



CITY OF RICHMOND



Retirees Benefits Guide

2024



CITY OF RICHMOND

Department of Human Resources

DATE: October 24, 2023
TO: All Eligible City Retirees
FROM: HR Benefits and Wellness Division, Human Resources
SUBJECT: RETIRED EMPLOYEES - Updated Benefits Open Enrollment – Year 2024

Open Enrollment for your benefits for calendar year 2024 is October 30, 2023, through November 17, 2023.

The City of Richmond strives to deliver a comprehensive, high-quality, and affordable benefits program. This document pro-vides information, primarily, 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 2024 calendar year are as follows:

MEDICAL PLAN:

- In 2024, the City is pleased to announce an additional benefit added to the medical plan, infertility services. Employees will now have coverage for services re-lated to the diagnosis and treatment of infertility, as well as reproduction assistance such as in vitro fertilization. Detailed information on those services can be found on [Cigna.com](https://www.cigna.com).
- Each year, the City reviews the Healthcare spend and trends, claims data and coverage rates. As with all organizations and healthcare in general, the City has seen increases. However, the City has worked diligently to ensure that the impact of these factors on our retirees is minimal. Retirees will have a 3% increase to medical premiums in 2024. Please see page 8 for all plan and premium details.
 - > Those who participated in the annual Health Assessment Initiative 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 2023 to receive the lower rates for 2024. If only one completed the health assessment, you will not receive the lower rates for 2024.

DENTAL PLAN:

- The City of Richmond continues to finalize the dental plans and rates for 2024. Proposed rates for 2024 are included below, and final rates will not exceed the amounts listed. Final rates will be provided prior to the 2024 Benefits Year. For current 2023 Dental Plan details, please see page 10 of the Benefits Guide.

DENTAL CONTRIBUTIONS

2024 Proposed Dental ALL ELIGIBLE EMPLOYEES	Total monthly	What you pay monthly	What you pay bi-weekly
Total DPPO			
Employee Only	\$31.83	\$31.83	\$15.92
Employee + One Child	\$52.53	\$52.53	\$26.67
Employee + Spouse	\$65.68	\$65.68	\$32.84
Employee + Family	\$103.65	\$103.65	\$51.83
Dental Care Access (HMO)			
Employee Only	\$17.94	\$17.94	\$8.97
Employee + One Child	\$29.35	\$29.35	\$14.68
Employee + Spouse	\$36.56	\$36.56	\$18.28
Employee + Family	\$50.05	\$50.05	\$25.03

We encourage you to consider all options available to you as you make your decision for healthcare insurance in 2024. 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: www.HealthCare.Gov.
 - > If you need assistance with this choice, please contact Human Resources Benefits and Wellness Division at **804-646-4700** 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):

The City of Richmond will continue to offer an 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 City works with Cigna to provide unlimited telephonic consultations, and up to six counseling sessions with a counselor in your area. You can reach the EAP by calling **1-877-622-4327** or by going to www.CignaBehavioral.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 2024 medical or dental elections, please make those changes on the enrollment form enclosed. Note that your changes must be received by November 17, 2023.

If you have any Open Enrollment questions, please contact the HR Benefits and Wellness Division at **804-646-4700** 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 HRBenefits@rva.com using the subject line "Open Enrollment". Because Open Enrollment ends on November 17th, please submit your questions promptly (preferably prior to November 15th) to ensure that we are able to answer you timely before Open Enrollment closes.

