

Suffolk

VIRGINIA

It's a good time to be in Suffolk

2023 Benefit Guide



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A Message from HR at City of Suffolk

At the City of Suffolk, we value each employee. Our commitment to our employees is to provide an enriching environment where employees are engaged and are proud to be part of the City of Suffolk family.

The cost of health care and other benefits continue to rise year after year. Each year, we analyze our costs and try to manage increases by reviewing our plans and benefit providers. We are conscious of the fact that changing health insurance plans is often difficult for our employees, so whenever possible, we work with our benefit providers to create solutions that will work financially and will be less disruptive.

Employers across the country are all facing the same challenge. But the fact is that 70 percent of health care costs are due to preventable conditions that cost the U.S. health care system about \$100 billion every year. Smoking, obesity, and high blood pressure are all preventable or treatable conditions that, left untreated, can lead to such illnesses as cancer, Type II Diabetes, or heart failure.

The City of Suffolk continues to promote a culture of health and wellness, establishing a work environment that promotes healthy lifestyles, decreases the risk of disease, and enhances your quality of life.

City of Suffolk Takes Your Wellness Seriously

The goal of the City of Suffolk Wellness Program is to promote behavioral changes and motivate each of us to change from high risk behavioral factors to healthy/low risk factors and keep them there.

- To obtain the best possible price for your health care coverage needs
- To support you and your family in practical ways to improve your health
- To provide a supportive work environment that encourages healthy lifestyles
- To become a more educated health care consumer
- To work towards living a healthier lifestyle and improving your health
- To better understand and use the tools and resources that make for wiser health and health care choices

Eligibility

Eligible Employees:

Full time employees are eligible to enroll in benefits. You are eligible on the 1st of the month following date of hire if you are hired between the 1st and 15th of the month, or on the 1st of the second month following date of hire if you are hired between the 16th and 31st.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children, up to age 26.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

2023 Open Enrollment

Monday, September 12th – Friday, October 7th

If you do not wish to make changes to your benefits, you do not need to re-enroll during Open Enrollment with the exception of HSA or FSA.
You must re-enroll in these accounts annually.

www.OptimaHealth.com/cos



Benefits Overview

Medical Coverage

- The City of Suffolk will continue to offer four **Optima Health** plan choices:
 - Two Point of Service (POS) plans with copayments and coinsurance
 - Two High Deductible Health Plans (HDHP) with a Health Savings Account (HSA)
- The medical plans offering:
 - POS 750/25/20%
 - POS 1500/25/20%
 - Equity POS HSA 1,500/20%
 - Equity POS HSA 3,000/20%
- **NEW** – Infertility Coverage
- The medical plans do not require selection of a Primary Care Physician and will not require referrals to seek specialist visit.
- The Optima Health member services number is 757-552-7110 or 800-229-1199.

Health Savings & Flexible Spending Accounts (Medical and Dependent Care)

- The City of Suffolk's FSA and HSA vendor is **Health Equity**.
- *All employees must re-enroll in the FSA and HSA plans annually if you would like to keep an account.*

Dental Coverage

- The City of Suffolk offers dental plans through **Delta Dental**.
- The group number for the dental is 00000000130.
- The Delta Dental member services number is 1-800-237-6060.
- Online information: www.deltadentalva.com

Vision Coverage

- The City of Suffolk offers vision coverage through **MetLife**.
- The group number for the vision plan is 228650.
- The MetLife Vision member services number is 1-855-638-3931.
- Online information: www.metlife.com/mybenefits

Voluntary Benefits

- The City of Suffolk will continue to offer Voluntary Benefits through **The Standard**.
 - Short-Term Disability
 - Long-Term Disability
 - Accident
 - Critical Illness

Monthly Contributions

| | Employee | Employee & Spouse | Employee & Child | Employee & Family |
|---|----------|-------------------|-----------------------|-------------------|
| Point of Service 750/25/20% | | | | |
| Employee Cost | \$113.18 | \$272.03 | \$199.43 | \$429.36 |
| Point of Service 1500/25/20% | | | | |
| Employee Cost | \$95.89 | \$227.74 | \$171.42 | \$349.77 |
| Equity Point of Service HSA 3000/20% | | | | |
| Employee Cost | \$31.66 | \$75.93 | \$62.16 | \$105.79 |
| Equity Point of Service HSA 1500/20% | | | | |
| Employee Cost | \$57.31 | \$135.26 | \$103.69 | \$203.68 |
| | | | | |
| | Employee | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| Delta Dental Enhanced Plan | | | | |
| Employee Cost | \$25.12 | \$51.49 | \$61.53 | \$87.64 |
| Delta Dental Basic Plan | | | | |
| Employee Cost | \$19.73 | \$48.32 | \$40.43 | \$68.85 |
| MetLife Vision Plan | | | | |
| Employee Cost | \$6.58 | \$11.80 | \$11.80 | \$16.12 |
| Legal Resources | | | | |
| Employee Cost | \$17.00 | \$17.00 | \$17.00 | \$17.00 |
| Identity Theft | | | | |
| Employee Cost | \$8.00 | \$15.00 | \$15.00 | \$18.00 |

Medical Insurance

City of Suffolk will continue to offer medical coverage through Optima Health. The charts within are a brief outline of what is offered. Please refer to the summary plan description for complete plan details. The City of Suffolk understands medical needs vary, so we offer a variety of plans to choose from.

