
North Carolina

Date: 4/9/2019

RESOLUTION BY THE TOWN COUNCIL

ADOPTING THE NC LOCAL GOVERNMENT RECORDS RETENTION AND DISPOSITION SCHEDULE
Resolution No. 2019-03

WHEREAS, updates to the North Carolina Local Government Records Retention and Disposition Schedules have been signed by the Department of Natural and Cultural Resources. The universal updated covering General Records has taken the form of a General Local Records Retention Schedule and as adopted, supersedes the previous standards.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF BEECH MOUNTAIN, that the Council adopts the North Carolina Local Government Records Retention and Disposition Schedule, as updated by the North Carolina Department of Cultural Resources in accordance with the provision of Chapters 121 and 132 of the General Statutes of North Carolina, dated March 1, 2019, a copy of which is on file in the office of the Town Clerk, this schedule is to remain in effect from the date of approval until it is reviewed and updated.

Adopted this the 9th day of April 2019 in Beech Mountain, North Carolina.

_____
Renee Castiglione, Mayor

ATTEST:

_____
Tamara Mercer, Town Clerk (Seal)

RECORDS RETENTION AND DISPOSITION SCHEDULE

GENERAL RECORDS SCHEDULE FOR LOCAL GOVERNMENT AGENCIES

Issued By:

NC DEPARTMENT OF
NATURAL AND CULTURAL RESOURCES

North Carolina Department of Natural and Cultural Resources
Division of Archives and Records
Government Records Section

March 1, 2019

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2019 Local Government Agencies
General Records Retention and Disposition Schedule

The records retention and disposition schedule and retention periods governing the records series listed herein are hereby approved. In accordance with the provisions of Chapters 121 and 132 of the *General Statutes of North Carolina*, it is agreed that the records do not and will not have further use or value for official business, research, or reference purposes after the respective retention periods specified herein and are authorized to be destroyed or otherwise disposed of by the agency or official having custody of them without further reference to or approval of either party to this agreement. The local government agency agrees to comply with 07 NCAC 04M .0510 when deciding on a method of destruction. Confidential records will be destroyed in such a manner that the records cannot be practicably read or reconstructed. However, records subject to audit or those legally required for ongoing official proceedings must be retained until released from such audits or official proceedings, notwithstanding the instructions of this schedule. ***Public records, including electronic records, not listed in this schedule are not authorized to be destroyed.***

All local government agencies and the Department of Natural and Cultural Resources agree that certain records series possess only brief administrative, fiscal, legal, research, and reference value. These records series have been designated by retention periods that allow these records to be destroyed when *"reference value ends."* All local government agencies hereby agree that they will establish and enforce internal policies setting minimum retention periods for the records that Natural and Cultural Resources has scheduled with the disposition instruction *"destroy when reference value ends."* If a local government agency does not establish internal policies and retention periods, the local government agency is not complying with the provisions of this retention schedule and is not authorized by the Department of Natural and Cultural Resources to destroy the records with the disposition instruction *"destroy when reference value ends."*

All local government agencies and the Department of Natural and Cultural Resources concur that the long-term and/or permanent preservation of electronic records requires additional commitment and active management by the agency. Agencies agree to comply with all policies, standards, and best practices published by the Department of Natural and Cultural Resources regarding the creation and management of electronic records.

It is further agreed that these records may not be destroyed prior to the time periods stated; however, for sufficient reason they may be retained for longer periods. This schedule supersedes the general standards in all previous local government retention and disposition schedules and is to remain in effect from the date of approval until it is reviewed and updated.

APPROVAL RECOMMENDED

Sarah E. Koonts

Muncipal/County Clerk or Manager
Title: _____

Sarah E. Koonts, Director
Division of Archives and Records

APPROVED

Susi H. Hamilton

Head of Governing Body
Title: _____

Susi H. Hamilton, Secretary
Department of Natural and Cultural Resources

Municipality/County: _____

EXECUTIVE SUMMARY

- ✓ According to G.S. § 121-5(b) and G.S. § 132-3, you may destroy public records only with the consent of the Department of Natural and Cultural Resources (DNCR). The State Archives of North Carolina is the division of DNCR charged with administering a records management program. This schedule is the primary way the State Archives of North Carolina gives its consent. Without approving this schedule, your agency is obligated to obtain the State Archives of North Carolina's permission to destroy *any* record, no matter how insignificant.
- ✓ Each records series listed on this schedule has specific disposition instructions that will indicate how long the series must be kept in your office. In some cases, the disposition instructions are simply "retain in office permanently," which means that those records must be kept in your office forever. In other cases, the retention period may be "destroy in office when reference value ends." An agency may have reference copies of materials, meaning "a copy of a record distributed to make recipients aware of the content but not directing the recipient to take any action on the matter" (from Richard Pearce-Moses, *A Glossary of Archival and Records Terminology*). Your agency must establish and enforce internal policies by setting minimum retention periods for the records that the State Archives of North Carolina has scheduled with the disposition instructions, "destroy when reference value ends."
- ✓ E-mail is a record as defined by G.S. § 121-5 and G.S. § 132. It is the content of the e-mail that is critical when determining the retention period of a particular e-mail, including attachments, not the media in which the record was created. It is important for all agency employees and officials to determine the appropriate records series for specific e-mails and retain them according to the disposition instructions.
- ✓ The State Archives of North Carolina recommends that all agency employees and officials view the tutorials that are available online through the State Archives website in order to familiarize themselves with records management principles and practices. The State Archives of North Carolina's online tutorials include topics such as records management and scanning guidelines.
- ✓ The State Archives of North Carolina provides microfilming services for the minutes of major decision-making boards and commissions. Once those records are filmed, we will store the silver halide negative (original) in our security vault. There is a nominal fee for filming and duplicating film. Contact the Records Management Analyst in charge of microfilm coordination for the most current information.

COUNCIL ACTION ITEM

TO: Mayor and Town Council

FROM: Steve Smith

DATE: April 8, 2019

SUBJECT: Budget Amendments #8 and #9 Water Utilities

FOR THE PURPOSE OF:
The Buckeye Water Treatment Plant Project Ordinance Budget total is $6,020,000. The final result of the budget came in at $5,576,865 leaving a balance of $443,135. USDA requirements held that the town would contribute the first $1,720,000 and USDA would sale revenue bonds for the remainder up to $4,300,000. Because the max amount of revenue bonds were sold, the balance of $443,135 represents a portion of the original contribution by the town. Therefore the difference is required to be paid against the bonds for the town to meet its full obligation.
Budget Amendment #8 provides for the payment of the revenue bonds from the Utility fund. Budget #9 provides for the transfer of $443,135 from the Buckeye Water Treatment Plant Project Fund to the Utility Fund.

ATTACHED FOR YOUR CONSIDERATION:
Budget Amendments #8 and #9

FINANCIAL IMPLICATIONS:
None

ALTERNATIVES:
None

SIGNATURES:

Town Manager **Town Clerk**

TOWN OF BEECH MOUNTAIN, NORTH CAROLINA
2018-2019 BUDGET ORDINANCE
AMENDMENT # 2019-08

TO THE ORDINANCE APPROPRIATING FUNDS FOR THE OPERATING EXPENSES FOR TOWN OF BEECH MOUNTAIN

BE IT ORDAINED BY THE TOWN OF BEECH MOUNTAIN TOWN COUNCIL:

A. EXPENDITURES

1. To provide for increases and/or (decreases) in existing Funds:

   a. Water Utility Fund:

      1. Utility Admin Department

Debt Principle	$443,135
TOTAL ADJUSTMENT TO EXPENDITURES	$443,135

B. REVENUES

1. To provide for adjustments to revenues:

a. Appropriated Water Utility Fund Balance	$443,135
TOTAL ADJUSTMENT TO REVENUE	$443,135

C. **FY 2018 – 2019 Original Water Utility Budget**	$3,284,731
FY 2018 – 2019 Amendment # 2	59,250
FY 2018 – 2019 Amendment # 8	443,135
FY 2018 – 2019 Amended Water Utility Budget	$3,787,116

APPROVED THIS THE 8TH DAY of April 2019

_____ _____

Tamara Mercer, Clerk Renee Castiglione, Mayor

TOWN OF BEECH MOUNTAIN, NORTH CAROLINA
2018-2019 BUDGET ORDINANCE
AMENDMENT # 2019-09

TO THE ORDINANCE APPROPRIATING FUNDS FOR THE OPERATING EXPENSES FOR TOWN OF BEECH MOUNTAIN

BE IT ORDAINED BY THE TOWN OF BEECH MOUNTAIN TOWN COUNCIL:

A. EXPENDITURES

1. To provide for increases and/or (decreases) in existing Funds:

   a. Buckeye Water Plant Construction Project Fund:

      1. Project Fund

         Transfer to Utility Fund $443,135

TOTAL ADJUSTMENT TO EXPENDITURES $443,135

B. REVENUES

1. To provide for adjustments to revenues:

   a. Buckeye Water Plant Construction Project Fund:

      1. Project Fund

         Appropriated fund balance $443,135

TOTAL ADJUSTMENT TO REVENUE $443,135

C.	**FY 2018 – 2019 Original Project Fund Budget**	$6,020,000
	FY 2018 – 2019 Amendment # 9	(443,135)
	FY 2018 – 2019 Amended Water Utility Budget	$5,576,835

APPROVED THIS THE 8TH DAY of April 2019

_____ _____

Tamara Mercer, Clerk Renee Castiglione, Mayor

COUNCIL ACTION ITEM

TO: Mayor and Town Council

FROM: Steve Smith

DATE: April 9, 2019

SUBJECT: Sanitation Department Budget Amendment #2019-10

FOR THE PURPOSE OF:
Budget Amendment #2019-10 for the Sanitation Department will provide appropriation for increased activity mainly in employee overtime, also expenditures associated with payroll and to a lesser degree contract service and capital outlay.

ATTACHED FOR YOUR CONSIDERATION:
Budget Amendment #2019-10

FINANCIAL IMPLICATIONS:
Decrease in reserves. Sanitation reserves are on pace for a 50% decline. Original budget accounted for 36% decrease with a new garbage truck. Actual decrease will be determined at June 30th.

STAFF RECOMMENDATION:
Approve budget amendment

SIGNATURES:

Town Manager **Town Clerk**

TOWN OF BEECH MOUNTAIN, NORTH CAROLINA
2018-2019 BUDGET ORDINANCE
AMENDMENT # 2019-10

TO THE ORDINANCE APPROPRIATING FUNDS FOR THE OPERATING EXPENSES FOR TOWN OF BEECH MOUNTAIN

BE IT ORDAINED BY THE TOWN OF BEECH MOUNTAIN TOWN COUNCIL:

A. EXPENDITURES

1. To provide for increases and/or (decreases) in existing Funds:

   a. Sanitation Fund:

      1. Sanitation Department

Overtime Salaries and various other	$31,234
TOTAL ADJUSTMENT TO EXPENDITURES	$31,234

B. REVENUES

1. To provide for adjustments to revenues:

a. Appropriated Sanitation Reserves	$31,234
TOTAL ADJUSTMENT TO REVENUE	$31,234

C.	**FY 2018 – 2019 Original Budget**	$579,747
	Amendment # 1	20,000
	Amendment # 6	20,435
	Amendment # 10	31,234
	FY 2018 – 2019 Amended Budget	$651,416

APPROVED THIS THE 8TH DAY of March 2019

_____ _____

Tamara Mercer, Clerk Renee Castiglione, Mayor

COUNCIL ACTION ITEM

TO: Town Council

FROM: Daniel Davis

DATE: April 9, 2019

SUBJECT: Budget Amendment for Dam Repairs

FOR THE PURPOSE OF:
Preliminary quote on the total cost to repair the dam. Budget amendment to pay for dam repair.

SUPPORTING DOCUMENTS:
Quote from Defiant Marine with cost explanation

FINANCIAL IMPLICATIONS:
Budget amendment in the amount of $390,896.00 to finish dam repair

STAFF RECOMMENDATION:
We recommend that the council proceed with this project.

SIGNATURES:

Town Manager **Town Clerk**

DEFIANT MARINE, INC.

RE: Expected futures cost summary for Beech Mountain Actuator retrofit

Construction dive package/Tool Package/6-man dive team: $11,900/Day x 16 days *3-4 days to remove existing stem, guides, actuator and re-seat select concrete pads *10 days to install new guide support structure and stem *day 1 and day 16 crew travel days	$190,400.00
guide support structure materials cost and fabrication:	$50,000.00
3” x 127’ +/- 304L stainless stem materials cost and machining:	$50,000.00
fasteners, epoxy, rigging, welding, gas, fuel:	$5,000.00
Crew Airfare, shuttle service, fuel, parking, baggage:	$7,500.00
Crew Lodging: ($200/day x 6man x 16 day)	$19,200.00
Meals: ($40/day x 6man x 16 day)	$3,840.00
Project specific insurance:	$20,000.00
Engineering design costs: ($150/hr x 50)	$7,500.00
Project management, coordination, logistics, site visits: ($117.50/hr x 100)	$11,750.00
Demobilization: trucking/equipment haul back	$1,250.00
15% invoice/vendor/expense handling upcharge	$24,456.00
Total:	**$390,896.00**

TOWN OF BEECH MOUNTAIN, NORTH CAROLINA
2018-2019 BUDGET ORDINANCE
AMENDMENT # 2019-11

TO THE ORDINANCE APPROPRIATING FUNDS FOR THE OPERATING EXPENSES FOR TOWN OF BEECH MOUNTAIN

BE IT ORDAINED BY THE TOWN OF BEECH MOUNTAIN TOWN COUNCIL:

A. EXPENDITURES

1. To provide for increases and/or (decreases) in existing Funds:

a. Water Utility Fund:

1. Water Treatment Department

Capital Outlay	$390,900
TOTAL ADJUSTMENT TO EXPENDITURES	$390,900

B. REVENUES

1. To provide for adjustments to revenues:

a. Appropriated Water Utility Fund Balance	$390,900
TOTAL ADJUSTMENT TO REVENUE	$390,900

C.	**FY 2018 – 2019 Original Water Utility Budget**	$3,284,731
	FY 2018 – 2019 Amendment # 2	59,250
	FY 2018 – 2019 Amendment # 11	390,900
	FY 2018 – 2019 Amended Water Utility Budget	$3,734,881

APPROVED THIS THE 8TH DAY of April 2019

_____ _____

Tamara Mercer, Clerk Renee Castiglione, Mayor

COUNCIL ACTION ITEM

TO: Town Council

FROM: Daniel Davis

DATE: April 9, 2019

SUBJECT: State of Utility 2019 Update

FOR THE PURPOSE OF:
Informational Update on the State of the Utility for 2019. Includes operations, projects, accounting, and Local Water Supply Plan Data since 2010.

ATTACHED FOR YOUR CONSIDERATION:
Council Presentation PDF of power point to be shown during regular council meeting.

STAFF RECOMMENDATION:
We are pleased to have reached this milestone in our system.

SIGNATURES:

Town Manager **Town Clerk**

TOWN OF BEECH MOUNTAIN

DEPARTMENT OF INFRASTRUCTURE: UTILITIES

2019 Update

Projects

Accounting

Unaccounted for Water

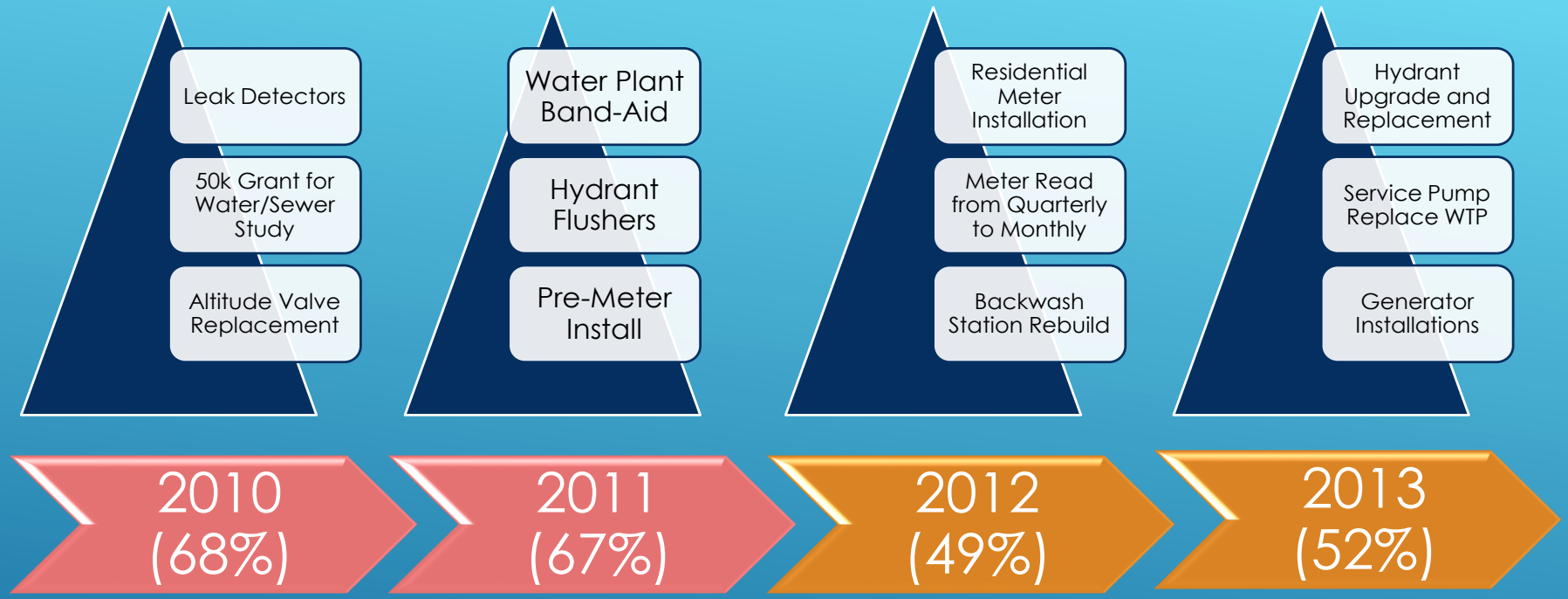
2009

IN 2009,

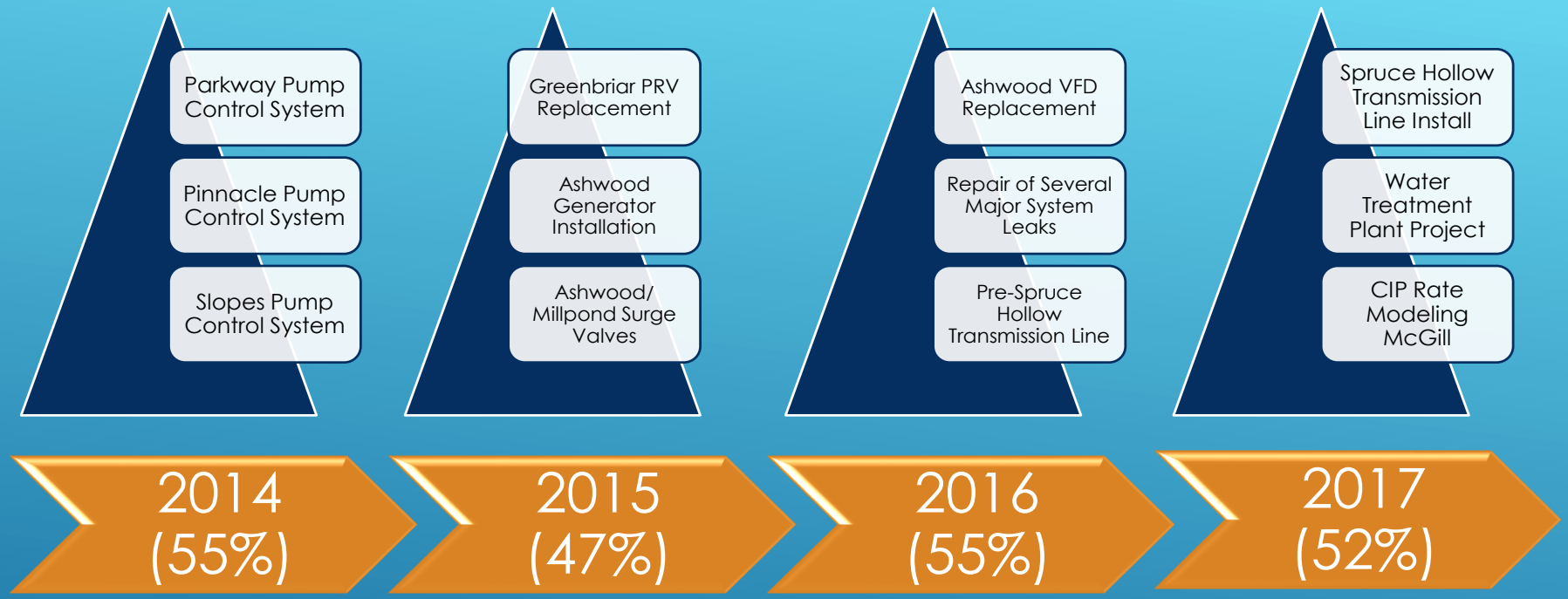
IT WAS FOUND THAT WE HAVE A MAJOR ISSUE WITHIN OUR SYSTEM

ANALYSIS BEGINS TO SHOW AN EXTREME NEED FOR MAJOR UPGRADES AND REPAIRS IN THE TOWN WATER SYSTEM

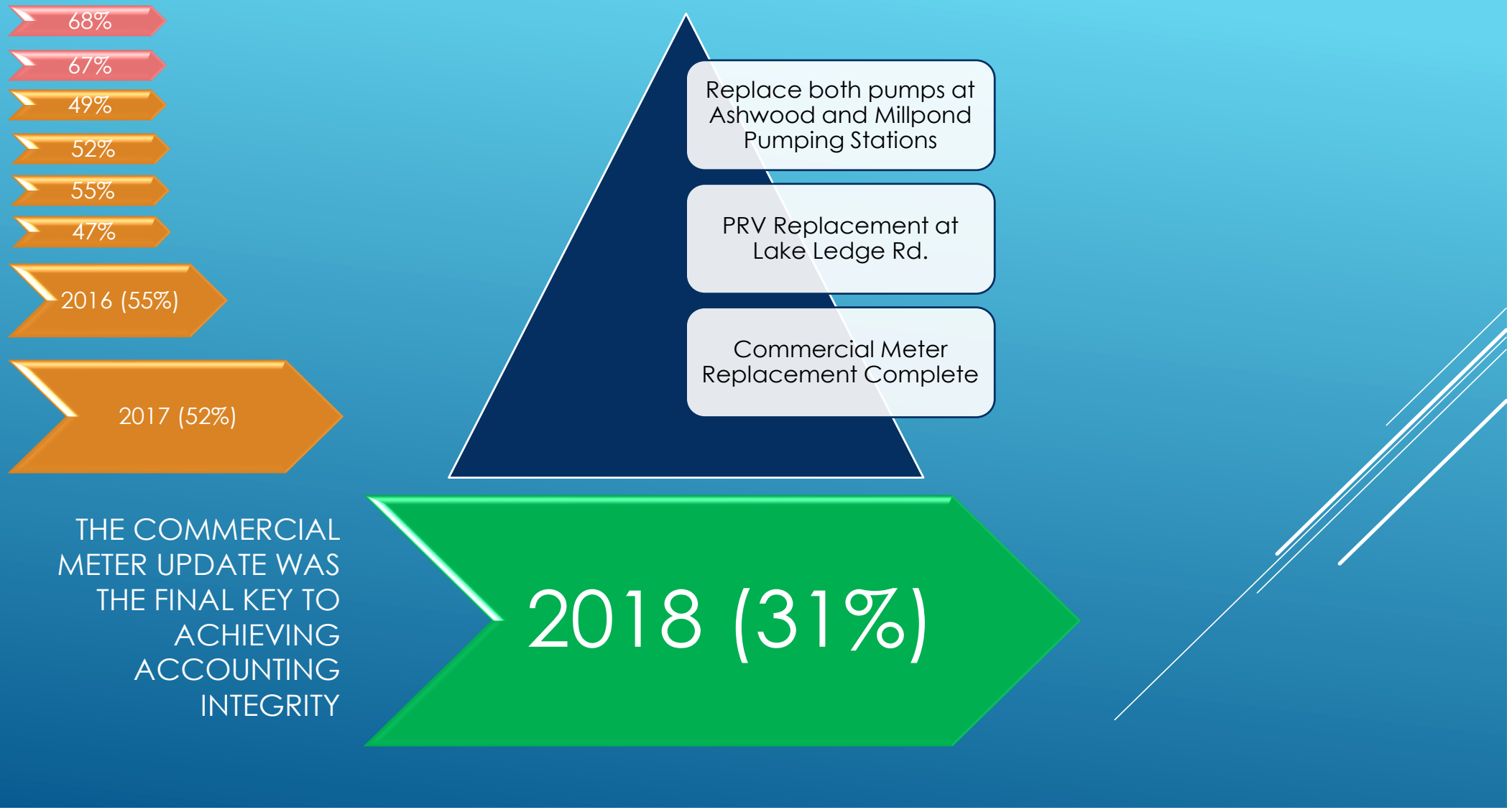
WORK BEGINS TO REMEDY THIS SITUATION AND PROVIDE A POSITIVE OUTLOOK FOR OUR FUTURE



During This Period of time, along with the many improvements listed above, improvements and upgrades were also put in place for the accounting side including meter reading and billing practices.



During This Period of time, accounting practices have proved much more reliable, it has been found that Commercial Meters need to be upgraded to remove more billing error.


68%
67%
49%
52%
55%
47%
2016 (55%)
2017 (52%)
Replace both pumps at Ashwood and Millpond Pumping Stations
PRV Replacement at Lake Ledge Rd.
Commercial Meter Replacement Complete
THE COMMERCIAL METER UPDATE WAS THE FINAL KEY TO ACHIEVING ACCOUNTING INTEGRITY
2018 (31%)

Utility Projects Completed from 2010 – 2019

Year	Project Description
2010	Summit pump replacement
2010	Summit SCADA replacement
2010	Leak detectors installed and moved every month (except winter)
2010	Obtained $50,000 grant and completed combined Water/Sewer Utility study
2010	Reroofed all lift stations and pump houses
2011	Spruce Hollow and Parkway altitude valve replacement
2011	Water treatment plant band-aid
2011-2012	Eight hydrant flushers built and installed
2011	Completed $1,000,000 radio read meter project
2011	Converted utility reading/billing from quarterly to monthly
2012	Backwash pump station rebuild
2012	Eight tank mixers built and installed
2012	Back wash basin cleaning
2012-2016	Hydrant upgrade replacement (18)
2013	Pinnacle Inn generator replacement
2013	Mill Pond generator installation
2013	Service pump replaced at Water Treatment Plant
2014	Sludge removal at Water Treatment Plant and Pond Creed Waste Water Treatment Plant
2014	Parkway pump station upgrade control panels, 2 pumps and motors (VFD)
2014	Pinnacle Inn control replacement
2014	Slopes pump controls replacement (VFD)
2014	Ashwood and Millpond surge valve replacement
2015	Greenbriar PRV replacement
2015	Ashwood generator installation
2016	Ashwood control panel electric replacement (VFD)
2017	Spruce Hollow to Parkway water line replacement 1.4 m
2017	Water treatment plant new 6m
2017	Millpond control panel upgrade VFD
2017	CIP and rate molding analysis McGill Associates
2018/19	Both pumps Ashwood/millpond PS replaced $300,000
2018	PRU replacement Lake Ledge Rd
2018	2" water meter replacement project
2018/19	Buckeye Lake drain valve evaluation
2018/20	Charter Hills/Spring Branch 2" water line upgrade
2018	Water system model complete by west As.
2019/20	Pond Creek Sub basin SCADA project (underway)
unspecified	Grassy View lift station replacement
unspecified	Grassy View basin sewer line and man hole rehab
unspecified	Water treatment plant replacement to bid June 30th 2015
unspecified	Grassy Gap Waste Water Treatment Plant airline/diffuser replaced
unspecified	Water line assessment underway first (6) project on board
unspecified	Line feed system installed at water treatment plant
unspecified	Water tank repair under way
unspecified	609 submitted to State for raw water intake
unspecified	Telemetry replacement at water treatment plant
unspecified	Completed $750,000 Buckeye lift station and installed 2000' of new sewer line
unspecified	Began manhole renovation project
unspecified	Renovated Golf View lift station
unspecified	Implemented water treatment lime program
unspecified	Water tanks scheduled for painting 2015/16 budget
unspecified	Both pumps Ashwood/Millpond PS replaced $300,000
unspecified	Pond Creek WWTP supplemental blower project
unspecified	WWTP L/S Telemetry upgrade (underway)

THANK YOU FOR YOUR SUPPORT!

