

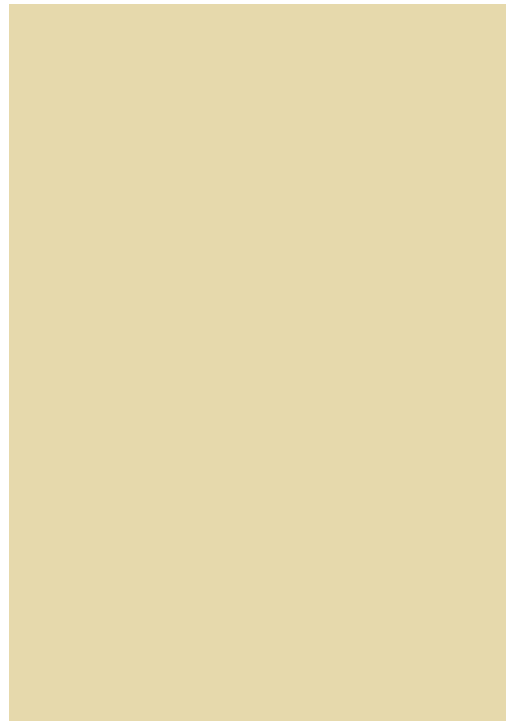


A Guide to Your Benefits 2019

Understanding Annual Enrollment



Chesapeake
VIRGINIA



The City of Chesapeake offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you. Plan eligibility and effective dates vary by plan.

What is NEW for 2019!!!

- ◆ **National Preferred Formulary (NPF)** The City will be moving to Express Scripts' National Preferred Formulary effective January 1, 2019. Information about the NPF is available on www.optimahealth.com/ches.
- ◆ **2019 Wellness Incentives** include \$300 for completing an annual physical, eye exam, and semi-annual dental cleaning will now be available to employees not covered by one of the City's health insurance policies, and to spouses covered by the City's health insurance policies.
- ◆ **Point of Service (POS) plan** The deductible on the City's POS plan will increase to \$600/individual or \$1,200/family (currently \$500/individual or \$1,000/family).
- ◆ **Omada** - will be offered for employees at risk for Type II Diabetes and Heart Disease. \$200 for participation in the Diabetes Disease Management program. Additional health services are available on the City's Wellness program.
- ◆ **City's contributions into Health Savings Accounts** for eligible employees enrolled in the CDHP will be \$375 for employee only or \$750 for all other tiers. One-half of the City contribution will be deposited in January and the other half will be deposited in July. Contributions will be prorated for new employees.
- ◆ **Retiree vision** will be offered and retirees will pay the same premiums as active employees. Premiums will be reviewed and may change in future years.
- ◆ **Other Benefits** – The City conducted a competitive procurement process for flexible spending and long term disability (LTD) for our employees. The procurement process is still underway for both benefits. If vendors are changed, employees will be notified at a later date. The plan designs will remain the same and the LTD premiums will not increase.

Eligibility

Benefit options may have effective dates that vary. Medical, Dental, Voluntary/Optional Vision and Legal benefits follow the hire date rule which follows: hire date from 1st to 15th of a month – benefits are effective the first of the following month; hire date from 16th to end of a month, benefits are effective the first of the next following month.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- ◆ Your legal spouse
- ◆ Your children up to age 26 (unless disabled)

You will be required to provide proof of eligibility for any dependents you are covering (e.g. marriage certificate, birth certificate)

Once benefit elections are in effect, they remain in effect until the end of the year. You may only change coverage within 30 days of a qualified life event.

Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- ◆ Marriage of employee
- ◆ Divorce or legal separation
- ◆ Birth of your child
- ◆ Death of your legal spouse or dependent child
- ◆ Adoption of or placement for adoption of your child
- ◆ Change in employment status of employee, legal spouse or dependent child
- ◆ Qualification by the Plan Administrator of child support order for medical coverage
- ◆ Entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of the qualified life event. You will be required to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

