



FISCAL YEAR 2023

Early Retirement Guide **to the Open Enrollment Period**

(For participants under age 65)



Contents

Opportunities Available to Retirees During Open Enrollment..... 4
 Medical Plans Monthly Costs..... 4
 Retirees in the City of Alexandria Insurance Reimbursement Plan 5
 Making Changes to Your Coverage..... 5

Benefits Virtual Open House Sessions 6

Consumer Directed Health Plan 7
 Reminder to Consider the Consumer Directed Health Plan (CDHP)..... 7
 Important Ways This Plan is Different 7
 Advantages of This Plan 7
 Contributing to a Health Savings Account (HSA)..... 7

A Choice of Two Dental Plans..... 8
 Monthly Dental Premium 9

Vision Coverage 10
 Vision Benefits Overview 10
 Finding a Vision Provider 11
 Find an Eye Doctor or Vision Care Retailer Near You..... 11
 Monthly Vision Premium..... 11

Medical Benefits Comparison..... 12

Information for Retirees Who Will Become 65 During This Plan Year..... 16

Partner Contact Information 17
 NEW Second Opinion Medical Consultations 17
 Kaiser Permanente Plans – Clarifying Lessons Learned 18





OFFICE OF THE CITY MANAGER
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City Manager

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Dear Retirees:

This pandemic has proven to be unpredictable, but this year, we find ourselves in a much better place with more opportunities to come together and continue to care for ourselves and our families.

Fiscal Year (FY) 2023 Open Enrollment for the City's non-Medicare eligible retirees' benefit plans will be **May 9-27, 2022**. This is an important time to review your benefit elections to ensure that they are the best fit for you and your family. This guide provides you with information to help you make well informed benefits decisions.

As we have heard, the effects of the pandemic continue to hit home. Healthcare costs are going up, with a 9% increase to Kaiser and 15.6% increase to UnitedHealthcare. The City will continue to provide a City subsidy to help with the cost of healthcare.

Important note for retirees enrolled in Supplemental Life Insurance: Last year our Standard Life Insurance program renewed for a new 3-year term. Rates were adjusted for active employees and retirees to be more consistent with risks based on age. This is the final year for the retiree supplemental life rate increases of 15% each year (from \$0.286/\$1,000 currently to \$0.33/\$1,000 in FY22 and \$0.38/\$1,000 in FY23). This increase is partially offset by lower taxes you will need to pay for the value of your life insurance benefit, which varies based on your amount of insurance, age and tax rate. The new rate is still competitive for a retiree-age group.

Please carefully review this FY23 Enrollment Guide. **If you do not have any changes, you do not need to return any forms and your elections will remain the same.** To make changes, return your forms postmarked by May 27. For further information, you may also want to attend one of the Virtual Benefit Information Open House sessions. As always, the Benefits Team of the Department of Human Resources is prepared to assist you in this process.

James Parajon
City Manager

Jen Jenkins
Acting Chief Human Resources Officer

Opportunities Available to Retirees During Open Enrollment

The Open Enrollment period is from **May 9 through May 27**. During this period, retirees may make the following types of changes:

- Enroll in or cancel participation in any benefit plan.
- Change medical plan companies (Kaiser or UnitedHealthcare).
- Change family members to be covered and the coverage level (dependents are eligible until age 26). **NOTE:** New dependent enrollments during this period require documentation of eligibility.
- Enroll in dental and/or vision coverage.

