

Benefits Guide

Fiscal Year 2025



Within this Guide, you can explore and learn more about the Health & Welfare, Life and Disability Insurance Plans, and Options available for you and your family as a Regular Full/Part-Time Employee working 20 or more hours per week!

Table of Contents

3	Benefits Overview
4	Making Your Benefit Choices
5	Benefits Open House Sessions
6	Medical and Pharmacy Plan Overview
7	Choosing Your Medical Plan
8	Medical and Pharmacy Coverage
11	RxBenefits/Express Scripts FAQ's
13	UnitedHealthcare Features
14	UnitedHealthcare's Well-Being Programs
15	Kaiser Permanente Features
16	Kaiser Permanente's Well-Being Programs
17	Flexible Spending and Health Savings Accounts
18	Health Savings Account
19	Flexible Spending Accounts
21	Aetna's Dental Plans
22	Aetna's Dental Plan Provisions
23	Aetna's Vision Plan
24	Aetna's Vision Plan Provisions
25	Life and AD&D Insurance
26	Leave and Disability Benefits
27	Transit and Parking Benefits
28	Work/Life Benefits
30	Work'n Well Rewards
31	How to Complete Your Benefit Enrollment Event Online
32	Benefit Enrollment Event Online Tips & Reminders
34	Helpful Benefit Terms
35	Contact Information

Your Benefits for Fiscal Year 2025

Dear Colleagues:

We are pleased to announce the Fiscal Year 2025 Benefits Open Enrollment period will begin **Wednesday, May 8, 2024**, and end on **Friday, May 24, 2024**. All changes made during Open Enrollment will be effective July 1, 2024.

Open Enrollment is your opportunity to review your current benefit elections to ensure that your health insurance continues to meet the needs of you and your family.

Maintaining your self-care and well-being is an important priority for both you and the City.

Our thriving Work'n Well Rewards Program can support your complete health and put money back in your pocket, up to \$600 each year! If you are not already participating, we encourage you to do so!

Take advantage of the open enrollment period, **May 8 to May 24, 2024**, to review your elections and learn about the many benefits the City has to offer!

James Parajon
City Manager

Jean Kelleher
Interim Chief
Human Resources Officer

Benefits Overview



Your benefits are a partnership between you and the City of Alexandria. The table below outlines how you both share costs for benefits. The City pays for most of the cost for coverage(s) as it relates to Medical, Employee Life, and Long-Term Disability Insurance. Your portion of the costs for Health & Welfare benefits (Medical, Dental, Vision), Flexible Spending and/or Health Savings Accounts are deducted on a pretax basis, which saves you money. The other benefits as defined below are deducted on an after-tax basis.

Note: Health & Welfare benefits (Medical, Dental, Vision) are deducted 24 times within a plan year. So, where there are three (3) pay dates within a given month, only two (2) deductions will occur for these benefits. However, Flexible Spending and/or Health Savings Account contributions are taken 26 times within a plan year.

Benefit	Tax Treatment	Who Pays
Medical and Pharmacy	Pretax	The City & You
Dental	Pretax	You
Vision	Pretax	You
Health Savings Account	Pretax	The City & You
Flexible Spending Accounts	Pretax	You
Basic Life and AD&D Insurance	After-tax	The City
Supplemental Employee Life and AD&D Insurance	After-tax	You
Dependent Life Insurance	After-tax	You
City's Core Long-Term Disability (Plan 1)	After-tax	The City
Buy-Up Long-Term Disability (Plan 2)	After-tax	You

Note: Domestic Partner premiums for Health benefits will be deducted from your paycheck on an after-tax basis. However, coverage will not be extended nor will premiums begin until you have validated your Domestic Partnership status, which requires you to complete a Domestic Partnership Affidavit along with providing additional supporting documentation. To learn more about this, you may reach out to the Benefits Team directly via DHR.benefits@alexandriava.gov.

Existing employees making changes to their benefits during Open Enrollment for an effective date of 7/1/24 should expect to see deductions for Medical, Dental, Vision, Life Insurance for self and/or Dependents to occur on pay date 6/14/2024. Flexible Spending and/or Health Savings Account contributions will begin on 07/12/2024.

Making Your Benefit Choices

How to Enroll

You may access your enrollment options and make your submissions through the Employee Self Service (ESS) portal (<https://selfservice.alexandriava.gov/ess>). If you do not have your login credentials, please contact the Benefits Team via DHR.benefits@alexandriava.gov. You can enroll 24 hours a day, seven days a week, on any computer with internet access, except on Apple Products (i.e. Mac Computers, iPads, etc.). You can make changes during each year's annual enrollment period or when you experience an approved life status event.

Who's Eligible?

Employees

Regular Full/Part-Time Employees working at least 20 or more hours per week are eligible for benefit enrollment.

Dependents

- Your spouse or domestic partner (Domestic Partnership Affidavit and Supporting Documentation as outlined is required)*
- Your biological and step-children. Dependents also include those who are legally adopted (i.e., Foster/Adopted/Grand Children, etc.) and disabled dependents over age 26

Note: Parents are not eligible dependents for benefit enrollment. Enrolling ineligible dependents may result in disciplinary action and a requirement to repay the plan for claims.

Children can be covered until the end of the month when reaching age 26 regardless of financial dependency, residency, marital status (except for Dependent Life Insurance eligibility), or student status. However, if your dependent child reaching age 26 is disabled, please reach out to the Benefits Team to inquire about the process for benefit continuation.

*An affidavit and supporting documentation must be provided for your Domestic Partnership relationship prior to the coverage being extended.

What Happens if You Don't Enroll?

Current Employees

If you do nothing, most benefits automatically continue for the Fiscal Year (FY) 2025 (provided that you have not accessed the system and have begun to make changes to your benefits).

Annual enrollment is required each year for Health, Dependent Care, and Parking Flexible Spending Accounts. These will not automatically renew. You must make an election to continue with either benefit.

New Hires

Health Benefit Coverages begin on the 1st of the month following 30 days of employment. Please make every effort to enroll as soon as possible to avoid back deductions.

Buy-Up Long-Term Disability and Life Insurance for yourself (inclusive of Dependent Life) become effective on the 1st of the month following 90 days of employment. If you do not elect Supplemental Life or Buy-Up Long-Term Disability, you will be automatically enrolled in the City's paid Basic Life Insurance (1x your salary rounded up to the nearest \$1,000). **Note:** Automatic enrollments only apply to the City's paid Basic Life and Core Long-Term Disability Insurance.

Council Members

Council Members are entitled to all benefits provided to Full-time Employees. This includes the Employee Assistance Program (EAP) and the City's paid Basic Life Insurance, which is equivalent to 1x salary rounded up to the nearest \$1,000.

Council Aides

Council Aides are only eligible for Medical, Dental, Vision (at a full-time rate), EAP services, and FSAs/HSAs. However, Leave, Life, or LTD coverage will NOT be provided.

Qualifying Life Events

After New Hire and/or Open Enrollment elections have been submitted, you will not be able to make changes to your benefits unless you are experiencing a Qualifying Life Event. Such events must be declared within thirty (30) days of the event occurring within the Employee Self Service portal. Supporting documentation must be uploaded with the declaration herein. **Note:** If your Qualified Life Event surrounds Marriage and/or Birth of a Child, Evidence of Insurability as it relates to Dependent Life Insurance does not apply so long as it is requested during this initial enrollment instance.

Examples of Qualifying Life Events are as follows:

Life Events:

- Marriage or divorce
- Birth or adoption of a child
- Adult children no longer eligible
- Loss of other coverage
- Change in spouse's or domestic partner's benefits
- Death of a family member

*If you have experienced a life event in FY 24, be sure to carefully review your elections within ESS to confirm the changes made are those you want to carry over into FY 25.

Benefits Open House Sessions



Fiscal Year 2025's Benefits Open Enrollment will run from May 8 to May 24, 2024.

Open enrollment for Fiscal Year 2025 is generally the only opportunity you have during the year to change your benefits. **Plan to attend a Benefits Open House Session** and meet with UnitedHealthcare, Kaiser Permanente, and Aetna providers to discuss plan options, coverage and costs.

Also, please join us in-person for this year's **Health Expo** for a mix of health and well-being screenings, cooking demonstrations, and exhibitors who will provide employees and retirees with helpful information to support a healthy lifestyle.

Date	Time	Location
May 8 (Wednesday)	10:00 a.m. to 1:00 p.m.	City Hall 301 King Steet Alex, VA 22314
May 9 (Thursday)	10:00 a.m. to 1:00 p.m.	Police 3600 Wheeler Ave. Alex, VA 22304
May 16 (Thursday) Health Expo	10:00 a.m. to 2:00 p.m.	Charles Houston Recreation Center 901 Wythe Street Alex, VA 22314
May 21 (Tuesday)	7:00 a.m. to 9:00 a.m.	TES 2900 Business Center Drive Alex, VA 22304
May 22 (Wednesday)	1:00 p.m. to 3:00 p.m.	Sheriff's Office 2003 Mill Road Alex, VA 22314
May 23 (Thursday)	10:00 a.m. to 1:00 p.m.	DCHS 4850 Mark Center Drive Alex, VA 22311

- For more information, visit **AlexNet**.
- For reasonable disability accommodation, contact DHR.Benefits@alexandriava.gov or **703-746-3777**, Virginia Relay 711.

Medical and Pharmacy Plan Overview

The City of Alexandria's medical plans offer convenient, affordable medical coverage to you and your family while giving you a choice of doctors, hospitals, and other care providers. We offer the choice of six (6) medical plans, which include prescription coverage. Each of our Health Plan Providers (UnitedHealthcare and Kaiser Permanente) offers three (3) plan options to choose from. Between both Plan Providers, consider the key differences, cost of coverage (including bi-weekly payroll deduction amounts), covered services, out-of-pocket expenses totals, etc. differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

Understanding How Your Plan Works



1. Your deductible

- Out-of-pocket expenses for most medical and pharmacy expenses, except those with a copay, until you reach the annual deductible amount.
- If you are enrolled in the Consumer Health Driven Plan (CDHP), you can pay for your medical expenses with your Health Savings Account (HSA).