WE CONTINUE TO SEEK AND IMPLEMENT THE MOST EFFECTIVE AND EFFICIENT MEASURES FOR THE FURTHERANCE OF THE TOWN OF BEECH MOUNTAINS COMPREHENSIVE GOALS

- All data provided is also reflected on the annual reporting requirements and can be found at the North Carolina Local Water Supply Plan website.
- Project Data Provided by TOBM Dept. of Infrastructure

COUNCIL ACTION ITEM

TO: Mayor and Town Council

FROM: Tim Holloman

DATE: April 9, 2019

SUBJECT: Health Insurance

FOR THE PURPOSE OF:
The Town changed the method of providing health benefits last year to referenced base pricing and had significant problems with the promised available network. It was addressed, but there was a need to get employees involved in their choice of health care offerings. A Town Health Insurance committee was formed with a representative from all departments in November of 2018. They have met several times and are recommending the League 700 plan. HR and the Town Manager also looked at two other third party providers. One proposed Blue Cross Blue Shield High Deductible, but that plan to appeared to have high risk. This company also propose a plan similar to the Medcost 700 and it was $698,777 which is approximately $207,000 more than the Med 700. The other third party provider had mulitple plans and the one that had a Health Savings component was $535,524 approximately. This plan was Blue Cross Blue Shield and could be promising in the future. Tucker just sent renewals and there are very few options that approach the cost of the League Plan and they all have potential significant risks.

SUPPORTING DOCUMENTS:
Three plans from Medcost/League, League Cost Proposal, Proposals from Tucker and Comparison of Med 700 with Tucker

FINANCIAL IMPLICATIONS:
See Comparison sheet.

GENERAL IMPLICATIONS:
Employee Approved Plan with ample providers.

STAFF RECOMMENDATION:
Approve the League Med 700 Plan effective July 1st.

SIGNATURES:

Town Manager	**Town Clerk**

Schedule of Medical Benefits
Med 500 20/30

Features that Add Value

- MIT Health Benefits Trust and your employer have chosen MedCost Benefit Services to administer their health plan benefits. With over a decade of experience in the health care industry, MedCost is a leader in benefits administration because of our outstanding service, respect for your personal health information, and our commitment to offering products and services that are important to you.
- At MedCost, we recognize that affordable health care is vital to your wellbeing and that of your family. We are dedicated to educating our members about the health care options available to them and helping them to become more informed health care consumers. We offer several interactive online tools so you can easily access the most up-to-date information regarding your health benefits.

Quality Service Is Part of Quality Care

- Service is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.medcost.com** – For access to information 24/7, go to Member login to visit your personalized member website. You will need your ID card with your Member and Group ID numbers to create an account.
- If you have questions about claim status, benefits, or other general questions, you may contact MedCost Benefit Services Customer Service department at (800) 795-1023 or **mbscs@medcost.com**. Please include your Member ID number in the body of the email.

Health and Wellness Toolkit

Start now taking the first step toward building a healthier you! Studies show that by making healthy choices part of your lifestyle, you are more likely to continue with them. We offer you an online Health and Wellness Toolkit to show you how to make those changes. This toolkit is separated into four main sections, each very different but equally important:

- Fitness will guide you through implementing a walking exercise plan and stretching routine to improve your overall health and flexibility. You'll also find tips on how to increase your physical activity at work.
- Nutrition is based on the USDA Food Pyramid and will guide you through the food groups, serving sizes and healthy food and beverage choices. Find healthy recipes, too!
- Health covers conversations to have with your doctor and provides basic information on common health concerns and preventive screenings.
- Lifestyle discusses tobacco cessation, stress relief, sleep habits, and germs to help you change bad habits into healthy ones.

It's Your Choice

When you visit network providers, you get access to quality care at the lowest out-of-pocket costs available under your plan. Your plan also offers the freedom to choose the providers you prefer — even if they aren't part of the network. Your benefits are the highest when you see "participating providers," but you're still covered for visits to other providers.

Prescription Drug Card

Contact the Prescription Drug card administrator at the telephone number listed on your Identification Card with any questions regarding Prescription Drug card benefits.

Wellness Requirements for 2020

*Individual will pay 10% more premium if the following are not completed during Calendar Year 2019:

- Wellness screening through our Wellness Initiative onsite or through member's Physician.
- Age appropriate cancer screenings per American Cancer Association guidelines.
- Participation in our Personal Care Management (PCM) program only if you are contacted by a MedCost PCM nurse.

*Wellness Requirements are not applicable to COBRA participants. Wellness Requirements are not applicable to pre-65 retirees as defined by the applicable governmental entity, unless specifically designated to apply by such governmental entity.

Your health plan is committed to helping you achieve your best health. All employees have the ability to avoid any applicable penalties relating to the wellness programs. If you think you might be unable to meet a standard to avoid a penalty under this wellness program, you might qualify for an opportunity to avoid the penalty by different means. Contact Julie Hall at (919) 715-9782 or Lisa Ervin at (919) 715-7973 and we will work with you and, if you wish, with your doctor, to find a wellness program with the same reward that is right for you in light of your health status.

SCHEDULE OF BENEFITS Med 500 20/30 2019	
For access to information 24/7, go to **www.medcost.com** and go to Member Login to visit the personalized website; use ID card with Member and Group ID numbers to create an account. For questions about claim status, benefits or other general questions, contact MedCost Benefit Services Customer Service at (800) 795-1023 or **mbscs@medcost.com**; please include Member ID in body of email. This Schedule of Benefits is an outline of benefits of the Employee Benefit Plan provided by your Employer. The basis of payment of the benefits described herein will be determined by the provider of services and claims rules of the Plan. All benefits described in this Schedule are subject to the exclusions and limitations described more fully in the Summary Plan Description. **See also Master Summary Plan Description for details of the Plan.**	
Waiting Period	Effective on date deemed by the governmental unit
Spousal Definition	The term "Spouse" means the person who is legally recognized as the husband or wife under the laws of the state where the marriage took place. The Employer may require documentation proving a legal marital relationship.
Dependent Children	Coverage for Dependent children is extended to the end of the month during which the 26th birthday occurs.
Retirees / Board Members	See Master Summary Plan Description / governmental unit for details.
Open Enrollment	Benefit choices made during Open Enrollment are effective on July 1st unless otherwise specified by governmental unit's Human Resources department.
Leave of Absence	FMLA. See Master Summary Plan Description. Other than FMLA. See Master Summary Plan Description.
Pre-Existing Conditions	This Plan does not apply a pre-existing conditions exclusion period to any member.
Network and Health Management	
Network / Travel Option	As indicated on Identification card
Precertification	• Hospital admissions and Residential Treatment* • Transplant services** • Hospital observation unit stays of more than 48 hours • Certain diagnostic services rendered as Outpatient or in Physician's office; see Outpatient Review below*** • Dialysis services**** • Intensive Outpatient and Partial Hospitalization*****
Penalties	*Non-precertified room and board charges will be denied. **Failure to precertify Transplant Services will result in a 50% reduction in benefits. ***Non-precertified diagnostic services listed under Outpatient Review will be denied. ****Failure to precertify dialysis will result in associated charges from the first treatment date being denied. *****Non-precertified days / visits will be denied. See Medical Benefit Exclusions and Defined Terms in Master Summary Plan Description.
Outpatient Review	Precertification is required for MRI, CT and PET scans performed in Physician's office or as an Outpatient. Service performed in emergent situations (to rule out need for surgery or urgent treatment) are not subject to the requirement for Outpatient Review / Precertification.
Penalty	Non-precertified diagnostic services listed under Outpatient Review will be denied.
Case Management	Life-altering injuries, illnesses and diagnoses need specialized care. MedCost has individualized intervention and care for those navigating severe health conditions. The goal of Case Management is to promote improved quality of life outcomes while ensuring the best use of available resources. The Behavioral Health Solution program, a partnership with Carolina Behavioral Health Alliance (CBHA), is a component of Case Management that includes additional information, support and care for Plan Participants who are receiving Plan benefits for Mental Health and / or Substance Use Disorders. See the remainder of the Summary Plan Description for additional details

Personal Care Management (PCM)		Personal Care Management (PCM) is individualized care designed to help create positive outcomes for those who are suffering from chronic conditions.	
SmartStarts Prenatal Program		SmartStarts is a voluntary Employee wellness program, focused on educating expectant mothers and mentoring them through each trimester of Pregnancy.	
Incentive		The Plan provides an incentive for participation in this program. If you are enrolled in SmartStarts during the first trimester, The MIT health plan will reimburse $150 (via a check), or if during the second trimester, $75 (via a check), upon completion of the program. For more information on the MedCost SmartStarts Program, call toll-free (800) 795-1023 and / or see Summary Plan Description (booklet).	
Benefit Maximums / Deductibles / Out-of-Pocket			
		In-Network	**Non-Network**
This Plan does not apply a Lifetime or Annual Benefit Maximum to each Plan Participant for the total claim expenses incurred and paid while covered under this Plan.			
Deductible	Individual	$500	$500
	Family	$1,000	$1,000
Coinsurance Maximum	Individual	$1,500	$2,000
	Family	$3,000	$4,000
Out-of-Pocket Maximum	Individual	$2,000	$2,500
	Family	$4,000	$5,000
Out-of-Pocket Maximum includes Copays, Coinsurance, and Deductibles, and excludes non-covered services, premiums, and any applicable penalties. Once the Out-of-Pocket Maximum is reached, the Plan pays 100% of eligible charges for the remainder of the Benefit Year, except for benefit penalties. Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%. If the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.			
		Network and Non-Network Deductibles and Out-of-Pocket Maximums accumulate towards each other.	
Benefit Year		January 1st through December 31st.	
Inpatient Hospital Services			
		In-Network	**Non-Network**
Room and Board Precertification required		80% after Deductible	60% after Deductible
		Includes the medical services and supplies furnished by a Hospital, Ambulatory Surgical Center or a Birthing Center; after 48 observation hours, a confinement will be considered an inpatient confinement and will require precertification. If you occupy a private Hospital room, you will pay the difference between the Hospital's charges for a private room and the charge for a semiprivate room. If the Hospital does not have semiprivate rooms or a semiprivate room is unavailable, or your medical condition requires a private room (as determined by the Claims Administrator), the Plan will consider the private room rate. Payment for Critical Care room and board will be based on the Hospital's ICU charge.	
Physician Inpatient Services		80% after Deductible	60% after Deductible
		The Plan covers professional services of a Physician for Inpatient surgical or medical services. When multiple procedures are performed during the same operative session, benefits will be based on Medically Necessary services. Allowable expenses will be determined based on the complexity of the procedures. 100% of the allowable expense for the most complex will be considered and 50% of the allowable expense or billed charge will be considered for each additional procedure. An assistant surgeon will be considered eligible when Medical Necessity has been determined based on standard practices. Benefits will be based on 20% of the allowable expense or billed charge.	
Other Inpatient Services		80% after Deductible	60% after Deductible
Emergency and Urgent Care Services			
		In-Network	**Non-Network**
Emergency Room Treatment, including		$350 Copay Note: Copay waived if admitted.	

related services		
Urgent Care Facility	80% after Deductible	60% after Deductible
Urgent Care provided in a Physician's Office – **Primary Care**	$20 Copay per office visit	
Urgent Care provided in a Physician's Office – **Specialist**	$30 Copay per office visit	
Outpatient Hospital Services		
	In-Network	**Non-Network**
Pre-Admission Testing	80% after Deductible	60% after Deductible
	The Plan will pay for diagnostic tests and X-rays when performed on an outpatient basis before a Hospital admission, provided the procedures are provided within 7 days of the admission, are related to the condition that causes the admission and are performed in lieu of tests while Hospital confined. Payment will be made even if tests show that the condition requires medical treatment prior to Hospital admission or the Hospital admission is not required.	
Outpatient / Ambulatory Surgery		
Facility and Surgeon	80% after Deductible	60% after Deductible
	When multiple procedures are performed during the same operative session, benefits will be based on Medically Necessary services. Allowable expenses will be determined based on the complexity of the procedures. 100% of the allowable expense for the most complex will be considered and 50% of the allowable expense or billed charge will be considered for each additional procedure. An assistant surgeon will be considered eligible when Medical Necessity has been determined based on standard practices. Benefits will be based on 20% of the allowable expense or billed charge.	
Outpatient Laboratory and X-Ray Services	100%; Deductible waived	60% after Deductible
Outpatient Diagnostic Scans MRI, CT, PET Precertification required	80% after Deductible	60% after Deductible
Other Outpatient Services	80% after Deductible	60% after Deductible
Physician Services		
	In-Network	**Non-Network**
Office Visit for Injury / Illness		
Primary Care	$20 Copay per office visit	60% after Deductible
	General practitioner, family practitioner, internist, pediatrician and OB-GYN.	
Specialist	$30 Copay per office visit	60% after Deductible
	Copay covers most services including In-office surgery, laboratory and X-ray services, chemotherapy, radiation therapy, high intensity focused ultrasound (HIFU) for treatment of prostate cancer, infusion therapy (and injections other than Specialty Pharmacy) performed in and billed by the Network Physician's office. See also Specialty Pharmacy under Prescription Drugs.	
Not covered by Copay:	Services not covered by an office visit Copay include, but are not limited to: MRI, CT scan, PET scan, dialysis services, prenatal and postnatal Physician visits.	
PCP Office Injectables	$20 Copay	60% after Deductible
Specialist Office Injectables	$30 Copay	60% after Deductible
Office Injectables	Certain Prescription Drugs must be purchased through the Plan's Specialty Pharmacy and will not be paid or reimbursed by the Plan if they are not procured through the Plan's Specialty Pharmacy. See Prescription Drug Benefits, Limitations and Exclusions for more information.	
Second Surgical Opinions	As any office visit	As any office visit
	Benefits will be provided to determine the Medical Necessity of an elective surgical procedure. The second opinion must be made by a board-certified Physician who is affiliated in the appropriate specialty, and who is not an associate of the attending Physician.	

Routine Wellness / Preventive Services		
	In-Network	**Non-Network**
Routine Wellness / Preventive Services	100%; Deductible waived *Non-Network limited to $500 maximum per Benefit Year	
	Includes Physical or Gynecological exam, well child care, laboratory services, X-ray services, immunizations / vaccines / flu shots, health history, developmental assessment, colorectal screening, diabetes screening and education, pap smear, ovarian cancer screenings, PSAs, bone mass measurements, and family planning / contraceptive management. (Includes FDA approved contraceptive methods / devices and sterilization procedures and education and counseling for women, including devices, injectables and implants, excluding over-the counter products. Includes injectable contraceptives administered in the Physician's office. Oral contraceptives and patches are covered under the Prescription Drug Card.) Gynecologists may perform the Gynecological exam and pap smear, with the balance of the physical exam performed by another Physician. There will be no duplication of services. See also Colonoscopy and Mammogram. *Routine Wellness Non-Network limit coordinates with Colonoscopy, Mammogram and Nutritional Counseling. The Patient Protection and Affordable Care Act (PPACA), as part of Health Care Reform, contains a provision that requires your health plan to provide certain preventive care services with no cost-sharing, i.e., not subject to Copays, coinsurance, or Deductibles. * These services include, but are not limited to: Routine physicals; Pediatric wellness examination; Selected preventive, diagnostic, and cancer screenings; and Certain Pediatric Preventive Services, including but not limited to, oral health assessment, sensory screening, and developmental and behavioral assessment. These preventive services are covered based on the guidelines and recommendations of the United States Preventive Services Task Force (USPSTF). For a complete listing of these guidelines and recommendations please visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/** Preventive Services for Women without cost share (The following list is not all-inclusive.) • Well-woman visits: Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including prenatal visits billed outside of global obstetric care. • Screening for gestational diabetes. • Testing for human papillomavirus (HPV test) annually or as recommended by Physician. • Sterilization procedures and associated services rendered on the same day (Reversal procedures are not covered). • Breastfeeding support and associated supplies and counseling. (Includes lactation support and counseling provided by a trained provider in conjunction with birth; also includes purchase, or rental cost up to purchase price, of breastfeeding equipment from a network provider if available. Purchase is limited to one per Pregnancy and purchase from a retail store is not covered.) • Screening and counseling for interpersonal and domestic violence These preventive services for women are covered based on recommendations of the independent Institute of Medicine and supported by the Health Resources and Services Administration. The services shown under this section, "Routine Wellness / Preventive Services," are covered based on the guidelines and recommendations of the United States Preventive Services Task Force (USPSTF). For a complete listing of these guidelines and recommendations, please visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/** *A plan may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for which a recommended preventive service	

	will be available without cost-sharing to the extent not specified in a recommendation or guideline.	
Nutritional Counseling See also Diabetes Care Management and non-surgical treatment of obesity / Morbid Obesity	100%; Deductible waived *Non-Network limited / combined with Routine Wellness $500 maximum per Benefit Year	
	Medical Nutritional Counseling is covered when rendered by a licensed health care provider, in-network when available, as required to provide appropriate guidance and education for diet related conditions or risk factors, including but not limited to diabetes, obesity, high cholesterol and high blood pressure. Includes up to 6 visits in a Benefit Year.	
Other Services		
	In-Network	**Non-Network**
Advanced Imaging Precertification required	80% after Deductible	60% after Deductible
	MRI, CT, PET scans performed as an Outpatient or in a Physician's Office.	
Allergy Services Testing, Treatment and Injections	100%; Deductible waived	60% after Deductible
	The Plan will pay for Medically Necessary tests to determine the nature of allergies and for desensitization treatment (allergy "shots") to treat allergies. Allergy nurse visits, antigen / serum, testing, and treatment materials are also included.	
Ambulance, Air Precertification required when non-emergent	80% after In-Network Deductible	
	Benefits are for Medically Necessary professional air ambulance services. A charge for this item will be a Covered Charge when services are provided by, and in, an air ambulance traveling from the original pickup site to a Hospital or treatment facility when such a facility is the closest one that can provide covered services appropriate to the Plan Participant's condition, unless the Plan Administrator finds a longer trip is Medically Necessary. Non-emergency air ambulance services are eligible for coverage only when ground transportation is not medically appropriate due to the severity of the Injury or Illness, or the pick-up point is inaccessible by land, and such services are precertified. Non-emergency air ambulance services require verification of Medical Necessity or services will not be covered.	
Ambulance, Ground	80% after In-Network Deductible	
	Benefits are for local Medically Necessary professional ground ambulance service. A charge for this item will be a Covered Charge only if the service is to the nearest Hospital or Skilled Nursing Facility where necessary treatment can be provided unless the Plan Administrator finds a longer trip is Medically Necessary. The Plan covers services in a ground ambulance traveling: • from a Plan Participant's home, scene of an Accident, or site of an emergency to a Hospital; • between Hospitals; and • between a Hospital and a Skilled Nursing Facility when such a facility is the closest one that can provide covered services appropriate to the Plan Participant's condition. Benefits may also be provided for ambulance services from a Hospital or Skilled Nursing Facility to a Plan Participant's home when this is Medically Necessary.	
CAM Program (Complementary or Alternative Medicine)	$30 Copay per visit	
	Benefits limited to Benefit Year maximum of $1,000 per covered Employee, covered Spouse and covered Dependent. MIT offers the CAM Program (Complementary or Alternative Medicine) for all covered members to encourage the pursuit of wellness. When the Plan Participant is the recipient of one of the treatments listed below, the fee should be paid to the provider at the time the service is rendered. Please refer to Master Medical SPD, Claims Procedures and Appeals for claim steps in order to file for reimbursement. For a special claim form, visit **www.medcost.com** or contact MedCost Benefit Services Customer Service department at (800) 795-1023 or **mbscs@medcost.com.** *The CAM Program provides coverage of the following complementary and alternative treatments of medical conditions.	

	Acupuncture – Acupuncture is a practice in which fine needles are inserted into the skin to stimulate specific points in the body. **Acupressure** – Acupressure involves massaging certain points on the body to relax muscles, balance your natural energy flow, and relieve stress and pain. **Ayurvedic medicine** – Ayurveda is 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** – Biofeedback is a 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.** Please see Appendix B in Master Medical SPD for more information. **Homeopathy** – Homeopathy is a 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** – Hypnotherapy uses 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.** Please see Appendix B in Master Medical SPD for more information. **Massage therapy** – Massage therapy is a form of hand-applied pressure-point treatment that can reduce pain, anxiety, fatigue, and nausea. **Naturopathy** – Naturopathic medicine is a system that uses natural remedies (including herbs, massage, acupuncture, exercise, and nutritional counseling) to help the body heal itself. The Plan covers herbs purchased from the provider only / excludes retail purchase of herbs. **Qi Gong** – Qi Gong is a Chinese form of moving meditation. **Reiki** – Reiki is a 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** – Yoga is a form of exercise with specific poses or sets of movements that can be combined with deep breathing to help ease stress, anxiety, and fatigue, and help you sleep better. The above listed definitions are from https://www.webmd.com/ visited April 3, 2018. **NOTICE** By submitting a claim for reimbursement under this benefit, you are representing that the provider to be paid for the services rendered maintains all necessary and appropriate licensure and / or certification for the applicable services in the state where the services were rendered. See also the Master Medical SPD, Appendix B, for more information on the subjects of complementary medicine, alternative medicine, integrative medicine, and functional medicine.
Chemotherapy / Radiation / High Intensity Focused Ultrasound / Infusion Therapy	80% after Deductible | 60% after Deductible Outpatient facility. See also Office Visit for Injury / Illness. Benefit includes treatment with radioactive substances as well as materials and services of technicians, and high intensity focused ultrasound (HIFU) for treatment of prostate cancer.
Chiropractic Services	$30 Copay per office visit | 60% after Deductible Benefits limited to Benefit Year maximum of 25 visits. Benefits covered when performed by a licensed M.D., D.O. or D.C.; the following services are not within the scope of a chiropractor's scope of practice and are excluded by the Plan: administering or prescribing medicine or drugs; the practice of osteopathy; diagnostic services and surgery.
Colonoscopy	
First Colonoscopy per Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year Includes the first colonoscopy per Benefit Year, other than inpatient, whether routine or non-routine. Includes polyp removal during routine colonoscopy when billed properly by the provider. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and

	Routine mammograms and colonoscopies.	
Colonoscopy – Routine Subsequent in Same Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	If first in Benefit Year was non-routine: Includes routine colonoscopy and related services, other than inpatient. Includes polyp removal during routine colonoscopy when billed properly by the provider. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Colonoscopy – Non-Routine Subsequent in Same Benefit Year	80% after Deductible	60% after Deductible**
	If first in Benefit Year was routine: Includes colonoscopy and related services, other than routine, and other than inpatient. **Non-Network limited to $500 maximum per Benefit Year (separate from Routine Wellness / Routine mammogram / Routine colonoscopy limit)	
Dialysis Management Program Other than Inpatient – Precertification required	80% after In-Network Deductible	
	Failure to precertify dialysis will result in associated charges from the first treatment date being denied. Charges for professional fees and services, supplies, medications, labs and facility fees related to Outpatient dialysis are covered expenses. These services include but are not limited to hemodialysis, home hemodialysis, peritoneal dialysis and hemofiltration. Effective July 1, 2017, the Plan will allow billed charges at the defined benefit in the Schedule of Benefits for 42 Outpatient dialysis treatments. This Plan does not provide Network level benefits for dialysis providers; therefore, benefits are not subject to discount arrangements that the provider may have in place with any Network. For subsequent treatments the Plan allowable for dialysis will be limited to 140% of current year Medicare composite allowable. The Plan will pay according to the schedule for the next 30 consecutive months of dialysis or until the Plan is secondary to other coverage, whichever occurs first. Thereafter, as permitted in 42 CFR § 411.161(c) and (d), Medicare will be the primary payer and the Plan will only pay secondary to Medicare or other coverage. The Plan will reimburse Medicare Part B premiums for the individual if and for as long as enrolled in Medicare Part B and receiving benefits under this provision. Note: Medicare Part B premiums shall be reimbursed quarterly.	
Durable Medical Equipment	80% after Deductible	60% after Deductible
	The Plan has benefits for the rental of Durable Medical Equipment (DME) if deemed Medically Necessary. These items may be bought rather than rented, with the cost not to exceed the fair market value of the equipment at the time of purchase. DME includes, but is not limited to, crutches, apnea monitors, glucometers, oxygen equipment, Hospital type beds and wheelchairs. See Defined Terms.	
Hearing Aids	80% after Deductible	60% after Deductible
	Benefit limited to Benefit Year maximum of $1,000. Hearing aids ordered by a Physician or audiologist are covered for one hearing aid per ear every 36 months, including related services for initial hearing aids, replacement hearing aids, new hearing aids when alterations cannot adequately meet the needs of the individual, initial hearing aid evaluation, fitting, adjustments and supplies including ear molds.	
Home Health Care including Private Duty Nursing, excluding Outpatient	80% after Deductible	60% after Deductible
	Benefits limited to Daily maximum of 16 hours. Services and supplies are covered only for care and treatment of an Injury or Illness. The diagnosis, care and treatment must be certified by the attending Physician and be contained in a Home Health Care Plan. A home health care visit means a visit by a member of a home health care team. Each visit that lasts for a period of 4 hours or less is treated as one home health care visit. If the visit exceeds 4 hours, each period of 4 hours is treated as one visit, and any part of a 4-hour period that remains is treated as one home visit. Private duty nursing is covered when performed by a licensed nurse (R.N., L.P.N. or L.V.N.) and only when care is Medically Necessary, is not Custodial in nature and the Hospital's Intensive Care Unit is filled, or the Hospital has no Intensive Care Unit.	

	The only charges covered for Outpatient nursing care are those shown under Home Health Care. Outpatient private duty nursing care on a 24-hour-shift basis is not covered.	
Hospice Care	80% after Deductible	60% after Deductible
	Hospice care can provide the physical, psychological, spiritual and social support needed to help terminally ill patients and their families cope with the Illness. Care includes services provided by a Hospice program in the patient's home, a Hospital or a Hospice. These services are covered as long as they are prescribed by a Physician and the covered patient's life expectancy is six months or less. Bereavement counseling services by a licensed social worker or a licensed pastoral counselor for the patient's immediate family (covered Employee, covered Spouse and/or covered Dependent Children) are covered. Bereavement services must be furnished within six months following the patient's death.	
Infertility Diagnostic Services	As any medical expense	As any medical expense
	The Plan will cover diagnostic services to determine the cause of infertility. Treatment of infertility is not covered by the Plan. Infertility Services are available to covered Employee and covered Spouse only. See also Infertility exclusion and Surrogacy exclusion under Medical Benefit Exclusions.	
Laboratory and X-Ray Services	100%; Deductible waived	60% after Deductible
	Whether Hospital Outpatient or Independent Outpatient Facility.	
Mammogram		
First Mammogram per Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	Includes the first mammogram and related services per Benefit Year, other than inpatient, whether routine or non-routine. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Mammogram – Routine Subsequent in Same Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	If first in Benefit Year was non-routine: Includes routine mammogram and related services, other than inpatient. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Mammogram – Non-Routine Subsequent in Same Benefit Year	80% after Deductible	60% after Deductible**
	If first in Benefit Year was routine: Includes mammogram and related services, other than routine, and other than inpatient. **Non-Network limited to $500 maximum per Benefit Year (separate from Routine Wellness / Routine mammogram / Routine colonoscopy limit)	
Medical Supplies	80% after Deductible	60% after Deductible
Maternity Care Services		
Initial Visit to Confirm Pregnancy	As any Physician office visit	As any Physician office visit
Physician (Global Fee)	$150 Copay then 100%; Deductible waived	60% after Deductible
Facility	80% after Deductible	60% after Deductible
	Charges for the care and treatment of Pregnancy are covered the same as any other Illness for a covered Employee, covered Spouse and a covered Dependent child. Maternity Care Services for all covered adult women, including Dependent daughters, include Prenatal Care with no cost-share as required by PPACA, if billed independently. See Routine Wellness/Preventive Services. See Defined Terms.	
Newborn Nursery	Routine newborn nursery and Physician care while the newborn is Hospital-confined typically includes room and board along with ancillary charges for the normal care of a newborn. Charges in these circumstances will be applied to the Plan of the mother, with Physician charges subject to Deductible. Non-routine newborn nursery and Physician care will not be eligible for reimbursement under the Plan until the newborn is enrolled as a Dependent under the Plan enrollment provisions.	

