

WELCOME TO CHESTERFIELD COUNTY

Benefits Orientation Presentation

February 22, 2021



TODAY'S AGENDA

- Health and Dental Insurance Options
- Prescription Coverage
- Flexible Spending Accounts
- Health Savings Accounts
- Short-Term and Long-Term Disability
- Basic and Optional Life Insurance
- Deferred Compensation & Retirement
- Long Term Care
- 529 College Savings Plan
- Completing the Benefits Forms



HEALTH INSURANCE OPTIONS*



Healthkeepers 25 POS	Lumenos with HSA
<ul style="list-style-type: none">• Similar to an HMO but adds out-of-network benefits• Referrals <u>are not required</u>	<ul style="list-style-type: none">• A High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)• Chesterfield County will contribute 1/2 of your annual deductible to your HSA• Unused dollars can be saved or invested and accumulate through retirement

Referrals are not required for specialists on covered services
There is coverage for chiropractic care
No co-pay for preventative care

**Check the plan summary brochure for additional information on covered benefits*

HEALTHKEEPERS 25 POS

In-Network Co-Pays* per Visit

- Preventive Care \$0
- Annual Routine Vision Exam (through Blue View) \$15
- Dr. Visits: PCP/ Specialist \$25/ \$50
- Urgent Care \$50 (unless PCP)
- Outpatient Mental Health And Substance Abuse \$25
 - Partial Day Treatment Programs \$0
- Labs/Diagnostic X-Rays and Tests (PCP/Specialist) \$25/ \$50
- Therapy
 - Physical, Occupational, Speech, Spinal \$25
 - Chemotherapy, Radiation, Cardiac, Respiratory \$50
- Maternity
 - Routine Outpatient pre/postnatal care \$200/pregnancy
 - Diagnostic Testing (ex: ultrasound) \$50
- Emergency Room \$300
 - Waived if admitted directly to hospital

**Refer to the plan summary brochure for complete list of copays*

HEALTHKEEPERS 25 POS

In-Network Deductibles

- Applies to **only** certain services:
 - Outpatient Services: prosthetics, durable medical equipment, dialysis, home infusion services, some injectable medications, diabetic supplies and equipment, infertility evaluation and treatment (including artificial insemination)
 - Autism Spectrum Disorder: diagnosis/treatment and applied behavioral analysis for children ages 2 to 10 (see Anthem information book for complete list), Early Intervention (to age 3)
 - Skilled nursing facility care: max of 100 days per admission
 - Single coverage = \$750/more than one person covered = \$1500

**Refer to the plan summary brochure for more information and out-of-network details*

LUMENOS WITH HSA

A High Deductible Plan with Health Savings Account

- Annual deductibles must be met before the plan will pay for certain services:
 - **\$2800 Covered Member**
 - **\$5600 Combined Total/Covered Members**
- Chesterfield County Contributes 1/2 of the Deductible into your HSA:
 - **\$700 Single Plan in January & July = \$1400 Total**
 - **\$1400 Family Plan in January & July = \$2800 Total**
 - The County's contribution will be prorated based on your effective date.
- After your deductibles are met, your plan will pay for covered expenses at:
 - **100% for Medical services that are In-Network**
 - **70% for Medical services that are Out-of-Network**

LUMENOS WITH HSA

A High Deductible Plan with Health Savings Account

You can contribute pre-tax dollars into your HSA

Annual Contribution Maximums Inclusive of County Contributions	
	<u>2021</u>
Individual Coverage	\$3,600
Family Coverage	\$7,200

If you are age 55 or older, or will turn 55 in 2021, you may qualify for an additional “catch-up” contribution of up to \$1,000.

PRESCRIPTION DRUG COVERAGE

Tier applies after deductibles have been met

HealthKeepers 25 POS

Individual (\$150); Family (\$300)

Lumenos with HSA

Individual (\$2800); Family (\$5600)

Prescription Coverage	Tier 1 Copay (Generic)	Tier 2 Copay (Low Cost Brand)	Tier 3 Copay (High Cost Brand)	Tier 4 Coinsurance
Up to a 30-day medication supply at participating pharmacies	\$10	\$30	\$50	20% up to \$250 max
Up to a 90-day medication supply delivered to home	\$20	\$60	\$100	20% up to \$500 max
Up to a 90-day medication supply purchased at a participating retail pharmacy	\$30	\$90	\$150	Not applicable

ANTHEM ONLINE PRESCRIPTION TOOL (FOR USE BEFORE COVERAGE EFFECTIVE DATE)

<https://www11.anthem.com/pharmacyinformation/>




1. Scroll down to National Drug Lists and click on National Drug List 4-Tier (Searchable)
2. Search for medication by using the alphabet search or entering the name
3. Choose dosage and, if applicable, brand name or generic (note, tier is shown to the left)

Please select a drug from the list below to continue.

