CITY OF RICHMOND
DEPARTMENT OF HUMAN RESOURCES

DATE: **October 14, 2022**

TO: **All Eligible City Retirees**

FROM: **Mona Adkins-Easley, Director of Human Resources**

SUBJECT: **RETIRED EMPLOYEES - Benefits Open Enrollment – Calendar Year 2023**

Open Enrollment for your benefits for calendar year 2023 is October 31, 2022 through November 18, 2022.

The City of Richmond strives to deliver a comprehensive, high-quality and affordable benefits program. This document provides information regarding our CIGNA medical, vision, and dental benefits. To ensure you have the information you need to make informed decisions, please read all communications regarding Open Enrollment and the City's benefits plans that are available to retirees.

Summary information as well as the most significant changes for the 2023 calendar year are as follows:

Dental Plan: There are no changes in the dental plan design or insurance coverage for 2023. There are also no premium rate increases for the Dental Plan. Rates will be the same as 2022.

Medical Plan: There are no changes in the medical plan design or the insurance coverage for 2023. However, there will be changes in the names of the two healthcare plans offered to retirees, and there will be an increase in premium rates.

- In 2023, the names of the two plan offerings will change.
    1. The High Deductible Plan will be Plan 1.
    2. The Classic Plan will be Plan 2.
- The medical trend rate is increasing in 2023. The trend rate is based on the historical actual claim usage as well as the projected usage in the coming year. The trend rate also includes the expectation for medical inflation. It is projected that medical services, like many other goods and services, will also see an above-average inflationary increase in 2023. These factors are pushing medical costs upward. This means, the premium rates will be increasing. You will find the 2023 premium rates included in this packet.
- Those who participated in the annual Health Assessment will receive an additional credit of $25 per month in City contributions. As in prior years, if you have a spouse on your healthcare plan with Cigna, BOTH the retiree and spouse must have completed the online Health Assessment during July to August 2022 to receive the lower rates for 2023. If only one completed the health assessment, you will not receive the lower rates for 2023.

- We encourage you to consider all options available to you as you make your decision for healthcare insurance in 2023. Generally, some of your choices are to:

    1) Elect the City's retiree medical insurance during Open Enrollment. Complete the enrollment form if you want to change to a different plan or you want to cancel coverage. You will find the enrollment form in this packet. Unless you are making a change, you do not need to complete the enrollment form.

    2) Review the City's two medical plans offered to eligible early retirees. Review the differences in each plan including the deductible, coinsurance, copays, medication coverage, out-of-pocket maximum, as well as the differences in premiums. The best plan is the one that best fits the needs of you and your covered dependents.

    3) Review and/or elect coverage with your new/current employer's medical plan (if applicable),

    4) Review and/or elect coverage with your working spouse's medical plan (if applicable),

    5) Review and/or elect coverage from the Federal Marketplace/Exchange, which can be accessed by going to the website for HealthCare.Gov.

        - If you need assistance with this choice, please contact Human Resources at 804-646-5660 or the Richmond Retirement Department at 804-646-5958 and we can connect you with an expert resource who can provide you with individual help.

        - HealthCare.Gov has several healthcare providers and plan designs. It does not hurt to compare premiums and you may find that you can purchase similar coverage in the Marketplace at a rate that would be more affordable than the City's early retiree premiums.

        - Note that Open Enrollment for HealthCare.gov runs from November 1 to January 15.

Employee Assistance Program (EAP):

Retirees who are on the City's health insurance plan will continue to have access to the Cigna Employee Assistance Program (EAP) at **no cost to you**. EAP personal advocates will work with you to resolve a number of issues you may be facing. The EAP includes unlimited telephonic consultations. If applicable, this program also includes up to 6 counseling sessions with a counselor in your area (an increase from the maximum of 5 counseling sessions in 2022). The EAP can be accessed 24 hours a day, 7 days a week, 365 days a year. You can reach the EAP by calling 1-877-622-4327 or by going to www.mycigna.com and entering your Employer ID: COR.

Other Important Information: Please read all communications regarding Open Enrollment and your plan options. If you have changes you wish to make for your 2023 medical or dental elections, please make those changes on the enrollment form enclosed. Note that your changes must be received by November 18, 2022. You can mail your form but please allow ample time for the postal service to deliver, as these documents must be received by November 18, 2022. The mailing address is:

City of Richmond
Attn: Human Resources Employee Benefits
900 East Broad Street, Suite 902
Richmond, Virginia 23219

If you have any Open Enrollment questions, please contact the HR Benefits Team at 804-646-5660 or the Richmond Retirement Team at 804-646-5958. The HR Benefits Team is available by phone from 8 a.m. to 5 p.m. You can also email questions to askhr@rva.com using the subject line "Open Enrollment". Because Open Enrollment ends on November 18th, please submit your questions promptly (preferably prior to November 16th) to ensure that we are able to answer you timely before Open Enrollment closes.

