Welcome! As a benefits-eligible employee we are happy to offer you a comprehensive benefits package and an award winning wellness program. In this guide you’ll learn about the benefit plans offered, plan premiums, and how and when to enroll. You’ll also learn the requirements and other important information for benefit participation.

**When Can I Enroll In Benefits?**

<table>
<thead>
<tr>
<th>NEW HIRE ELIGIBILITY</th>
<th>QUALIFYING LIFE EVENTS</th>
<th>OPEN ENROLLMENT</th>
</tr>
</thead>
</table>
| As a newly hired benefits-eligible employee, you are offered an initial enrollment period to elect benefits. Certain benefits can only be elected within 30 calendar days following your date of hire. Other benefits may be elected at any time, however medical underwriting may be required for enrollment after your new hire eligibility period. Elections made as a new hire will stay in effect for the entire plan year and cannot be changed until the next plan year during Open Enrollment or within 30 calendar days following a qualifying life event.  
  
  Note: Legal and Identity Theft benefits are effective the 1st day of the second month following your hire date. | Certain events in your life (i.e. marriage, birth, divorce, gain or loss of coverage due to a job change, etc.) **may** allow you to make changes to your benefit plan(s). If you experience a qualifying life event during the plan year it is important that you make the changes online within 30 calendar days following the qualifying life event date, even if the supporting documentation is not yet available.  
  
  If you have any questions, contact the Consolidated Benefits Office (CBO).  
  
  Note: Legal and Identity Theft benefits are effective the 1st day of the second month. | Open Enrollment is offered annually (usually in the fall) to give you the opportunity to review and make changes to your benefits and covered dependents. It is important to review information the Consolidated Benefits Office sends to you as it provides information on plan design updates, new plan year premiums, and vendor changes. Taking the time to review benefit information during this time will ensure that you are making the best, most informed decisions for you and your family.  
  
  Open Enrollment elections will become effective January 1st of the next plan year. |

**EFFECTIVE DATE:**

- First (1st) day of the month following your hire date.  
  
  **Note:** Legal and Identity Theft benefits are effective the 1st day of the second month following your hire date.  

**EFFECTIVE DATE:**

- First (1st) day of the month following the qualifying life event date. Some exceptions apply – for example, when adding a newborn within 30 calendar days of birth, benefit changes are effective on the birth date.  
  
  **Note:** Legal and Identity Theft benefits are effective the 1st day of the second month.  

**EFFECTIVE DATE:**

- Open Enrollment elections will become effective January 1st of the next plan year.

Throughout this guide you will see a few icons to assist you in understanding which benefits require immediate attention.

<table>
<thead>
<tr>
<th>SYMBOL</th>
<th>MEANING</th>
<th>PLANS IMPACTED</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Action Required" /></td>
<td>Requires enrollment within 30 calendar days of new hire date or qualifying life event.</td>
<td>Health, Health Savings Account (HSA), Health Care Flexible Spending Account (HCFSA), Dental, Legal, Identity Theft Protection, and Dependent Care Flexible Spending Account (DCFSA).</td>
</tr>
<tr>
<td><img src="image2" alt="Medical Underwriting" /></td>
<td>Requires Evidence of Insurability/Medical Underwriting if enrollment is after new hire eligibility period.</td>
<td>Long Term Disability (LTD) and Optional Life Insurance.</td>
</tr>
</tbody>
</table>
The CBO Shares With You Their Most Frequently Asked Questions!

**WHAT ARE PLAN ELIGIBILITY AND REQUIREMENTS?**

- **How do I know if I am eligible for benefits?**
  - You are eligible to elect the benefits included in this guide if you are:
    - Full-time City of Virginia Beach employee or
    - Full-time/full-time equivalent Virginia Beach City Public Schools employee. (This includes: Bus drivers, bus assistants and food service employees working a minimum of 25 hours per week, Partial FTE position of 0.5 or greater, Temporary employees filling an allocated benefits eligible position. Please see School Board Policy 4-1 for more information.)

- **What do I need to enroll my lawful dependents/spouse on my benefit plans?**
  - Social Security Numbers (SSN) are required for all dependents you wish to cover on your benefit plans. This is a requirement for health plans under the Patient Protection and Affordable Care Act (PPACA) for 1095-C reporting. Please make sure all SSNs are accurate. If your dependent’s SSN is incorrect, please correct it by clicking “edit dependent” and amend the incorrect SSN on the BENEFITFOCUS platform.

  - If your SSN is incorrect, please contact Human Resources (school) or your PALS (city).

- **What if I don’t meet the benefit eligibility criteria listed above?**
  - Employees who do not meet the eligibility criteria above but work in a part-time/temporary position are eligible for benefits such as the Employee Assistance and Work-Life Services Program. A full listing can be found in the Part-Time Benefits Guide on the CBO website. If you are an employee who works or are expected to work 30 hours or more per week on the average over the period of a year you may be eligible for health coverage. Please reference the Part-Time ACA Health Plan Enrollment Guide on the CBO website for additional details and eligibility requirements.

- **I have heard the City and Schools doesn’t allow you to enroll your spouse on the health plan. Is this true?**
  - It is important to note that the City of Virginia Beach and Virginia Beach City Public Schools does limit spouse coverage on the health plan. (No other benefit plans are impacted by this, for example you may enroll your spouse on your dental plan.)
  - While enrolling in your benefits on the BENEFITFOCUS platform, questions will be asked to determine if your spouse is eligible to be on our health plan. If your spouse is not employed, or not offered health insurance that meets the Affordability and Minimum Essential Services requirement as outlined by the Patient Protection and Affordable Care Act by their employer(s), you may enroll him/her during Open Enrollment or within 30 calendar days following a qualifying life event.

- **What if my last name is different from my spouse or dependents?**
  - Employees are required to provide proof of legal dependent status for dependents with a different last name from theirs (example: a marriage license (spouse), birth or adoption certificate (child/ren)). Please note that we cannot process your request without these documents and if they are not in your online profile in a timely manner, your request will be cancelled and your spouse or dependents will not be covered.

If you elect coverage, your lawful spouse and lawful dependent children may be eligible for coverage. See plan details in this guide for eligibility criteria. Please note, if you have an unmarried disabled dependent reaching age 26 they may be eligible to continue health, dental, legal, and optional life insurance coverage or newly enroll (if not previously eligible). A Disabled Adult Dependent Certification Form (located on the CBO website) must be provided to the CBO annually.
The CBO has a partnership with BENEFITFOCUS to provide an online platform where you may elect the majority of your benefits. Follow the directions below on how to access the platform.

**HOW TO ENROLL**

1. **Log In To The BENEFITFOCUS Platform**

   **LOGGING IN VIA WEB BROWSER FROM YOUR COMPUTER, TABLET, OR MOBILE DEVICE**
   - Go to [www.vbgov.com/benefits/enroll](http://www.vbgov.com/benefits/enroll)
     - You may also access the platform via the CBO intranet site.
   - Click on the appropriate link
     - For example, if you’re a school employee, click “School.”
   - Make sure to use your network username and password
     - Username and password issues?
   - ... Continue...

   **LOGGING IN VIA THE BENEFITFOCUS MOBILE APP**
   - Download the App from the App Store (Apple) or Google Play (Android)
   - Enter Your Company ID: VABeachBenefits
   - Enter your username:
     - City Employees: COVB_(Employee ID)
       (example: COVB_1234)
     - School Employees: VBCPS_(Employee ID)
       (example: VBCPS_1234)
   - Enter your temporary password:
     - Last name + last four digits of your SSN
       (example: Smith9999)
   - Once you log in with these credentials you will be prompted to create your own unique password.

2. **Make Your Benefit Elections!**

   You must elect or decline each benefit - no skipping!
   Once elections are made, review your enrollment to ensure all of your dependents are added to each plan you wish to cover them on.

**ARE YOU MAKING THE RIGHT DECISION?**

Check out the **HEALTH PLAN COMPARISON TOOL** when you are choosing your health plan!

While you’re enrolling on BENEFITFOCUS, you can use a customizable tool to predict how much each health plan will cost you out-of-pocket. You can tailor your estimated cost based on how you expect your family to use the plan. For example, if you know you’re expecting a baby and will have an inpatient hospital stay, regularly use three prescription drugs, or if you’re scheduling an outpatient procedure, you can plug that in to get a projection of costs in each health plan.

**TO ACCESS:**

- **Click:** “Personalize your estimated cost”
- **Select:** Group average data or customize usage

(National data is also available but will be less accurate.)
3 View The Benefits You’ve Elected!

Once you submit your enrollment you will receive a confirmation screen. You can view and print an Employee Benefits Summary Report from the platform at any time and retain it with your records.

NEED HELP?
CBO staff is available to assist you with enrolling and understanding your benefits!

Consolidated Benefits Office

Visit the Consolidated Benefits Office at Plaza Annex (641 Carriage Hill Road, 23452). Staff will be able to answer your benefit questions as well as provide you an iPad so you can complete your enrollment. (Please call the main office number (757) 263.1060 to confirm our office hours and holiday observance schedule.)

No Computer Access?
You can access a computer at the following places:

HEALTH STATIONS:
- Bayside Rec. Center
- Bow Creek Rec. Center
- Building 19
- Building 30
- Central Library
- Distribution Services
- Glenwood Bus Garage
- Great Neck Rec. Center
- Harpers Bus Garage
- Kempsville Rec. Center
- Laskin Road Annex
- Parks & Rec. Landscape Services
- Plaza Annex
- Princess Anne Rec. Center
- Public Utilities - Dam Neck
- Public Works Waste Management
- Pungo-Blackwater Library
- School Administration Building
- Seatack Rec. Center
- Williams Farm Rec. Center

PUBLIC LIBRARIES:
(Virginia Beach library account members only)
- Bayside Special Service Library
- Central Library
- Great Neck Area Library
- Joint Use Library
- Kempsville Area Library
- Oceanfront Area Library
- Princess Anne Area Library
- Pungo-Blackwater Library
- Windsor Woods Area Library
HEALTH COVERAGE: OPTIMA

Health insurance helps provide coverage for preventive care, treatment, pharmacy, and other medical services. Three health plan options are offered through Optima Health: POS Premier, POS Standard and POS Basic. By carefully comparing these three health plan options, you can determine the plan that best fits your needs.

Dependent Eligibility:
(See page 3 for additional information)

- Working spouses are not permitted on the City/Schools health plan if they are an employee and have access to their own employer group health plan that meets the Affordability and Minimum Essential Services requirement.

- Lawful dependent children under 26 years of age are eligible to be on the health plan. (Please note, if you have an unmarried disabled dependent reaching age 26 they may be eligible to continue their coverage on the health plan.)

2019 POS BASIC PLAN ENROLLMENT INCENTIVE

Anyone who elects the POS Basic Plan and elects a Health Savings Account (HSA) will receive an employer contribution into their HSA up to the following amounts:

- $500 subscriber only
- $1,000 all other tiers

The employer contribution for 2019 will be placed in your account prorated throughout the year (School Employees: semi-monthly, City Employees: bi-weekly). The employer contribution is not provided to employees enrolled in the POS Premier or Standard Plans.

To learn more about the differences in the health plans, keep reading this section and for HSA information and eligibility see page 10.