City of Richmond Retirees

OPEN ENROLLMENT DATES: OCTOBER 30 – NOVEMBER 17, 2023

CHANGES EFFECTIVE JANUARY 1, 2024

WHAT YOU NEED TO KNOW:

- **Open Enrollment Period:** Retirees can make benefit changes for medical and dental during the Open Enrollment period. All changes will be effective January 1, 2024.
- **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 or DocuSign form.
- You can learn more about Open Enrollment and your benefits options by doing the following:
 1. Reading the enclosed documents.
 2. Contacting one of these representative with your questions.
 - > For the Richmond Retirement Department, call **804-646-5958**.
 - > For the Human Resources Benefits and Wellness Division, call **804-646-4700**, or email HRBenefits@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 7th (*PLEASE VOTE!*) and November 10th (*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 17, 2023. The mailing address for the Richmond Retirement Department is:

City of Richmond
Attn: Richmond Retirement System
730 E. Broad Street, Suite 900
Richmond, Virginia 23219
- If you would like to send your documentation electronically, please click on this link: bit.ly/CORRetiree and fill out/sign the secure DocuSign form.
- **The deadline for this Open Enrollment period is Friday, November 17, 2023. Retirees making changes must have all documents delivered to the Retirement Department before 5 p.m. on November 17, 2023.**

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 2024. The City has two choices, including one high deductible plan.

Both plans provide coverage in full for eligible wellness visits and preventive care visits, are open access plans, and provide the same broad network of service providers. They also provide vision and prescription drug benefits.

One of the primary differences in these two plan options is how much you pay in premiums and how much you will pay if/when you receive services (a cost that varies by your usage).

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 PRESCRIPTION DRUG BENEFITS

Cigna encourages 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 they prescribe 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 NowSM 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 VISION PLAN

You automatically receive 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 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.

	Plan 1	Plan 2
IN-NETWORK BENEFITS	(High Deductible with HSA)	
Annual Deductible* - Individual / Family	\$2,000 / \$4,000	\$750 / \$1,500
Employer HSA Contribution**	\$750 Ind. / \$1,250 Family	N/A
Coinsurance	20%	20%
Out-of-Pocket Limit* - Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000
Individual in a Family	\$4,000	—
Preventive Care		
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
Other Services		
Inpatient Hospital (per admission)	Deductible, then 20%	Deductible, then 20% + \$500
Outpatient Surgery	Deductible, then 20%	Deductible, then 20% + \$300
PCP / Specialist Office Visit	Deductible, then 20%	\$25 copay / \$50 copay
Lab and X-ray		
Doctor’s Office - PCP / Specialist	Deductible, then 20%	\$25 copay / \$50 copay
Independent Lab/Outpatient Facility	Deductible, then 20%	Deductible, then 20%
Advanced Imaging		
Doctor’s Office - PCP / Specialist	Deductible, then 20%	\$25 copay / \$50 copay
Independent Lab/Outpatient Facility	Deductible, then 20%	Deductible, then 20%
Chiropractic Services	Deductible, then 20%	\$25/\$50 copay
(Medical Necessity Review)	(Combined with Rehabilitation)	(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 copay / \$50 copay
Urgent Care	Deductible, then 20%	\$50 copay
Emergency Room (Copay waived if admitted)	Deductible, then 20%	\$250 copay, then 20%
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%	Deductible, then 20% + \$500
Outpatient Services		
Doctor’s Office:	Deductible, then 20%	\$25 copay
All Other Services:	Deductible, then 20%	Deductible, then 20%
OUT-OF-NETWORK BENEFITS		
Annual Deductible* - Individual / Family	\$4,000 / \$8,000	\$1,500 / \$3,000
Out-of-Pocket Limit* - Individual / Family	\$13,100 / \$26,200	\$10,000 / \$20,000
Coinsurance	50%	50%

* Deductible and Out-of-Pocket Limits will RESET each January 1.

** City of Richmond pre-tax contribution to your Plan 1 Health Savings Account can be used to pay for deductibles and co-pays. To learn more about the HSA program, see page 11.

CIGNA PRESCRIPTION DRUG PLAN BENEFITS

You automatically receive prescription drug coverage when you choose a medical plan with Cigna. Please refer to your full description of benefits provided by Cigna for complete details.

