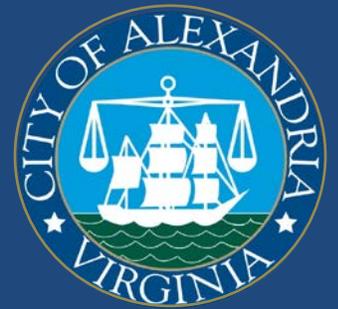


GUIDE TO FY 2016
OPEN ENROLLMENT
PERIOD



Highlights Inside:

Open Enrollment begins on May 6, 2015 and ends May 22, 2015. Open enrollment is generally your only opportunity to enroll in, change or cancel your health, dental, vision coverage and change your long term disability and supplemental life coverage. It is also an opportunity to enroll in the sick leave bank and the City-sponsored Flexible Spending Account (FSA) program.

ALL employees MUST take action during Open Enrollment. Federal law requires each employee to affirmatively elect or decline health benefits. You must use the online Employee Self-Service Portal on AlexNet to choose a health care plan or decline coverage, **even if you don't want to change anything** about your plan or don't have City-sponsored health benefits.

A new, optional Consumer Driven Health Plan is available. This plan is available from United Healthcare and offers a Health Savings Account (HSA) that is tied to a high deductible plan and lower premiums.

PLEASE READ THROUGH THIS GUIDE FOR MORE DETAILED INFORMATION.

Open Enrollment Guide

Welcome to the FY 2016 Open Enrollment Guide! This year, Open Enrollment is from **Wednesday, May 6 through Friday, May 22, 2015**. The *Guide* is the primary source of information on the Open Enrollment Process and the City's benefits programs.

How to Enroll in FY 2016

Health, Dental, Vision, Life
Insurance & Long-Term
Disability



Employee Self-Service
Portal (Online)

New this year employees will make most benefit plan selections online using the Employee Self-Service Portal (ESS) on AlexNet. The ESS Portal must be used when an employee enrolls in, changes, or cancels health, dental, vision, life and long-term disability insurance. Because enrollment will be online for these benefits, no enrollment forms will be provided or needed. The ESS Portal will be open for enrollments starting May 11, 2015. Step by step instructions on how to use the ESS Portal are provided later in the *Guide*.

PayFlex Flexible
Spending Account



PayFlex Website
(Online)

Employees who are currently in the Flexible Spending Account (FSA) must reenroll online through the PayFlex website (www.HealthHub.com). New enrollees, individuals not currently enrolled with PayFlex, must provide a paper enrollment.

Sick Leave Bank



Sick Leave Bank
Enrollment Form

Employees who are enrolling in the Sick Leave Bank must complete and submit an enrollment form. Forms and instructions are provided later in the *Guide*.

Everyone Must Take Action

Because we are using the ESS Portal for open enrollment for the first time, you must make a choice in the online ESS system even if you are not making any changes to your benefits selections.

A federal law called the Affordable Care Act (ACA) requires that all employees eligible for health care affirmatively elect or decline coverage. Even if you are not or do not wish to be in a City-sponsored health insurance plan, you must log into the ESS Portal to decline health insurance coverage.

Open Enrollment Guide

Key questions to consider before Open Enrollment begins

Can I cancel or change 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. In accordance with 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 or Supplemental Life Plan may be changed during the plan year with evidence of insurability.

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

- Review this *Guide to FY 2016 Open Enrollment*.
 - Plan to visit one of the nine 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 or concerns. A schedule of dates and times is included on the next page of this *Guide*.
 - Visit the Open Enrollment and Benefits [pages on AlexNet](#).
-

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

The Open Enrollment period is Wednesday, May 6 through Friday, May 22, 2015.

- You must choose to enroll, change or cancel coverage, or choose not to have City-sponsored coverage by **no later than 11:59 pm on Friday, May 22 so it is processed timely**.

You must complete your elections using the Employee Self-Service portal, and for the Sick Leave Bank provide the appropriate enrollment forms. FSA enrollment must be completed through the PayFlex website (www.HealthHub.com) unless you are enrolling for the first time, in which case you will need to provide a paper enrollment form.

Are there any special provisions for retirees?

Yes. Only **non-Medicare eligible** retirees (retirees under 65) may change health plans or tiers during this Open Enrollment. When retirees become Medicare-eligible (65 or older), they must either enroll in one of the City-sponsored Medicare plans or participate in the Retiree Health Reimbursement Program. For questions about eligibility and retiree benefits, retirees can contact the HR Benefits Team Monday through Friday, 8 a.m. to 5 p.m., at 703.746.3785 or by email at HumanResources@alexandriava.gov.