Benefit Costs - premium tax status and eligibility

Benefit	Tax Treatment	Who Pays	Eligible Employees
Medical Coverage	Pre-Tax	The City & You	Full time* employees
Dental Coverage	Pre-Tax	The City & You	Full time* employees
Voluntary/Optional Vision Coverage	Pre-Tax	You	Full time* employees
Health Saving Account	Pre-Tax	The City & You	Full and regular part time employees
Flexible Spending Accounts	Pre-Tax	You	Medical Flexible Spending Account: Full time* employees Dependent Care Flexible Spending Account: Full and regular part time employees
Legal Plan	Post-Tax	You	Full and regular part time employees
Voluntary/Optional Life Insurance	Post-Tax	You	VRS eligible employees
Voluntary Long Term Care	Post-Tax	You	VRS eligible employees
Long Term Disability enhanced "buy up"	Post-Tax	You	VRS Plan 1 and Plan 2 eligible employees

**full time includes employees who meet the Affordable Care Act definition of 30 hours average weekly hours worked*

Culture of Wellbeing

At City of Chesapeake we want employees to be engaged in their jobs and communities, be active and involved in their physical health and ultimately achieve their highest level of well-being. That is why The City provides a variety of activities, programs, and incentives that promote positive lifestyle!

Please visit the Wellness Program site for more information or reach out to your Health and Wellness Representative on how you can get involved and start the journey to Healthier You!



For more information about your benefits, visit www.optimahealth.com/ches

Medical Coverage

The City of Chesapeake offers a choice of medical plan options so you can choose the plan that best meets your needs and those of your family. Each plan includes comprehensive health care benefits, including free preventive care and coverage for prescription drugs.

Plan Provisions	Equity Plus HDHP \$2,700		Optima HMO Vantage \$600	Optima POS \$600		Optima PPO Plus \$750	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual Family)	\$2,700 \$5,400	\$3,100 \$6,200	\$600 \$1,200	\$600 \$1,200	\$1,000 \$2,000	\$750 \$1,500	\$1,000 \$2,000
Out-of-Pocket Maximum (Individual Family)	\$3,500 \$7,000	\$6,000 \$12,000	\$4,000 \$8,000	\$4,000 \$8,000	\$6,500 \$13,000	\$4,000 \$8,000	\$5,000 \$10,000
Lifetime Maximum	None	None	None	None	None	None	None
Preventive Care	\$0	30% AD*	\$0	\$0	40% AD*	\$0	40% AD*
Office Visit (PCP Specialist)	0% AD*	30% AD*	\$25 \$70	\$25 \$50	40% AD*	\$25 \$70	40% AD*
MD Live	\$39/\$0 AD	\$39/\$0 AD	\$10	\$10	\$10	\$10	\$10
Inpatient Hospital Visit	0% AD*	30% AD*	20% AD*	15% AD*	40% AD*	25% AD*	40% AD*
Outpatient Surgery	0% AD*	30% AD*	20% AD*	15% AD*	40% AD*	25% AD*	40% AD*
Urgent Care	0% AD*	30% AD*	\$70	\$50	40% AD*	\$70	40% AD*
Emergency Room Care	0% AD*	0% AD*	20% AD*	15% AD*		25% AD*	
Prescription Drug							
Retail Prescription Drug (31 day supply)	Deductible Applies Co-payments apply AD*						
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Brand Preferred	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Brand Non-Preferred	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Specialty Drugs	20% to \$250 max	20% to \$250 max	20% to \$250 max	20% to \$250 max	20% to \$250 max	20% to \$250 max	20% to \$250 max
Mail Order Prescription Drug (90 day supply)							
Generic	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Brand Preferred	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Brand Non-Preferred	\$125	\$125	\$125	\$125	\$125	\$125	\$125
Specialty Drugs	None	None	None	None	None	None	None

*AD = After Deductible

Important Notes

- ◆ This is a brief summary of coverage. The benefits summary plan description contains exclusions and limitations that are not shown here. Please refer to the benefits summary for the full scope of coverage at www.optimahealth.com/ches.
- ◆ In-network services are based on negotiated charges; out-of-network services are based on Reasonable & Customary (R&C) charges.

Please refer to the Coverage Summary at www.optimahealth.com/ches for more information about rates, pre-existing condition period and exclusions/limitations.

How a Consumer Driven Health Plan and Health Savings Account Work Together

Consumer Driven Health Plan

A Consumer Driven Health Plan (CDHP) typically has lower monthly premiums than traditional plans. They have a higher deductible which must be paid before the plan will pay any medical expenses (except for preventive care).

