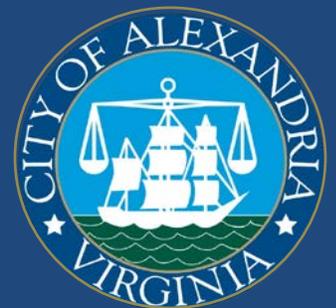


GUIDE TO FY 2015 OPEN ENROLLMENT PERIOD

Open Enrollment begins on May 9, 2014 and ends May 23, 2014. This is generally your only opportunity to enroll in, change or drop your health, dental, vision, long term disability plan coverage or to enroll in the sick leave bank. Additionally, you may enroll in the City-sponsored Flexible Spending Account (FSA) program, administered by PayFlex, for the full plan year beginning July 1, 2014.



Open Enrollment Guide

What do I do if I'm satisfied with all of my current benefit plan choices?

If you are satisfied with your current health and long-term disability insurance, you need do nothing more and your current benefits will be continued for the FY 2015 Plan Year.

Note that you must reenroll in the Flexible Spending Account if you want to participate, even if you enrolled last December for the six-month plan from January 1, 2014 to June 30, 2014. Also, due to a change in the City's dental provider, you will need to enroll in the new Aetna dental plan.

Can I drop or cancel my benefits plans at any time during the plan year?

If you want to cancel or change coverage, you must do so during Open Enrollment. Per Section 125 of the Internal Revenue Code, changing benefits paid with pre-tax dollars – health, dental, vision, FSAs - during the plan year is not permitted, unless a qualifying event occurs. (See [Common Health Insurance Terms defined](#) below). The Long-Term Disability plan may be changed during the plan year.

At Town Hall meetings, the City Manager said a new health plan with no deductibles would be offered. Can I choose a no-deductible plan?

Yes. There are two Kaiser HMO plans offered. One is the deductible DHMO and the other is the **no** deductible HMO. Coverage is identical in the two plans. The differences in the plans are: 1) the DHMO has a \$400 (Individual) or \$800 (EE+1 or Family) deductible and the HMO does not; and, 2) the DHMO premium is the same as last year while the premium for the new no deductible HMO was set by Kaiser Underwriting and is higher than the no deductible DHMO premium.

What should I do if I'm considering a change to my benefits plan?

- Review the letter you received from Human Resources that includes your current enrollment information, this *Guide to FY 2015 Open Enrollment*, and benefit enrollment information.
- Plan to visit one of the 10 on-site meetings scheduled to be held throughout the City during Open Enrollment so representatives from the insurance providers can answer your personal, unique questions/concerns. A schedule of dates/times is included in the next section of this *Guide*.
- Visit the Open Enrollment and [Benefits information pages on AlexNet](#).

Where can I find benefit enrollment forms?

Benefit enrollment forms are available from 3 sources:

- [AlexNet](#)
- Department Human Resources Liaisons. A complete list of Liaisons and their contact information is in the "Forms" Section of this *Guide*. Liaisons will have a pdf. packet of enrollment forms and other to either email or print for those needing forms.

Open Enrollment Guide

- The Human Resources Department, Room 2500, City Hall.

Remember: If you are enrolling in a Flexible Spending Account (FSA), you must enroll on line at the PayFlex website www.HealthHub.com. You may not enroll using a paper enrollment form.

If I want to make a change, what benefit plan choices can I make during Open Enrollment?

Health Insurance Plans:

- You may enroll, change, or drop your health insurance coverage.
- 4 Plans are available in FY 2015 with 3 tier options: Employee, Employee + 1, and Family:
 - Kaiser Permanente deductible DHMO
 - Kaiser Permanente standard HMO (no deductible) (NEW)
 - United Healthcare Choice Plan (EPO)
 - United Healthcare Choice Plus Plan (POS)
- Complete an enrollment form if you wish to change plans.

Aetna Dental Insurance Plans (New):

- You may enroll in the new dental plan.
- 2 Plans are available in FY 2015 with 3 tier options: Employee, Employee + 1, and Family:
 - DHMO Plan
 - DPPO Plan
- Complete an enrollment form if you wish to elect coverage.

Aetna Vision Insurance Plan (New):

- You may enroll in the new vision plan.
- 1 plan is available in FY 2015 with 3 tier options: Employee, Employee + 1, and Family.
- Complete an enrollment form if you wish to elect coverage.

PayFlex Flexible Spending Account (FSA) (Full Plan Year):

- You may enroll in the FSA for the plan year July 1, 2014 to June 30, 2015.
- FY 2015 Healthcare pretax contribution limit is \$2500 and the Dependent Care limit is \$5000 per household per family.
- Enroll online via the PayFlex HealthHub website: (www.HealthHub.com). Enrollment instructions and further benefit details will be distributed at the informational meetings and are also posted on AlexNet. See **Forms** section of this guide for other sources of this information.
- Participants will receive a PayFlex "debit" card for use in paying for eligible healthcare expenses (e.g., annual deductibles, copays, etc.) at point of sale in lieu of submitting paper claims.