Point of Service Plan (POS): To receive the highest benefit level and reduce your potential out-of-pocket expenses, please be sure to use an in-network provider whenever possible. If you choose to use an out-of-network provider, you may be responsible for balance billing.

High Deductible Health Plan with HSA: To receive the highest benefit level and reduce your potential out-of-pocket expenses, please be sure to use an in-network provider whenever possible. If you choose to use an out-of-network provider, you may be responsible for balance billing.

Embedded vs. Non-Embedded Deductibles

A deductible is the amount you are responsible for, before the plan will begin to pay its share of coinsurance.

If you are covering one or more dependents on your medical plan, you will want to ensure that you know if your plan has an embedded or a non-embedded deductible. **The Equity POS HSA 1500** plan has a non-embedded deductible while the other medical plan options have an embedded deductible. Please see examples below.

Embedded Deductible: (POS 750, POS 1500, Equity POS HSA 3000 Plans): Generally, you must pay the full costs of medical services up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible, or the family expenses paid by all family members meets the overall family deductible.



Subscriber's Incurred Charges:
\$3,000



Plan will begin to pay its share.



Spouse's Incurred Charges:
\$1,000



Still subject to the deductible
and must incur up to the \$3,000
individual deductible or reach
the family total of \$6,000.

Non-Embedded Deductible (Equity POS 1500 Plan): Generally, you must pay the full costs of medical services up to the deductible amount before this plan begins to pay. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.



Family's Combined Incurred
Charges: \$3,000



Plan will begin to pay its share.

Where to Go for Care?

Certain facilities may be more ideal than others for specific services. Keep in mind that acute conditions can typically be addressed at a lower cost by visiting your PCP or utilizing telehealth. The emergency room on the other hand is best reserved for emergencies only due to the high costs of care.

| Emergency Room | | |
|--|---|--|
| For 24/7 treatment of critical conditions, illnesses, or injuries. Call 911 if you experience an emergency. | <ul style="list-style-type: none"> • Shortness of breath or chest pain • Excessive/uncontrolled bleeding • Loss of consciousness or seizure • Weakness or numbness • Trauma to the head or organs • Severe injuries • Overdose | <ul style="list-style-type: none"> • Highest cost option • No appointment • Wait times can be long and unpredictable. Patients often wait multiple hours |
| Urgent Care | | |
| For non-life-threatening conditions. Typically, have extended hours. Treatment may be provided by nurses and/or doctors. | <ul style="list-style-type: none"> • Fever • Minor illnesses such as viral or bacterial infections • Minor injuries • Chronic pain or headache | <ul style="list-style-type: none"> • Less expensive than the ER, but typically more expensive than the doctor's office • No appointment necessary, but may clinics offer the option • Wait times vary |
| Doctor's Office | | |
| For common injuries or illnesses that are not urgent. Members should see their PCP for routine care annually, at minimum. | <ul style="list-style-type: none"> • General health concerns • Routine physicals • Minor injuries and illnesses • Vaccinations • Pregnancy | <ul style="list-style-type: none"> • Costs vary, may have a copay or coinsurance • Appointment needed, can take months • Relatively short wait times |
| Virtual Telehealth Visits | | |
| For low-acuity illnesses and conditions. Allows members to access care on the go through a computer or mobile device. Virtual doctors may provide medication and treatment for certain conditions. | <ul style="list-style-type: none"> • Minor illnesses • Allergies • Certain skin conditions • Health questions or concerns | <ul style="list-style-type: none"> • Typically, the lowest cost option • No appointment necessary • Little to no wait times • Can have a visit at any time or place |

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Preventive Care Services – Covered at 100%

A large percentage of health care costs are due to preventable conditions. In an effort to keep your health in check, and healthcare costs as low as possible, it's important to take advantage of preventive care. Certain preventive care services are covered at 100% under all of the Optima plan options outlined below.

Covered Preventive Services for Adults

Abdominal aortic aneurysm screening: men
Alcohol misuse: screening and counseling
Aspirin use: adults aged 50–59 with risk of cardiovascular disease
Blood pressure screening
Cholesterol screening for adults of certain ages
Colorectal cancer screening and generic and over-the-counter prep medications: adults age 50–75
Consultation for screening colonoscopy
Depression screening
Diabetes screening: adults with high blood pressure
Falls prevention: adults 65 years or older—Vitamin D and exercise or physical therapy
Healthy Diet Counseling
Hepatitis B screening
Hepatitis C virus infection screening: adults born between 1945 and 1965
HIV pre-exposure prophylaxis (PrEP)
HIV screening
Immunization vaccines:
Hepatitis A
Hepatitis B
Herpes Zoster
Human Papillomavirus
Influenza
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Tetanus, Diphtheria, Pertussis
Varicella
Lung Cancer Screening: adults ages 55–80 with history of smoking
Statin medications²: adults ages 40–75 with no history of cardiovascular disease who have one or more risk factors and calculated 10-year risk
STI counseling
Syphilis screening
Tobacco use counseling, generic and over-the-counter medications, and cessation interventions
Tuberculosis screening