	For details about enrolling newborn children, please see “Enrollment Requirements for Newborn Children,” the Special Enrollment provisions, and “Open Enrollment,” all in the Enrollment section.	
Mental Health and Substance Use Disorders		
Inpatient	As any admission	As any admission
Outpatient Facility	As any outpatient facility service	As any outpatient facility service
Outpatient Physician	100%; Deductible waived per office visit	60% after Deductible
	Psychiatrists (M.D.), psychologists (Ph.D.) or Masters of Social Work (M.S.W.) may bill the plan directly. Other licensed mental health practitioners may be asked to file claims under the direction of these professionals, depending on credentialing guidelines. This Plan has partnered with an online service known as “myStrength” which offers web and mobile self-help resources, empowering Plan Participants to better manage depression, anxiety, and Substance Use Disorders while improving overall well-being. To obtain more information or to register, visit: **http://bh.mystrength.com/medcost**	
Obesity, Non-Surgical Medical Treatment	As any Covered Medical Expense	As any Covered Medical Expense
	Medically Necessary treatment of obesity and/or Morbid Obesity is covered. This does not include any form of food supplement, exercise program, exercise equipment, weight control program, injection of any fluid, use of medications or educational program, if not otherwise covered.	
Obesity, Surgical Treatment Precertification required	As any Covered Medical Expense	As any Covered Medical Expense
	Medically Necessary charges for the surgical treatment of obesity will be covered, subject to these requirements and limitations: • The Plan Participant must have a history of obesity and/or a Morbid Obesity Diagnosis for at least five years; • During the past two years that a Plan Participant has been covered by this Plan, he/she must have a documented history of participating in a 12-month medically supervised weight loss program; • The Plan Participant must have documented proof of adequate preoperative evaluations for surgery, which includes patient’s understanding of the procedure, the procedure’s risks and benefits, the length of stay in the Hospital, behavioral changes required prior to and after the surgery (including dietary and exercise requirements), follow-up requirements and anticipated psychological changes; • Psychological assessment by a mental health professional of the patient’s ability to understand and adhere to the program. The assessment must include expected levels of depression, eating behaviors, stress management, cognitive abilities, social functioning, self-esteem, personality factors or other mental health diagnoses that may affect treatment, readiness and ability to adhere to required lifestyle modifications and follow-up/social support. • The Plan Participant must be an acceptable age (at least 18 years old at the time of the surgery) and risk for surgery as determined by his/her primary care or family Physician and the attending surgeon; Precertification of the surgery is required.	
Orthotics	80% after Deductible	60% after Deductible
	Orthotics are covered for the initial purchase and fitting of an appliance designed for the support of weak or ineffective joints or muscles as a result of a disabling congenital condition or an Injury or Illness. Orthopedic foot appliances, including custom molded foot orthotics, may be covered when used as an integral part of a brace, applied tightly thereto, or when used to treat a condition requiring more than a supportive device of the foot. Shoe inserts are not considered orthotic devices by this Plan and are not covered.	
Prosthetics	80% after Deductible	60% after Deductible
	Benefit covers the initial purchase and fitting of a fitted artificial device to replace or augment a missing or impaired part of the body. Prosthetic devices include, but are not limited to, artificial limbs, breast prosthesis, cochlear implants and implanted lenses after cataract surgery. Repair and replacement of a device will not be made more than once every 5 years, unless it is determined Medically Necessary due to a pathological change, such as growth, shrinkage, or atrophy that results in improper fit. Replacements will not be made because the device is lost, misplaced, or stolen.	
Service Animal	80% after Network Deductible	

	For covered Dependents to age 19 only: The Plan provides coverage for the purchase of a Medically Necessary service animal to a Lifetime maximum of $20,000. This benefit is subject to written approval for determination of Medical Necessity by the Plan Administrator and approval of the service animal distributor.	
Short-Term Therapy	$30 Copay per office visit	60% after Deductible
	The Plan provides coverage for short-term rehabilitative therapy that is part of a rehabilitation program, including the therapies listed when provided in the most medically appropriate setting.	
Cardiac	Covered as deemed Medically Necessary provided services are rendered (a) under the supervision of a Physician; (b) in connection with a myocardial infarction, coronary occlusion or coronary bypass surgery; (c) initiated within 12 weeks after other treatment for the medical condition ends; and (d) in a Medical Care Facility as defined by this Plan.	
Cognitive	Covered as deemed Medically Necessary provided services are rendered under the supervision of a Physician. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Occupational	Covered when performed by a licensed occupational therapist or a Physician working within the scope of his/her license. Therapy must be ordered by a Physician, result from an Injury or Illness and improve a body function. Covered Charges do not include recreational programs, maintenance therapy or supplies used in occupational therapy.	
Physical	Covered when performed by a licensed physical therapist or a Physician working within the scope of his/her license. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Pulmonary	Covered when performed by a licensed respiratory therapist or a Physician working within the scope of his/her license. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Speech	Covered when performed by a licensed speech therapist or a Physician working within the scope of his/her license; therapy must be ordered by a Physician: a) for speech disorders; b) following surgery for correction of a congenital condition of the oral cavity, throat or nasal complex; or c) to restore speech to a person who has lost existing speech function as a result of injury or an illness that is other than a learning or mental disorder.	
Skilled Nursing Facility	80% after Network Deductible	
	Benefits limited to Benefit Year maximum of 100 days. Benefits are payable if and when the patient is confined as a bed patient in the facility; the attending Physician certifies that the confinement is needed for further care of the condition that caused the Hospital confinement; and the attending Physician completes a treatment plan that includes a diagnosis, the proposed course of treatment and the projected date of discharge from the Skilled Nursing Facility. Covered charges for a Plan Participant's care in these facilities are limited to the facility's semiprivate room rate.	
Teladoc	100%; Deductible waived	
Telemedicine other than Teladoc	As any other covered office service	As any other covered office service
TMJ	As any other Covered Medical Expense	As any other Covered Medical Expense
	Includes surgical and non-surgical; excludes appliances and orthodontic treatment.	
Transplant Services Precertification required	**Approved / Designated Facility**	**Non-Approved / Non-Designated Facility**
	100%; Deductible waived	60% after Deductible
	MedCost Health Management must be notified PRIOR to a Transplant evaluation. All Transplant Services MUST be precertified and require participation in Case Management to qualify for Precertification. Failure to precertify or participate in Case Management will result in a 50% reduction in benefits. Refer to Health Management Services for details. Human organ and tissue transplants are covered except those classified as	

<table>
<tr><td></td><td colspan="2">"Experimental and/or Investigational."

*Travel and lodging will be paid by the Plan for the patient and one companion or caregiver (for both parents or for both guardians if the patient is a minor), up to a Lifetime maximum of $10,000. Travel must be to a Designated Transplant Provider that is more than 60 miles from the patient's home.

Donor Charges
Both the recipient and the donor are entitled to benefits of Transplant Service coverage under this Plan when the recipient is a Plan Participant. Benefits provided to the donor will be charged against the recipient's coverage.

The Plan will pay for typing, surgical procedure, mobilization, storage expenses, and costs directly related to the donation of a human organ or human tissue used in a covered Transplant procedure.

If a Plan Participant wishes to be a donor, the Plan will cover donor charges only if the recipient is also a Plan Participant. Donor expenses for recipients who are not Plan Participants are not covered under this Plan.

Claims Steps:
• When a Plan Participant is the recipient of an organ from a non-Plan donor, eligible expenses should be filed using the Plan Participant's name and his or her alternate identification number.
• To help identify non-Plan donor claims billed under the Plan Participant recipient's information, the donor claim should include the following:
o Diagnosis that indicates donor;
o Attachment that indicates the patient is a donor; and
o Donor's information in the comments field of the UB-04 or other electronic claim.

*Exclusions:
Charges for the following are not covered:
• Mileage for sightseeing or visits to friends / relatives.
• Alcohol.
• Clothing.
• Entertainment (i.e., movies or rentals, visits to museums, mileage for sightseeing, compact discs, games, etc.).
• Expense for persons other than the patient and his / her covered companion or caregiver.
• Expenses for lodging when member or companion is staying with a relative or friend.
• Travel and non-medical room and board for a live donor or for family members of the donor.
• Gift cards.
• Groceries (i.e., grocery stores, Wal-Mart, K-Mart, etc.).
• Laundry service / supplies.
• Non-legible receipts (i.e., food or lodging).
• Paper products (i.e., paper plates, paper towels, napkins, etc.).
• Parking fees incurred other than at hotel / motel or hospital.
• Personal care services (i.e., massage, spa, hair care services, etc.)
• Personal hygiene items (i.e., toothbrush, deodorant, etc.).
• Personal services (i.e., child care, house sitting, kennel care, etc.).
• Shoes / slippers.
• Souvenirs (i.e., T-shirts, sweatshirts, toys, etc.).
• Telephone bills / calls / phone cards.
• Tobacco or medical marijuana.
• Valet parking.</td></tr>
<tr><td></td><td>In-Network</td><td>Non-Network</td></tr>
<tr><td rowspan="2">Wig Therapy following cancer treatment</td><td>80% after Deductible</td><td>60% after Deductible</td></tr>
<tr><td colspan="2">Benefits limited to Lifetime maximum of one wig.</td></tr>
</table>

All Other Covered Services	80% after Deductible	60% after Deductible
Additional Services Covered Under the Medical Benefits		
Anesthetics and certain other items including administration	Certain items including anesthetics; oxygen; blood and blood derivatives that are not donated or replaced; intravenous injections and solutions are covered, including the administration thereof.	
Attention Deficit / Hyperactivity Disorder	Attention Deficit / Hyperactivity Disorder is covered as any other expense.	

Dental Services	Certain dental procedures will be Covered Charges under Medical Benefits:
	• Removal of wisdom teeth.
	• Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth.
	• Emergency repair due to Injury to sound natural teeth.
	• Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor and roof of the mouth.
	• Excision of benign bony growths of the jaw and hard palate.
	• External incision and drainage of cellulitis.
	• Incision of sensory sinuses, salivary glands or ducts.
	• Reduction of dislocations and excision of temporomandibular joints (TMJs).
	• When Medically Necessary, replacement of teeth lost as a direct result of chemotherapy and/or radiation treatment.
	• Orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone cannot correct, provided:
	  • The deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
	  • Orthognathic surgery is Medically Necessary as a result of tumor, trauma, disease; or
	  • Orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.
	Repeat or subsequent orthognathic surgeries for the same condition are covered only when the previous orthognathic surgery met the above requirements, and there is a high probability of significant additional improvement as determined by the utilization review Physician.
	
	No charge will be covered under Medical Benefits for dental and oral surgical procedures involving orthodontic care of the teeth, periodontal disease and preparing the mouth for the fitting of or continued use of dentures. Oral surgeons will be paid at the Network level of benefits.	

Anesthesia and Facility for certain Dental Procedures	Charges are covered (under Medical Benefits) that are made by a Hospital or Ambulatory Surgical Facility for anesthesia and facility charges for services performed in the facility in connection with dental procedures for: (a) Dependent children below age 9; (b) Covered persons with serious mental or physical conditions; or (c) Covered persons with significant behavioral problems. The treating provider must certify that either hospitalization or general anesthesia is required in order to safely and effectively perform the procedure because of the person's age, condition or problem.	
Diabetes Care Management other than Nutritional Counseling	The Plan will provide coverage for Medically Necessary diabetes self-management training and educational services.	
Eyeglasses, Lenses, Frames	Medical benefits cover purchase of the first pair of eyeglasses, lenses, frames or contact lenses as prescribed following keratoconus or cataract surgery.	
Family Therapy / Counseling	Family Therapy / Counseling is considered an eligible expense when provided by a licensed mental health practitioner.	
Genetic Testing	Charges made for genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is considered Medically Necessary (and therefore covered) based on the diagnosis, provided:	

	• A person has symptoms or signs of a genetically-linked inheritable disease or • The testing is performed as part of oncology treatment. Genetic testing requires documentation of Medical Necessity via medical records or a letter of Medical Necessity if: • it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome or • the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer reviewed, evidence-based, scientific literature to directly impact treatment options as outlined in the letter of Medical Necessity noted above; or • in accordance with the guidelines and recommendations established under PPACA for preventive services for women with no cost-share. If genetic testing is determined to be Medically Necessary and meets the criteria outlined above, genetic counseling may be covered. Genetic counseling is limited to 3 visits per Benefit Year.
Reconstructive Surgery	Covered Charges are: • Surgical correction of a congenital anomaly in a covered Dependent child; • Treatment of an Accidental bodily Injury; and • Reconstructive breast surgery following mastectomy. This mammoplasty coverage, in compliance with the Women's Health and Cancer Rights Act of 1998, will include reimbursement for (1) reconstruction of the breast on which a mastectomy has been performed, (2) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (3) coverage of prostheses and physical complications during all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending Physician and the patient.
Routine Costs Associated with a Clinical Trial	Includes charges for Routine Patient Costs incurred by a Qualified Individual in an Approved Clinical Trial subject to the terms of this Plan. The Plan may require a copy of the Approved Clinical Trial's patient consent packet before determining if any benefits are payable by the Plan (see Routine Patient Costs). Coverage is provided only for Routine Patient Costs of services associated with the Approved Clinical Trial, and only to the extent such Routine Patient Costs have not been, or are not, funded by other resources. See also Medical Benefit Exclusions and Defined Terms for more information regarding coverage of Routine Patient Costs associated with an Approved Clinical Trial.
Sleep Studies	Sleep studies are covered as any Outpatient lab or independent lab when determined to be Medically Necessary.
Sterilization Procedures	Sterilization procedures are covered as any expense unless otherwise noted in the SPD. Reversal procedures are not covered.
Termination of Pregnancy	Abortions are covered for all Employees and Spouses who are Plan Participants when the life of the mother would be endangered if the unborn child was carried to term or the Pregnancy is the result of rape or incest. Complications of abortion are covered for all Employees and Spouses who are Plan Participants. Abortions and / or complications of abortion are not covered for Dependent Daughters.

Prescription Drug Benefits		
Prescription Drug Copays accumulate toward the Plan's overall Network Out-of-Pocket Maximum.		
	Retail Pharmacy	**Mail Order**
	Copay covers up to a 30 day supply.	Copay covers up to a 90 day supply.
Generic	$5 Copay	$10 Copay
Preferred Brand	$30 Copay	$75 Copay
Non-Preferred Brand	$50 Copay	$140 Copay
Mandatory Specialty Pharmacy	$75 Copay Certain Prescription Drugs must be purchased through the Plan's Specialty Pharmacy and will not be paid or reimbursed by the Plan if they are not procured through the Plan's Specialty Pharmacy. See Prescription Drug Benefits, Limitations and Exclusions for more information.	

Miscellaneous Notes	Contraceptives: Includes preventive services for women as required by Healthcare Reform without cost share for prescribed FDA approved contraceptives, whether generic or brand if generic is unavailable, including: oral contraceptives, transdermal and vaginal ring. (Contraceptive devices, injectables and implants, while excluded under Prescription Drug benefits are included under the medical benefits. See Contraceptive Management under Routine Wellness section.) Smoking Cessation Products: Included with prescription without cost share: Nicotine replacement therapy (i.e., gum, lozenge, transdermal patches, inhaler and nasal spray), Sustained release Bupropion, Varenicline. Preventive Medications: Includes certain prescribed over-the-counter products without cost share as required by PPACA. Contact the drug card administrator at the telephone number listed on your ID card with questions or more information about drug availability or coverage of specialty drugs.
Please refer to the Summary Plan Description (SPD) for further details on benefit provisions, definitions and exclusions. In the event of discrepancy between this Schedule and the Summary Plan Description (booklet), the approved Summary Plan Description (booklet) will govern.	

Schedule of Medical Benefits
Med 700 30/40

Features that Add Value

- MIT Health Benefits Trust and your employer have chosen MedCost Benefit Services to administer their health plan benefits. With over a decade of experience in the health care industry, MedCost is a leader in benefits administration because of our outstanding service, respect for your personal health information, and our commitment to offering products and services that are important to you.
- At MedCost, we recognize that affordable health care is vital to your wellbeing and that of your family. We are dedicated to educating our members about the health care options available to them and helping them to become more informed health care consumers. We offer several interactive online tools so you can easily access the most up-to-date information regarding your health benefits.

Quality Service Is Part of Quality Care

- Service is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.medcost.com** – For access to information 24/7, go to Member login to visit your personalized member website. You will need your ID card with your Member and Group ID numbers to create an account.
- If you have questions about claim status, benefits, or other general questions, you may contact MedCost Benefit Services Customer Service department at (800) 795-1023 or **mbscs@medcost.com**. Please include your Member ID number in the body of the email.

Health and Wellness Toolkit

Start now taking the first step toward building a healthier you! Studies show that by making healthy choices part of your lifestyle, you are more likely to continue with them. We offer you an online Health and Wellness Toolkit to show you how to make those changes. This toolkit is separated into four main sections, each very different but equally important:

- Fitness will guide you through implementing a walking exercise plan and stretching routine to improve your overall health and flexibility. You'll also find tips on how to increase your physical activity at work.
- Nutrition is based on the USDA Food Pyramid and will guide you through the food groups, serving sizes and healthy food and beverage choices. Find healthy recipes, too!
- Health covers conversations to have with your doctor and provides basic information on common health concerns and preventive screenings.
- Lifestyle discusses tobacco cessation, stress relief, sleep habits, and germs to help you change bad habits into healthy ones.

It's Your Choice

When you visit network providers, you get access to quality care at the lowest out-of-pocket costs available under your plan. Your plan also offers the freedom to choose the providers you prefer — even if they aren't part of the network. Your benefits are the highest when you see "participating providers," but you're still covered for visits to other providers.

Prescription Drug Card

Contact the Prescription Drug card administrator at the telephone number listed on your Identification Card with any questions regarding Prescription Drug card benefits.

Wellness Requirements for 2020

*Individual will pay 10% more premium if the following are not completed during Calendar Year 2019:

- Wellness screening through our Wellness Initiative onsite or through member's Physician.
- Age appropriate cancer screenings per American Cancer Association guidelines.
- Participation in our Personal Care Management (PCM) program only if you are contacted by a MedCost PCM nurse.

*Wellness Requirements are not applicable to COBRA participants. Wellness Requirements are not applicable to pre-65 retirees as defined by the applicable governmental entity, unless specifically designated to apply by such governmental entity.

Your health plan is committed to helping you achieve your best health. All employees have the ability to avoid any applicable penalties relating to the wellness programs. If you think you might be unable to meet a standard to avoid a penalty under this wellness program, you might qualify for an opportunity to avoid the penalty by different means. Contact Julie Hall at (919) 715-9782 or Lisa Ervin at (919) 715-7973 and we will work with you and, if you wish, with your doctor, to find a wellness program with the same reward that is right for you in light of your health status.

SCHEDULE OF BENEFITS Med 700 30/40 2019	
For access to information 24/7, go to **www.medcost.com** and go to Member Login to visit the personalized website; use ID card with Member and Group ID numbers to create an account. For questions about claim status, benefits or other general questions, contact MedCost Benefit Services Customer Service at (800) 795-1023 or **mbscs@medcost.com**; please include Member ID in body of email. This Schedule of Benefits is an outline of benefits of the Employee Benefit Plan provided by your Employer. The basis of payment of the benefits described herein will be determined by the provider of services and claims rules of the Plan. All benefits described in this Schedule are subject to the exclusions and limitations described more fully in the Summary Plan Description. **See also Master Summary Plan Description for details of the Plan.**	
Waiting Period	Effective on date deemed by the governmental unit
Spousal Definition	The term "Spouse" means the person who is legally recognized as the husband or wife under the laws of the state where the marriage took place. The Employer may require documentation proving a legal marital relationship.
Dependent Children	Coverage for Dependent children is extended to the end of the month during which the 26th birthday occurs.
Retirees / Board Members	See Master Summary Plan Description / governmental unit for details.
Open Enrollment	Benefit choices made during Open Enrollment are effective on July 1st unless otherwise specified by governmental unit's Human Resources department.
Leave of Absence	FMLA. See Master Summary Plan Description. Other than FMLA. See Master Summary Plan Description.
Pre-Existing Conditions	This Plan does not apply a pre-existing conditions exclusion period to any member.
Network and Health Management	
Network / Travel Option	As indicated on Identification card
Precertification	• Hospital admissions and Residential Treatment* • Transplant services** • Hospital observation unit stays of more than 48 hours • Certain diagnostic services rendered as Outpatient or in Physician's office; see Outpatient Review below*** • Dialysis services**** • Intensive Outpatient and Partial Hospitalization*****
Penalties	*Non-precertified room and board charges will be denied. **Failure to precertify Transplant Services will result in a 50% reduction in benefits. ***Non-precertified diagnostic services listed under Outpatient Review will be denied. ****Failure to precertify dialysis will result in associated charges from the first treatment date being denied. *****Non-precertified days / visits will be denied. See Medical Benefit Exclusions and Defined Terms in Master Summary Plan Description.
Outpatient Review	Precertification is required for MRI, CT and PET scans performed in Physician's office or as an Outpatient. Service performed in emergent situations (to rule out need for surgery or urgent treatment) are not subject to the requirement for Outpatient Review / Precertification.
Penalty	Non-precertified diagnostic services listed under Outpatient Review will be denied.
Case Management	Life-altering injuries, illnesses and diagnoses need specialized care. MedCost has individualized intervention and care for those navigating severe health conditions. The goal of Case Management is to promote improved quality of life outcomes while ensuring the best use of available resources. The Behavioral Health Solution program, a partnership with Carolina Behavioral Health Alliance (CBHA), is a component of Case Management that includes additional information, support and care for Plan Participants who are receiving Plan benefits for Mental Health and / or Substance Use Disorders.

		See the remainder of the Summary Plan Description for additional details	
Personal Care Management (PCM)		Personal Care Management (PCM) is individualized care designed to help create positive outcomes for those who are suffering from chronic conditions.	
SmartStarts Prenatal Program		SmartStarts is a voluntary Employee wellness program, focused on educating expectant mothers and mentoring them through each trimester of Pregnancy.	
Incentive		The Plan provides an incentive for participation in this program. If you are enrolled in SmartStarts during the first trimester, The MIT health plan will reimburse $150 (via a check), or if during the second trimester, $75 (via a check), upon completion of the program. For more information on the MedCost SmartStarts Program, call toll-free (800) 795-1023 and / or see Summary Plan Description (booklet).	
Benefit Maximums / Deductibles / Out-of-Pocket			
		In-Network	**Non-Network**
This Plan does not apply a Lifetime or Annual Benefit Maximum to each Plan Participant for the total claim expenses incurred and paid while covered under this Plan.			
Deductible	Individual	$700	$700
	Family	$1,400	$1,400
Coinsurance Maximum	Individual	$1,800	$2,300
	Family	$3,600	$4,600
Out-of-Pocket Maximum	Individual	$2,500	$3,000
	Family	$5,000	$6,000
Out-of-Pocket Maximum includes Copays, Coinsurance, and Deductibles, and excludes non-covered services, premiums, and any applicable penalties. Once the Out-of-Pocket Maximum is reached, the Plan pays 100% of eligible charges for the remainder of the Benefit Year, except for benefit penalties. Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%. If the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.			
		Network and Non-Network Deductibles and Out-of-Pocket Maximums accumulate towards each other.	
Benefit Year		January 1st through December 31st.	
Inpatient Hospital Services			
		In-Network	**Non-Network**
Room and Board Precertification required		80% after Deductible	60% after Deductible
		Includes the medical services and supplies furnished by a Hospital, Ambulatory Surgical Center or a Birthing Center; after 48 observation hours, a confinement will be considered an inpatient confinement and will require precertification. If you occupy a private Hospital room, you will pay the difference between the Hospital's charges for a private room and the charge for a semiprivate room. If the Hospital does not have semiprivate rooms or a semiprivate room is unavailable, or your medical condition requires a private room (as determined by the Claims Administrator), the Plan will consider the private room rate. Payment for Critical Care room and board will be based on the Hospital's ICU charge.	
Physician Inpatient Services		80% after Deductible	60% after Deductible
		The Plan covers professional services of a Physician for Inpatient surgical or medical services. When multiple procedures are performed during the same operative session, benefits will be based on Medically Necessary services. Allowable expenses will be determined based on the complexity of the procedures. 100% of the allowable expense for the most complex will be considered and 50% of the allowable expense or billed charge will be considered for each additional procedure. An assistant surgeon will be considered eligible when Medical Necessity has been determined based on standard practices. Benefits will be based on 20% of the allowable expense or billed charge.	
Other Inpatient Services		80% after Deductible	60% after Deductible
Emergency and Urgent Care Services			

	In-Network	Non-Network
Emergency Room Treatment, including related services	$350 Copay Note: Copay waived if admitted.	
Urgent Care Facility	80% after Deductible	60% after Deductible
Urgent Care provided in a Physician's Office – **Primary Care**	$30 Copay per office visit	
Urgent Care provided in a Physician's Office – **Specialist**	$40 Copay per office visit	
Outpatient Hospital Services		
	In-Network	**Non-Network**
Pre-Admission Testing	80% after Deductible	60% after Deductible
	The Plan will pay for diagnostic tests and X-rays when performed on an outpatient basis before a Hospital admission, provided the procedures are provided within 7 days of the admission, are related to the condition that causes the admission and are performed in lieu of tests while Hospital confined. Payment will be made even if tests show that the condition requires medical treatment prior to Hospital admission or the Hospital admission is not required.	
Outpatient / Ambulatory Surgery		
Facility and Surgeon	80% after Deductible	60% after Deductible
	When multiple procedures are performed during the same operative session, benefits will be based on Medically Necessary services. Allowable expenses will be determined based on the complexity of the procedures. 100% of the allowable expense for the most complex will be considered and 50% of the allowable expense or billed charge will be considered for each additional procedure. An assistant surgeon will be considered eligible when Medical Necessity has been determined based on standard practices. Benefits will be based on 20% of the allowable expense or billed charge.	
Outpatient Laboratory and X-Ray Services	100%; Deductible waived	60% after Deductible
Outpatient Diagnostic Scans (MRI, CT, PET) Precertification required	80% after Deductible	60% after Deductible
Other Outpatient Services	80% after Deductible	60% after Deductible
Physician Services		
	In-Network	**Non-Network**
Office Visit for Injury / Illness		
Primary	$30 Copay per office visit	60% after Deductible
	General practitioner, family practitioner, internist, pediatrician and OB-GYN	
Specialist	$40 Copay per office visit	60% after Deductible
	Copay covers most services including In-office surgery, laboratory and X-ray services, chemotherapy, radiation therapy, high intensity focused ultrasound (HIFU) for treatment of prostate cancer, infusion therapy (and injections other than Specialty Pharmacy) performed in and billed by the Network Physician's office. See also Specialty Pharmacy under Prescription Drug Benefits.	
Not covered by Copay:	Services not covered by an office visit Copay include, but are not limited to: MRI, CT scan, PET scan, dialysis services, prenatal and postnatal Physician visits.	
PCP Office Injectables	$30 Copay	60% after Deductible
Specialist Office Injectables	$40 Copay	60% after Deductible
Office Injectables	Certain Prescription Drugs must be purchased through the Plan's Specialty Pharmacy and will not be paid or reimbursed by the Plan if they are not procured through the Plan's Specialty Pharmacy. See Prescription Drug Benefits, Limitations and Exclusions for more information.	
Second Surgical Opinions	As any office visit	As any office visit
	Benefits will be provided to determine the Medical Necessity of an elective surgical procedure. The second opinion must be made by a board-certified Physician who is	

	affiliated in the appropriate specialty, and who is not an associate of the attending Physician.	
Routine Wellness / Preventive Services		
	In-Network	**Non-Network**
Routine Wellness / Preventive Services	100%; Deductible waived *Non-Network limited to $500 maximum per Benefit Year	
	Includes Physical or Gynecological exam, well child care, laboratory services, X-ray services, immunizations / vaccines / flu shots, health history, developmental assessment, colorectal screening, diabetes screening and education, pap smear, ovarian cancer screenings, PSAs, bone mass measurements, and family planning / contraceptive management. (Includes FDA approved contraceptive methods / devices and sterilization procedures and education and counseling for women, including devices, injectables and implants, excluding over-the counter products. Includes injectable contraceptives administered in the Physician's office. Oral contraceptives and patches are covered under the Prescription Drug Card.) Gynecologists may perform the Gynecological exam and pap smear, with the balance of the physical exam performed by another Physician. There will be no duplication of services. See also Colonoscopy and Mammogram. *Routine Wellness Non-Network limit coordinates with Colonoscopy, Mammogram and Nutritional Counseling. The Patient Protection and Affordable Care Act (PPACA), as part of Health Care Reform, contains a provision that requires your health plan to provide certain preventive care services with no cost-sharing, i.e., not subject to Copays, coinsurance, or Deductibles. * These services include, but are not limited to: Routine physicals; Pediatric wellness examination; Selected preventive, diagnostic, and cancer screenings; and Certain Pediatric Preventive Services, including but not limited to, oral health assessment, sensory screening, and developmental and behavioral assessment. These preventive services are covered based on the guidelines and recommendations of the United States Preventive Services Task Force (USPSTF). For a complete listing of these guidelines and recommendations please visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/** Preventive Services for Women without cost share (The following list is not all-inclusive.) • Well-woman visits: Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including prenatal visits billed outside of global obstetric care. • Screening for gestational diabetes. • Testing for human papillomavirus (HPV test) annually or as recommended by Physician. • Sterilization procedures and associated services rendered on the same day (Reversal procedures are not covered). • Breastfeeding support and associated supplies and counseling. (Includes lactation support and counseling provided by a trained provider in conjunction with birth; also includes purchase, or rental cost up to purchase price, of breastfeeding equipment from a network provider if available. Purchase is limited to one per Pregnancy and purchase from a retail store is not covered.) • Screening and counseling for interpersonal and domestic violence These preventive services for women are covered based on recommendations of the independent Institute of Medicine and supported by the Health Resources and Services Administration. The services shown under this section, "Routine Wellness / Preventive Services," are covered based on the guidelines and recommendations of the United States Preventive Services Task Force (USPSTF). For a complete listing of these guidelines and recommendations, please visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/**	