The Standard Long Term Disability Plan:

Open Enrollment Guide

- Upgrade from 120-day waiting period to 90-day waiting period.
- Complete a LTD enrollment form.

The Sick Leave Bank:

- To enroll, employees must donate 8 hours of annual leave (prorated for regular part-time employees) to join.
- Complete a Sick Leave Bank enrollment form.

Note: Employees may receive up to 160 hours (4 forty-hour weeks) from the Bank in the form of a grant for Family Medical Leave Act (FMLA) qualifying events in a rolling 12-month period.

Are there any special provisions for retirees?

Yes. Only retirees who are **not now eligible for Medicare** may change health plans or tiers during this Open Enrollment. As of January 1, 2014, Medicare-eligible retirees became ineligible to participate in the plans offered here. When they become Medicare-eligible, retirees must either enroll in one of the City-sponsored Medicare plans or participate in the Retiree Health Reimbursement Program.

What is the deadline to make a change to my benefits plans?

The Open Enrollment period is Friday, May 9 through Friday, May 23, 2014.

If you decide to enroll, change or drop plans or tiers, etc., you must complete the appropriate enrollment form(s) and return to Human Resources **no later than 4:30 pm on Friday, May 23 so it is processed timely. Additionally, you must complete online FSA enrollment by that time as well.**

Who can help me if I still have questions or need assistance with my choices?

- Visit one of the 10 on-site meetings scheduled to be held throughout the City during Open Enrollment (see *next page for schedule*) so the representatives of the insurance carriers can answer your personal, unique questions/concerns.
 - Contact the HR Benefits Team Monday-Friday, 8:00AM – 5:00PM at 703.746.3785.
-

Are there any changes to the health care plans that I should know about?

Yes, per the Affordable Care Act, the following changes have been made to the City-sponsored United Healthcare health plans effective July 1, 2014; (1) Emergency Room copay must apply to Out-of-Pocket (OOP) Medical Maximum, (2) Prescription drugs will have a separate OOP Maximum equal to the Medical OOP Maximum, and (3) the \$10,000 per year travel maximum for transplants has been eliminated.

Open Enrollment Guide

Who is eligible to enroll in City-sponsored benefit programs?

Eligible Employees:

- Full-time, regular
- Regular, part-time who work at least 10 hours per week

Eligible Dependents:

- Eligible Spouses:** An individual who, together with the benefitted eligible employee has entered into a marriage with a person of the opposite sex that is officially recognized by the United States government for federal income tax purposes, or a marriage or civil union with a person of the same sex that is recognized by a U.S. state, territory or a foreign government. The employee and the eligible spouse are able to attest that their marriage has not been dissolved or ended by divorce.
- Eligible Domestic Partner:** An individual of any sex who, together with the benefitted eligible employee, meets all of the following criteria:
 - Is in a relationship of mutual support, caring, and commitment with the employee, in which both intend to remain.
 - Has been sharing a primary residence as domestic partner with the employee for at least six continuous months unless residing in different geographical areas on a temporary basis.
 - Is not currently married to, nor part of a civil union or domestic partnership, with anyone else, and whose employee domestic partner can attest to the same. Has not been in a marriage with the benefitted employee within the last three years.
 - Is at least 18 years of age or an emancipated minor.
 - Is not the employee's parent, child, sibling, grandparent, grandchild or any blood relation that would bar marriage in the State of Virginia.
 - Shares joint responsibility for one another's common welfare and basic needs for at least six continuous months, as evidenced by at least two (2) of the following for the employee and eligible same/opposite-sex domestic partner:
 - named parents in a co-parenting or adoption
 - agreement
 - joint mortgage, lease, or title
 - joint ownership of motor vehicle or bank account or credit card account
 - designation of domestic partner as a primary beneficiary of employee's life insurance, retirement benefits, or will
 - assignment of a Durable Power of Attorney or Health Care Proxy to one another.
- Eligible Dependent Child(ren):** The benefitted eligible employee's dependent child(ren) must satisfy the following requirements in order to be eligible to participate:

The eligible dependent must have one of the following relationships with the benefitted eligible employee:

Open Enrollment Guide

- biological child;
- child of an eligible spouse or eligible domestic partner;
- child for whom the benefitted eligible employee, eligible spouse or eligible domestic partner has either legal custody, or has been appointed legal guardian; or
- adopted child or a child who has been placed with the benefitted eligible employee, eligible spouse or eligible domestic partner for adoption.