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

- Visit one of the nine 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 or concerns.
 - Contact the HR Benefits Team Monday through Friday, 8 a.m. to 5 p.m., at 703.746.3785 or by email at HumanResources@alexandriava.gov.
-

Open Enrollment On-Site Meetings

OPEN ENROLLMENT

Wednesday, May 6 through Friday, May 22, 2015

This is the one opportunity during the year to make changes to your health benefits, and the most convenient time to review and discuss plan benefits with representatives from the City-sponsored benefits providers. The meeting dates, times and locations are listed below; please plan to attend one of the sessions to help you make well-informed healthcare decisions for you and your families. Representatives from Kaiser, United Healthcare, Aetna, CareFirst Blue Cross/Blue Shield, PayFlex and The Standard Insurance Company will be present to answer any questions you may have about their particular coverages.

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Wednesday, May 6	7:00 a.m. - 10:00 a.m.	Fire 900 Second Street (2 nd Floor)
Thursday, May 7	1:00 p.m. - 3:00 p.m.	Police Department 3600 Wheeler Avenue (Community Room)
Monday, May 11	9:00 a.m. – 11:00 a.m.	The Lee Center 1108 Jefferson Street (Conference Room 2)
Tuesday, May 12 (CDHP Presentation)*	1:00 p.m. - 4:00 p.m.	Beatley Library 5005 Duke Street (Community Room)
Wednesday, May 13	9:00 a.m. – 12:00 p.m.	RETIREES ONLY The Lee Center 1108 Jefferson Street (Conference Room 2)
Thursday, May 14	7:00 a.m. – 9:00 a.m.	T&ES 2900-B Business Center Drive
Tuesday, May 19	6:00 a.m. – 9:00 a.m.	Sheriff's Office 2003 Mill Road
Thursday, May 21	12:30 p.m. – 2:00 p.m.	Dept of Community & Human Services 2525 Mt. Vernon Avenue (Cyphers Conference Room)
Friday, May 22 (CDHP Presentation)	1:00 p.m. – 4:00 p.m.	City Hall 301 King Street (Room 2000)

***Consumer Driven Health Plan**

Open Enrollment Guide

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

Eligible Employees:

- Full-time, regular - defined by the Affordable Care Act as employees working 30 hours or more per week
- Part-time, regular who work at least 10 hours per week but less than 30

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 Commonwealth 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 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:

- 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

Open Enrollment Guide

- 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:

- Is younger than age 26;
- 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.

Further details regarding benefits eligibility can found on the [Benefits page](#) of AlexNet.

Health, Dental, Vision, Life & Long-Term Disability

This year employees will make selections for health, dental, vision, life insurance and long-term disability (LTD) online using the **Employee Self Service Portal (ESS)**. The ESS Portal must be used when an employee enrolls in, changes, or cancels insurance coverage in any of these plans. Because enrollment will be online for these benefits, no enrollment forms will be provided or needed. Step by step instructions on how to use the ESS Portal are provided later in the Guide.

New Health Insurance Plan in FY 2016

In FY 2016, the City is offering a new benefit plan. It's called a **Consumer Driven Health Plan (CDHP)** through United Healthcare. CDHP's afford participants greater control over their health budgets and allow participants to be the primary decision-maker in the healthcare they receive.

The CDHP couples a High Deductible Health Plan (HDHP) with an IRS qualified Health Savings Account (HSA) feature. An HDHP is a health insurance plan that is intended to cover catastrophic illness and features high deductibles and lower premiums than traditional health plans. HSA's are tax-advantaged medical savings accounts available only to individuals enrolled in high deductible health plans. The money in the savings account can help to pay the deductible and other qualified medical expenses. Once the deductible is met, the insurance starts to pay. Money remaining in the savings account earns interest, can be rolled over year to year, and you can take it to another employer. You can also keep it and use it in retirement and leave it to a beneficiary.

The new CDHP is completely voluntary. Additional information on the new CDHP is included with the *Guide* and enclosed in your open enrollment packet. You can also learn more by attending one of the 9 information sessions during open enrollment.

Will the City be providing a contribution if I decide I want to participate in the CDHP?

- Yes. The City will provide a one-time contribution to an HSA over a 2-year period if an employee chooses to participate in the CDHP. The contribution in year one will be \$500 individual/\$1,000 for employee plus one or family and if the employee remains in the plan for FY 2017 the contribution will be \$250 individual/\$500 for employee plus one or family.

The premiums are lower for the CDHP. Why shouldn't I select a lower premium?

- The main purpose of a CDHP is to save money to cover the cost of a catastrophic loss or illness. Premiums are lower because the CDHP includes a higher deductible than the traditional plans. Ideally, if you enroll in the CDHP the money saved in premium contributions would be put towards your health savings account (HSA) to help pay deductibles and qualified medical expenses.

How do I sign up for an HSA for the CDHP?

- Since this is a new benefit, there is an enrollment form to complete. The form will be available at the Open Enrollment sessions and will be posted to AlexNet.

Who is Optum Bank and do I have to use Optum Bank for my HSA?

- No, you do not. Optum is available as the 'preferred' bank because of its affiliation with United Healthcare. It is, for purposes of integration of your benefits information, more convenient. But you are not required to use this bank for your HSA.