Covered Preventive Services for Women, Including Pregnant Women

Anemia screening: pregnant women
Bacteriuria screening
BRCA risk assessment and genetic counseling/ screening
Breast cancer chemoprevention counseling
***Breast cancer preventive medication**
Breast cancer screening: women over age 40
Breast feeding support and counseling
Cervical cancer screening
Chlamydia infection screening
Contraception: All Food and Drug Administration-approved contraceptive methods and intrauterine devices (IUD); sterilization procedures including tubal ligations and Essure; and patient education and counseling; not including abort/abortifacient drugs. Generic oral contraceptives are eligible for 100% coverage. Please visit optimahealth.com to determine member cost share for brand name oral contraceptives.
Decision making/sharing by clinicians with women at increased risk for breast cancer
Depression screening
Folic acid supplementation
Gestational diabetes screening: women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea screening
Hepatitis B screening at first prenatal visit
HIV screening: pregnant women
HPV Test
Intimate partner violence screening and counseling
Lactation support and counseling
Osteoporosis screening: postmenopausal women younger than 65 at increased risk, and women over 65 or at high risk
Perinatal depression counseling and interventions
Preeclampsia screening and prevention
Rh incompatibility screening: first pregnancy visit and between 24 and 28 weeks gestation
Syphilis screening
Well-woman visits
Tobacco counseling and intervention

Covered Preventive Services for Children

Alcohol and drug use assessments
Autism screening: children at age 18 and 24 months
Behavioral assessments
Blood pressure screening
Cervical dysplasia screening: sexually active females
Congenital hypothyroidism screening: newborns
Dental cavities prevention: infants and children up to age five years
Depression screening: adolescents
Developmental screening: children under age three, and surveillance throughout childhood
Dyslipidemia screening: children at high risk of lipid disorders
Fluoride chemoprevention supplements for children without fluoride in their water source
Gonorrhea prophylactic medication: newborns
Hearing loss screening: newborns
Height, weight, and body mass index measurements
Hematocrit or Hemoglobin screening
Hemoglobinopathies screening: newborns
Hepatitis B screening: non-pregnant adolescents and adults
HIV screening
Immunization vaccines:
Diphtheria, Tetanus, Pertussis
Haemophilus influenzae type b
Hepatitis A
Hepatitis B
Human Papillomavirus
Inactivated Poliovirus
Influenza
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Rotavirus
Varicella
Iron supplementation
Lead screening for children at risk of exposure
Medical history
Obesity screening: children and adolescents
Oral fluoride supplementation starting at age six months for children whose water supply is fluoride deficient
Oral health risk assessment
Phenylketonuria (PKU) screening: newborns
Skin cancer behavioral counseling: children, adolescents and young adults age 10 to 24 years old
STI prevention counseling and screening for adolescents at high risk
Tobacco use interventions: children and adolescents
Tuberculin testing for children at higher risk of tuberculosis
Visual acuity screening

NEW!

Infertility Services with the Optima Medical Plans



Infertility Services

Pre-Authorization is required.

The following services are for covered persons only, to diagnose and treat conditions resulting in Infertility:

- endometrial biopsies (limited to two per lifetime)
- semen analysis (limited to four per lifetime)
- hysterosalpingography (limited to four per lifetime)
- Sims-Huhner test (smear) (limited to four per lifetime)
- artificial insemination (limited to eight per lifetime)
- diagnostic laparoscopy (limited to two per lifetime)

The following services are limited to \$20,000 lifetime limit:

- in-vitro fertilization (IVF)
- zygote Intrafallopian Transfer (ZIFT)
- infertility drugs and injections used in connection with these procedures

The following treatments are excluded from coverage under this Infertility benefit:

- reversal of voluntary sterilization, and infertility service required because of such reversal
- in-vitro fertilization programs, donor egg, and any other programs not listed as a covered service
- reproductive material storage
- any treatment related to sexual organ function, dysfunction, or inadequacies, including but not limited to impotency
- semen recovery, storage, and washing

The member is responsible for all applicable copayments, coinsurances, and any deductibles depending on the type and place of service as listed on the Plan's Benefit Summary.

Members should refer to Plan documents for Plan copayments, coinsurances, deductibles, and maximum out-of-pocket amounts, in addition to coverage exclusions and limitations.

Medical – POS 750/25/20%

Annual Deductible
Embedded **\$750 / \$1,500 In-Network**
 \$1,500 / \$3,000 Out-of-Network

Annual Out-of-Pocket Maximum **\$6,000 / \$12,000 In-Network**
 \$10,000 / \$20,000 Out-of-Network

(Includes your annual deductible, coinsurance and copays)