	Plan 1 (High Deductible with HSA)	Plan 2
IN-NETWORK BENEFITS		
Prescription Drugs (The formulary that applies to this program is Cigna's Standard formulary, which is a closed formulary)		
30-Day Retail		
Generic	Deductible, then \$10 copay	\$10 copay
Preferred Brand	Deductible, then \$30 copay	\$30 copay
Non-Preferred Brand	Deductible, then \$55 copay	\$55 copay
Specialty	20% to a maximum of \$250	20% to a maximum of \$250
90-Day Home Delivery / Retail		
Generic	Deductible, then \$10 copay	\$10 copay
Preferred Brand	Deductible, then \$60 copay	\$60 copay
Non-Preferred Brand	Deductible, then \$165 copay	\$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. Please refer to your full description of benefits provided by Cigna for complete details.

	In-Network	Out-of-Network	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 Vision	Covered in full	Up to \$32	12 months
Bifocal	Covered in full	Up to \$55	12 months
Trifocal	Covered in full	Up to \$65	12 months
Lenticular	Covered in full	Up to \$80	12 months
Contact Lenses Allowances (one pair or single purchase per frequency period)			
Elective	Covered in full	Up to \$87	12 months
Therapeutic	Covered in full	Up to \$210	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).

MEDICAL, PRESCRIPTION AND VISION RATES

Your contributions will vary depending upon whether you and your covered spouse have taken the Health Risk Assessment available on [MyCigna.com](https://www.mycigna.com). The Health Assessment initiative for 2024 rates has been closed; the 2025 Health Assessment initiative will be open July – August 2024 for 2025 rates. In summer 2024, check StarNet for updates to ensure you receive the 15%+ discount towards 2025 rates.

CIGNA MEDICAL, PRESCRIPTION AND VISION

ALL ELIGIBLE RETIREES	Total monthly	What COR contributes monthly	What you pay monthly
Plan 1 (HDHP) High Deductible with HSA			
Health Assessment COMPLETED			
10 - 14 Years of Service			
Retiree Only	\$1,056.37	\$125.00	\$931.37
Retiree + Child	\$1,795.82	\$125.00	\$1,670.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$125.00	\$1,987.72
Retiree + Family	\$2,817.49	\$125.00	\$2,692.49
15 - 19 Years of Service			
Retiree Only	\$1,056.37	\$225.00	\$831.37
Retiree + Child	\$1,795.82	\$225.00	\$1,570.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$225.00	\$1,887.72
Retiree + Family	\$2,817.49	\$225.00	\$2,592.49
20 - 24 Years of Service			
Retiree Only	\$1,056.37	\$325.00	\$731.37
Retiree + Child	\$1,795.82	\$325.00	\$1,470.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$325.00	\$1,787.72
Retiree + Family	\$2,817.49	\$325.00	\$2,492.49
25+ Years of Service			
Retiree Only	\$1,056.37	\$425.00	\$631.37
Retiree + Child	\$1,795.82	\$425.00	\$1,370.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$425.00	\$1,687.72
Retiree + Family	\$2,817.49	\$425.00	\$2,392.49
Health Assessment NOT COMPLETED			
Dependent			
Dependent	\$945.13	\$0.00	\$945.13
Dependent + Family	\$2,134.61	\$0.00	\$2,134.61
10 - 14 Years of Service			
Retiree Only	\$1,056.37	\$100.00	\$956.37
Retiree + Child	\$1,795.82	\$100.00	\$1,695.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$100.00	\$2,012.72
Retiree + Family	\$2,817.49	\$100.00	\$2,717.49
15 - 19 Years of Service			
Retiree Only	\$1,056.37	\$200.00	\$856.37
Retiree + Child	\$1,795.82	\$200.00	\$1,595.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$200.00	\$1,912.72
Retiree + Family	\$2,817.49	\$200.00	\$2,617.49
20 - 24 Years of Service			
Retiree Only	\$1,056.37	\$300.00	\$756.37
Retiree + Child	\$1,795.82	\$300.00	\$1,495.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$300.00	\$1,812.72
Retiree + Family	\$2,817.49	\$300.00	\$2,517.49
25+ Years of Service			
Retiree Only	\$1,056.37	\$400.00	\$656.37
Retiree + Child	\$1,795.82	\$400.00	\$1,395.82
Retiree + 1/Retiree + Spouse	\$2,112.72	\$400.00	\$1,712.72
Retiree + Family	\$2,817.49	\$400.00	\$2,417.49

