

JUNE BIRTHDAYS

Cathrine Thorley	1
Haven Stiles	2
Dawn Morgan	3
Travis Chastain	4
Cody Golden	4
Sam Myers	5
Dylan VanDyne	6
Daphne Dockery	7
David Ricks	7
Nick Perslin	8
Blaine Barnett	9
Avis Hicks	9
David Johnson	9
Richard Newton	11
Kendric McDonald	12
Megan Stiles	12
Maria Hass	14
Tory Shivers	15
Brittany Rowland	16
Will Sergent	17
Andrew Stancel	18
Harry Burgess	19
Hope McCoy	19
Nadine Allen	20
Christopher Hamby	20
Mandy Taylor (EMS)	22
Art Koser	23
Emmett Thompson	25
Trevor Peterson	26
Anissa Orr	27
Dusty Stalcup	27
Karen Ellis	28
Sean Myers	28
Teresa Collins	30
Ricky Rogers	30
Ages 21 to 84	
Commissioner Board Meet-	

<u>ings</u> May 26, budget 6:00 pm June 7, 6:30 pm June 28, 6:30 pm

> Being challenged in life is inevitable, being defeated is optional.

Employee Newsletter JUNE 2020 1stDAY OF SUMMER & FATHER'S DAY, JUNE 20—FLAG DAY JUNE 14



NEW HEALTH PLAN ADMINISTRATOR

Everyone will need to know where their current health insurance card for Crescent is so that it (or they if you have multiples) may be turned in on June 30th so we may issue a new card (or cards) for our new health insurance plan administrator, Trustmark. While the County is self-insured, we have a third party administrator (TPA) that processes claims, does pre-certification and those types of things. Your benefits, with the exception of the deductible rebate, will remain the same as they have been in the past, but we will now use the CIGNA network instead of the Crescent Network and Trustmark will be the TPA instead of Crescent. More information will follow in June as I get it.

I will have new ID cards for everybody by the end of June and you need to turn in your Crescent cards and pick up your new Trustmark cards. Crescent will continue to administer our dental plan and we will be receiving "dental only" cards from Crescent and those will be available at the end of June, as well. SO-NA will continue to be our pharmacy provider so that piece won't change and SONA will continue to handle our disease management, as well.

If you would like to have your EOB's (explanations of benefits) emailed instead of snail mailed, if you will send me the email you would like those sent, I'll add your email to the census spreadsheet before I send it to Trustmark. I need those emails by Friday, May 28th, please.

You will need to provide your new ID card to any healthcare provider you see after July 1st so that the correct company will be billed for your medical claims. Providers have six months to bill Crescent for any services that were provided prior to June 30th. If your provider is usually behind on billing for your visits, you might want to remind them in the next month or so that they will need to get all your claims filed. Most providers bill within a week or so of visits, but not all.

> A word of encouragement during a failure is worth more than an hour of praise after success.

Congratulations to Tory Shivers who is retiring July 1 after 18 years of service with the County. And he's a new Dad on top of that! Best of luck to you and your family! Tory!

Is there something you would like to see in the newsletter? Please email Melody at melody.johnson@cherokeecounty-nc.gov with any suggestions. Thanks.

FLEX PLAN REMINDER

If you were enrolled in the flexible spending account last year and wish to participate again this year, or if you are wishing to enroll for the first time, <u>you must complete a new FSA enrollment form</u>. We are switching to Flores for the plan year beginning July 1st and if you have any unused balance on June 30th, we will have those balances from TASC rolled over to Flores. To say our customer service has been lacking with TASC this year is an understatement, and I apologize for the problems so many of you had experienced. This is the only benefit in which you must re-enroll on an annual basis. Deductions don't start until July 9th and cover medical, vision, prescription and dental expenses incurred from July 1st, 2021 to June 30, 2022 for you, your spouse and dependent children, regardless of whether you cover them on health or dental insurance. The annual limit for 2021 is \$2750.

If you have not been an employee for a year, this benefit is not yet available to you. You have to wait until you've been employed for a year before you may enroll.

The cards we receive are pre-loaded with your annual contribution amount that may be used beginning July 1st. You **do have to submit copies of receipts** for some expenses, so you need to be aware of that and keep on top of those as they occur. Receipts must show the service provided, the date of service and the amount of the service. We should not have to submit receipts for office visits because the system is set up to recognize our office visit and pharmacy co-pays.

The deadline for returning the Flores flex enrollment forms to me is June 17th, so if you wish to participate, you need to do so by then.

June 3 Deadline

The deadline to make changes to your medical, dental, vision coverage and The Hartford life insurance policies is June 3rd. Medical and dental changes are made on the medical-dental change form, vision changes are made on the vision form and The Hartford changes are made on one of the life forms. If you are adding medical, dental or vision, you also need to complete a cafeteria plan form Those may be returned either in a hard copy or you may scan and email them to me. If you don't wish to change anything other than FLEX you don't need to do any of the forms.

June 17 Deadline

In addition to being the deadline to return flexible spending account forms, it is also the deadline to make any changes or additions to any of the AFLAC policies or Liberty National Life Insurance. If you need contact information for Josh Fields with AFLAC or Kenny West with Liberty, let me know.

JUST AN FYI

This is the last month of the deductible year for dental, medical and the last month in the plan year for vision insurance. The deductible year starts over on July 1 for everything except AFLAC products which are on a calendar year basis. Keep this in mind as you plan any medical or dental procedures.