NEW! Infertility Coverage

20% AD In-Network
30% AD Out-of-Network

| Point of Service 750/25/20% Plan | In-Network | Out-of-Network |
|--|---|---|
| Coinsurance | 20% unless otherwise noted below | 30% unless otherwise noted below |
| Physician's Office Visit | \$25 copay; \$15 copay for MDLive visits | 30% |
| Specialists Office Visit | \$50 copay | 30% |
| Preventive Care Services | 100% | 30% after deductible |
| Diagnostic X-Ray & Laboratory | 20% after deductible | 30% after deductible |
| Hospitalization | | |
| • Inpatient | 20% after deductible | 30% after deductible |
| • Outpatient | 20% after deductible | 30% after deductible |
| Emergency Room | \$200 copay then 20%; copay waived if admitted. | \$200 copay then 20%; copay waived if admitted. |
| Urgent Care | \$50 copay | 30% after deductible |
| Level 1 Prescription Drugs (Retail)* | | |
| • Tier I | \$15 copay | |
| • Tier II | \$40 copay | |
| • Tier III | \$75 copay | |
| • Tier IV | 20% to a maximum of \$125 | |
| • Maximum Day Supply | 30 days | |
| Level 1 Prescription Drugs (Mail Order) * | | |
| • Tier I | \$15 copay | Member pays 100% |
| • Tier II | \$80 copay | |
| • Tier III | \$225 copay | |
| • Tier IV | N/A | |
| • Maximum Day Supply | 90 days | |

*Covered as in-network if medically necessary; balance billing may apply.

*For Prescription Drugs, Level 2 Pharmacies have a \$10 higher copay for Retail Tier 1, Tier 2, and Tier 3 medications. For Mail Order, Level 2 Pharmacies have a \$30 higher copay for Tier 1, Tier 2, and Tier 3 medications.

*AD=After Deductible

Medical – POS 1500/25/20%

Annual Deductible
Embedded **\$1,500 / \$3,000 In-Network**
\$3,000 / \$6,000 Out-of-Network

Annual Out-of-Pocket Maximum
\$6,000 / \$12,000 In-Network
\$10,000 / \$20,000 Out-of-Network

(Includes your annual deductible, coinsurance and copays)

NEW! Infertility Coverage **20% AD In-Network**
40% AD Out-of-Network

| Point of Service 1500/25/20% Plan | In-Network | Out-of-Network |
|--|--|--|
| Coinsurance | 20% unless otherwise noted below | 40% unless otherwise noted below |
| Physician's Office Visit | \$25 copay; \$15 copay for MDLive visits | 40% after deductible |
| Specialists Office Visit | \$50 copay | 40% after deductible |
| Preventive Care Services | 100% | 40% after deductible |
| Diagnostic X-Ray & Laboratory | 20% after deductible | 40% after deductible |
| Hospitalization | | |
| • Inpatient | 20% after deductible | 40% after deductible |
| • Outpatient | 20% after deductible | 40% after deductible |
| Emergency Room | \$200 copay then 20% after deductible | \$200 copay then 20% after deductible* |
| Urgent Care | \$50 copay | 40% after deductible* |
| Level 1 Prescription Drugs (Retail)* | | |
| • Tier I | \$15 copay | |
| • Tier II | \$40 copay | |
| • Tier III | \$75 copay | |
| • Tier IV | 20% to a maximum of \$125 | |
| • Maximum Day Supply | 30 days | |
| Level 1 Prescription Drugs (Mail Order) * | | |
| • Tier I | \$15 copay | |
| • Tier II | \$80 copay | |
| • Tier III | \$225 copay | |
| • Tier IV | N/A to a maximum of \$125 | |
| • Maximum Day Supply | 90 days | |

*Covered as in-network if medically necessary; balance billing may apply.

*For Prescription Drugs, Level 2 Pharmacies have a \$10 higher copay for Retail Tier 1, Tier 2, and Tier 3 medications. For Mail Order, Level 2 Pharmacies have a \$30 higher copay for Tier 1, Tier 2, and Tier 3 medications.

*AD=After Deductible

Medical – Equity POS HSA 3000/20%

Annual Deductible
Embedded **\$3,000 / \$6,000 In-Network**
 \$6,000 / \$12,000 Out-of-Network

Annual Out-of-Pocket Maximum **\$5,000 / \$10,000 In-Network**
 \$10,000 / \$20,000 Out-of-Network

(Includes your annual deductible, coinsurance and copays)

NEW! Infertility Coverage **20% AD In-Network**
 40% AD Out-of-Network

| Equity Point of Service HSA 3,000/20% Plan | In-Network | Out-of-Network |
|--|----------------------------------|----------------------------------|
| Coinsurance | 20% unless otherwise noted below | 40% unless otherwise noted below |
| Physician's Office Visit | 20% After Deductible | 40% After Deductible |
| Specialists Office Visit | 20% After Deductible | 40% After Deductible |
| Preventive Care Services | 100% | 40% After Deductible |
| Diagnostic X-Ray & Laboratory | 20% After Deductible | 40% After Deductible |
| Hospitalization | | |
| • Inpatient | 20% After Deductible | 40% After Deductible |
| • Outpatient | 20% After Deductible | 40% After Deductible |
| Emergency Room | 20% After Deductible | 20% After Deductible* |
| Urgent Care | 20% After Deductible | 40% After Deductible* |
| Prescription Drugs (Retail) | | |
| • Preventive Medications | 100% | |
| • Tier I | 20% After Deductible | |
| • Tier II | 20% After Deductible | |
| • Tier III | 20% After Deductible | |
| • Tier IV | 20% After Deductible | |
| • Maximum Day Supply | 30 days | |
| Prescription Drugs (Mail Order) | | |
| • Preventive Medications | 100% | |
| • Tier I | 20% After Deductible | |
| • Tier II | 20% After Deductible | |
| • Tier III | 20% After Deductible | |
| • Tier IV | 20% After Deductible | |
| • Maximum Day Supply | 90 days | |