2. Your coverage

- Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses.
- The plan will pay a percentage of each eligible expense, and you will pay the rest.



3. Your out-of-pocket maximum

- When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year.
- Your deductible and coinsurance apply toward the out-of-pocket maximum.

Getting Maximum Value from Your Medical Plan

Regular Preventive Care

A Primary Care Physician (PCP) is the doctor who knows you best. There are proven advantages of seeing a doctor regularly who knows you and your health history. Scheduling an annual physical with your PCP is a smart investment in your health. All our medical plans cover preventive care and cancer screenings at 100% (with no deductible) when you see in-network providers. See your doctor for an annual physical and health screenings and talk about the types of tests and screenings you need based on your age, health, and medical history.

Note: Routine exams, screenings, X-Rays, and lab tests that identify a condition and are submitted with a diagnosis are not considered preventive, and the deductible and coinsurance/copays will apply.

Be a Better Health Care Consumer

- Understand your medical plan options and the benefits provided by the plan you select.
- Do not be afraid to ask questions about the tests and treatments your doctor recommends.
- Take care of yourself by adopting a healthy lifestyle.
- Manage any chronic conditions. Your health plan has resources, like coaches, to help you.
- Go to the emergency room only in a true emergency. Good alternatives are your primary care doctor, a convenience care clinic, or an urgent care center.
- Use telehealth services when appropriate.

For more information about medical plans, visit [AlexNet](#).

Tools for Your Good Health

As a foundation of your good health, the City of Alexandria provides you with medical plan options that offer quality, flexibility, and value. There are also programs, tools, and resources to help you and your eligible family members manage health and access appropriate care.

Choosing Your Medical Plan

ALEX, the Benefits Counselor (Your Guide to Help You Decide)

The first step in choosing the right plan to meet your needs is to visit ALEX (<https://start.myalex.com/cityofalexandria>). ALEX is an easy-to-use online tool that compares benefit plan costs. ALEX will ask a few questions about your family size and the number of doctor's office visits and other expenses you expect for the plan year (your answers remain anonymous) and will estimate your total costs under each plan—your premiums, your estimated out-of-pocket expenses, and your tax savings.

Note: Visiting ALEX does not ensure your changes, enrollment or otherwise into the City of Alexandria benefits. Elections MUST be made through Employee Self Service (ESS).

To access ALEX, visit **AlexNet**.

- ☑ **MEET ALEX** to compare City benefit options.
- ☑ **CHOOSE** which benefit plan is right for you.
- ☑ **SAVE** money with pretax accounts.
- ☑ **ENROLL** from **May 8 to May 24** for:
 - Medical, Dental & Vision Benefit Plans
 - Pretax Accounts
 - Life Insurance
 - Long-Term Disability
 - Sick Leave Bank

Consumer Driven Health Plan (CDHP)

Consider the CDHPs

CDHPs offered by UnitedHealthcare and Kaiser Permanente combine medical coverage with a Health Savings Account (HSA) that you can use to save money to pay your health care expenses with tax-free dollars.

Advantages of This Plan

- You pay lower premiums.
- You can take advantage of triple tax savings: tax-free contributions, investment growth and withdrawals when paying eligible health care expenses.
- The City contributes to your HSA (\$600 for a single employee and \$1,200 for a family).
- You can spend the money as expenses occur or you can save it for the future.

Note: Once your account balance reaches \$2,000, you can invest your money in many different investment funds offered by Optum Bank.

Important Ways This Plan is Different

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

For more information about the Health Savings Account (HSA), go to [Page 19](#), which is serviced by Optum Bank, you may visit their website via <https://www.optumbank.com/>.

Medical and Pharmacy Coverage

UnitedHealthcare (UHC) Medical Plans

Medical Plan Provisions	CDHP		Choice and Choice Plus	Choice Plus
	In-Network	Out-of-Network	In-Network	Out-of-Network
The City's Contribution to HSA (Individual/Family)	\$600/\$1,200		None	None
Annual Deductible (Individual/Family)	\$1,600/\$3,200		\$400/\$800	\$800/\$1,600
Out-of-Pocket Maximum (Individual/Family)	\$6,450/\$12,900	\$12,900/\$25,800	\$3,175/\$6,350	\$3,175/\$9,525
Preventive Care	Covered at 100%	70%*	Covered at 100%	80%*
Primary Care Office Visits for Illness/Injury	90%*	70%*	\$15 copay	80%*
Specialist Visits/Urgent Care Center	90%*	70%*	\$25 copay	80%*
Inpatient Hospitalization	90%*	70%*	\$500 copay (per admission)	80%*; \$500 copay (per admission)
Emergency Room (waived if admitted)	90%*	90%*	\$150 copay	\$150 copay
X-Ray, Lab, and Diagnostics	90%*	70%*	Covered at 100%	80%*
CT, PET, MRI, MRA, and Nuclear Medicine	90%*	70%*	\$100 copay	80%*
Outpatient Mental Health and Substance Abuse Services	90%*	70%*	\$15 copay	80%*
Transgender Benefits	Subject to applicable coinsurance	Subject to applicable coinsurance	Subject to standard copays	Subject to applicable coinsurance
Pregnancy Services	90%*	70%*	100%*	80%*
Prenatal Visits	No charge	70%*	No charge	80%*
Pharmacy Provisions (Provided by RxBenefits/Express Scripts)				
Annual Deductible (Individual/Family)	Combined with Medical		None	None
Out-of-Pocket Maximum (Individual/Family)	Combined with Medical		\$3,175/\$6,350	\$3,175/\$9,525
Retail Pharmacy (up to a 30-day supply)				
Generic	90%*	Not applicable	\$15 copay	Not applicable
Preferred Brand	80%*	Not applicable	\$30 copay	Not applicable
Non-Preferred Brand	70%*	Not applicable	\$50 copay	Not applicable
Mail Order Pharmacy (up to a 30-day supply)				
Generic	90%*	Not applicable	\$37.50 copay	Not applicable
Preferred Brand	80%*	Not applicable	\$75 copay	Not applicable
Non-Preferred Brand	70%*	Not applicable	\$125 copay	Not applicable

*After deductible

Medical and Pharmacy Coverage (continued)

Kaiser Permanente Medical Plans

Medical Plan Provisions	CDHP	DHMO**	HMO
	In-Network	In-Network	In-Network
The City's Contribution to HSA (Individual/Family)	\$600/\$1,200	None	None
Annual Deductible (Individual/Family)	\$1,600/\$3,200	\$400/\$800	None
Out-of-Pocket Maximum (Individual/Family)	\$3,500/\$7,000	\$2,200/\$6,400	\$3,500/\$9,400
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Office Visits for Illness/Injury	90%*	\$15 copay	\$15 copay
Specialist Visits/Urgent Care Center	90%*	\$25 copay	\$25 copay
Inpatient Hospitalization	90%*	\$500 copay* (per admission)	\$500 copay (per admission)
Emergency Room (waived if admitted)	90%*	\$150 copay	\$150 copay
X-Ray, Lab, and Diagnostics	90%*	Covered at 100%	Covered at 100%
CT, PET, MRI, MRA, and Nuclear Medicine	90%*	\$75 copay*	\$75 copay
Outpatient Mental Health and Substance Abuse Services (Individual/Group)	90%*/90%*	\$15 copay/\$7 copay	\$15 copay/\$7 copay
Transgender Benefits	Subject to applicable coinsurance	Subject to standard copays	Subject to standard copays
Pregnancy Services	No charge	No charge	No charge
Prenatal Visits	No charge, deductible does not apply	No charge, deductible does not apply	No charge
Pharmacy Provisions			
Annual Deductible	Combined with Medical	None	None
Out-of-Pocket Maximum (Individual/Family)	Combined with Medical	Combined with Medical	Combined with Medical
Retail Pharmacy (up to a 30-day supply)			
Generic (Medical Center/Pharmacy)	\$20 copay/\$30 copay	\$15 copay/\$25 copay	\$15 copay/\$25 copay
Preferred Brand (Medical Center/Pharmacy)	\$30 copay/\$50 copay	\$30 copay/\$40 copay	\$30 copay/\$40 copay
Non-Preferred Brand (Medical Center/Pharmacy)	\$45 copay/\$65 copay	\$50 copay/\$55 copay	\$50 copay/\$55 copay
Mail Order Pharmacy (up to a 30-day supply)			
Generic/Preferred Brand/Non-Preferred Brand	2.5x Retail copay amount	2.5x Retail copay amount	2.5x Retail copay amount
90-day Retail	Not applicable	Not applicable	Not applicable

*After deductible

**Deductible applies to Inpatient Care, Skilled Nursing Facilities, Specialty Imaging (MRIs, CT, etc.), Home Health Care, Hospice Services, Durable Medical Equipment, Sleep Studies and Orthotics.