City of Richmond Retirees
Open Enrollment Dates: November 1 – November 18, 2022
Changes Effective January 1, 2023

What You Need to Know:

- **Retirees** can make benefit changes for medical and dental during the Open Enrollment period. All changes will be effective January 1, 2023.

- **Medical and Dental:** During the Open Enrollment period, you may enroll, decline, or make changes to your medical and dental plan elections. Your dependents who are currently enrolled may continue coverage if they do not have access to healthcare insurance coverage through their own employer. Retirees wishing to make changes will need to complete the enclosed paper enrollment form.

- You can learn more about Open Enrollment and your benefit plans by doing the following:

    1. Reading the enclosed documents.

    2. Contacting one of these representatives with your questions.

        - For the Richmond Retirement Department, call 804-646-5958.
        - For the Human Resources Benefits Team, call 804-646-5660, or email askhr@rva.gov using the subject line of "Open Enrollment".
        - During Open Enrollment, calls will be answered from 8 a.m. to 5 p.m., Monday-Friday, except for the following Holidays: November 8th *(PLEASE VOTE!)* and November 11th *(THANK YOU, VETERANS!)*.

    3. Be sure to check your email and the Richmond Retirement website frequently to ensure you have the most updated information.

- If you are mailing your enrollment form and/or other documentation, please allow ample time for the postal service to deliver your packet as these documents must be received by November 18, 2022. The mailing address for Human Resources is:

    City of Richmond
    Attn: Human Resources Employee Benefits - Suite 902
    900 East Broad Street
    Richmond, Virginia 23219

- **The deadline for this Open Enrollment period is Friday, November 18, 2022. Retirees making changes must have all documents delivered to the Retirement Department or the Human Resources Department before 5 p.m. on November 18, 2022.**

Health Care Programs - Overview

Cigna Medical Plan

Medical benefits are very important for almost everyone. Our goal is to continue offering the highest quality and most cost-effective health care coverage for our employees.

Cigna Healthcare will continue to be the City of Richmond's medical plan administrator in 2023. The City has two choices including one High Deductible plan.

Out-of-Network Benefits

In all of the plan options, you may receive care from providers outside of the provider network. However, the benefits you receive in the network will be paid at a higher level than those received out of the network.

You can visit Cigna's website for a complete listing of participating providers at **www.Cigna.com**. Enter your zip code to find a provider in your area.

Cigna Vision Plan

You automatically receive the vision coverage when you choose a medical plan with Cigna. Cigna Healthcare provides vision coverage which includes an annual routine eye exam benefit. The plan also offers coverage for eyewear, discounts for eyeglass lens upgrades and Lasik or PRK laser vision correction.

Cigna Telehealth Connection

Cigna provides access to telehealth services as part of your medical plan through **MDLIVE**. Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. Pre-registration on **MDLIVE** will give you access to a doctor to help with:

■ Sore throat ■ Fever ■ Rash ■ Headache ■ Cold and flu ■ Acne ■ Stomach ache ■ Allergies ■ UTIs ■ and more

Televisits with **MDLIVE** can be a cost-effective alternative to a convenience care clinic or urgent care center and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are not available for life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital. To pre-register, visit www.MDLIVEforCigna.com

Additional Medical Benefits

24/7 NurseLine

You have access to a nurse 24 hours a day. These Cigna nurses can help you by answering questions about health concerns. They can also help you to decide if emergency or urgent care is more appropriate if your doctor is not available. You can reach the NurseLine at the number on the back of your Cigna ID card (1-800-CIGNA24).

myCigna Mobile App

Cigna has a mobile app which can be downloaded to your phone to help make your life easier and healthier. You may use the mobile app to access the network provider directory, to view your ID card, to review claims, search formulary costs and pharmacy locations, and to view your HSA balance if you are enrolled in the Choice Fund Open Access Plus HSA plan.

Healthy Rewards

Cigna offers discounts on health products and programs you can use every day: weight management, fitness, vision and hearing care, and healthy lifestyle. Just use your ID card when you pay to receive the discounts. A complete list can be found at mycigna.com.

Convenience Care Clinic

Cigna offers the convenience of care by covering services for minor illnesses at various retail locations. These clinics can help with conditions such as: allergies, bronchitis, ear infections, pinkeye, and sinus infections.