The eligible dependent must satisfy the criteria in either (1) or (2) below:

- is younger than age 26 and not eligible for coverage as an employee or spouse under another employer-sponsored health plan or
- is unmarried, is or becomes disabled before age 26 as certified by a City health plan, and qualifies as a tax dependent of the benefitted eligible employee, eligible spouse or eligible domestic partner.

Consult the eligibility guidelines found on the Benefits Page of AlexNet for further details.

Open Enrollment On-Site Meetings

OPEN ENROLLMENT

Friday, May 9 through May 23, 2014

This is the one opportunity during the year to review and discuss plan benefits with representatives from the City-sponsored benefits providers. The meeting dates, times and locations are listed below as information so please plan to attend one of the sessions to help you make well-informed healthcare decisions for you and your families. Please note that a representative from Pay Flex will be available to answer your FSA questions at the Annual Health Fair on May 15. A representative from The Standard, the City's Life and Long-Term Disability carrier, will be available at the Annual Health Fair as well.

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Friday, May 9	6:00 a.m. - 9:00 a.m.	Sheriff's Office 2003 Mill Road
Monday, May 12	9:00 a.m. - 11:00 a.m.	The Lee Center 108 Jefferson Street (Conference Room)
Monday May 12	1:00 p.m. - 3:00 p.m.	Public Safety (Police) 3600 Wheeler Ave (Community Room)
Tuesday, May 13	1:00 p.m. - 4:00 p.m.	Beatley Central Library 5005 Duke Street
Wednesday, May 14	6:30 a.m. – 9:30 a.m.	T&ES 2900 B Business Center Drive
Thursday, May 15 (Active Employees & Retirees)	9:00 a.m. 3:00 p.m.	Health, Wellness and Benefits Fair Charles Houston Recreation Center 901 Wythe Street
Monday, May 19 (Retirees Only)	10:00 a.m. – 1:00 p.m.	The Lee Center 1108 Jefferson Street (Conf. Room 2)
Tuesday, May 20	12:30 p.m. - 2:00 p.m.	Dept. of Community & Human Services 2525 Mt. Vernon Avenue Atrium Conference Room
Wednesday, May 21	7:00 a.m. - 10:00 a.m.	Public Safety (Fire) 900 Second Street (2 nd Floor)
Thursday, May 22	1:00 p.m. -4:00p.m	City Hall 301 King Street (Room 2000)

Common Health Insurance Terms

COMMON HEALTH INSURANCE TERMS DEFINED

Copayment (copay): This is a specific amount you pay when you receive certain covered services or prescriptions. Copayments vary depending on the plan and the service.

- **In-Network copays** are fixed amounts you pay for covered services to providers who contract with your health insurance plan and are usually less than out-of-network copays.
- **Out-of-Network copays** are fixed amounts you pay for covered services from providers who do *not* contract with your health insurance plan and are usually more than in-network copays.

Deductible: A fixed amount you pay out of pocket before a health insurance plan begins to cover your health care costs.

Emergency Room: Typically, emergency room services include all services provided when a patient visits an emergency room for an emergency condition. An emergency condition is any medical condition of recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to obtain immediate medical care could result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part.

Exclusive Provider Organization (EPO): EPO members do not have a primary care doctor and may see specialists without referrals. These plans may limit coverage to providers inside their networks. A network is a list of doctors, hospitals, and other health care providers that provide medical care to members of a specific health plan. If you use a doctor or facility that is not in the EPO's network, you may have to pay the full cost of the services provided.

Health Maintenance Organization (HMO): HMO members usually have a primary care doctor and must get referrals to see specialists. These plans may limit coverage to providers inside their networks. A network is a list of doctors, hospitals, and other health care providers that provide medical care to members of a specific health plan. If you use a doctor or facility that is not in the HMO's network, you may have to pay the full cost of the services provided.

Out-Of-Pocket Maximum (Costs): The most you pay in a plan year before your health insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium and the design of a healthcare plan will determine if all, some, or none of your copays, deductibles, co-insurance, etc. count towards the limit.

Point-of-Service Plan (POS): These insurance plans give you a choice of getting care within or outside of a provider network. With POS plans, you may use out-of-network providers and facilities, but you'll have to pay more than if you use in-network ones. Members can visit any in-network provider without a referral, but you may need one to visit a provider out-of-network.

Premium: The fixed amount that you will pay every month for health insurance coverage usually deducted from your biweekly paychecks.

Preventive Care: Medical care rendered not for a specific complaint, but focused on prevention and early-detection of disease. Specified by your plan, preventive care generally includes screening exams, routine preventive physical exams for adults and children, prenatal care, and vaccines (immunizations).

Common Health Insurance Terms

Primary Care Physician (PCP): A patient may be required to choose a primary care physician (PCP). A primary care physician usually serves as a patient's main healthcare provider. The PCP serves as a first point of contact for healthcare and may refer a patient to specialists for additional services.