### ACTIVE HEALTH PLAN PREMIUMS

<table>
<thead>
<tr>
<th>LEVEL OF COVERAGE</th>
<th>CITY EMPLOYEE PREMIUMS (26 pay periods annually)</th>
<th>SCHOOL EMPLOYEE PREMIUMS (20 pay periods annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POS PREMIER</td>
<td>POS STANDARD</td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$48.69</td>
<td>$21.60</td>
</tr>
<tr>
<td>Subscriber + 1 Child</td>
<td>$102.70</td>
<td>$58.82</td>
</tr>
<tr>
<td>Subscriber + Children</td>
<td>$174.38</td>
<td>$108.22</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$224.97</td>
<td>$161.82</td>
</tr>
<tr>
<td>Family</td>
<td>$306.20</td>
<td>$217.80</td>
</tr>
</tbody>
</table>

### LEAVE OF ABSENCE HEALTH PLAN PREMIUMS WITHOUT EMPLOYER CONTRIBUTION

<table>
<thead>
<tr>
<th>LEVEL OF COVERAGE</th>
<th>CITY EMPLOYEE PREMIUMS (26 pay periods annually)</th>
<th>SCHOOL EMPLOYEE PREMIUMS (20 pay periods annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POS PREMIER</td>
<td>POS STANDARD</td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$277.35</td>
<td>$250.26</td>
</tr>
<tr>
<td>Subscriber + 1 Child</td>
<td>$449.27</td>
<td>$405.39</td>
</tr>
<tr>
<td>Subscriber + Children</td>
<td>$677.43</td>
<td>$611.27</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$646.77</td>
<td>$583.61</td>
</tr>
<tr>
<td>Family</td>
<td>$905.32</td>
<td>$816.92</td>
</tr>
</tbody>
</table>

Employees on an unpaid leave of absence may be responsible for their full health premium without the employer contribution. Contact the CBO for more information.
# 2019 Optima Health Plan Comparison Summary of Benefits

## Plan Features

<table>
<thead>
<tr>
<th></th>
<th>POS Premier</th>
<th>POS Standard</th>
<th>POS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles (per calendar year)</td>
<td>$1,700 per individual</td>
<td>$1,400 per family</td>
<td>$1,350 per individual*</td>
</tr>
<tr>
<td>HSA Eligible</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>HSA Employer Funding</td>
<td>N/A</td>
<td>No</td>
<td>$500 Subscriber Only/$1,000 All other tiers</td>
</tr>
<tr>
<td>Health Care FSA Eligible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (per calendar year)</td>
<td>$4,500 per individual</td>
<td>$3,000 per family</td>
<td>$3,500 per individual*</td>
</tr>
</tbody>
</table>

### Preventive Care

- 100%
- Covered at 60%
- Covered at 50%
- Covered at 50%

### MDLIVE

- $10 Co-pay
- Covered at 90%
- Covered at 85%

### SQCN PCP

- $20 Co-pay
- Covered at 60%
- Covered at 90%
- Covered at 90%

### Non-SQCN PCP

- $40 Co-pay
- Covered at 60%
- Covered at 80%
- Covered at 80%

### Non-SQCN Specialist

- $40 Co-pay
- Covered at 60%
- Covered at 90%
- Covered at 90%

### SQCN Specialist

- $60 Co-pay
- Covered at 60%
- Covered at 80%
- Covered at 80%

### Non-SQCN Maternity Care

- $350 Co-pay
- Covered at 60%
- Covered at 90%
- Covered at 90%

### Non-SQCN Maternity Care

- $500 Co-pay
- Covered at 60%
- Covered at 80%
- Covered at 80%

### Diagnostic (x-ray, blood work)

- Covered at 85%
- Covered at 80%
- Covered at 80%
- Covered at 80%

### Imaging (CT/PET/MRI)

- Covered at 85%
- Covered at 80%
- Covered at 80%
- Covered at 80%

### Inpatient Hospital

- Covered at 85%
- Covered at 80%
- Covered at 80%
- Covered at 80%

### Outpatient Hospital

- Covered at 85%
- Covered at 80%
- Covered at 80%
- Covered at 80%

### Preferred Pharmacy

- (Walgreens, Walmart/Sams Club)

- Tier 1: $10 Co-pay
- Tier 2: $25 Co-pay
- Tier 3: Covered at 75% (Max $50)

### Non-Preferred Pharmacy

- Tier 1: $25 Co-pay
- Tier 2: $45 Co-pay
- Tier 3: Covered at 75% (Max $75)

### Specialty Pharmacy

- Covered at 75% (Max $200)

### NOTES

- **AD** After Deductible (deductible must be paid first before the plan will provide coverage as indicated)
- **1** Deductible does not apply to this service (plan will provide coverage as indicated and before the deductible has been met)
- **2** MDLIVE telemedicine services available with health plan enrollment. For Standard and Basic plans the cost is $39 before you meet your deductible.
- **3** Sentara Quality Care Network (to see if your doctors are part of SQCN visit [sentaraqcnc.com](http://sentaraqcnc.com))
- **4** Closed Formulary Prescription Drug Benefit (contains specific drugs in each drug class. Non-formulary medications must meet medical necessity criteria through an exception process to be covered)
- **5** You do not have to be enrolled in health plan coverage to be eligible for the Health Care FSA; You may not be enrolled in an HSA and a Health Care FSA
- **6** Or the plan’s negotiated cost of the drug, if less

---

OptimalHealth.com and click on doctor search. Look for doctors with a “CIN” symbol next to his or her name
**Primary Care Physician**

- Every Optima Health member is assigned a Primary Care Physician (PCP) when they enroll. You can view or change the assigned PCP at any time online on OptimaHealth.com. As a friendly reminder you may see a cost savings (see the Summary of Benefits on page 7) if you elect a physician in the Sentara Quality Care Network (SQCN). Information on SQCN can be found here: www.sentaraqualitycarenetwork.com

**EyeMed**

- As part of your Optima POS Health Plan coverage, you have a benefit for vision care services and materials provided by EyeMed. Below is a brief summary of your vision benefit. (For detailed plan information please see the Optima Health Benefit Information Guide online).

<table>
<thead>
<tr>
<th>EyeMed Vision Care</th>
<th>In-Network Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE</td>
<td>MEMBER COST</td>
</tr>
<tr>
<td>Spectacle Exam</td>
<td>$20 Co-pay</td>
</tr>
<tr>
<td>Standard Contact Lens Exam</td>
<td>$40 Co-pay</td>
</tr>
<tr>
<td>Lenses (single vision, bifocal, trifocal)</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Frames</td>
<td>Covered in full up to $100 retail</td>
</tr>
<tr>
<td>Contact Lens - Conventional (In lieu of glasses)</td>
<td>Covered in full up to $95 retail (in lieu of glasses)</td>
</tr>
</tbody>
</table>

**DID YOU KNOW?** Your Optima member card is also your EyeMed member card.

Limited to one pair of frames, lenses (single vision, bifocal, trifocal) OR contact lenses from a participating EyeMed Vision Care Provider (once every 12 months from the date of last exam). Copayments or Coinsurance payments made for vision care services are not applied toward the annual maximum out-of-pocket (MOOP). This means that you will continue to pay when seeking services after the MOOP has been met.

**MDLIVE Virtual Care**

*Receive virtual care, anywhere!*

- As part of your Optima POS Health Plan coverage, you have a benefit for telemedicine services provided by MDLIVE. With MDLIVE, you can visit with a doctor 24/7 from your home, office or on the go. MDLIVE’s network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions. To access this benefit, log in to your Optima Health member account on www.OptimaHealth.com.

**COMMON CONDITIONS THEY TREAT:**

- Allergies
- Addictions
- Bronchitis
- Cold & Flu
- Depression
- Infections
- Rashes
- Urinary Tract Infections

**HEALTH PLAN ENROLLMENT**

<table>
<thead>
<tr>
<th>HEALTH PLAN</th>
<th>OUT-OF-POCKET COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS PREMIER PLAN</td>
<td>$10 Co-pay</td>
</tr>
<tr>
<td>POS STANDARD PLAN</td>
<td>$39 before the annual deductible is met, and only $3.90 co-insurance after the annual deductible has been met.</td>
</tr>
<tr>
<td>POS BASIC PLAN</td>
<td>$39 before the annual deductible is met, and only $5.85 co-insurance after the annual deductible has been met.</td>
</tr>
</tbody>
</table>
OptumRx - Prescription Drug Coverage

- Prescription drug coverage managed by OptumRx is provided when you are enrolled in the Optima Health Plan. Your Prescription Drug Benefit is a closed formulary, which means it contains specific drugs in each drug class, and non-formulary medications must meet medical necessity criteria through an exception process to be covered. As a friendly reminder, here are all the ways you can fill your prescriptions:

1. At a Participating Pharmacy
   - Don’t forget! Your prescription coverage has preferred pharmacies (Walgreens, Walmart and Sam’s Club) where you can save money while filling your prescriptions. You also are able to pick up to a 90 day supply at these locations. (Up to a 30 day supply at all other participating pharmacies).

2. OptumRx Home Delivery
   - Home delivery is great for maintenance medications you may be on like high-blood pressure, cholesterol, etc.
   - By signing up for home delivery your medication is delivered right to your mailbox (you pay nothing for standard shipping), your medication could cost less, and you can get reminders sent to you so you remember every dose and every refill.
   - To learn more, visit optimahealth.com/members or call OptumRx home delivery at 866.244.9113

3. Specialty Drug Pharmacy - Proprium
   - Medications under this service are not routinely available at retail pharmacies and frequently must be ordered so there will be minimal disruption, if any.
   - If you require specialty medications or supplies, your doctor will help you get started with Proprium.
   - Convenient home delivery for a 30 day supply of specialty medications, such as injectables

Diabetic Services

Reduced Co-pays
- Employees may be eligible for reduced co-pays on diabetic medications with participation in the Diabetes Disease Management Program. For more information call BEWell at (757) 263.1060

Included Diabetic Supplies & Equipment
- FDA approved equipment and supplies for the treatment of diabetes and in-person outpatient self-management training and education including medical nutrition therapy
- Insulin, syringes, and needles are covered under the Optima Health Plan’s Prescription Drug Benefit for the applicable Co-pay or Co-insurance per 31 day supply
- An annual diabetic eye exam is covered from an Optima Health Plan Provider, a participating EyeMed Provider, or a Non-Plan Provider at the applicable specialist office visit Co-pay or Co-insurance amount

Access This Benefit for Meters, Strips and Lancets with the Following Providers:

<table>
<thead>
<tr>
<th>HOME CARE DELIVERED</th>
<th>EDGE PARK MEDICAL SUPPLIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(800) 867.4412</td>
<td>(888) 394.5375</td>
</tr>
</tbody>
</table>
**Understanding Health Savings Accounts (HSA) & Flexible Spending Accounts (FSA): Which One is Better for You?**

Depending on the kind of health plan you have, you may be eligible for an HSA or an FSA. Taking advantage of these accounts can help you save money and prepare for medical expenses that come up during the year for you, your spouse, and qualifying child or relative.

<table>
<thead>
<tr>
<th>HSA</th>
<th>FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall an HSA is more flexible, allows you to save money by paying fewer taxes, but also allows you to save money long term since whatever you don’t use in any given year will roll over and accumulate as savings over time.</td>
<td>The FSA does not build over time so it is not a long-term savings tool. It still provides the tax savings, so if you don’t qualify for an HSA, and you don’t have an HDHP the FSA is a good option.</td>
</tr>
</tbody>
</table>
| **Qualifications/Requirements** | You must have a qualified High Deductible Health Plan or HDHP to qualify for an HSA. The IRS requires that:  
• You are covered by an HSA - qualified health plan (POS Standard or POS Basic, see page 7);  
• You have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSAs);  
• And you cannot be claimed as a dependent on another person’s tax return. | You do not need to be enrolled in health plan coverage to be eligible for a Health Care FSA. |
| **Tax Savings** | • Money can be contributed pre-tax direct from your paycheck  
• Qualified Medical Expenses are not taxed  
• Contributions can be tax deductible  
• Grows tax-deferred  
• Accumulated savings can be withdrawn tax-free for retirement (after age 65) | • Money can be contributed pre-tax direct from your paycheck  
• Qualified Medical Expenses are not taxed |
| **When can I access my money?** | The account is not pre-funded (which means you will only be reimbursed up to the balance in your account at the time you submit a claim). | The account is pre-funded (which means you get access to your funds up to your account election, at any time during the year while actively employed). |
| **Rollover Rules** | HSA will roll over every year, unused funds can be saved in your HSA long term. | FSA funds will expire at the end of the year. (You can carry over up to $500 of unclaimed money if you re-elect during Open Enrollment for the following plan year.) |
| **What Happens If You Change Employers?** | Your HSA can follow you. | FSA cannot follow you to your new employer; you may lose any amount not spent/used. |
HEALTH SAVINGS ACCOUNT (HSA): HEALTHEQUITY

If you enroll in the POS Standard or POS Basic plans and meet the eligibility requirements outlined on page 10, you may elect a Health Savings Account (HSA) managed through HealthEquity.