The Equity Plus CDHP has an individual deductible of \$2,700 and a family deductible of \$5,400 for in-network services. That means an individual would have to pay out-of-pocket the first \$2,700 for prescriptions, doctor visits, testing, hospital expenses, etc., before the plan would make any payments (except for preventive care).

Until the deductible is met, members are responsible for paying service provider rates negotiated by Optima.

Once the individual (or family) deductible is met, the Equity Plus HDHP pays 100% of in-network covered services except for prescriptions. Prescription co-pays apply after deductible is met.

Health Savings Account

An HSA is a tax-advantage health savings account where you can use funds to help pay for qualified health care related expenses, or save for the future. You may contribute funds to your HSA up to the annual contribution limit (see below), which includes contributions made by the City.

Your contributions can be made on a pre-tax basis through salary deferral or by direct contribution to the HSA Administrator (tax deduction obtained when you file your Federal tax return for the later).

Once you enroll in Medicare, you cannot continue to make contributions to an HSA; however, you can still make withdrawals to pay qualified expenses.

The funds in your HSA are your money and there is no limit to the amount you can carry forward each year. Further, you own the account; therefore, if you leave employment with the City of Chesapeake, the account and the money go with you. Account balances are portable upon retirement and can be used to pay for medical expenses in retirement.

You cannot participate in a HSA if you have other traditional medical plan coverage, Medicare, have military benefits (e.g. Tricare), have a medical FSA, or if you are claimed as a dependent on another individual's tax return.

To help employees build their HSA fund and to help cover expenses subject to the Plan's deductible, the City of Chesapeake will contribute \$375 for employee only or \$750 for all other tiers. One-half of the City contribution will be deposited in January and the other half will be deposited in July

* Contributions will be prorated for new employees based on the effective date of their HDHP medical plan coverage.

Qualified HSA Expenses & More

- ◆ Medical, dental and vision deductibles, copayments and coinsurance amounts are qualified expenses
- ◆ Long Term Care insurance premiums - qualify
- ◆ COBRA continuation premiums - qualify
- ◆ Medicare Premiums - qualify
- ◆ 2019 Total contribution limits:
 - \$3,500 for single coverage (\$3,125 employee)
 - \$7,000 for family coverage (\$6,250 employee)
 - If you are age 55 or older you can make an additional "catch-up" contribution of \$1,000
- ◆ Contributions are available on a VISA card as they are deposited.

Important Information about HSA's

- ◆ HSAs provide triple-tax savings:
 - Contributions to the HSA are tax-free
 - Your account and investment earnings are tax-free
 - You can withdraw your money tax-free at any time, as long as you use it for qualified medical expenses.
- ◆ Contributions to the HSA are based on a calendar year.
- ◆ Funds must be accrued in the account before they can be used for reimbursement.
- ◆ Funds not used for qualified expenses are included in taxable income and are subject to an additional 20% penalty tax.
- ◆ HSA owners must file Form 8889 with their individual tax return.

Treatment Cost Calculator

Want to know the cost of a Medical Procedure or Prescriptions? The Treatment Cost Calculator is accessible anytime, anywhere. Available to all covered health plan members only, via secure login through www.optimahealth.com.

- ◆ Once logged in, the Treatment Cost Calculator will be a link under the member's MyOptima menu.

Provides highly accurate geographic based cost estimates for over 300 procedures and services including x-rays, advanced imaging, outpatient surgeries, office visits, labs, immunizations and inpatient admissions.

Cost sharing amounts are calculated for each member based on their specific benefit information, such as remaining deductible, out-of-pocket limits, coinsurance and copayment amounts.

Helps members make more informed decisions, plan for future expenses, compare providers and save money.

Prescription Search

- ◆ Go to <https://www.express-scripts.com/> where you can find a pharmacy, submit for a refill, price your medications and see your claims and balances.
- ◆ Select 'Log In' at the upper right and or click on 'Register now'
- ◆ There are also shortcuts to your Order Status, Pay a Bill or submit for a refill of your prescription.



Options for Care

Want to Save Money and Obtain Care That is Also Convenient? Know What your Options Are!

