

RETIREE
GUIDE TO FY 2016
OPEN ENROLLMENT
PERIOD



Highlights Inside:

Open Enrollment for non-Medicare eligible retirees and their dependents **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 coverage.

If you are satisfied with your current plan **you do not need to take any action!**

There are **no changes to health insurance plan design** in FY 2016.

The City's contribution to your health insurance premiums will be up to \$260/month unless you are in the Kaiser DHMO for which the City will contribute up to \$279/month in 2016.

PLEASE READ THROUGH THIS GUIDE FOR MORE DETAILED INFORMATION.

Open Enrollment Guide

<p>What do I do if I'm satisfied with my current benefit plan choices?</p>	<p>If you are satisfied with your current plans, you need do nothing more!</p>
<p>If I want to make a change, what benefit plan choices can I make during Open Enrollment?</p>	<p><u>Health Insurance Plans:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Options to enroll, change, or cancel your healthcare coverage. <input type="checkbox"/> 4 Plans available in FY 2016 with individual, Retiree + 1, and Family coverage options: <ol style="list-style-type: none"> 1. Kaiser HMO 2. Kaiser Deductible HMO (DHMO) 3. United Healthcare Choice Plan (EPO) 4. United Healthcare Choice Plus Plan (POS) <p>Note: If you will <u>attain age 65</u> in 2015 please contact the Benefits Team at 703-746-3785 for details regarding the Kaiser Medicare Plus Plan or the UHC Medicare Advantage Plan or other post-65 options. The plan year for this plan runs January 1st through December 31st.</p>
<p>What should I do if I'm considering a change to my benefits plan?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review the packet you received by mail from HR that includes a letter, the <i>Guide to FY 2016 Open Enrollment</i>, and benefit enrollment forms. <input type="checkbox"/> Plan to visit one of the 9 on-site meetings scheduled to be held throughout the City during Open Enrollment so the health insurance carriers can answer your personal, unique questions/concerns. A schedule of dates/times is included on Page 4. <input type="checkbox"/> Contact the HR Benefits Team at 703-746-3785 or email HumanResources@alexandriava.gov.
<p>Do I have to complete an Enrollment Form?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes. Enrollment forms are attached to the <i>Guide</i>. <input type="checkbox"/> Review <i>Section 1</i> of the City Enrollment Form to confirm or update your contact information including, your email address. <input type="checkbox"/> If you are making a change to your coverage or tier please complete the Kaiser or United Healthcare form that corresponds with your plan selection.
<p>What is the deadline to make a change to my benefits plans?</p>	<p>The Open Enrollment period is Wednesday May 6 through Friday, May 22, 2015.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you decide to <u>enroll in, change or cancel</u> your health insurance coverage, complete the appropriate enrollment form from Kaiser or UHC (included in this packet) and return it to Human Resources no later than 4:30 pm on Friday, May 22th so it is processed timely. <input type="checkbox"/> Enrollment forms can be submitted in-person or mailed to the address listed below: <p style="margin-left: 40px;">City of Alexandria Human Resources Department 301 King Street, Room 2510 Alexandria, VA 22314 Attn: Benefits Team</p>
<p>Who can help me if I still have questions or need assistance with my choices?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Visit one of the 9 on-site meetings scheduled to be held throughout the City during Open Enrollment (<i>see Page 4 for schedule</i>) so the health insurance carriers can answer your personal, unique questions/concerns. <input type="checkbox"/> Contact the HR Benefits Team Monday-Friday, 8:00AM – 5:00PM at (703) 746-3785 or HumanResources@alexandriva.gov.

Open Enrollment Guide

Information for retirees who will become Medicare eligible (age 65 or older) in 2015:

<p>What if I am becoming Medicare eligible in 2015?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All Medicare-eligible City retirees (those 65 and older) are no longer permitted to remain in a City “employee plan” and MUST enroll in one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Kaiser Medicare Plus Plan <input type="checkbox"/> United Healthcare Medicare Advantage (PPO) <input type="checkbox"/> City of Alexandria Insurance Reimbursement Plan. You choose coverage under any other health plan and expenses will be reimbursed by the City for up to \$260 per month for either you or your spouse.
<p>Do I have to complete an Enrollment Form when I become Medicare eligible?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes. Please complete <i>Section 2</i> of the City Enrollment Form that is included with this packet. <input type="checkbox"/> On the Enrollment Form, please check the plan of your choice: <ul style="list-style-type: none"> <input type="checkbox"/> Kaiser Medicare Plus Plan <input type="checkbox"/> United Healthcare Medicare Advantage (PPO) <input type="checkbox"/> City of Alexandria Insurance Reimbursement Plan <input type="checkbox"/> Note: to apply for coverage under the City-sponsored Medicare plans you must have your Medicare card showing coverage for Part A&B.
<p>What if my spouse is not Medicare eligible? Is he/she eligible to remain on the “employee plan”?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes. The non-Medicare spouse of a retiree currently insured in a City-sponsored plan may continue on the City-sponsored “employee plan”.
<p>What if my spouse is Medicare eligible and I am not?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The spouse is enrolled in the City’s Medicare program and you would continue in the “employee plan”. <input type="checkbox"/> The City pays for (or reimburses) up to \$260 for either you or your spouse but not both. <input type="checkbox"/> If you and/or your spouse enroll in Kaiser or UHC Medicare plans, the City pays the monthly premium directly to the carrier for the oldest, eligible enrollee only. <input type="checkbox"/> If you elect the UHC Medicare Advantage Plan, the City will debit your account \$35.00 per month to cover the difference between the \$295.00 premium and the \$260 maximum City reimbursement. <input type="checkbox"/> All premiums for the younger individual (whether Kaiser, UHC or another plan of your choice) are the responsibility of the retiree and must be paid to the City via electronic funds transfer. <input type="checkbox"/> If both you and your spouse elect a plan other than the City-sponsored plans, Kaiser or UHC, your costs up to \$260 will be reimbursed on a monthly basis.