Health Savings Account (HSA)

When you are enrolled in the Optima High Deductible Plan, Health Equity will open a Health Savings Account for you that holds pre-tax dollars that can be used for current and future medical expenses. The money you and the City contribute to your HSA is tax-free! You don't pay taxes on the City's contribution or your own if you use them for eligible medical expenses. And the tax-free benefits don't stop there. When you pay for out-of-pocket costs with your HSA contributions, you save up to 30% (depending on your tax rate) because you're paying them with tax-free money.

Medical – Equity POS HSA 1500/20%

Annual Deductible
Non-Embedded **\$1,500 / \$3,000 In-Network**
 \$3,000 / \$6,000 Out-of-Network

Annual Out-of-Pocket Maximum **\$3,575 / \$7,150 In-Network**
 \$10,000 / \$20,000 Out-of-Network

(Includes your annual deductible, coinsurance and copays)

NEW! Infertility Coverage **20% AD In-Network**
 30% AD Out-of-Network

| Equity Point of Service HSA 1,500/20% Plan | In-Network | Out-of-Network |
|--|----------------------------------|----------------------------------|
| Coinsurance | 20% unless otherwise noted below | 30% unless otherwise noted below |
| Physician's Office Visit | 20% After Deductible | 30% After Deductible |
| Specialists Office Visit | 20% After Deductible | 30% After Deductible |
| Preventive Care Services | 100% | 30% After Deductible |
| Diagnostic X-Ray & Laboratory | 20% After Deductible | 30% After Deductible |
| Hospitalization | | |
| • Inpatient | 20% After Deductible | 30% After Deductible |
| • Outpatient | 20% After Deductible | 30% After Deductible |
| Emergency Room | 20% After Deductible | 20% After Deductible* |
| Urgent Care | 20% After Deductible | 30% After Deductible* |
| Prescription Drugs (Retail) | | |
| • Preventive Medications | 100% | |
| • Tier I | 20% After Deductible | |
| • Tier II | 20% After Deductible | |
| • Tier III | 20% After Deductible | |
| • Tier IV | 20% After Deductible | |
| • Maximum Day Supply | 30 days | |
| Prescription Drugs (Mail Order) | | |
| • Preventive Medications | 100% | |
| • Tier I | 20% After Deductible | |
| • Tier II | 20% After Deductible | |
| • Tier III | 20% After Deductible | |
| • Tier IV | 20% After Deductible | |
| • Maximum Day Supply | 90 days | |

Health Savings Account (HSA)

When you are enrolled in the Optima High Deductible Plan, Health Equity will open a Health Savings Account for you that holds pre-tax dollars that can be used for current and future medical expenses. The money you and the City contribute to your HSA is tax-free! You don't pay taxes on the City's contribution or your own if you use them for eligible medical expenses. And the tax-free benefits don't stop there. When you pay for out-of-pocket costs with your HSA contributions, you save up to 30% (depending on your tax rate) because you're paying them with tax-free money.

Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don’t pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

**Please keep in mind,
You must re-enroll in the HSA
and/or FSAs annually.**

Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person’s tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse’s FSA. (Enrollment in a limited purpose health care FSA is allowed).

2023 HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

- FOR THE 2023 TAX YEAR:
- \$3,850 Individual
- \$7,750 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

Health & Dependent Care Flexible Spending Accounts

You can fund your out-of-pocket health care expenses with pre-tax money through a Flexible Spending Account.

Health FSA

A Flexible Spending Account (FSA) allows you to set money aside, up to \$2,850, deducted pre-tax from your paycheck, into an account to reimburse you for qualified expenses. These expenses include medical, dental, and vision for yourself and your eligible dependents that are not reimbursed from insurance or any other source. The money you put into your account is not considered taxable income, allowing you to save money by paying less Federal, State and FICA taxes.

For information about the debit card or a list of eligible medical expenses, visit www.HealthEquity.com/QME. An example of eligible expenses includes prescription medicines and drugs, hearing aids, orthopedic goods, prosthetic devices, doctors, dentists, orthodontics, osteopaths, chiropractors, optometrists, ophthalmologists, opticians, eyeglasses, and over-the-counter medicines and drugs.

FSA contributions are a **use-it or lose-it benefit**. Rollover allows you to carry over \$550 (from 2022 to be used in 2023) or up to \$570 (from 2023 to be used in 2024) of unused Medical FSA funds into the following plan year if re-enrolling. If you do not re-enroll or use all your elected funds by the end of the calendar year it will be forfeited. All expenses must be incurred between January 1st and December 31st.