Knowing where to go when you are sick or injured can keep money in your pocket and save you valuable time. For a complete list of doctors in the Optima Health network, visit www.optimahealth.com. In an **emergency situation**, dial **911** or go to your nearest provider as appropriate. Be sure your health situation is an emergency before seeking care at a hospital. Conditions such as ear/throat pain, cold/flu, and rashes can be treated by one of the following options:

Option 1

After Hours Nurse Advice Line - If you are not sure where to turn for treatment and your doctor's office is closed, consider calling the After Hours Nurse Advice Line. Their number is **1-877-817-3037**. It is a free service that will be able to advise you on how to proceed with care.

Option 2

MD Live - If you would prefer to talk to a physician, consider MD Live. Their number is **1-866-648-8638**. Once you provide your symptoms, the physician will diagnose your condition and can prescribe medicine to be picked up at a pharmacy of your choosing. Register before you are sick to make the process even easier. Visit, www.mdlive.com/optima.

Option 3

Urgent Care - If you are unable to see your doctor and you believe you might have a serious condition, you might need to go to Urgent Care. Urgent care is for when you have a serious condition that is not life threatening. For a list of urgent care centers near you, visit www.optimahealth.com and search facilities. Urgent Care Centers may meet your needs and are usually a less expensive and faster option for treatment than a hospital Emergency Department. These facilities are usually open on evenings, weekends, and holidays when your doctor's office may be closed.

Option 4

Hospital Emergency Departments - Are the most expensive option and often take longer than other treatment options in non-life threatening situations. If you choose to go to an Emergency Department, knowing which hospitals participate with Optima Health can save you money.

Sentara MDLIVE Virtual Appointments

Get 24/7/365 access to Board Certified-doctors anytime, anywhere for only \$10 (\$39 on the CDHP). To get started call 1-866-648-8638 or go to www.mdlive.com/optima.

- ◆ **Online Video**
See your doctor using a computer, smart phone or over the Internet
- ◆ **Phone Call**
No webcam? No problem! Talk to a doctor over the phone!
- ◆ **Secure Email Advice**
Ask questions and get advice privately using secure e-mail

When to use Sentara MDLIVE

- ◆ If you are considering the emergency department or urgent center for a non-emergency medical issue
- ◆ Your primary care doctor is not available
- ◆ Request prescriptions or get refills - Prescriptions are issued only when clinically appropriate. No controlled substances may be prescribed, the availability may be restricted by law
- ◆ Traveling and in need of medical care
- ◆ During or after normal business hours, nights, weekends, and holidays

Dental Coverage

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your overall medical health.

The City offers you dental coverage through Anthem Dental.

Seek treatment immediately for:

- ◆ Allergic reactions that cause breathing or swallowing difficulties
- ◆ Severe asthma attacks
- ◆ Broken bones with skin puncture
- ◆ Chest pain

Call MDLIVE for treatment of:

- ◆ Acne
- ◆ Allergies
- ◆ Asthma
- ◆ Bronchitis
- ◆ Cold & Flu
- ◆ Ear Infection
- ◆ Fever
- ◆ Gout
- ◆ Headache
- ◆ Infections
- ◆ Insect Bites
- ◆ Joint Aches
- ◆ Nausea
- ◆ Pink Eye
- ◆ Poison Ivy
- ◆ Rashes
- ◆ Respiratory Infections
- ◆ Sinus Infections
- ◆ Skin Inflammation
- ◆ Nausea & Vomiting
- ◆ Sports Injuries
- ◆ And More...



Plan Provisions	Comprehensive Dental		
	In-Network	Premier	Out-of-Network
Annual Deductible (Individual Family)		\$50 \$150	
Annual Maximum (Per Person)		\$1,500	
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, sealants and x-rays		100%	
Basic Restorative: Includes fillings, periodontics, scaling and root planing and oral surgery		80%	
Major Restorative: Includes crowns, bridges, implants and full and partial dentures		50%	
Orthodontia: (Children only up to age 18)		50% \$1,500 maximum	

In-Network PPO - \$

- ◆ Network dentists have agreed to Anthem's lower PPO fee schedule. Therefore you will pay less if you select an In-network PPO dentist.

In-Network Premier - \$\$

- ◆ In-Network Premier dentists agree to Anthem's higher fee schedule; therefore, employees pay more for services using a Premier dentist.