Here is how you get started with an HSA:

1. Add money to your HSA
   - Fund your HSA through pre-tax payroll deductions by electing them through BENEFITFOCUS or transfer money into your account through the HealthEquity member portal. To take full advantage of tax savings and to build a reserve for the future, it is suggested that you maximize your contributions as set by the IRS.

2. Watch your HSA grow
   - Your federally-insured HSA earns tax-free1 interest. Maximize your tax-free earning potential by investing HSA funds using the convenient online investment tool.2

There is a $1.45 monthly administration fee on HSA accounts.

HEALTH SAVINGS ACCOUNT

2019 HSA Contribution Limits3:

- $3,500 – Single Subscriber (employee only)
- $7,000 – Family Coverage (employee + one or more individuals)

1 HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state’s specific rules.

2 Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and are not federally-insured or guaranteed by HealthEquity. HealthEquity does not provide financial advice.

3 If you are age 55 or older you may contribute an additional $1,000 on top of the allowed contribution limits pre-tax through the BENEFITFOCUS platform.

FLEXIBLE SPENDING ACCOUNT (FSA): WAGEWORKS

If you enroll in the POS Premier and don’t meet the eligibility requirements outlined on page 10 to be eligible for an HSA or aren’t enrolled in health plan coverage, you may elect a Health Care Flexible Spending Account (FSA) managed through WageWorks.

Here is how you get started with an FSA:

1. Add money to an FSA
   - Fund your FSA through pre-tax payroll deductions. Tip! Think carefully about what your future medical expenses will be for the current calendar year as FSA funds will expire at the end of the year (you can carry over up to $500 of unclaimed money if you re-elect during Open Enrollment for the next plan year.)

2. Use your FSA for qualified medical expenses
   - You will receive a WageWorks card to access your funds (much like a debit card) but make sure you keep your receipts to substantiate your claims.
   - For ease of substantiating claims, download the EZ Receipts App (see page 39).

Please note: Some expenses may require a prescription or other documentation from your doctor. IRS regulations require that 100% of your card transactions be verified to show service/item is an eligible expense. Failure to repay your account or to substantiate a claim will result in suspension or loss of your card privileges or funds equal to the improper payment will be reported as taxable income on your W-2.

For an expanded and up-to-date list visit: WAGEWORKS.COM/ELIGIBLE-EXPENSES

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

2019 Health Care FSA Contribution Limit: $2,650
DENTAL: METLIFE

Dental insurance pays a portion of the costs associated with dental care. You can choose from one of two dental plans: MetLife Gold or MetLife Silver.

**A FRIENDLY REMINDER:** MetLife member ID cards are not provided. Use your name and member number (employee’s SSN for all covered dependents) to seek dental services. A digital ID card is available via the mobile app and contains the dental group plan and network information.

**DENTAL PLAN PREMIUMS**

<table>
<thead>
<tr>
<th>LEVEL OF COVERAGE</th>
<th>CITY EMPLOYEE PREMIUMS (24 pay periods annually)</th>
<th>SCHOOL EMPLOYEE PREMIUMS (20 pay periods annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOLD</td>
<td>SILVER</td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$15.45</td>
<td>$9.57</td>
</tr>
<tr>
<td>Subscriber + 1 Child</td>
<td>$24.73</td>
<td>$15.31</td>
</tr>
<tr>
<td>Subscriber + Children</td>
<td>$32.47</td>
<td>$20.10</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$32.47</td>
<td>$20.10</td>
</tr>
<tr>
<td>Family</td>
<td>$49.45</td>
<td>$30.61</td>
</tr>
</tbody>
</table>

**Dependent Eligibility:**

*See page 3 for additional information*

- Lawful Spouse
- Lawful dependent children under 26 years of age (Please note, if you have an unmarried disabled dependent reaching age 26 they may be eligible to continue their coverage on the dental plan.)
**DENTAL TIP!**

Request a *Pretreatment Estimate* from your dentist for more costly procedures before dental services are performed. You may then determine whether the service fits into your budget, discuss payment arrangements with your dentist, or discuss other treatment options.

---

**SUMMARY OF DENTAL PLAN COVERAGE**

These deductible and coverage levels reflect the Preferred Dentist Program (PDP) in-network care, and plan frequency limitations apply (for example, 2 cleanings per calendar year, etc.). Out-of-network care, deductibles, and coverage levels are different. You can see those values in the full Benefit Information Guide (BIG) on the CBO website.

<table>
<thead>
<tr>
<th></th>
<th>METLIFE GOLD In-Network</th>
<th>METLIFE SILVER In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong> (applies only to type B &amp; C services)</td>
<td>$50 Individual</td>
<td>$75 Individual</td>
</tr>
<tr>
<td></td>
<td>$150 Family</td>
<td>$225 Family</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong> per calendar year</td>
<td>$1,300</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Type A</strong> – Prophylaxis/cleanings, oral examinations, topical fluoride applications, space maintainers, x-rays (bitewings), brush biopsies</td>
<td>100% of Negotiated Fee&lt;sup&gt;1&lt;/sup&gt;</td>
<td>100% of Negotiated Fee&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Type B</strong> – Fillings, simple extractions, repair of crown, denture and bridge, oral surgery, pulp caps/pulpotomy, periodontics (non-surgical), sealants, x-rays (full mouth)</td>
<td>80% of Negotiated Fee&lt;sup&gt;1&lt;/sup&gt;</td>
<td>60% of Negotiated Fee&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Type C</strong> – Bridges, dentures, endodontics (other than pulp caps/pulpotomy), crowns, inlays/onlays, implants, periodontics (surgical)</td>
<td>50% of Negotiated Fee&lt;sup&gt;1&lt;/sup&gt;</td>
<td>30% of Negotiated Fee&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Type D</strong> – Orthodontic Diagnostics, orthodontic treatment</td>
<td>50% of Negotiated Fee&lt;sup&gt;1&lt;/sup&gt;</td>
<td>No Coverage</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum Per Person</strong> (Orthodontia maximum includes maximum history from prior employer sponsored dental plan)</td>
<td>$1,000</td>
<td>No Coverage</td>
</tr>
</tbody>
</table>

<sup>1</sup>Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
LEGAL: LEGAL RESOURCES

Legal Resources protects employees from the high cost of attorney fees by providing legal services and courtroom representation.

• 100% coverage for you, your spouse and dependent children under 26 years of age. (Please note, if you have an unmarried disabled dependent reaching age 26 they may be eligible to continue their coverage on the legal plan.)

FULLY COVERED SERVICES

Legal Resources covers 100% of the attorney fees for fully covered legal services.

<table>
<thead>
<tr>
<th>General Advice &amp; Consultation</th>
<th>Wills &amp; Estate Planning</th>
<th>Preparation &amp; Review of Routine Legal Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unlimited in-person or telephone advice and consultation for fully covered services</td>
<td>• Will preparation and periodic updates</td>
<td>• Unlimited pages and occurrences</td>
</tr>
<tr>
<td>Family Law</td>
<td>Traffic Violations</td>
<td>Real Estate</td>
</tr>
<tr>
<td>• Uncontested domestic adoption</td>
<td>• Traffic infractions and misdemeanors</td>
<td>• Purchase, sale or refinance of primary residence</td>
</tr>
<tr>
<td>• Uncontested divorce</td>
<td>• Speeding</td>
<td>• Deed preparation</td>
</tr>
<tr>
<td>• Uncontested name change</td>
<td>• Reckless driving</td>
<td>• Tenant-Landlord matters</td>
</tr>
<tr>
<td>Elder Law</td>
<td>• Driving under the influence</td>
<td>• Landlord-Tenant consultation</td>
</tr>
<tr>
<td>• Estate advice</td>
<td>• 1st offense</td>
<td>Consumer Relations &amp; Credit Protection</td>
</tr>
<tr>
<td>• Powers of attorney for members’ parents</td>
<td></td>
<td>• Warranty disputes</td>
</tr>
<tr>
<td>Criminal Matters</td>
<td>Civil Actions</td>
<td>• Billing disputes</td>
</tr>
<tr>
<td>• Defense of misdemeanor</td>
<td>• Representation as defendant</td>
<td>• Collection agency harassment</td>
</tr>
<tr>
<td>• Misdemeanor defense of juveniles</td>
<td>• Representation as plaintiff</td>
<td>Identity Theft</td>
</tr>
<tr>
<td>• Fully covered for first offense involving alcohol or illegal drugs</td>
<td>• Insurance matters</td>
<td>• Prevention assistance</td>
</tr>
<tr>
<td>• Uncontested adoption</td>
<td>• Initial administrative hearing</td>
<td>• Education services</td>
</tr>
<tr>
<td>• Uncontested divorce</td>
<td>• Small Claims Court advice</td>
<td>• Identity recovery assistance</td>
</tr>
<tr>
<td>• Uncontested name change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YOUR LEGAL NEEDS WILL BE COVERED!

Don’t see your legal need listed?

The Legal Resources Plan covers pre-existing legal matters as well as ANY less commonly needed legal service at a 25% discount.¹

THIS SUMMARY OF COVERAGE is intended to provide a broad general overview of plan coverage and is not a contract. Coverage may vary by organization. For specific coverage questions, please call Member Services at 800.728.5768. Member is responsible for all non-attorney costs such as filing fees, court costs, fines, etc.

Dependent Eligibility:

(See page 3 for additional information)

1. 100% coverage for you, your spouse and dependent children under 26 years of age. (Please note, if you have an unmarried disabled dependent reaching age 26 they may be eligible to continue their coverage on the legal plan.)

2. Since your employer is the participating sponsor, you may not use the Plan in a dispute with your employer.

Legal Plan (subscriber including legal dependents) | CITY EMPLOYEE PREMIUMS (24 pay periods annually) | SCHOOL EMPLOYEE PREMIUMS (20 pay periods annually)
--------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
Legal Plan (subscriber including legal dependents) | $8.50                                           | $10.20

¹Member is responsible for all non-attorney costs such as filing fees, fines, court costs etc. The Plan covers the individual, spouse and qualifying dependents. 12 month commitment required. Courtroom representation, when necessary, is fully covered through General District Court for claims in excess of $400. The definition of General District Court may vary by state.

²Offenses involving illegal drugs, alcohol (except 1st offense DUI) and firearms are covered at a 25% discount.

Please visit www.LegalResources.com for more information or call Member Services at (800) 728.5768.
IDENTITY THEFT PROTECTION:
LEGAL RESOURCES

Legal Resources also offers two plan options for identity theft protection: Basic¹ and Platinum². Both plans function as an added layer of protection beyond the identity theft education and prevention assistance provided in the Legal Plan.