Medical Plans Monthly Costs

4-Tier	FY 2023			4-Tier	FY 2023		
	Retiree *	City Subsidy [†]	Total Premium		Retiree *	City Subsidy [†]	Total Premium
Kaiser CDHP				UHC CDHP - Retirees			
Retiree	\$348.71	\$260.00	\$608.71	Retiree	\$514.74	\$260.00	\$774.74
Retiree+Spouse	\$920.90	\$260.00	\$1,180.90	Retiree+Spouse	\$1,314.92	\$260.00	\$1,574.92
Retiree+Ch(ren)	\$774.80	\$260.00	\$1,034.80	Retiree+Ch(ren)	\$1,057.08	\$260.00	\$1,317.08
Retiree+Family	\$1,566.13	\$260.00	\$1,826.13	Retiree+Family	\$1,836.50	\$260.00	\$2,096.50
Kaiser Permanente DHMO				UHC Choice - Retirees			
Retiree	\$477.50	\$260.00	\$737.50	Retiree	\$605.67	\$260.00	\$865.67
Retiree+Spouse	\$1,170.74	\$260.00	\$1,430.74	Retiree+Spouse	\$1,450.17	\$260.00	\$1,710.17
Retiree+Ch(ren)	\$993.74	\$260.00	\$1,253.74	Retiree+Ch(ren)	\$1,211.64	\$260.00	\$1,471.64
Retiree+Family	\$1,952.49	\$260.00	\$2,212.49	Retiree+Family	\$2,339.97	\$260.00	\$2,599.97
Kaiser Permanente HMO				UHC Choice Plus - Retirees			
Retiree	\$576.13	\$260.00	\$836.13	Retiree	\$773.96	\$260.00	\$1,033.96
Retiree+Spouse	\$1,362.09	\$260.00	\$1,622.09	Retiree+Spouse	\$1,780.90	\$260.00	\$2,040.90
Retiree+Ch(ren)	\$1,161.41	\$260.00	\$1,421.41	Retiree+Ch(ren)	\$1,497.73	\$260.00	\$1,757.73
Retiree+Family	\$2,248.38	\$260.00	\$2,508.38	Retiree+Family	\$2,841.88	\$260.00	\$3,101.88

*For retirees who are eligible for the \$260 monthly City contribution, your monthly cost is the amount in the Retiree Column for your Coverage Level and Plan in the table above.

[†]If you have under 25 years of services with the City and were hired after July 1, 2008, please see the Retiree Insurance Program Handbook for information about your City subsidy (available from Human Resources).



IF YOU PARTICIPATE IN A KAISER OR UNITEDHEALTHCARE PLAN AND DO NOT WANT TO MAKE A CHANGE, YOU DO NOT NEED TO DO ANYTHING.

Retirees in the City of Alexandria Insurance Reimbursement Plan

Complete the enclosed Insurance Reimbursement Plan form to satisfy the Annual Documentation Requirements for continued participation in the plan (may be submitted later if your plan year starts after July and you have not yet received the information).

Making Changes to Your Coverage

If you are considering making a change to your coverage and would like additional information about any of the plans, consider the following opportunities:

- Attend one of the Virtual Benefits Open House Sessions shown on page 6.
- Contact one of the members of the Benefits Team identified below.

If you decide to make a change, you must complete the Early Retiree Plan Change Form included in this package and return it via mail (preferable) to the address below so that it is postmarked by May 27.

For assistance in making changes, contact a member of the Benefits Team:

- **Jina Edwards**, Acting Benefits Manager, 703.746.3789, jina.edwards@alexandriava.gov
- **Inga Parker**, Benefits Analyst, 703.746.3767, inga.parker@alexandriava.gov

Department of Human Resources
Attn: Benefits
301 King Street, Suite 2500
Alexandria, Virginia 22314
DHR.Benefits@alexandriava.gov

BENEFITS VIRTUAL OPEN HOUSE SESSIONS

Wednesday, May 11

8-9 a.m.

Tuesday, May 24

4-5 p.m.

This year's Open Enrollment meetings will be conducted remotely. **Plan to attend a Virtual Benefits Open House Session.** The City's Benefits Manager will present benefits changes, options and costs, and our vendor partners will be available to answer your questions. Visit the Retiree Corner and select a link to join a Virtual Open House Session.

Work'n Well HEALTH EXPO

In-Person Thursday, May 12, 10 a.m.-2 p.m., Nannie J. Lee Center (1108 Jefferson St.)

Visit with health care partners and participate in activities such as a rock climbing wall, the Kaiser Mobile Health Vehicle and more.

Virtual Live Events, May 9-13

Return as often as you'd like to view prerecorded sessions. Visit alexandriava.gov/HR or contact Dr. Grace Ingram at grace.ingram@alexandriava.gov for instructions on how to join, descriptions of activities, and more.

	Monday, May 9	Tuesday, May 10	Wednesday, May 11	Thursday, May 12	Friday, May 13
11 a.m. to Noon	Webinar: Portable Meditation	Webinar: A Healthy Tummy Makes a Happy Brain – Gut Health 101	Webinar: Building Your Self-Care Toolkit	Webinar: Cleansing – Today's Way of Cleaning Out Toxins	Webinar: Do Your Bucket List – Seven Ways To Up Your Focus on Things That Matter
1 to 2 p.m.	Benefits Vendor: Aetna	Benefits Vendor: Kaiser	Benefits Vendor: Summer	Benefits Vendor: Spring Health (in-person)	Benefits Vendor: UHC
4 to 5 p.m.	Fitness Class: Sculpt and Tone	Fitness Class: MixedFit	Fitness Class: Yoga For Emotional Regulation	Fitness Class: Zumba	Dance Party w/ DJ Dirty Reddz

For reasonable disability accommodation, contact DHR.Benefits@alexandriava.gov or 703.746.3777, Virginia Relay 711.