Out-of-Network - \$\$\$

- ◆ Out-of-Network dentists have not agreed to Anthem's fee schedule. Accordingly, you will be responsible for any required coinsurance and deductibles (if applicable) as well as the difference between the non-participating dentist's charge and Anthem's payment for covered benefits.

Lower Cost

Higher Cost

Vision Coverage

A vision plan with your wellness in mind.

Your Davis Vision benefits are easy to use and they give you more ways to save, even after you've used up your yearly vision benefits. With this plan, you can access eye care, work on improving your overall wellness and save money.



Help protect your vision. Help protect your health.

Routine eye checkups are more than just making sure you can see clearly. They're important to health, safety and learning. Even if you think you have 20/20 vision it's key that you're checked regularly – at every age.

- ◆ Eye exams can give you a glimpse into major health problems like diabetes, high blood pressure and heart disease.
- ◆ Eye diseases often have no warning signs. Because of that, many people don't realize that they might have a condition that could lead to their vision getting worse or potentially suffer blindness.
- ◆ One in four children has an undetected vision problem that can affect their ability to read and learn.

More than meets the eye.

Davis Vision gives you access to one of the country's largest networks of vision providers with more than 61,000 providers and provider locations nationwide, including the 4 of 5 top retailers. Visit www.davisvision.com to find an in-network provider near you.

Network providers keep it simple.

When you use network providers, you may pay less out of your pocket and you can usually avoid paperwork hassles. In-network providers check your benefits with us and then file your claims for you. All you have to do is:

- ◆ Schedule a visit with an in-network provide
- ◆ Show the staff your member ID card at your visit
- ◆ Pay your copay or any balance

Benefit	UniView Vision	
	In-Network	Out-of-Network
Exam	\$15 copayment	\$35 allowance
Frames	Up to \$140 allowance, then 20% off remaining balance	\$45 allowance
Lenses		
Single Vision - standard	\$15 copay, then covered in full	\$25 allowance
Bifocal - standard	\$15 copay, then covered in full	\$40 allowance
Trifocal - standard	\$15 copay, then covered in full	\$55 allowance
Progressive Lenses (Standard / Premium / Ultra)	\$50 / \$90 / \$140	
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	\$35 / \$48 / \$60	
Contact Lenses		
Medically Necessary	\$0 (with prior approval)	\$210 allowance
Elective	Up to \$140 allowance then 15% off remaining balance	\$105 allowance
Frequency		
Exam	Once every calendar year	
Lenses	Once every calendar year	
Frames	Once every 2 calendar years	

Cost of Coverage – Monthly Rates

	Medical				Dental	Vision
Coverage Levels	Equity Plus HDHP \$2,700	Optima HMO Vantage \$600	Optima POS \$500	Optima PPO Plus \$750	Anthem Dental	Davis Vision
Employee	\$20.80	\$51.84	\$76.80	\$149.92	\$13.24	\$4.36
Employee & Spouse	\$76.32	\$190.56	\$369.28	\$651.04	\$22.28	\$7.68
Employee & Child	\$47.52	\$118.56	\$220.80	\$394.24	\$24.20	\$7.68
Employee & Children	\$72.96	\$182.40	\$339.68	\$606.72	\$27.88	\$8.72
Family	\$179.68	\$449.44	\$760.72	\$1,153.12	\$38.92	\$12.68



Healthcare Flexible Spending Account

A WageWorks® Healthcare Flexible Spending Account (FSA) is a pre-tax benefit account, for full-time employees, used to pay for eligible medical, dental and vision care expenses that aren't covered by your insurance plan. A WageWorks Healthcare FSA is a smart, simple way to save money while keeping you and your family healthy and protected. And with this new Healthcare FSA there's virtually no "use it or lose" risk. **You are not eligible for this benefit option if you have enrolled in the Consumer Driven Health Plan.**

Why you need it:

- ◆ Save an average of 30% on eligible healthcare expenses
- ◆ Carry over up to \$500 from one plan year to the next—there's virtually no risk of losing your hard-earned money
- ◆ Access the full amount of your account on day one of your plan year

How it works

Simply decide how much to contribute, and funds are withdrawn from your paycheck for deposit into your account before taxes are deducted. Your total annual election amount is available on day one of your plan year.

This new Healthcare FSA lets you carry up to \$500 in account balances from one plan year to the next. With far less risk of "use it or lose it," there's no reason not to take advantage of the tax savings this year—and every year.