RATES continued

CIGNA MEDICAL, PRESCRIPTION AND VISION

ALL ELIGIBLE RETIREES	Total monthly	What COR contributes monthly	What you pay monthly
Plan 2 (Classic)			
Health Assessment COMPLETED			
10 - 14 Years of Service			
Retiree Only	\$1,282.75	\$125.00	\$1,157.75
Retiree + Child	\$2,180.69	\$125.00	\$2,055.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$125.00	\$2,440.52
Retiree + Family	\$3,471.74	\$125.00	\$3,346.74
15 - 19 Years of Service			
Retiree Only	\$1,282.75	\$225.00	\$1,057.75
Retiree + Child	\$2,180.69	\$225.00	\$1,955.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$225.00	\$2,340.52
Retiree + Family	\$3,471.74	\$225.00	\$3,246.74
20 - 24 Years of Service			
Retiree Only	\$1,282.75	\$325.00	\$957.75
Retiree + Child	\$2,180.69	\$325.00	\$1,855.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$325.00	\$2,240.52
Retiree + Family	\$3,471.74	\$325.00	\$3,146.74
25+ Years of Service			
Retiree Only	\$1,282.75	\$425.00	\$857.75
Retiree + Child	\$2,180.69	\$425.00	\$1,755.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$425.00	\$2,140.52
Retiree + Family	\$3,471.74	\$425.00	\$3,046.74
Health Assessment NOT COMPLETED			
Dependent			
Dependent	\$1,171.51	\$0.00	\$1,171.51
Dependent + Family	\$2,515.76	\$0.00	\$2,515.76
10 - 14 Years of Service			
Retiree Only	\$1,282.75	\$100.00	\$1,182.75
Retiree + Child	\$2,180.69	\$100.00	\$2,080.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$100.00	\$2,465.52
Retiree + Family	\$3,471.74	\$100.00	\$3,371.74
15 - 19 Years of Service			
Retiree Only	\$1,282.75	\$200.00	\$1,082.75
Retiree + Child	\$2,180.69	\$200.00	\$1,980.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$200.00	\$2,365.52
Retiree + Family	\$3,471.74	\$200.00	\$3,271.74
20 - 24 Years of Service			
Retiree Only	\$1,282.75	\$300.00	\$982.75
Retiree + Child	\$2,180.69	\$300.00	\$1,880.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$300.00	\$2,265.52
Retiree + Family	\$3,471.74	\$300.00	\$3,171.74
25+ Years of Service			
Retiree Only	\$1,282.75	\$400.00	\$882.75
Retiree + Child	\$2,180.69	\$400.00	\$1,780.69
Retiree + 1/Retiree + Spouse	\$2,565.52	\$400.00	\$2,165.52
Retiree + Family	\$3,471.74	\$400.00	\$3,071.74

DENTAL PLANS

At printing of this guide, the City is finalizing the 2024 dental plans and rates. Below are the current 2023 rates and information. Rates and plan details for 2024 will be provided shortly. There are two dental plan options the City offers in 2023 -- Dental PPO plan (Cigna Total DPPO) and DHMO plan (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 for services.
- The Cigna Dental Care Access plan (DHMO) is similar to a Medical HMO because you must select a dentist who is in the Cigna Dental Care Access network and receive services from that dentist. 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 / Family	\$50 / \$150	\$50 / \$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	— — — —
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	No charge	No charge	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	Deductible, then 20%	Deductible, then 20%	Refer to CIGNA Dental Care Patient Charge Schedule
Class III - Major Restorative Care Crowns, Bridges, and Implants, Dentures (Full & Partial Upper/Lower)	Deductible, then 50%	Deductible, then 50%	Refer to CIGNA Dental Care Patient Charge Schedule
Class IV – Orthodontia Children (to age 19) Lifetime Maximum Benefit	50% \$1,000	50% \$1,000	Refer to CIGNA Dental Care Patient Charge Schedule

Please refer to your full description of benefits provided by Cigna for complete details.