Health, Dental, Vision, Life & Long-Term Disability

I already use a Flexible Spending Account through Payflex. Can I use this with the CDHP?

- No. The IRS code governing HSA's states that you can use one plan or the other, but you cannot use both.

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

Health Insurance Plans:

What are my choices?

- You may enroll, change, or cancel your health insurance coverage, or choose not to have City-sponsored coverage.
- 5 Plans are available in FY 2016 with 3 tier options: Employee, Employee + 1, and Family:
 - Kaiser Permanente deductible DHMO
 - Kaiser Permanente standard HMO (no deductible)
 - United Healthcare Choice Plan (EPO)
 - United Healthcare Choice Plus Plan (POS)
 - United Healthcare Consumer-Driven Health Plan (High Deductible Plan) (**NEW**)
 - NOTE: A separate enrollment form for the HSA is required.
- Plan selections are made online in the ESS Portal on AlexNet.

Aetna Dental Insurance Plans:

- You may enroll in the dental plan.
- 2 Plans are available in FY 2016 with 3 tier options: Employee, Employee + 1, and Family:
 - DHMO Plan
 - DPPO Plan
- Plan selections are made online in the ESS Portal on AlexNet.

Aetna Vision Insurance Plan:

- You may enroll in the vision plan.
- 1 plan is available in FY 2016 with 3 tier options: Employee, Employee + 1, and Family.
- Plan selections are made online in the ESS Portal on AlexNet.

The Standard Long Term Disability Plan:

- Upgrade from 120-day waiting period to 90-day waiting period.
- Plan selections are made online in the ESS Portal on AlexNet.
- Note:** employees must also complete and submit the LTD evidence of insurability form. A link will be available through the ESS Portal on AlexNet.

Health, Dental, Vision, Life & Long-Term Disability

The Standard Supplemental Life Insurance Plan:

- Upgrade from one to two times your base salary or decrease from two to one times your base salary
- Plan selections are made online in the ESS Portal
- **Note:** employees must also complete and submit the Supplemental Life evidence of insurability form. A link will be available through the ESS Portal on AlexNet.

New Prescription Drug Provider for UHC Participants in FY 2016

As part of the City's competitive bidding process for healthcare plans, the City has selected a new prescription (Rx) drug provider starting in FY2016. **CareFirst BlueCross/Blue Shield-Caremark** will replace OptumRx as our Rx provider. Their service will be integrated with United Healthcare; however, you will receive a new Rx card along with your traditional medical insurance card. Employees enrolled in Kaiser will not be impacted by this change and do not need to take action.

The new Rx provider will provide a more expansive drug selection, automated features and tools to aid you in your use of Rx medications. Additionally, with Caremark's affiliation with CVS, participants using the CVS pharmacy will receive a 20% discount on items not already discounted. A copy of the new formulary is provided as an attachment to the *Guide*. Also, a representative from CareFirst will be present at the Open Enrollment meetings to answer any questions you may have regarding your Rx benefit.

If Caremark is affiliated with CVS, does that mean I can only use CVS pharmacy?

- No. Caremark is simply the Pharmacy Benefit Manager. You may use any pharmacy in the CareFirst Blue Cross/Blue Shield network. Because of Caremark's relationship with CVS, you get the added benefit of the 20% discount on items not already discounted, if you chose to use CVS. For additional information on your Rx benefit go to: www.carefirst.com/rx.

Common Health Insurance Terms

COMMON HEALTH INSURANCE TERMS DEFINED

Consumer Driven Health Plan (CDHP): This is a health insurance plan comprised of two parts:

- It has Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), or similar medical payment products to pay routine health care expenses directly, and
- A High-Deductible Health Plan (HDHP) which is designed to protect the member from catastrophic medical expenses. High-deductible policies cost less, but the member pays routine medical claims using a pre-funded spending account, often with a special debit card provided by a bank or insurance plan. If the balance on this account runs out, the member then pays claims just like under a regular deductible. Members keep any unused balance or "rollover" at the end of the year to increase future balances, or to invest for future expenses.

Because routine claims are paid using a consumer-controlled account versus a fixed health insurance benefit, the member has greater control over their own health budgets.

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.

Coinsurance: is the percentage amount you are required to pay towards your health insurance bill when you file a health insurance claim. The coinsurance percentage is usually in addition to the deductible that would need to be paid first before the health insurance plan begins to cover your health care costs.

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

Common Health Insurance Terms

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.

Health Savings Account: A Health Savings Account (HSA) combines high deductible health insurance with a tax-favored savings account. Its purpose is to pay qualified medical expenses such as deductibles. Money left in the savings account earns interest and is yours to keep. You can contribute, on a pre-tax basis, up to \$3,350 for individuals and \$6,650 for family. In addition, if you are over 55, you can contribute an additional \$1,000 as a catch-up contribution making the individual contribution \$4,350 and family contribution \$6,650. HSA's, by law, must be combined with a qualified high deductible health insurance plan. For more information on HSA's please go to: www.hsacenter.com.