Dependent Care FSA

All Employees are eligible to set aside a portion of their salary, up to \$5,000, to be deposited into a Dependent Care Flexible Spending Account. This account can then be used to pay for eligible dependent care expenses to allow you and your spouse, if you are married, to work, look for work, or attend school full-time. Eligible dependents include children under age 13 or children who are physically or mentally incapable of self-care and, in some cases, elder care. The Dependent Care Flexible Spending Plan Year runs from January 1st through December 31st.

| | No HSA/FSA | HSA/FSA |
|-------------------------------------|-----------------|-----------------|
| Annual Income | \$30,000 | \$30,000 |
| HSA/FSA Contributions | \$0 | \$1,000 |
| Taxable Pay (Based on 30%) | <u>\$30,000</u> | <u>\$29,000</u> |
| Minus Taxes | \$9,000 | \$8,700 |
| Take Home Pay | <u>\$21,000</u> | <u>\$20,300</u> |
| Minus (Medical/Dental/Vision/Costs) | \$1,000 | \$0 |
| Total Take Home Pay | <u>\$20,000</u> | <u>\$20,300</u> |
| What You Saved | \$0 | \$300 |

Wellness Incentive Program



When you enroll in any of our Optima Health plans, you receive many beneficial programs to help you stay healthy and save money! Take advantage of programs such as:

Wellness Incentive Program

Earn \$480 (\$20/paycheck) off of next year's health insurance premiums by completing the following:

- Register with WebMD through your Optima member page
- Complete the online Personal Health Assessment
- Go to your annual PCP visit and fax the results form to Optima
- Earn 2,000 points in the WebMD Wellness portal
- All tasks must be completed from January 1st – December 15th

Extras

FREE Telephonic Health Coaching from WebMD for weight loss, healthy eating/living and tobacco cessation

FREE Omada Weight Loss/Diabetes Prevention program that includes a FREE wireless digital scale for you to keep

FREE Disease Management programs that offer \$0 co-pay drugs for chronic conditions such as:

- High Blood Pressure
- Cardiovascular/Heart Disease
- Diabetes
- Asthma
- COPD

FREE Partners in Pregnancy education and case management program for expectant moms.

And New for 2023! We will roll out Calm for all employees and their family/friends – for FREE. Calm is the #1 online mental wellbeing app for children, adolescents & adults. Featuring online tools to help relieve anxiety & stress, improve sleep habits, learn coping and leadership skills and so much more!

Contact Becky Luther, Benefits & Wellness Consultant at bluther@suffolkva.us or 514-4121 for program information.



Dental Insurance

Regular dental care is essential to good health. The City of Suffolk is excited to provide you with an opportunity to purchase Dental coverage with Delta Dental.

Summary of Dental Benefits

The City of Suffolk's Dental Plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice - an "in-network" dentist or an "out-of-network" dentist. You have the option to choose the Basic or Enhanced Dental Plan.



In-Network vs. Out-of-Network

For the best savings, use a Delta Dental participating dentist or specialist. You can find a dentist by visiting deltadentalva.com, calling Delta Dental Member Services at (800) 237-6060, or show your dental plan card when you visit the dentist. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service.

Be prepared and plan ahead

If Dental work is required, request a pretreatment estimate from your Dentist and your Dentist will contact Delta Dental. You and your dentist can then review your care and costs before treatment. It's a great way to be prepared and plan ahead.

Preventive dental care is covered 100%!

Your dental plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice whether an "in-network" or "out-of-network" dentist. Don't forget that your preventive care is covered at 100% once every six months.

Basic Dental Plan



Delta Dental PPO plus Premier™

**Benefits for City of Suffolk
Basic Plan**
Account Number: 00000000130
Effective Date: January 1, 2021

| | |
|--|--|
| Annual Deductible (Applies to Basic and Major Services) | \$50 per person; \$150 per family, per calendar year |
| Annual Maximum | \$1000 per enrollee, per calendar year |
| Prevention First | Visits to the dentist for Diagnostic and Preventive Services will not count against the Annual Maximum. |
| Healthy Smile, Healthy You® Program | Your plan provides additional cleanings and/ or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/ or radiation. Enrollment in Healthy Smile, Healthy You is simple. Visit DeltaDentalVA.com to print an enrollment form. |

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

| Coverage | Coinsurances | | | Benefit Limitations |
|--|--------------|---------|----------------|---|
| | In-Network | | Out-of-Network | |
| | PPO | Premier | | |
| Diagnostic and Preventive Services | 100 % | 100 % | 100 % | |
| <ul style="list-style-type: none">• Oral exams and cleanings• Fluoride applications• Bitewing X-rays• Full mouth/ panelpipse X-rays• Sealants• Space maintainers | | | | <p>Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</p> <p>Once in a calendar year for enrollees under the age of 19.</p> <p>Bitewing X-rays are limited to once in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.</p> <p>Once in a 3-year period.</p> <p>One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1st and 2nd permanent molars.</p> <p>Once per quadrant per arch for enrollees under the age of 14.</p> |
| Basic Services | 80% | 80% | 80% | |
| <ul style="list-style-type: none">• Amalgam (silver) and composite (white) fillings• Stainless steel crowns• Simple extractions• Endodontic services/ root canal therapy• Periodontic services• Complex oral surgery• Denture repair and recementation of crowns, bridges and dentures | | | | <p>Once per surface in a 24-month period; Composite (white) fillings are limited to the upper and lower 6 front teeth.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p> <p>Retreatment only after 24 months from initial root canal therapy treatment.</p> <p>Once per quadrant in a 24-36 month period based on services rendered.</p> <p>Surgical extractions and other surgical procedures.</p> <p>Once in a 12-month period after 6 months from initial placement.</p> |