DENTAL CONTRIBUTIONS

2023 CIGNA DENTAL

ALL ELIGIBLE RETIREES

Total DPPO

	Total monthly	What you pay monthly	What you pay bi-weekly
Employee Only	\$30.96	\$30.96	\$15.48
Employee + One Child	\$51.10	\$51.10	\$25.55
Employee + Spouse	\$63.79	\$63.79	\$31.90
Employee + Family	\$100.83	\$100.83	\$50.42

Dental Care Access (HMO)

	Total monthly	What you pay monthly	What you pay bi-weekly
Employee Only	\$19.94	\$19.94	\$9.97
Employee + One Child	\$32.62	\$32.62	\$16.31
Employee + Spouse	\$40.62	\$40.62	\$20.31
Employee + Family	\$55.62	\$55.62	\$27.81

HEALTH SAVINGS ACCOUNT (HSA) DETAILS

An HSA works in conjunction with a High Deductible Health-care Plan. Cigna's healthcare Plan 1 is an HSA-compatible health plan. You will be automatically enrolled in the HSA plan if you enroll in Plan 1 (the High Deductible Health Plan). The HSA consists of a Federal Deposit Insurance Corporation (FDIC)-insured deposit account, and the option to invest the funds through an investment account once the account balance exceeds \$1,000.

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 during the year. Note: Retirees over age 65 cannot contribute to an HSA during the year, nor will the City make contributions to an HSA account for these individuals.

You can use your HSA to pay for current and future qualified medical expenses — tax-free, for not only yourself, but also for your spouse and any dependents claimed on your taxes, regardless of their coverage.

If you choose to also contribute to your HSA, it is tax-deductible. You can maximize your tax savings by contributing up to the maximum annual amount allowed by the Internal Revenue Service (IRS).

The 2024 maximum contribution amount allowed (including what the City of Richmond and you contribute) is \$4,150 for single coverage and \$8,300 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 aged 65 and over are not eligible to contribute to the HSA account.

QUALIFIED MEDICAL EXPENSES

The 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

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.

Insulin and prescribed drugs will continue to be eligible for payment or reimbursement from an HSA. 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 contracts
- 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

REMINDER: You should save your medical expenses receipts, and doctor's prescriptions for all expenses, including over-the-counter 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.

Improve Your Quality of Life.

EXPLORE

Assistance Managing Your Health and Healthcare



Cigna, in partnership with the City of Richmond, has many programs and resources available to help you and your dependents manage their healthcare. See below for details.

Cigna One Guide - Concierge service to help with everything Cigna

Your One Guide representative will help guide you through the complexities and unclear jargon of the health care system, and help you avoid costly missteps. Cigna's One Guide service provides personalized assistance to help you:

Resolve health care issues, find the right hospitals and other health care providers in your plan's network, get cost estimates, understand your bills and more!

To reach a One Guide representative call:
1-800-Cigna24 Or 1-800-244-6224.

Access the Cigna One Guide support tool by downloading the myCigna App.

Personal Health Team - Health Coaching, Treatment Decision Support

LIVE personalized support for you and your family to help you manage your health and remove barriers to care. Your health advocate will help you understand your condition, discuss treatment options, remind you to refill your prescription, visit your doctor, or follow-up on other forms of care. They're there to help you learn how to develop healthier habits for a healthier you.

Call 1-800-Cigna24 or 1-800-244-6224 or download the myCigna App.