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).

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 2016 Health Insurance Premiums

Effective July 1, 2015 through June 30, 2016

	KAISER					
	DHMO			HMO		
	EMPLOYEE E COST	CITY	TOTAL	EMPLOYEE E COST	CITY	TOTAL
Individual						
Monthly	\$103.24	\$412.94	\$516.18	\$178.04	\$412.60	\$590.64
Bi-Weekly*	\$51.62	\$206.47	\$258.09	\$89.02	\$206.30	\$295.32
Employee + One						
Monthly	\$206.47	\$825.89	\$1,032.36	\$356.08	\$825.20	\$1,181.28
Bi-Weekly*	\$103.24	\$412.94	\$516.18	\$178.04	\$412.60	\$590.64
Family						
Monthly	\$263.25	\$1,053.01	\$1,316.26	\$454.00	\$1,052.13	\$1,506.13
Bi-Weekly*	\$131.63	\$526.50	\$658.13	\$227.00	\$526.07	\$753.06

	United Health Care								
	Choice EPO (In Plan Coverage Only)			Choice Plus POS (In Plan or out of Plan Coverage)			Consumer Directed Health Plan (CDHP)		
	EMPLOYEE COST	CITY	TOTAL	EMPLOYEE COST	CITY	TOTAL	EMPLOYEE COST	CITY	TOTAL
Individual									
Monthly	\$110.55	\$442.21	\$552.76	\$218.01	\$442.21	\$660.22	\$74.21	\$420.50	\$494.71
Bi-Weekly*	\$55.28	\$221.10	\$276.38	\$109.01	\$221.10	\$330.11	\$37.10	\$210.25	\$247.36
Employee + One									
Monthly	\$221.11	\$884.42	\$1,105.53	\$511.52	\$884.42	\$1,395.94	\$148.41	\$841.02	\$989.43
Bi-Weekly*	\$110.55	\$442.21	\$552.77	\$255.76	\$442.21	\$697.97	\$74.21	\$420.51	\$494.72
Family									
Monthly	\$284.12	\$1,136.49	\$1,420.61	\$657.49	\$1,136.49	\$1,793.98	\$190.71	\$1,080.71	\$1,271.42
Bi-Weekly*	\$142.06	\$568.24	\$710.31	\$328.75	\$568.24	\$896.99	\$95.36	\$540.35	\$635.71

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

Health Insurance

PART-TIME EMPLOYEES

Monthly FY 2016 Health Insurance Premiums Effective July 1, 2015 through June 30, 2016

	KAISER					
	DHMO			HMO		
	EMPLOYEE E COST	CITY	TOTAL	EMPLOYEE E COST	CITY	TOTAL
Individual						
Monthly	\$258.09	\$258.09	\$516.18	\$332.77	\$257.88	\$590.64
Bi-Weekly*	\$129.04	\$129.04	\$258.09	\$166.38	\$128.94	\$295.32
Employee + One						
Monthly	\$516.18	\$516.18	\$1,032.36	\$665.53	\$515.75	\$1,181.28
Bi-Weekly*	\$258.09	\$258.09	\$516.18	\$332.76	\$257.88	\$590.64
Family						
Monthly	\$658.13	\$658.13	\$1,316.26	\$848.55	\$657.58	\$1,506.13
Bi-Weekly*	\$329.06	\$329.06	\$658.13	\$424.27	\$328.79	\$753.06

	United Health Care								
	Choice EPO (In Plan Coverage Only)			Choice Plus POS (In Plan or out of Plan Coverage)			Consumer Directed Health Plan (CDHP)		
	EMPLOYEE COST	CITY	TOTAL	EMPLOYEE COST	CITY	TOTAL	EMPLOYEE COST	CITY	TOTAL
Individual									
Monthly	\$276.38	\$276.38	\$552.76	\$383.84	\$276.38	\$660.22	\$247.36	\$247.36	\$494.71
Bi-Weekly*	\$138.19	\$138.19	\$276.38	\$191.92	\$138.19	\$330.11	\$123.68	\$123.68	\$247.36
Employee + One									
Monthly	\$552.77	\$552.77	\$1,105.53	\$843.18	\$552.77	\$1,395.94	\$494.72	\$494.72	\$989.43
Bi-Weekly*	\$276.38	\$276.38	\$552.77	\$421.59	\$276.38	\$697.97	\$247.36	\$247.36	\$494.72
Family									
Monthly	\$710.31	\$710.31	\$1,420.61	\$1,083.68	\$710.31	\$1,793.98	\$635.71	\$635.71	\$1,271.42
Bi-Weekly*	\$355.15	\$355.15	\$710.31	\$541.84	\$355.15	\$896.99	\$317.86	\$317.86	\$635.71

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

Health Insurance

COBRA

Monthly FY 2016 Health Insurance Premiums Effective July 1, 2015 through June 30, 2016