Consumer Directed Health Plan

Reminder to Consider the Consumer Directed Health Plan (CDHP)

The City has offered a CDHP to employees for several years and participants have requested to continue this plan into retirement because of the significant opportunity to save on premiums and taxes. The UnitedHealthcare CDHP and the Kaiser CDHP can help you take control of both your money and your health. It combines medical coverage with a Health Savings Account that you can use to save money to pay your health care expenses with tax-free dollars.

Important Ways This Plan is Different

- If you cover any family members, you must meet the family deductible before coverage begins for anyone.
- You pay the full cost of medical care (except preventive care) and prescription drugs until you meet your deductible.

Advantages of This Plan

- Pay lower premiums.
- Triple tax savings – The money you contribute, growth and withdrawal when you use the money for eligible health care expenses are all tax free. **NOTE: There is no City contribution to the HSA for retirees.**
- You can spend the money as expenses occur or you can save it for the future.

Contributing to a Health Savings Account (HSA)

If you enroll in either the United or Kaiser CDHP Plan, you can open an HSA account with Optum Health, at **Optumbank.com**, and make contributions directly to your account. The maximum amount you can contribute to your account in FY 2023 is as follows:

- Individual coverage: \$3,650
- Family coverage: \$7,300
- Maximum contribution amounts for 2022 are \$3,650 for self-only and \$7,300 for families. The annual “catch-up” contribution amount for individuals age 55 or older will remain \$1,000.

A Choice of Two Dental Plans

The City offers two dental options to non-Medicare eligible retirees – the Aetna Dental Maintenance Organization (DMO) and Preferred Provider Organization (PPO). Both plans provide coverage for most dental care, but the DMO plan offers the following advantages:

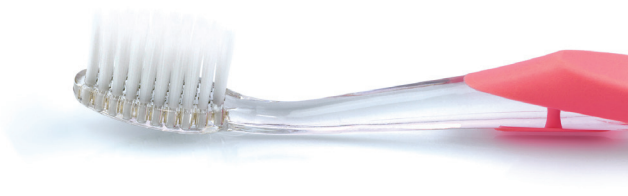
- No deductible
- No plan maximum each year
- Lower premium cost
- Coverage for orthodontia

To be eligible for benefits under the DMO, members must live in a DMO service area, and dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. In addition, your primary care dentist must refer you for specialist care. Under the PPO, you can receive care from any dentist without a referral, but savings are possible if you choose a dentist that participates in the Aetna network because they have agreed to provide care for covered services at negotiated rates. Benefits received from a non-participating dentist are subject to charge limits.

Both plans encourage you to maintain good dental health by paying 100% of the cost of preventive care, such as routine checkups and cleanings.

To find an Aetna dentist, log onto **aetna.com** or call **877.238.6200** Monday through Friday from 8 a.m. to 6 p.m., and an Aetna Dental customer service representative can help you find a dentist.





	DMO	PPO
Amount you pay before the plan kicks in (deductible)	Nothing	\$50 Individual/ \$150 Family
Amount the plan will pay each year	No maximum	\$1,000 per person
Exams, cleanings, and bitewing x-rays (two times per year)	100%	100% no deductible
Amount you pay for basic care, like fillings and simple extractions	Copay	25% after deductible
Amount you pay for major care like root canals, dentures, crowns and oral surgery	Copay	50% after deductible
Orthodontia	\$2,400 copay	Not covered
Do you need to choose a Primary Care Dentist?	Yes	No
Do you need a referral from your Primary Care Dentist to see a specialist?	Yes	No
Do you need to go to a dentist that participates in the Aetna network?	Yes	No, you can go in or out of the Aetna network

Monthly Dental Premium

Coverage Level	DMO	PPO
Individual	\$15.76	\$37.85
Retiree + Spouse	\$27.13	\$78.31
Retiree + Child(ren)	\$22.86	\$65.96
Family	\$35.69	\$103.00



Vision Coverage

The City offers the option to elect the Aetna Vision Preferred Plan. It pays most of the cost of regular vision exams and eyeglasses or contact lenses once each year.