Cigna Pharmacy - Home Delivery - Quickswitch® - Cigna 90 Now

Cigna Home Delivery Pharmacy is designed for individuals who take prescription medications on a regular basis, such as those used for diabetes or high blood pressure to name a few.

- › Fast, convenient delivery of your prescription medications to a location of your choice
- › Free refill reminder service will call, text, or email you when it's time to refill prescriptions
- › Cigna pharmacists are available 24/7 to answer your medication questions

Quickswitch® makes filling a prescription simple. We will request a prescription from your doctor and once we receive it, we will fill your medication and mail it to your home or other location of your choice.

Cigna 90 Now is a pharmacy program designed to allow customers to fill 90-day supplies of medication at any in-network pharmacies contracted to fill for 90-day supplies.

With Quickswitch you may have a Cigna representative change your 30-day scripts to a 90-day prescription by contacting your doctor for you.

Call 1-800-285-4812 to Quickswitch your prescriptions to home delivery.

Virtual Care - MDLIVE

Cigna offers virtual doctor's visits through MDLIVE - to help you get the care you need -including most prescriptions - for a wide range of minor conditions. You can connect with a board-certified doctor via video chat or phone, without leaving your home or office. Telehealth visits are covered under the medical plan and billed at the same rate or less than a regular office visit.

- › Visits are available in the areas of Dermatology, Primary Care, Wellness Virtual visit, and Behavioral Care.

Create an account on MDLIVEforCigna.com. You can also download the Apps on your mobile device.

Call MDLIVE at 1-888-726-3171.

Estimate your Costs Tool - Medical or Pharmacy costs

Did you know that the costs of medical procedures or prescriptions can vary among facilities? Using the Estimate your Cost tool, you can see what your projected cost would be for an upcoming medical procedure as well as compare pricing among in network facilities nearby. Cost estimates are based on your coverage and deductible status and clearly indicate what doctors are in-network to help you make the most of your plan. Medication cost estimates are also available on this tab.

Available on myCigna.com & the mobile App.

Your Health First - Cigna Chronic Condition Support

Your Health First coaches are specially trained to help and provide support for individuals who have a chronic health condition such as asthma, low back pain, depression, diabetes, coronary artery disease and more. If you have a chronic condition, they can help you:

- › Make more educated decisions about your health and treatment options
- › Create a plan to help improve your health & identify the triggers that affect your condition
- › Understand medications and doctor's orders
- › Know what to expect if you need to stay in the hospital

Call 1-855-246-1873 to speak with a coach.

MyCigna.com & MyCigna Mobile App

Mycigna.com and the myCigna Mobile App provide a variety of tools to make managing your health and your health finances easier!

You can access ID cards for your entire family; locate a nearby medical facility, find doctors and compare quality-of-care ratings; get medical procedure cost estimates for nearby in-network facilities; compare drug costs among local pharmacies; view health claims and manage account and deductible balances.

Go to: myCigna.com, to register and create a User ID & Password.

Download the myCigna App from Go to the App StoreSM or Google Play.

24/7 Nurse Line & Health Information

Not sure if you need to go to the doctor? Have a health concern and need some advice? The 24/7 Nurse Line provides toll-free access to specially trained staff any time of day or night to answer health questions and give guidance with health concerns.

Call: 1-800-564-9286 or 1-800-244-6224.

Behavioral Health

Coaching and support services with access to behavioral experts with extensive experience. Find a health care professional in the network geared to your needs. Behavioral health challenges can be diverse and complex. Cigna has a broad menu of virtual provider options.

To learn more, visit myCigna.com, Wellness Tab, Mental Health Support. Or call the toll-free number on your ID card.



To access more information
scan QR code.



Improve Your Quality of Life.

EXPLORE

Wellness Resources & Support Programs



Whether you need help reducing stress, are feeling motivated to make a change in your life, or need to talk to someone, Cigna and the City of Richmond offers a variety of tools to help support you and your dependents in your total wellness.