Cigna Medical Plans - *This is only a summary of benefits. Please refer to your full description of benefits provided by Cigna for complete details. In the event of a discrepancy, the information provided by Cigna will determine how your benefits will be applied.*

In-Network Benefits	Plan 1 (High Deductible with HSA)	Plan 2
Annual Deductible *	Individual: $2,000 Family: $4,000	Individual: $750 Family: $1,500
Employer HSA Contribution	Individual: $750 Family: $1,250	N/A
Coinsurance	20%	20%
Out-of-Pocket Limit *	Individual: $4,000 Individual in a Family: $4,000 Family: $8,000	Individual: $4,000 Family: $8,000
Adult Preventive Exams and Tests	Covered in full by plan	Covered in full by plan
Mammogram, PAP, PSA Tests	Covered in full by plan	Covered in full by plan
Well Child Care	Covered in full by plan	Covered in full by plan
Inpatient Hospital	Deductible, then 20%	$500 copay per admission, Deductible, then 20%
PCP / Specialist Office Visit	Deductible, then 20%	$25 copay / $50 copay
Lab and X-ray	Deductible, then 20%	Doctor's Office: $25/$50 Independent Lab/Outpatient Facility: Deductible, then 20%
Advanced Imaging	Deductible, then 20%	Doctor's Office: Plan pays 100% after $25/$50 copay Outpatient Facility: Deductible, then 20%
Chiropractic Services (Medical Necessity Review)	Deductible, then 20% (Combined with Rehabilitation)	$25/$50 copay (30 days)
Short-term Rehabilitation (Physical, Speech, and Occupational Therapy)	Deductible, then 20% (Combined 90 days)	$25/$50 copay (Combined 60 days)
Maternity Care (Excluding IP Hospital)	Deductible, then 20%	Global Maternity Fee: Deductible, then 20% Office visits in addition to Global Fee: $25/$50 copay
Outpatient Surgery	Deductible, then 20%	$300 facility copay, Deductible, then 20%
Urgent Care	Deductible, then 20%	$50 copay (copay waived if admitted)
Emergency Room	Deductible, then 20%	$250 copay, then 20% (Copay waived if admitted)
Transgender-Related Services	Medically necessary care, behavioral health services, hormone replacement therapy, and gender reassignment surgery are covered services under the plans based on the type and place of service, including gender-affirming surgical procedures, hormone therapy, mental health care, and all related medical visits and laboratory services. Note that all applicable benefit limitations, precertification, and medical necessity criteria will still apply.	
Mental Health / Substance Use Disorder		
Inpatient Hospitalization	Deductible, then 20%	$500 copay per admission, Deductible, then 20%
Outpatient Services	Deductible, then 20%	Doctor's Office: $25 copay All Other Services: Deductible, then 20%
Out-of-Network Benefits		
Annual Deductible *	$4,000 / $8,000	$1,500 / $3,000
Annual Out-of-Pocket Limit *	$13,100 / $26,200	$10,000 / $20,000
Coinsurance	50%	50%

Prescription drug benefits are outlined on the next page.

Cigna Prescription Drug Plan Benefits

You automatically receive prescription drug coverage when you choose a medical plan with Cigna.

In- Network Benefits	Plan 1 (High Deductible with HSA)	Plan 2
Prescription Drugs (The formulary that applies to this program is Cigna's Standard formulary, which is a closed formulary)		
30-Day Retail		
Generic	$10 copay, after deductible is met	$10 copay
Preferred Brand	$30 copay, after deductible is met	$30 copay
Non-Preferred Brand	$55 copay, after deductible is met	$55 copay
Specialty	20% to a maximum of $250	20% to a maximum of $250
90-Day Home Delivery/Retail		
Generic	$10 copay, after deductible is met	$10 copay
Preferred Brand	$60 copay, after deductible is met	$60 copay
Non-Preferred Brand	$165 copay, after deductible is met	$165 copay
Specialty (30-day only)	20% to a maximum of $250	20% to a maximum of $250

Cigna Vision Plan Benefits

You automatically receive vision coverage when you choose a medical plan with Cigna.

Coverage	In- Network Benefit	Out-of-Network Benefit	Frequency Period**
Exam Copay	$15	NA	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to $45	12 months
Material Copay	$0	NA	12 months
Eyeglass Lenses Allowances (one pair per frequency period) Single Vison Bifocal Trifocal Lenticular	 Covered in full Covered in full Covered in full Covered in full	 Up to $32 Up to $55 Up to $65 Up to $80	 12 months 12 months 12 months 12 months
Contact Lenses Allowances (one pair or single purchase per frequency period) Elective Therapeutic	 Covered in full Covered in full	 Up to $87 Up to $210	 12 months 12 months
Frame Retail Allowance (one per frequency period)	Covered in full	Up to $55	24 months

** Your Frequency Period begins on January 1 (Calendar year basis)

Coordination of Benefits

If you or a dependent is enrolled in another medical plan as well as the City of Richmond's medical plan, your total benefit payments from the plans will never be more than the highest payment allowed by one of the benefit plans. You will not be paid in full by both plans. (Your Medical and Dental Benefit Booklets from Cigna will explain Coordination of Benefits in more detail.)