Qualifying Event: A **qualifying event** is an event that results in the opportunity to make changes to one's enrollment in employer-sponsored benefits for which a qualified beneficiary (employee and the dependents) is eligible for COBRA benefits. Examples of qualifying events are the birth of a child, marriage, the end of employment, a reduction in working hours of the employee, divorce from the employee, etc. A full list of qualifying events is available in the Human Resources Department.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Health Insurance

FULL-TIME EMPLOYEES				
Monthly FY 2015 Health Insurance Premiums				
Effective July 1, 2014 through June 30, 2015				
	KAISER		United Health Care	
	DHMO	HMO	Choice EPO (In Plan Coverage Only)	Choice Plus POS (In Plan or out of Plan Coverage)
	EMPLOYEE COST		EMPLOYEE COST	
Individual				
Monthly	\$95.98	\$169.16	\$115.00	\$226.78
Bi-Weekly*	\$47.99	\$84.58	\$57.50	\$113.39
Employee + One				
Monthly	\$191.95	\$338.31	\$230.00	\$532.10
Bi-Weekly*	\$95.98	\$169.16	\$115.00	\$266.05
Family				
Monthly	\$244.74	\$431.36	\$295.55	\$683.95
Bi-Weekly*	\$122.37	\$215.68	\$147.78	\$341.98

*Bi-Weekly payments are for 24 pay periods. Premium payments are not deducted for two pay periods per year.

PART-TIME EMPLOYEES				
Monthly FY 2015 Health Insurance Premiums				
Effective July 1, 2014 through June 30, 2015				
	KAISER		United Health Care	
	DHMO	HMO	Choice EPO (In Plan Coverage Only)	Choice Plus POS (In Plan or out of Plan Coverage)
	EMPLOYEE COST		EMPLOYEE COST	
Individual				
Monthly	\$239.95	\$337.13	\$287.50	\$399.29
Bi-Weekly*	\$119.97	\$168.56	\$143.75	\$199.64
Employee + One				
Monthly	\$479.89	\$674.24	\$575.00	\$877.11
Bi-Weekly*	\$239.94	\$337.12	\$287.50	\$438.55
Family				
Monthly	\$611.86	\$859.66	\$738.88	\$1,127.28
Bi-Weekly*	\$305.93	\$429.83	\$369.44	\$563.64

*Bi-Weekly payments are for 24 pay periods. Premium payments are not deducted for two pay periods per year.

Health Insurance

NON-MEDICARE RETIREES

Monthly FY 2015 Health Insurance Premiums Effective July 1, 2014 through June 30, 2015

	KAISER		United Health Care	
	DHMO	HMO	Choice EPO (In Plan Coverage Only)	Choice Plus POS (In Plan or out of Plan Coverage)
	TOTAL COST		TOTAL COST	
Individual				
Monthly	\$477.83	\$573.07	\$578.40	\$686.81
Employee + One				
Monthly	\$914.04	\$1,096.23	\$1,108.26	\$1,314.33
Family				
Monthly	\$1,433.49	\$1,719.22	\$1,738.14	\$2,060.42

Retirees receive a City of Alexandria health care reimbursement of up to \$260 per month.

COBRA

Monthly FY 2015 Health Insurance Premiums Effective July 1, 2014 through June 30, 2015

	KAISER		United Health Care	
	DHMO	HMO	Choice EPO (In Plan Coverage Only)	Choice Plus POS (In Plan or out of Plan Coverage)
	EMPLOYEE COST		EMPLOYEE COST	
Individual				
Monthly	\$513.96	\$588.61	\$557.76	\$753.07
Employee + One				
Monthly	\$1,027.92	\$1,177.20	\$1,115.53	\$1,592.24
Family				
Monthly	\$1,310.60	\$1,500.94	\$1,433.47	\$2,046.24

Health Insurance

FY 2015 COMPARISON OF HEALTH INSURANCE PLAN FEATURES

(For Period July 1, 2014 through June 30, 2015)

To help in your review of key benefits included in each of the plans, please see the comparison chart below:

Covered Benefits	Kaiser DHMO	Kaiser Standard HMO (New)	United Healthcare Choice (EPO)	United Healthcare Choice Plus (POS)	
				In-Network	Out-of-Network
Deductible	\$400 Individual \$800 Family*	None	\$400 Individual \$800 Family*	\$400 Individual \$800 Family*	\$800 Individual \$1600 Family*
Out-of-Pocket Maximum	\$2200 Individual \$6400 Family	\$3500 Individual \$9400 Family	\$3175 Individual \$6350 Family	\$3175 Individual \$6350 Family	\$3175 Individual \$9525 Family
Primary Care Office Visit for Illness	\$15 Copay \$0 Copay for Children under age 5	\$15 Copay \$0 Copay for Children under age 5	\$15 Copayment	\$15 Copayment	80% coinsurance
Specialist Office Visit for Illness	\$25 Copay	\$25 Copay	\$25 Copayment	\$25 Copayment	80% Coinsurance
X-ray, Lab, and Diagnostics (Outpatient)	\$0 Copay	\$0 Copay	100%	100%	80% Coinsurance
X-ray, Lab, and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine (Outpatient))	\$75 Copay	\$75 Copay	\$100 Copayment per service	\$100 Copayment per service	80% Coinsurance
Inpatient Hospitalization	\$500 Copay	\$500 Copay	\$500 Copayment per admit	\$500 Copayment per admit	80% Coinsurance
Emergency Room Copay	\$150 Copay**	\$150 Copay**	\$150 Copayment per visit**	\$150 Copayment per visit**	\$150 Copayment per visit**
Urgent Care Copay	\$25 Copay	\$25 Copay	\$25 Copayment	\$25 Copayment	80% Coinsurance
Mental Health and Substance Abuse Services- Inpatient/Intermediate	\$500 Copay	\$500 Copay	\$500 Copayment per admit	\$500 Copayment per admit	\$500 Copayment per admit, 80% Coinsurance
Mental Health and Substance Abuse Services- Outpatient	\$15 Copay Individual \$7 Copay Group	\$15 Copay Individual \$7 Copay Group	\$15 Copayment	\$15 Copayment	80% Coinsurance
Pregnancy/Maternity Services	\$15 Initial visit, then \$0 copay	\$15 Initial visit, then \$0 copay	Depending upon where the Covered Service is provided, benefits will be the same as those stated under each Covered Service category	Depending upon where the Covered Service is provided, benefits will be the same as those stated under each Covered Service category	Depending upon where the Covered Service is provided, benefits will be the same as those stated under each Covered Service category, 80% Coinsurance
Preventive Care					
Well Child Care	Covered in full	Covered in full	Covered in full	Covered in full	80% Coinsurance
Adult Physical Exam	Covered in full	Covered in full	Covered in full	Covered in full	80% Coinsurance
Routine GYN Visit	Covered in full	Covered in full	Covered in full	Covered in full	80% Coinsurance
Mammogram	Covered in full	Covered in full	Covered in full	Covered in full	80% Coinsurance

Health Insurance

FY 2015 COMPARISON OF HEALTH INSURANCE PLAN FEATURES CONTINUED

(For Period July 1, 2014 through June 30, 2015)

Covered Benefits	Kaiser DHMO	Kaiser HMO (New)	United Healthcare Choice (EPO)	United Healthcare Choice Plus (POS)	
				In-Network	Out-of-Network
Preventive Care					
Cancer Screening (Pap Test, Prostate)	Covered in full	Covered in full	Covered in full	Covered in full	80% Coinsurance
Prescription Drug Coverage					
Generic Brand (Lowest-Cost)	\$15 Medical Center, \$25 Participating Community Pharmacy	\$15 Medical Center, \$25 Participating Community Pharmacy	\$15 Copayment	\$15 Copayment	80% Coinsurance
Preferred Brand (Mid-Range Cost)	\$30 Medical Center \$40 Participating Community Pharmacy	\$30 Medical Center \$40 Participating Community Pharmacy	\$30 Copayment	\$30 Copayment	80% Coinsurance
Non-Preferred Brand (Highest Cost)	\$50 Medical Center \$55 Participating Community Pharmacy	\$50 Medical Center \$55 Participating Community Pharmacy	\$50 Copayment	\$50 Copayment	80% Coinsurance
Mail Order	Generic: \$15 Preferred: \$30 Non-Preferred: \$50	Generic: \$15 Preferred: \$30 Non-Preferred: \$50	Mandatory mail order after 3 rd fill at retail	Mandatory mail order after 3 rd fill at retail	Mandatory mail order after 3 rd fill at retail
Rx Out-of-Pocket Maximum	Not Applicable	Not Applicable	\$3175 Individual \$6350 Family	\$3175 Individual \$6350 Family	\$3175 Individual \$9525 Family

* Includes Employee + 1

**Waived if admitted

Dental Insurance

AETNA DENTAL (New)

After an exhaustive RFP competitive bid process, the City has named Aetna Dental as its provider of voluntary dental benefits. These rates are over 20% lower than those of the previous provider.

AETNA DENTAL PLANS (Bi-Weekly Employee Costs)		
Coverage Tier	DMO	DPPO
Individual Only	\$7.41	\$14.24
Individual + One	\$12.36	\$26.60
Family	\$16.68	\$40.39

Enrollment forms and a benefits description will be distributed at the informational meetings and are also posted on [AlexNet](#). See the **Forms** section of this *Guide* below for other ways to get enrollment forms.