**Dependent Eligibility:**
- Spouses and dependent children are not eligible for Identity Theft Protection at this time.

### Summary of Services

<table>
<thead>
<tr>
<th>PLAN OPTIONS</th>
<th>BASIC Essential Protection</th>
<th>PLATINUM Comprehensive Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change of Address Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Credit Report Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Advanced Identity Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Suspicious Activity Alerts</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Social Security Number Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Medical Insurance Account Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Passport Number Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Driver’s License Number Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Online Banking Password Reset Alert</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Bank Account Number Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Credit Card Number Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Payday Loan Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Telecom Account Monitoring</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Credit Reports and Scores</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Credit Report and Score Frequency</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Credit Score Tracker</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Identity Risk Level</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Junk Mail Opt-Out</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Online Data Protection Tools</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Certified Identity Restoration Specialists 24/7</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Identity Theft Insurance</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>![ ]</td>
<td>![ ]</td>
<td></td>
</tr>
<tr>
<td>Lost Wallet Assistance</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Emergency Cash and Travel Arrangements</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

### CITY EMPLOYEE PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>CITY EMPLOYEE PREMIUMS (24 pay periods annually)</th>
<th>SCHOOL EMPLOYEE PREMIUMS (20 pay periods annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Coverage¹</td>
<td>$2.00</td>
<td>$2.40</td>
</tr>
<tr>
<td>Platinum Coverage²</td>
<td>$8.48</td>
<td>$10.17</td>
</tr>
</tbody>
</table>

¹Basic Identity Theft Protection Plan is offered only as an “add-on” to the Legal Plan.
²Platinum Identity Theft Protection Plan can be purchased with or without the Legal Plan.

Please visit [www.LegalResources.com](http://www.LegalResources.com) for more information or call Member Services at (800) 728.5768.
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA): WAGEWORKS

The Dependent Care FSA through WageWorks can be used to pay for work-related care for your eligible dependents (i.e. your qualifying child under age of 13 years, your spouse, or qualifying child or relative who is physically or mentally incapable of self-care). It is a smart, simple way to save money while taking care of your loved ones so that you can continue to work.

Here is how you get started with a DCFSA:

1. Add money to your DCFSA
   - Fund your DCFSA through pre-tax payroll deductions. Keep in mind this account is not pre-funded (which means you will only be reimbursed up to the balance in your account at the time you submit a claim). Tip! In order to use the account, you have to be actively working and in a paid status.

2. Learn about the convenient payment and reimbursement options
   - Pay Me Back. Arrange for account funds to be deposited directly into your bank account or a check to be mailed to reimburse you for eligible expenses you’ve already paid.
   - Pay My Provider. Arrange for convenient direct payments to your dependent care provider. Simply log into your WageWorks account and fill out a form to have eligible expenses paid directly from your account.

---

**EXAMPLES OF ELIGIBLE EXPENSES**

- Adult daycare center
- After school program
- Babysitting (work-related)
- Before or after school programs
- Child care
- Custodial elder care (work-related)
- Elder care (while you work, to enable you to work or look for work)
- Senior daycare
- Sick childcare

For an expanded and up-to-date list visit: WAGEWORKS.COM/ELIGIBLE-EXPENSES

---

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

2019 Dependent Care FSA Contribution Limits: $5,000 - Maximum ($2,500 if married filing separately)
As a friendly reminder, the Consolidated Benefits Office wants to encourage you to **check your benefit plan deductions** during your first few paychecks to ensure you are enrolled in all of the plans you elected.

See the chart below to see when you’ll receive important benefit documents.

<table>
<thead>
<tr>
<th>BENEFIT DOCUMENT</th>
<th>ESTIMATED DATE OF RECEIPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optima Health Member Card</td>
<td>You can access your member card on OptimaHealth.com and in their mobile app! A physical card will be mailed to you.</td>
</tr>
<tr>
<td>MetLife Dental Card</td>
<td>MetLife member cards are <strong>not provided</strong>. Use your name and member number (your SSN) to seek dental services. A digital ID card is available via the mobile app and contains the dental group plan and network information.</td>
</tr>
<tr>
<td>HealthEquity (Health Savings Account)</td>
<td>You will only receive a card if you are a first time enrollee or if your current card has expired. If you enrolled in the POS Basic Health plan, you will see the employer contribution placed in your account throughout the year (School Employees: prorated semi-monthly, City Employees: bi-weekly).</td>
</tr>
<tr>
<td>Legal Resources Member Card</td>
<td>A physical card will be mailed to you.</td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>You will receive a welcome message (by email or mail) with information on how to create an account and activate all of your identity protection services.</td>
</tr>
<tr>
<td>Healthcare Flexible Spending Account (WageWorks Card)</td>
<td>You will only receive a card if you are a first time enrollee or if your current card has expired.</td>
</tr>
<tr>
<td>Dependent Care Flexible Spending Account</td>
<td>There is <strong>no card</strong> associated with the Dependent Care Flexible Spending Account. For easy reimbursements use the EZ Receipts App (details on page 39).</td>
</tr>
</tbody>
</table>

**Want to access your benefit information quicker?**

Download your benefit apps to your smartphone or tablet; details on page 39.
FRIENDLY REMINDERS FROM THE CBO

PLEASE KEEP YOUR ADDRESS CURRENT

with Human Resources (School employees) or your Payroll Representative (City employees). Benefit vendors will use your address on file to mail you important documents and other information. It is also the address the Consolidated Benefits Office will use to mail you important benefit information, so always update your address whenever there is a change.

A NOTE FOR CITY EMPLOYEES ON LINE OF DUTY BENEFITS

- If you go out on Line of Duty, once the CBO is notified of your approval for Line of Duty Act (LODA) health coverage benefits, you will transition from the City of Virginia Beach health plan onto the Commonwealth of Virginia health plan managed by the Department of Human Resource Management (DHRM). At that time, you will receive a letter from the CBO outlining when your health (including vision and pharmacy) and/or dental coverage through the City of Virginia Beach will be terminating and also some helpful information as you transition to the new health plan managed by DHRM.

- If you have any questions or concerns regarding this transition, please contact the CBO at 757.263.1060. Please direct any questions regarding the new health plan directly to DHRM at LODA@dhrm.virginia.gov.

Verify Your Benefits Every Open Enrollment

- When Open Enrollment (OE) occurs you should go back into the platform and review your benefits to ensure they do not require re-election. There may be times when your eligibility window occurs before, or after OE.

- When you are electing your benefits for the current plan year you will need to ensure you go back in and re-elect or elect benefits for the upcoming calendar year. This may feel redundant, however certain plans require re-election.

- As an example, if you are hired in August you will need to elect your benefits within the 30 calendar day window. Afterwards, you will need to go back on the platform during Open Enrollment to elect benefits for the next calendar year.
EMPLOYER PAID & OPTIONAL BENEFITS

The following pages outline the remaining benefits that are available to you but are not impacted by qualifying life events.

**Employer Paid Benefits**
- Virginia Retirement System (VRS) & Basic Life Insurance
- VRS Plan 1, 2, & Hybrid
- Virginia Local Disability Program (VLDP)
- Employee Assistance & Work-Life Services Program

**Optional Benefits**
- BEWell (Beach Employee Wellness)
- Long Term Disability*
- Optional Life Insurance*
- 403(b) Tax Sheltered Accounts
- Empower Retirement 457 Deferred Compensation Plan (VB457)
- Hybrid 457 Cash Match
- Commonwealth of Virginia 457 Deferred Compensation Plan (COV457)

*Evidence of insurability/medical underwriting is required for enrollment after new hire eligibility period.
WELLNESS PROGRAM: BEWELL
(BEACH EMPLOYEE WELLNESS)

Beach Employee Wellness (BEWell) is your employee wellness program that encourages participation in healthy behaviors and activities by making them easy and stress-free. BEWell is powered by Virgin Pulse, a dynamic, creative, and individualized platform that provides tools to keep you energized about wellness. You’ll earn points for daily interactions, tracking exercise, health screenings, and more! The points you earn translate into rewards, and you can earn up to $500 a year!

<table>
<thead>
<tr>
<th>Haven’t joined yet?</th>
<th>Already enrolled in the Virgin Pulse platform?</th>
</tr>
</thead>
<tbody>
<tr>
<td>It’s quick and easy to enroll today!</td>
<td>Nice work! Stay motivated or get moving!</td>
</tr>
<tr>
<td>1 Through an internet browser (computer or mobile), visit join.virginpulse.com/VirginiaBeach</td>
<td>1 Make sure you are checking in with Virgin Pulse daily!</td>
</tr>
<tr>
<td>2 Click “SIGN ME UP!”</td>
<td>2 Track healthy behaviors, nutrition, sleep &amp; more</td>
</tr>
<tr>
<td>3 Be sure to read and check off the agreements</td>
<td>3 Take advantage of BEWell’s support programs to earn points</td>
</tr>
<tr>
<td>4 Fill in the requested demographic information</td>
<td>4 See all the ways to earn points inside the BEWell Guide or log in to your account, visit the Rewards tab, &amp; click on How to Earn</td>
</tr>
<tr>
<td>5 Click “LET’S GET STARTED!”</td>
<td>5 Strive for Level 4 every quarter!</td>
</tr>
<tr>
<td>6 Congratulations, you’re enrolled!</td>
<td><strong>Forgot your Virgin Pulse password?</strong></td>
</tr>
<tr>
<td>7 Follow the tutorials &amp; start earning points today!</td>
<td><strong>Give Virgin Pulse a call: (888) 671.9395</strong></td>
</tr>
</tbody>
</table>

It’s simple to earn points by making healthy decisions!

- Do healthy things, earn points, get rewards! The points you earn will accumulate each quarter. As you reach a new level, your rewards grow.

You can earn up to $125 each quarter! That’s $500 per year! The more healthy activities you log on Virgin Pulse, the more money you’ll earn.

**WANT TO SPEND YOUR REWARDS?**

Your Virgin Pulse PulseCash* does not expire & can be spent at any time for participating with BEWell!

1 Log in to your Virgin Pulse account
2 Click on the Rewards tab on the top of the page
3 Select “Spend my PulseCash”
4 Spend your PulseCash:
   - Gift Cards, Virgin Pulse Online store, Direct deposit into your bank account (via computer only), Donate to pre selected charities or Gift an e-Gift card

**Please Note:** E-gift cards are sent to your login email for Virgin Pulse. This means the only way to get your redemption code (& use it!) is by having an active email on file. Contact Virgin Pulse if you need to change this email.

Download the **FREE**
Virgin Pulse app for iOS devices and Android phones! You will have BEWell wherever you go!

*Taxable Fringe Benefits: In adherence with IRS guidelines, all incentives & giveaways through the BEWell Program are considered taxable fringe benefits & taxes will be taken from your paycheck after redemption of PulseCash within two months.
Have an activity tracker? Get it connected to start earning points for rewards!

### WHICH TRACKERS ARE COMPATIBLE WITH VIRGIN PULSE?

- FITBIT [all devices]
- MISFIT [all devices]
- POLAR HEART RATE MONITOR
- NUYU HEALTH O’METER
- WITHINGS [certain devices]
- VIRGIN PULSE TRACKERS
- JAWBONE UP
- NUYU PERSONAL ACTIVITY TRACKER
- GARMIN [certain devices]
- STRIV
- MI BAND
- APPLE WATCH

### DON’T HAVE AN ACTIVITY TRACKER? NO PROBLEM!

- You don’t need an activity tracker to participate in the Virgin Pulse platform
- You can use your mobile phone & integrated health app to track your daily activity
- Connect your mobile phone’s health app (iOS or Android) to the Virgin Pulse app & you are set to go
- Your activity will seamlessly upload to Virgin Pulse for points!

The listing above may not be all inclusive and is subject to change by the vendor. For a complete & up-to-date listing, log in to your Virgin Pulse account.

---

STAY CONNECTED!
Check out the **BEWell Guide** for program details and the **BEWell BEAT** for quarterly updates.