Vision Benefits Overview

Coverage	Aetna Vision Network	Out-of-Network
Eye exams <i>(once every 12 months)</i>	You pay \$0	Plan reimburses \$30
Lenses* <i>(either 1 pair of glasses or 1 order of contacts once every 12 months)</i>	You pay \$15 for all standard lenses with standard scratch coating included	Plan reimbursement varies by single (\$25), bifocal (\$40), or trifocal lenses (\$55)
Contact lenses <i>(either 1 pair of glasses or 1 order of contacts once every 12 months)</i>	You pay \$40 for standard fitting, \$150 allowance then 15% discount over allowance	Plan reimburses \$120
Eyeglass frames <i>(either 1 pair of glasses or 1 order of contacts once every 12 months)</i>	\$150 allowance then 20% discount	Plan reimburses \$75
Discounts	• Up to 40% discount for additional pairs of glasses • 20% discount on non-covered items like cleaning cloths and contact lens solution • Vision correction discount from US Laser network • Retinal imaging for up to \$39	No discount

* Upgraded lens options, such as progressive bifocals, are available for an additional cost. Certain lens options such as tints, and anti-reflective and UV coating, are covered for an additional fixed fee.

Finding a Vision Provider

Choose from more than 55,000+ vision offices and retailers, including popular chains like:

- LensCrafters®
- Pearle Vision®
- Target Optical®
- CVS Optical



Find an Eye Doctor or Vision Care Retailer Near You

You can look up independent vision care providers and retailers that participate by visiting **aetnavision.com** and clicking on Find a Provider. You can also visit any licensed eye care provider outside the network. However, you will generally pay less out of pocket if you stay in the network. Network providers will also submit the claim for you.

You can use online vision partners :

- **glasses.com**
- **lenscrafters.com**
- **contactsdirect.com**
- **targetoptical.com**
- **ray-ban.com**

Customer Care: **877.9.SEE.AETNA** on Monday through Friday from 8 a.m. to 6 p.m.

Monthly Vision Premium

Coverage Level	PPO
Individual	\$9.50
Retiree + Spouse	\$22.70
Retiree + Child(ren)	\$16.08
Family	\$26.48

Medical Benefits Comparison

	UNITEDHEALTHCARE
	In-Network
Deductible	\$1,500 individual \$3,000 family
Out-of-Pocket Maximum	\$6,450 individual \$12,900 family
Preventive Care	100%
Primary Care Office Visits for Illness/Injury	90% after deductible
Specialist Visit/Urgent Care Center	90% after deductible
Inpatient Hospitalization	90% after deductible
Emergency Room (waived if admitted)	90% after deductible
X-ray, Lab, and Diagnostics	90% after deductible
CT, PET, MRI, MRA and Nuclear Medicine	90% after deductible
Outpatient Mental Health and Substance Abuse Services	90% after deductible
Transgender Benefits	90% after deductible
Pregnancy Services/Prenatal Visits	90% after deductible
Prescription Drugs	Prescription Drug Program
Annual Deductible	integrated with medical deductible
Generic	90% after deductible
Preferred Brand	80% after deductible
Non-preferred Brand	70% after deductible
Mail Order (90 days)	Same as shown above (90% generic, 80% preferred, 70% non-preferred - after deductible)
90-Day Retail at CVS	same as mail order
Out-of-Pocket Maximum	combined with medical deductible
Paycheck Deductions	\$\$\$

* Deductible applies to inpatient care, skilled nursing facilities, specialty imaging (MRIs, CT, etc.), home health care, hospice services, durable medical equipment, sleep studies and orthotics.

CARE CDHP	UnitedHealthcare Choice and Choice+ In-Network	United Healthcare Choice Plus Out-of-Network
Out-of-Network		
000 family*	\$400 individual \$800 family*	\$800 individual \$1,600 family*
\$12,900 individual \$25,800 family	\$3,175 individual \$6,350 family	\$3,175 individual \$9,525 family
70% after deductible	100%	80% after deductible
70% after deductible	\$15 copay	80% after deductible
70% after deductible	\$25 copay	80% after deductible
70% after deductible	\$500 per admission	80% after deductible
90% after deductible	\$150 copay	80% after deductible
70% after deductible	100%	80% after deductible
70% after deductible	\$100 copay	80% after deductible
70% after deductible	\$15 copay	80% after deductible
70% after deductible	subject to standard copays	80% after deductible
70% after deductible	\$15 copay initial visit, then \$0	80% after deductible