DHMO Deductibles

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

Deductible Applies		No Deductible	
<ul style="list-style-type: none"> ▪ Inpatient Care ▪ Skilled Nursing Facilities ▪ Specialty Imaging (MRIs, CT, etc.) 	<ul style="list-style-type: none"> ▪ Home Health Care ▪ Hospice Services ▪ Durable Medical Equipment ▪ Orthotics 	<ul style="list-style-type: none"> ▪ Preventive Care (no copay) ▪ Primary Care Visit ▪ Specialist Visit ▪ Urgent Care ▪ Emergency Room 	<ul style="list-style-type: none"> ▪ X-Rays, Labs, and Diagnostics (no copay) ▪ Pregnancy Services ▪ Prescription Drugs

Medical and Pharmacy Coverage (continued)



FY 2025 Per Paycheck Medical Premiums (24 times per year)

Full-Time Employees Earning Less Than \$70,000 Per Year

Coverage Level	UnitedHealthcare Medical Plans			Kaiser Permanente Plans		
	CDHP	Choice	Choice Plus	CDHP	DHMO	HMO*
Employee	\$65.01	\$72.67	\$191.05	\$49.74	\$60.05	\$128.91
Employee + Spouse	\$134.37	\$150.13	\$417.12	\$101.96	\$123.10	\$264.26
Employee + Child(ren)	\$110.56	\$123.53	\$324.80	\$84.56	\$102.08	\$219.15
Family	\$185.29	\$207.04	\$575.27	\$138.27	\$166.93	\$358.37

Full-Time Employees Earning \$70,000 or More Per Year

Coverage Level	UnitedHealthcare Medical Plans			Kaiser Permanente Plans		
	CDHP	Choice	Choice Plus	CDHP	DHMO	HMO*
Employee	\$65.01	\$96.88	\$191.05	\$49.74	\$80.05	\$128.91
Employee + Spouse	\$134.37	\$200.19	\$417.12	\$101.96	\$164.11	\$264.26
Employee + Child(ren)	\$110.56	\$164.70	\$324.80	\$84.56	\$136.10	\$219.15
Family	\$185.29	\$276.06	\$575.27	\$138.27	\$222.55	\$358.37

Part-Time Employees

Coverage Level	UnitedHealthcare Medical Plans			Kaiser Permanente Plans		
	CDHP	Choice	Choice Plus	CDHP	DHMO	HMO*
Employee	\$216.71	\$242.22	\$289.31	\$165.79	\$200.15	\$224.58
Employee + Spouse	\$447.90	\$500.46	\$608.93	\$339.88	\$410.32	\$460.39
Employee + Child(ren)	\$368.53	\$411.77	\$491.82	\$281.85	\$340.26	\$381.79
Family	\$617.65	\$690.14	\$839.75	\$460.91	\$556.43	\$624.34

*There are no new enrollments in the Kaiser HMO Plan. If you elect to change from this plan, you will not be able to re-enroll in it.

RxBenefits/Express Scripts FAQ's

The City partnered with RxBenefits and Express Scripts to bring you the best-in-class pharmacy benefits. RxBenefits and Express Script's goal is to ensure your safety, make every effort to reduce your out-of-pocket costs and promptly address any questions or issues that may arise to ensure you get the maximum value from your new benefits plan.

Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). They are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. RxBenefits focuses exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

How do I learn more about my prescription benefits?

Your pharmacy benefits are part of the specific insurance coverage selected by the City, designed to help you access your prescriptions at the right time and at the best cost. Simply present your prescription benefit ID card and prescription at the in-network retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine if the medication is covered by your plan and, if so, your copay or coinsurance.

Details of your specific benefits plan, including drug coverage, can be found in your Prescription Benefit Coverage (PBC). The PBC is a snapshot of your health plan's copays, benefits, covered healthcare services and other features that are important to you and your family in easy-to-understand terms. If you have any questions or issues, please call RxBenefits' Member Services Team at 800-334-8134.

Where can I get my prescriptions filled in-person?

Your pharmacy benefit gives you access to a large retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are, at home, at work or even on vacation. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your PBM's website for more information.

Note: Choosing an out-of-network pharmacy means you'll pay the full cost of the prescription upfront. You will then need to submit a claim form to your plan for reimbursement.

What is a drug list/formulary?

All prescription benefit plans, including yours, use what is called a "formulary" that may also be referred to as a drug list. The formulary or drug list contains brand-name and generic medications that are covered by your plan. All medications on the formulary have been approved by the Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee.

The P&T Committee is an independent group of practicing doctors, pharmacists and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors, including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about prescribing a medication that is on the drug list/formulary instead.

Please call the Member Services number on the back of your ID card at any time to determine if a particular medication is (or is not) on your approved formulary and covered by your plan. You can also refer to your Summary of Benefits for coverage limitations and exclusions.

What is the difference between generic & brand medications? How does it affect my benefits?

A brand-name drug is usually available from only one manufacturer and may have patent protection. A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is available only after the patent expires on a brand-name drug. You can typically save money by using generic medications.

Are generic medications as safe and effective as brand-name drugs?

Yes. Generic medications are regulated by the FDA. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication. It must have the same active ingredients as well as the same dosage and strength.

RxBenefits/Express Scripts FAQ's (continued)

Why are generic medications less expensive?

Normally, a generic drug is introduced to the market only after the patent has expired on its brand-name counterpart. At that point, it can be offered by more than one manufacturer, increasing competition. Generic drug manufacturers generally price their products below the cost of the brand-name versions in order to compete.

How can I request a generic medication?

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

Can my prescription be switched to a drug with a lower copay?

If your current prescription medication is not a generic, call your healthcare provider and ask if it's appropriate for you to switch to a lower cost generic drug. The decision is up to you and your healthcare provider. You can also select lower cost options from your PBM's website, where you manage your current prescriptions. You'll get information to discuss with your healthcare provider and the tools to get started.

What is a prior authorization?

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior authorization ensures your safety and helps limit your out-of-pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. RxBenefits will do everything to assist you and your healthcare provider in getting the prior authorization processed promptly.

How do I order medications using home delivery?

Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine prescriptions delivered directly to your door so you never miss a dose.

Depending on how your plan is designed, ordering maintenance medications using home delivery may also be more cost-effective.

Check your plan details for more information on how copays vary using home delivery vs. a retail pharmacy.

I am going to be out of town for an extended period, how do I get an extra supply of drugs to cover me for that time?

If you are going to be out of town for an extended period and need extra medication, call the Member Services number on the back of your member ID card to request a vacation override. You must provide the Member Services representative with both the date you are leaving and the date you are returning. RxBenefits will place the override in the system and you can pick up your medication at your local pharmacy.

Who do I contact with questions about my specific plan and/or medications?

Your RxBenefits Member Services Team is available to answer any questions you may have. You can reach them Monday through Friday, from 7:00 a.m. to 8:00 p.m., CT, by calling 800-734-4196. You can also send an email to CustomerCare@rxbenefits.com.

UnitedHealthcare Features

Premium Care Physician Program

The UnitedHealth Premium Care Physician Program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers. To find a UnitedHealth Premium Care Physician, visit myuhc.com and select “Find a Doctor.”

Choose smart. Look for blue hearts.

♥♥ Premium Care Physician

The physician meets the UnitedHealth Premium program quality and cost-efficient care criteria.

♥♥ Quality Care Physician

The physician meets the UnitedHealth Premium program quality care criteria but does not meet the program’s cost-efficient care criteria or is not evaluated for cost-efficient care.

♥♥ Does Not Meet Premium Quality Criteria

The physician does not meet the UnitedHealth Premium program quality criteria, so the physician is not eligible for a Premium designation.

♥♥ Not Evaluated for Premium Care

The physician’s specialty is not evaluated in the UnitedHealth Premium program, the physician does not have enough claims data for program evaluation, or the physician’s program evaluation is in process.

Cost Comparisons

Comparing prices before you receive medical care can help you make smart healthcare decisions and get the care that is right for you.

UnitedHealthcare’s website provides listings of in-network providers and the rates charged for common procedures and services. Compare cost and quality ratings for doctors, facilities, and medical services. Find out how much you will pay and identify the most cost-effective options for tests and procedures before scheduling an appointment.

Centers of Excellence

(A select group of providers recognized as leaders in specific fields of medicine.)

Are you facing treatment for a serious or complex medical condition? UnitedHealthcare’s nurse consultants provide the information you need to make informed decisions about your care and help guide you to a Centers of Excellence Networks program that meets your specific needs.

Virtual Visits

See and speak to a doctor anytime from your mobile device or computer. Use one of the provider groups (Doctor on Demand, Teladoc, American Well, Optum Virtual Care, and Walmart Health Virtual Care) to receive benefit coverage for virtual visits. Furthermore, with American Well’s Virtual Primary Care, you can connect with a doctor who understands your health history and health goals.

Services covered include annual wellness visits and minor ailments, follow-ups for ongoing conditions, prescriptions, ordering lab tests, and referrals for other care. Virtual visits are also available for treatment of non-emergency medical conditions such as the flu, colds, pinkeye, rashes, and fevers.

Mental Health Resources

Talkspace

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No office visit is required.

Here’s how Talkspace can fit your life:

- Message a licensed therapist, 24/7.
- Find a therapist with an online matching tool.
- Start therapy within hours of choosing your therapist.
- Message your therapist whenever (no appointments necessary).
- Get messages back throughout the day, five days a week.
- Choose real-time, face-to-face video visits by appointment, when needed.

Talkspace is convenient, safe, and secure. Register at talkspace.com/connect (first visit only) and choose a provider and message them anywhere, anytime. After you register, download the Talkspace app on your mobile phone.

Self-care by Ableto

Self-care by Ableto is an app that provides on-demand help with stress, anxiety, and depression. It’s available at no extra cost and offers clinical techniques to help reduce the symptoms of stress, anxiety, and depression anytime. Connect with powerful tools as symptoms come up. Connect with Self-Care by Ableto whenever you need to, track your progress, and stay with the app until you feel better.

UnitedHealthcare's Well-Being Programs

Maven Maternity (NEW!)

Maven provides personalized and engaging maternal health support through its digital platform, including:

- Support through initial postpartum period
- Partner access and support
- Pregnancy, miscarriage and loss, postpartum and return-to-work support

Features and benefits of the program include:

- Dedicated care advocacy, referrals to in-person care and care plans for all maternal risk levels
- 24/7 access to virtual specialists across 30+ specialties, including, but not limited to, doulas, professionals, career coaches, and lactation consultants
- Engaging content and communities through live classes and thousands of articles and videos

Kaia Health (NEW!)