Vision Insurance

AETNA VISION (New)

AETNA VISION PLAN	
Coverage Tier	Bi-Weekly Employee Costs
Individual Only	\$4.75
Individual + One	\$9.01
Family	\$13.24

Enrollment forms and a benefits description will be distributed at the informational meetings and are also posted on [AlexNet](#). See the **Forms** section of this *Guide* below for other ways to get enrollment forms.

Flexible Spending Account (FSA)

FLEXIBLE SPENDING ACCOUNT (FSA)

This is the first fiscal year where the start of the City's health insurance plan year (July 1) is aligned with the start of the Flexible Spending Account (FSA) plan year. As a result, employees can set aside money from their paychecks (on a pretax basis) to use for eligible out-of-pocket expenses.

The City's FSA is administered by PayFlex and there are two types of FSAs available to employees: health care and dependent care.

Health Care FSA: This account reimburses for various eligible health care expenses such as medical, dental, vision, hearing, and prescription drug expenses. The FSA funds can also pay for deductibles and copays.

Dependent Care FSA: This account reimburses for eligible child and adult care expenses. Such expenses include day care, before and after school care, nursery school, pre-school and summer day camp.

Each FSA participant will be issued a PayFlex "debit" card, an account card that can be used to pay for eligible health care expenses. When the card is used, the funds are automatically debited from the participant's account.

This year's enrollment into the FSA will be conducted on-line via the PayFlex website, www.HealthHub.com. Enrollment instructions and further benefit details will be distributed at the informational meetings and are also posted on AlexNet. See **Forms** section of this guide for other sources of this information.

Long Term Disability

LONG TERM DISABILITY (LTD)

The City provides long-term disability insurance through the Standard Insurance Company. Each year during Open Enrollment, employees can make changes to the disability waiting period before LTD benefits begin. The basic benefit has a 120-day waiting period and is paid by the City. For an increased premium equal to .10% of insured earnings, employees can select a 90-day waiting period. Enrollment forms are posted on [AlexNet](#). See the **Forms** section of this *Guide* below for other ways to get enrollment forms.

For additional information, please contact a member of the Benefits Team at 703.746.3785.

Sick Leave Bank

SICK LEAVE BANK

To enroll, regular employees must donate 8 hours of annual leave (prorated for regular, part-time employees).

Employees may receive up to 160 hours (4 forty-hour weeks) from the Sick Leave Bank in the form of a grant for Family Medical Leave Act (FMLA) qualifying events in a rolling 12-month period. The 160 hours are prorated for regular, part-time employees. Please note, once you have enrolled, you continue to participate until you notify Human Resources that you no longer wish to participate.

To learn more about the Sick Leave Bank, please read the Sick Leave Bank policy on the Human Resources home page on AlexNet ([Sick Leave Bank Policy](#)). For questions on the enrollment process or to obtain an enrollment form, please visit AlexNet [Sick Leave Bank FAQs](#) and [Sick Leave Bank Enrollment Form](#). Enrollment forms are posted on [AlexNet](#). See the **Forms** section of this *Guide* below for other ways to get enrollment forms.

Other Useful Open Enrollment Information

HEALTH CARE REFORM

As required under the Patient Protection and Affordable Care Act of 2010, the Summary of Benefits Coverage (SBC) for each of the 3 health plans must be made available to all benefitted employees through the City. These documents as well as updated FY 2014 Group Insurance Summary Descriptions will soon be posted on AlexNet for your review.

Also, this legislation mandates that dependents can continue health coverage on their parent's health plan up to age 26. Your dependent child must be less than 26 years of age and ineligible for health coverage through his/her employer. If you have questions or need additional information, please contact a member of the Benefits Team at 703.746.3785.

QUALIFYING EVENTS

Employees are responsible for notifying the Benefits Team of any changes in their dependents' status (Divorce, Birth, Legal Adoption, Legal Guardianship, Death, Eligible Dependent's loss of health coverage). This qualifying event allows employees to change tiers, but not plans, even after open enrollment has ended. If you have any questions or concerns regarding your dependent enrollments and eligibility requirements, please contact the Benefits Division at 703.746.3785 for assistance.

Other Useful Open Enrollment Information

REMOTELY ACCESSING INFORMATION AND FORMS FROM HOME

AlexNet is available from outside the City's institutional network (I-Net). While you are logged into AlexNet remotely, your session will be encrypted in the same manner as an online store or your bank's Web site. This means that you can access your confidential pay and benefits information in the privacy of your home. In order to protect the security of the City's network, you must meet certain anti-virus and system requirements. You may view or print out the list of requirements and a step-by-step guide by visiting the following web address on AlexNet:

<https://alexnet.alexandriava.gov/Technology/content.aspx?id=4222>

Otherwise, you may access the AlexNet Remote Access gateway from the following web address:

<https://alexnet.alexandriava.gov>

Note: Employees with newer Windows 8 computers at home will not be able to access AlexNet remotely. ITS will be scheduling an update to allow Windows 8 authentication in the near future.