	*A plan may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for which a recommended preventive service will be available without cost-sharing to the extent not specified in a recommendation or guideline.	
Nutritional Counseling See also Diabetes Care Management and non-surgical treatment of obesity / Morbid Obesity	100%; Deductible waived *Non-Network limited / combined with Routine Wellness $500 maximum per Benefit Year	
	Medical Nutritional Counseling is covered when rendered by a licensed health care provider, in-network when available, as required to provide appropriate guidance and education for diet related conditions or risk factors, including but not limited to diabetes, obesity, high cholesterol and high blood pressure. Includes up to 6 visits in a Benefit Year.	
Other Services		
	In-Network	**Non-Network**
Advanced Imaging Precertification required	80% after Deductible	60% after Deductible
	MRI, CT, PET scans performed as an Outpatient or in a Physician's Office	
Allergy Services Testing, Treatment and Injections	100%; Deductible waived	60% after Deductible
	The Plan will pay for Medically Necessary tests to determine the nature of allergies and for desensitization treatment (allergy "shots") to treat allergies. Allergy nurse visits, antigen / serum, testing, and treatment materials are also included.	
Ambulance, Air Precertification required when non-emergent	80% after In-Network Deductible	
	Benefits are for Medically Necessary professional air ambulance services. A charge for this item will be a Covered Charge when services are provided by, and in, an air ambulance traveling from the original pickup site to a Hospital or treatment facility when such a facility is the closest one that can provide covered services appropriate to the Plan Participant's condition, unless the Plan Administrator finds a longer trip is Medically Necessary. Non-emergency air ambulance services are eligible for coverage only when ground transportation is not medically appropriate due to the severity of the Injury or Illness, or the pick-up point is inaccessible by land, and such services are precertified. Non-emergency air ambulance services require verification of Medical Necessity or services will not be covered.	
Ambulance, Ground	80% after In-Network Deductible	
	Benefits are for local Medically Necessary professional ground ambulance service. A charge for this item will be a Covered Charge only if the service is to the nearest Hospital or Skilled Nursing Facility where necessary treatment can be provided unless the Plan Administrator finds a longer trip is Medically Necessary. The Plan covers services in a ground ambulance traveling: • from a Plan Participant's home, scene of dent, or site of an emergency to a Hospital; • between Hospitals; and • between a Hospital and a Skilled Nursing Facility when such a facility is the closest one that can provide covered services appropriate to the Plan Participant's condition. Benefits may also be provided for ambulance services from a Hospital or Skilled Nursing Facility to a Plan Participant's home when this is Medically Necessary.	
CAM Program (Complementary or Alternative Medicine)	$30 Copay per visit	
	Benefits limited to Benefit Year maximum of $1,000 per covered Employee, covered Spouse and covered Dependent. MIT offers the CAM Program (Complementary or Alternative Medicine) for all covered members to encourage the pursuit of wellness. When the Plan Participant is the recipient of one of the treatments listed below, the fee should be paid to the provider at the time the service is rendered. Please refer to Master Medical SPD, Claims Procedures and Appeals for claim steps in order to file for reimbursement. For a special claim form, visit **www.medcost.com** or contact MedCost Benefit Services Customer Service department at (800) 795-1023 or **mbscs@medcost.com.** *The CAM Program provides coverage of the following complementary and alternative	

	treatments of medical conditions. **Acupuncture** – Acupuncture is a practice in which fine needles are inserted into the skin to stimulate specific points in the body. **Acupressure** – Acupressure involves massaging certain points on the body to relax muscles, balance your natural energy flow, and relieve stress and pain. **Ayurvedic medicine** – Ayurveda is 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** – Biofeedback is a 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.** Please see Appendix B in Master Medical SPD for more information. **Homeopathy** – Homeopathy is a 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** – Hypnotherapy uses 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.** Please see Appendix B in Master Medical SPD for more information. **Massage therapy** – Massage therapy is a form of hand-applied pressure-point treatment that can reduce pain, anxiety, fatigue, and nausea. **Naturopathy** – Naturopathic medicine is a system that uses natural remedies (including herbs, massage, acupuncture, exercise, and nutritional counseling) to help the body heal itself. The Plan covers herbs purchased from the provider only / excludes retail purchase of herbs. **Qi Gong** – Qi Gong is a Chinese form of moving meditation. **Reiki** – Reiki is a 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** – Yoga is a form of exercise with specific poses or sets of movements that can be combined with deep breathing to help ease stress, anxiety, and fatigue, and help you sleep better. The above listed definitions are from https://www.webmd.com/ visited April 3, 2018. **NOTICE** By submitting a claim for reimbursement under this benefit, you are representing that the provider to be paid for the services rendered maintains all necessary and appropriate licensure and / or certification for the applicable services in the state where the services were rendered. See also the Master Medical SPD, Appendix B, for more information on the subjects of complementary medicine, alternative medicine, integrative medicine, and functional medicine.
Chemotherapy / Radiation / High Intensity Focused Ultrasound / Infusion Therapy	80% after Deductible | 60% after Deductible Outpatient facility. See also Office Visit for Injury / Illness. Benefit includes treatment with radioactive substances as well as materials and services of technicians, and high intensity focused ultrasound (HIFU) for treatment of prostate cancer.
Chiropractic Services	$40 Copay per office visit | 60% after Deductible Benefits limited to Benefit Year maximum of 25 visits. Benefits covered when performed by a licensed M.D., D.O. or D.C.; the following services are not within the scope of a chiropractor's scope of practice and are excluded by the Plan: administering or prescribing medicine or drugs; the practice of osteopathy; diagnostic services and surgery.
Colonoscopy	
First Colonoscopy per Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year Includes the first colonoscopy per Benefit Year, other than inpatient, whether routine or non-routine. Includes polyp removal during routine colonoscopy when billed properly by the provider.

	*Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Colonoscopy – Routine Subsequent in Same Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	If first in Benefit Year was non-routine: Includes routine colonoscopy and related services, other than inpatient. Includes polyp removal during routine colonoscopy when billed properly by the provider. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Colonoscopy – Non-Routine Subsequent in Same Benefit Year	80% after Deductible	60% after Deductible**
	If first in Benefit Year was routine: Includes colonoscopy and related services, other than routine, and other than inpatient. **Non-Network limited to $500 maximum per Benefit Year (separate from Routine Wellness / Routine mammogram / Routine colonoscopy limit)	
Dialysis Management Program Other than Inpatient – Precertification required	80% after In-Network Deductible	
	Failure to precertify dialysis will result in associated charges from the first treatment date being denied. Charges for professional fees and services, supplies, medications, labs and facility fees related to Outpatient dialysis are covered expenses. These services include but are not limited to hemodialysis, home hemodialysis, peritoneal dialysis and hemofiltration. Effective July 1, 2017, the Plan will allow billed charges at the defined benefit in the Schedule of Benefits for 42 Outpatient dialysis treatments. This Plan does not provide Network level benefits for dialysis providers; therefore, benefits are not subject to discount arrangements that the provider may have in place with any Network. For subsequent treatments the Plan allowable for dialysis will be limited to 140% of current year Medicare composite allowable. The Plan will pay according to the schedule for the next 30 consecutive months of dialysis or until the Plan is secondary to other coverage, whichever occurs first. Thereafter, as permitted in 42 CFR § 411.161(c) and (d), Medicare will be the primary payer and the Plan will only pay secondary to Medicare or other coverage. The Plan will reimburse Medicare Part B premiums for the individual if and for as long as enrolled in Medicare Part B and receiving benefits under this provision. Note: Medicare Part B premiums shall be reimbursed quarterly.	
Durable Medical Equipment	80% after Deductible	60% after Deductible
	The Plan has benefits for the rental of Durable Medical Equipment (DME) if deemed Medically Necessary. These items may be bought rather than rented, with the cost not to exceed the fair market value of the equipment at the time of purchase. DME includes, but is not limited to, crutches, apnea monitors, glucometers, oxygen equipment, Hospital type beds and wheelchairs. See Defined Terms.	
Hearing Aids	80% after Deductible	60% after Deductible
	Benefit limited to Benefit Year maximum of $1,000. Hearing aids ordered by a Physician or audiologist are covered for one hearing aid per ear every 36 months, including related services for initial hearing aids, replacement hearing aids, new hearing aids when alterations cannot adequately meet the needs of the individual, initial hearing aid evaluation, fitting, adjustments and supplies including ear molds.	
Home Health Care (including Private Duty Nursing, excluding Outpatient)	80% after Deductible	60% after Deductible
	Benefits limited to Daily maximum of 16 hours. Services and supplies are covered only for care and treatment of an Injury or Illness. The diagnosis, care and treatment must be certified by the attending Physician and be contained in a Home Health Care Plan. Benefit payment for nursing, home health aide and therapy services is subject to the Home Health Care maximum stated above. A home health care visit means a visit by a member of a home health care team. Each visit that lasts for a period of 4 hours or less is treated as one home health care visit. If the visit exceeds 4 hours, each period of 4 hours is treated as one visit, and any part of a 4-hour period that remains is treated as one home visit. Private duty nursing is covered when performed by a licensed nurse (R.N., L.P.N. or	

	L.V.N.) and only when care is Medically Necessary, is not Custodial in nature and the Hospital's Intensive Care Unit is filled, or the Hospital has no Intensive Care Unit. The only charges covered for Outpatient nursing care are those shown under Home Health Care. Outpatient private duty nursing care on a 24-hour-shift basis is not covered.	
Hospice Care	80% after Deductible	60% after Deductible
	Hospice care can provide the physical, psychological, spiritual and social support needed to help terminally ill patients and their families cope with the Illness. Care includes services provided by a Hospice program in the patient's home, a Hospital or a Hospice. These services are covered as long as they are prescribed by a Physician and the covered patient's life expectancy is six months or less. Bereavement counseling services by a licensed social worker or a licensed pastoral counselor for the patient's immediate family (covered Employee, covered Spouse and/or covered Dependent Children) are covered. Bereavement services must be furnished within six months following the patient's death.	
Infertility Diagnostic Services	As any medical expense	As any medical expense
	The Plan will cover diagnostic services to determine the cause of infertility. Treatment of infertility is not covered by the Plan. Infertility Services are available to covered Employee and covered Spouse only. See also Infertility exclusion and Surrogacy exclusion under Medical Benefit Exclusions.	
Laboratory and X-Ray Services	100%; Deductible waived	60% after Deductible
	Whether Hospital Outpatient or Independent Outpatient Facility	
Mammogram		
First Mammogram per Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	Includes the first mammogram and related services per Benefit Year, other than inpatient, whether routine or non-routine. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Mammogram – Routine Subsequent in Same Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	If first in Benefit Year was non-routine: Includes routine mammogram and related services, other than inpatient. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Mammogram – Non-Routine Subsequent in Same Benefit Year	80% after Deductible	60% after Deductible**
	If first in Benefit Year was routine: Includes mammogram and related services, other than routine, and other than inpatient. **Non-Network limited to $500 maximum per Benefit Year (separate from Routine Wellness / Routine mammogram / Routine colonoscopy limit)	
Medical Supplies	80% after Deductible	60% after Deductible
Maternity Care Services		
Initial Visit to Confirm Pregnancy	As any Physician office visit	As any Physician office visit
Physician Charges (Global Fee)	$150 Copay then 100%; Deductible waived	60% after Deductible
Facility Charges	80% after Deductible	60% after Deductible
	Charges for the care and treatment of Pregnancy are covered the same as any other Illness for a covered Employee, covered Spouse and a covered Dependent child. Maternity Care Services for all covered adult women, including Dependent daughters, include Prenatal Care with no cost-share as required by PPACA, if billed independently. See Routine Wellness/Preventive Services. See Defined Terms.	
Newborn Nursery	Routine newborn nursery and Physician care while the newborn is Hospital-confined typically includes room and board along with ancillary charges for the normal care of a newborn. Charges in these circumstances will be applied to the Plan of the mother, with Physician charges subject to Deductible.	

	Non-routine newborn nursery and Physician care will not be eligible for reimbursement under the Plan until the newborn is enrolled as a Dependent under the Plan enrollment provisions. For details about enrolling newborn children, please see "Enrollment Requirements for Newborn Children," the Special Enrollment provisions, and "Open Enrollment," all in the Enrollment section.	
Mental Health and Substance Use Disorders		
Inpatient	As any admission	As any admission
Outpatient Facility	As any outpatient facility service	As any outpatient facility service
Outpatient Physician	100%; Deductible waived per office visit	60% after Deductible
	Psychiatrists (M.D.), psychologists (Ph.D.) or Masters of Social Work (M.S.W.) may bill the plan directly. Other licensed mental health practitioners may be asked to file claims under the direction of these professionals, depending on credentialing guidelines. This Plan has partnered with an online service known as "myStrength" which offers web and mobile self-help resources, empowering Plan Participants to better manage depression, anxiety, and Substance Use Disorders while improving overall well-being. To obtain more information or to register, visit: **http://bh.mystrength.com/medcost**	
Obesity, Non-Surgical Medical Treatment	As any Covered Medical Expense	As any Covered Medical Expense
	Medically Necessary treatment of obesity and/or Morbid Obesity is covered. This does not include any form of food supplement, exercise program, exercise equipment, weight control program, injection of any fluid, use of medications or educational program, if not otherwise covered.	
Obesity, Surgical Treatment Precertification required	As any Covered Medical Expense	As any Covered Medical Expense
	Medically Necessary charges for the surgical treatment of obesity will be covered, subject to these requirements and limitations: • The Plan Participant must have a history of obesity and/or a Morbid Obesity Diagnosis for at least five years; • During the past two years that a Plan Participant has been covered by this Plan, he/she must have a documented history of participating in a 12-month medically supervised weight loss program; • The Plan Participant must have documented proof of adequate preoperative evaluations for surgery, which includes patient's understanding of the procedure, the procedure's risks and benefits, the length of stay in the Hospital, behavioral changes required prior to and after the surgery (including dietary and exercise requirements), follow-up requirements and anticipated psychological changes; • Psychological assessment by a mental health professional of the patient's ability to understand and adhere to the program. The assessment must include expected levels of depression, eating behaviors, stress management, cognitive abilities, social functioning, self-esteem, personality factors or other mental health diagnoses that may affect treatment, readiness and ability to adhere to required lifestyle modifications and follow-up/social support. • The Plan Participant must be an acceptable age (at least 18 years old at the time of the surgery) and risk for surgery as determined by his/her primary care or family Physician and the attending surgeon; Precertification of the surgery is required.	
Orthotics	80% after Deductible	60% after Deductible
	Orthotics are covered for the initial purchase and fitting of an appliance designed for the support of weak or ineffective joints or muscles as a result of a disabling congenital condition or an Injury or Illness. Orthopedic foot appliances, including custom molded foot orthotics, may be covered when used as an integral part of a brace, applied tightly thereto, or when used to treat a condition requiring more than a supportive device of the foot. Shoe inserts are not considered orthotic devices by this Plan and are not covered.	
Prosthetics	80% after Deductible	60% after Deductible
	Benefit covers the initial purchase and fitting of a fitted artificial device to replace or augment a missing or impaired part of the body. Prosthetic devices include, but are not limited to, artificial limbs, breast prosthesis, cochlear implants and implanted lenses after cataract surgery.	

	Repair and replacement of a device will not be made more than once every 5 years, unless it is determined Medically Necessary due to a pathological change, such as growth, shrinkage, or atrophy that results in improper fit. Replacements will not be made because the device is lost, misplaced, or stolen.	
Service Animal	80% after Network Deductible	
	For covered Dependents to age 19 only: The Plan provides coverage for the purchase of a Medically Necessary service animal to a Lifetime maximum of $20,000. This benefit is subject to written approval for determination of Medical Necessity by the Plan Administrator and approval of the service animal distributor.	
Short-Term Therapy	$40 Copay per office visit	60% after Deductible
	The Plan provides coverage for short-term rehabilitative therapy that is part of a rehabilitation program, including the therapies listed when provided in the most medically appropriate setting.	
Cardiac	Covered as deemed Medically Necessary provided services are rendered (a) under the supervision of a Physician; (b) in connection with a myocardial infarction, coronary occlusion or coronary bypass surgery; (c) initiated within 12 weeks after other treatment for the medical condition ends; and (d) in a Medical Care Facility as defined by this Plan.	
Cognitive	Covered as deemed Medically Necessary provided services are rendered under the supervision of a Physician. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Occupational	Covered when performed by a licensed occupational therapist or a Physician working within the scope of his/her license. Therapy must be ordered by a Physician, result from an Injury or Illness and improve a body function. Covered Charges do not include recreational programs, maintenance therapy or supplies used in occupational therapy.	
Physical	Covered when performed by a licensed physical therapist or a Physician working within the scope of his/her license. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Pulmonary	Covered when performed by a licensed respiratory therapist or a Physician working within the scope of his/her license. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Speech	Covered when performed by a licensed speech therapist or a Physician working within the scope of his/her license; therapy must be ordered by a Physician: a) for speech disorders; b) following surgery for correction of a congenital condition of the oral cavity, throat or nasal complex; or c) to restore speech to a person who has lost existing speech function as a result of injury or an illness that is other than a learning or mental disorder.	
Skilled Nursing Facility	80% after Network Deductible	
	Benefits limited to Benefit Year maximum of 100 days. Benefits are payable if and when the patient is confined as a bed patient in the facility; the attending Physician certifies that the confinement is needed for further care of the condition that caused the Hospital confinement; and the attending Physician completes a treatment plan that includes a diagnosis, the proposed course of treatment and the projected date of discharge from the Skilled Nursing Facility. Covered charges for a Plan Participant's care in these facilities are limited to the facility's semiprivate room rate.	
Teladoc	100%; Deductible waived	
Telemedicine other than Teladoc	As any other covered office service	As any other covered office service
TMJ	As any other Covered Medical Expense	As any other Covered Medical Expense
	Includes Surgical and Non-Surgical; excludes appliances and orthodontic treatment	
Transplant Services Precertification required	**Approved / Designated Facility**	**NON-Approved / NON-Designated Facility**
	100%; Deductible waived	60% after Deductible
	MedCost Health Management must be notified PRIOR to a Transplant evaluation.	

	All Transplant Services MUST be precertified and require participation in Case Management to qualify for Precertification. Failure to precertify or participate in Case Management will result in a 50% reduction in benefits. Refer to Health Management Services for details. Human organ and tissue transplants are covered except those classified as "Experimental and/or Investigational." *Travel and lodging will be paid by the Plan for the patient and one companion or caregiver (for both parents or for both guardians if the patient is a minor), up to a Lifetime maximum of $10,000. Travel must be to a Designated Transplant Provider that is more than 60 miles from the patient's home. **Donor Charges** Both the recipient and the donor are entitled to benefits of Transplant Service coverage under this Plan when the recipient is a Plan Participant. Benefits provided to the donor will be charged against the recipient's coverage. The Plan will pay for typing, surgical procedure, mobilization, storage expenses, and costs directly related to the donation of a human organ or human tissue used in a covered Transplant procedure. If a Plan Participant wishes to be a donor, the Plan will cover donor charges only if the recipient is also a Plan Participant. Donor expenses for recipients who are not Plan Participants are not covered under this Plan. **Claims Steps:** • When a Plan Participant is the recipient of an organ from a non-Plan donor, eligible expenses should be filed using the Plan Participant's name and his or her alternate identification number. • To help identify non-Plan donor claims billed under the Plan Participant recipient's information, the donor claim should include the following: o Diagnosis that indicates donor; o Attachment that indicates the patient is a donor; and o Donor's information in the comments field of the UB-04 or other electronic claim. ***Exclusions:** Charges for the following are not covered: • Mileage for sightseeing or visits to friends / relatives. • Alcohol. • Clothing. • Entertainment (i.e., movies or rentals, visits to museums, mileage for sightseeing, compact discs, games, etc.). • Expense for persons other than the patient and his / her covered companion or caregiver. • Expenses for lodging when member or companion is staying with a relative or friend. • Travel and non-medical room and board for a live donor or for family members of the donor. • Gift cards. • Groceries (i.e., grocery stores, Wal-Mart, K-Mart, etc.). • Laundry service / supplies. • Non-legible receipts (i.e., food or lodging). • Paper products (i.e., paper plates, paper towels, napkins, etc.). • Parking fees incurred other than at hotel / motel or hospital. • Personal care services (i.e., massage, spa, hair care services, etc.) • Personal hygiene items (i.e., toothbrush, deodorant, etc.). • Personal services (i.e., child care, house sitting, kennel care, etc.). • Shoes / slippers. • Souvenirs (i.e., T-shirts, sweatshirts, toys, etc.).

	• Telephone bills / calls / phone cards. • Tobacco or medical marijuana. • Valet parking.	
	In-Network	**Non-Network**
Wig Therapy	80% after Deductible	60% after Deductible
	Following cancer treatment. Benefits limited to Lifetime maximum of one wig.	
All Other Covered Services	80% after Deductible	60% after Deductible
Additional Services Covered Under the Medical Benefits		
Anesthetics and certain other items including administration	Certain items including anesthetics; oxygen; blood and blood derivatives that are not donated or replaced; intravenous injections and solutions are covered, including the administration thereof.	
Attention Deficit / Hyperactivity Disorder	Attention Deficit / Hyperactivity Disorder is covered as any other expense.	

Dental Services	Certain dental procedures will be Covered Charges under Medical Benefits:
	• Removal of wisdom teeth.
	• Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth.
	• Emergency repair due to Injury to sound natural teeth.
	• Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor and roof of the mouth.
	• Excision of benign bony growths of the jaw and hard palate.
	• External incision and drainage of cellulitis.
	• Incision of sensory sinuses, salivary glands or ducts.
	• Reduction of dislocations and excision of temporomandibular joints (TMJs).
	• When Medically Necessary, replacement of teeth lost as a direct result of chemotherapy and/or radiation treatment.
	• Orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone cannot correct, provided:
	  • the deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
	  • the orthognathic surgery is Medically Necessary as a result of tumor, trauma, disease; or
	  • the orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.
	Repeat or subsequent orthognathic surgeries for the same condition are covered only when the previous orthognathic surgery met the above requirements, and there is a high probability of significant additional improvement as determined by the utilization review Physician.
	
	No charge will be covered under Medical Benefits for dental and oral surgical procedures involving orthodontic care of the teeth, periodontal disease and preparing the mouth for the fitting of or continued use of dentures. Oral surgeons will be paid at the Network level of benefits.	

Anesthesia and Facility for certain Dental Procedures	Charges are covered (under Medical Benefits) that are made by a Hospital or Ambulatory Surgical Facility for anesthesia and facility charges for services performed in the facility in connection with dental procedures for: (a) Dependent children below age 9; (b) Covered persons with serious mental or physical conditions; or (c) Covered persons with significant behavioral problems. The treating provider must certify that either hospitalization or general anesthesia is required in order to safely and effectively perform the procedure because of the person's age, condition or problem.	
Diabetes Care Management other than Nutritional Counseling	The Plan will provide coverage for Medically Necessary diabetes self-management training and educational services.	
Eyeglasses, Lenses, Frames	Medical benefits cover purchase of the first pair of eyeglasses, lenses, frames or contact lenses as prescribed following keratoconus or cataract surgery.	
Family Therapy /	Family Therapy / Counseling is considered an eligible expense when provided by a	

Counseling	licensed mental health practitioner.
Genetic Testing	Charges made for genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease. Genetic testing is considered Medically Necessary (and therefore covered) based on the diagnosis, provided: • a person has symptoms or signs of a genetically-linked inheritable disease or • the testing is performed as part of oncology treatment. Genetic testing requires documentation of Medical Necessity via medical records or a letter of Medical Necessity if: • it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome or • the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer reviewed, evidence-based, scientific literature to directly impact treatment options as outlined in the letter of Medical Necessity noted above; or • in accordance with the guidelines and recommendations established under PPACA for preventive services for women with no cost-share. If genetic testing is determined to be Medically Necessary and meets the criteria outlined above, genetic counseling may be covered. Genetic counseling is limited to 3 visits per Benefit Year.
Reconstructive Surgery	Covered Charges are: • surgical correction of a congenital anomaly in a covered Dependent child; • treatment of an Accidental bodily Injury; and • reconstructive breast surgery following mastectomy. This mammoplasty coverage, in compliance with the Women's Health and Cancer Rights Act of 1998, will include reimbursement for (1) reconstruction of the breast on which a mastectomy has been performed, (2) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (3) coverage of prostheses and physical complications during all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending Physician and the patient.
Routine Costs Associated with a Clinical Trial	Includes charges for Routine Patient Costs incurred by a Qualified Individual in an Approved Clinical Trial subject to the terms of this Plan. The Plan may require a copy of the Approved Clinical Trial's patient consent packet before determining if any benefits are payable by the Plan (see Routine Patient Costs). Coverage is provided only for Routine Patient Costs of services associated with the Approved Clinical Trial, and only to the extent such Routine Patient Costs have not been, or are not, funded by other resources. See also Medical Benefit Exclusions and Defined Terms for more information regarding coverage of Routine Patient Costs associated with an Approved Clinical Trial.
Sleep Studies	Sleep studies are covered as any Outpatient lab or independent lab when determined to be Medically Necessary.
Sterilization Procedures	Sterilization procedures are covered as any expense unless otherwise noted in the SPD. Reversal procedures are not covered.
Termination of Pregnancy	Abortions are covered for all Employees and Spouses who are Plan Participants when the life of the mother would be endangered if the unborn child was carried to term or the Pregnancy is the result of rape or incest. Complications of abortion are covered for all Employees and Spouses who are Plan Participants. Abortions and / or complications of abortion are not covered for Dependent Daughters.

Prescription Drug Benefits		
Prescription Drug Copays accumulate toward the Plan's overall Network Out-of-Pocket Maximum.		
	Retail Pharmacy	**Mail Order**
	Copay covers up to a 30 day supply.	Copay covers up to a 90 day supply.
Generic	$5 Copay	$10 Copay
Preferred Brand	$30 Copay	$75 Copay
Non-Preferred Brand	$50 Copay	$140 Copay

Mandatory Specialty Pharmacy	$75 Copay Certain Prescription Drugs must be purchased through the Plan's Specialty Pharmacy and will not be paid or reimbursed by the Plan if they are not procured through the Plan's Specialty Pharmacy. See Prescription Drug Benefits, Limitations and Exclusions for more information.
Miscellaneous Notes	Contraceptives: Includes preventive services for women as required by Healthcare Reform without cost share for prescribed FDA approved contraceptives, whether generic or brand if generic is unavailable, including: oral contraceptives, transdermal and vaginal ring. (Contraceptive devices, injectables and implants, while excluded under Prescription Drug benefits are included under the medical benefits. See Contraceptive Management under Routine Wellness section.) If a Generic Drug version is not available or would not be medically appropriate (as determined by your health care provider) a prescribed FDA-approved Brand Name contraceptive method will be paid by the Plan with no cost-sharing. Smoking Cessation Products: Included with prescription without cost share: Nicotine replacement therapy (i.e., gum, lozenge, transdermal patches, inhaler and nasal spray), Sustained release Bupropion, Varenicline. Preventive Medications: Includes certain prescribed over-the-counter products without cost share as required by PPACA. Contact the drug card administrator at the telephone number listed on your ID card with questions or more information about drug availability or coverage of specialty drugs.
Please refer to Summary Plan Description (SPD) for further details on benefit provisions, definitions and exclusions. In the event of discrepancy between this Schedule and the Summary Plan Description (booklet), the approved Summary Plan Description (booklet) will govern.	