Enhanced Dental Plan



Delta Dental PPO plus Premier™

Benefits for City of Suffolk
Enhanced Plan
Account Number: 00000000130
Effective Date: January 1, 2021

| | |
|--|---|
| Annual Deductible (Applies to Basic and Major Services) | \$50 per person; \$150 per family, per calendar year |
| Annual Maximum | \$1500 per enrollee, per calendar year |
| Orthodontic Lifetime Maximum | \$1500 per person |
| Prevention First | Visits to the dentist for Diagnostic and Preventive Services will not count against the Annual Maximum. |
| Healthy Smile, Healthy You® Program | Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in Healthy Smile, Healthy You® is simple. Visit DeltaDentalVA.com to print an enrollment form. |

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

| Coverage | Coinsurances | | | Benefit Limitations |
|--|--------------|---------|----------------|---|
| | In-Network | | Out-of-Network | |
| | PPO | Premier | | |
| Diagnostic and Preventive Services | 100 % | 100 % | 100 % | |
| <ul style="list-style-type: none">• Oral exams and cleanings• Fluoride applications• Bitewing X-rays• Full mouth/panellipse X-rays• Sealants• Space maintainers | | | | <p>Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</p> <p>Once in a calendar year for enrollees under the age of 19.</p> <p>Bitewing X-rays are limited to once in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.</p> <p>Once in a 3-year period.</p> <p>One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1st and 2nd permanent molars.</p> <p>Once per quadrant per arch for enrollees under the age of 14.</p> |
| Basic Services | 80% | 80% | 80% | |
| <ul style="list-style-type: none">• Amalgam (silver) and composite (white) fillings• Stainless steel crowns• Simple extractions• Endodontic services/ root canal therapy• Periodontic services• Complex oral surgery• Denture repair and recementation of crowns, bridges and dentures | | | | <p>Once per surface in a 24-month period; Composite (white) fillings are limited to the upper and lower 6 front teeth.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p> <p>Retreatment only after 24 months from initial root canal therapy treatment.</p> <p>Once per quadrant in a 24-36 month period based on services rendered.</p> <p>Surgical extractions and other surgical procedures.</p> <p>Once in a 12-month period after 6 months from initial placement.</p> |

Vision Insurance

City of Suffolk will continue to offer Vision coverage through MetLife.



In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Eye Exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every 24 months

- Allowance: **\$150**
- Costco, Walmart and Sam's Club: **\$85** allowance

You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Standard Corrective Lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full.

Standard Lens Enhancements¹

Once every 12 months

- Standard Polycarbonate (child up to age 18), and Ultraviolet (UV) coating: Covered in full.
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), Scratch-resistant coatings, Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.

Contact Lenses (instead of eyeglasses)

Once every 12 months

- Contact fitting and evaluation: Copay not to exceed \$X.
- Elective lenses: **\$150** allowance
- Necessary lenses: Covered in full after eyewear copay.

In-Network Value Added Features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20 – 25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Out-of-Network Reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **\$45**
- Frames: up to **\$70**
- Single-vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Progressive lenses: up to **\$50**
- Lenticular lenses: up to **\$100**
- Contact lenses:
 - Elective up to **\$105**
 - Necessary up to **\$210**

Voluntary Disability Offerings

SHORT TERM DISABILITY – PAYCHECK PROTECTION

- Guaranteed Issue without penalty if enrolling for the first time
- Elimination Period: 14 days for timely enrollees
- Benefit Period: 180 days
- Weekly Benefit of 60%
- Employees participating in the Virginia Hybrid Plan, please see Human Resources for eligibility rules

VOLUNTARY LONG-TERM DISABILITY

- Elimination Period: 90 consecutive calendar days
- Benefit Period: Social Security Normal Retirement Age
- Monthly Benefit of 60% of Basic Monthly Earnings
- Monthly Benefit Maximum of \$6,000

GROUP ACCIDENT PROTECTION

- Guaranteed Issue
- Examples of covered benefits include burns, fractures, and ambulance transportation
- 24/7 coverage on and off the job
- Covers you, spouse and dependents to age 26

GROUP CRITICAL ILLNESS

- Late entrants subject to evidence of insurability
- Covers 10 different diagnoses and pays lump sum cash benefit
- Examples of covered diagnoses include cancer, heart attack, and stroke
- Choose your benefit level of \$10,000, \$20,000 or \$30,000



Legal Protection



City of Suffolk

PROTECT YOURSELF AND YOUR FAMILY FOR ONLY \$8.50 PER PAY PERIOD

Few employee benefits offer so much for so little. As a Legal Resources Member, you'll have immediate and ongoing access to **comprehensive legal coverage, services, and expertise** that will easily save you money – and could save you a whole lot more. **Don't let this opportunity get away!**

FULLY COVERED SERVICES

LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES¹



General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services



Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



Elder Law

- Estate advice
- Powers of attorney for members' parents



Criminal Matters²

- Defense of misdemeanor
- Misdemeanor defense of juveniles
Fully covered for first offense involving alcohol or illegal drugs



Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence
1st Offense



Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



Real Estate

- Purchase, sale or refinancing of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment



Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

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.