Cigna Diabetes Prevention Program

Cigna, in collaboration with Omada, is offering a digital lifestyle and behavior change program focusing on reducing the risk of diabetes through healthy weight loss. It offers a personalized experience for you featuring easy, online enrollment and tech support; Omada professional health coaches; social support groups; and interactive online training sessions on healthy eating, physical activity, sleep, and stress.

Cigna One Guide

The Cigna One Guide Service gives you the one-on-one support you need to take control of your health and your health spending – whether it's choosing a plan, finding a provider, or exploring ways to improve your health, One Guide is able to help. You can access One Guide via app, chat, online, or phone along with Cigna's personalized customer service.

Cigna Prescription Drug Benefits

The prescription drug benefits for our medical plans encourage physicians to prescribe from a published list of prescription drugs (the formulary) which is available by logging on to myCigna.com. Your formulary may not cover all FDA-approved medications; however, it contains a full range of drugs including all of those required under applicable health care laws. You will pay more if you or your doctor chooses a "Non-Preferred" Brand drug. Your physician may work with Cigna to ensure that the medications he/she prescribes for you are covered by Cigna. Keep in mind, regardless of the type of drug prescribed, all of your prescriptions must be filled at participating pharmacies.

You may be able to save money by using the Home Delivery prescription drug program available through Cigna. If you take a "maintenance" drug -- one that you are expected to take for a long period of time -- you can order a 90-day supply through the mail. You may be able to get a 90-day supply for less than you would pay at the retail pharmacy. Also familiarize yourself with the Cigna 90 Now℠ retail pharmacy program.

If you are diabetic, you may also save money by using Generic and Preferred Brand test strips because they will be covered in full. The only preferred manufacturer is One Touch.

Cigna Dental Plans

Cigna will continue to provide your dental benefits in January 2022. There are two dental plan options available to you -- a Dental PPO plan (Cigna Total DPPO) and a Dental Care Access plan.

The Cigna Total DPPO plan allows you to use a dentist from Cigna's DPPO network or to use a provider not in the network. If you use a dentist not in Cigna's DPPO network, you will generally pay more. The Cigna Dental Care Access plan is similar to a Medical HMO because you must select a dentist who is in the Cigna Dental Care Access network, you must receive services from that dentist, and you will pay fixed copays for any covered dental services provided by a Dental Care Access dentist.

Dental Plan Features	Total DPPO		Dental Care Access (Charge may vary based on actual procedure codes)
	In-network	Out-of-Network	
Annual Deductible - Individual	$50	$50	$0
Annual Deductible - Family	$150	$150	$0
Annual Benefit Maximum (Members progress to the next level by using Class I services in the prior year)	Year 1: $1,500 Year 2: $1,600 Year 3: $1,700 Year 4: $1,800	Year 1: $1,000 Year 2: $1,100 Year 3: $1,200 Year 4: $1,300	None
Separate Office Visit Fee (Regular Hours)	None	None	$5
Class I - Preventive & Diagnostic Care			
Oral Exams Cleanings Routine X-Rays Fluoride Application Sealants Space Maintainers (non-orthodontic) Non-Routine X-rays Emergency Care to Relieve Pain	Covered in full No deductible	Covered in full No deductible	Refer to CIGNA Dental Care Patient Charge Schedule
Class II - Basic Restorative Care			
Fillings Oral Surgery/Extractions Surgical Extraction of Wisdom Teeth Anesthesia Periodontics Endodontics (Root Canal Therapy) Relines, Rebases Adjustments to Dentures Repairs – Bridges, Crowns, Inlays Repairs – Dentures Brush Biopsy Stainless Steel/Resin Crowns	20%, after deductible	20%, after deductible	Refer to CIGNA Dental Care Patient Charge Schedule
Class III - Major Restorative Care			
Crowns and Bridges Dentures (Full & Partial Upper and Lower)	50%, after deductible	50%, after deductible	Refer to CIGNA Dental Care Patient Charge Schedule
Class IV – Orthodontia			
Children (to age 19) Lifetime Maximum Benefit	50%, No deductible $1,000	50%, No deductible $1,000	Refer to CIGNA Dental Care Patient Charge Schedule
Adults Lifetime Maximum Benefit	Not Covered	Not Covered	Refer to CIGNA Dental Care Patient Charge Schedule

Note: This is only a summary of benefits. Please refer to your full description of benefits provided by Cigna for complete details. In the event of a discrepancy in benefits, the information provided by Cigna will determine how your benefits will be applied.