Also if you have the vision benefit and haven't used it, try to at least have an eye exam before June 30. If you don't need new glasses or contacts, you may use the \$130 eye wear allowance toward a pair of sun glasses purchased at an optical center. **They must be purchased at an optical center**.



Elder Abuse Awareness Walk **Tuesday- June 15, 2021**

6:00 pm - 7:00 pm (*Registration starts at 5:30 pm)



Location: Konchete Pack (Beside Pool + Wellness Center And - Valley River Park in Andrews (Next to NCDOT) For more information call: Peggy Graham 828.837-2467

RETIREMENT STATEMENTS

Retirement statements are now available at www.MyNCRetirement.com for anyone who had 12 months of service as of December 31, 2020. Click on MARS (My Annual Retirement Statement) which is the first thing on the page you will see. If you have never logged in before, you will need to create a user name and password. If you have previously logged in, you will use the same user name and password you established when you created your account. There is a forgot your password and forgot your user name link at the left of the page if you have forgotten your information. When you scroll down the page and click on View My annual retirement statement, it brings up a link to download the 2020 statement. This brings up a two page document that shows your estimated retirement benefit if you're vested and who your beneficiary is. There is a link in that document that says "Click Here to view account history, years of service and contribution history." When I click on that link, it logs me out and takes me back to the ORBIT login page. I meant to try this from home and see if it did the same thing before I finished the newsletter, but I never got around to it. I hope it will work for you.



It's the job of a manager not to light the fire of motivation, but to create an environment to let each person's personal spark of motivation blaze.





FAMILY MEDICAL LEAVE

The following page contains a copy of the Family Medical leave poster that you should find hanging somewhere in your department. I have done more FMLA forms and letters in the past year than I have in probably the last five combined. And I can assure you, it is not because I WANT to send the forms...if you will read the section under employer responsibilities, the law doesn't say the employer may if it wants to or may choose to...it says the employer MUST notify an employee when the employer learns that the employee has leave that gualifies under one of the conditions on the poster. And it really doesn't matter if you use vacation or sick time, if you have or don't have leave, or whether you wish to use family medical leave, the event that causes you to miss work for more than three days for your own serious health condition or for a family member's serious health condition is what triggers the need for the employer to send you FMLA paperwork to have completed and returned.

Even though it is the employee's responsibility to report the need for leave, what usually happens is that we get time sheets and I see somebody has missed for more than three days-I don't enter payroll every pay day, so I don't always catch these, but when I am aware of it, the law requires me to send notice and to designate the leave you have used toward your twelveweek yearly allotment. And I'll just be really honest, I HATE FMLA. I hate administering FMLA, I hate sending the forms out, I hate keeping up with the leave an employee uses, but the law REQUIRES me to do this. You can ask my co-workers how often I remind them how much I hate FMLA. Pretty often, folks get mad at me personally and must feel like I'm picking on them, but I promise, I'm not, so please, if you get a notice in the mail and you've missed more than three days, whether you've used vacation or sick time for the leave, take the notice to the healthcare provider who treated you or a family member and have them complete it and return to me. The law is actually designed to protect your job for the twelve weeks you're out and most of the time, it's not a big deal, especially when half the time you're back to work before I even learn you should have asked for the leave.

However, other times, an employee or a family member has something serious going on and ends up being out the full twelve weeks and sometimes then some. When an employee is out that long for their own illness, most of the time their medical claims may be pretty sizeable, and the company that covers our medical claims when they go over a certain amount asks for an accounting for the time an employee has been out in the preceding 12 months and they want to know that family medical leave has been applied. I actually have to pull a year of an employee's time sheets for those claims. If I have failed to designate the leave as family medical leave, I'm pretty sure they could deny reimbursing the county for claims paid on your behalf.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons: ENTITLEMENTS The birth of a child or placement of a child for adoption or foster care; ٠ To bond with a child (leave must be taken within one year of the child's birth or placement); . To care for the employee's spouse, child, or parent who has a qualifying serious health condition; For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job; For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child or parent An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness. An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule. Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies. While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. **BENEFITS &** PROTECTIONS Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions. An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA. ELIGIBILITY An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must: REQUIREMENTS Have worked for the employer for at least 12 months; Have at least 1,250 hours of service in the 12 months before taking leave;* and Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite. *Special "hours of service" requirements apply to airline flight crew employees. Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, REQUESTING an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures. LEAVE Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified. Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required. EMPLOYER Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and RESPONSIBILITIES responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility. Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave. Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit ENFORCEMENT against an employer. The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

U.S. Department of Labor | Wage and Hour Division

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- Submit your claim before 3 p.m. ET, Monday-Friday.

INFORMATION YOU MAY NEED TO FILE YOUR CLAIM

- Policy number
- Patient's name and date of birth
- Diagnosis
- Description of service
- Date(s) of service
- Name and address of service provider

TRACK THE STATUS OF YOUR CLAIM:

View your message center on the Aflac SmartClaim Mobile app or In MyAflac for updates on your Aflac SmartClaim submission.

For additional information, go to aflac.com/myresources.



¹⁴ all documentation is not available upon initial claim filing, you may upload the documents later by cloking "Upload Documents" on the mobile app or "MyGains" on desktop.
*"One Day Pay^{dav} is available for certain individual claims submitted online through the Affac SmartClaim[®] process. Claims may be eligible for One Day Pay processing if submitted online through Affac SmartClaim, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Affac SmartClaim is available for claims on most individual Acodent, Cancer, Hospital, Specified Health, and intensive Care polices. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and^o or research is required. Individual Company Statistic, 2018.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. 1992 Wymrion Road I Columbus, GA 31980. 2180356