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**.³

Please visit LegalResources.com for more information or call Member Services at 800.728.5768.

¹ Member 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.

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

³ Since your employer is the participating sponsor, you may not use the Plan in a dispute with your employer.

ID Theft Protection



IDENTITY THEFT PROTECTION





YOU'RE COVERED

Legal Resources' Identity Protection Plans provide you and your family with peace of mind so you can focus on what matters most.



MONITOR

The innovative technology and on-going monitoring keep your personal information and identity secure.



CONTROL

With our protection, you are in control. Know and improve your credit score, protect your personal information online and keep your keystrokes, pin numbers, and credit card information safe.



ALERT

An early warning system provides you with prompt email notifications on your computer, phone, or tablet – allowing you to take action before the damage is done.



RESOLVE

Resolve problems quickly and easily with 24/7 access to our award-winning, white glove resolution experts. We handle every detail in restoring your identity. Plus, our up to \$1 million of identity theft insurance gives you an additional layer of protection.

Please contact our Member Services Department with any questions.



info@legalresources.com



LegalResources.com



800.728.5768



[Legal Resources](https://www.facebook.com/LegalResources)



[legalresources](https://www.linkedin.com/company/legalresources)



[legal_resources](https://twitter.com/legal_resources)

Additional Benefits for Eligible Employees

| | |
|--|---|
| Employee Assistance Program <i>Web ID: Suffolk</i> | The City of Suffolk has invested in your well-being by offering an Employee Assistance Program (EAP) through ComPsych. This free and confidential benefit is for you and your dependent family members, regardless of your participation in the medical plans offered. 24/7 support, resources, and information available by calling 866-483-1495 , online at guidanceresources.com , and on the Guidance Resources Now app. |
| ICMA-RC 457 & IRA Plans | Deferred compensation program that allows you to invest today for your retirement. Federal, and in most cases state, income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket. Contributions are made through payroll deductions, so your taxes are reduced each pay period. |
| Sick Leave Bank Policy | <p>Only available to Full-Time Employees, who have been employed for at least one year and are VRS Plan 1 or Plan 2 members, must not be a hybrid employee (hired 1/1/14 and forward) and have 80 hours of sick leave on record to participate. All members must contribute 8 hours to join and donate an additional 8 hours January 1st of each year (Fire Suppression and Rescue Employees must make a contribution of 16 hours).</p> <p>Employees must complete a Request Form for Sick Leave Bank withdrawal to apply, must receive approval to withdraw leave and can only withdraw a maximum of 480 hours in a 12-month period. A member is eligible for withdrawals after 30 days of leave and all other leave types have been exhausted. You do not have to repay leave.</p> |

USI's Benefit Resource Center (BRC)

City of Suffolk is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-6699 or via e-mail at BRCEast@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.



Contact Information

| | | |
|--|---|---|
| City of Suffolk | Human Resources Department | 757-514-4110 |
| Health Insurance | Optima Group Number(s): POS 750/25/20% - 72847 POS 1500/25/20% - 72848 Equity POS HSA 1500/20% - 72849 Equity POS HSA 3000/20% - 72850 | Website: www.optima.com Phone Number: 757-552-7110 or 800-229-1199 |
| Health Savings Account | Health Equity | Website: www.healthequity.com Phone Number: 866-346-5800 |
| Dental | Delta Dental Group Number: 00000000130 | Website: www.deltadentalva.com Phone Number: 1-800-237-6060 |
| Vision | MetLife Group Number: 228650 | Website: www.metlife.com Phone Number: 855-638-3931 |
| Flexible Spending Account | Health Equity | Website: www.healthequity.com Phone Number: 866-346-5800 |
| Legal/Identity Theft Services | Legal Resources | Website: www.legalresources.com Phone Number: 757-498-1220 |
| Employee Assistance Program | ComPsych | Phone Number: 866-483-1495 Website: guidanceresources.com (ID: Suffolk) |
| Life Insurance | Securian Life Insurance | Website: www.varetire.org Phone Number: 1-800-441-2258 |
| Long Term Disability | The Standard | Website: www.standard.com LTD Claim Form: http://www.standard.com/eforms/3379rco.pdf To file LTD claim online: https://www.standard.com/individual/file-claim To file LTD claim by phone: 800-426-4332 |
| Virginia Retirement System | Virginia Retirement System | Website: www.varetire.org Phone Number: 1-888-827-3847 |
| ICMA-RC 457 & IRA Plans | ICMA | Website: www.icmarc.org Phone Number: 1-866-266-7313 |
| Accidental & Critical Illness | The Standard | Website: www.standard.com To File a Claim: 1-800-426-4332 |
| Short-Term Disability (VRS Plan 1 & 2 Members) | The Standard | Website: www.standard.com To File a Claim: 1-866-851-5505 |

This brochure summarizes the benefit plans that are available to City of Suffolk eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.