	KAISER					
	DHMO			HMO		
	EMPLOYEE COST	CITY	GROUP RATE	EMPLOYEE COST	CITY	GROUP RATE
Individual						
Monthly	\$526.50	\$0.00	\$516.18	\$602.46	\$0.00	\$590.64
Employee + One						
Monthly	\$1,053.01	\$0.00	\$1,032.36	\$1,204.90	\$0.00	\$1,181.28
Family						
Monthly	\$1,342.58	\$0.00	\$1,316.26	\$1,536.25	\$0.00	\$1,506.13

	United Health Care								
	Choice EPO (In Plan Coverage Only)			Choice Plus POS (In Plan or out of Plan Coverage)			Consumer Directed Health Plan (CDHP)		
	EMPLOYEE COST	CITY	GROUP RATE	EMPLOYEE COST	CITY	GROUP RATE	EMPLOYEE COST	CITY	GROUP RATE
Individual									
Monthly	\$563.82	\$0.00	\$552.76	\$673.42	\$0.00	\$660.22	\$504.60	\$0.00	\$494.71
Employee + One									
Monthly	\$1,127.64	\$0.00	\$1,105.53	\$1,423.86	\$0.00	\$1,395.94	\$1,009.22	\$0.00	\$989.43
Family									
Monthly	\$1,449.02	\$0.00	\$1,420.61	\$1,829.86	\$0.00	\$1,793.98	\$1,296.85	\$0.00	\$1,271.42

Health Insurance

FY 2016 COMPARISON OF HEALTH INSURANCE PLAN FEATURES

To help in your review of key benefits included in each of the plans, please see the comparison chart below. Information about the new Consumer Driven Health Plan (CDHP) begins on Page 17. (For Period July 1, 2015 through June 30, 2016)

Covered Benefits	Kaiser DHMO	Kaiser Standard HMO	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 2016 COMPARISON OF HEALTH INSURANCE PLAN FEATURES CONTINUED (For Period July 1, 2015 through June 30, 2016)

Covered Benefits	Kaiser DHMO	Kaiser Standard HMO	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	Generic: \$37.50 Preferred: \$75.00 Non-Preferred: \$125	Generic: \$37.50 Preferred: \$75.00 Non-Preferred: \$125	Not Applicable
Retail 90-day Refill (CVS only)	Not Applicable	Not Applicable	Generic: \$37.50 Preferred: \$75.00 Non-Preferred: \$125	Generic: \$37.50 Preferred: \$75.00 Non-Preferred: \$125	Not Applicable
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

Medical copays are after deductibles

Health Insurance

FY 2016 CONSUMER DRIVEN HEALTH PLAN FEATURES (NEW)

Medical Plan Provisions		
Types of Coverage	In-Network	Out-of-Network
Annual Deductible		
Individual	\$1,500	
Family	\$3,000	
Out-of-Pocket Maximum		
Individual	\$6,450	\$12,900
Family	\$12,900	\$25,800
HSA Employer Contribution		
Individual HSA Fund	\$500	
Family HSA Fund	\$1,000	
Coinsurance	90%	70%
Physician's Office Services		
Primary Care Physician	90%, AD*	70%, AD
Specialist	90%, AD	70%, AD
Preventive Services	In-Network	Out-of-Network
Preventive Care		
Well Child Care	100%	70%, AD
Adult Physical Exam		
Routine GYN Visit		
Mammogram		
Cancer Screening (Pap Test, Prostate)		
Hospital Services		
Outpatient	90%, AD	70%, AD
Inpatient	90%, AD	70%, AD
Emergency Services		
Emergency Room	90%, AD	90%, AD
Urgent Care Center	90%, AD	70%, AD
Ambulance	90%, AD	70%, AD
Lab, X-Ray and Major Diagnostics		
Diagnostics, X-ray, Lab Work	90%, AD	70%, AD
Advanced Imaging (MRI, PET/CT)	90%, AD	70%, AD
Prescription Drug Coverage	In-Network	Out-of-Network
Annual Deductible		
Individual Deductible	Integrated with Medical	
Family Deductible	Integrated with Medical	
Out-of-Pocket Maximum		
Individual	Integrated with Medical	
Family	Integrated with Medical	
Retail – up to 31 day supply		
Generic/Preferred/Non-Preferred	90%/80%/70%, AD	70%, AD
Mail Order – up to 90-day supply		
Generic/Preferred/Non-Preferred	90%/80%/70%, AD	Not Applicable
Retail 90-day Refill		
Generic/Preferred/Non-Preferred	90%/80%/70%, AD	Not Applicable

*After Deductible

Dental Insurance

AETNA DENTAL

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

A benefits description for dental coverage will be distributed at the informational meetings and is also posted on [AlexNet](#).

Vision Insurance

AETNA VISION

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

A benefits description for vision coverage will be distributed at the informational meetings and is also posted on [AlexNet](#).