Schedule of Medical Benefits
Med 1000 30/40

Features that Add Value

- MIT Health Benefits Trust and your employer have chosen MedCost Benefit Services to administer their health plan benefits. With over a decade of experience in the health care industry, MedCost is a leader in benefits administration because of our outstanding service, respect for your personal health information, and our commitment to offering products and services that are important to you.
- At MedCost, we recognize that affordable health care is vital to your wellbeing and that of your family. We are dedicated to educating our members about the health care options available to them and helping them to become more informed health care consumers. We offer several interactive online tools so you can easily access the most up-to-date information regarding your health benefits.

Quality Service Is Part of Quality Care

- Service is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.medcost.com** – For access to information 24/7, go to Member login to visit your personalized member website. You will need your ID card with your Member and Group ID numbers to create an account.
- If you have questions about claim status, benefits, or other general questions, you may contact MedCost Benefit Services Customer Service department at (800) 795-1023 or **mbscs@medcost.com**. Please include your Member ID number in the body of the email.

Health and Wellness Toolkit

Start now taking the first step toward building a healthier you! Studies show that by making healthy choices part of your lifestyle, you are more likely to continue with them. We offer you an online Health and Wellness Toolkit to show you how to make those changes. This toolkit is separated into four main sections, each very different but equally important:

- Fitness will guide you through implementing a walking exercise plan and stretching routine to improve your overall health and flexibility. You'll also find tips on how to increase your physical activity at work.
- Nutrition is based on the USDA Food Pyramid and will guide you through the food groups, serving sizes and healthy food and beverage choices. Find healthy recipes, too!
- Health covers conversations to have with your doctor and provides basic information on common health concerns and preventive screenings.
- Lifestyle discusses tobacco cessation, stress relief, sleep habits, and germs to help you change bad habits into healthy ones.

It's Your Choice

When you visit network providers, you get access to quality care at the lowest out-of-pocket costs available under your plan. Your plan also offers the freedom to choose the providers you prefer — even if they aren't part of the network. Your benefits are the highest when you see "participating providers," but you're still covered for visits to other providers.

Prescription Drug Card

Contact the Prescription Drug card administrator at the telephone number listed on your Identification Card with any questions regarding Prescription Drug card benefits.

Wellness Requirements for 2020

*Individual will pay 10% more premium if the following are not completed during Calendar Year 2019:

- Wellness screening through our Wellness Initiative onsite or through member's Physician.
- Age appropriate cancer screenings per American Cancer Association guidelines.
- Participation in our Personal Care Management (PCM) program only if you are contacted by a MedCost PCM nurse.

*Wellness Requirements are not applicable to COBRA participants. Wellness Requirements are not applicable to pre-65 retirees as defined by the applicable governmental entity, unless specifically designated to apply by such governmental entity.

Your health plan is committed to helping you achieve your best health. All employees have the ability to avoid any applicable penalties relating to the wellness programs. If you think you might be unable to meet a standard to avoid a penalty under this wellness program, you might qualify for an opportunity to avoid the penalty by different means. Contact Julie Hall at (919) 715-9782 or Lisa Ervin at (919) 715-7973 and we will work with you and, if you wish, with your doctor, to find a wellness program with the same reward that is right for you in light of your health status.

SCHEDULE OF BENEFITS Med 1000 30/40 2019	
For access to information 24/7, go to **www.medcost.com** and go to Member Login to visit the personalized website; use ID card with Member and Group ID numbers to create an account. For questions about claim status, benefits or other general questions, contact MedCost Benefit Services Customer Service at (800) 795-1023 or **mbscs@medcost.com**; please include Member ID in body of email. This Schedule of Benefits is an outline of benefits of the Employee Benefit Plan provided by your Employer. The basis of payment of the benefits described herein will be determined by the provider of services and claims rules of the Plan. All benefits described in this Schedule are subject to the exclusions and limitations described more fully in the Summary Plan Description. **See also Master Summary Plan Description for details of the Plan.**	
Waiting Period	Effective on date deemed by the governmental unit
Spousal Definition	The term "Spouse" means the person who is legally recognized as the husband or wife under the laws of the state where the marriage took place. The Employer may require documentation proving a legal marital relationship.
Dependent Children	Coverage for Dependent children is extended to the end of the month during which the 26th birthday occurs.
Retirees / Board Members	See Master Summary Plan Description / governmental unit for details.
Open Enrollment	Benefit choices made during Open Enrollment are effective on July 1st unless otherwise specified by governmental unit's Human Resources department.
Leave of Absence	FMLA. See Master Summary Plan Description. Other than FMLA. See Master Summary Plan Description.
Pre-Existing Conditions	This Plan does not apply a pre-existing conditions exclusion period to any member.
Network and Health Management	
Network / Travel Option	As indicated on Identification card
Precertification	• Hospital admissions and Residential Treatment* • Transplant services** • Hospital observation unit stays of more than 48 hours • Certain diagnostic services rendered as Outpatient or in Physician's office; see Outpatient Review below*** • Dialysis services**** • Intensive Outpatient and Partial Hospitalization*****
Penalties	*Non-precertified room and board charges will be denied. **Failure to precertify Transplant Services will result in a 50% reduction in benefits. ***Non-precertified diagnostic services listed under Outpatient Review will be denied. ****Failure to precertify dialysis will result in associated charges from the first treatment date being denied. *****Non-precertified days / visits will be denied. See Medical Benefit Exclusions and Defined Terms in Master Summary Plan Description.
Outpatient Review	Precertification is required for MRI, CT and PET scans performed in Physician's office or as an Outpatient. Service performed in emergent situations (to rule out need for surgery or urgent treatment) are not subject to the requirement for Outpatient Review / Precertification.
Penalty	Non-precertified diagnostic services listed under Outpatient Review will be denied.
Case Management	Life-altering injuries, illnesses and diagnoses need specialized care. MedCost has individualized intervention and care for those navigating severe health conditions. The goal of Case Management is to promote improved quality of life outcomes while ensuring the best use of available resources. The Behavioral Health Solution program, a partnership with Carolina Behavioral Health Alliance (CBHA), is a component of Case Management that includes additional information, support and care for Plan Participants who are receiving Plan benefits for Mental Health and / or Substance Use Disorders.

		See the remainder of the Summary Plan Description for additional details	
Personal Care Management (PCM)		Personal Care Management (PCM) is individualized care designed to help create positive outcomes for those who are suffering from chronic conditions.	
SmartStarts Prenatal Program		SmartStarts is a voluntary Employee wellness program, focused on educating expectant mothers and mentoring them through each trimester of Pregnancy.	
Incentive		The Plan provides an incentive for participation in this program. If you are enrolled in SmartStarts during the first trimester, The MIT health plan will reimburse $150 (via a check), or if during the second trimester, $75 (via a check), upon completion of the program. For more information on the MedCost SmartStarts Program, call toll-free (800) 795-1023 and / or see Summary Plan Description (booklet).	
Benefit Maximums / Deductibles / Out-of-Pocket			
		In-Network	**Non-Network**
This Plan does not apply a Lifetime or Annual Benefit Maximum to each Plan Participant for the total claim expenses incurred and paid while covered under this Plan.			
Deductible	Individual	$1,000	$1,000
	Family	$2,000	$2,000
Coinsurance Maximum	Individual	$2,000	$2,500
	Family	$4,000	$5,000
Out-of-Pocket Maximum	Individual	$3,000	$3,500
	Family	$6,000	$7,000
Out-of-Pocket Maximum includes Copays, Coinsurance, and Deductibles, and excludes non-covered services, premiums, and any applicable penalties. Once the Out-of-Pocket Maximum is reached, the Plan pays 100% of eligible charges for the remainder of the Benefit Year, except for benefit penalties. Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%. If the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.			
		Network and Non-Network Deductibles and Out-of-Pocket Maximums accumulate towards each other.	
Benefit Year		January 1st through December 31st.	
Inpatient Hospital Services			
		In-Network	**Non-Network**
Room and Board Precertification required		70% after Deductible	50% after Deductible
		Includes the medical services and supplies furnished by a Hospital, Ambulatory Surgical Center or a Birthing Center; after 48 observation hours, a confinement will be considered an inpatient confinement and will require precertification. If you occupy a private Hospital room, you will pay the difference between the Hospital's charges for a private room and the charge for a semiprivate room. If the Hospital does not have semiprivate rooms or a semiprivate room is unavailable, or your medical condition requires a private room (as determined by the Claims Administrator), the Plan will consider the private room rate. Payment for Critical Care room and board will be based on the Hospital's ICU charge.	
Physician Inpatient Services		70% after Deductible	50% after Deductible
		The Plan covers professional services of a Physician for Inpatient surgical or medical services. When multiple procedures are performed during the same operative session, benefits will be based on Medically Necessary services. Allowable expenses will be determined based on the complexity of the procedures. 100% of the allowable expense for the most complex will be considered and 50% of the allowable expense or billed charge will be considered for each additional procedure. An assistant surgeon will be considered eligible when Medical Necessity has been determined based on standard practices. Benefits will be based on 20% of the allowable expense or billed charge.	
Other Inpatient Services		70% after Deductible	50% after Deductible
Emergency and Urgent Care Services			
		In-Network	**Non-Network**

Emergency Room Treatment, including related services	$350 Copay Note: Copay waived if admitted.	
Urgent Care Facility	70% after Deductible	50% after Deductible
Urgent Care provided in a Physician's Office		
Primary Care	$30 Copay per office visit	
Specialist	$40 Copay per office visit	
Outpatient Hospital Services		
	In-Network	**Non-Network**
Pre-Admission Testing	70% after Deductible	50% after Deductible
	The Plan will pay for diagnostic tests and X-rays when performed on an outpatient basis before a Hospital admission, provided the procedures are provided within 7 days of the admission, are related to the condition that causes the admission and are performed in lieu of tests while Hospital confined. Payment will be made even if tests show that the condition requires medical treatment prior to Hospital admission or the Hospital admission is not required.	
Outpatient / Ambulatory Surgery Facility and Surgeon	70% after Deductible	50% after Deductible
	When multiple procedures are performed during the same operative session, benefits will be based on Medically Necessary services. Allowable expenses will be determined based on the complexity of the procedures. 100% of the allowable expense for the most complex will be considered and 50% of the allowable expense or billed charge will be considered for each additional procedure. An assistant surgeon will be considered eligible when Medical Necessity has been determined based on standard practices. Benefits will be based on 20% of the allowable expense or billed charge.	
Outpatient Laboratory and X-Ray Services	100%; Deductible waived	50% after Deductible
Outpatient Diagnostic Scans (MRI, CT, PET) Precertification required	70% after Deductible	50% after Deductible
Other Outpatient Services	70% after Deductible	50% after Deductible
Physician Services		
	In-Network	**Non-Network**
Office Visit for Injury / Illness		
Primary Care	$30 Copay per office visit	50% after Deductible
	General practitioner, family practitioner, internist, pediatrician and OB-GYN.	
Specialist	$40 Copay per office visit	50% after Deductible
	Copay covers most services including In-office surgery, laboratory and X-ray services, chemotherapy, radiation therapy, high intensity focused ultrasound (HIFU) for treatment of prostate cancer, infusion therapy (and injections other than Specialty Pharmacy) performed in and billed by the Network Physician's office. See also Specialty Pharmacy under Prescription Drugs.	
Not covered by Copay:	Services not covered by an office visit Copay include, but are not limited to: MRI, CT scan, PET scan, dialysis services, prenatal and postnatal Physician visits.	
Office Injectables PCP	$30 Copay	50% after Deductible
Specialist	$40 Copay	50% after Deductible
	Certain Prescription Drugs must be purchased through the Plan's Specialty Pharmacy and will not be paid or reimbursed by the Plan if they are not procured through the Plan's Specialty Pharmacy. See Prescription Drug Benefits, Limitations and Exclusions for more information.	
Second Surgical Opinions	As any office visit	As any office visit
	Benefits will be provided to determine the Medical Necessity of an elective surgical procedure. The second opinion must be made by a board-certified Physician who is affiliated in the appropriate specialty, and who is not an associate of the attending Physician.	
Routine Wellness / Preventive Services		
	In-Network	**Non-Network**
Routine Wellness / Preventive Services	100%; Deductible waived *Non-Network limited to $500 maximum per Benefit Year	

	Includes Physical or Gynecological exam, well child care, laboratory services, X-ray services, immunizations / vaccines / flu shots, health history, developmental assessment, colorectal screening, diabetes screening and education, pap smear, ovarian cancer screenings, PSAs, bone mass measurements, and family planning / contraceptive management. (Includes FDA approved contraceptive methods / devices and sterilization procedures and education and counseling for women, including devices, injectables and implants, excluding over-the counter products. Includes injectable contraceptives administered in the Physician's office. Oral contraceptives and patches are covered under the Prescription Drug Card.) Gynecologists may perform the Gynecological exam and pap smear, with the balance of the physical exam performed by another Physician. There will be no duplication of services. See also Colonoscopy and Mammogram. *Routine Wellness Non-Network limit coordinates with Colonoscopy, Mammogram and Nutritional Counseling. The Patient Protection and Affordable Care Act (PPACA), as part of Health Care Reform, contains a provision that requires your health plan to provide certain preventive care services with no cost-sharing, i.e., not subject to Copays, coinsurance, or Deductibles. * These services include, but are not limited to: Routine physicals; Pediatric wellness examination; Selected preventive, diagnostic, and cancer screenings; and Certain Pediatric Preventive Services, including but not limited to, oral health assessment, sensory screening, and developmental and behavioral assessment. These preventive services are covered based on the guidelines and recommendations of the United States Preventive Services Task Force (USPSTF). For a complete listing of these guidelines and recommendations please visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/** Preventive Services for Women without cost share (The following list is not all-inclusive.) • Well-woman visits: Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including prenatal visits billed outside of global obstetric care. • Screening for gestational diabetes. • Testing for human papillomavirus (HPV test) annually or as recommended by Physician. • Sterilization procedures and associated services rendered on the same day (Reversal procedures are not covered). • Breastfeeding support and associated supplies and counseling. (Includes lactation support and counseling provided by a trained provider in conjunction with birth; also includes purchase, or rental cost up to purchase price, of breastfeeding equipment from a network provider if available. Purchase is limited to one per Pregnancy and purchase from a retail store is not covered.) • Screening and counseling for interpersonal and domestic violence These preventive services for women are covered based on recommendations of the independent Institute of Medicine and supported by the Health Resources and Services Administration. The services shown under this section, "Routine Wellness / Preventive Services," are covered based on the guidelines and recommendations of the United States Preventive Services Task Force (USPSTF). For a complete listing of these guidelines and recommendations, please visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/** *A plan may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for which a recommended preventive service will be available without cost-sharing to the extent not specified in a recommendation or guideline.
Nutritional Counseling See also Diabetes Care Management and non-	100%; Deductible waived *Non-Network limited / combined with Routine Wellness $500 maximum per Benefit Year

surgical treatment of obesity / Morbid Obesity	Medical Nutritional Counseling is covered when rendered by a licensed health care provider, in-network when available, as required to provide appropriate guidance and education for diet related conditions or risk factors, including but not limited to diabetes, obesity, high cholesterol and high blood pressure. Includes up to 6 visits in a Benefit Year.	
Other Services		
	In-Network	**Non-Network**
Advanced Imaging Precertification required	70% after Deductible	50% after Deductible
	MRI, CT, PET scans performed as an Outpatient or in a Physician's Office	
Allergy Services Testing, Treatment and Injections	100%; Deductible waived	50% after Deductible
	The Plan will pay for Medically Necessary tests to determine the nature of allergies and for desensitization treatment (allergy "shots") to treat allergies. Allergy nurse visits, antigen / serum, testing, and treatment materials are also included.	
Ambulance, Air Precertification required when non-emergent	70% after In-Network Deductible	
	Benefits are for Medically Necessary professional air ambulance services. A charge for this item will be a Covered Charge when services are provided by, and in, an air ambulance traveling from the original pickup site to a Hospital or treatment facility when such a facility is the closest one that can provide covered services appropriate to the Plan Participant's condition, unless the Plan Administrator finds a longer trip is Medically Necessary. Non-emergency air ambulance services are eligible for coverage only when ground transportation is not medically appropriate due to the severity of the Injury or Illness, or the pick-up point is inaccessible by land, and such services are precertified. Non-emergency air ambulance services require verification of Medical Necessity or services will not be covered.	
Ambulance, Ground	70% after In-Network Deductible	
	Benefits are for local Medically Necessary professional ground ambulance service. A charge for this item will be a Covered Charge only if the service is to the nearest Hospital or Skilled Nursing Facility where necessary treatment can be provided unless the Plan Administrator finds a longer trip is Medically Necessary. The Plan covers services in a ground ambulance traveling: • from a Plan Participant's home, scene of an Accident, or site of an emergency to a Hospital; • between Hospitals; and • between a Hospital and a Skilled Nursing Facility when such a facility is the closest one that can provide covered services appropriate to the Plan Participant's condition. Benefits may also be provided for ambulance services from a Hospital or Skilled Nursing Facility to a Plan Participant's home when this is Medically Necessary.	
CAM Program (Complementary or Alternative Medicine)	$30 Copay per visit	
	Benefits limited to Benefit Year maximum of $1,000 per covered Employee, covered Spouse and covered Dependent. MIT offers the CAM Program (Complementary or Alternative Medicine) for all covered members to encourage the pursuit of wellness. When the Plan Participant is the recipient of one of the treatments listed below, the fee should be paid to the provider at the time the service is rendered. Please refer to Master Medical SPD, Claims Procedures and Appeals for claim steps in order to file for reimbursement. For a special claim form, visit **www.medcost.com** or contact MedCost Benefit Services Customer Service department at (800) 795-1023 or **mbscs@medcost.com.** *The CAM Program provides coverage of the following complementary and alternative treatments of medical conditions.	
	Acupuncture – Acupuncture is a practice in which fine needles are inserted into the skin to stimulate specific points in the body.	
	Acupressure – Acupressure involves massaging certain points on the body to relax muscles, balance your natural energy flow, and relieve stress and pain.	
	Ayurvedic medicine – Ayurveda is 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 – Biofeedback is a 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.** Please see Appendix B in Master Medical SPD for more information. **Homeopathy** – Homeopathy is a 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** – Hypnotherapy uses 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.** Please see Appendix B in Master Medical SPD for more information. **Massage therapy** – Massage therapy is a form of hand-applied pressure-point treatment that can reduce pain, anxiety, fatigue, and nausea. **Naturopathy** – Naturopathic medicine is a system that uses natural remedies (including herbs, massage, acupuncture, exercise, and nutritional counseling) to help the body heal itself. The Plan covers herbs purchased from the provider only / excludes retail purchase of herbs. **Qi Gong** – Qi Gong is a Chinese form of moving meditation. **Reiki** – Reiki is a 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** – Yoga is a form of exercise with specific poses or sets of movements that can be combined with deep breathing to help ease stress, anxiety, and fatigue, and help you sleep better. The above listed definitions are from https://www.webmd.com/ visited April 3, 2018. **NOTICE** By submitting a claim for reimbursement under this benefit, you are representing that the provider to be paid for the services rendered maintains all necessary and appropriate licensure and / or certification for the applicable services in the state where the services were rendered. See also the Master Medical SPD, Appendix B, for more information on the subjects of complementary medicine, alternative medicine, integrative medicine, and functional medicine.
Chemotherapy / Radiation / High Intensity Focused Ultrasound / Infusion Therapy	70% after Deductible / 50% after Deductible Outpatient facility. See also Office Visit for Injury / Illness. Benefit includes treatment with radioactive substances as well as materials and services of technicians, and high intensity focused ultrasound (HIFU) for treatment of prostate cancer.
Chiropractic Services	$40 Copay per office visit / 50% after Deductible Benefits limited to Benefit Year maximum of 25 visits. Benefits covered when performed by a licensed M.D., D.O. or D.C.; the following services are not within the scope of a chiropractor's scope of practice and are excluded by the Plan: administering or prescribing medicine or drugs; the practice of osteopathy; diagnostic services and surgery.
Colonoscopy	
First Colonoscopy per Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year Includes the first colonoscopy per Benefit Year, other than inpatient, whether routine or non-routine. Includes polyp removal during routine colonoscopy when billed properly by the provider. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.
Colonoscopy – Routine Subsequent in Same Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year If first in Benefit Year was non-routine: Includes routine colonoscopy and related services, other than inpatient. Includes polyp removal during routine colonoscopy when billed properly by the provider. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.
Colonoscopy –	70% after Deductible / 50% after Deductible**

Non-Routine Subsequent in Same Benefit Year	If first in Benefit Year was routine: Includes colonoscopy and related services, other than routine, and other than inpatient. **Non-Network limited to $500 maximum per Benefit Year (separate from Routine Wellness / Routine mammogram / Routine colonoscopy limit)	
Dialysis Management Program Other than Inpatient – Precertification required	70% after In-Network Deductible	
	Failure to precertify dialysis will result in associated charges from the first treatment date being denied. Charges for professional fees and services, supplies, medications, labs and facility fees related to Outpatient dialysis are covered expenses. These services include but are not limited to hemodialysis, home hemodialysis, peritoneal dialysis and hemofiltration. Effective July 1, 2017, the Plan will allow billed charges at the defined benefit in the Schedule of Benefits for 42 Outpatient dialysis treatments. This Plan does not provide Network level benefits for dialysis providers; therefore, benefits are not subject to discount arrangements that the provider may have in place with any Network. For subsequent treatments the Plan allowable for dialysis will be limited to 140% of current year Medicare composite allowable. The Plan will pay according to the schedule for the next 30 consecutive months of dialysis or until the Plan is secondary to other coverage, whichever occurs first. Thereafter, as permitted in 42 CFR § 411.161(c) and (d), Medicare will be the primary payer and the Plan will only pay secondary to Medicare or other coverage. The Plan will reimburse Medicare Part B premiums for the individual if and for as long as enrolled in Medicare Part B and receiving benefits under this provision. Note: Medicare Part B premiums shall be reimbursed quarterly.	
Durable Medical Equipment	70% after Deductible	50% after Deductible
	The Plan has benefits for the rental of Durable Medical Equipment (DME) if deemed Medically Necessary. These items may be bought rather than rented, with the cost not to exceed the fair market value of the equipment at the time of purchase. DME includes, but is not limited to, crutches, apnea monitors, glucometers, oxygen equipment, Hospital type beds and wheelchairs. See Defined Terms.	
Hearing Aids	70% after Deductible	50% after Deductible
	Benefit limited to Benefit Year maximum of $1,000. Hearing aids ordered by a Physician or audiologist are covered for one hearing aid per ear every 36 months, including related services for initial hearing aids, replacement hearing aids, new hearing aids when alterations cannot adequately meet the needs of the individual, initial hearing aid evaluation, fitting, adjustments and supplies including ear molds.	
Home Health Care (including Private Duty Nursing, excluding Outpatient)	70% after Deductible	50% after Deductible
	Benefits limited to Daily maximum of 16 hours. Services and supplies are covered only for care and treatment of an Injury or Illness. The diagnosis, care and treatment must be certified by the attending Physician and be contained in a Home Health Care Plan. A home health care visit means a visit by a member of a home health care team. Each visit that lasts for a period of 4 hours or less is treated as one home health care visit. If the visit exceeds 4 hours, each period of 4 hours is treated as one visit, and any part of a 4-hour period that remains is treated as one home visit. Private duty nursing is covered when performed by a licensed nurse (R.N., L.P.N. or L.V.N.) and only when care is Medically Necessary, is not Custodial in nature and the Hospital's Intensive Care Unit is filled, or the Hospital has no Intensive Care Unit. The only charges covered for Outpatient nursing care are those shown under Home Health Care. Outpatient private duty nursing care on a 24-hour-shift basis is not covered.	
Hospice Care	70% after Deductible	50% after Deductible
	Hospice care can provide the physical, psychological, spiritual and social support needed to help terminally ill patients and their families cope with the Illness. Care includes services provided by a Hospice program in the patient's home, a Hospital or a Hospice. These services are covered as long as they are prescribed by a Physician and the covered patient's life expectancy is six months or less. Bereavement counseling services by a licensed social worker or a licensed pastoral	

	counselor for the patient's immediate family (covered Employee, covered Spouse and/or covered Dependent Children) are covered. Bereavement services must be furnished within six months following the patient's death.	
Infertility Diagnostic Services	As any medical expense	As any medical expense
	The Plan will cover diagnostic services to determine the cause of infertility. Treatment of infertility is not covered by the Plan. Infertility Services are available to covered Employee and covered Spouse only. See also Infertility exclusion and Surrogacy exclusion under Medical Benefit Exclusions.	
Laboratory and X-Ray Services	100%; Deductible waived	50% after Deductible
	Hospital Outpatient or Independent Outpatient Facility	
Mammogram		
First Mammogram per Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	Includes the first mammogram and related services per Benefit Year, other than inpatient, whether routine or non-routine. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Mammogram – Routine Subsequent in Same Benefit Year	100%; Deductible waived *Non-Network limited/combined with Routine Wellness $500 maximum per Benefit Year	
	If first in Benefit Year was non-routine: Includes routine mammogram and related services, other than inpatient. *Routine Wellness Non-Network limit coordinates with Nutritional Counseling and Routine mammograms and colonoscopies.	
Mammogram – Non-Routine Subsequent in Same Benefit Year	70% after Deductible	50% after Deductible**
	If first in Benefit Year was routine: Includes mammogram and related services, other than routine, and other than inpatient. **Non-Network limited to $500 maximum per Benefit Year (separate from Routine Wellness / Routine mammogram / Routine colonoscopy limit)	
Medical Supplies	70% after Deductible	50% after Deductible
Maternity Care Services		
Initial Visit to Confirm Pregnancy	As any Physician office visit	As any Physician office visit
Physician (Global Fee)	$150 Copay then 100%; Deductible waived	50% after Deductible
Facility	70% after Deductible	50% after Deductible
	Charges for the care and treatment of Pregnancy are covered the same as any other Illness for a covered Employee, covered Spouse and a covered Dependent child. Maternity Care Services for all covered adult women, including Dependent daughters, include Prenatal Care with no cost-share as required by PPACA, if billed independently. See Routine Wellness/Preventive Services. See Defined Terms.	
Newborn Nursery	Routine newborn nursery and Physician care while the newborn is Hospital-confined typically includes room and board along with ancillary charges for the normal care of a newborn. Charges in these circumstances will be applied to the Plan of the mother, with Physician charges subject to Deductible. Non-routine newborn nursery and Physician care will not be eligible for reimbursement under the Plan until the newborn is enrolled as a Dependent under the Plan enrollment provisions. For details about enrolling newborn children, please see “Enrollment Requirements for Newborn Children,” the Special Enrollment provisions, and “Open Enrollment,” all in the Enrollment section.	
Mental Health and Substance Use Disorders		
Inpatient	As any admission	As any admission
Outpatient Facility	As any outpatient facility service	As any outpatient facility service
Outpatient Physician	100%; Deductible waived per office visit	50% after Deductible
	Psychiatrists (M.D.), psychologists (Ph.D.) or Masters of Social Work (M.S.W.) may bill the plan directly. Other licensed mental health practitioners may be asked to file claims	