Health Savings Account (HSA) Details

Health Savings Account (HSA)

Cigna's Plan 1, the High Deductible Plan, comes with an HSA. The HSA consists of a Federal Deposit Insurance Corporation (FDIC)-insured deposit account, and an investment account. **An HSA works in conjunction with a High Deductible Plan. Cigna's healthcare plan 1 is an HSA-compatible health plan.** You can use your HSA to pay for current and future qualified medical expenses—tax-free. You will be automatically enrolled in the HSA plan if you enroll in Plan 1 (the High Deductible Health Plan). The City will contribute $750 for employee only coverage and $1,250 for employee plus dependents. This amount is pro-rated if you enroll in the High Deductible Health Plan with HSA during the year. **Note that retirees over age 65 cannot contribute to an HSA during the year, nor will the City make contributions to an HSA account for these retirees.**

The money you contribute to your HSA is tax-deductible and can be used to pay for qualified medical expenses for not only yourself, but also for your spouse and tax dependents. You can maximize your tax savings by contributing up to the maximum annual amount allowed by the Internal Revenue Service (IRS).

The 2023 maximum contribution amount allowed (including what the City of Richmond and you contribute) is $3,850 for single coverage and $7,750 for family coverage. If you are 55 or older, you can make an additional catch-up contribution. The maximum annual catch-up contribution is $1,000. Your HSA balance plus investment earnings carry over from year to year — tax-free. State taxes may still apply, so please consult your tax advisor. Employees age 65 and over are not eligible to contribute to the HSA account.

Qualified Medical Expenses

To help you determine whether an expense qualifies for tax-free reimbursement under your HSA, Internal Revenue Code Section 213(d) states that eligible expenses must be for "medical care." This is defined as amounts paid for the "diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body.

Examples of common qualified medical expenses include:

- Acupuncture
- Ambulance services
- Artificial limbs or prostheses
- Dental treatment
- Contact lenses
- Doctor's fees
- Hearing aids and hearing aid batteries
- Hospital services
- Laboratory fees
- Prescription medicines or drugs
- Nursing home services
- Nursing services
- X-rays
- Certain over-the-counter (OTC) drugs

Insulin and prescribed drugs will continue to be eligible for payment or reimbursement from an HSA. You should save your receipts and doctor's prescriptions for OTC medicines for tax purposes. Qualified medical expenses are eligible for reimbursement through your HSA as long as they are not reimbursed through insurance or other sources. Insurance premiums are generally not considered qualified medical expenses. However, the following types of insurance premiums typically do qualify:

- Continuation coverage under federal law (i.e., COBRA).
- Qualified long-term care insurance contract.
- Any health plan maintained while an individual is receiving unemployment compensation under federal or state law.
- For accountholders age 65 and over (i.e., those eligible for Medicare), premiums for any health insurance (including Medicare Part B and Medicare Part D premiums) other than a Medicare supplemental policy.

As the HSA owner, you are ultimately responsible for determining whether a healthcare expense is eligible for reimbursement from your HSA. You can refer to IRS Publications 502 and 969 for more information.

Early Retiree HealthCare Program

The following conditions apply for calendar 2023 for City of Richmond retirees who are currently enrolled in the health insurance benefits at retirement:

- The decision to drop coverage is a final, permanent decision.

- Dependents are eligible to continue coverage if the dependents have no access to healthcare through their own employer. The decision to reject dependent coverage or to drop coverage at a later date is a final, permanent decision.

- The City will provide two choices for retirees who elect early retiree healthcare. The two choices are Plan 1 (High Deductible with HSA) or Plan 2.

- Contribution from the City toward the premium is based on years of service. In 2023, the City's contribution toward coverage in the City's health insurance benefits is as follows:
    - For 10-14 years of service - $100 per month
    - For 15-19 years of service - $200 per month
    - For 20-24 years of service - $300 per month
    - For 25 years of service or more - $400 per month

  Note: Those who participate in the annual health assessment will receive an additional credit of $25 per month in the City contribution.

For additional terms and conditions, contact Human Resources or the Richmond Retirement Department.

If you (or your family members and friends) do not have health insurance through your job, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or another source that provides qualifying health coverage, the federal government's Marketplace can help you. What you pay for this coverage depends on income and other factors. For more information or to enroll, go to the Marketplace at ***HealthCare.gov.***