How you use it

With a variety of payment and reimbursement options, your WageWorks Healthcare FSA is easy to use. The convenient WageWorks Healthcare Card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse and your dependents.

How you manage it

Manage your account via a secure website on any computer or mobile device that's connected to the Internet or via the WageWorks EZ Receipts® mobile app.

How much you can contribute

You can contribute up to a maximum of \$2,550 to your WageWorks Healthcare FSA in 2019.

How you get it

Ready to save? Sign up for a WageWorks Healthcare FSA during the City's Open Enrollment period, October 12, 2018 through November 7, 2018.

Learn more at

www.wageworks.com/mynewfsa

FSA's Let You Save on Your Taxes

Here is an example of how much you can save when you use the FSA to pay for your predictable health care expenses.

Without FSA		With FSA	
Gross annual pay (estimate)	\$40,000	Gross annual pay (estimate)	\$40,000
Estimated tax rate (30%)	-\$12,000	Maximum annual contribution	-\$2,500
Net annual pay	=\$28,000	Adjusted gross pay	=\$37,500
Estimated annual healthcare expenses	-\$2,500	Estimated tax rate (30%)	-\$11,250
Final take home pay	=\$25,500	Final take home pay	=\$26,250
		Take home this much more	\$750



If you have selected the Consumer Driven Health Plan, you can make pre-tax contributions to the HSA account (see page 4), you are not eligible for a FSA account.

Dependent Care Flexible Spending Account

A WageWorks® Dependent Care Flexible Spending Account (FSA) is a pre-tax benefit account for full/part time employees. It can be used to pay for dependent care services such as preschool, summer day camp, before or after school programs and child or elder daycare. A WageWorks Dependent Care FSA is a smart, simple way to save money while taking care of your loved ones so you can work.

Why you need it:

- ◆ Save an average of 30% on preschool, summer day camp, before/after school programs, child or elder daycare and more
- ◆ Reduce your overall tax burden—funds are withdrawn from your paycheck for deposit into your Dependent Care FSA before taxes are deducted
- ◆ Take advantage of several convenient, no-hassle payment and reimbursement options

How it works

Simply decide how much to contribute to your account each year, and funds are withdrawn from each paycheck for deposit into your account before taxes are deducted. As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses.

Be sure to carefully estimate your annual dependent care expenses and contributions. Any money left unspent in your Dependent Care FSA at plan year end will be forfeited.

How you use it

With a variety of payment and reimbursement options, your WageWorks Dependent Care FSA is easy to use. Arrange for convenient direct payments to your dependent care provider or be reimbursed for payments you make. You can even have your dependent care provider sign receipts using your mobile device.

How you manage it

Manage your account via a secure website on any computer or mobile device that's connected to the Internet or via the WageWorks EX Receipts® mobile app.

How much you can contribute

You can contribute up to a maximum of \$5,000 to your WageWorks Dependent Care FSA in 2019.

How you get it

Ready to save? Sign up for a WageWorks Dependent Care FSA during the City's Open Enrollment period, October 12, 2018 through November 7, 2018.

Learn more at

www.wageworks.com/mydcfsa

FSA's Let You Save on Your Taxes

Here is an example of how much you can save when you use the FSA to pay for your predictable dependent care expenses.

Without FSA		With FSA	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	-\$18,000	Maximum annual contribution	-\$5,000
Net annual pay	=\$42,000	Adjusted gross pay	=\$55,000
Estimated annual dependent care expenses	-\$5,000	Estimated tax rate (30%)	-\$16,500
Final take home pay	=\$37,000	Final take home pay	=\$38,500
		Take home this much more	\$1,500



Legal Resources

Legal Resources protects City of Chesapeake employees from the high cost of attorney fees by providing legal services and courtroom representation. As a member, you are covered for expected and unexpected legal needs including real estate closings, will preparation, traffic matters, divorce and much more. Most attorneys charge between \$200-400 per hour, but as a Legal Resources member, you and your family are covered for **\$17.00** per month.