---

Additional Programs & Support Services

- RETROFIT - WEIGHT MANAGEMENT
- OPTIMA HEALTH - DISEASE MANAGEMENT
  - Diabetes Disease Management
  - Respiratory Disease Management
  - Cardiovascular Disease Management
  - AccordantCare™
- OPTIMA HEALTH - PARTNERS IN PREGNANCY
- QUIT FOR LIFE® - TOBACCO CESSATION
- HUMANA - EMPLOYEE ASSISTANCE AND WORK LIFE SERVICES

*Note: this list is not inclusive—there are even more ways to earn points. Log in to see how!*
Employee Assistance offers short-term counseling with a licensed counselor to help employees and members of their household manage everyday life issues. When utilizing this service, you will receive up to five (5) in-person sessions per concern per year, assessment, and referrals for longer-term issues and referrals to other benefits as appropriate. In-person and telephonic-based counseling for issues such as:

- Everyday needs and life events
- Weight control
- Emotional issues
- Relationship concerns
- Family relationships
- Coping with a serious illness
- Sleeping difficulties
- Loss of a loved one
- Eating disorders
- Workplace concerns
- Smoking cessation

Work-Life Services offer extensive assistance, information, and support to help you achieve a better balance between work, life, and family to help make everything easier!

- Child care
- Financing college
- Home ownership
- Caregiving from a distance
- Moving and relocation
- Finding colleges and universities
- Services and education for children with special needs
- Adjusting to retirement
- Locating services and care for older adults
- Pet care
- Tutors and test prep
- Child development
- Recreational activities
- Consumer education

Privacy & Confidentiality

- Humana professionals are bound by confidentiality laws and professional ethics (confidentiality exceptions include serious threats to health or safety of self or others, or suspected child abuse)
- Clinicians do not disclose any information about employees to BEWell and/or City of Virginia Beach and Virginia Beach City Public Schools
- Services are offered at off-site locations for more privacy
- Personal information about employee and household members remains confidential according to all applicable state and federal laws

Additional Humana Services

- Legal & Financial Services: Free 30-minute consultations with attorneys and financial professionals (Separate offering from Legal Resources & Identity Theft Protection Plans)
- Online Tools & Website Resources: including wills, calculators, ID Theft Protection & more

Contact Information

- Phone: 800.448.4358 (TTY: 711)
- Website: humana.com/eap
  username: VirginiaBeach
  password: employee

Both programs are FREE and CONFIDENTIAL for ALL active City of Virginia Beach and Virginia Beach City Public Schools employees AND members of your household!
PENSION BENEFITS: VIRGINIA RETIREMENT SYSTEM (VRS)

The Virginia Retirement System (VRS) is an independent state agency, who administers defined benefit, defined contribution and hybrid plans along with other benefits for Virginia’s public sector employees. Membership in VRS is automatic upon hire into a position allocated for benefits. Because this benefit represents an important source of security to you and your family you should take the time to understand your rights and responsibilities in becoming eligible for benefits.

VRS has three different retirement plans: VRS Plan 1, VRS Plan 2, and the Hybrid Retirement Plan.

Information on the similarities and differences in these plans can be found on pages 24 & 25.

It is never too early to start planning for retirement. In addition to your monthly VRS retirement benefit, VBCPS/COVB provides you additional opportunities to set money aside for your future in different retirement savings accounts (see page 28 & 29).

As a member of VRS, you have other benefit coverage to protect you and your loved ones. Basic Group Life Insurance covers benefit eligible employees from the first day of employment.

Coverage is paid by the City of Virginia Beach and Virginia Beach City Public Schools on behalf of the employees. Basic group life insurance coverage includes the following benefits:

- Life Insurance (without a medical examination)
- Natural Death Benefit (at 2x base annual salary)
- Accidental Death Benefit (at twice the natural death benefit)
- Dismemberment Benefit (for accidental loss of one or more limbs or the loss of sight in one or both eyes)
- Accelerated Death Benefit (for terminal medical conditions)
- Safety Belt Benefit
- Repatriation Benefit
- Felonious Assault Benefit

Note: If you wish to designate a beneficiary other than in the order of precedence, or if you would like to change your existing beneficiary information on file, please complete a Designation of Beneficiary Form (VRS-2).

Keep Your Beneficiary Up To Date!

VRS pays benefits according to the latest beneficiary designation on file. If no beneficiary is elected, VRS pays life insurance benefits according to the order of precedence:

- Spouse, child(ren), parents
- If none of the above, to the duly appointed executor or administrator of the estate
- If no executor is named, to the next of kin under the laws of the state where the member resided at the time of death

INTERESTED IN PURCHASING ADDITIONAL LIFE INSURANCE?

visit page 30

myVRS

Register for your myVRS account (after your first month of employment) at myvrs.varetire.org/login to view your member information, estimate your retirement benefit, and view and update your personal contact information online.
**VRS Plan 1**

- **Overview**: VRS Plan 1 is a defined benefit plan. The retirement benefit is based on your age, creditable service, and average final creditable compensation at retirement. You are in VRS Plan 1 if your membership date is before July 1, 2010, and you were vested as of January 1, 2013.

- **Retirement Contributions**: You contribute 5% of your creditable compensation each month to your member contribution account through a pre-tax salary reduction. Your contributions are tax-deferred until you withdraw them as part of your retirement benefit or as a refund. VBCPS/COVB makes a separate contribution to VRS for all covered employees. VRS invests contributions to provide for your future benefit payment.

- **Creditable Service**: You earn creditable service for each month you are employed in a covered position. It also may include credit for prior service you may have purchased or additional creditable service you were granted. Your total creditable service is one of the factors used to determine your eligibility for retirement and to calculate your retirement benefit. It may also count toward eligibility for the health insurance credit in retirement (certain positions receive this credit).

- **Vesting**: Vesting is the minimum length of service you need to qualify for a future retirement benefit. You become vested when you have at least five years (60 months) of creditable service. Vesting means you are eligible to qualify for retirement if you meet the age and service requirements for your plan. You also must be vested to receive a full refund of your member contribution account balance if you leave employment and request a refund. You are always 100% vested in the contributions that you make.

- **Average Final Compensation**: Your average final compensation is the average of your 36 consecutive months of highest creditable compensation as a covered employee.

**VRS Plan 2**

- **Overview**: VRS Plan 2 is a defined benefit plan. The retirement benefit is based on your age, creditable service, and average final creditable compensation at retirement. You are in VRS Plan 2 if your membership date is from July 1, 2010, to December 31, 2013, or your membership date is before July 1, 2010, and you were not vested as of January 1, 2013.

- **Retirement Contributions**: Same as VRS Plan 1.

- **Creditable Service**: Same as VRS Plan 1.

- **Vesting**: Same as VRS Plan 1.

- **Average Final Compensation**: Your average final compensation is the average of your 60 consecutive months of highest creditable compensation as a covered employee.

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*For City Employees this benefit is managed by City Payroll.*
# Hybrid Retirement Plan

The Hybrid Retirement Plan combines the features of a **defined benefit plan** and a **defined contribution plan**. The plan applies to most members whose membership date is on or after January 1, 2014, and to VRS Plan 1 and VRS Plan 2 members who elected to opt into the plan during the special election window in 2014.

- The defined benefit is based on your age, creditable service and average final creditable compensation at retirement.
- The benefit from the defined contribution plan depends on the contributions made to the plan and the investment performance of those contributions.
- In addition to the monthly benefit payment from the defined benefit plan at retirement, you may start receiving distributions from the balance in your defined contribution account, reflecting the contributions, investment gains or losses, and any required fees.

Please note: Some members are not eligible to participate in the Hybrid Retirement Plan (example: members of the Virginia Law Officers’ Retirement System). Visit vrs.org for more information.

## Retirement Contributions

Your retirement benefit is funded through mandatory and voluntary contributions made by you and your employer to both the defined benefit and the defined contribution components of the plan.

- Mandatory contributions are based on a percentage of your creditable compensation and are required from both you and VBCPS/COVB.
- Additionally, you may choose to make voluntary contributions of more than the mandatory amount to the defined contribution component of the plan, and VBCPS/COVB is required to match those voluntary contributions according to specified percentages.

## Creditable Service

Under the defined benefit component of the plan, you earn creditable service for each month you are employed in a covered position. It also may include credit for prior service you may have purchased or additional creditable service you were granted. Your total creditable service is one of the factors used to determine your eligibility for retirement and to calculate your retirement benefit. It may also count toward eligibility for the health insurance credit in retirement (certain positions receive this credit). Under the defined contribution component, creditable service is used to determine vesting for COVB/VBCPS’ contribution portion of the plan.

## Vesting

**Defined Benefit Vesting** is the minimum length of service you need to qualify for a future retirement benefit. **You are vested under the defined benefit component of the Hybrid Retirement Plan when you reach five years (60 months) of creditable service.** VRS Plan 1 or VRS Plan 2 members with at least five years (60 months) of creditable service who opted into the Hybrid Retirement Plan will stay vested in the defined benefit component. **Defined Contribution Vesting** is the minimum length of service members need to be eligible to withdraw employer contributions from the defined contribution component of the plan. You are always 100% vested in the contributions that you make. Upon retirement or leaving covered employment, you are eligible to withdraw a percentage of employer contributions. Distribution is not required by law until age 70½.

- After two years, you are 50% vested and may withdraw 50% of employer contributions.
- After three years, you are 75% vested and may withdraw 75% of employer contributions.
- After four or more years, you are 100% vested and may withdraw 100% of employer contributions.

## Average Final Compensation

Same as VRS Plan 2. It is used in the retirement formula in the defined benefit component of the plan.

*For City Employees this benefit is managed by City Payroll.*

For information on retirement age, disability coverage, estimating your retirement benefit and other plan highlights log in to your VRS member portal at varetire.org/hybrid.

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**Want to learn about the employer cash match?**

See page 29
VIRGINIA LOCAL DISABILITY PROGRAM (VLDP)

If you are covered under the Virginia Retirement System (VRS) Hybrid Retirement Plan, you have disability benefits under the Virginia Local Disability Program (VLDP).

VLDP provides income protection if you can’t work because of a non-work related or work-related illness, injury or other condition, such as surgery, pregnancy, complications from pregnancy or a catastrophic or major chronic condition.