Retiree Contributions for HealthCare Program

2023 MONTHLY RATES FOR ALL ELIGIBLE FOR THE RETIREE MEDICAL			
Cigna Medical	**Total**	**What COR contributes**	**What you pay monthly**
Plan 1 (HDHP) - 10 - 14 Years of Service - Health Assessment Completed			
Retiree Only	$1,025.60	$125.00	$900.60
Retiree + Child	$1,743.51	$125.00	$1,618.51
Retiree + Spouse	$2,051.18	$125.00	$1,926.18
Retiree + Family	$2,735.43	$125.00	$2,610.43
Plan 1 (HDHP) -10 - 14 Years of Service - Health Assessment Not Completed			
Retiree Only	$1,025.60	$100.00	$925.60
Retiree + Child	$1,743.51	$100.00	$1,643.51
Retiree + Spouse	$2,051.18	$100.00	$1,951.18
Retiree + Family	$2,735.43	$100.00	$2,635.43
Plan 1 (HDHP) - 15 - 19 Years of Service - Health Assessment Completed			
Retiree Only	$1,025.60	$225.00	$800.60
Retiree + Child	$1,743.51	$225.00	$1,518.51
Retiree + Spouse	$2,051.18	$225.00	$1,826.18
Retiree + Family	$2,735.43	$225.00	$2,510.43
Plan 1 (HDHP) - 15 - 19 Years of Service - Health Assessment Not Completed			
Retiree Only	$1,025.60	$200.00	$825.60
Retiree + Child	$1,743.51	$200.00	$1,543.51
Retiree + Spouse	$2,051.18	$200.00	$1,851.18
Retiree + Family	$2,735.43	$200.00	$2,535.43
Plan 1 (HDHP) - 20 - 24 Years of Service - Health Assessment Completed			
Retiree Only	$1,025.60	$325.00	$700.60
Retiree + Child	$1,743.51	$325.00	$1,418.51
Retiree + Spouse	$2,051.18	$325.00	$1,726.18
Retiree + Family	$2,735.43	$325.00	$2,410.43
Plan 1 (HDHP) - 20 - 24 Years of Service - Health Assessment Not Completed			
Retiree Only	$1,025.60	$300.00	$725.60
Retiree + Child	$1,743.51	$300.00	$1,443.51
Retiree + Spouse	$2,051.18	$300.00	$1,751.18
Retiree + Family	$2,735.43	$300.00	$2,435.43
Plan 1 (HDHP) - 25+ Years of Service - Health Assessment Completed			
Retiree Only	$1,025.60	$425.00	$600.60
Retiree + Child	$1,743.51	$425.00	$1,318.51
Retiree + Spouse	$2,051.18	$425.00	$1,626.18
Retiree + Family	$2,735.43	$425.00	$2,310.43
Plan 1 (HDHP) - 25+ Years of Service - Health Assessment Not Completed			
Retiree Only	$1,025.60	$400.00	$625.60
Retiree + Child	$1,743.51	$400.00	$1,343.51
Retiree + Spouse	$2,051.18	$400.00	$1,651.18
Retiree + Family	$2,735.43	$400.00	$2,335.43
Plan 1 (HDHP) - Dependent - Health Assessment Not Completed			
Dependent	$917.60	$0.00	$917.60
Dependent + Family	$2,072.44	$0.00	$2,072.44

Retiree Contributions for HealthCare Program

2023 MONTHLY RATES FOR ALL ELIGIBLE FOR THE RETIREE MEDICAL			
Cigna Medical	**Total**	**What COR contributes**	**What you pay monthly**
Plan 2 (Classic) - 10 - 14 Years of Service - Health Assessment Completed			
Retiree Only	$1,245.39	$125.00	$1,120.39
Retiree + Child	$2,117.17	$125.00	$1,992.17
Retiree + Spouse	$2,490.80	$125.00	$2,365.80
Retiree + Family	$3,370.62	$125.00	$3,245.62
Plan 2 (Classic) - 10 - 14 Years of Service - Health Assessment Not Completed			
Retiree Only	$1,245.39	$100.00	$1,145.39
Retiree + Child	$2,117.17	$100.00	$2,017.17
Retiree + Spouse	$2,490.80	$100.00	$2,390.80
Retiree + Family	$3,370.62	$100.00	$3,270.62
Plan 2 (Classic) - 15 - 19 Years of Service - Health Assessment Completed			
Retiree Only	$1,245.39	$225.00	$1,020.39
Retiree + Child	$2,117.17	$225.00	$1,892.17
Retiree + Spouse	$2,490.80	$225.00	$2,265.80
Retiree + Family	$3,370.62	$225.00	$3,145.62
Plan 2 (Classic) - 15 - 19 Years of Service - Health Assessment Not Completed			
Retiree Only	$1,245.39	$200.00	$1,045.39
Retiree + Child	$2,117.17	$200.00	$1,917.17
Retiree + Spouse	$2,490.80	$200.00	$2,290.80
Retiree + Family	$3,370.62	$200.00	$3,170.62
Plan 2 (Classic) - 20 - 24 Years of Service - Health Assessment Completed			
Retiree Only	$1,245.39	$325.00	$920.39
Retiree + Child	$2,117.17	$325.00	$1,792.17
Retiree + Spouse	$2,490.80	$325.00	$2,165.80
Retiree + Family	$3,370.62	$325.00	$3,045.62
Plan 2 (Classic) - 20 - 24 Years of Service - Health Assessment Not Completed			
Retiree Only	$1,245.39	$300.00	$945.39
Retiree + Child	$2,117.17	$300.00	$1,817.17
Retiree + Spouse	$2,490.80	$300.00	$2,190.80
Retiree + Family	$3,370.62	$300.00	$3,070.62
Plan 2 (Classic) - 25+ Years of Service - Health Assessment Completed			
Retiree Only	$1,245.39	$425.00	$820.39
Retiree + Child	$2,117.17	$425.00	$1,692.17
Retiree + Spouse	$2,490.80	$425.00	$2,065.80
Retiree + Family	$3,370.62	$425.00	$2,945.62
Plan 2 (Classic) - 25+ Years of Service - Health Assessment Not Completed			
Retiree Only	$1,245.39	$400.00	$845.39
Retiree + Child	$2,117.17	$400.00	$1,717.17
Retiree + Spouse	$2,490.80	$400.00	$2,090.80
Retiree + Family	$3,370.62	$400.00	$2,970.62
Plan 2 (Classic) - Dependent only			
Dependent	$1,137.39	$0.00	$1,137.39
Dependent + Family	$2,442.49	$0.00	$2,442.49