The Legal Resources Plan Truly Delivers in all the Right Ways

100% Coverage

- ◆ Pay no attorney fees
- ◆ Covers a broad range of legal services and includes coverage for qualifying dependents

It's Comprehensive

- No waiting period
- No annual usage limits
- No deductible
- No co-payments

It's Valuable

- ◆ Annual cost = less than what an attorney typically charges for just one hour

How the Plan Works

1.	Become a member by authorizing a low monthly payroll deduction during Open Enrollment.	4.	Call when you need legal services. Simply say, "I am a Legal Resources member."
2.	Choose a law firm that best suits your needs from our highly rated law firm network. Use our Law Firm Finder at LegalResources.com to find a firm near you.	5.	Certified paralegals in our Member Services Department provide you with dedicated, ongoing support and assist you with any coverage or attorney-related concerns.
3.	Receive your welcome kit with member identification cards and information about your law firm.	6.	If you ever need to transfer to another Plan Law Firm, simply call Member Services.
Participating employees agree to a 12 month commitment and cancellation may only occur during open enrollment. The plan provides coverage for you, your spouse and qualifying dependents		If you become non-benefits eligible or leave employment with City of Chesapeake, you may continue coverage by setting up direct billing with Legal Resources. Coverage remains exactly the same.	

LegalResources.com or call Member Services at 1-800-728-5768

Long Term Disability Coverage & Enhanced "Buy-up" Option

- ◆ Long Term Disability provides a monthly monetary benefit if you are unable to work because of a qualifying disability.
- ◆ Employees in the VRS Hybrid Plan are automatically covered by LTD benefit administered by the Reed Group and paid for by the City.
- ◆ Employees in VRS Plans 1 or 2 are covered in a Basic Benefit paid for by the City
- ◆ Employees in VRS Plans 1 or 2 were offered the opportunity to purchase an enhanced LTD benefit with guaranteed issue in 2016.
- ◆ Employees in VRS Plans 1 or 2 can request coverage in the enhanced LTD benefit during open enrollment. Medical underwriting is required and thus approval is not guaranteed.
- ◆ Newly hired employees in VRS Plan 1 or 2 are offered the "Buy-up" option with Guaranteed issue if enrolled within 30 days of hire.

	Basic Benefit	Enhanced "Buy-up" Benefit
Waiting Period	180 days	90 days
Income Replacement Percentage	40%	60%
Maximum Benefit Period	2 years	Normal Social Security Retirement Age

Optional Group Life Insurance

If you are covered under the Virginia Retirement System (VRS) Group Life Insurance Program, you may purchase additional coverage for yourself through the Optional Group Life Insurance Program. If you elect optional group life insurance coverage, you may also cover your spouse and dependent children. Optional group life insurance provides benefits for natural and accidental death or dismemberment. The premiums are paid through payroll deduction.

Optional Group Life Insurance Coverage Options

Option	Your Insurance Amount	Spouse Insurance Amount	Insurance Amount per Dependent
1	1 x your compensation	½ x your compensation	\$10,000
2	2 x your compensation	1 x your compensation*	\$10,000
3	3 x your compensation	1 ½ x your compensation*	\$20,000
4	4 x your compensation	2 x your compensation*	\$30,000

* Evidence of Insurability required on spouse even for new hires if Option 2 or more is selected



Coverage for Yourself	Coverage for Your Spouse	Coverage for Dependent Children	Evidence of Insurability Proof Required if:
<ul style="list-style-type: none"> You can select one of the coverage options to cover yourself, up to a maximum of \$750,000. 	<ul style="list-style-type: none"> You can cover your spouse up to \$375,000. Coverage for your spouse ends when your coverage ends or if you and your spouse divorce. If both you and your spouse are eligible for Optional Group Life insurance through the City, neither can buy additional coverage for the other. 	<ul style="list-style-type: none"> At the age of 15 days or older, you can cover each child for \$10,000, \$20,000 or \$30,000. Coverage ends when your child marries, becomes self-supporting, or reaches age 21 (25 as a college student). Coverage continues for unmarried, disabled children. 	<ul style="list-style-type: none"> You elect Option 2 or more plus spouse coverage You apply 31 days after employment date or a qualifying event You wish to add spouse/child 31 days after your date of hire as a full-time employee You wish to purchase more than \$375,00 for yourself You wish to increase your optional group life insurance coverage for yourself or your spouse

A Few Tidbits

- ◆ All 2019 Optima benefit guides (PPO, POS, HMO and CDHP with HSA) and other benefit plan materials can be found online at the following website: www.optimahealth.com/ches
- ◆ The new rates for 2019 will be deducted in December with plan coverage effective January 1, 2019 for medical, dental, vision and legal benefits. Health and Dependent Care Flexible Spending Account deductions begin in January 2019.
- ◆ If you have any questions, please contact the Human Resources Department at 382-8956 or email hrbenefits@cityofchesapeake.net.