There are three components of VLDP:

<table>
<thead>
<tr>
<th>SHORT TERM DISABILITY (STD)</th>
<th>LONG TERM DISABILITY (LTD)</th>
<th>LONG TERM CARE (LTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under the Virginia Local Disability Program (VLDP), a short-term disability is an illness, injury or other condition, such as surgery, pregnancy, complications from pregnancy or a catastrophic or major chronic condition, that prevents you from performing the full duties of your job. The disability may be non-work related or work-related. (A work-related disability is the result of an occupational illness or injury that occurs on the job and the cause is determined to be compensable under the Virginia Workers’ Compensation Act or your employer’s workers’ compensation program.) The maximum short-term disability period is 125 workdays. The 125-work day period is based on a Monday–Friday work week and includes paid holidays. If you are still disabled after 125 work days, you may be placed on long-term disability, as determined by Reed Group.</td>
<td>Is a non-work-related or work-related condition that prevents you from performing the full duties of your job for an extended period of time. The VLDP long-term benefit begins after 125 workdays of short-term disability. (A work-related disability is the result of an occupational illness or injury that occurs on the job and the cause is determined to be compensable under the Virginia Workers’ Compensation Act or your employer’s workers’ compensation program.)</td>
<td>Provides benefits if you need help with everyday life tasks because of a prolonged health problem or following a major illness or injury. The plan assists with the cost of: Care in a nursing home or hospice Assisted living facility Community-based care Home healthcare services Informal care-giving Alternative or transitional care The maximum daily benefit amount is $96 with a lifetime maximum of $70,080.</td>
</tr>
<tr>
<td><strong>INCOME REPLACEMENT</strong></td>
<td><strong>SOCIAL SECURITY DISABILITY INSURANCE BENEFITS</strong></td>
<td><strong>ELIGIBILITY</strong></td>
</tr>
<tr>
<td>If you are approved for long-term disability, you will receive 60 percent of your pre-disability income. If you are approved for work-related long-term disability, your VLDP benefit will be offset by your workers’ compensation benefit. Because of this offset, you will not receive a VLDP benefit if your workers’ compensation is greater than your VLDP benefit amount.</td>
<td>If you become disabled, you may be required to apply for Social Security Disability Insurance (SSDI) benefits. Your VLDP benefit will be offset by the SSDI benefit at your applicable income replacement level. Reed Group will assist you in applying for SSDI and appealing your claim if it is denied.</td>
<td>You are eligible for benefits when a licensed healthcare professional certifies that: - You are unable to perform at least two of six activities of daily living; or - You have a severe cognitive impairment requiring substantial supervision to protect you from threats to health and safety.</td>
</tr>
<tr>
<td><strong>WAITING PERIOD</strong></td>
<td><strong>WAITING PERIOD</strong></td>
<td><strong>WAITING PERIOD</strong></td>
</tr>
<tr>
<td>There are qualifying periods for some coverage: - First day benefit for work-related claims - One-year waiting period for non-work related claims - Seven-Calendar Day Elimination Period - If your claim for short-term disability is approved, the benefit will begin on the eighth calendar day of your disability. If you have a catastrophic or major chronic condition, the seven-calendar day elimination period may be waived.</td>
<td>If you are approved for long term care, benefits are payable 90 calendar days after your licensed healthcare professional certifies that you qualify for long-term care benefits.</td>
<td>If you are approved for long term care, benefits are payable 90 calendar days after your licensed healthcare professional certifies that you qualify for long-term care benefits.</td>
</tr>
</tbody>
</table>

For in-depth plan details on your LTD, STD, and LTC benefits visit [varetire.org/hybrid](http://varetire.org/hybrid).

*For City Employees this benefit is managed by City Payroll.*

NOT A VRS HYBRID EMPLOYEE?
Visit page 27 for information on LTD benefits you can enroll in.
LONG TERM DISABILITY (LTD): PRUDENTIAL
(Available to VRS Plan 1 and 2 employees only)

Long Term Disability is insurance that replaces a portion of your income if you should become sick or injured and cannot work. It also provides assistance and support for your return-to-work efforts.

Long-Term Disability Benefits

- **Benefit Begins** – Upon claim approval, your benefit will begin 90 days following accidental injury, sickness or pregnancy, or after exhaustion of accrued leave time.

- **Benefit Amount** – 60% of monthly covered earnings to a maximum of $6,500 less deductible sources of income and disability earnings. The minimum monthly benefit is $100.

- **Benefit Period** – Up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 60, benefits are payable according to an age-based schedule.

- **Limited Pay Periods** – Disabilities due to mental illness and disabilities primarily based on self-reported symptoms are limited to 24 months of benefits during your lifetime.

- **Survivor Benefits** – The survivor benefit is three times your gross disability payment. In the event of your death it is payable to your eligible survivor.

Interested? Calculate your premium:

### LONG TERM DISABILITY SEMI MONTH COST

<table>
<thead>
<tr>
<th>AGE</th>
<th>RATE</th>
<th>AGE</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.0014</td>
<td>50-54</td>
<td>$0.0025</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.0023</td>
<td>55-59</td>
<td>$0.0043</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.0023</td>
<td>60-64</td>
<td>$0.0042</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.0041</td>
<td>65+</td>
<td>$0.0038</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.0047</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 1.** Enter your gross monthly earnings (not including overtime & bonuses).

**Step 2.** If your gross monthly earnings are greater than the maximum monthly covered earnings of $10,833, enter $10,833. Otherwise enter amount from Step 1.

**Step 3.** Multiply the amount in Step 2 by the rate in the chart below:

\[
\text{(Amount from Step 2)} \times \text{(Rate)} = \text{(Semi-monthly LTD cost)}
\]

**Step 4.** To obtain your LTD Semi-Monthly Cost:

- **City Employees:** Take the amount in Step 3 and divide by 2

- **School Employees:** Take the amount in Step 3 and multiply by 12, then divide by 20

You may enroll at any time on the BENEFITFOCUS Platform. If enrolling outside of the new hire eligibility period, medical underwriting is required.

For more information on the Long Term Disability benefit, visit the Consolidated Benefits Office Intranet Site and review the LTD Benefit Guide.
RETIREMENT SAVINGS PLANS: 
457 DEFERRED COMPENSATION & 
403(B) TAX SHELTERED ACCOUNTS

You have the opportunity to invest in your future with retirement savings plans. Review the options below and get started saving today.

Advantages of Retirement Savings Plans:

- The ability to save for your retirement!
- Account contributions can come from payroll deductions, either on a pre-tax or after-tax basis (or both), depending on how you choose to save.
- Investment earnings grow tax-deferred. And you save on taxes either when you contribute, or at the time of withdrawal, depending on the savings plan chosen.

403(b) TAX SHELTERED ACCOUNTS

Tax-sheltered accounts provide school employees the opportunity to save for retirement through pre-tax payroll deductions. Investment options are available as a fixed annuity, variable annuity, or as mutual funds.

READY TO GET STARTED?

- Download the TSA Companies & Authorized Advisors listing on the CBO Intranet Site for a listing of authorized advisors
- Meet with an authorized advisor to establish a contract with the company you select.
- Initial/New enrollment in a 403(b) TSA must be completed with an authorized company/advisor. Download and complete the 403(b) Tax Sheltered Account (TSA) Election Form.

Once enrolled, you must make changes to contributions on the BENEFITFOCUS platform.

IRS CONTRIBUTION LIMITS

$19,000 - Annual maximum that employees may contribute on a pre-tax basis.

$6,000 - Maximum additional pre-tax “age catch-up” contributions for employees age 50 and over.

Vendor Websites

Many of these vendors have retirement calculators and resources on their websites to help you understand your options. Explore them to ensure you are making the decisions now for your future retirement.

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1 City Employees are not eligible for this benefit. At time of printing, there is a Request For Proposal (RFP) out. Any changes to this benefit will be updated on the CBO intranet site and communicated in e-bulletins.
2 CBO Intranet Site [network login required]: School employees: www.vbcps.com City employees: beachnet.vbgov.com
3 For City Employees this benefit is managed by City Payroll.
Hybrid Cash Match
- As a part of your VRS Defined Contribution Component of the Hybrid Retirement Plan, you are able to make additional voluntary contributions to the Hybrid 457 Cash Match Plan, tax-deferred. ICMA-RC is the record keeper for this plan, and changes to these contributions must be completed with them. This plan is not available to VRS Plan 1 and Plan 2 members.
- You can contribute up to 4% from your paycheck into your Hybrid 457 Cash Match Plan. If you do, you can receive up to 2.5% in matching contributions! These contributions are a part of the defined contribution component of your Hybrid Retirement Plan, and can add greatly to protecting your financial future.

READY TO GET STARTED?
- To manage your account and make contribution changes, visit varetire.org/hybrid and log in to your account.

Members can make changes to their voluntary contributions each quarter. See the chart below for deadlines:

<table>
<thead>
<tr>
<th>CUT-OFF DATE*</th>
<th>QUARTER IMPACTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 15th at 4:00 p.m. EST</td>
<td>January-March (Q1)</td>
</tr>
<tr>
<td>March 15th at 4:00 p.m. EST</td>
<td>April-June (Q2)</td>
</tr>
<tr>
<td>June 15th at 4:00 p.m. EST</td>
<td>July-September (Q3)</td>
</tr>
<tr>
<td>September 15th at 4:00 p.m. EST</td>
<td>October-December (Q4)</td>
</tr>
</tbody>
</table>

*If the 15th is not a business day, the deadline will be 4:00 p.m. EST on the next business day after the 15th.

Commonwealth of Virginia 457 Deferred Compensation Plan (COV 457)
- The COV 457 is one plan that gives you two ways to contribute. You can elect to make contributions on a pre-tax basis, Roth (after-tax) basis, or a combination of both. Deferred compensation plans offer a broad range of investment options, from conservative to aggressive, in order to meet your needs.

READY TO GET STARTED?
- To learn more about this plan, enroll, and select your investment options visit varetire.org/457

Empower Retirement 457 Deferred Compensation Plan (VB 457)
- The 457 Deferred Compensation Plan from Empower Retirement (also referred to as the VB 457) offers employees the opportunity to save for retirement with pre-tax payroll deductions. This plan is available to VRS Plan 1 and Plan 2 members only.

READY TO GET STARTED?
- Visit the BENEFITFOCUS online enrollment portal to enroll in a 457 deferred compensation plan, or contact Al Calvo by email: alfredo.calvo@empower-retirement.com or phone: 757-385-4283 to enroll and/or receive plan details.

IRS CONTRIBUTION LIMITS

$19,000 - Annual maximum that employees may contribute on a pre-tax basis.

$6,000 - Maximum additional pre-tax “age catch-up” contributions for employees age 50 and over.

*The annual maximum includes contributions made to any 457 Deferred Compensation Plan, including the COV 457 plan’s pre-tax and Roth accounts, Hybrid 457 Cash Match Plan, and VB 457 with Empower Retirement.
OPTIONAL LIFE INSURANCE: VRS & MINNESOTA LIFE

As mentioned on page 23, if you are a member of VRS, VBCPS/COVB pays for your Basic Group Life Insurance benefit from the first day of employment. If your VRS Basic Life Insurance coverage does not completely meet your needs you may purchase Optional Group Life Insurance. This term insurance is designed to provide an immediate death benefit at an affordable cost.

Coverage Options

Employees may elect coverage options for one, two, three or four times their salary, up to a maximum of $700,000. Spouse’s coverage amount, if elected, is based upon the coverage option chosen by the employee, and is equal to half the amount of employee coverage, up to a maximum of $350,000. Dependent coverage, if elected, is based on the employee coverage option chosen by the employee, and will cover one or more dependent children at the amount of insurance selected by the employee.

Optional Life Insurance offers benefits in addition to the Basic Life Insurance benefits provided to you:

- **Double indemnity benefit** – An additional benefit equal to the amount of optional coverage in force is paid, if death is a result of a covered accident.

- **Dismemberment benefit** – A benefit that pays you an amount equivalent to either one-half or the full amount of insurance, if you lose sight or suffer a severed limb as a result of an accident.

- **Living Benefit** – The accelerated benefit allows the insured person to receive all or a portion of the death benefit, if diagnosed with a terminal illness with a life expectancy of 12 months or less.

Coverage Costs

There are interactive premium calculators on the Consolidated Benefits Office website to determine your coverage cost.

Enrollment

You may enroll at any time, but if enrolling outside of the new hire eligibility period, medical underwriting is required. Visit the Consolidated Benefits Office website to download the Optional Life Enrollment Form.

Keep Your Beneficiary Up To Date!

VRS pays benefits according to the latest beneficiary designation on file. If no beneficiary is elected, VRS pays life insurance benefits according to the order of precedence:

- Spouse, child(ren), parents
- If none of the above, to the duly appointed executor or administrator of the estate
- If no executor is named, to the next of kin under the laws of the state where the member resided at the time of death

Note: If you wish to designate a beneficiary other than in the order of precedence, or if you would like to change your existing beneficiary information on file, please complete a Designation of Beneficiary Form (VRS-2).