Retiree Dental Contributions

Cigna Dental	ALL ELIGIBLE EMPLOYEES Total monthly	What COR contributes monthly	What you pay monthly	What you pay Bi-Weekly
Total DPPO				
Employee Only	$30.96	$0.00	$30.96	$15.48
Employee + One Child	$51.10	$0.00	$51.10	$25.55
Employee + Spouse	$63.79	$0.00	$63.79	$31.90
Employee + Family	$100.83	$0.00	$100.83	$50.42
Dental HMO				
Employee Only	$19.94	$0.00	$19.94	$9.97
Employee + One Child	$32.62	$0.00	$32.62	$16.31
Employee + Spouse	$40.62	$0.00	$40.62	$20.31
Employee + Family	$55.62	$0.00	$55.62	$27.81

Important Notice from City of Richmond about Your Prescription Drug Coverage and Medicare

Note: This is a notice that is required to be distributed annually to any Medicare-eligible employee or dependent who is covered under our group medical/prescription drug plan.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Richmond and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. City of Richmond has determined that the prescription drug coverage offered by the Cigna plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Richmond coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Richmond coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Richmond and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about this Notice or Your Current Prescription Drug Coverage…

Contact the Human Resources Solutions Center at 804-646-5660 for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Richmond changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. When you are eligible for Medicare, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

CMS Form 10182-CC, updated 4/1/2011

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employers does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact The Department of Human Resources @ 804-646-5660.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name City of Richmond		4. Employer Identification Number (EIN) 54-6004556
5. Employer address 900 East Broad Street		6. Employer phone number 804-646-5660
7. City Richmond	8. State VA	9. ZIP code 23219
10. Who can we contact about employee health coverage at this job? Department of Human Resources		
11. Phone number (if different from above)	12. Email address AskHR@Richmondgov.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All Employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:
    Full-Time and Part-Time Permanent Employees
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    Spouses and dependent children under the age of 26.
  - ☐ We do not offer coverage.
  - ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis). if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs coverage by the plan is no less than 60 percent of such costs (Section 36B©(2)(ii) of the Internal Revenue Code of 1986.)

Glossary

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985, federal legislation that allows you and/or your dependents to continue to purchase health insurance for up to 18 months if you lose your job or your employer-sponsored coverage is otherwise terminated. Dependents may be eligible for COBRA coverage for up to 36 months in the event of your divorce or death, or when your child reaches the limiting age under the plan. COBRA is available to employees who work for an employer with 20 or more employees.

Coinsurance

The percentage of covered medical costs you pay.

Coordination of Benefits

An arrangement in health insurance to discourage multiple payments for the same claim under two or more policies. When a person is covered by two or more group health insurance plans, one plan becomes the *primary* plan and the other plan(s) the *secondary* plan(s).

Copayment

The flat fee that you pay per unit for certain medical services.

Covered Expenses

Charges eligible for plan payment

Deductible

A fixed dollar amount of covered medical charges you must pay before the plan pays for additional covered services. Your deductible depends on the medical plan you select.

Dependent

In the Medical and Dental plans, a dependent is defined as:

(1) your lawful spouse; and
(2) any child of yours who is:
- less than 26 years old.
- 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Child means a child born to you or a child legally adopted by you. It also includes a stepchild or a child for whom you are the legal guardian. Benefits for a Dependent child will continue until the last day of the month in which the limiting age is reached.

Anyone who is eligible as an employee will not be considered as a Dependent spouse. A child under age 26 may be covered as either an employee or as a Dependent child. You cannot be covered as an employee while also covered as a Dependent of an employee. No one may be considered as a Dependent of more than one employee.

Explanation of Benefits (EOB)

The insurance company's written explanation regarding a claim, showing what they paid and what you must pay.