Annual Open Enrollment Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call a member of your Human Resources Benefits Team at 703.746.3785 for more information.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Annual Open Enrollment Notices

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility –

North Carolina – Medicaid

Website: <http://www.ncdhhs.gov/dma>
Phone: 919-855-4100

Pennsylvania – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

West Virginia – Medicaid

Website: www.dhhr.wv.gov/bms
Phone: 1-877-598-5820, HMS Third Party Liability

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

Virginia – Medicaid and CHIP

Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>
Medicaid Phone: 1-800-432-5924
CHIP Website: <http://www.famis.org/>
CHIP Phone: 1-866-873-2647

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in one of the City-sponsored health insurance plans if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [insert “30 days” or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the City of Alexandria Benefits Team at (703) 746-3785.

Annual Open Enrollment Notices

MEDICARE PART D CREDITABLE COVERAGE NOTICE:

The City is required to provide you with this Medicare notification.

Important Notice from the City of Alexandria About Your Prescription Drug Coverage and Medicare

Medicare Part D notices of creditable or non-creditable coverage must be provided to Medicare-eligible individuals prior to November 15 of each year.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Alexandria 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. The City of Alexandria has determined that the prescription drug coverage offered by the Kaiser Permanente Medicare Plus and United Healthcare Medicare Advantage Plans are, 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 are currently a Kaiser Permanente member and you decide to join a Medicare drug plan, you will be disenrolled altogether from your current Kaiser coverage. You and your covered dependents will no longer be eligible to participate in the City's health benefit.

If you are currently a United HealthCare member and you decide to join a Medicare drug plan, you will no longer be eligible for the prescription drug benefit provided by United HealthCare.

Annual Open Enrollment Notices

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 [Insert Name of Entity] 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 November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

You can contact a member of the Benefits Team at 703.746.3785.

NOTE: You will 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 the City of Alexandria 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).

May 1, 2014
City of Alexandria, Virginia
301 King Street, Suite 2510
Alexandria, VA 22314
703.746.3785

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).

Forms

Enrollment forms and other benefit information may be accessed from the following sources:

- [AlexNet](#), the City's Intranet
- Your Department HR Liaisons (See list below)
- The Human Resources Department located in Suite 2500, City Hall

Enrollment Forms/Benefit Information:

- Kaiser Permanente DHMO Enrollment Form
- Kaiser Permanente Standard HMO Enrollment Form
- United Healthcare Enrollment Application/Change/Cancellation Request Form (HMO/PPO)
- Aetna Dental Enrollment Form
- Aetna Vision Enrollment Form
- PayFlex On-line Enrollment Instructions and Debit Card Description
- The Standard Long-Term Disability Enrollment Form
- Sick Leave Bank Enrollment Form

NAME	DEPARTMENT	LOCATON	PHONE
FISKE,DIANE P.	CIRCUIT COURT JUDGES	520 King St., 4th Floor	4334
WILSON,ROBIN	CITY ATTORNEY	City Hall Room 1300	3750
HENDERSON,JACQUELINE M.	CITY CLERK & CLERK OF COUNCIL	City Hall Room 3500	3975
SITTON,GLORIA A.	CITY CLERK & CLERK OF COUNCIL	City Hall Room 3500	3796
GARRICK,SEAN M.	CITY MANAGER	City Hall Room 3500	3719
KNIPPENBERG,JOHN S.	CLERK OF COURT	520 King St. Suite 307	4564
ORTIZ,BENJAMIN	CLERK OF COURT	520 King St. Suite 307	4044
DILAWARI,SUNILA	CODE ADMIN - ADMIN SUPP	City Hall Room 4200	4188
HARRISON-WRIGHT,DONALD L.	COMMONWLTH ATTY	502 King St. Suite 301	4100
BAKER,LISA K.	DCHS STRAT INITIATIVES	2525 Mt. Vernon Ave.	3120
BOLLEN,JEFFREY W.	DCHS STRAT INITIATIVES	2525 Mt. Vernon Ave.	5665
CALLA METCALF,LENA	DCHS STRAT INITIATIVES	2525 Mt. Vernon Ave.	3551
DIAZ,ANA L.	DCHS STRAT INITIATIVES	2525 Mt. Vernon Ave.	5958
EDMUND,JOHNATHAN	DCHS STRAT INITIATIVES	2525 Mt. Vernon Ave.	5992
GAISOR,LUCINDA L.	DCHS STRAT INITIATIVES	720 N. St. Asaph St., 4th Floor	3494
HUNTER,AVIS V.	DCHS STRAT INITIATIVES	2525 Mt. Vernon Ave.	3506
PENDLETON,PATRICK	EMERGENCY COMM	3600 Wheeler Ave.	1824
RIM,HUE P.	FINANCE ADMINISTRATION	City Hall Room 1600	3930
HERRERA,MANUEL III	FIRE SUPPORTING ADMIN SERV	900 Second St.	5239
SAWYER,RACHEAL	FIRE SUPPORTING ADMIN SERV	900 Second St.	5264
JACKSON-ASANTE,MONIQUE	FIRE TRAINING	900 Second St.	5184
HARRIS,ALICIA D.	GEN SEVICES ADMINISTRATION	110 N. Royal St. Suite 300	3219
SHAW,MADELINE B.	HISTORIC ALEXANDRIA ADMIN	Lloyd House, 220 N. Washington St.	4554
KING,ELEANOR A.	HISTORIC ALEXANDRIA LYCEUM	201 S. Washington St.	4704