With Kaia, pain relief is possible at no extra cost to you. Download the Kaia app on your smartphone or tablet for on-demand, personalized support to help relieve pain and live healthier.

Connecting with Kaia gives you access to:

- On-demand pain relief care
- Workouts tailored to you
- Bite-sized lessons
- 1-on-1 health coaching
- Strengthening exercises

One-Pass Select (NEW!)

One Pass Select can help you reach your fitness goals and find a routine that's right for you, whether you work out at home or at the gym. With plans as low as \$10 per month, you can choose a membership tier that fits your lifestyle. You and your eligible family members (ages 18+) can get started with One Pass Select today!

Learn more about One Pass Select at [OnePassSelect.com](https://www.onepassselect.com).

Quit for Life® Tobacco Cessation

Work with a Quit for Life coach to make a plan and get ongoing support including three one-to-one coaching sessions, pre- and post-quit virtual group classes, and a free eight-week supply of Nicotine Replacement Therapy (gum or patches).

Real Appeal® Weight Management Program

Real Appeal is a virtual weight loss program that features one-on-one personal coaching, online group discussions, entertaining videos on ways to stay healthy, and nutrition guides to help you lose weight, feel good, and prevent weight-related health conditions.

Some features of the program are:

- A transformation coach who leads weekly online group sessions
- Online tools to help track your food, activity, and weight loss progress
- Tools and resources like weight and food scales, a portion plate and more. (Your Success Kit is delivered after you attend your first live group session.)

Personal Health Support

Personal Health Support can provide you with access to specialized nurses and other resources that can help you better manage your healthcare needs and improve your quality of life.

The Personal Health Support nurse will:

- Provide you with one-on-one health care information, guidance, and support
- Help coordinate your care with physicians and healthcare professionals
- Support you in understanding and following your doctor's treatment plan

Kaiser Permanente Features

Experience the Kaiser Permanente Difference

When choosing a Kaiser Permanente Medical Plan, specific features are available to assist you with managing your health.

- **Choosing Your Doctor:** You can search and choose from over 1,800+ doctors in over 50+ specialties and change your doctor at any time. You and your doctor work together to decide the right care for you. See Kaiser's physician profiles and choose one that best fits your needs at kp.org/doctors.
- **Getting Care in Your Language:** Kaiser Permanente provides multilingual doctors and staff and offers interpretation services by phone in 150+ languages.
- **Choosing How You Get Care:** For minor concerns, simply request a phone appointment or email your doctor's office with routine questions.
- **Calling for Advice:** Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7.
- **Making an Appointment:** You can schedule routine appointments from your computer or mobile device—anytime, anywhere.
- **Easily Manage Your Health and Your Family's:** Register at kp.org or download the mobile app at kp.org/mobile to schedule appointments, get text reminders on appointments, pharmacy refills, view lab/ doctors' results and more.
- **Seeing Your Doctor:** Your doctor and care team will have your medical history and prescriptions right at their fingertips through your electronic health record.
- **Remembering What Your Doctor Said:** You can view your past visit summaries and most lab test results online, whenever you want.
- **Get Care that Fits Your Schedule:** Register at kp.org to see real-time availability for many in-person and virtual care options, such as video or phone. Members can even get cost estimates based on their plan.
- **Care that's Built to Support Your Total Health:** Join on-demand life classes and more to improve your physical health and wellness. Visit kp.org/health-wellness to see your options.
- **Care While Traveling:** Whether you're headed to a family vacation, a work conference, or college, Kaiser Permanente has you covered while you're away from home. Get urgent and emergency care anywhere in the world, and now, when you're outside of a Kaiser Permanente state, you can visit any Cigna PPO Network provider without paying upfront or filing a claim for reimbursement. For help while traveling or to get more information about your travel coverage, call 951-268-3900.

Virtual Video Visits

If you are short on time but have a health matter that needs attention, you can see your primary care doctor or a specialist face-to-face, without visiting the office. Video visits are easy, secure, and part of your coordinated care; you can always get the care you need.

- For the DHMO and HMO Medical Plans, there is no copay or coinsurance to pay or a deductible to meet.
- For the CDHP, virtual visit costs vary by the complexity of the medical situation (same as in-person visits) based on medical history, physical exam, and decision making, and are assessed after the deductible.

Note: The range of costs for an established member visit is typically \$97 to \$228.

You can receive care for just about anything, including minor symptoms and remote patient monitoring for chronic conditions. Telephone visits, chats with a nurse, or e-visits are also available.

Mental Health Resources

Therapy Without A Referral

You can make an appointment to see a therapist without a referral from your primary care doctor. If you ever want to change your provider, your care team will assist you in finding the best fit for your needs.

Mental Health Video Visit

Book a video visit online at kp.org with your mental health provider. Routine appointments take place during regular office hours.

Calm

The No. 1 app for meditation and sleep, designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:

- The Daily Calm, explore a fresh mindful theme each day
- More than 100 guided meditations
- Sleep Stories to soothe you into deeper and better sleep
- Video lessons on mindful movement and gentle stretching

Members can access the app at calm.com.

Kaiser Permanente's Well-Being Programs

Healthy Lifestyle Programs

With the online wellness programs, you'll get advice, encouragement, and tools to help you create positive changes in your life. These complementary programs can help you lose weight, eat healthier, quit smoking, reduce stress, and manage ongoing conditions, such as diabetes or depression.

By simply completing a 20-minute Total Health Assessment online, you will receive a complete look at your health and will be able to link your results to your electronic health record to share and discuss with your doctor.

Wellness Coaching

For a little extra support, you can receive Wellness Coaching by phone at no cost to you. You will work one-on-one with your personal coach to make a plan to help you reach your personal health goals.

Health Classes

Health classes and support groups are offered right at Kaiser Permanente facilities. KP has something for everyone. Visit kp.org/classes to view classes related to fitness, nutrition, stress, tobacco cessation, disease awareness/prevention, and more.

ChooseHealthy Member Discount Program

KP members are eligible to receive reduced rates on a variety of health-related products and services through ChooseHealthy. These include acupuncture, massage therapy, chiropractic care, memberships at fitness facilities, and a variety of healthy products.

Diabetes Prevention Program (DPP)

A lifestyle coach leads this program to help prevent Type 2 diabetes. Members join a one-year, group-based, classroom-style setting to gain practical training in dietary change, increased physical activity, and behavior change strategies for weight control.

Teletherapy myStrength Complete (NEW!)

myStrength Complete is a comprehensive, flexible digital program with proven tools and support, including phone and video appointments with a licensed therapist from the comfort of your home, 7 days a week.

myStrength Complete is part of our suite of behavioral health resources. To get started, visit mystrength.com/start, click **Join Today**, and follow the instructions to register. Enter your registration code **KaiserMSC** when prompted. Explore your options at kp.org/mentalhealthservices.

Headspace Care

Support is just a text message away. Text one-on-one with an emotional support coach anytime, anywhere.

- 24/7 text-based emotional support coaching
- Discuss goals, share challenges, and create an action plan with your coach
- Self-care resources recommended for your needs

Active & Fit Direct

Members pay \$28 per month for access to a national network of more than 12,500 fitness centers.

To get started, go to kp.org/choosehealthy.

ClassPass

Fitness industry leader ClassPass makes it easier for you to work out from anywhere. ClassPass partners with 40,000 gyms and studios around the world, offering a range of classes including yoga, dance, cardio, boxing, Pilates, boot camp, and more.

With this offer, Kaiser Permanente members can get:

- Unlimited on-demand video workouts at no cost
- Reduced rates on in-person fitness classes

Note: The ClassPass offer for Kaiser Permanente only includes fitness and workouts.

Kaiser Permanente in Alexandria

Check out the Alexandria Kaiser Permanente Medical Office located at 3000 Potomac Ave. The 40,000-square-foot medical center offers a wide range of primary care and specialty care services, including adult and pediatric care, women's health, optometry, and physical therapy. Additionally, the one-stop medical center also offers pharmacy, radiology, and laboratory services. Visit <https://midatlanticstates.kpvr.org> to take a virtual tour of Kaiser's medical centers and see how convenient care can be.

Flexible Spending and Health Savings Accounts

The City of Alexandria offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each type of account at www.irs.gov.



Health Savings Account (HSA)

Available to those enrolled in a CDHP medical plan as long as you are not enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.

Note: During your enrollment process, if you elect and submit an HSA option, and you are not enrolled in a CDHP, it will be automatically removed.



Health Care Flexible Spending Accounts (FSAs)

Your options depend on your medical plan enrollment.

- **Health Care FSA:** If you are not enrolled in a CDHP you can use this account for medical, pharmacy, dental and vision expenses.
- **Limited Purpose FSA:** If you are enrolled in the CDHP, you can use this account to pay for dental and vision expenses only.



Dependent Care FSA

Use for eligible childcare expenses for dependents under age 13 or elder care.

Note: Dependent Care FSA funds cannot be used to pay tuition for any educational facilities.

Comparison of accounts

	HSA	FSA
Does the company contribute? <i>Amount for Fiscal Year 2025</i>	✓ Individual: \$600 Family: \$1,200	✗
Can I contribute my own savings?	✓	✓
Is there an IRS maximum annual contribution?	✓ Individual: \$4,150 Family: \$8,300 Those 55 and older can contribute an additional \$1,000 annually.	✓ Health Care or Limited Purpose FSAs: \$3,200 Dependent Care FSA: \$5,000 Parking FSA: \$270 per month
Will my savings roll over each year?	✓ Unlimited	! Up to \$640 for Health Care and Limited Purpose FSAs; No roll over for Dependent Care FSA
Will I earn interest on my savings?	✓	✗
Are the savings tax-free? <i>In most states</i>	✓	✓
Do I keep the money if I leave the company?	✓	✗
Can I also have a Flexible Spending Account (FSA)?	! Limited Purpose and for dental and vision expenses Dependent Care FSAs only	N/A

Note: The Limited Purpose FSA is used for eligible Dental and Vision expenses ONLY.