Generic Drug

Once a company's patent on a brand-name prescription drug has expired, other drug companies are allowed to sell the same drug under a generic label. Generic drugs are less expensive than brand-name drugs.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

A legislative act that allows people to qualify immediately for comparable health insurance coverage when they change their employment or relationships. It also mandates the use of 1) standards for the electronic exchange of health care data; 2) national identification systems for health care patients, providers, payers, and employers; and 3) measures to protect the security and privacy of personally identifiable health care.

Health Maintenance Organization (HMO)

Health maintenance organizations represent "pre-paid" or "capitated" insurance plans in which doctors are paid a fixed monthly fee for services instead of separate fees for each visit or service. The monthly fees remain the same, regardless of types or levels of services provided. Services are provided by physicians who are employed by, or under contract with, the HMO. HMOs vary in design.

Inpatient Care

Medical care you receive after you're formally admitted into a hospital.

Medicaid

A health insurance program for low-income individuals who cannot otherwise afford Medicare or other commercial health insurance plans. Medicaid is funded in part by the government and by the state where the enrollee lives.

Medicare

The federal health insurance program created to provide health coverage for Americans aged 65 and older and later expanded to cover younger people who have permanent disabilities or who have been diagnosed with end-stage renal disease or amyotrophic lateral sclerosis (ALS).

Network	A group of health care providers, including doctors, hospitals and specialists who join together to provide care at specially negotiated rates.
Non-duplication of Benefits	A coordinated payment method used when more than one health insurance plan is paying benefits.
Orthodontia	Dental services which straighten teeth and correct bite.
Out-of-Pocket Maximum	The maximum dollar amount you pay out of your pocket in a calendar year for covered expenses, including deductibles and coinsurance. The plan pays 100% of covered expenses after the limit is reached (up to the plan's maximum benefit) for the remainder of the year.
Patient Protection and Affordable Care Act (PPACA), also known as Affordable Care Act (ACA)	The health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010. The legislation includes a long list of health-related provisions that began taking effect in 2010 and will continue to be rolled out over the next four years.
Point of Service (POS)	A point of service (POS) plan is a combination of an HMO and a PPO. It has a network that functions like an HMO. A member may also choose to use out-of-network providers; however, the member will pay more when using out-of-network providers.
Preferred Provider Organization (PPO)	A preferred provider organization (PPO) is a managed care organization of health providers who contract with an insurer to provide health insurance coverage. Services by these providers are discounted substantially. If a member uses a physician outside the PPO plan, they typically pay more for the medical care.
Preventive Care	Services that maintain good health and prevent disease - such as check-ups and early detection screenings.
Primary Care Physician (PCP)	The doctor responsible for directing all your medical care and referrals.
Specialty Drugs	Specialty drugs or specialty pharmaceuticals are a type of pharmaceuticals that are classified as high-cost, high-complexity and/or high-touch. Specialty drugs may also include biologics that are injected or infused. This class of drug is not typically available from a retail pharmacy.
Spouse	A person who is legally married to an employee under the laws of the state in which the employee resides.

CITY OF RICHMOND – RETIREE
MEDICAL & DENTAL ENROLLMENT / CHANGE FORM

RETIREE INFORMATION: List your information on with line with the X. Be sure to include all information requested.

Name	Last	First	M.I.	Social Security #
X -				

Personal Email	Home and Work Phone Numbers	Date of Birth	Date of Hire
X –			

Mailing Address
X –

Complete this section: Enrollment Type (List: Change or Open Enrollment)	Effective Date of Add/Change/Cancellation (MM/DD/YYYY)
X –	

Type of Change (List: Add Dependent(s), Cancel Dependent(s), or Cancel Employee)	Last Date of Coverage (if cancelling) (MM/DD/YYYY)
X –	

Choice of Medical Benefit (List one: Plan 1 (High Deductible), Plan 2, or Decline Medical)	Choice of Dental Benefit (List one: Dental Care Access-DHMO, DPPO, or Decline Dental)
X –	

II. RETIREE and DEPENDENT INFORMATION: If you are adding, changing or canceling coverage, list below the full name, the Social Security Number, the gender, the date of birth, the coverage selection of Medical, Dental or Both, and list if you are adding coverage or canceling coverage. List yourself on the first line. Specify if dependent's last name is different than yours.

Last	First	M.I.	SSN#	Gender	Date of Birth	List: Medical, Dental or Both	List: Add or Cancel
X - (Retiree)							
X - (Spouse)							
X - (Dependent)							
X - (Dependent)							
X - (Dependent)							

Note: If additional dependents cannot fit in this section, please attach the information on a separate page.

III. RETIREE SIGNATURE and DATE:

X -

HR Internal Use Only: _____

Eff 10/13/2022 Benefits Team Member Accepted/Entered – Sign and date