TIER 1	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg
TIER 1	bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg
TIER 3	Wellbutrin XL Oral Tablet Extended Release 24 Hour 150 MG
TIER 3	Wellbutrin XL Oral Tablet Extended Release 24 Hour 300 MG

4. Refer to previous slide for estimated cost based on tier

NOTE: Clicking on one of the dosage options will provide you with additional Notes & Restrictions

Results				
Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
Generic Name	Sub-Class			
 bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	*Antidepressants* - Drugs For The Nervous System *ANTIDEPRESSANTS - MISC *** - DRUGS FOR DEPRESSION	Tablet Extended Release 24 Hour 150 MG	TIER 1	  more info

ANTHEM ONLINE PRESCRIPTION TOOL (FOR USE AFTER COVERAGE EFFECTIVE DATE)

1. Log into your Anthem.com account at <https://www11.anthem.com>
2. Under My Plan, click Pharmacy
3. On the next screen, click Price a Medication
4. Enter the name of the medication
5. Click the appropriate dosage to obtain cost options*

Retail Store	Brand	Generic	Home Delivery	Brand	Generic
Choose your favorite pharmacy by selecting the star icon.	WELLBUTRIN XL 150MG 30-Day Supply • 30 Pills	BUPROPION XL 150MG 30-Day Supply • 30 Pills	With free standard shipping	WELLBUTRIN XL 150MG 90-Day Supply • 90 Pills	BUPROPION XL 150MG 90-Day Supply • 90 Pills
	Your Cost \$1,451.36 (\$0.00 covered by plan)	Your Cost \$21.25 (\$0.00 covered by plan)		Your Cost \$3,995.08 (\$0.00 covered by plan)	Your Cost \$56.65 (\$0.00 covered by plan)
★ WALGREENS 03683 11119 HULL STREET RD MIDLOTHIAN, VA 23112 804-744-5986		★ WALGREENS 03683 11119 HULL STREET RD MIDLOTHIAN, VA 23112 804-744-5986			

*** IMPORTANT NOTE: Example Only: Rates will vary dependent upon healthcare plan, medication, and whether medication is brand or generic.**

FLEXIBLE SPENDING ACCOUNTS

Lumenos Members Only:

Limited Purpose Medical FSA

- **Pre-funded Account**
- Used only for qualifying dental and vision expenses (not health expenses)
- **Maximum Annual Election: \$2750**

Healthkeepers Members and Opt Outs only:

Health Care FSA

- **Pre-funded Account**
- Glasses, contacts, copayments, prescriptions, dental expenses, first aid supplies, etc.
- Medical premiums are not reimbursable expenses
- **Maximum Annual Election: \$2750**

ALL Benefits Eligible Employees:

Dependent Care FSA

- **Not Pre-funded**
- Elder care and child care
- Required for reimbursement: Provider's name and tax ID
- **Maximum Annual Election:**
 - \$5000/ household
 - \$2500/ if married, but filing separately

FLEXIBLE SPENDING ACCOUNTS

Minimum Pre-Tax Contribution = \$10/*pay*

Enrollment in health and/or dental is not required

Covers self, spouse, and other eligible dependents in your care

Your FSA benefits will begin on 04/01/2021

Your 1st FSA deduction will be taken on 04/09/2021

**THERE WILL BE 18 PAYS FROM WHICH
2021 FSA DEDUCTIONS WILL BE TAKEN**

USE IT OR LOSE IT!

If you do not spend your annual contribution during the elected period, you will forfeit any remaining account balance at the end of the plan year.