Self-paced Lifestyle Management Programs -Weight, Stress & Tobacco

Cigna has partnered with WebMD to provide resources related to improving your overall wellbeing! Whether you want to utilize a tracker to manage your stress level, or learn how to reduce or quit tobacco, these programs could help! Each program is easy to use and available where and when you need it. Want some additional support? Pair a Lifestyle Management Program with the support of health coaching (described below).

Visit [myCigna.com](https://mycigna.com), and under Wellness, click on Health Assistant.

Virtual Health Coaching from My Health Assistant

My Health Assistant, in partnership with WebMD, offers online coaching programs for better health and wellness. Some options include Lose Weight; Eat Better; Enjoy Exercise; Feel Happier; Conquer Stress; Quit Tobacco; Manage Diabetes; Manage Heart Disease; Manage Asthma; Manage COPD; and more.

Visit [myCigna.com](https://mycigna.com), and under Wellness, click on Health Assistant.

Healthy Rewards Incentive Program-Cigna Member Discounts

Cigna offers discount programs thru its Healthy Rewards Program for wellness products, fitness clubs such as Planet Fitness, Crunch and Gold's Gym, Lasik Vision Correction, hearing exams and aids, massage, acupuncture and more.

To learn more visit my.cigna.com/wellness/healthyrewards, or call 1-800-870-3470. Don't forget to print and present your Healthy Rewards Discount Card to participating providers.

MotivateMe - Incentives & Rewards Program

MotivateMe allows members to earn rewards for participating in health improvement activities - such as an annual physical, completing a health assessment and/or participating in health coaching. Employees who participate earn rewards!

Go to [my Cigna.com](https://mycigna.com) and view the 'Incentive Spotlight' under Wellness.

Healthy Pregnancies/Health Babies

The Cigna maternity management program called Healthy Pregnancies/Healthy Babies is designed to support members throughout pregnancy. Nurses are available over the phone 24/7 to help with everything from morning sickness to maternity benefits. You are also eligible for rewards for participating in the program.

Call to enroll: 1-800-615-2906.
MotivateMe Rewards: \$150 gift card if you enroll first trimester; \$75 gift card if you enroll second trimester. Must complete your postpartum check in to redeem.

Employee Assistance Program (EAP)

EAP personal advocates will work with you and your household members on issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more. A wide range of services are offered, including face to face counseling sessions, legal assistance, referrals, and financial consultation. The EAP provides resources for parenting, eldercare, pet care, and more.

Call: 1-877-622-4327

Visit www.CignaBehavioral.com.

ID: COR

Personal Health Assessment Tool

The Cigna Health Assessment is an online health risk assessment tool that helps you analyze your health status. It takes 15-20 minutes to complete and provides you with a personalized action plan with resources for improving your health.

Find it on myCigna.com, under Wellness.

Diabetes Prevention Program with Omada

Omada is a personalized program that helps members with pre-diabetes lose weight and create healthier habits through one-on-one personal coaching and the tools needed to make long-lasting health changes.

Check to see if you are eligible and join today for \$0.

omadahealth.com/rvaschools

Findhelp.org Social Needs Support

Cigna has provided access to a website that can locate community programs, services, and resources available in the Richmond area, like free or low-cost housing, access to food, education, transportation and more. Visit the link on the right to learn more.

Visit cignacommunity.findhelp.com* and enter a zip code

Autism Specialty Care Program

Members with a child diagnosed with an Autism Spectrum Disorder can gain access to a dedicated team of licensed mental health professionals with extensive expertise. The Cigna Autism Specialty Care Program can help members understand an ASD diagnosis, explain treatment choices under the benefits plan, help coordinate care, and much more.

You can sign up for the series at Cigna.com/autism.

Or call 800.274.7603 and at the prompt, choose "Behavioral Health," and ask for a Autism Case Manager.