Provided by CareFirst BlueCross BlueShield CVS Caremark

medical	none	none
70% after deductible	\$15 copay	80% after deductible
70% after deductible	\$30 copay	80% after deductible
70% after deductible	\$50 copay	80% after deductible
not applicable	\$37.50 copay generic \$75 copay preferred \$125 copay non-preferred	not applicable
not applicable	same as mail order	not applicable
medical	\$3,175 individual \$6,350 family	\$3,175 individual \$9,525 family
	\$\$\$\$	\$\$\$\$\$\$

Medical Benefits Comparison

	CDHP
Deductible	\$1,400 individual \$2,800 family*
Out-of-Pocket Maximum	\$3,000 individual \$6,000 family
Preventive Care	100%
Primary Care Office Visits for Illness/Injury	90% after deductible
Specialist Visit/Urgent Care Center	90% after deductible
Inpatient Hospitalization	90% after deductible
Emergency Room (waived if admitted)	90% after deductible
X-ray, Lab, and Diagnostics	90% after deductible
CT, PET, MRI, MRA and Nuclear Medicine	90% after deductible
Outpatient Mental Health and Substance Abuse Services	90% after deductible
Transgender Benefits	90% after deductible
Pregnancy Services/Prenatal Visits	90% after deductible
Prescription Drugs	
Annual Deductible	Integrated with Medical
Generic	\$20 Medical Center \$30 Pharmacy
Preferred Brand	\$30 Medical Center \$50 Pharmacy
Non-preferred Brand	\$45 Medical Center \$60 Pharmacy
Mail Order (90 days)	2.5 copays as shown above
90-Day Retail at CVS	Not Applicable
Out-of-Pocket Maximum	Combined with Medical
Paycheck Deductions	\$

* Deductible applies to inpatient care, skilled nursing facilities, specialty imaging (MRIs, CT, etc.), home health care, hospice services, durable medical equipment, sleep studies and orthotics.

KAISER PERMANENTE	
DHMO	HMO
\$400 individual \$800 family*	None
\$2,200 individual \$6,400 family	\$3,500 individual \$9,400 family
100%	100%
\$15 copay	\$15 copay
\$25 copay	\$25 copay
\$500 per admission, after deductible	\$500 per admission
\$150 copay	\$150 copay
100%	100%
\$75 copay, after deductible	\$75 copay
\$15 individual \$7 group copay	\$15 individual \$7 Group copay
Subject to standard copays	Subject to standard copays
\$15 Copay initial visit, then \$0	\$15 Copay initial visit, then \$0
None	None
\$15 Medical Center \$25 Pharmacy	\$15 Medical Center \$25 Pharmacy
\$30 Medical Center \$40 Pharmacy	\$30 Medical Center \$40 Pharmacy
\$50 Medical Center \$55 Pharmacy	\$50 Medical Center \$55 Pharmacy
2.5 copays as shown above	2.5 copays as shown above
Not Applicable	Not Applicable
Combined with Medical	Combined with Medical
\$\$	\$\$\$\$

al equipment,

Information for Retirees Who Will Become 65 During This Plan Year

What if I am becoming Medicare-eligible this year?

All Medicare-eligible City retirees and spouses (those 65 and older) are no longer permitted to remain in a City "employee plan" and **MUST** enroll in one of the following:

- Kaiser Medicare Plus Plan
- United Healthcare Medicare Advantage (PPO)
- City of Alexandria Insurance Reimbursement Plan. You choose coverage under any other health plan and expenses will be reimbursed by the City for up to \$260 per month for either you or your spouse.

Also, Aetna dental and vision coverage ends but can be continued under COBRA for 18 months. Aetna offers Vital Savings (a discount program for dental care, vision, hearing aids, gym memberships and more) to Medicare-eligible retirees and spouses.

What do I have to do?



Three months before your 65th birthday, apply for Medicare Parts A and B.

When you receive your Medicare card, contact the Benefits Office, and they will provide you with the appropriate enrollment form. You will then need to complete the enrollment form and return it to the Benefits Office, along with a copy of your Medicare card. The Benefits Office will submit your enrollment package to the appropriate provider, who will enroll you in their Plan.

What if my spouse is not Medicare-eligible? Are they eligible to remain on the "employee plan?"

Yes. The under 65-year-old spouse of a retiree currently insured in a City-sponsored plan may continue to receive coverage on the City-sponsored "employee plan" until he/she is Medicare eligible.

What if my spouse is Medicare-eligible and I am not?

You would continue in the "employee plan," and your spouse can enroll in the City's Medicare program.