	under the direction of these professionals, depending on credentialing guidelines. This Plan has partnered with an online service known as “myStrength” which offers web and mobile self-help resources, empowering Plan Participants to better manage depression, anxiety, and Substance Use Disorders while improving overall well-being. To obtain more information or to register, visit: **http://bh.mystrength.com/medcost**	
Obesity, Non-Surgical Medical Treatment	As any Covered Medical Expense	As any Covered Medical Expense
	Medically Necessary treatment of obesity and/or Morbid Obesity is covered. This does not include any form of food supplement, exercise program, exercise equipment, weight control program, injection of any fluid, use of medications or educational program, if not otherwise covered.	
Obesity, Surgical Treatment Precertification required	As any Covered Medical Expense	As any Covered Medical Expense
	Medically Necessary charges for the surgical treatment of obesity will be covered, subject to these requirements and limitations: • The Plan Participant must have a history of obesity and/or a Morbid Obesity Diagnosis for at least five years; • During the past two years that a Plan Participant has been covered by this Plan, he/she must have a documented history of participating in a 12-month medically supervised weight loss program; • The Plan Participant must have documented proof of adequate preoperative evaluations for surgery, which includes patient’s understanding of the procedure, the procedure’s risks and benefits, the length of stay in the Hospital, behavioral changes required prior to and after the surgery (including dietary and exercise requirements), follow-up requirements and anticipated psychological changes; • Psychological assessment by a mental health professional of the patient’s ability to understand and adhere to the program. The assessment must include expected levels of depression, eating behaviors, stress management, cognitive abilities, social functioning, self-esteem, personality factors or other mental health diagnoses that may affect treatment, readiness and ability to adhere to required lifestyle modifications and follow-up/social support. • The Plan Participant must be an acceptable age (at least 18 years old at the time of the surgery) and risk for surgery as determined by his/her primary care or family Physician and the attending surgeon; • Precertification of the surgery is required.	
Orthotics	70% after Deductible	50% after Deductible
	Orthotics are covered for the initial purchase and fitting of an appliance designed for the support of weak or ineffective joints or muscles as a result of a disabling congenital condition or an Injury or Illness. Orthopedic foot appliances, including custom molded foot orthotics, may be covered when used as an integral part of a brace, applied tightly thereto, or when used to treat a condition requiring more than a supportive device of the foot. Shoe inserts are not considered orthotic devices by this Plan and are not covered.	
Prosthetics	70% after Deductible	50% after Deductible
	Benefit covers the initial purchase and fitting of a fitted artificial device to replace or augment a missing or impaired part of the body. Prosthetic devices include, but are not limited to, artificial limbs, breast prosthesis, cochlear implants and implanted lenses after cataract surgery. Repair and replacement of a device will not be made more than once every 5 years, unless it is determined Medically Necessary due to a pathological change, such as growth, shrinkage, or atrophy that results in improper fit. Replacements will not be made because the device is lost, misplaced, or stolen.	
Service Animal	70% after Network Deductible	
	For covered Dependents to age 19 only: The Plan provides coverage for the purchase of a Medically Necessary service animal to a Lifetime maximum of $20,000. This benefit is subject to written approval for determination of Medical Necessity by the Plan Administrator and approval of the service animal distributor.	
Short-Term Therapy	$40 Copay per office visit	50% after Deductible
	The Plan provides coverage for short-term rehabilitative therapy that is part of a rehabilitation program, including the therapies listed when provided in the most medically appropriate setting.	
Cardiac	Covered as deemed Medically Necessary provided services are rendered (a) under the supervision of a Physician; (b) in connection with a myocardial infarction, coronary	

	occlusion or coronary bypass surgery; (c) initiated within 12 weeks after other treatment for the medical condition ends; and (d) in a Medical Care Facility as defined by this Plan.	
Cognitive	Covered as deemed Medically Necessary provided services are rendered under the supervision of a Physician. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Occupational	Covered when performed by a licensed occupational therapist or a Physician working within the scope of his/her license. Therapy must be ordered by a Physician, result from an Injury or Illness and improve a body function. Covered Charges do not include recreational programs, maintenance therapy or supplies used in occupational therapy.	
Physical	Covered when performed by a licensed physical therapist or a Physician working within the scope of his/her license. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Pulmonary	Covered when performed by a licensed respiratory therapist or a Physician working within the scope of his/her license. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions that are subject to significant improvement through short-term therapy.	
Speech	Covered when performed by a licensed speech therapist or a Physician working within the scope of his/her license; therapy must be ordered by a Physician: a) for speech disorders; b) following surgery for correction of a congenital condition of the oral cavity, throat or nasal complex; or c) to restore speech to a person who has lost existing speech function as a result of injury or an illness that is other than a learning or mental disorder.	
Skilled Nursing Facility	70% after Network Deductible	
	Benefits limited to Benefit Year maximum of 100 days. Benefits are payable if and when the patient is confined as a bed patient in the facility; the attending Physician certifies that the confinement is needed for further care of the condition that caused the Hospital confinement; and the attending Physician completes a treatment plan that includes a diagnosis, the proposed course of treatment and the projected date of discharge from the Skilled Nursing Facility. Covered charges for a Plan Participant's care in these facilities are limited to the facility's semiprivate room rate.	
Teladoc	100%; Deductible waived	
Telemedicine other than Teladoc	As any other covered office service	As any other covered office service
TMJ	As any other Covered Medical Expense	As any other Covered Medical Expense
	Includes Surgical and Non-Surgical; excludes appliances and orthodontic treatment.	
Transplant Services Precertification required	**Approved / Designated Facility**	**Non-Approved / Non-Designated Facility**
	100%; Deductible waived	50% after Deductible
	MedCost Health Management must be notified PRIOR to a Transplant evaluation. All Transplant Services MUST be precertified and require participation in Case Management to qualify for Precertification. Failure to precertify or participate in Case Management will result in a 50% reduction in benefits. Refer to Health Management Services for details. Human organ and tissue transplants are covered except those classified as "Experimental and/or Investigational." *Travel and lodging will be paid by the Plan for the patient and one companion or caregiver (for both parents or for both guardians if the patient is a minor), up to a Lifetime maximum of $10,000. Travel must be to a Designated Transplant Provider that is more than 60 miles from the patient's home. **Donor Charges** Both the recipient and the donor are entitled to benefits of Transplant Service coverage under this Plan when the recipient is a Plan Participant. Benefits provided to the donor will be charged against the recipient's coverage. The Plan will pay for typing, surgical procedure, mobilization, storage expenses, and	

	costs directly related to the donation of a human organ or human tissue used in a covered Transplant procedure. If a Plan Participant wishes to be a donor, the Plan will cover donor charges only if the recipient is also a Plan Participant. Donor expenses for recipients who are not Plan Participants are not covered under this Plan. **Claims Steps:** • When a Plan Participant is the recipient of an organ from a non-Plan donor, eligible expenses should be filed using the Plan Participant's name and his or her alternate identification number. • To help identify non-Plan donor claims billed under the Plan Participant recipient's information, the donor claim should include the following: o Diagnosis that indicates donor; o Attachment that indicates the patient is a donor; and o Donor's information in the comments field of the UB-04 or other electronic claim. ***Exclusions:** Charges for the following are not covered: • Mileage for sightseeing or visits to friends / relatives. • Alcohol. • Clothing. • Entertainment (i.e., movies or rentals, visits to museums, mileage for sightseeing, compact discs, games, etc.). • Expense for persons other than the patient and his / her covered companion or caregiver. • Expenses for lodging when member or companion is staying with a relative or friend. • Travel and non-medical room and board for a live donor or for family members of the donor. • Gift cards. • Groceries (i.e., grocery stores, Wal-Mart, K-Mart, etc.). • Laundry service / supplies. • Non-legible receipts (i.e., food or lodging). • Paper products (i.e., paper plates, paper towels, napkins, etc.). • Parking fees incurred other than at hotel / motel or hospital. • Personal care services (i.e., massage, spa, hair care services, etc.) • Personal hygiene items (i.e., toothbrush, deodorant, etc.). • Personal services (i.e., child care, house sitting, kennel care, etc.). • Shoes / slippers. • Souvenirs (i.e., T-shirts, sweatshirts, toys, etc.). • Telephone bills / calls / phone cards. • Tobacco or medical marijuana. • Valet parking.	
	In-Network	**Non-Network**
Wig Therapy	70% after Deductible	50% after Deductible
	Following cancer treatment. Benefits limited to Lifetime maximum of one wig.	
All Other Covered Services	70% after Deductible	50% after Deductible
Additional Services Covered Under the Medical Plan		
Anesthetics and certain other items including administration	Certain items including anesthetics; oxygen; blood and blood derivatives that are not donated or replaced; intravenous injections and solutions are covered, including the administration thereof.	
Attention Deficit / Hyperactivity Disorder	Attention Deficit / Hyperactivity Disorder is covered as any other expense.	
Dental Services	Certain dental procedures will be Covered Charges under Medical Benefits: • Removal of wisdom teeth. • Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth. • Emergency repair due to Injury to sound natural teeth. • Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor	

	and roof of the mouth.
	• Excision of benign bony growths of the jaw and hard palate.
	• External incision and drainage of cellulitis.
	• Incision of sensory sinuses, salivary glands or ducts.
	• Reduction of dislocations and excision of temporomandibular joints (TMJs).
	• When Medically Necessary, replacement of teeth lost as a direct result of chemotherapy and/or radiation treatment.
	• Orthognathic surgery to repair or correct a severe facial deformity or disfigurement that orthodontics alone cannot correct, provided:
	  • The deformity or disfigurement is accompanied by a documented clinically significant functional impairment, and there is a reasonable expectation that the procedure will result in meaningful functional improvement; or
	  • The orthognathic surgery is Medically Necessary as a result of tumor, trauma, disease; or
	  • The orthognathic surgery is performed prior to age 19 and is required as a result of severe congenital facial deformity or congenital condition.
	Repeat or subsequent orthognathic surgeries for the same condition are covered only when the previous orthognathic surgery met the above requirements, and there is a high probability of significant additional improvement as determined by the utilization review Physician.
	
	No charge will be covered under Medical Benefits for dental and oral surgical procedures involving orthodontic care of the teeth, periodontal disease and preparing the mouth for the fitting of or continued use of dentures. Oral surgeons will be paid at the Network level of benefits.

Anesthesia and Facility for certain Dental Procedures	Charges are covered (under Medical Benefits) that are made by a Hospital or Ambulatory Surgical Facility for anesthesia and facility charges for services performed in the facility in connection with dental procedures for: (a) Dependent children below age 9; (b) Covered persons with serious mental or physical conditions; or (c) Covered persons with significant behavioral problems. The treating provider must certify that either hospitalization or general anesthesia is required in order to safely and effectively perform the procedure because of the person's age, condition or problem.
Diabetes Care Management other than Nutritional Counseling	The Plan will provide coverage for Medically Necessary diabetes self-management training and educational services.
Eyeglasses, Lenses, Frames	Medical Plan covers purchase of the first pair of eyeglasses, lenses, frames or contact lenses as prescribed following keratoconus or cataract surgery.
Family Therapy / Counseling	Family Therapy / Counseling is considered an eligible expense when provided by a licensed mental health practitioner.

Genetic Testing	Charges made for genetic testing that uses a proven testing method for the identification of genetically-linked inheritable disease.
	
	Genetic testing is considered Medically Necessary (and therefore covered) based on the diagnosis, provided:
	• A person has symptoms or signs of a genetically-linked inheritable disease or
	• The testing is performed as part of oncology treatment.
	
	Genetic testing requires documentation of Medical Necessity via medical records or a letter of Medical Necessity if:
	  • it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome or
	  • the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer reviewed, evidence-based, scientific literature to directly impact treatment options as outlined in the letter of Medical Necessity noted above; or
	  • in accordance with the guidelines and recommendations established under PPACA for preventive services for women with no cost-share.

	If genetic testing is determined to be Medically Necessary and meets the criteria outlined above, genetic counseling may be covered. Genetic counseling is limited to 3 visits per Benefit Year.
Reconstructive Surgery	Covered Charges are: • Surgical correction of a congenital anomaly in a covered Dependent child; • Treatment of an Accidental bodily Injury; and • Reconstructive breast surgery following mastectomy. This mammoplasty coverage, in compliance with the Women's Health and Cancer Rights Act of 1998, will include reimbursement for (1) reconstruction of the breast on which a mastectomy has been performed, (2) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (3) coverage of prostheses and physical complications during all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending Physician and the patient.
Routine Costs Associated with a Clinical Trial	Includes charges for Routine Patient Costs incurred by a Qualified Individual in an Approved Clinical Trial subject to the terms of this Plan. The Plan may require a copy of the Approved Clinical Trial's patient consent packet before determining if any benefits are payable by the Plan (see Routine Patient Costs). Coverage is provided only for Routine Patient Costs of services associated with the Approved Clinical Trial, and only to the extent such Routine Patient Costs have not been, or are not, funded by other resources. See also Medical Benefit Exclusions and Defined Terms for more information regarding coverage of Routine Patient Costs associated with an Approved Clinical Trial.
Sleep Studies	Sleep studies are covered as any Outpatient lab or independent lab when determined to be Medically Necessary.
Sterilization Procedures	Sterilization procedures are covered as any expense unless otherwise noted in the SPD. Reversal procedures are not covered.
Termination of Pregnancy	Abortions are covered for all Employees and Spouses who are Plan Participants when the life of the mother would be endangered if the unborn child was carried to term or the Pregnancy is the result of rape or incest. Complications of abortion are covered for all Employees and Spouses who are Plan Participants. Abortions and / or complications of abortion are not covered for Dependent Daughters.
Prescription Drug Benefits	
Prescription Drug Copays accumulate toward the Plan's overall Network Out-of-Pocket Maximum.	
	Retail Pharmacy Copay covers up to a 30 day supply. / **Mail Order** Copay covers up to a 90 day supply.
Generic	$5 Copay / $10 Copay
Preferred Brand	$30 Copay / $75 Copay
Non-Preferred Brand	$50 Copay / $140 Copay
Mandatory Specialty Pharmacy	$75 Copay Certain Prescription Drugs must be purchased through the Plan's Specialty Pharmacy and will not be paid or reimbursed by the Plan if they are not procured through the Plan's Specialty Pharmacy. See Prescription Drug Benefits, Limitations and Exclusions for more information.
Miscellaneous Notes	Contraceptives: Includes preventive services for women as required by Healthcare Reform without cost share for prescribed FDA approved contraceptives, whether generic or brand if generic is unavailable, including: oral contraceptives, transdermal and vaginal ring. (Contraceptive devices, injectables and implants, while excluded under Prescription Drug Plan are included under the Medical Plan. See Contraceptive Management under Routine Wellness section.) If a Generic Drug version is not available or would not be medically appropriate (as determined by your health care provider) a prescribed FDA-approved Brand Name contraceptive method will be paid by the Plan with no cost-sharing. Smoking Cessation Products: Included with prescription without cost share: Nicotine replacement therapy (i.e., gum, lozenge, transdermal patches, inhaler and nasal spray), Sustained release Bupropion, Varenicline. Preventive Medications: Includes certain prescribed over-the-counter products without cost share as required by PPACA.

	Contact the drug card administrator at the telephone number listed on your ID card with questions or more information about drug availability or coverage of specialty drugs.
Please refer to Summary Plan Description (SPD) for further details on benefit provisions, definitions and exclusions. In the event of discrepancy between this Schedule and the Summary Plan Description (booklet), the approved Summary Plan Description (booklet) will govern.	

Health Benefits Trust
NC League of Municipalities

A Proposal on the Municipal Insurance Trust of North Carolina

Prepared For

The Town of Beech Mountain

March 11. 2019

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Report Assumptions

A. The employee data indicates that The Town of Beech Mountain currently covers approximately 55 active employees, of which 27 cover their dependents.

B. An effective date of **July 1, 2019** would be implemented.

C. **Your current Plan's level of benefits can be duplicated.** We would request that the town would keep our wellness benefit in place, this is a richer benefit and wouldn't add any additional cost. We have quoted 2 additional plans and the summaries are attached.

D. All employees must be "actively at work" on the effective date. Covered dependents must be performing their normal duties. Any exceptions to this need to be reviewed and accepted by the Plan's Stop Loss carrier (insurance company). In addition, all numbers will be finalized upon receipt of updated information on any larger, ongoing claims.

E. The town would become a member of the MIT's Health Benefits Trust. As such, renewal rates would be provided for each twelve (12) month period – beginning July 1, 2020.

Services

- **Administration of your Medical Plan.**
- **COBRA & HIPAA** and **Legislative Compliance** (including ACA) related services.
- Access to all **MedCost network** providers in **North Carolina and Virginia (VHN)** as well as out of area providers (throughout the United States) through American Healthcare Alliance (AHA).
- Access to up to **$10K in wellness grants** each fiscal year.
- Access to Naturally Slim weight loss program and Trestle Tree tobacco cessation program at no additional cost.
- **Health Management Programs** to include **Inpatient Utilization Management**, **Personal Care Management**, **SmartStarts (Maternity Management), Case Management**, and a **Chronic Disease** Education program!
- **Reporting** - includes both standard **Monthly** and **Quarterly** reports as well as numerous ad hoc reports.
- Meetings with the town (and your employees) and broker of choice as needed.

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Contribution Levels / Rates

For the period 7-1-18 through 6-30-20, the following rates would apply:

Coverage Category	Rate Current Plan	Rate Med 500	Rate Med 700	Rate Med 1000
Employee Only (Single) (28)	$469	$480	$467	$456
Employee + Spouse (4)	$1,027	$1,051	$1,034	$999
Employee + Child(ren) (17)	$891	$912	$887	$866
Family (6)	$1,463	$1,498	$1,457	$1,423
Annual Premium with Current Enrollment	$493,740	$505,226	$491,706	$480,770

MIT Program Advantages

In summary, the MIT program offers the following advantages for **The Town of Beech Mountain:**

1. **The program** has served its members **(local governments only)** for over 30 years!
2. **Insurance company involvement is kept to a minimum** – thereby reducing both the cost/ "premiums" and the bureaucracy inherent to this.
3. **The decision making body** of the program consists of a **Board of Trustees** comprised of local government people – Administrators, Managers, Clerks, Finance Directors, Human Resources Professionals, and Elected Officials! **They represent you – not the insurance industry**!
4. **In conjunction with broker of your choice, the town will receive top notch Advice and Consultation.** The MIT Board selects the **actuarial** consultants, the Plan's **auditors**, and provides overall assistance in your Plan's operations. **Excess Risk** (Stop Loss) protection, **network** options, **quality administration / service** – all of these pieces are in place for your Plan.
5. **The town can select from a variety of Medical Plans** (level of benefits) – or you can maintain the **current Plan**.
6. The program's **pharmacy component** is currently managed by **Optum RX** as the Pharmacy Benefit Manager (PBM).

MIT Program Advantages (continued)

7. **The "fixed cost" of administering your Plan is typically reduced** due to the MIT's cooperative purchasing power. These economies of scale simply mean that **of each dollar you and your employees pay in, more is left from which claims can be paid and reserves maintained.**
8. **Service!** The kind and the quality of which you and your staff can be proud!

Conclusion

Thank you for your interest in the **MIT Health Benefit Trust's** program. We look forward to the possibility of being of service to The **Town of Beech Mountain**.

TUCKER ADMINISTRATORS, INC.
STOP LOSS ANALYSIS REPORT

COMPANY: Town of Beech Mountain
ADDRESS: 403 Beech Mtn. Pkwy Beech Mtn., NC 28604
CONTACT/TITLE: Tim Holloman
PHONE NUMBER: 828-387-4236
FAX NUMBER: 828-387-4862

NUMBER OF INSURED:	
Single	27
EE+SP	4
EE+CH	18
FAMILY	6
TOTAL	55

NATURE OF BUSINESS: **Municipality**
PROPOSED EFFECTIVE DATE: **07012019**
PROPOSED EXPIRATION DATE: **06302020**

BENEFIT SCHEDULE	**RBP**	**RBP**	**RBP**	**RBP**	**RBP**
DEDUCTIBLE	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
COINSURANCE	**80%**	**80%**	**80%**	**80%**	**80%**
MAXIMUM OUT OF POCKET	**2000 PPO / 2000 non PPO**	**2000 PPO / 2000 non PPO**	**2000 PPO / 2000 non PPO**	**2000 PPO / 2000 non PPO**	**2000 PPO / 2000 non PPO**
UTILIZATION REVIEW	**REQUIRED**	**REQUIRED**	**REQUIRED**	**REQUIRED**	**REQUIRED**
SUPPLEMENTAL ACCIDENT	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
ANNUAL MAXIMUM	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**
DENTAL	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
PRESCRIPTION DRUG CARD	**10/35/50**	**10/35/50**	**10/35/50**	**10/35/50**	**10/35/50**
OFFICE VISIT COPAYS	**80%**	**80%**	**80%**	**80%**	**80%**
		Preliminary Quote	**Preliminary Quote**	**Preliminary Quote**	**Preliminary Quote**
	Sirius	**Sirius**	**Sirius**	**American National**	**American National**
STOP LOSS	**Current**	**Renewal**	**Renewal**	**Renewal**	**Renewal**
SPECIFIC DEDUCTIBLE	**45,000**	**45,000**	**55,000**	**35,000**	**45,000**
MAXIMUM INDEMNITY	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
BENEFITS TO BE COVERED	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx
TYPE OF CONTRACT	**12/15**	**12/15**	**12/15**	**12/15**	**12/15**
AGGREGATE DEDUCTIBLE	**358,280.88**	**565,941.60**	**581,651.88**	**460,881.60**	**490,102.56**
RUN-IN LIMIT	N/A	N/A	N/A	N/A	N/A
MAXIMUM INDEMNITY	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
BENEFITS TO BE COVERED	Medical and Rx	Medical, RX	Medical, RX	Medical, RX	Medical, RX
TYPE OF CONTRACT	**12/15**	**12/15**	**12/15**	**12/15**	**12/15**
REQUIREMENTS	**Standard Requirements**	**Standard Requirements**	**Standard Requirements**	**Standard Requirements**	**Standard Requirements**

MONTHLY PER EMPLOYEE	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam
SPECIFIC PREMIUM	120.11	263.04	228.21	374.74	113.46	248.48	215.58	354.00	101.64	222.59	193.12	317.11	143.77	286.40	253.47	430.17	120.31	239.66	212.10	359.96
AGGREGATE PREMIUM	14.96	14.96	14.96	14.96	17.42	17.42	17.42	17.42	17.90	17.90	17.90	17.90	12.95	12.95	12.95	12.95	16.44	16.44	16.44	16.44
PROVIDER NETWORK	3.00	3.00	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UTILIZATION REVIEW	1.40	1.40	1.40	1.40	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55
ACA/SBC ADMINISTRATION FEE***	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50
ADMINISTRATION FEE	41.79	41.79	41.79	41.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79
LOCAL SERVICE FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MINIMUM COST	187.76	330.69	295.86	442.39	183.72	318.74	285.84	424.26	172.38	293.33	263.86	387.85	209.56	352.19	319.26	495.96	189.59	308.94	281.38	429.24
AGG DEDUCT FACTORS	336.68	737.33	639.69	1,050.44	531.82	1,164.69	1,010.46	1,659.27	546.59	1,197.02	1,038.50	1,705.33	453.70	903.74	799.85	1,357.44	482.46	961.05	850.57	1,443.50
MAXIMUM COST	524.44	1,068.02	935.55	1,492.83	715.54	1,483.43	1,296.30	2,083.53	718.97	1,490.35	1,302.36	2,093.18	663.26	1,255.93	1,119.11	1,853.40	672.05	1,269.99	1,131.95	1,872.74
ANNUAL COSTS																				
SPECIFIC PREMIUM	127,816.20				120,741.36				108,161.52				146,050.44				122,214.84			
AGGREGATE PREMIUM	9,873.60				11,497.20				11,814.00				8,547.00				10,850.40			
PROVIDER NETWORK	1,980.00				0.00				0.00				0.00				0.00			
UTILIZATION REVIEW	924.00				1,023.00				1,023.00				1,023.00				1,023.00			
ACA/SBC ADMINISTRATION FEE***	4,290.00				4,290.00				4,290.00				4,290.00				4,290.00			
ADMINISTRATION FEE	27,581.40				29,561.40				29,561.40				29,561.40				29,561.40			
LOCAL SERVICE FEE	0.00				0.00				0.00				0.00				0.00			
MINIMUM COST	172,465.20				167,112.96				154,849.92				189,471.84				167,939.64			
AGGREGATE DEDUCTIBLE	358,280.88				565,941.60				581,651.88				460,881.60				490,102.56			
MAXIMUM COST	530,746.08				733,054.56				736,501.80				650,353.44				658,042.20			

Fixed Costs	**172,465.20**	**167,112.96**	**154,849.92**	**189,471.84**	**167,939.64**
Max Costs	**530,746.08**	**733,054.56**	**736,501.80**	**650,353.44**	**658,042.20**
Percent of Change		**38.12%**	**38.77%**	**22.54%**	**23.98%**
Fixed Costs		**167,112.96**	**154,849.92**	**189,471.84**	**167,939.64**
Expected Claims Costs.		**452753.28**	**465321.504**	**368705.28**	**392082.048**
Total		**619,866.24**	**620,171.42**	**558,177.12**	**560,021.69**

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TUCKER ADMINISTRATORS, INC.
STOP LOSS ANALYSIS REPORT

COMPANY: Town of Beech Mountain
ADDRESS: 403 Beech Mtn. Pkwy Beech Mtn., NC 28604
CONTACT/TITLE: Tim Holloman
PHONE NUMBER: 828-387-4236
FAX NUMBER: 828-387-4862

NUMBER OF INSURED:
Single 27
EE+SP 4
EE+CH 18
FAMILY 6
TOTAL 55

NATURE OF BUSINESS: Municipality
PROPOSED EFFECTIVE DATE:
PROPOSED EXPIRATION DATE:

BENEFIT SCHEDULE	RBP	RBP	RBP	RBP	RBP
DEDUCTIBLE	N/A	N/A	N/A	N/A	N/A
COINSURANCE	80%	80%	80%	80%	80%
MAXIMUM OUT OF POCKET	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO
UTILIZATION REVIEW	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED
SUPPLEMENTAL ACCIDENT	N/A	N/A	N/A	N/A	N/A
ANNUAL MAXIMUM	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
DENTAL	N/A	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG CARD	10/35/50	10/35/50	10/35/50	10/35/50	10/35/50
OFFICE VISIT COPAYS	80%	80%	80%	80%	80%
		Preliminary Quote	Preliminary Quote	Preliminary Quote	Preliminary Quote
	Sirius	**Gerber**	**Zurich**	**Zurich**	**ANTX**
STOP LOSS	**Current**	**Renewal**	**Renewal**	**Renewal**	**Renewal**
SPECIFIC DEDUCTIBLE	**35,000**	**45,000**	**35,000**	**45,000**	**35,000**
MAXIMUM INDEMNITY	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
BENEFITS TO BE COVERED	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx
TYPE OF CONTRACT	12/18	12/15	12/15	12/15	12/15
AGGREGATE DEDUCTIBLE	**358,280.88**	**493,032.96**	**517,572.24**	**527,335.80**	**623,985.48**
RUN-IN LIMIT	N/A	N/A	N/A	N/A	N/A
MAXIMUM INDEMNITY	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
BENEFITS TO BE COVERED	Medical and Rx	Medical, RX	Medical, RX	Medical, RX	Medical, RX
TYPE OF CONTRACT	12/18	12/15	12/15	12/15	12/15
REQUIREMENTS	Standard Requirements	Standard Requirements	Standard Requirements	Standard Requirements	Standard Requirements

MONTHLY PER EMPLOYEE	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam
SPECIFIC PREMIUM	120.11	263.04	228.21	374.74	137.37	269.94	243.43	369.36	131.41	255.71	227.02	381.02	117.15	227.30	201.87	338.33	139.06	270.43	240.11	402.86
AGGREGATE PREMIUM	14.96	14.96	14.96	14.96	15.35	15.35	15.35	15.35	14.97	14.97	14.97	14.97	18.25	18.25	18.25	18.25	17.22	17.22	17.22	17.22
PROVIDER NETWORK	3.00	3.00	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UTILIZATION REVIEW	1.40	1.40	1.40	1.40	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55
ACA/SBC ADMINISTRATION FEE***	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50
ADMINISTRATION FEE	41.79	41.79	41.79	41.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79
LOCAL SERVICE FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MINIMUM COST	187.76	330.69	295.86	442.39	205.56	338.13	311.62	437.55	199.22	323.52	294.83	448.83	188.24	298.39	272.96	409.42	209.12	340.49	310.17	472.92
AGG DEDUCT FACTORS	336.68	737.33	639.69	1,050.44	489.70	979.41	881.47	1,346.68	509.50	1,014.92	898.24	1,524.42	519.11	1,034.06	915.19	1,553.17	614.25	1,223.58	1,082.93	1,837.83
MAXIMUM COST	524.44	1,068.02	935.55	1,492.83	695.26	1,317.54	1,193.09	1,784.23	708.72	1,338.44	1,193.07	1,973.25	707.35	1,332.45	1,188.15	1,962.59	823.37	1,564.07	1,393.10	2,310.75
ANNUAL COSTS																				
SPECIFIC PREMIUM	127,816.20				136,639.80				131,320.68				116,830.68				138,905.76			
AGGREGATE PREMIUM	9,873.60				10,131.00				9,880.20				12,045.00				11,365.20			
PROVIDER NETWORK	1,980.00				0.00				0.00				0.00				0.00			
UTILIZATION REVIEW	924.00				1,023.00				1,023.00				1,023.00				1,023.00			
ACA/SBC ADMINISTRATION FEE***	4,290.00				4,290.00				4,290.00				4,290.00				4,290.00			
ADMINISTRATION FEE	27,581.40				29,561.40				29,561.40				29,561.40				29,561.40			
LOCAL SERVICE FEE	0.00				0.00				0.00				0.00				0.00			
MINIMUM COST	172,465.20				181,645.20				176,075.28				163,750.08				185,145.36			
AGGREGATE DEDUCTIBLE	358,280.88				493,032.96				517,572.24				527,335.80				623,985.48			
MAXIMUM COST	530,746.08				674,678.16				693,647.52				691,085.88				809,130.84			