Go to FSASTORE.COM for an eligibility list of items

DENTAL INSURANCE*

DELTA DENTAL OF VIRGINIA



Basic	Comprehensive	Delta Dental EPO/PPO
<ul style="list-style-type: none">• Diagnostic and Preventive Services• Annual Cleanings• Exams• X-rays• Sealants• Simple Extractions	<p>All coverages in Basic plan, plus:</p> <ul style="list-style-type: none">• Orthodontics and implants• Major Restoratives, like crowns and prosthetics	<ul style="list-style-type: none">• Coverages listed in Delta Dental booklet (schedule of benefits)• Must use EPO/PPO Dentist• Ask your dentist, “Do you accept the EPO fee schedule?”

**Check the Delta Dental brochure for additional information on covered benefits*

DENTAL INSURANCE*

DELTA DENTAL OF VIRGINIA



- **Comprehensive contract is renewed every 5 years**
 - Once you elect this coverage you are locked in until the next contract renewal. This helps control premium rates.
 - New 5-year contract began January 1, 2021
- **List of participating dentists is available on www.deltadentalva.com**
 - If you visit a participating dentist, you are not responsible for amounts above the “usual and customary” charge for a covered service. If you visit a non-participating dentist, you may pay more out of your pocket for services.

**Check the Delta Dental brochure for additional information on covered benefits*

DENTAL INSURANCE*

DELTA DENTAL OF VIRGINIA



Basic/Comprehensive Delta Dental Participating Dentist	PPO/EPO Delta Dental EPO/PPO Participating Dentist
<p><u>Annual Deductible</u> (non-routine services):</p> <ul style="list-style-type: none"> • Individual \$50 • Family \$150 	<ul style="list-style-type: none"> • No annual deductible • Fixed copayments for most covered procedures
<p><u>Limitations and Exclusions</u></p> <ul style="list-style-type: none"> • Refer to Delta Dental Booklet 	<p><u>Limitations and Exclusions</u></p> <ul style="list-style-type: none"> • Refer to Delta Dental Booklet
<ul style="list-style-type: none"> • \$1500 Maximum benefit/patient/year • \$1500 Maximum <u>lifetime</u> benefit per patient for Orthodontic services (Comprehensive Plan) 	<ul style="list-style-type: none"> • \$3000 Maximum benefit/patient/year • \$2000 Maximum <u>lifetime</u> benefit per patient for Orthodontic services (Comprehensive Plan)

**Check the Delta Dental brochure for additional information on covered benefits*

HEALTHCARE AND DENTAL COVERAGE: WHO CAN I ENROLL?

- **Your legally married spouse**
 - A court order to provide coverage for a divorced spouse **does not** make the ex-spouse eligible for coverage under your county sponsored health plan.
- **Children**
 - Until December 31 of the year in which the child turns age 26
 - Natural child, stepchild, child placed with you for adoption, or child for whom you have court-ordered custody
 - Regardless of marital status, student status, level of support provided, or residency of the child
 - Age limit does not apply for maintaining enrollment for a child who cannot support themselves because of mental illness/physical incapacity that began prior to reaching age limit. You may be asked to provide a physician's certification of the child's condition.

WHO CAN USE MY HEALTHCARE OR LIMITED PURPOSE FSA AND/OR HSA FUNDS?

- **Your legally married spouse**
- **Children**
 - Natural child, stepchild, child placed with you for adoption, or child for whom you have court-ordered custody provided you claim the child as a dependent on your taxes
 - Age limit:
 - Healthcare and Limited Purpose FSA: Until December 31 of the year in which the child turns age 26
 - **HSA: the dependent age limit for HSA is 23**

Plan accordingly

BENEFIT RESOURCE CENTER (BRC)

Toll-free Phone Number: 855-874-6699

- Answering benefit plan/policy questions
- Assist with eligibility and claim problems with carriers
- Provide claim appeals information and explain process
- Explain allowable family status election changes
- Provide vendor plan contact information



QUESTIONS?



- For more detailed information on coverage and comparisons of any of the plans: Employee Benefits Summary, Anthem, and Delta Dental plan descriptions books can be found on the HR's Share Point page ([Human Resources - Home \(sharepoint.com\)](#))
- For questions regarding medical or dental claims, or to request a new insurance card, call Anthem or Delta first.
 - Anthem: 833-630-6741
 - Delta: 800-237-6060

Insurance Cards should arrive approximately
1 week prior to your effective date.