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1You may not purchase Optional Group Life coverage for your spouse if he/she is covered by VRS Basic Life through a VRS covered employer.
# Legal Notices

The following pages are mandatory notices that the City of Virginia Beach and Virginia Beach City Public Schools are required to provide to employees. The contents of the information may or may not apply to you. If you have any questions about these notices, please contact the Consolidated Benefits Office at 757.263.1060 or email Benefits@vbschools.com.

| 01 | Employee Notice of Privacy Practices          |
| 02 | Continuation Coverage Rights Under PHSA       |
| 03 | Employees Diagnosed With A Life Threatening Illness |
| 04 | Newborns And Mothers Health Protection Act    |
| 05 | New Health Insurance Marketplace Coverage Options and Your Health Coverage |
| 06 | Uniformed Services Employment And Reemployment Rights Act |
| 07 | Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) |
| 08 | Notice of Creditable Prescription Drug Coverage |
| 09 | Women’s Health and Cancer Rights Act of 1998   |
| 10 | Health Coverage Non-Discrimination Notice      |
| 11 | Notice Regarding Wellness Program             |
Your Information, Your Rights, Our Responsibilities
This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

YOUR RIGHTS
You have the right to:
• Get an electronic or paper copy of your health and claims records
• Correct your health and claims records
• Request confidential communication
• Ask us to limit the information we share
• Get a list of those with whom we’ve shared your information
• Get a copy of this privacy notice
• Choose someone to act for you
• File a complaint if you believe your privacy rights have been violated

YOUR CHOICES
You have some choices in the way that we use and share information as we:
• Answer coverage questions from your family and friends
• Provide disaster relief
• Market our services and sell your information

OUR USES AND DISCLOSURES
We may use and share your information as we:
• Help manage the health care treatment you receive
• Run our organization
• Pay for your health services
• Administer your health plan
• Help with public health and safety issues
• Do research
• Comply with the law
• Respond to organ and tissue donation requests and work with a medical examiner or funeral director
• Address workers’ compensation, law enforcement, and other government requests
• Respond to lawsuits and legal actions

YOUR RIGHTS
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records
• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records
• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
• We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications
• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
• You can ask us not to use or share certain health information for treatment, payment, or our operations.
• We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information
• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
• We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
• You can complain if you feel we have violated your rights by contacting us using the information in this notice.
• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.866.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
• We will not retaliate against you for filing a complaint.

YOUR CHOICES
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
• Share information with your family, close friends, or others involved in payment for your care
• Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:
• Marketing purposes
• Sale of your information

OUR USES AND DISCLOSURES
How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization
• We can use and disclose your information to run our organization and contact you when necessary.
• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration. Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
• We can share health information about you for certain situations such as:
  • Preventing disease
  • Helping with product recalls
  • Reporting adverse reactions to medications
  • Reporting suspected abuse, neglect, or domestic violence
  • Preventing or reducing a serious threat to anyone’s health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
• We can share health information about you with organ procurement organizations.
• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
We can use or share health information about you:
• For workers’ compensation claims
• For law enforcement purposes or with a law enforcement official
• With health oversight agencies for activities authorized by law
• For special government functions such as military, national security, and presidential protective services
We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.html

If you have any questions regarding this notice or the subjects addressed in it, please contact:

Consolidated Benefits Office / Director of Benefits
2312 George Mason Drive
Virginia Beach, VA 23456
757.263.1060
Benefits@vbk12schools.com
January 1, 2019

02 Continuation Coverage Rights Under PHSA

Introduction
This notice contains important information about your right to The Public Health Service Act ("PHSA") continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains PHSA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

PHSA continuation coverage can become available to you when you would otherwise lose your group health plan (the Plan) coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan Document or contact the Plan Administrator.

What is PHSA Continuation Coverage?
PHSA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, PHSA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect PHSA continuation must pay for PHSA continuation coverage.

What are Qualifying Events?
If you or anyone in your family covered under the Plan become entitled to Medicare benefits (under Part A, Part B, or both), or you become covered under another group health plan (as an employee or otherwise) because of the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, PHSA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, PHSA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, if the qualifying event is the end of employment or reduction of the employee’s hours of employment, PHSA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of PHSA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your family may be entitled to receive up to an additional 18 months of PHSA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of PHSA continuation coverage and must last at least until the end of the 18-month period of continuation coverage, provided that the Plan Administrator for the City of Virginia Beach and Virginia Beach City Public Schools is notified timely of the disability, as described above.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of PHSA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of PHSA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. The act also provides that your continuation coverage may be cut short prior to the expiration of the 18, 29, or 36 month period for any of the following five reasons:

1. The City of Virginia Beach or Virginia Beach City Public Schools no longer provides any group health coverage to any employee;
2. The premium for your continuation coverage is not timely paid (within the applicable grace period);
3. You become covered under another group health plan (as an employee or otherwise) that does not contain any pre-existing condition exclusion or limitation applicable to the individual health coverage, which ended no more than 62 days before coverage under the new plan began.
4. You become entitled to Medicare;
5. Coverage has been extended for up to 29 months due to your disability and there has been a final determination that you are no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage is provided subject to your eligibility for coverage under the Plan. Once your continuation coverage terminates for any reason, it cannot be reinstated.

Under the PHSA, you may be required to pay up to 102 percent of the applicable premium during the 18 or 36 month period of continuation coverage. However, during the additional 11 months of continuation coverage (for disability), you may be required to pay up to 150 percent of the applicable premium.
You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA/PHSA continuation coverage. You can learn more about the Marketplace below.

What is the Health Insurance Marketplace?
The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.

Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov. Coverage through the Health Insurance Marketplace may cost less than COBRA/PHSA continuation coverage. Being offered COBRA/PHSA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?
You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a “special enrollment” event. After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away. In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA/PHSA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA/PHSA continuation coverage?
If you sign up for COBRA/PHSA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA/PHSA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA/PHSA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA/PHSA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA/PHSA continuation coverage, you cannot switch to COBRA/PHSA continuation coverage under any circumstances.

Can I enroll in another group health plan?
You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within 30 days of the loss of coverage. If you or your dependent chooses to elect COBRA/PHSA continuation coverage instead of enrolling in another group health plan for which you’re eligible, you’ll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA/PHSA continuation coverage.

What factors should I consider when choosing coverage options?
When considering your options for health coverage, you may want to think about:

- **PREMIUMS:** Your previous plan can change up to 102% of total plan premiums for COBRA/PHSA coverage. Other options, like coverage on a spouse’s plan or through the Marketplace, may be less expensive.

- **PROVIDER NETWORKS:** If you’re currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.

- **DRUG FORMULARES:** If you’re currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

- **SEVERANCE PAYMENTS:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA/PHSA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.

- **SERVICE AREAS:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.

- **OTHER COST-SHARING:** In addition to premiums or contributions for health coverage, you probably pay co-payments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For more information
This notice doesn’t fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your plan document or from the Plan Administrator. If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your plan document, contact the Consolidated Benefits Office.

Plan Contact Information
Consolidated Benefits Office
Virginia Beach City Public Schools
2152 George Mason Drive, Virginia Beach, VA 23466
757.263.9360

For more information about your rights under COBRA/PHSA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor’s website at www.dol.gov or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes
To protect you and your family’s rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

Plan Contact Information
Consolidated Benefits Office
Virginia Beach City Public Schools
2152 George Mason Drive, Virginia Beach, VA 23466
757.263.9360

03 Employees Diagnosed With A Life Threatening Illness

Pursuant to Virginia Code 15.2-1811 the City of Virginia Beach and Virginia Beach City Public Schools is required to provide employees who develop “life threatening” health conditions with information regarding relevant benefit options and programs that may be available to you at this time or in the future.

Family and Medical Leave - In the event of an employee’s own serious health condition the Family Medical Leave Act (FMLA) of 1993 provides eligible employees up to 12 weeks of unpaid, job protected leave during a 12-month period. In order to be eligible to receive Family and Medical Leave, you must have worked for the City of Virginia Beach or Virginia Beach City Public Schools for at least one (1) year and must have worked at least 1,250 hours immediately prior to your request for this leave.

Long Term Disability (if currently enrolled) - You are eligible to submit a claim if your illness has left you disabled. You are considered disabled when, because of injury, sickness or pregnancy, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%. If approved, your benefit will begin 90 days (elimination period) following illness. You must be employed at the time of illness or injury. Hybrid Retirement Plan employees refer to the Virginia Local Disability Program section for long term disability information.

Long Term Care (if currently enrolled) - If you need assistance performing Activities of Daily Living: eating, bathing, dressing, toileting, transferring from one location to another, and continence, or if you suffered severe cognitive impairment from a condition such as Alzheimer’s disease, you may be eligible for long term care benefits. If your claim is approved, your long term care benefit provides coverage to help pay costs associated with care received at home or in a facility. You must be employed at the time of illness or injury. Hybrid Retirement Plan employees refer to the Virginia Local Disability Program section for long term care information.

VRS Retirement - As a VRS member, you are eligible for a retirement benefit for life, provided you meet the age and eligibility requirements. If you are a VRS member, do not meet the VRS guidelines for retirement and terminate your employment, you may be eligible to receive a refund from your VRS account.

Disability Retirement - You may be eligible to apply for disability retirement if you became unable to perform your job due to a physical or mental disability and the disability is likely to be permanent. Hybrid Plan employees are not eligible for Disability Retirement, refer to Virginia Local Disability Program section.

VRS Retirement Survivor Option - When you retire you may choose to receive a benefit amount lower than the Basic Benefit during your lifetime in order to provide a benefit to a person you select (called your contingent annuitant) at your death. Your contingent annuitant may be your spouse or any other individual. Upon your death your contingent annuitant will receive a monthly amount that is a percentage of the benefit you were receiving at the time of your death. This benefit continues to your contingent annuitant for life.
The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is responsible for enforcing the Uniformed Services Employment and Reemployment Rights Act (USERRA). USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment to undertake military service. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

The following information does not represent the entire USERRA rights, but provides information specific to health insurance protection.

### Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### Enforcement

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 866.4.USA.DOL or visit the web site at [www.dol.gov/vets](http://www.dol.gov/vets).
- An interactive online USERRA Advisor can be viewed at [www.dol.gov/laws/userralaw.htm](http://www.dol.gov/laws/userralaw.htm).
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, depending on the employer, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

### Newborns And Mothers Health Protection Act

Group health plans and insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child, more than 48 hours following a vaginal delivery, or less than 72 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plan and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### New Health Insurance Marketplace Coverage Options and Your Health Coverage

**Form Approved OMB No. 1201-0149**

(expires 5-31-2020)

**PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To help you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

**What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is less than 95% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage -is taxable in general and State income purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1.877.KIDS.NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premium for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askedsa.dol.gov](http://www.askedsa.dol.gov) or call 1.866.444.4BSA (3272).

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1 The rights listed here may vary depending on the circumstances.