Fixed Costs	**172,465.20**	**181,645.20**	**176,075.28**	**163,750.08**	**185,145.36**
Max Costs	**530,746.08**	**674,678.16**	**693,647.52**	**691,085.88**	**809,130.84**
Percent of Change		**27.12%**	**30.69%**	**30.21%**	**52.45%**
Fixed Costs		**181,645.20**	**176,075.28**	**163,750.08**	**185,145.36**
Expected Claims Costs.		**394426.368**	**414057.792**	**421868.64**	**499188.384**
Total		**576,071.57**	**590,133.07**	**585,618.72**	**684,333.74**

4/5/2019
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TUCKER ADMINISTRATORS, INC.
STOP LOSS ANALYSIS REPORT

COMPANY: Town of Beech Mountain
ADDRESS: 403 Beech Mtn. Pkwy Beech Mtn., NC 28604
CONTACT/TITLE: Tim Holloman
PHONE NUMBER: 828-387-4236
FAX NUMBER: 828-387-4862

NUMBER OF INSURED:
Single 27
EE+SP 4
EE+CH 18
FAMILY 6
TOTAL 55

NATURE OF BUSINESS: Municipality
PROPOSED EFFECTIVE DATE:
PROPOSED EXPIRATION DATE:

BENEFIT SCHEDULE	RBP	RBP	RBP	RBP	RBP
DEDUCTIBLE	N/A	N/A	N/A	N/A	N/A
COINSURANCE	80%	80%	80%	80%	80%
MAXIMUM OUT OF POCKET	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO
UTILIZATION REVIEW	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED
SUPPLEMENTAL ACCIDENT	N/A	N/A	N/A	N/A	N/A
ANNUAL MAXIMUM	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
DENTAL	N/A	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG CARD	10/35/50	10/35/50	10/35/50	10/35/50	10/35/50
OFFICE VISIT COPAYS	80%	80%	80%	80%	80%
		Preliminary Quote	Preliminary Quote	Preliminary Quote	Preliminary Quote
	Sirius	American Fidelity	Companion (MM)	Companion (IOA)	Companion (IOA)
STOP LOSS	Current	Renewal	Renewal	Renewal	Renewal
SPECIFIC DEDUCTIBLE	35,000	45,000	45,000	45,000	50,000
MAXIMUM INDEMNITY	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
BENEFITS TO BE COVERED	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx
TYPE OF CONTRACT	12/18	12/15	12/15	12/15	12/15
AGGREGATE DEDUCTIBLE	358,280.88	547,266.84	543,233.52	544,649.64	545,913.36
RUN-IN LIMIT	N/A	N/A	N/A	N/A	N/A
MAXIMUM INDEMNITY	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
BENEFITS TO BE COVERED	Medical and Rx	Medical, RX	Medical, RX	Medical, RX	Medical, RX
TYPE OF CONTRACT	12/18	12/15	12/15	12/15	12/15
REQUIREMENTS	Standard Requirements	Standard Requirements	Standard Requirements	Standard Requirements	Standard Requirements

MONTHLY PER EMPLOYEE	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam
SPECIFIC PREMIUM	120.11	263.04	228.21	374.74	156.96	312.67	276.72	469.63	143.69	286.23	253.32	429.92	181.83	356.74	316.37	533.07	170.44	334.05	296.28	498.98
AGGREGATE PREMIUM	14.96	14.96	14.96	14.96	18.26	18.26	18.26	18.26	12.00	12.00	12.00	12.00	11.56	11.56	11.56	11.56	11.57	11.57	11.57	11.57
PROVIDER NETWORK	3.00	3.00	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UTILIZATION REVIEW	1.40	1.40	1.40	1.40	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55	1.55
ACA/SBC ADMINISTRATION FEE***	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50
ADMINISTRATION FEE	41.79	41.79	41.79	41.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79
LOCAL SERVICE FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MINIMUM COST	187.76	330.69	295.86	442.39	228.06	383.77	347.82	540.73	208.53	351.07	318.16	494.76	246.23	421.14	380.77	597.47	234.85	398.46	360.69	563.39
AGG DEDUCT FACTORS	336.68	737.33	639.69	1,050.44	538.73	1,073.15	949.78	1,611.87	534.76	1,065.24	942.78	1,599.99	536.15	1,068.02	945.24	1,604.17	537.40	1,070.49	947.43	1,607.88
MAXIMUM COST	524.44	1,068.02	935.55	1,492.83	766.79	1,456.92	1,297.60	2,152.60	743.29	1,416.31	1,260.94	2,094.75	782.38	1,489.16	1,326.01	2,201.64	772.25	1,468.95	1,308.12	2,171.27
ANNUAL COSTS																				
SPECIFIC PREMIUM	127,816.20				159,448.08				145,965.96				182,753.40				171,180.00			
AGGREGATE PREMIUM	9,873.60				12,051.60				7,920.00				7,629.60				7,636.20			
PROVIDER NETWORK	1,980.00				0.00				0.00				0.00				0.00			
UTILIZATION REVIEW	924.00				1,023.00				1,023.00				1,023.00				1,023.00			
ACA/SBC ADMINISTRATION FEE***	4,290.00				4,290.00				4,290.00				4,290.00				4,290.00			
ADMINISTRATION FEE	27,581.40				29,561.40				29,561.40				29,561.40				29,561.40			
LOCAL SERVICE FEE	0.00				0.00				0.00				0.00				0.00			
MINIMUM COST	172,465.20				206,374.08				188,760.36				225,257.40				213,690.60			
AGGREGATE DEDUCTIBLE	358,280.88				547,266.84				543,233.52				544,649.64				545,913.36			
MAXIMUM COST	530,746.08				753,640.92				731,993.88				769,907.04				759,603.96			

Fixed Costs	**172,465.20**	**206,374.08**	**188,760.36**	**225,257.40**	**213,690.60**
Max Costs	**530,746.08**	**753,640.92**	**731,993.88**	**769,907.04**	**759,603.96**
Percent of Change		**42.00%**	**37.92%**	**45.06%**	**43.12%**
Fixed Costs		**206,374.08**	**188,760.36**	**225,257.40**	**213,690.60**
Expected Claims Costs.		**437813.472**	**434586.816**	**435719.712**	**436730.688**
Total		**644,187.55**	**623,347.18**	**660,977.11**	**650,421.29**

4/5/2019
12:58 PM

TUCKER ADMINISTRATORS, INC.
STOP LOSS ANALYSIS REPORT

COMPANY: Town of Beech Mountain
ADDRESS: 403 Beech Mtn. Pkwy Beech Mtn., NC 28604
CONTACT/TITLE: Tim Holloman
PHONE NUMBER: 828-387-4236
FAX NUMBER: 828-387-4862

NUMBER OF INSURED:
Single 27
EE+SP 4
EE+CH 18
FAMILY 6
TOTAL 55

NATURE OF BUSINESS: Municipality
PROPOSED EFFECTIVE DATE:
PROPOSED EXPIRATION DATE:

BENEFIT SCHEDULE	RBP	RBP	RBP	RBP	RBP
DEDUCTIBLE	N/A	N/A	N/A	N/A	N/A
COINSURANCE	80%	80%	80%	80%	80%
MAXIMUM OUT OF POCKET	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO	2000 PPO / 2000 non PPO
UTILIZATION REVIEW	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED
SUPPLEMENTAL ACCIDENT	N/A	N/A	N/A	N/A	N/A
ANNUAL MAXIMUM	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
DENTAL	N/A	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG CARD	10/35/50	10/35/50	10/35/50	10/35/50	10/35/50
OFFICE VISIT COPAYS	80%	80%	80%	80%	80%
		Preliminary Quote	Preliminary Quote	Preliminary Quote	Preliminary Quote
	Sirius				
STOP LOSS	Current	Renewal	Renewal	Renewal	Renewal
SPECIFIC DEDUCTIBLE	35,000	35,000	45,000	35,000	45,000
MAXIMUM INDEMNITY	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
BENEFITS TO BE COVERED	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx
TYPE OF CONTRACT	12/18	12/15	12/15	12/18	12/18
AGGREGATE DEDUCTIBLE	358,280.88	0.00	0.00	0.00	0.00
RUN-IN LIMIT	N/A	N/A	N/A	N/A	N/A
MAXIMUM INDEMNITY	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
BENEFITS TO BE COVERED	Medical and Rx	Medical, RX	Medical, RX	Medical, RX	Medical, RX
TYPE OF CONTRACT	12/18	12/15	12/15	12/18	12/18
REQUIREMENTS	Standard Requirements	Standard Requirements	Standard Requirements	Standard Requirements	Standard Requirements

MONTHLY PER EMPLOYEE	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam	SINGLE	EE+SP	EE+CH	EE+fam
SPECIFIC PREMIUM	120.11	263.04	228.21	374.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AGGREGATE PREMIUM	14.96	14.96	14.96	14.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PROVIDER NETWORK	3.00	3.00	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UTILIZATION REVIEW	1.40	1.40	1.40	1.40	1.55	1.55	1.55	1.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ACA/SBC ADMINISTRATION FEE***	6.50	6.50	6.50	6.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADMINISTRATION FEE	41.79	41.79	41.79	41.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOCAL SERVICE FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MINIMUM COST	187.76	330.69	295.86	442.39	1.55	1.55	1.55	1.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AGG DEDUCT FACTORS	336.68	737.33	639.69	1,050.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MAXIMUM COST	524.44	1,068.02	935.55	1,492.83	1.55	1.55	1.55	1.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ANNUAL COSTS																				
SPECIFIC PREMIUM	127,816.20				0.00				0.00				0.00				0.00			
AGGREGATE PREMIUM	9,873.60				0.00				0.00				0.00				0.00			
PROVIDER NETWORK	1,980.00				0.00				0.00				0.00				0.00			
UTILIZATION REVIEW	924.00				1,023.00				0.00				0.00				0.00			
ACA/SBC ADMINISTRATION FEE***	4,290.00				0.00				0.00				0.00				0.00			
ADMINISTRATION FEE	27,581.40				0.00				0.00				0.00				0.00			
LOCAL SERVICE FEE	0.00				0.00				0.00				0.00				0.00			
MINIMUM COST	172,465.20				1,023.00				0.00				0.00				0.00			
AGGREGATE DEDUCTIBLE	358,280.88				0.00				0.00				0.00				0.00			
MAXIMUM COST	530,746.08				1,023.00				0.00				0.00				0.00			

Fixed Costs	**172,465.20**	**1,023.00**	**0.00**	**0.00**	**0.00**
Max Costs	**530,746.08**	**1,023.00**	**0.00**	**0.00**	**0.00**
Percent of Change		**-99.81%**	**-100.00%**	**-100.00%**	**-100.00%**
Fixed Costs		**1,023.00**	**0.00**	**0.00**	**0.00**
Expected Claims Costs.		**0**	**0**	**0**	**0**
Total		**1,023.00**	**0.00**	**0.00**	**0.00**

4/5/2019
12:58 PM

		TUCKER RENEWAL	MED 700	DIFFERENCE	
		86% Lowest Plan			
EMPLOYEE ONLY	28	453	467	14	4704
EMPLOYEE SPOUSE	4	903	1034	131	524
EMPLOYEE CHILDREN	17	800	887	87	17748
EMPLOYEE FAMILY	6	1357	1457	100	7200
					30176

		MAX COST	MED 700	DIFFERENCE	
EMPLOYEE ONLY	28	663	467	196	65856
EMPLOYEE SPOUSE	4	1255	1034	221	884
EMPLOYEE CHILDREN	17	1119	887	232	47328
EMPLOYEE FAMILY	6	1853	1457	396	28512
					142580

2018 Plan Cost	679072
Med 700	491706
	187366

EMPLOYEE MONTHLY COST

E	0	0	0
ES	65	3120	6240
EC	49	9996	19992
EF	117	8424	16848
		21540	43080

COUNCIL ACTION ITEM

TO: Mayor and Town Council

FROM: Tamara Mercer

DATE: April 9, 2019

SUBJECT: Health Insurance additional plan

FOR THE PURPOSE OF:
Health Insurance broker administering the NC League of Municipalities Plan. This full service broker would administer customer service; managing all benefits, utilizing an employee navigator and wellness programs as well as HR support for compliance with Affordable Care Act documents. Total approximate cost $12,000.

SIGNATURES:

Town Manager

Town Clerk

Prepared for:	Town of Beech Mountain
Prepared by:	Liz Shive & Beth Parrott
Effective Date:	7/1/2019

Parrott INSURANCE & BENEFITS

Purpose	**To outline the service package to support the Town of Beech Mountain when enrolled a League of Municipalities plan. This proposal does not apply to BCBSNC or other carrier plans as this service package is included in total premium.**
Cost	**$18.25 PEPM**
Strategy	
	Represent the interests and objectives of the Town of Beech Mountain through an annual plan and renewal review. Benchmark medical plan and contribution levels against what's available in the market.
	Meet with leadership to establish plan goals and objectives that direct benefit strategy.
	Conduct online employee survey to identify areas for improving benefit communication or execution.
	Create custom reports and present plan utilization projections to predict probability of premium savings on various options.
	Facilitate the management of all plans including distribution and negotiation of RFPs.
	Review claims data to identify the most prevalent chronic diseases in population. Develop and support scalable wellness platform based on goals and budget.
Service	
	Customer service account manager available to Human Resources and all employees and their families Serve as client advocate Serve as one point of communication of the management of all benefits Process all new hires and terminations along with claims support Support employees and their families in fostering a culture of wellness and loyalty Drive engagement in comprehensive program identified by company goals
Technology	
Employee Navigator	Set up and train HR users and employees on online platform. Platform includes two integrated vantage points: 1. Human Resources Information System (HRIS) dashboard to improve communication, organize employee data, modernize employee management. 2. Personal employee portals to offer intuitive benefit enrollment, distribution of compliance materials, access to benefit information online.
Compliance	
ACA Compliance support	Generate and send 1094-C reports with full pre-transmission auditing. Calculate affordability & monthly FTE.
Compliance documents	Create and facilitate the distribution of all compliance documents.
Communication	
Employee Benefit Meetings	Facilitate onsite open enrollment meetings for employees during renewal period. Make enrollment meetings available online as needed.
Printed materials	Develop and distribute company benefit summaries with custom content.

COUNCIL ACTION ITEM

TO: Town Council

FROM: Robert Heaton

DATE: April 9, 2019

SUBJECT: Bear Mess Report to Date

FOR THE PURPOSE OF:
Informational report on the fines that have been processed due to bear mess through March of 2019.

SUPPORTING DOCUMENTS:
Bear Mess Summary

SIGNATURES:

Town Manager **Town Clerk**

As of 3-19-19

The following properties have received fines for trash clean up.

Address	# of Offences		# of Offences
260 Greenbiar Rd	1	118 Pond Creek Rd	1
105 Grassy Gap Loop Rd	1	904 Pine Ridge Rd	1
136 Lower Grouse Ridge Rd	1	210 Northridge Lane	1
314 St.Andrews Rd	1	115 North Pinnacle Ridge Rd	1
103 Bobcat Lane	1	209 Lake Rd	1
111 Hoot Owl Lane	1	176 Hornbeam Rd	1
111 Heather Lane	1	1012 Charter Hills Rd	1
256 Greenbriar Lane	2	407 Charter Hills Rd	1
118 Village Cluster	4	135 Charter Hills Rd	1
146 Pond Creek Rd	1	123 Beechwood Lane	1
151 Pond Creek Rd	3	230 Birchwood	1
106 Grassy Gap Loop	1	131 Lower Grouse Ridge Rd	1
207 Lake Rd	1	Cedar Village A building	1
104 Thistle Lane	1	Klonteska bldg E	1
104 Grassy Gap Loop	2	105 Lower Snowbird	1
128 Skiway Circle	3	118 Woodand Rd	1
419 Charter Hills Rd	1	128 Greenbriar	1
132 West Pond Creek Rd	1	42 Charter Hills Rd	1
202 Charter Hills Rd	1	109 Dogwood Lane	1
998 Beech Mountain Parkway	1	207 Dogwood Ln	1
135 Village Cluster Rd	1	217 Dogwood Ln	1
1070 Charter Hills	2	112 Fairway Dr	1
170 Chesnut Way Rd	1	101 Oz Circle	1
130 Skiloft Rd	1	829 Pine Ridge Rd	1
113 Skiview Ln	1	901 Pine Ridge Rd	1
117 Slopeside Rd	1	466 St.Andrews	1
149 Pond Creek Rd	1	116 Tamarack	1
212 Spring Branch Rd	1	1046 Upper Charter Hills Rd	1
115 Slopeside	1	101 Village Cluster Rd	1
131 Lower Grouse Ridge Rd	1	126 Village Cluster Rd	1
206 Spring Branch Rd	1	140 Village Cluster Rd	1
128 West Pond Creed	1	135 Village Cluster Rd	1
192 Wild Daisy Ln	1		
Total of Written Offences	75		

REPORT

TO: Town Council

FROM: Robert Pudney

DATE: April 9, 2019

SUBJECT: Fire Department Monthly Report

FOR THE PURPOSE OF:
Fire Department Monthly Report

SIGNATURES:

Town Manager **Town Clerk**

BEECH MOUNTAIN FIRE DEPARTMENT
Monthly Report
March 31, 2019

EVENT	THIS PERIOD	SAME PERIOD LAST YEAR	FISCAL YTD
FIRE CALLS	6	5	65
MEDICAL CALLS	1	2	74
FIRE SAFETY INSPECTIONS	3	1	12
PUBLIC EDUCATION	0	0	3
FIRE HYDRANT INSPECTIONS	0	0	1
TRAINING HOURS	223.5	482	2070
MEETINGS	7	6	69

COMMENTS:

Membership Recruitment Program.

Addressing Project Underway

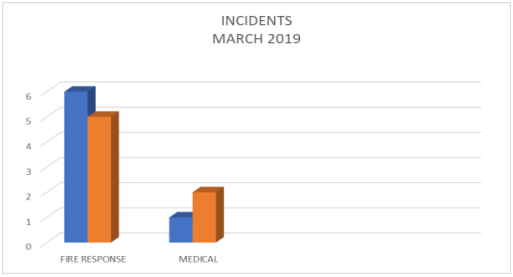
Town Budget

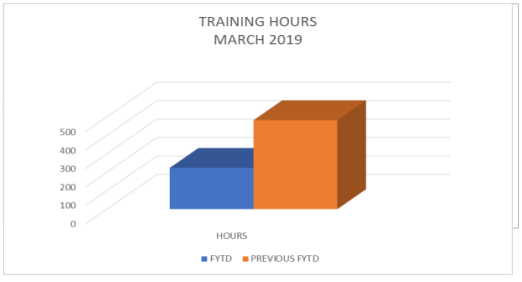
Goals Next Period:

Equipment Maintenance

Spring Training

Fire Hydrant Testing





REPORT

TO: Mayor and Town Council

FROM: Kate Gavenus

DATE: April 9, 2019

SUBJECT: TDA Report

FOR THE PURPOSE OF:
This report gives an overview of the marketing that has been done for the Town of Beech Mountain, occupancy tax collections for the period, and comparisons of visitors and tax receipts for February for 2011-2019.

SIGNATURES:

Town Manager

Town Clerk

Report to Town Council

April 2019

PR/Marketing:

The Pineapple PR agency worked with us this year to increase the number of overnight visitors to Beech Mountain. They made pitches on our behalf to various media outlets, and we got several new placements, in addition to our tried-and-true media partners. We used media influencers for the first time, which generated some good results, mostly among twenty-and-thirtysomethings. We also conducted media tours which brought numerous new people to the mountain and generated good coverage for ski season. We plan to begin summer media tours in June. Digital marketing included google ads, Facebook ads and integrated social media campaigns. We also used print ads and billboards in select markets.

As we plan for 2019-20, we will focus on a different type of influencer (for winter, we used mostly lifestyle and sports/fitness-focused influencers) with more of a travel focus and a slightly older target audience. We will work to continue the great coverage we've received already this year, such as coverage in Southern Living, Go Carolinas, Atlanta Journal Constitution, Charleston Living, Queen City Nerve, Southwest Georgia Living Magazine, Brewbound, Boom! Magazine, News 95 Atlanta, High Country Press, Our State Magazine, Carolina Mountain Life, High Country Magazine, and WNC Magazine.

Current marketing focuses on the upcoming mud run, "Hike and Wine" and "Bike and Brew" packages, and the new Club Sampler package.

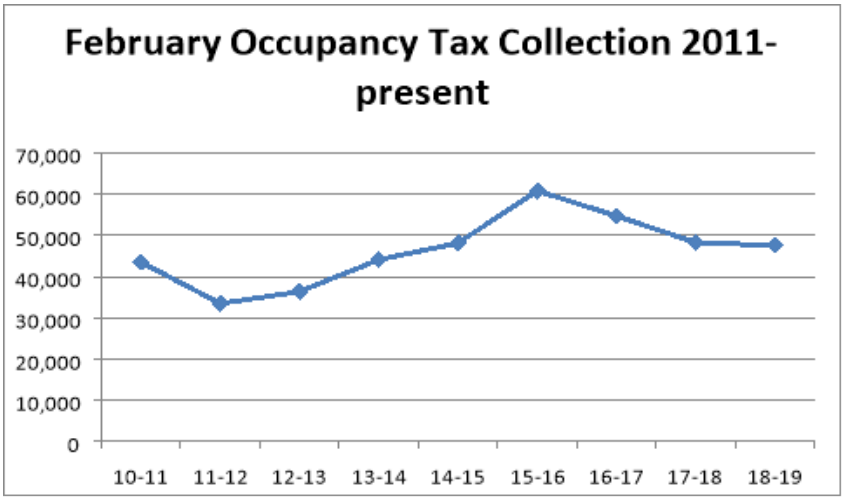
Some good articles featuring Beech Mountain can be found here:

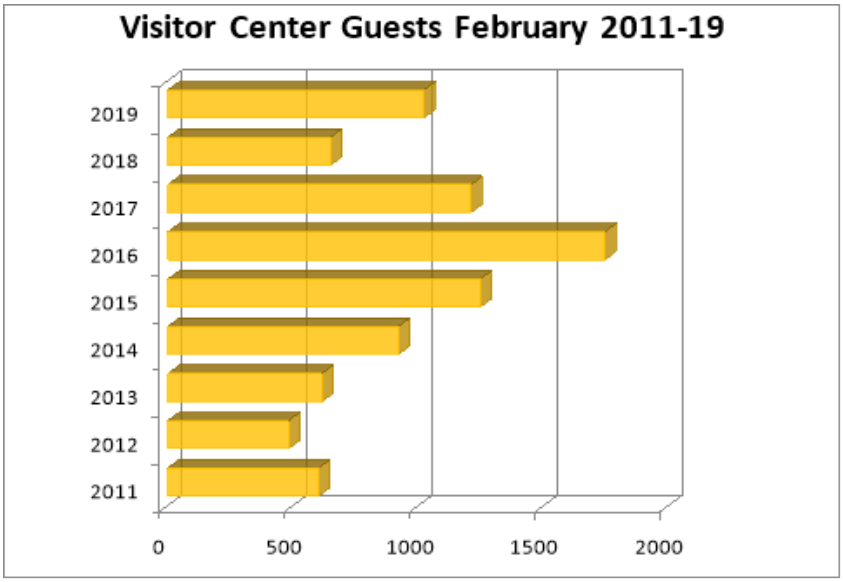
WJHL features the Land of Oz, and the new schedule for 2019, in this piece: https://www.wjhl.com/news/national/land-of-oz-in-beech-mountain-expanding-dates-this-year/1890951555

Patch.com also carries a Land of Oz article: https://patch.com/north-carolina/charlotte/land-oz-2019-season-announced-tickets-go-sale-friday

Results

Total Occupancy Tax Collections for February 2011-2019 for the Town of Beech Mountain





The graph above depicts Town of Beech Mountain Occupancy Tax Receipts for the month of February 2011-2019.

Occupancy Tax received for February 2019 totals $ 47,595, which is 1.42% less than the $ 48,280 received in the same period last year.

To the left are February Visitor Center Counts for the month of February 2011-2019.

REPORT

TO: Mayor and Town Council

FROM: Sean Royall

DATE: April 9, 2019

SUBJECT: March Parks and Recreation report

FOR THE PURPOSE OF:
Parks and Recreation March Facility and Program report

SIGNATURES:

Town Manager **Town Clerk**

March Recreation Report

Facility Report

Finance Report

Total Monthly Revenue	$ 4,131.80

Check-In Report

Member Visits	342
Non-Member Visits	208

Membership Report

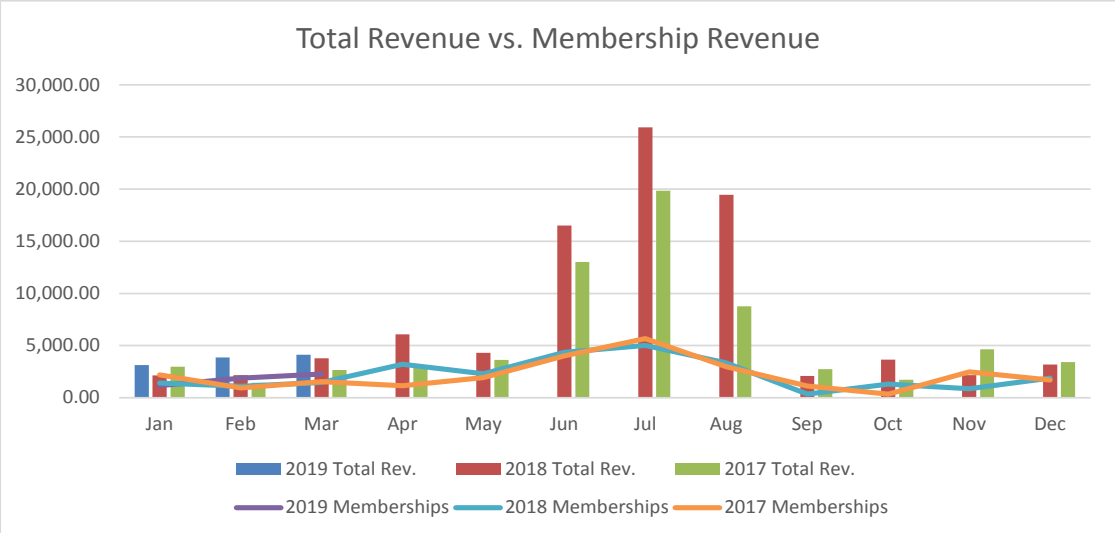
Total Memberships - $2,275.00 (Details attached)

Family Annual $1,575.00		
Active	*Passes Expired (not renewed)*	*Passes sold*
122	4	10

Individual Annual $650.00		
Active	*Passes Expired (not renewed)*	*Passes sold*
105	5	7

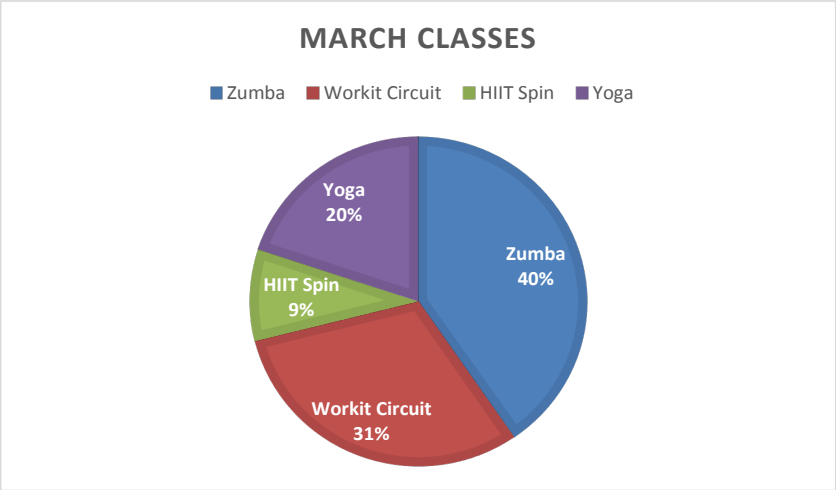
Week Passes - $50.00	
Family	*Individual*
1	1

Renewal Letters and Emails	
Past Due	*Expiring*
9 family, 6 individual	11 family, 12 individual



Fitness Report

Participants:



Class/Number of classes offered in the month/ Number of participants

Zumba	12	63 participants
Work-it Circuit	12	48 participants
HIIT Spin	7	14 participants
Yoga	7	31 participants

Director's Notes:

1. Eight new memberships
2. LED lights are done
3. Landing zone approach construction started
4. Weight room automatic door repaired

Respectfully Submitted,

Sean Royall
Parks and Recreation Director
Town of Beech Mountain
April 1, 2019

Detailed Revenue Totals

PROGRAM REGISTRATIONS

$1,190.00

MEMBERSHIPS

$2,275.00
*2 online

Facility Reservation
$0.00

POS
$666.80

TOTAL MONTHLY REVENUE
$4,131.80

Programs

2019 Summer Camp
$370.00

Holiday Market
$120.00

In Cold Mud
$100.00

Summer Camp Scholarship
$600.00

Memberships

Family Annual Pass
$1,575.00

Individual Annual Pass
$650.00

Family Week Pass
$30.00

Individual Week Pass
$20.00

POS

Binoculars
$14.05

Daily Use (Non Member Check-in)
$624.00

Fitness Class
$5.00

Trail Map
$8.00

General Donation
$15.00

Print/ Fax Copies
$0.75

REPORT

TO: Town Council

FROM: Robert Heaton

DATE: April 9, 2019

SUBJECT: Department of Infrastructure Reports

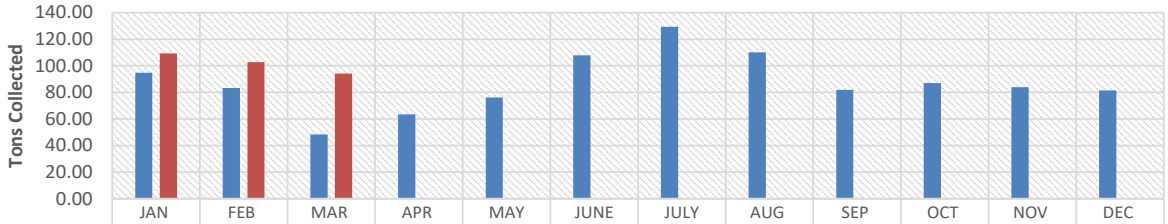
FOR THE PURPOSE OF:
Monthly Public Works, Sanitation, Water, Sewer, and Bear Mess.