If not, please call: **Human Resources @ (804) 748-1551**

EFFECTIVE DATES*



Benefits are effective on **4/1/2021**

*First Pay to reflect deductions is **3/12/2021***

Health and Dental Insurance premiums are deducted one month in advance

*The rates indicated on your Payroll Authorization Form
are taken EACH pay (not per month)*

There are **26 pay periods** within a year, but benefit deductions only occur **24 of those pay periods** (2 times per month).

If your insurance from a previous employer ends sooner, you may want to consider enrolling in **COBRA** so you will not have any lapse in insurance.

* Completed forms must be returned via DocuSign no later than 8:00 p.m. on Tuesday, February 23, 2021. Changes can be made after that until March 24, 2021 by contacting HR for paperwork.

IMPORTANT PAYROLL DATES*

Healthcare and dental insurance deductions are taken one month in advance

Depending on start date, some employees may experience a double or triple deduction for their 1st premium payment

Your first premium payment will be a *SINGLE* deduction

Example: A full time employee elects benefits to start on 04/01/2021

<u>Selected Family Coverage</u>	“Normal” Pay Deduction	1st Deduction 03/12/2021
Healthkeepers 25 POS	\$373.00	\$373.00
Comprehensive Dental	\$54.31	\$54.31

WHEN CAN I CHANGE MY BENEFITS?

- **Within 30 days** of your hire date
 - Contact HR for change paperwork
- **Qualifying Event**
 - Paperwork must be submitted to HR **within 30 days** of the event
- **Open Enrollment**
 - Usually in October each year
 - Changes made during Open Enrollment become effective January 1st of the following year

WHAT IS CONSIDERED A QUALIFYING EVENT?

- Birth, Adoption, or Placement of a Child
 - **Change will be effective the date of the event**
- Marriage or Divorce
- Loss, Gain, or Change of Child Status
- Loss, Gain, or Change of Spouse's Employment
- Death of Spouse or Child



**Change will be effective the first of the month following the event
or notification to HR... whichever is later**

DEFERRED COMPENSATION



Additional Benefits – “On Your Own”

Empower Retirement 457 Retirement Savings Plan

- Opportunity to supplement retirement income.
- Deductions are taken on a pre-tax basis.
- Deductions may be taken as a percentage or as a flat amount.
 - Part-time employees may defer a percentage amount only.
- Deferrals are for retirement purposes ONLY.
- No employer match at this time.
- Can start deductions at any time.
- No open enrollment.

Contact: **Catherine Pfeilsticker**
1-800-879-3133, ext. 21158

LONG-TERM CARE



Additional Benefits – “On Your Own”

Reduced underwriting if applying within first 60 days of hire date

- Commonwealth’s Voluntary Group Long Term Care Insurance Program is underwritten by Genworth Life Insurance Company
- Long term care insurance helps to reimburse charges for services received at home, in the community or in a nursing facility
- Employees are billed directly for this benefit.

Contact: **1-866-859-6060**

or visit www.genworth.com/cov



529 COLLEGE SAVINGS PLAN

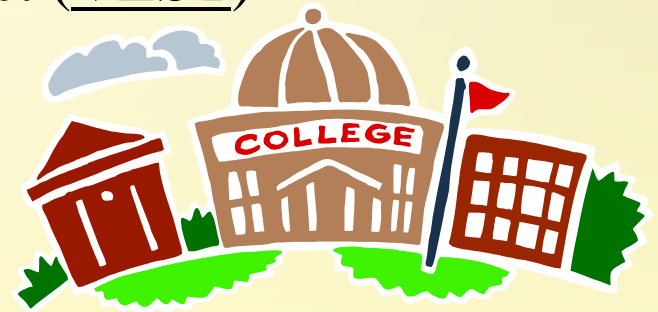
Additional Benefits – “On Your Own”

Reduced application fee for county employees

- Employees are billed directly from the Virginia College Savings Plan for this benefit.
- The Virginia Prepaid Education Program (VPEP)
- The Virginia Education Savings Trust (VEST)
- This is not a payroll deduction.