Health Savings Account

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the UnitedHealthcare and Kaiser CDHP. It allows you to make tax-free contributions that you can use to pay for current and future medical expenses for you and your dependents.

The City of Alexandria's Health Savings Account (HSA) services are managed by Optum Bank (<https://www.optumbank.com/>).

If you enroll in either the UnitedHealthcare or Kaiser Permanente CDHP, you must set up your Optum Bank account to receive contributions through payroll deductions. You may also open your account on Optum's website for online access via (<https://enrollhsa.optumbank.com/enrollment#/accountholder?group=714332>). The last six (6) digits of your Social Security Number is needed for this process.

The maximum amount you can contribute to your account in FY 2025 is as follows:

- Individual coverage: \$4,150 (\$3,550 employee contribution + \$600 City contribution).
- Family coverage: \$8,300 (\$7,100 employee contribution + \$1,200 City contribution).

The annual "catch-up" contribution amount for individuals age 55 or older will remain \$1,000.



START IT

- Contributions to an HSA are tax-free for you – whether they come from you or the City. The City contributes **\$600** for individual coverage and **\$1,200** for family.
- The HDHP costs less than other plans so the money you save on premiums can be put into your HSA. This helps you save money on taxes and gives you more flexibility and control over your health care dollars.



BUILD IT

- All of the money in your HSA is yours (including any contributions deposited by the City) even if you leave your job, change plans or retire.
- In 2024, the total of your contributions and the company's can be up to **\$4,150** (\$3,550 employee contribution + \$600 City contribution) for individual coverage and **\$8,300** (\$7,100 employee contribution + \$1,200 City contribution) for family coverage. If you are age 55 or older, you can contribute an additional \$1,000 per year.



USE IT

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



GROW IT

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it – tax-free.

Eligibility details

- If you enroll in either the UnitedHealthcare or Kaiser Permanente CDHP, you can open a Health Savings Account with **Optum Bank** at www.optumbank.com and make contributions through payroll deductions.
- You cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse also cannot have a Health Care FSA.

Flexible Spending Accounts

A Flexible Spending Account (FSA) helps you pay for eligible health care, dependent care, or parking costs with pre-tax dollars. Your contribution is deducted from your paycheck on a pretax basis and put into FSA, which is managed by Chard Snyder. Using pre-tax dollars for expenses results in savings of 30% to 40%, compared to after-tax dollars. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses. Access to your funds is made available by Debit Card, which will be mailed to the address you have on file once your enrollment has been processed.

If you enroll in the CDHP, you will not be able to enroll in a traditional Health Care FSA because of the opportunity to contribute pretax dollars to an HSA. Instead, you can enroll in a **Limited Purpose Health Care FSA** for dental and vision expenses.

IMPORTANT REMINDER: The Dependent Care Account is for child daycare or elder care expenses only. It is NOT for health care or tuition expenses for your dependents.

	Health Care FSA	Dependent Care FSA (DCFSA)	Parking Account
Eligible Expenses	Most medical, dental and vision expenses not paid by your benefit plans.	Child care or elder care expenses while you and your spouse work or attend school.	Parking expenses for work Note: Monthly accounts for City Hall parking garage already use pretax dollars.
Examples of Eligible Expenses	<ul style="list-style-type: none"> ▪ Medical, dental, and vision deductibles and copays ▪ Prescription drug costs you pay at the pharmacy ▪ Certain over-the-counter drugs (No prescription necessary, due to COVID CARES Act) 	<ul style="list-style-type: none"> ▪ Child care or babysitting ▪ Before and after-school programs ▪ Nursery school or preschool ▪ Summer day camp ▪ Adult/senior daycare 	<ul style="list-style-type: none"> ▪ Parking at or near your site of employment ▪ Parking at a location where you commute to work by public transit, vanpool, or carpool
Eligible Participants	Employee, Spouse and eligible dependents	Children through age 12 and certain elderly or disabled dependents	Employee Only
Employee Contributions (Fiscal Year 2025)	Up to \$3,200 in Calendar Year 2024	Up to \$5,000 in Calendar Year 2024 (\$2,500 maximum if married and filing separate tax returns)	Up to \$270 a month in Calendar Year 2024
USE IT OR LOSE IT (Carryover Amount)	You can carry over up to \$640 into the following year. Amounts over \$640 will be forfeited.	No carryover at the end of Fiscal Year 2025.	Not applicable
Submitting Claims	<ul style="list-style-type: none"> ▪ File claims for the full amount of your election as of the beginning of the year. ▪ Use your debit card or request reimbursement with receipts for 90 days following the end of the Plan Year (by September 30). 	<ul style="list-style-type: none"> ▪ You must contribute the amount from your paycheck to file a claim for the amount. ▪ You can file claims for reimbursement for 90 days following the end of the Plan Year (by September 30). 	<ul style="list-style-type: none"> ▪ You must contribute the amount from your paycheck to file a claim for that amount. ▪ Use a debit card or request reimbursement with receipts.

Feel free to visit Chard Snyder’s website at <http://www.chard-snyder.com/>. You may also reach their Customer Service Team by calling 800-982-7715 between the hours of 8 a.m. to 9 p.m. EST. Or you may send an email via askpenny@chard-snyder.com.

Flexible Spending Accounts (continued)

Important Information About FSAs

- Your FSA elections are effective from July 1 through June 30 of the following year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- FSA elections do not automatically continue from year to year; you must actively enroll each year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferrable.

Annual Limits

When determining annual amounts for FSA enrollments for Fiscal Year 2025, consider the following:

- Health Care FSA limits have increased to **\$3,200**. Unused Health Care FSA Funds in excess of **\$640** will not carry over from Fiscal Year 2024 to Fiscal Year 2025.
- The DCFSA annual limit for Calendar Year 2024 is **\$5,000** for married, filing jointly and **\$5,000** for single.
- Transit/Parking FSA has an annual limit of **\$270** for Calendar Year 2024.

Managing Your Accounts

The City partners with **Chard Snyder** to administer the FSA accounts. Chard Snyder offers online tools to help you manage your FSA accounts, including a list of eligible expenses, an account activity dashboard, and the ability to pay a provider or reimburse yourself via check or direct deposit. Set up your account at chard-snyder.com.

For assistance, call their Customer Service at 800-982-7715 (available from 8 a.m. to 9 p.m. EST) or use the Voice Response System is available 24/7.

Save your Health Care receipts!

Even when you use your debit card, it is important to save your receipts. Receipts can be requested by Chard Snyder at any time and are typically requested a month or two after you pay the expense, so be sure to keep your receipts. You can upload your receipts to your Chard Snyder account for safekeeping.

Don't Lose It!

Visit FSASore.com to use your FSA dollars. **Everything on the site is eligible for Health Care FSA reimbursement with NO PRESCRIPTION necessary**, due to the 2020 COVID CARES Act.

Aetna's Dental Plans



It's important to have regular dental exams and cleanings so problems are detected before they become painful and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health.

The City of Alexandria offers two (2) dental options through Aetna: the Dental Maintenance Organization (DMO) Plan and the Preferred Provider Organization (PPO) Plan. Both plans provide coverage for most dental care and pay 100% of the cost of preventive care, such as routine checkups and cleanings.

To be eligible for benefits under the DMO, you must reside in the DMO service area, and dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. In addition, your primary care dentist must refer you for specialist care.

Under the PPO, you can receive care from any dentist without a referral, but savings are possible if you choose a dentist who participates in the Aetna network because they have agreed to provide care for covered services at negotiated rates. Benefits received from a nonparticipating dentist are subject to charge limits.

DMO Plan

To be eligible for benefits under this plan, you must live in a DMO service area, and dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. In addition, your primary care dentist must refer you for specialist care.

The DMO Plan also offers the following advantages:

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

PPO Plan

Under this plan, you can receive care from any dentist without a referral, but savings are possible if you choose a dentist who participates in the Aetna Network because they have agreed to provide care for covered services at negotiated rates. Benefits received from a non-participating dentist are subject to charge limits.

Find a Dental Provider

Aetna will not mail Member ID cards to your home. To access your account information, print Member ID cards, and find an Aetna dentist, you must register your account and log in to www.aetna.com. You may also reach out by calling 877-238-6200, Monday through Friday from 8 a.m. to 6 p.m. and an Aetna Dental customer service representative will be happy to assist you with your service needs.

Aetna's Dental Plan Provisions



Dental Plan Provisions	DMO	PPO
Annual Deductible (Amount you pay before the Plan kicks in)	None	\$50 Individual/\$150 Family
Calendar Year Maximum (Amount the Plan will pay each year)	No maximum	\$1,000 (per individual)
Diagnostic and Preventive Services (e.g., Exams, Cleanings, and Bitewing X-rays)	Covered at 100%	Covered at 100% (no deductible)
Basic Care (e.g., Fillings and Simple Extractions)	Copay	25%*
Major Care (e.g., Root Canals, Dentures, Crowns and Oral Surgery)	Copay	50%*
Orthodontia	\$2,400 copay	Not covered
Do you need to choose a Primary Care Dentist?	Yes	No
Do you need a referral from your Primary Care Dentist to see a Specialist?	Yes	No
Do you need to go to a dentist that participates in the Aetna Network?	Yes	No (You can go in or out of Network)

*After deductible

Note: Diagnostic and Preventive benefits are available two times per year.

FY 2025 Per Paycheck Dental Premiums (24 times per year)

Coverage Level	DMO	PPO
Employee Only	\$8.00	\$19.21
Employee + Spouse	\$13.77	\$39.74
Employee + Child(ren)	\$11.60	\$33.48
Family	\$18.12	\$52.27

Get the most from your dental plan

- **Free annual check-up** – Use free preventive care to keep your mouth and gums healthy all year long.
- **Use your FSA or HSA funds** – Help pay for eligible out-of-pocket dental expenses.
- For more information, including rules, exclusions, limitations, and Dental Benefits Summaries, visit **AlexNet**.