ATTACHED FOR YOUR CONSIDERATION:
March 2019 PWD, Feb Utility, Bear Mess Summary

SIGNATURES:

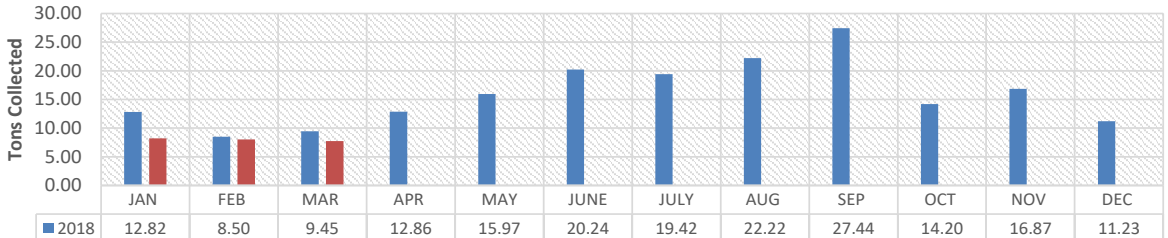
Town Manager **Town Clerk**

Solid Waste



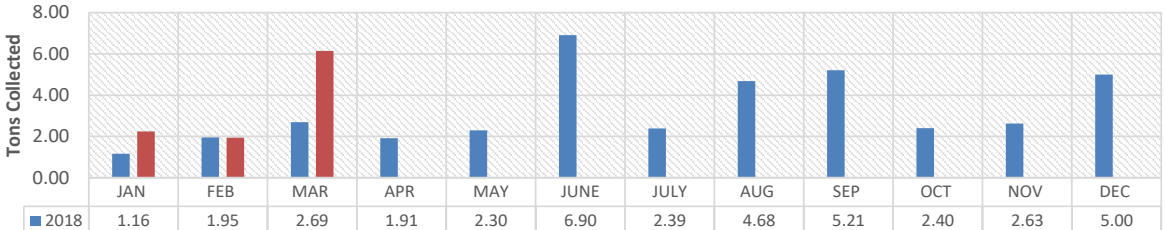
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	94.70	83.37	48.34	63.45	76.17	107.85	129.38	110.16	81.79	86.93	83.98	81.37
2019	109.38	102.76	94.19									

Construction Material



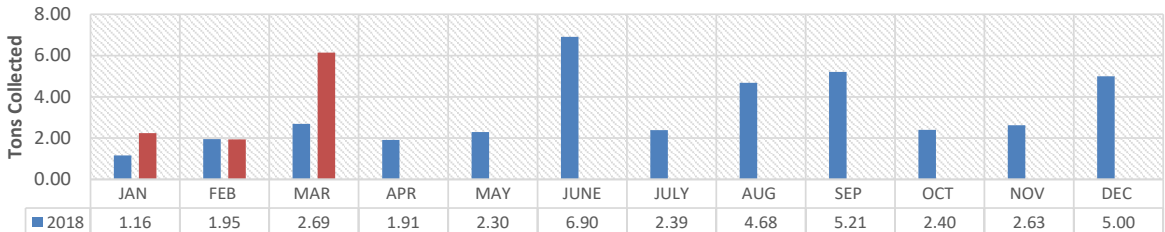
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	12.82	8.50	9.45	12.86	15.97	20.24	19.42	22.22	27.44	14.20	16.87	11.23
2019	8.23	8.02	7.74									

Recycled Metal



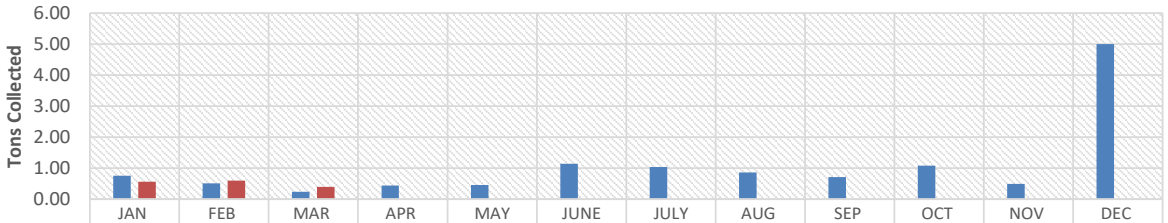
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	1.16	1.95	2.69	1.91	2.30	6.90	2.39	4.68	5.21	2.40	2.63	5.00
2019	2.24	1.94	6.14									

Recycled Paper



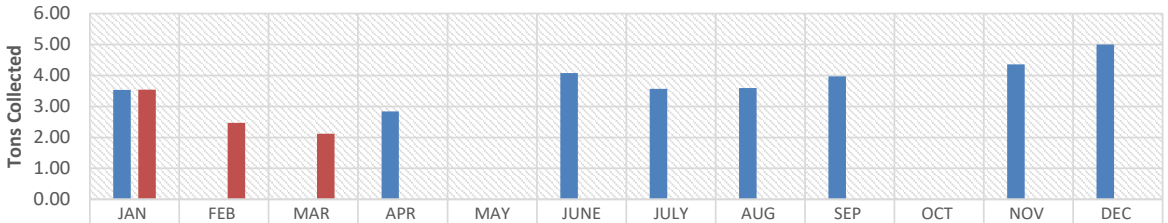
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	1.16	1.95	2.69	1.91	2.30	6.90	2.39	4.68	5.21	2.40	2.63	5.00
2019	2.24	1.94	6.14									

Recycled Plastic



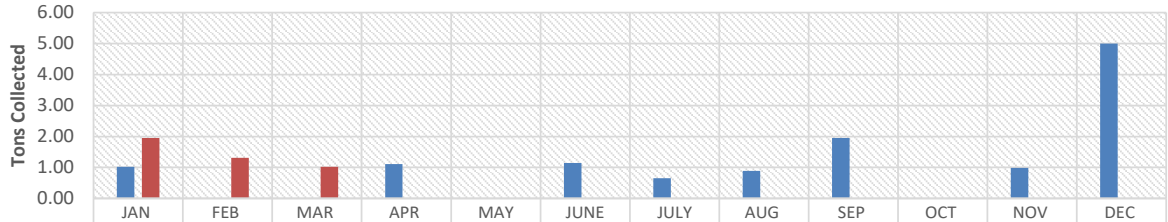
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	0.76	0.51	0.24	0.44	0.46	1.14	1.04	0.86	0.71	1.08	0.49	5.00
2019	0.56	0.60	0.40									

Recycled Glass



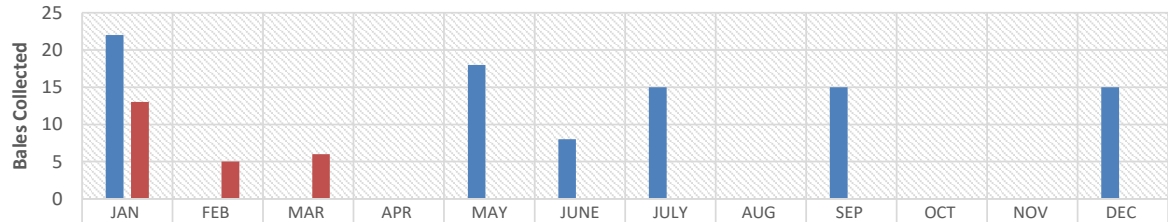
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	3.53	0.00	0.00	2.84	0.00	4.08	3.57	3.59	3.97	0.00	4.36	5.00
2019	3.54	2.47	2.12									

Recycled Aluminum

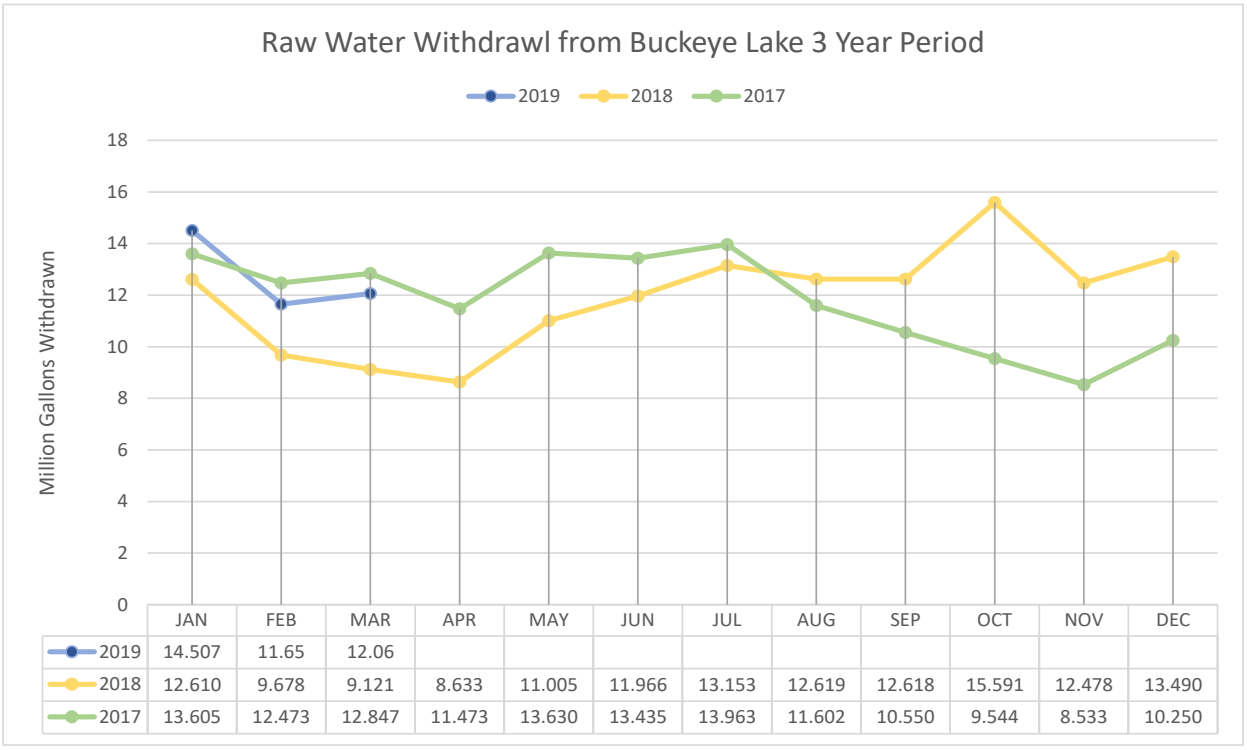


	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	1.02	0.00	0.00	1.11	0.00	1.14	0.65	0.89	1.95	0.00	0.99	5.00
2019	1.95	1.31	1.02									

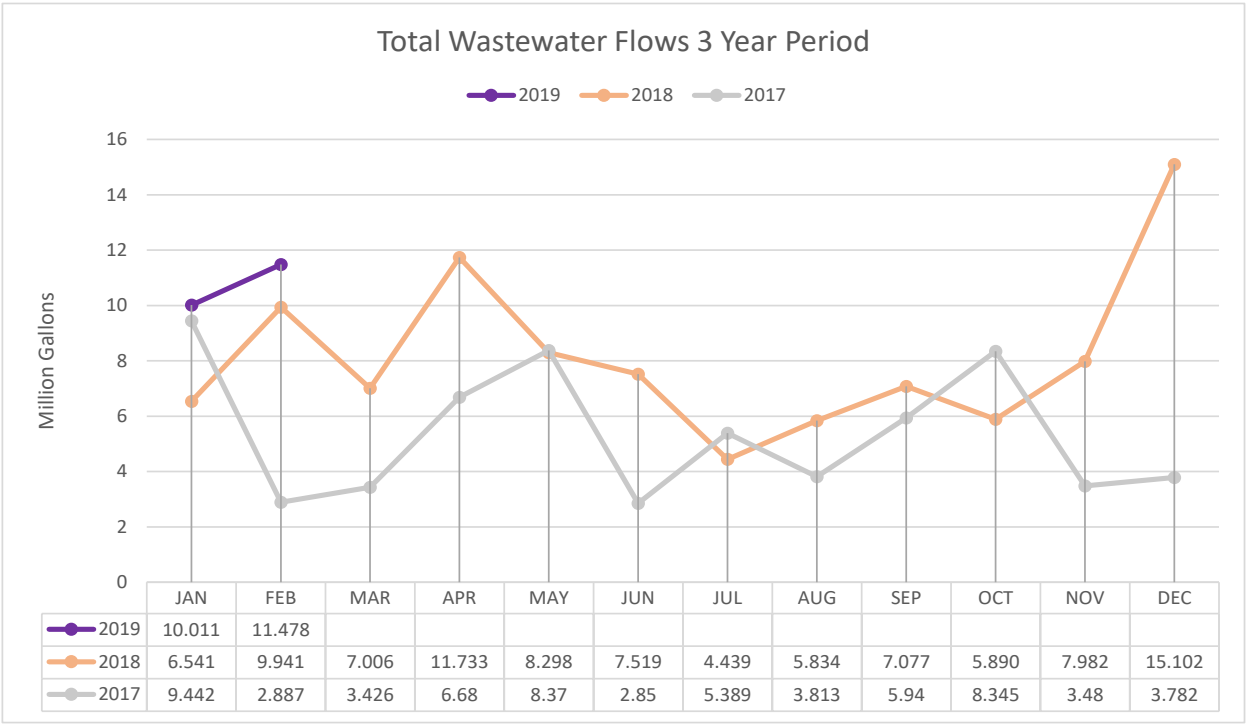
Recycled Cardboard



	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2018	22	0	0	0	18	8	15	0	15	0	0	15
2019	13	5	6									



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2019	14.507	11.65	12.06									
2018	12.610	9.678	9.121	8.633	11.005	11.966	13.153	12.619	12.618	15.591	12.478	13.490
2017	13.605	12.473	12.847	11.473	13.630	13.435	13.963	11.602	10.550	9.544	8.533	10.250



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2019	10.011	11.478										
2018	6.541	9.941	7.006	11.733	8.298	7.519	4.439	5.834	7.077	5.890	7.982	15.102
2017	9.442	2.887	3.426	6.68	8.37	2.85	5.389	3.813	5.94	8.345	3.48	3.782

As of 3-19-19

The following properties have received fines for trash clean up.

Address	# of Offences		# of Offences
260 Greenbiar Rd	1	118 Pond Creek Rd	1
105 Grassy Gap Loop Rd	1	904 Pine Ridge Rd	1
136 Lower Grouse Ridge Rd	1	210 Northridge Lane	1
314 St.Andrews Rd	1	115 North Pinnacle Ridge Rd	1
103 Bobcat Lane	1	209 Lake Rd	1
111 Hoot Owl Lane	1	176 Hornbeam Rd	1
111 Heather Lane	1	1012 Charter Hills Rd	1
256 Greenbriar Lane	2	407 Charter Hills Rd	1
118 Village Cluster	4	135 Charter Hills Rd	1
146 Pond Creek Rd	1	123 Beechwood Lane	1
151 Pond Creek Rd	3	230 Birchwood	1
106 Grassy Gap Loop	1	131 Lower Grouse Ridge Rd	1
207 Lake Rd	1	Cedar Village A building	1
104 Thistle Lane	1	Klonteska bldg E	1
104 Grassy Gap Loop	2	105 Lower Snowbird	1
128 Skiway Circle	3	118 Woodand Rd	1
419 Charter Hills Rd	1	128 Greenbriar	1
132 West Pond Creek Rd	1	42 Charter Hills Rd	1
202 Charter Hills Rd	1	109 Dogwood Lane	1
998 Beech Mountain Parkway	1	207 Dogwood Ln	1
135 Village Cluster Rd	1	217 Dogwood Ln	1
1070 Charter Hills	2	112 Fairway Dr	1
170 Chesnut Way Rd	1	101 Oz Circle	1
130 Skiloft Rd	1	829 Pine Ridge Rd	1
113 Skiview Ln	1	901 Pine Ridge Rd	1
117 Slopeside Rd	1	466 St.Andrews	1
149 Pond Creek Rd	1	116 Tamarack	1
212 Spring Branch Rd	1	1046 Upper Charter Hills Rd	1
115 Slopeside	1	101 Village Cluster Rd	1
131 Lower Grouse Ridge Rd	1	126 Village Cluster Rd	1
206 Spring Branch Rd	1	140 Village Cluster Rd	1
128 West Pond Creed	1	135 Village Cluster Rd	1
192 Wild Daisy Ln	1		
Total of Written Offences	75		

REPORT

TO: Mayor and Town Council

FROM: Tim Barnett

DATE: April 9, 2019

SUBJECT: Activity Yearly Summary Totals/BMPD

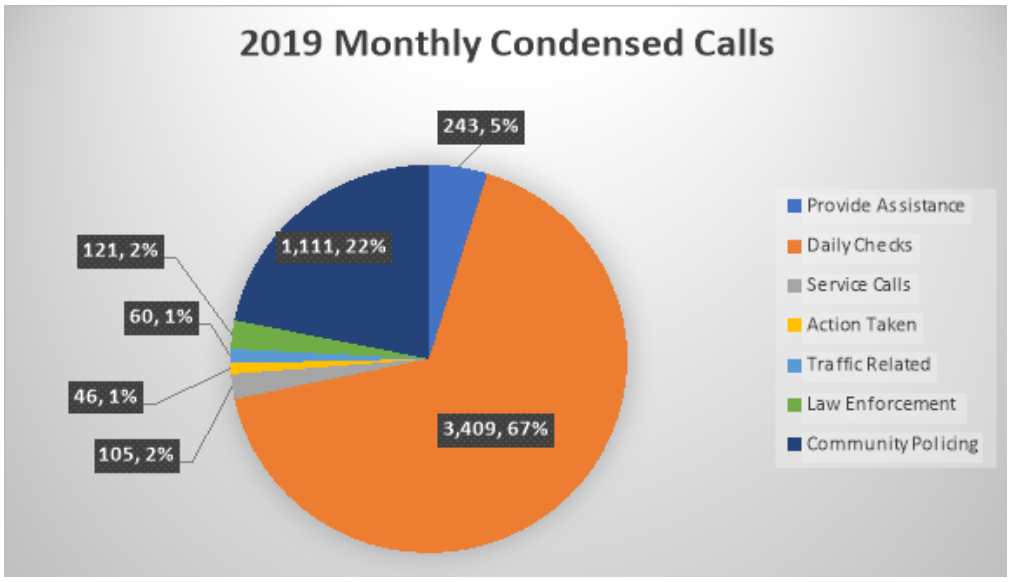
SIGNATURES:

Town Manager

Town Clerk

Activity Log Yearly Summary Totals
Beech Mountain Police Department
January 1, 2019 through March 31, 2019

Call Type	*2018*	*2019*	*Call Type*	*2018*	*2019*
Provide Assistance			**Traffic Related**		
Assist Fire Department	4	6	Driving While Impaired	1	2
Assist Investigation	0	0	Improper Parking	19	30
Assist Other Agency	15	19	Stationary/Directed Patrol	10	8
Assist Town Dept/Business	4	1	Traffic Control	1	0
Assist Home Owner	19	15	Vehicle Accidents	18	8
Assist Motorist	156	60	Vehicle Stops	12	12
Assist Other Officer	16	48			
Escort	147	89	**Law Enforcement Calls**		
Medical Calls	9	5	911 Hang Ups	5	13
			Alarms	34	29
Daily Checks			Breaking & Entering	2	6
Business Checks	2,758	2,833	Domestic Complaints	5	6
Care Track Test	8	32	Fight	2	1
Security Checks	257	438	Fire Works Violations	0	1
Residence Checks	201	94	Fraud	1	1
Welfare Check	10	12	Hit & Run	0	1
			Intoxicated/Drunk & Disruptive	1	5
Service Calls			Investigation	10	9
Animal Control Domestic/Wildlife	15	11	Larceny	5	7
Calls For Service	55	59	Mental Subject	0	0
Deliver Letter/Message	6	16	Missing Person	1	1
Found Property	0	0	Noise Disturbance/Loud Music	5	7
Other	0	0	Open Door/Open Window	6	6
Recreation/Town Deposit	18	19	Prowler	4	0
			Shots Fired/Sound of Shots Fired	1	1
Action Taken			Ski Pass Violation	0	0
Court	10	6	Suspicious Vehicle	0	12
Felony Arrest	0	0	Trespassing	13	10
Misdemeanor Arrest	1	3	Vandalism	2	5
State Citations	12	13			
Town Ordinance Violations	0	2	**Community Policing**		
Verbal Warning	10	7	Community Policing Contacts	936	1,108
Warning Citations	0	11	Community Events	1	3
Warrant Service	2	4			
2018 Event Totals: 4,847			***2019 Event Totals:*** 5,119		


2019 Monthly Condensed Calls
243, 5%
1,111, 22%
121, 2%
60, 1%
46, 1%
105, 2%
3,409, 67%
Provide Assistance
Daily Checks
Service Calls
Action Taken
Traffic Related
Law Enforcement
Community Policing

REPORT

TO:	Town Council
FROM:	Preston Yates
DATE:	April 9, 2019
SUBJECT:	Planning and Inspections Monthly Report 2019-03

SIGNATURES:

Town Manager **Town Clerk**

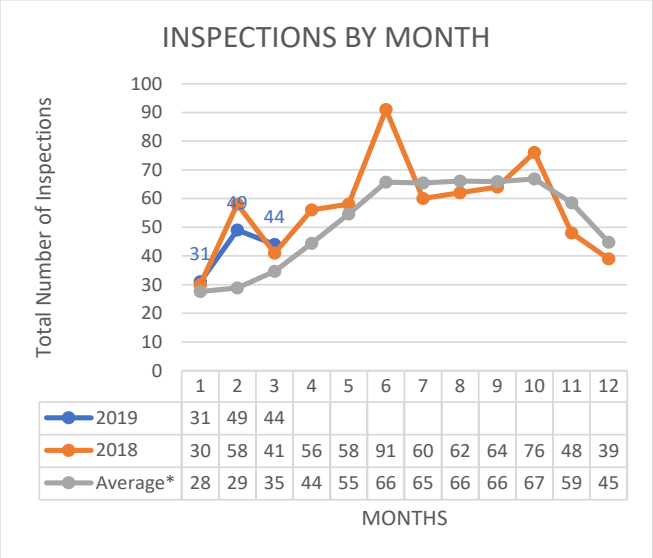
TOWN OF BEECH MOUNTAIN
Monthly Report
Department of Building Inspections
March-2019

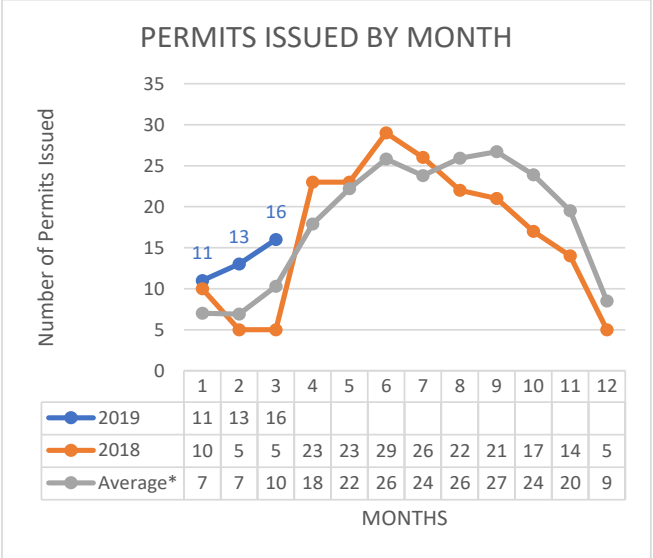
1. Number of Inspections

	This Month	Last Month	Same Month Last Year	This Fiscal Year to Date	Last Fiscal Year to Date	Calendar Year to Date
Building	17	21	14	235	168	54
Electrical	5	7	9	75	53	20
Plumbing	7	4	8	44	46	14
Htg/Air &Misc.	15	17	10	119	63	36

2. Permits Issued

No. Issued	16	13	5	145	145	40
Value	$ 115,987	$ 84,385	$ 105,322	$ 1,976,558	$ 1,704,493	$ 300,572
Permit Fees	$ 4,449.30	$ 1,041.80	$ 3,109.00	$ 23,943.64	$ 29,265.45	$ 6,918.74



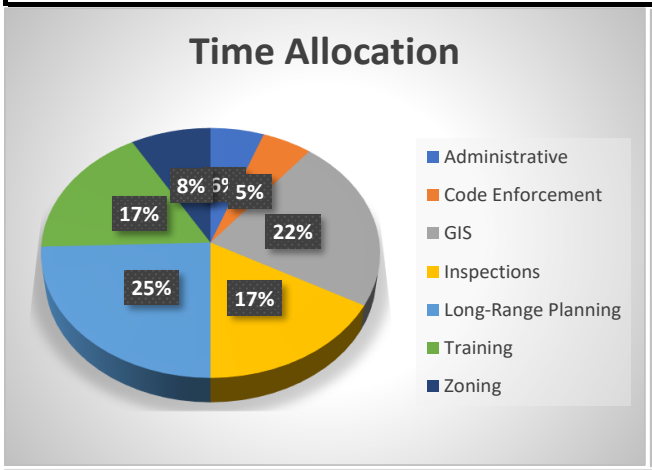


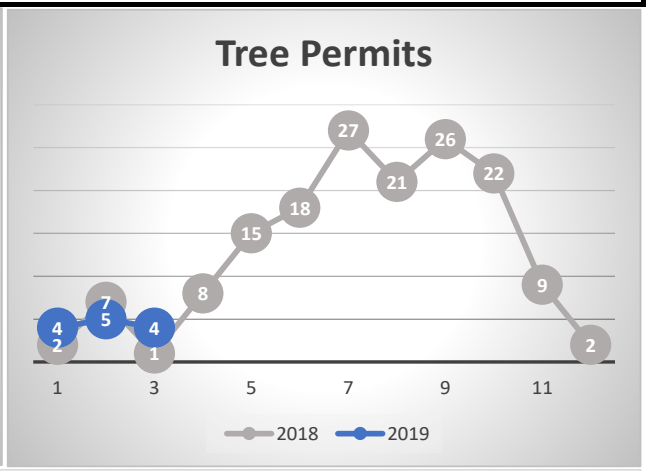
*NOTE: Average Inspections and Permits are calculated based on a running average since April 2009

3. Nature of Building Permits

# of Permits	Type	Address	Total Fees	Valuation	New Bldgs FY to Date	New Bldgs Last FY
	New Single Family				0	0
	New Multi-Family				0	0
	New Commercial				0	0
16	Other	Various	4,449.30	115,987.00		
16			4,449.30	115,987.00		

TOWN OF BEECH MOUNTAIN
PLANNING AND ZONING MONTHLY REPORT
March-2019





Summary and Highlights

Long-Range Planning:

Finalizing survey analysis and incorporating into plan goals and policies
Updating and finalizing individual chapters for inclusion into the plan

Training:

Attended Law and Administration for Building Officials course

GIS:

Updating and amending zoning GIS layer for adoption as official zoning map
Oz Road paving map and letters mailed

Special Events:

Received special event permits for Journey with Dorothy and two Autumn at Oz events