Forms

NAME	DEPARTMENT	LOCATON	PHONE
KEELER,ERIC P.	HOUSING REHABILITATION	421 King St., Suite 200	4990
WHITE,VINA K.	HUMAN RESOURCES	City Hall Room 2501	3768
KELLEHER,JEAN MARIE	HUMAN RIGHTS	421 King St. Suite 400	3140
MARTINEZ GUTIERREZ,MILADIS C.	HUMAN RIGHTS	421 King St., Suite 400	3140
GOLL,FANNIE	INFORMATION TECHNOLOGY SVCS	123 N. Pitt St., Suite 250	3021
MCDONALD,BEVERLY H.	INFORMATION TECHNOLOGY SVCS	123 N. Pitt St., Suite 250	3028
SAVUKAS,SUELLEN STOKES	INFORMATION TECHNOLOGY SVCS	123 N. Pitt St., Suite 250	3040
WELCH,DEBORAH B.	INTERNAL AUDIT	421 King St., Suite 302	4743
DILBERT,VYVYONNE S.	JUVENILE AND DOMESTIC RELATION	520 King St., 1st Floor	4144
HALL,CHRISTINE	LAW LIBRARY	520 King St. Suite LL34	4077
MATTHEWS,VERONICA L.	LIBRARY ADMIN	5005 Duke St.	1799
WESSON,LINDA S.	LIBRARY ADMIN	5005 Duke St.	1727
DAVIS,MICHELLE L.	OFFICE OF COMMUNICATIONS	city Hall Room	3968
SCOTT,ELAINE B.	OFFICE OF COMMUNICATIONS	City Hall Room 3230	4357
FINNEY,BRIDGETT L.	PLANNING & ZONING	City Hall Room 2100	3807
WOODROW,CICELY B.	PLANNING & ZONING	City Hall Room 2100	3810
CORREA,VALERIE	POLICE PERS. & TRAINING	3600 Wheeler Ave.	6642
GARNER,SHAREEN L.	POLICE PERS. & TRAINING	3600 Wheeler Ave.	6748
HICKMAN,LEAH	POLICE PERS. & TRAINING	3600 Wheeler Ave.	6645
LASHER,SHAWN M.	POLICE PERS. & TRAINING	3600 Wheeler Ave.	6667
OVIATT,EILEEN M.	REAL ESTATE ASSESSMENTS	City Hall Room 2600	4168
CROSWELL,LAWAN	RECREATION & CULTURAL ACT ADM	1108 Jefferson St.	5485
HILLIARD,BELINDA D.	RECREATION & CULTURAL ACT ADM	1108 Jefferson St.	5515
IRVING,WENDY R.	RECREATION & CULTURAL ACT ADM	1108 Jefferson St.	5513
ANGIE MANIGLIA TURNER	REGISTRAR OF VOTERS	132 N. Royal St. Suite 100	4050
BALDWIN,GEORGE B.	SHERIFF ADMINISTRATION	2003 Mill Road	5011
GLOVER,SANDRA M	T&ES SANITATION ADMINISTRATION	City Hall Room 4100	4130
JOHNSON,CARLA E.	TRANS & ENV SER ENGER & DESIGN	City Hall Room 3200	4054
BAXTER,ANTONIO	TRANS & ENVIRON SERV ADMIN	City Hall Room 4100	4022
MELLOTT,VICKI L.	TRANS & ENVIRON SERV ADMIN	City Hall Room 4100	4029
FLETCHER, JÉROME	CITY MANAGERS OFFICE	City Hall Room 3500	3727
CHARLIE JENKINS	OFFICE OF MANAGEMENT AND BUDGET	City Hall Room 3400	3736