Emotional Wellbeing Apps

iPrevail is an on-demand coaching and personalized learning program offered through Cigna. Learn how to boost your mood and improve mental health with on-demand coaching, 24/7.

Happify is a free science-based resilience app offered through Cigna. Happify's activities and games are designed to help you overcome life's challenges, and can be accessed at any time.

To learn more, visit myCigna.com then click on the Wellness Tab and Mental Health Support. Or call the toll-free number on your ID card, or visit: iPrevail.com/cigna and happify.com/cigna.

The Changing Lives By Integrated Mind and Body (CLIMB) program

The CLIMB program has free podcasts to incorporate mindfulness into your daily life, including:

Basic Guided Mindfulness Meditation

- › Meditation and Body Scan
- › Working with Difficulties and Cultivating the Positive
- › Managing Stress
- › Compassion and Self-Care

To learn more, visit myCigna.com or cigna.com/CLIMB



To access more information scan QR code.



EARLY RETIREE HEALTHCARE PROGRAM

City of Richmond employees who apply to retire as active members in the Richmond Retirement System Defined Benefit Plan, or the Enhanced Defined Benefit Plan, are eligible for health insurance benefits at retirement.

The following conditions apply for calendar year 2024:

- The employee must be at least age 55 (but not over age 65) and must have worked for the City of Richmond for at least 10 years with the last 5 years consecutive.
- Coverage must be elected with the City within 30 days of the departure of employment. The decision to reject coverage or to drop coverage at a later date is a final, permanent decision.
- Enrolling dependents in coverage with the City is permitted if the dependents have no access to healthcare through their own employer. Dependents must be enrolled at the time of the employee's departure of employment. The decision to reject dependent coverage or to drop coverage at a later date is a final, permanent decision.
- Choices include Plan 1 High Deductible Plan or Plan 2 (no Plan 3 option).

Contribution from the City toward the premium is based on years of service. In 2024, 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 City contributions.

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



IMPORTANT LEGAL NOTICES

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

IMPORTANT NOTICE FROM CITY OF RICHMOND ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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 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 to 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 will 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 Benefits and Wellness Division at 804-646-4700 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. 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).

IMPORTANT LEGAL NOTICES continued

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).

Date: January 1, 2024
Name of Entity/Sender: City of Richmond Human Resources
Contact--Position/Office: HR Benefits and Wellness Division
Address: 900 East Broad Street, Room 902,
Richmond, Virginia 23219
Phone Number: 804-646-4700 (office)

CMS Form 10182-CC Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT LEGAL NOTICES continued



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 8-31-2026)

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 employer 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.

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.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

IMPORTANT LEGAL NOTICES continued

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 804-646-7000	
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) 804-646-4700	12. Email address HRBenefits@rva.gov	

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

After-tax

Paying for benefits after federal, state and FICA taxes are deducted.

Beneficiary

The person(s) you designate to receive payment from your insurance policies when you die.

Capitation

A set dollar limit that you or your employer pay to a health maintenance organization (HMO), regardless of how much you use (or don't use) the services offered by the health maintenance provider.

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.

Co-insurance

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.

Disability

Inability to work because of a medically certified illness or injury.

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.

GLOSSARY continued

Inpatient Care

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

Life Insurance

Term life insurance that pays a death benefit to your beneficiary if you die. There is no cash surrender value.

LTD (Long-term Disability)

A disability due to a medically-certified illness or injury that lasts for more than 180 days.

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.

Pre-tax

A contribution for benefits that is taken from your pay before federal, state, and FICA taxes are withheld. Note that Tax Sheltered Annuities are pre-tax on federal and state only.

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



**900 East Broad Street
Room 902
Richmond, Virginia 23219**

This Benefits Enrollment Guide is intended as a summary of your retiree benefits. Please refer to the booklets and/or contracts that apply to each of the plans for complete details. In the event of a discrepancy in benefits, the full plan booklets and contracts will determine how your benefits will be applied.