Supplemental Life Insurance

SUPPLEMENTAL LIFE INSURANCE

The City provides life insurance through the Standard Insurance Company. Each year during Open Enrollment, employees can make changes to the value of their life insurance coverage to 1 or 2 times their basic annual salary. The cost to purchase additional insurance is \$.286/\$1000 of coverage. Evidence of insurability is required.

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

Long Term Disability

LONG TERM DISABILITY (LTD)

The City provides optional 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. Evidence of insurability is required.

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

Flexible Spending Account (FSA)

Employees can use a Flexible Spending Account to set aside money from their paychecks (on a pretax basis) to use for eligible out-of-pocket expenses. The Flexible Spending Account plan year begins on July 1.

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. **The limit for the health care spending account in 2015 is \$2,550.**

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. **The limit for the dependent care spending account in 2015 is \$5,000.**

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.

Enrollment into the FSA is conducted on-line via the PayFlex website, www.HealthHub.com. If you do not currently participate in the Flexible Spending program you will need to complete a paper enrollment form so the Benefits Team can set up your account.

Enrollment instructions and further benefit details will be distributed at the informational meetings and are also posted on [AlexNet](#).

If you elect to participate in the CDHP/HSA, you will not be able to participate in the Flexible Spending Account. For more information please see the eligibility information provided in the CDHP materials attached with this *Guide*.

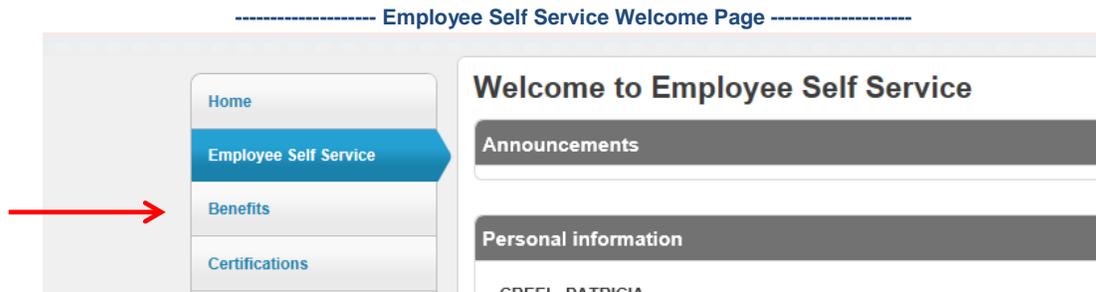
Employee Self Service

MUNIS Employee Self Service (ESS) is a web-based application that allows City of Alexandria Employees the ability to privately access selected personal, payroll, and benefits information. The application is accessible through the City's intranet, called AlexNet. You can access AlexNet using the Windows username and password you use to log in to City computers. If you access AlexNet while logged into a City computer, you will be automatically logged into AlexNet. If you access AlexNet from home, you will enter your Windows username and password. You can also access ESS directly without logging into AlexNet, using the second set of instructions below. If you have questions about how to access AlexNet, call the ITS Help Desk at 703.746.3060.