Aetna's Vision Plan



The vision plan provides coverage for routine eye exams and pays for most of the cost of glasses or contact lenses once each year. Each plan year, you can purchase 1 pair of eyeglasses or 1 order of contact lenses and use frame coverage. The City of Alexandria offers the option to elect the Aetna Vision Preferred Plan. You can choose any licensed eye care provider; however, you always save money and generally pay less out-of-pocket if you see providers within the Aetna Vision Network. Network providers will also submit the claim for you.

Find a Vision Provider

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

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

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

Find an Eye Doctor or Vision Care Retailer Near You

You can look up independent vision care providers and retailers that participate by visiting aetnavision.com and clicking on Find a Provider.

You can also use Online Vision Partners:

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

More Information

Contact Aetna's Customer Care Services at 877-973-3238, Monday through, Friday from 8 a.m. to 6 p.m.

Aetna's Vision Plan Provisions

Vision Plan Provisions	PPO	
	Aetna Vision Network	Out-of-Network
Eye Exams	You pay \$0	Plan reimburses \$30
Lenses	You pay \$15 for all standard lenses (with standard scratch coating included)	Plan reimburses \$25
▪ Single Vision		Plan reimburses \$40
▪ Bifocal		Plan reimburses \$55
▪ Trifocal		
Eyeglass Frames*	\$150 allowance, then 20% discount	Plan reimburses \$75
Contact Lenses	You pay \$40 for standard fitting; \$150 allowance, then 15% discount over allowance	Plan reimburses \$120
Discounts		
▪ Additional Pairs of Glasses	Up to 40% discount	No discount
▪ Non-Covered Items (e.g., Cleaning Cloths and Contact Lens Solution)	20% discount	
▪ U.S. Laser Network	Vision correction discount	
▪ Retinal Imaging	Up to \$39	
Frequency		
▪ Eye Exams	Once every 12 months	
▪ Lenses	One pair of glasses once every 12 months	
▪ Eyeglass Frames	One pair of glasses once every 12 months	
▪ Contact Lenses	One order of contacts once every 12 months	

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

FY 2025 Per Paycheck Vision Premiums (24 times per year)

Coverage Level	PPO
Employee Only	\$4.75
Employee + Spouse	\$11.35
Employee + Child(ren)	\$8.04
Family	\$13.24

Get the most from your vision plan

- Use your FSA or HSA to pay for your exam copay and eyeglasses or contacts.
- Kaiser Permanente Plans include a \$75 allowance on eyeglasses or a \$25 allowance on contact lenses at their optical centers.
- For more information, including rules, exclusions and limitations, and Vision Benefits Summary, visit [AlexNet](#).

Life and AD&D Insurance

The City of Alexandria offers you an opportunity to elect Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance for yourself. You may elect to cover yourself up to 2x your salary at the time of hire with guarantee issue.

You may also purchase Dependent Life Insurance for your lawful Spouse and Dependent child(ren).

Note: Dependent Life Insurance does not extend to your Domestic Partner.

Basic Life and Accidental Death and Dismemberment (AD&D)

- This benefit is available to all employees at no cost. Coverage is automatic; you do not need to enroll.

Supplemental Life and AD&D Insurance

- You can also purchase additional Life and AD&D coverage for yourself and your dependents at affordable group rates.
- You pay for this coverage through after-tax payroll deductions.
- You can elect any level of supplemental insurance at hire without any evidence of good health.
- At Open Enrollment, you may increase your current election by one level by completing a Medical History Statement and being approved by the Standard Insurance Company. This is an online process and can be completed by visiting <https://myeoi.standard.com/instructions>.

Dependent Life Insurance

- You may elect Dependent Life insurance in the Employee Self Service.
- If you are electing coverage for yourself and a dependent for the first time after 30 days of your hire date, Evidence of Insurability will be required and can be submitted online prior to having the dependent coverage extended for your spouse.
- Evidence of Insurability is not applicable to children.**

Insurance Type	Coverage	Per Paycheck Cost (After-tax)
Basic Life and AD&D		
▪ Class 1	Coverage equal to 2x your annual pay, up to a maximum of \$500,000	Benefits are paid by the City
▪ Class 2	Coverage equal to 1x your annual pay, up to a maximum of \$500,000	Benefits are paid by the City
Supplemental Employee Life and AD&D		
▪ Option 1	Coverage equal to 1x your annual pay	Coverage equal to 1x your pay (multiply your annual pay, minus 3 zeros by 0.133)
▪ Option 2	Coverage equal to 2x your annual pay	Coverage equal to 2x your pay (multiply annual pay, minus 3 zeros by 0.266)
Dependent Life Insurance		
▪ Option 1	\$5,000 for Spouse and \$2,000 for Child(ren)	\$0.73 per paycheck
▪ Option 2	\$10,000 for Spouse and \$5,000 for Child(ren)	\$1.45 per paycheck
▪ Option 3	\$25,000 for Spouse and \$10,000 for Child(ren)	\$3.63 per paycheck

Note: Your life insurance coverage will equate to your annual salary amount rounded to the next thousand.

Example: \$38,459 annual salary = \$39,000 Life Insurance amount.

Imputed Income Tax

As required by law, employees with Life Insurance amounts of more than \$50,000 will be taxed on the value of premiums for Basic Life Insurance coverage over \$50,000.

Benefits Effective Date

For new hires, life insurance benefits are effective on the first of the month following 90 days of employment. For example, if you are hired on May 15th, your coverage will not begin until September 1st.

Sample Computation for Supplemental Life Insurance (Employee with \$50,000 Annual Salary)			
Option Selected	Annual Pay Minus 3 Zeroes	Multiply by Option Rate	Per Paycheck Cost for \$50,000 Coverage
Option 1: 1x your pay	\$50,000 - 000 = 50	50 x 0.133	\$6.65
Option 2: 2x your pay	\$50,000 - 000 = 50	50 x 0.266	\$13.30

Leave and Disability Benefits

The City of Alexandria provides disability benefits to help replace your income if you become unable to work due to pregnancy or non-work-related illness or injury. See **AlexNet** for more information.

Long-Term Disability (LTD)

- You have a choice between two (2) LTD coverages, which are both serviced by The Standard. The City's Core Plan is 100%-paid by the City and you pay the full cost for the Buy-Up option.
- **You can only choose (1) coverage and CANNOT enroll in both LTD Plans.**
- Except for new hires, if you want to switch from Plan 1 to Plan 2, you must provide evidence of good health. **No action is required unless a plan change is desired.**

LTD Provisions	City's Core LTD (Plan 1)	Buy-Up LTD (Plan 2)
Benefits Start Date	After 180 days	After 90 days
Coverage	Covers 60% of your pay, up to \$5,000 per month	Covers 60% of your pay, up to \$5,000 per month
Employee Cost	Provided to you at no cost	0.0077x your covered pay

Annual Leave

- Use this leave for vacation and personal leave.
- Regular, full-time employees earn up to 13 days after 1 year of service.
- You receive one additional day per year up to 25 days at 12 years of service.
- You accrue annual leave each pay period.
- The maximum annual rollover limit varies by civilian and sworn job classes.

Paid Parental Leave (PPL)

- The City provides up to six weeks (or 240 hours) of PPL to eligible City employees who are parents of a newborn child or a child who is placed with the employee through adoption or foster care.
- The PPL is designed to allow employees paid time off to care for and bond with a child.
- You can use the six weeks continuously or intermittently for up to six months from the birth or placement of the child.
- Eligible regular part-time employees working at least 20 hours per week will receive PPL proportional to the percentage of their standard weekly work hours.

The Americans with Disabilities Act (ADA)

- The ADA prohibits employers from discriminating against individuals and provides reasonable accommodations for employees while working.

Sick Leave

- Use this leave for your illness or to care for immediate family.
- Full-time employees accrue up to 12 days per year.
- Accruals for regular part-time employees are pro-rated.
- You accrue sick leave each pay period.
- There is no maximum accrual limit.

Sick Leave Bank

- You can only enroll in the Sick Leave Bank at the time of hire or during Open Enrollment.
- This Bank provides up to an additional 160 hours (equivalent to four weeks) of sick leave that can be used if an extended medical absence occurs and all other leaves are exhausted. Part-Time Employee's Sick Leave Bank hours are issued on a pro-rated basis.
- To join the Bank, full-time employees must make a one-time donation of 8 hours of annual leave and regular part-time employees must donate 4 hours.

Family Medical Leave (FMLA)

- Provides unpaid job-protected leave for up to 12 weeks in a 12-month rolling period if you or your immediate family have a serious medical condition.

Transit and Parking Benefits

To reduce traffic congestion and parking demand, and encourage public transportation, ridesharing, walking, and bicycling, the City of Alexandria provides eligible City employees with **\$270 per month** for public transit and qualified vanpool fares.

Eligibility

To receive the City's transportation benefit, employees must meet the following requirements:

- Must be a permanent full-time or part-time employee of the City of Alexandria; and
- Commute to and from work via transit or a qualified vanpool such as Metrorail, Metrobus, Fairfax Connector, VRE and MARC
- Must give up any free or discounted employee parking (except eligible employees parking at Union Station)

Limitations

- You may only receive one (1) Transit and/or Parking Benefit at any given time. Enrolling in both is prohibited.
- Funding for the use of DASH will not be extended. City of Alexandria employees can ride on DASH routes at no cost so long as they display their Employee ID Badge.
- Transportation benefits are for the sole use of the employee for the commute to and from work.
- Benefits received or purchased through the transportation benefits program are not to be given, sold, or transferred to another individual.
- Benefits may not be accumulated while on vacation or leave (e.g., school employees off for the summer are not eligible to receive the benefit).