Open Enrollment Check List



Ensure you have the names, social security numbers and dates of birth of any dependents NOT currently enrolled on your health/dental insurance plan that you intend to enroll for 2019.

If you desire enrollment in flexible spending or a health savings account (only available to those in the CDHP), enroll in ESS

Provide documentation for any new dependents you will be covering in 2019 (e.g. marriage certificate, birth certificate)

Report the addresses of dependents not residing with you (e.g. out of town college student) for coverage in the HMO or POS plans. The Out of Area Dependent Child Form must be completed each year and can be found on www.optimahealth.com/ches. Employees enrolled in the PPO and CDHP plans have access to Optima's out of area network, Private HealthCare Systems (PHCS). Out of area dependents (e.g. college students) on the POS and HMO plans also have access to this network. Find participating providers by visiting www.phcs.com.

Beginning on October 12, 2018 at 8:00 a.m., visit <https://ess.cityofchesapeake.net> to enroll online or change benefit elections. A user guide to enrolling in your benefits through ESS is available at www.optimahealth.com/ches. Changes must be processed online by November 7, 2018 at 5:00 p.m.

Glossary



Understand the medical terms that are used in your plan.

Brand Name Drugs: Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

Coinsurance: The percentage of a covered charge paid by the plan.

Consumer Driven Health Plan (CDHP): A medical plan used in conjunction with a health reimbursement account (HRA) or a health savings account (HSA). Paired together, the CDHP with HSA empowers you to be an involved healthcare consumer.

Copayment (Copay): A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible: The annual amount you and your family must pay each year before the plan pays benefits.

Embedded Deductible

If you are on a family (two or more members covered) medical plan with an embedded deductible, your plan contains two components, an individual deductible and a family deductible. Having two components to the deductible allows each member of your family the opportunity to get her medical bills covered prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

Embedded Example: For example, if you, your wife and daughter are on a family plan with a \$6000 family embedded deductible, including an individual deductible of \$3000, and your daughter incurs \$3000 in medical bills, her deductible is met and your insurance will help pay any subsequent medical bills for your daughter that year even though the family deductible of \$6000 has not yet been met.

Generic Drugs: Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

Consumer Driven Health Plan (CDHP): A medical plan that may be used in conjunction with a health reimbursement account (HRA) or a health savings account (HSA). A CDHP provides coverage after you meet the Plan's deductible. Under the Plan, all expenses, except preventive care expenses, are subject to the plan's deductible. This includes prescription drug coverage. With this coverage, you take control of how your healthcare dollars are spent.

The CDHP does not require the designation of a primary care physician nor are referrals required; therefore, you make your own decisions about your doctors, your care and your costs. Further, coverage is available both in and out-of-network. By staying in-network, you take advantage of special rates and discounts that have been negotiated with participating doctors and facilities which means a higher level of reimbursement and less out-of-pocket cost to you and your family members.

Health Savings Account (HSA): A fund you can use to help pay for eligible medical costs not covered by your medical plan. Both employers and employees may contribute to this fund; employees do so through pre-tax payroll deductions. Equity partners can have monthly contributions charged against their monthly draw account.

In-Network: Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-of-Network: Use of a health care provider that does not participate in a plan's network.

Inpatient: Services provided to an individual during an overnight hospital stay.

Mail Order Pharmacy: Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

Outpatient: Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum: The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year, except for prescriptions under all medical plans except the HSA Plan.

Primary Care Physician (PCP): Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

Preferred Provider Organization (PPO): Under the PPO plan, you have the choice of selecting a Primary Care Physician (PCP) to coordinate your care or you can coordinate your care yourself. There are no referrals required. Coverage is available on a national basis and you may seek coverage from participating and non-participating providers. However, when you access care from a participating provider, your out-of-pocket costs will be significantly less.

Specialist: A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).