Open Enrollment On-Site Meetings

SCHEDULE OF OPEN ENROLLMENT ON-SITE MEETINGS

The FY 2016 Open Enrollment Period for the City's retiree health insurance plans will be held from **May 6 - May 22, 2015**. During this time, retirees will have the opportunity to review and discuss plan benefits with representatives from Kaiser Permanente and United HealthCare.

Representatives from the City's health insurance carriers will be available at the scheduled "walk-in" enrollment meetings listed below. A special Retirees Only meeting will be held on **Wednesday, May 13**. Please do not bring personal medical records or information to these sessions. Carriers will provide samples of the fees charged for many of the most common services provided to you.

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Wednesday, May 6	7:00 a.m. - 10:00 a.m.	Fire Department 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 (Gold Room)
Tuesday, May 12	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 (Gold Room)
Thursday, May 14	7:00 a.m. - 9:00 a.m.	Transportation & Environmental Services 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	1:00 p.m. - 4:00 p.m.	City Hall 301 King Street (Room 2000)

Common Health Insurance Terms

COMMON HEALTH INSURANCE TERMS DEFINED

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.

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.***

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.

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.

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

FY 2016 COMPARISON OF HEALTH INSURANCE PLAN FEATURES

(For Period July 1, 2015 through June 30, 2016)

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	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 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	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

Health Insurance

FY 2016 HEALTH INSURANCE PREMIUM RATES FOR NON-MEDICARE RETIREES

The table below lists the monthly health insurance premium rates paid by the City and retirees.
(July 1, 2015 – June 30, 2016)

NON-MEDICARE RETIREES (NOT ELIGIBLE FOR \$260)												
Monthly FY 2016 Health Insurance Premiums Effective July 1, 2015 through June 30, 2016												
	KAISER						United Health Care					
	DHMO			HMO			Choice EPO (In Plan Coverage Only)			Choice Plus POS (In Plan or out of Plan Coverage)		
	RETIREE COST	CITY	TOTAL	RETIREE COST	CITY	TOTAL COST	RETIREE COST	CITY	TOTAL COST	RETIREE COST	CITY	TOTAL
Individual												
Monthly	\$513.66	\$0.00	\$513.66	\$586.75	\$0.00	\$586.75	\$555.84	\$0.00	\$555.84	\$660.02	\$0.00	\$660.02
Employee + One												
Monthly	\$982.58	\$0.00	\$982.58	\$1,122.40	\$0.00	\$1,122.40	\$1,065.04	\$0.00	\$1,065.04	\$1,263.07	\$0.00	\$1,263.07
Family												
Monthly	\$1,540.98	\$0.00	\$1,540.98	\$1,760.25	\$0.00	\$1,760.25	\$1,670.35	\$0.00	\$1,670.35	\$1,980.06	\$0.00	\$1,980.06

NON-MEDICARE RETIREES (ELIGIBLE FOR \$260)												
Monthly FY 2016 Health Insurance Premiums Effective July 1, 2015 through June 30, 2016												
	KAISER						United Health Care					
	DHMO			HMO			Choice EPO (In Plan Coverage Only)			Choice Plus POS (In Plan or out of Plan Coverage)		
	RETIREE COST	CITY	TOTAL	RETIREE COST	CITY	TOTAL COST	RETIREE COST	CITY	TOTAL COST	RETIREE COST	CITY	TOTAL
Individual												
Monthly	\$234.17	\$279.49	\$513.66	\$326.75	\$260.00	\$586.75	\$295.84	\$260.00	\$555.84	\$400.02	\$260.00	\$660.02
Employee + One												
Monthly	\$703.09	\$279.49	\$982.58	\$862.40	\$260.00	\$1,122.40	\$805.04	\$260.00	\$1,065.04	\$1,003.07	\$260.00	\$1,263.07
Family												
Monthly	\$1,261.50	\$279.48	\$1,540.98	\$1,500.25	\$260.00	\$1,760.25	\$1,410.35	\$260.00	\$1,670.35	\$1,720.06	\$260.00	\$1,980.06

NOTE: As we return to the pre-FY 2015 policy of a \$260 maximum contribution for all retirees, Kaiser premium rates are capped at 7.5% in FY 2016 to limit the impact of this change. As a result, the City will pay up to \$279 per month for the Kaiser DHMO plan for the 2016 plan year. The City contribution for all other plans will remain \$260/month.

Health Insurance

FY 2016 HEALTH INSURANCE PREMIUM RATES FOR MEDICARE-ELIGIBLE RETIREES

The table below lists the monthly health insurance premium rates paid by retirees enrolled in the City-sponsored Medicare plans.

Comparison of Premium Rates		
Plan Option	UHC Medicare Advantage Plan	Kaiser Permanente Medicare Plus Plan
Premium Per Member	\$295.00	\$224.72

Forms

The following enrollment forms are enclosed with this *Guide*:

- City Retiree Benefits Enrollment Form
- Kaiser Permanente HMO/DHMO Enrollment Form
- United Healthcare EPO Enrollment Form
- United Healthcare POS Enrollment Form
- Reimbursement Plan Enrollment Form

We would appreciate your comments on the clarity of this enrollment package, the City's healthcare offerings to Medicare eligible retirees and any other suggestions or comments that you think might benefit the City's retirees. You may contact us via email at HumanResources@alexandriava.gov or by phone: 703-746-3785.