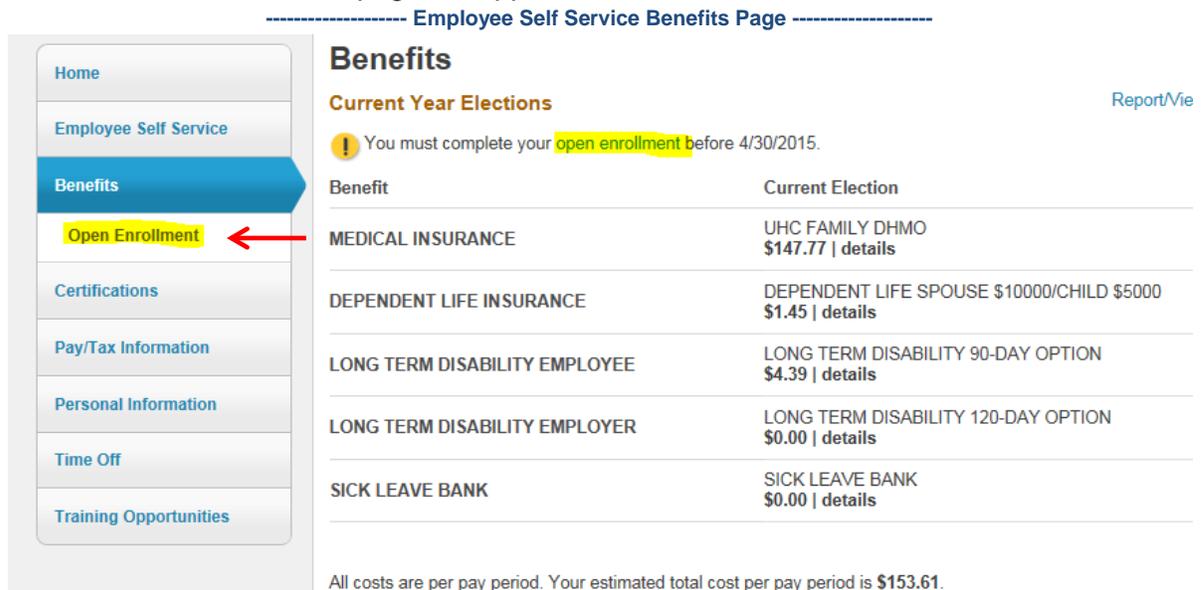
ACCESSING EMPLOYEE SELF SERVICE FROM ALEXNET



1. Click on "Employee Self Service" and the Welcome page will appear.



2. Click on "Benefits" and the Benefits page will appear.



Employee Self Service

- Click on "Open Enrollment" under Benefits on the far left of the screen or click on "Open Enrollment" under Current Year Elections near the top of the page and the Open Enrollment screen will appear.

Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 4/30/2015.*

Open Enrollment is from May 6 to May 22, 2015. All enrollments must be completed by 11:59 p.m on May 22nd after which time the portal will close.

Benefit	Current Election	New Election	
MEDICAL INSURANCE	UHC FAMILY DHMO \$147.77 details	UHC FAMILY DEDUCTIBLE (EPO) \$147.77 details	Decline benefit Change New Election
DENTAL INSURANCE	No Election Made	Election Not Made	Decline benefit Make New Election
VISION	No Election Made	Election Not Made	Decline benefit Make New Election
LIFE INSURANCE EMPLOYER PAID	No Election Made	Election Not Made	Make New Election
LIFE INSURANCE EMPLOYEE PAID	No Election Made	Election Not Made	Decline benefit Make New Election
DEPENDENT LIFE INSURANCE			

You can now make your selection for each benefit.

Accessing Employee Self Service from the Internet

- Enter <https://service.alexandriava.gov/mss/default.aspx> and the Self Service Portal Home page will appear.

----- Alexandria, VA - Self Service Portal Page -----

CITY OF Alexandria VIRGINIA

GUEST | Home | Log In

Home | Alexandria, Va - Self Services Portal

Welcome. To use the Vendor or Employee Self Services Portal, click "Log In" at the top right and enter your credentials. Then select the Vendor or Employee tab on the left. New vendors can register by selecting the Vendor tab and then the Registration tab.

- Click on "Log In" located on the upper right-hand side of the page and the Log In page will appear.

----- Log In Page -----

CITY OF Alexandria VIRGINIA

Home

User name

Password

[Forgot your password?](#)

Employee Self Service

3. Enter your User name and Password, then Click “Log In”
 - a. User name consists of your first name initial, last name, and last 4 digits of your SSN with no spaces in between.
 - b. **First time user password is the last 4 digits of your SSN. You will be forced to change. See Initial Change Password Page.** Otherwise, returning users, enter your password.

Example: If your name is John Smith and your SSN is 111-22-3333 then

- User name is jsmith3333
- Initial password is 3333

Password guidelines are as follows:

- Allowed 8 failed logins before you are locked out (if you get locked out call the Help Desk at 703-746-3060)
- Password expiration interval is 6 months
- Minimum of 8 characters in length
- Alphanumeric
- Upper and lower case
- At least one numeric value
- (passwords cannot begin with a special character)

First time users will be prompted to provide a password hint. The intent is that it can be emailed to you if you forget your password. However, since not all users signing on this way have an email address, this feature is currently not operational.

----- Initial Change Password Page -----

First time users will be forced to change their password

Before proceeding you must change your password.

New password be at least 8 characters long, contain at least 1 numeric character and contain at least one uppercase character and one lowercase character.

Current password

New password

Password strength **Unacceptable**

Confirm new password

New password hint

4. To change your password
 - a. Enter Current password
 - b. Enter New password
 - c. Enter password again on confirm new password
 - d. Enter password hint
 - e. Click “Change” and the Successful Password Change page will appear

Note: Password strength will change to green “Acceptable” when password requirements are met.

Employee Self Service

----- Change Password Page - Valid Password Entered -----

First time users enter last 4 digits of your SSN for your current password

Before proceeding you must change your password.
New password be at least 8 characters long, contain at least 1 numeric character and contain at least one uppercase character and one lowercase character.

Current password: [masked]
New password: [masked] ←
Password strength: Acceptable ←
Confirm new password: [masked]
New password hint: same|

Change Cancel

When password meets requirements, you will see "Acceptable" in green

----- Successful Password Change Page -----

Your password has been successfully changed.

Continue

5. After successfully changing your password and logging on the Employee Self Service Welcome page will appear.

----- Employee Self Service Page -----

AlexNet

CREEL, PATRICIA | Home

Home | My Pay & Leave

Administration | Home

Employee Self Service | Welcome. To view HR/Payroll information and paychecks, select the Employee Self Service tab on the left.

6. To continue in Employee Self Service and Open Enrollment follow Steps 3 to 5 in the previous section.

NOTE: When entering dependent information, social security numbers **MUST** be provided under the terms of the Affordable Care Act for reporting purposes.