The City pays for (or reimburses) up to \$260 for either you or your spouse, but not both. If you and/or your spouse enroll in Kaiser or UnitedHealthcare Medicare plans, the City pays the monthly premium directly to the carrier for the oldest, eligible enrollee only. If you elect the UnitedHealthcare Medicare Advantage Plan, the City will debit your account \$128.99/month to cover the difference between the \$388.99 premium and the \$260 maximum City reimbursement.

All premiums for the younger individual (whether Kaiser, UnitedHealthcare or another plan of your choice) are the responsibility of the retiree and must be paid to the City via electronic funds transfer. If both you and your spouse elect a plan other than the City-sponsored plans, your total costs up to \$260 will be reimbursed monthly.

Partner Contact Information

For more information, questions or to locate a network provider, contact:

- Aetna: Group #737479 at 877.238.6200 or visit **aetna.com**
- CareFirst BlueCross BlueShield: 800.241.3371 or visit **carefirst.com/myaccount** or **carefirst.com/rxgroup**
- Kaiser Permanente: Group #4073 at 855.249.5018 or visit **kp.org**
- UnitedHealthcare: Group #714332 at 866.844.4864 or visit **myuhc.com**

Second Opinion Medical Consultations

(Provided by Top Medical Specialists)



- To help you and your covered family members make more informed decisions about treatment and care, the Second Opinion service offers access to convenient video and phone consultations with leading medical experts in their respective fields of medicine from top facilities nationwide. Through 2nd.MD, the Second Opinion service offers personalized consultations at no additional charge.
- The program features:
 - » Timely and flexible consultations.
 - » You and your covered family members can request a consultation online 24/7 or by phone between 7 a.m. and 7 p.m. central time. (Nurses are available 24 hours a day for critical care cases.)
 - » Consultations are provided within 3 to 5 calendar days.
 - » Follow-up needs are coordinated.
- Call **1.866.269.3534** or visit **2nd.md** for more information.



Partner Contact Information, Cont'd.

Kaiser Permanente Plans – Clarifying Lessons Learned

The DHMO was changed from all services being subject to the deductible, to only certain services applying to the deductible. These services are generally received from non-Kaiser providers with a referral. See below for a list of services that apply to the deductible and others where only a copay or no cost sharing is collected.

DEDUCTIBLE APPLIES	NO DEDUCTIBLE
• Inpatient care • Skilled nursing facilities • Specialty imaging (MRIs, CT, etc.) • Home health care • Hospice services • Durable medical equipment • Orthotics	• Preventive care (no copay) • Primary care visit • Specialist visit • Urgent care • Emergency room • X-rays, labs and diagnostics (no copay) • Pregnancy services • Prescription drugs





We are happy to offer a new benefit for all members of our team at City of Alexandria. Jet Dental, a professional dental team, will come directly on-site in the City to provide comprehensive exams, preventive cleanings and x-rays at no cost (with Aetna DMO and PPO insurance) for all our staff and any family member you would like to attend. Note: You do not need to change your primary dentist to use Jet Dental's services if you are covered by the DMO.

June 1, 10 a.m.–6 p.m. | June 2 & 3, 8 a.m.–4 p.m.

Nannie J. Lee Center • 1108 Jefferson St.

Available to all retirees at **NO COST*** with INSURANCE!

For Aetna DMO and PPO. Present your insurance card at appointment.

Scan QR Code below to register for service(s).

*Regular preventive cleanings are covered 100% by our dental insurance. Patients with periodontal gum disease may need a deeper cleaning (known as scaling and root-planing), which requires a copay. Jet Dental's professional team will review any applicable costs before performing treatment and can offer flexible payment options as needed.

Take advantage of this convenient benefit! Please contact Dr. Grace Ingram at grace.ingram@alexandriava.gov with questions.



Cleaning / Xrays / Exam (1 hour)
NO COST w/insurance



Glo Professional (1 hour)
\$199

*Jet Dental is contracted with all major private insurances, which typically cover preventative care at 100%, twice per year, making most visits "No Cost" to the patient. Preventive procedures covered typically include an exam, x-rays, and a prophylaxis (preventive cleaning). Depending on their oral health, patients may require a more intensive cleaning that is not considered preventive, for which the patient may have a copay or deductible.

Jet Dental now offers Glo Professional. It is the only teeth whitening product that uses both heat and light for faster, more effective, longer lasting whitening results without sensitivity.



DEPARTMENT OF HUMAN RESOURCES

Attn: Benefits

301 King Street, Suite 2500

Alexandria, Virginia 22314

703.746.3777

alexandriava.gov/HR

DHR.Benefits@alexandriava.gov