Contact: **1-888-567-0540**

or visit www.virginia529.com



PTO – PAID TIME OFF

- For new employees* in the PTO Plan, hours are accrued at a rate of 7 hours per pay period (24 of 26 pay periods)
- Leave accrual increases at intervals of 5-year tenure



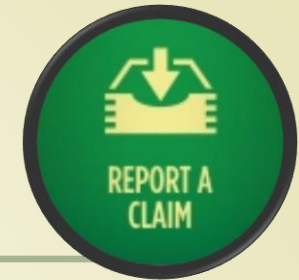
If you are a former employee with the schools, you will need to request a form during NEO to have completed and returned within 30 days

- Employees who are transferring from Chesterfield Schools may be able to remain at their current leave accrual rate, but are **REQUIRED** to complete a form within 30 days of hire date

** Accrual rate differs for first responders (Fire, Police, Sheriff). Check with your HR Liaison.*

IMPORTANT

PTO – PAID TIME OFF & STD – SHORT TERM DISABILITY



- For employees in the PTO Plan, “Paid Time Off” hours are accrued 24 out of 26 pay periods
- Employees who qualify for the County STD, have a 14 day elimination period
 - Employees who qualify for The Standard STD, have a 7 day elimination period
- STD replaces 60% of an employee’s base pay when unable to work due to a non-work-related illness, injury, or disability
- If you do not have enough PTO to cover your elimination period, you are placed on Leave Without Pay until the elimination period is met

LONG-TERM DISABILITY



100% of premiums are paid by the employee

Able to purchase within 30 days of hire date with no underwriting*

- Benefit pays up to 65% of your salary for up to 2 years
- Monthly Benefit: Minimum \$100, Maximum \$10,000
- 90 day elimination period or exhaustion of all paid leave, whichever is greater

Hybrid Employees	VRS Plan 1 and 2 Employees
Payments will automatically discontinue after 1 year of employment	Payments will be drafted until policy is cancelled by employee
After the 1 year anniversary date, disability will be covered under The Standard at no cost to the employee	Coverage continues until cancelled and continues to be paid by employee

Premium Formula: $(\text{Annual Salary} \times 0.00175) / 26$ pay periods

Example: $(\$35,000 \times 0.00175) / 26 = \$2.36/\text{pay period}$

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VIRGINIA RETIREMENT SYSTEM (VRS)

-
- **New** members with no previous VRS service credit or who have prior VRS service credit on or after January 1, 2014 will be enrolled into the **Hybrid Retirement Plan**
 - **New** members who are in a Hazardous Duty position (sworn sheriff deputy, sworn police officer, firefighter, etc.) will be enrolled in the **Plan 2 Retirement Plan**

For additional information, view the VRS Handbook online at:

<http://www.varetire.org/publications/index.asp>

Reminder:

Quarterly meetings are held to go over benefits pertaining to the Hybrid plan, including STD/LTD, and how to take advantage of the County match to the Defined Contribution Plan. You will receive an email reminder prior to the next session.

RETIREMENT – VRS



www.varetire.org

Provided to all full-time employees
Administered by Virginia Retirement System

- The County contributes an actuarial amount of the employee's base salary
- Employee contributes an additional 5% (deducted 24 out of 26 paychecks) on a pre-tax basis.
 - **To calculate:** $(\text{Salary}/24) \times 0.05$
- **Current Plan 1 and Plan 2** members remain in their respective plans.
 - If you are a current member of VRS, go to varetire.org to print a copy of your "Online Account Summary"
- Employees in a **hazardous duty position** will be placed in Plan 2 unless already a member in Plan 1

VRS HYBRID RETIREMENT PLAN

Total Possible Hybrid Retirement Plan Contributions			
Your Contributions		County's Contributions	
<u>Mandatory</u> Defined Benefit	4%	Mandatory Defined Benefit	Actuarially determined rate (less DC contribution)
<u>Mandatory</u> Defined Contribution	1%	Mandatory Defined Contribution	1%
<u>Voluntary</u> Defined Contribution	Up to 4%	Employer Matching Defined Contribution on Voluntary Employee Contribution	Up to 2.5%

- Features of a Defined Benefit Plan and a Defined Contribution Plan.
- Your 5% mandatory contribution places 4% into the Defined Benefit Plan and 1% into the Defined Contribution Plan
- You may contribute up to an additional 4% into the Defined Contribution Plan.