Need Help?

If you are unable to enroll and need assistance, open labs with HR representatives will be available in ITS Training Room #2 at 123 N. Pitt Street (Second Floor) during the following dates and times:

- May 11 2:00-4:00PM
- May 15 1:00-3:00PM
- May 18 1:00-4:00PM

Annual Open Enrollment Notices

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 5 health plans must be made available to all benefitted employees through the City. These documents as well as updated FY 2016 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. 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.

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

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

West Virginia – Medicaid

Website: www.dhhr.wv.gov/bms

Phone: 1-877-598-5820, HMS Third Party Liability

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

Annual Open Enrollment Notices

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 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.

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?

Annual Open Enrollment Notices

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.

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 Kaiser or United Healthcare 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).

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).

May 6, 2015
City of Alexandria, Virginia
301 King Street, Suite 2510
Alexandria, VA 22314
703.746.3785

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 Form:

- Flexible Spending Account Form
- Sick Leave Bank Enrollment Form

Department HR Liaisons

DEPARTMENT	NAME	PHONE	EMAIL
City Attorney	Robin Wilson	3753	Robin.Wilson@alexandriava.gov
City Clerk	Jackie Henderson	3975	Jackie.Henderson@alexandriava.gov
City Manager	Kilo Grayson	3722	Kilo.Grayson@alexandriava.gov
Clerk of the Circuit Court	Benjamin Ortiz	4552	Benjamin.Ortiz@alexandriava.gov
	John Knippenberg	4564	John.Knippenberg@alexandriava.gov
Code Administration	Sherita Moore	4188	Sherita.Moore@alexandriava.gov
Commonwealth's Attorney	Donald Harrison-Wright	4445	Donald.Harrison-Wright@alexandriava.gov
Communications & Public Information	Elaine Scott	4317	Elaine.Scott@alexandriava.gov
	Michelle Davis	3968	Michelle.Davis@alexandriava.gov
Court Service Unit	VyVyonne Dilbert	4497	VyVyonne.Dilbert@alexandriava.gov
Department of Emergency Communications	Patrick Pendleton	1824	Patrick.Pendleton@alexandriava.gov
Depart of Community & Human Services	Jeff Bollen	5665	Jeff.Bollen@alexandriava.gov
	Johnathan Edmund	5992	Johnathan.Edmund@alexandriava.gov
	Annie Diaz	5958	Annie.Diaz@alexandriava.gov
	Cindy Gaisor	3494	Cindy.Gaisor@alexandriava.gov
	Avis Hunter	3506	Avis.Hunter@alexandriava.gov
	Danny DeJesus	3551	Danny.Dejesus@alexandriava.gov
Finance	Bobby Hopkins	3928	Bobby.Hopkins@alexandriava.gov
Fire	Amanda Jackson	5239	Amanda.Jackson@alexandriava.gov
General Services	Alicia Harris	3219	Alicia.Harris@alexandriava.gov
Health	Kieu Nguyen	4902	Kieu.Nguyen@VDH.virginia.gov
Housing	Eric Keeler	4990	Eric.Keeler@alexandriava.gov
Human Rights	Miladis Martinez	3147	Miladis.Martinez@alexandriava.gov
Internal Audit	Deborah Welch	4743	Deborah.Welch@alexandriava.gov
Information Technology Services	Warren Benson	3028	Warren.Benson@alexandriava.gov
Library	Linda Wesson	1727	lwesson@alexandria.lib.va.us
Office of Management & Budget	Charlie Jenkins	3736	Charlie.Jenkins@alexandriava.gov
Office of Historic Alexandria	Nicole Quinn	4554	Nicole.Quinn@alexandriava.gov
	Eleanor King	4704	Eleanor.King@alexandriava.gov
Planning & Zoning	Bridgett Finney	3807	Bridgett.Finney@alexandriava.gov
	Cicely Woodrow	3810	Cecely.Woodrow@alexandriava.gov
Police	Shawn Lasher	6667	Shawn.Lasher@alexandriava.gov
	Valerie Correa	6642	Valerie.Correa@alexandriava.gov
	Leah Hickman	6645	Leah.Hickman@alexandriava.gov
Public Defender	Carlos Molina	4477	Carlos.Molina@alexandriava.gov
Real Estate Assessments	Marilyn Brugueras	4168	Marilyn.brugueras@alexandriava.gov
Recreation, Parks & Cultural Activities	Belinda Hilliard	5515	Belinda.Hilliard@alexandriava.gov
	Wendy Irving	5513	Wendy.Irving@alexandriava.gov
Sheriff	G. Bernard Baldwin	5011	George.Baldwin@alexandriava.gov
	Rose Barnes	5026	Rose.Barnes@alexandriava.gov
Transportation & Environmental Services	Sandra Glover	4130	Sandra.Glover@alexandriava.gov
Voter Registration	Anna Leider	4050	Anna.Leider@alexandriava.gov