Application Deadlines

- Please submit the completed application with your registered SmarTrip card number by the 15th of the month to receive your SmartBenefits by the 1st of the following month. You can register your card at wmata.com/fares/Register-SmarTrip.cfm.
- If you utilize your benefit for the VRE or qualified Vanpools before the 20th of the month, you must establish a SmartBenefits account at <https://smartrip.wmata.com/Account/Create> to allocate your monthly benefit to CommuterDirect.com for mail delivery or simply call 703-228-7433.
- Once you followed the steps above for VRE riders, go to commuterpage.com and set up an account with Commuter Direct to receive your monthly ticket, the five-day pass, the ten-trip ticket or step-up fare for Amtrak trains via U.S. mail.
- The application for submitting your request for Transit Benefits can be found on [AlexNet](#). Completed applications are to be routed to the Benefits Team for processing via DHR.Benefits@alexandriava.gov.

Locations and Payment Options

The City of Alexandria has partnered with the following local Parking Garages to provide its employees with parking options on a pretaxed basis:

Market Square	Court House	Henry	Union St
108 N. Fairfax St	111 S. Pitt St	116 S. Henry St	220 N. Union St

Note: You may park at the Union Station free of charge if you display a Hang Tag. To request a Hang Tag, contact DHR.Benefits@alexandriava.gov.

The monthly amounts are deducted directly from your paycheck. If you would rather pay day-for-day, you can opt to elect a Parking Flexible Spending Account Fund to assist you in covering the daily expenses on a pretaxed basis as well.

Learn More

- **Free Capital Bikeshare Program:** capitalbikeshare.com
- **Additional Information on Commuter Benefits:** [AlexNet](#)
- **Any Questions on Commuting to Work:** GoAlex@alexandriava.gov.

Parking Cashout Program

Earn \$5 in Virgin Pulse Cash per day when you take transit instead of driving to the office. When you sign up for the Parking Cashout program, you can:

- Shrink your commute spending by using your City-sponsored commuter benefits.
- Create a flexible commute routine that helps you free up time and reduce traffic stress.
- Be healthier. Taking transit, biking and even walking to and from the office are simple, but impactful ways to amp up your physical activity.

How to Cashout your Commute:

- Sign up [here](#) to participate in the Parking Cashout Program and enroll in your transportation benefits. (You must create a Work N Well Account to receive your cashout.)
- Log your commute. Only logged commutes will be eligible to receive \$5 in Virgin Pulse per day. (Only the commute of the day can be redeemed; past trips cannot be logged and redeemed for a cashout.)
- Register today and get a FREE GO Alex commute essential swag bag!

Work/Life Benefits



Spring Health (Employee Assistance Program)

The City of Alexandria has partnered with Spring Health to bring you the most comprehensive, holistic, and effective mental health benefits for mental and emotional well-being. As a replacement to our traditional Employee Assistance Program (EAP), Spring Health gives you, your spouse, and covered dependents, the tools to improve your mental well-being.

At no cost to you, you and your family can use Spring Health for:

- **In-app Wellness exercises:** Support your mental fitness on the go, with exercises in meditation, better sleep, and more.
- **Personalized recommendations:** Assessments to identify the right care for your needs, learn more about yourself, and track your progress.
- **Dedicated support:** Receive guidance along your journey from your personal Care Navigator.
- **Therapy:** Book same-week sessions with trusted providers at times that fit your schedule. Costs for the first six sessions are fully covered by the City.
- **Medication:** Speak with psychiatrists to manage medications, when appropriate.
- **Coaching:** Receive tips for managing stress, increasing focus, and more.
- **Work-Life Services:** Get resources for travel, elder/adult care, and pet care.
- **Legal Services:** Provides help on issues such as divorce/custody, criminal, real estate, and bankruptcy.
- **Financial Services:** Get assistance on home buying, college fund planning, credit card, debit, and more.

Ways to activate your Spring Health benefits:

- **Online:** Visit coa.springhealth.com.
- **Phone:** Call 240-558-5796.
- **Spring Health App:** Download Spring Health Mobile from the App Store or Google Play.
- **Work'n Well Rewards App:** Go to the "Benefits" section. Click on "Spring Health", then "Start Now".

For more information on this benefit and everything it has to offer, please visit **My Work'n Well** on **AlexNet**.

Work/Life Benefits (continued)



2nd.MD (Second Opinion Medical Consultations)

2nd.MD makes it easy to get an expert second opinion that can offer life-changing benefits. At no additional cost to you, you can connect with board-certified, leading doctors across the country for an expert medical consultation via phone or video.

2nd.MD specialists can help you:

- Understand a new or chronic diagnosis and treatment options.
- Learn about new breakthrough treatments and trials specific to your condition that may not be known by a local provider.
- Understand if a recommended surgery is the best option and understand alternative options.

How it Works

- **Activate your account and request a consult:** Visit 2nd.md/alexandriavagov, download the 2nd.MD app or call 866-269-3534.
- **Speak with a nurse:** Explain your medical issues and an experienced nurse will handle the rest, including collecting medical records and connecting you with a leading specialist who is an expert in your condition.
- **Consult with a leading specialist:** Get information about your diagnosis, treatment plan and next steps in care from a nationally recognized specialist. Consult via video or phone at a time that works best for you, including evenings and weekends!

Summer (Student Loan Management Platform)

To improve your financial well-being, the City of Alexandria is now offering Summer, an innovative tool that helps employees and their family members save on their student loans.

Summer leverages technology and industry expertise to help borrowers:

- Identify and enroll in optimal student loan repayment plans
- Save an average of over \$300 per month on student loan payments
- Access personal guidance from a team of student loan advisors
- Provide savings options above and beyond refinancing only
- Enroll in CoA's Tuition Reimbursement Program

Summer provides clear comparisons of recommended savings options, digitizes the enrollment process while eliminating user errors, and provides a team of advisors that is available via app chat, email, or through 1:1 consultation by phone and video conference.

To get started, sign up at app.meetsummer.org/onboard/cityofalexandria and use Access Code **COA** to create your free account.

For any questions, please email Summer directly at partnersupport@meetsummer.org.

Work'n Well Rewards



You can save **\$40** per month (up to **\$600** per year) for being active and focusing on your well-being.

To encourage you to improve or maintain your health, the City offers a fun and rewarding voluntary incentive program that can benefit all employees. The City pays the full cost of your participation in the program.

When you sign up, you will be able to track activity, sleep, nutrition, biometrics, and other healthy habits. The more activities and challenges you do, the more points you earn. If you reach Level 3—12,000 points—during a quarter, you will receive a **\$40** incentive per month for the following quarter. Then, the cycle will start over and you will have another chance to reach the rewards level for the next quarter.

New Edition to Program

Complete an annual preventive exam with our validated physician form and earn **\$120** the following quarter.

More information about these exciting programs is available on **AlexNet**.

Your health data is protected by state and federal regulations, including the Health Insurance Portability and Accountability Act (HIPAA). Privacy laws require that the City will not see or have access to your confidential, protected individual results.

Consult your doctor before starting any physical activity program.

Wellness Program Reasonable Alternative Standards

If it is unreasonably difficult for you to meet the requirements under any wellness program due to a medical condition (or if it is medically inadvisable for you to attempt to meet the requirements of the wellness program), Work'n Well team members will work with you (and, if you wish, your doctor) to make additional reasonable alternative standards available for you. As with any health program, please consult your doctor.

How to Complete Your Benefit Enrollment Event Online



Access Your Online Enrollment

You can complete your benefit enrollment event online by visiting the Employee Self Service Portal via <https://selfservice.alexandriava.gov/ess>:

- From any computer with internet access
- From a kiosk at your work location

Note: The enrollment platform is not compatible with Apple products (i.e. Mac Computers, iPads, etc.).

Spend a few minutes with ALEX via <https://start.myalex.com/cityofalexandria> before you enroll: ALEX is our interactive online benefits counselor who will explain your benefits in simple language in a fun and entertaining way. ALEX can help you choose the benefits and coverage options that will meet your needs and your budget. Visit AlexNet to learn more.

To start the Enrollment, visit AlexNet.

- **Step 1:** On the left side of the screen, click **My Pay, Leave & Info**.
- **Step 2:** In the middle of the screen, click **My Pay, Leave & Info**.
- **Step 3:** The Windows security screen will pop up requesting you to log in. Please use your network username and password, then click **OK**.
- **Step 4:** You will be logged into Munis Employee Self-Serve (ESS). On the left side of your screen, click **Employee Self Service**, and the welcome page will appear.
- **Step 5:** On the left side of your screen, click **Benefits**, and the Benefits page will appear.
- **Step 6:** You are now on the screen that allows you to make your elections. Please begin making your elections. You will be required to click on each plan and choose **No Changes, Make New Election, or Decline**.

Your Network ID and password are required to access the Enrollment within the Employee Self Service Portal. If you are unsure of your network login information, contact the benefits team via DHR.Benefits@alexandriava.gov.

Completing Your Online Enrollment

You will see the following information on your Online Enrollment Summary:

- **Current:** Your current benefits (if you are currently enrolled)
- **New Election:** Your current benefits (benefits carry over if you do not make a change, except for Flexible Spending Accounts that require re-enrollment each year).

IMPORTANT NOTE: Employees who had a life status change or moved from under \$70,000 salary to over \$70,000 during FY 2024 MUST take action to ensure your election changes are accurate for FY 2025.