DEFERRED COMPENSATION

PLAN: ICMA-RC	PLAN: EMPOWER
HYBRID EMPLOYEES	ALL EMPLOYEES
<p><u>Plan Contact:</u> Sherrel Addison 855-553-3095 Saddison@icmarc.org</p>	<p><u>Plan Contact:</u> Catherine Pfeilsticker 540-907-2045 Catherine.pfeilsticker@empower-retirement.com</p>
<p>www.icmarc.org</p>	<p>www.chesterfield457.com</p>

Mandatory ICMA-RC Information Session:

Offered Quarterly

Hybrid VRS employees must attend

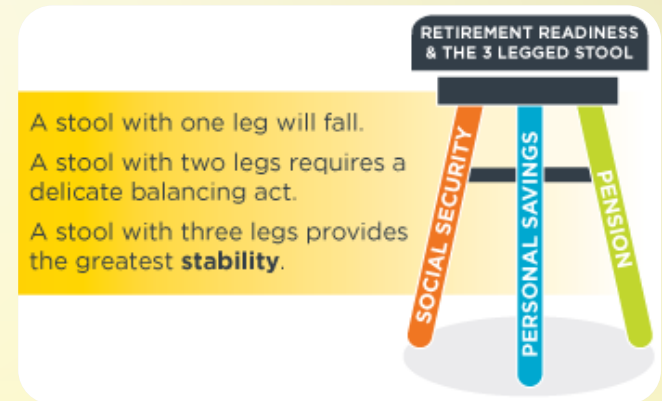
DEFERRED COMPENSATION

VRS Hybrid Employees Only:

- Deferred Compensation Plan through **ICMA-RC**
- County match for contributions
- More information provided to eligible employees
- Info meetings are held quarterly

All Employees (Including Part Time):

- Deferred Compensation Plan through
Empower
- Does not offer a county match
- More information provided upon request
- Monthly appointments available



BASIC LIFE INSURANCE

Securian - Minnesota Life

- Free term life insurance policy for all full-time county employees
- Benefit amount is two times your salary for a natural death and four times your salary for an accidental death
- Must designate a beneficiary (or use order of precedence)

Example: Employee's Annual Salary is \$31,041

- Salary is rounded up to nearest thousandth for calculations

Natural Death Benefit = $\$32,000 \times 2 = \$64,000$

Accidental Death Benefit = $\$32,000 \times 4 = \$128,000$

OPTIONAL LIFE INSURANCE



Securian - Minnesota Life

- Premiums are paid 100% by the employee
- May purchase up to four times your salary for additional (term) life insurance
- Can add coverage for spouse (benefits = 1/2 amount) and/or children (\$10,000-\$30,000 depending on the option you select).
- You and children are guaranteed insurance without underwriting up to Level 4 for the first 30 days* of full-time status
- Your spouse is guaranteed insurance without underwriting up to option Level 1 for the first 30 days of full-time status; all other levels must be underwritten

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OPTIONAL LIFE INSURANCE (CON'T)

Securian - Minnesota Life

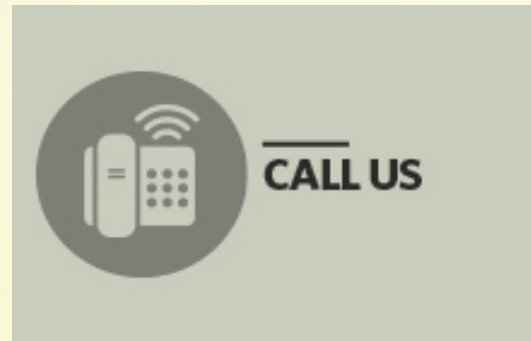
- If your spouse or dependent is a VRS member, you may not enroll them on your optional life insurance. Your spouse or dependent must enroll in the optional life insurance with their own employer.
- If you waive the coverage and elect to enroll after your first 30 days of full-time status you must go through the underwriting process.
- There is no open-enrollment for Optional Life Insurance.
- Coverage can be canceled or reduced at any time.

REMEMBER

You **must** log into the NEO 2nd Day-Afternoon Session @ 1:30 p.m. tomorrow, February 23, 2021 for instructions on completing the benefits paperwork.

REMINDER: All paperwork must be submitted by 8:00 p.m. Tuesday, February 23, 2021.

BENEFITS QUESTIONS?



804-748-1551

or

Your contact your HR Liaison

REMINDER: All paperwork must be submitted by 8:00 p.m. Tuesday, February 23, 2021.