For additional information regarding your USERRA rights, you may contact the Department of Labor at 866.487.2365.
If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

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<thead>
<tr>
<th>State</th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td>ALABAMA – MEDICAID</td>
<td>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a></td>
<td>1.855.692.5447</td>
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<tr>
<td>ALASKA – MEDICAID</td>
<td>The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a></td>
<td>1.866.251.4861</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
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<td>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
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<tr>
<td>ARKANSAS – MEDICAID</td>
<td>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></td>
<td>1.855.MyARHIPP (855.692.7447)</td>
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<tr>
<td>COLORADO – HEALTH FIRST</td>
<td>COLORADO (Colorado’s Medicaid Program) &amp; CHILD HEALTH PLAN PLUS (CHP+)</td>
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<tr>
<td></td>
<td>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
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<tr>
<td></td>
<td>Health First Colorado Member Contact Center: 1.800.221.3943 / State Relay 711</td>
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<td></td>
<td>CHP+ Website: Colorado.gov/HCPF/Child-Health-Plan-Plus</td>
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<td></td>
<td>CHP+ Customer Service: 1.800.359.1991 / State Relay 711</td>
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<td>FLORIDA – MEDICAID</td>
<td>Website: <a href="http://findmedicaidflorida.com/hipp/">http://findmedicaidflorida.com/hipp/</a></td>
<td>1.877.357.3268</td>
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<tr>
<td>GEORGIA – MEDICAID</td>
<td>Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> (Click on Health Insurance Premium Payment (HIPP))</td>
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<td></td>
<td>Phone: 404.656.4507</td>
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<tr>
<td>INDIANA – MEDICAID</td>
<td>Healthy Indiana Plan for low-income adults 19-64</td>
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<tr>
<td></td>
<td>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></td>
<td>1.877.438.4479</td>
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<tr>
<td></td>
<td>Phone: 1.877.438.4479</td>
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<td></td>
<td>All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a></td>
<td>1.800.403.0864</td>
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<td></td>
<td>Phone: 1.800.403.0864</td>
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<td>IOWA – MEDICAID</td>
<td>Website: <a href="http://dhhs.iowa.gov/hawk-i">http://dhhs.iowa.gov/hawk-i</a></td>
<td>1.800.257.8563</td>
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<td>KANSAS – MEDICAID</td>
<td>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></td>
<td>1.785.296.3512</td>
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<tr>
<td>KENTUCKY – MEDICAID</td>
<td>Website: <a href="http://chfs.ky.gov">http://chfs.ky.gov</a></td>
<td>1.800.635.2570</td>
</tr>
<tr>
<td>LOUISIANA – MEDICAID</td>
<td>Website: <a href="http://dhhs.louisiana.gov/index.cfm/subhome/fn/331">http://dhhs.louisiana.gov/index.cfm/subhome/fn/331</a></td>
<td>1.888.695.2447</td>
</tr>
<tr>
<td>MASSACHUSETTS – MEDICAID &amp; CHIP</td>
<td>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a></td>
<td>1.800.862.4840</td>
</tr>
<tr>
<td>MINNESOTA – MEDICAID</td>
<td>Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></td>
<td>1.800.657.3739</td>
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Medicare prescription drug coverage became available in 2006 to everyone with or on The City/Schools has determined that the prescription drug coverage offered by the

This notice is intended for individuals eligible for Medicare Part D. You are eligible for Medicare Part D if you are enrolled in Medicare Part A and/or Part B.

This notice has information about your current prescription drug coverage with the Optima Health POS Premier, POS Standard and POS Basic health plans with the City of Virginia Beach and the School Board of the City of Virginia Beach and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.

At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

There are two important things you need to know about current coverage available to you through the City of Virginia Beach and the School Board of the City of Virginia Beach and Medicare’s prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare Prescription Drug Plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The City/Schools has determined that the prescription drug coverage offered by the POS Premier, POS Standard and POS Basic health plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

If you are enrolled in the POS Premier, POS Standard or POS Basic health plans through the City/Schools your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, and therefore, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan, you may remain on the City/Schools health plan and this plan will coordinate with Part D coverage. If you drop your City/Schools health plan with prescription drug coverage, available through the health plans, be aware that you and your dependents may not be able to get this coverage back. Active employees and their spouses may enroll in the City/ Schools health plans, thereby obtaining the prescription drug coverage, as a new hire or during annual open enrollment with an effective date of coverage of January 1st, however, unless you drop the City/Schools coverage will be ineligible to return to the health plan and will not have access to the prescription drug coverage through the City/Schools. You should compare your current coverage, which includes drugs which are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. The City/Schools provide prescription drug coverage through the health plans. The POS Premier, POS Standard and POS Basic health plans provide prescription drug coverage with the following pharmacy plan design.

2019 Plan Year: January 1, 2019 - December 31, 2019
Preferred Pharmacy Network: (Walgreens, Walmart or Sam's Club):
Tier 1: $10 maximum copayment**
Tier 2: $25 maximum copayment**
Tier 3: Covered at 75% (max. $50)**
**90-Day Supply: Offered when filling within Preferred Pharmacy Network
Non-Preferred Pharmacy:
Tier 1: $25 Copay
Tier 2: $46 Copay
Tier 3: Covered at 75% (Maximum $75)
Mail Order Pharmacy (90-day supply) - OptumRx Home Delivery: 866.244.9113
Tier 1: $25 Copay
Tier 2: $60 Copay
Tier 3: Covered at 75% (Max. $25)
Specialty Drugs*: Covered at 75% (maximum $200)
*Medications that require management and monitoring, special handling/storage, delivery via injection, inhalation or oral administration are only available through Proprium mail order pharmacy.

Pharmacy Deductible:
Optima Health POS Premier: Deductible does not apply to these services (plan will provide coverage as indicated and before the deductible has been met).
Optima POS Standard and POS Basic: After deductible (deductible must be paid first before the plan will begin to provide coverage)
A list of available drugs within each tier level is available at www.optimahealth.com or on the CBO intranet site.

You should also know that if you drop or lose your coverage with the City/Schools and do not enroll in Medicare prescription drug coverage within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without creditable prescription drug coverage, your premium will go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have creditable coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For more information regarding this notice or your current prescription drug coverage, please contact the Consolidated Benefits Office at 757.263.1060 or Benefits@ubschools.com.
Additional information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare if you are Medicare eligible. You may also be contacted directly by Medicare prescription drug plans. For more information about these Medicare prescription drug plans please contact:

- [www.medicare.gov](http://www.medicare.gov)
- Your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) and for personalized help
- Call 800MEDICARE (800.633.4227). TTY users should call 877.486.2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). Visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 800.772.1231 (TTY 800.325.0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (or penalty).

City of Virginia Beach and School Board of the City of Virginia Beach
Linda C. Matskins, Director of Benefits
Consolidated Benefits Office
292 George Mason Drive
Virginia Beach, VA 23456
757.263.1060

09 Women’s Health And Cancer Rights Act of 1998

Your plan as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema. Call your plan administrator at 757.687.6141 or 866.509.7567 for more information. You may also call the Department of Labor’s Employee Benefits Security Administration at 866.444.3272.

10 Health Coverage Non-Discrimination Notice

Discrimination is Against the Law

The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Linda Matskins, Director of Benefits at 757.263.1060 or linda.matskins@vbschools.com.

If you believe that The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Linda Matskins, Director of Benefits, Virginia Beach Public Schools, 292 George Mason Drive, Virginia Beach, VA 23456; phone: 757.263.1060; fax: 757.263.1123; linda.matskins@vbschools.com. You can file a grievance in person or by mail, fax, or email. If you need help filling a grievance, Linda Matskins, Director of Benefits is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
1-800-368.1019, 1-800-537.7887 (TDD)


11 Notice Regarding Wellness Program

BEWell (Beach Employee Wellness) is a voluntary wellness program available to all employees and retirees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to participate in certain health-related activities.

If you are an eligible employee or retiree and choose to participate in the wellness program you will be eligible to receive an incentive of up to $500 a year (or up to $125 quarterly) for participating in health-related activities such as:

- Completing a health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).
- Completing an annual health screening where you will be asked to complete a blood test for glucose and cholesterol levels as well as tests for blood pressure and body mass index (BMI).
- Completing online activities like tracking your fitness, sleep or nutrition through compatible trackers.
- Turning in proof of a performed cancer screening for a pap, mammogram, prostate, or colonrectal exam.
- Participating in disease and condition management or tobacco cessation programs.

Although you are not required to participate in the wellness program, only eligible employees and retirees who do so will receive the incentive based upon the number of points earned. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting BEWell at 757.263.1060 or email BEWell@vbschools.com.

The information gathered from your participation in the health-related activities listed above will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as targeted outreach for programs that may be of interest to you based on your health status. You also are encouraged to share your results or concerns with your own doctor.

Protection from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Virginia Beach and Virginia Beach City Public Schools may use aggregate information it collects to design a program based on identified risk factors in the workplace, BEWell will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only entities that will receive your personally identifiable health information are Virgin Pulse, Optima Health and BEWell in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact:

Consolidated Benefits Office
ATTN: BEWell
292 George Mason Drive
Virginia Beach, VA 23456
phone: 757.263.1060
email: BEWell@vbschools.com

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Access benefit plan resources! Download mobile apps from the iTunes App Store (Apple) or Google Play (Android).

**HEALTH PLAN:** MyOptima
- View member ID cards
- Find doctors and urgent care centers
- Access claims and plan information

Website: www.optimahealth.com
Phone: 757.687.6141

**VISION CARE:** EyeMed Members
(Vision care included with health plan enrollment)
- Search for providers
- View member ID card
- Check claims status

Website: www.eyemedvisioncare.com
Phone: 866.939.3633

**DENTAL PLAN:** MetLife US App
- Search for providers
- View member ID card
- View plan and claim summary

Website: metlife.com/dental
Phone: 800.942.0854

**HEALTH SAVINGS ACCOUNT (HSA):** HealthEquity Mobile
- View account balances and claims status
- Send payments and reimbursements

Website: www.healthequity.com
Phone: 866.346.5800

**VB 457 DEFERRED COMPENSATION PLAN:** Empower Retirement
(Mobile app only available in App Store for Apple devices)
- Register & enroll
- View account balances and performance
- Update beneficiaries

Website: www.vb457.com
Phone: 757.385.4283 (Ali Calvo, representative)

**LEGAL AND IDENTITY THEFT PROTECTION (Legal Resources)**
Website: www.LegalResources.com
Phone: 757.498.1220

**COV 457 & HYBRID 457 DEFERRED COMPENSATION PLANS:** VRS DCP
- View account balances and fund performance
- Access calculators

Website: www.varetire.org/457
Phone: 877.327.5261

**BENEFITS ENROLLMENT PLATFORM:** BENEFITFOCUS
- View and update benefits enrollment
Access: www.vbgov.com/benefits/enroll

**LONG TERM DISABILITY (Prudential)**
Website: MyBenefits.Prudential.com
Phone: 800.842.1718

**BASIC AND OPTIONAL LIFE INSURANCE:** Minnesota Life
Website: www.varetire.org
Phone: 800.441.2258

**EMLOYEE ASSISTANCE PROGRAM (EAP) & WORK-LIFE SERVICES (Humana)**
Website: www.Humana.com/eap
Phone: 800.448.4358 (TTY 716)

**VIRGINIA LOCAL DISABILITY PROGRAM (VLDP) (Reed Group)**
Website: www.varetire.org/hybrid
Phone: 855.291.2285

**VRS RETIREMENT PLAN DEFINED BENEFIT** (Virginia Retirement System (VRS))
Website: www.varetire.org
Phone: 888.827.3847

**THERE IS NO MOBILE APP AT PRESENT FOR THE FOLLOWING BENEFITS:**

Up-to-date vendor list for 403(b) companies available on the CBO intranet site. Availability of mobile apps vary by vendor.
**CONTACT INFORMATION**

**PHONE**  
757.263.1060

**FAX**  
757.263.1123

**EMAIL**  
Benefits@vbschools.com

**PHYSICAL ADDRESS**  
641 Carriage Hill Road  
Virginia Beach, VA 23452

**MAILING ADDRESS**  
2512 George Mason Drive  
Virginia Beach, VA 23456

**WEB ACCESS**

**WEBSITE**  
www.vbgov.com/benefits

**BENEFITS ENROLLMENT**  
www.vbgov.com/benefits/enroll

**INTRANET (login required)**  
Access through:  
vbcps.com (school employees)  
or  
Beachnet (city employees)

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**Please note:** This guide does not represent a contractual agreement. The City of Virginia Beach and Virginia Beach City Public Schools reserve the right to modify, amend, or terminate health and retirement benefits as they apply to all future, current, and/or retired employees. The Administrator of each benefit plan has the discretionary authority to determine eligibility for benefits and to interpret the plan's terms.