Benefit Enrollment Event Online Tips & Reminders

Online Enrollment Tips

- Make elections for all selections **except Supplemental Life Insurance** on ESS. Supplemental Life Insurance Enrollments are completed on a paper form, which is housed on AlexNet via <https://alexnet.alexandriava.gov/uploadedFiles/wwwroot-alexnet/content/HR/SI%207533-645212-A-5-4-2020%20Proof%20v2.pdf>. Once completed, you must submit it to the Benefits Team via DHR.Benefits@alexandriava.gov within 90 days of your date of hire to have the coverage extended.
- Use the **Continue** button or click **Open Enrollment** on the left side (not the Back button) to move between benefits sections.
- If you open another window (for example: to look at the Guide), click the **X** in the upper right corner of that page to return to your enrollment.
- Click **Continue** to save your choices. Your choices are not processed until you click **Submit Choices** and have received a confirmation statement. If your enrollment is not fully submitted and remains in progress, your current elections will not carry over. Be sure to complete your enrollment in its entirety to keep this from happening.
- Make sure your pop-up blocker is turned off when adding dependent information.
- If you have trouble making elections, you may need to clean out your browser history. Close your browser and log in again.
- You can access your Enrollment Event online anytime outside of your Work Location and Hours. However, the Employee Self Service Portal is not compatible with any Apple Products (iPad, Mac Computers, etc)

Making Benefit Choices

To enroll, decline or make a change, select each benefit. For example, to enroll in medical coverage, click the **Make New Election** button next to Medical. You will see a list of all your medical options and costs. You will also be able to link to the guide and additional information available on **AlexNet**.

Choose the medical plan you want to enroll in by clicking the plus sign next to the vendor (Kaiser Permanente or UnitedHealthcare) and then the circle next to the plan name and coverage level. Then, scroll down to review or add dependents.

- If all your dependents are listed, click on each dependent, then click **Add Coverage** next to each eligible dependent you want to cover. You can update information on your dependent as well.
- If all your dependents are not listed, follow the instructions below to update your dependents' information.
- If you have dependents who are no longer eligible for coverage (e.g., reached age 26), do not add them to your new election.

Click the **Continue** button to save your choices and return to your Enrollment Summary to make other benefit choices.

Adding Dependents

To add a new eligible dependent, click on Add New Dependent near the bottom of each applicable benefit option.

- A birth date is required for each eligible dependent added.
- A Social Security Number is required for any dependent over the age of 18. For those under age 18, you can simply bypass the Social Security field when entering your dependent information.

Once your dependents have been updated, click on the **Continue** button at the bottom of the page to return to the Enrollment Summary screen.

Choices that Require Evidence of Insurability

Evidence of good health is required for employees who want to buy-up one level of Supplemental Life or elect the 90-day LTD coverage option if they did not elect the coverage at the time of hire. You may submit a medical underwriting online to receive approval from The Standard for both coverages.

If evidence of good health is required, you will continue to be enrolled in your current option. You will only be changed to your new choice if you are approved by The Standard. If your request is denied, your coverage will remain at the current level.

Benefit Enrollment Event Online Tips & Reminders (continued)



Submitting Your Enrollment

- Once you have made your election for each benefit, click the **Continue** button on your Enrollment Summary page.
- **Your enrollment is not complete and will not be processed until you click the Submit Choices button.**
- You will receive a confirmation page indicating that your enrollment has been completed.
- You can **print this Confirmation** for your records.
- You can go back and make changes until the end of Open Enrollment on **May 24**.

Life Insurance Changes – This Open Enrollment

If you want to change your life insurance election (elect 1x or 2x pay for Supplemental Employee Life Insurance), you must complete the online form for approval from The Standard. Dependent Life Insurance can be selected in Employee Self Service. Evidence of Insurability for spouse coverage is required to move up one level.

Confirm that Your Dependents Are Eligible

Review your benefits carefully to verify that only eligible dependents are enrolled. The City reserves the right to audit eligibility of dependents from time to time. You are subject to disciplinary action and can be held financially responsible for the cost of the benefits, including any claims paid for enrolled persons who are not eligible for dependent coverage.

For More Information

More detailed information about your benefits, including Summary of Benefits and Coverage, is available on **AlexNet** via <https://alexnet.alexandriava.gov/HR/content.aspx?id=8992#EmployeeBenefitSummary>.

Helpful Benefit Terms

- **Benefit Plan Year** – The City of Alexandria’s benefit enrollment coverage is extended on a plan year basis. The plan year begins on 7/1 and ends on 6/30.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Consumer Health Driven Plan** – CDHPs offered by UnitedHealthcare and Kaiser Permanente combine medical coverage with a Health Savings Account (HSA) that you can use to save money to pay your health care expenses with tax-free dollars.
- **Copay** – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **Elimination period** – This is relative to the LTD claims. It is the time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Flexible Spending Accounts (FSA)** – FSAs allow you to pay for eligible Health care, Dependent care, and Parking expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.
- **Generic drugs** – A drug that’s equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
- **Health Savings Account (HSA)** – An HSA is a personal savings account for those enrolled in either of the City of Alexandria’s Consumer Driven Health Plan (CDHP) offered by UnitedHealthcare or Kaiser Permanente. You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your dependents, even if they are not covered by the CDHP.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail order pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Non-preferred brand drugs** – A drug with a patent and trademark name that is “not preferred” because it’s usually more expensive than other generic and brand preferred options.
- **Out-of-network** – Providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Preferred brand drugs** – A drug with a patent and trademark name that is considered “preferred” because it’s safe and effective and usually less expensive than other brand-name options.
- **Primary Care Provider (PCP)** – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).

Benefit acronyms

ACA – Affordable Care Act

AD&D – Accidental Death & Dismemberment

CDHP – Consumer Directed Health Plan

DMO – Dental Maintenance Organization

FMLA – Family Medical Leave Act

FSA – Flexible Spending Account

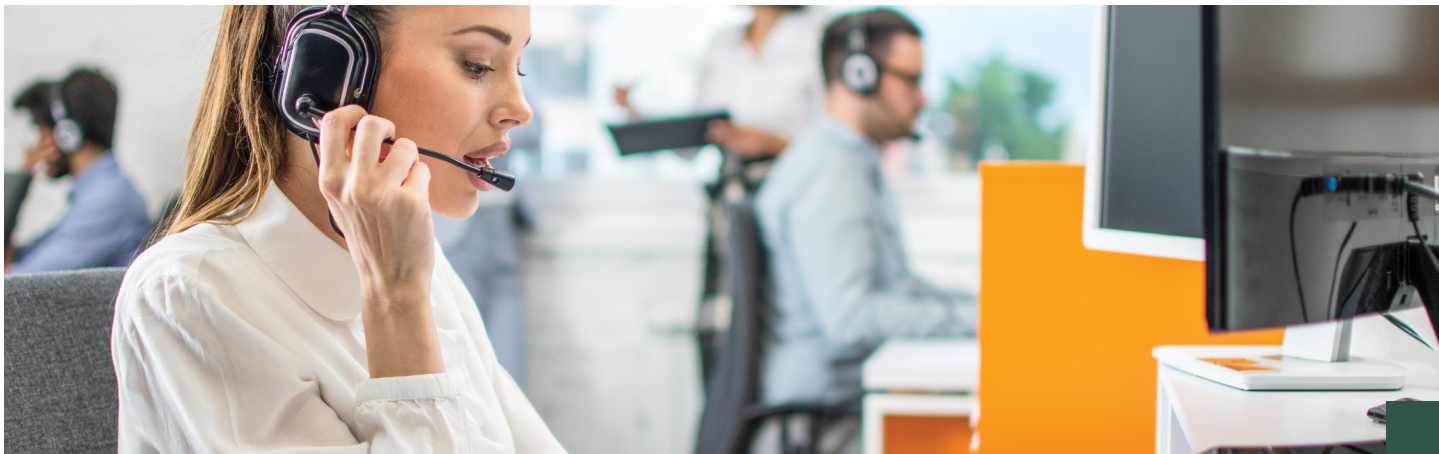
HMO – Health Maintenance Organization

HSA – Health Savings Account

LTD – Long-Term Disability

PPL – Paid Parental Leave

Contact Information



Coverage	Carrier	Phone	Website/Email
Medical and Pharmacy	UnitedHealthcare (Group #: 714332)	866-844-4864	www.myuhc.com
Pharmacy	RxBenefits/Express Scripts	800-734-4196	CustomerCare@RxBenefits.com
Medical and Pharmacy	Kaiser Permanente (Group #: 4073)	855-249-5018	www.kp.org
Health Savings Account	Optum Bank		www.Optumbank.com
Flexible Spending Accounts	Chard Snyder	800-982-7715	www.chard-snyder.com
Dental	Aetna (Group #: 737479)	877-238-6200	www.aetna.com
Vision	Aetna	877-973-3238	www.aetnavision.com
Life and AD&D Insurance	The Standard	800-378-4170 ext. 0587	www.standard.com
Long-Term Disability	The Standard	800-378-4170 ext. 0587	www.standard.com
Employee Assistance Program (EAP)	Spring Health	240-558-5796	www.coa.springhealth.com
Medical Consultations	2nd.MD	866-269-3534	www.2nd.md
Human Resources	Benefits Team	703-746-3777	alexandriava.gov/HR DHR.Benefits@alexandriava.gov
ESS Portal Login Support	ITS Customer Support		ITS.Customer@alexandriava.gov

Benefits Team

Contact	Position	Phone	Address
Jina Edwards	Benefits Manager	703-746-3789	CITY OF ALEXANDRIA Department of Human Resources, Benefits Team 301 King Street, Room 2510 Alexandria, VA 22314
Jahwon Taylor	Benefits System Analyst	703-746-3796	
Qiana Ray	Senior Benefits Analyst	703-746-3753	
Dr. Grace Ingram	Well-being Program Manager	703-746-3794	
Adriana Bradford	Senior HR Compliance Analyst	703-746-3785	
Clarissa Zuniga	Leave Analyst	703-746-4013	



About this Guide

This benefit summary provides selected highlights of the City of Alexandria benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. City of Alexandria reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.