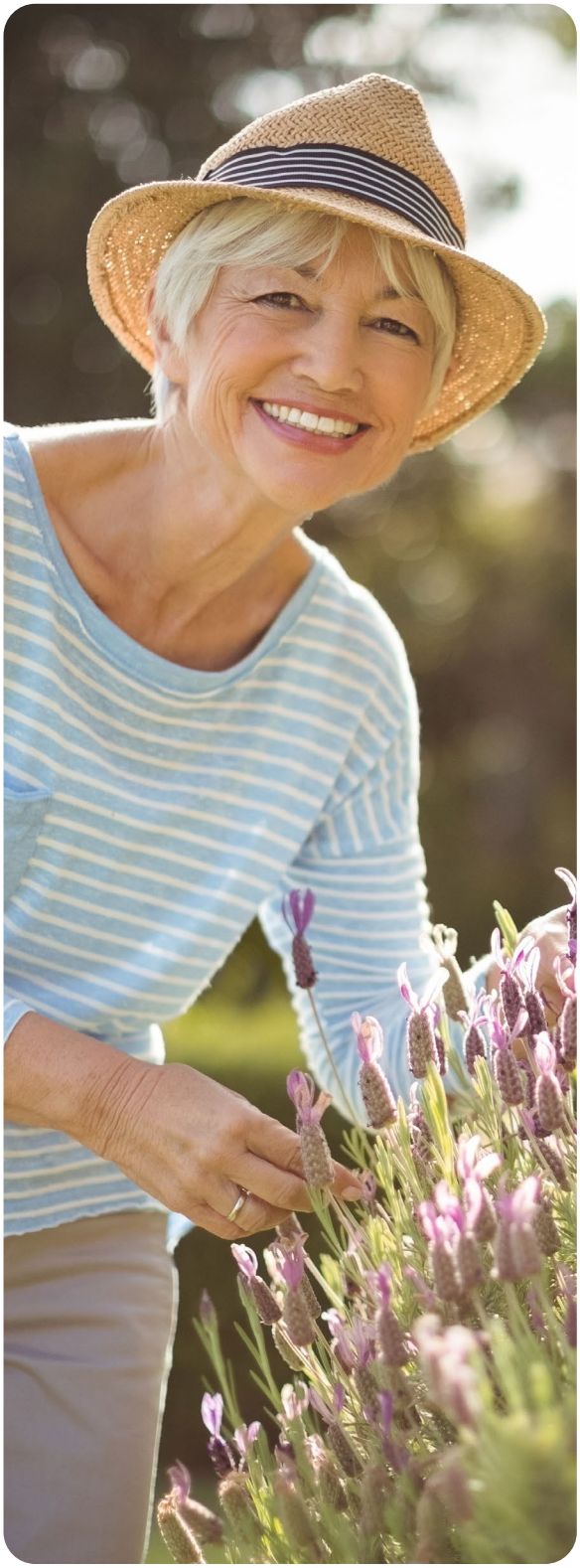
FY 2026

Early Retirement

BENEFIT GUIDE

(FOR PARTICIPANTS UNDER AGE 65)

Table of Contents



Letter From The Office of The City Manager

The 2026 Benefits Open Enrollment period will run from Monday, May 5 to Friday, May 23, 2025. Any changes you make to your benefit elections during this period will take effect July 1, 2025.

Open Enrollment is your opportunity to review your current benefit elections to make sure they continue to meet the needs of you and your family.

Please review this FY2026 enrollment guide. Your existing benefit elections will continue. **If you have NO changes, there is no action needed!**

To make changes return your forms post marked by May 23, 2025. As always, the Benefits Team within the Department of Human Resources is here to assist you.

Take advantage of the open enrollment period from **May 5 to May 23, 2025** to review your elections and learn about the many benefits the City has to offer.

James Parajon
City Manager

Alyssa Williamson
Chief Human Resources Officer

Enrolling in Your Benefits

The Open Enrollment period is from May 5 through May 23. During this period, retirees may make the following types of changes:

- Enroll in or cancel participation in any benefit plan.
- Change medical plan providers (Kaiser or UnitedHealthcare).
- Enroll in dental and/or vision coverage.
- Change family members to be covered and the coverage level (dependents are eligible until age 26). Note: New dependent enrollments during this period require documentation of eligibility.

Retirees in the City of Alexandria Medical Insurance Reimbursement Plan

Complete the enclosed Medical Insurance Reimbursement Plan form to satisfy the Annual Documentation Requirements for continued participation in the plan (may be submitted later if your plan year starts after July and you have not yet received the information).

IMPORTANT REMINDERS

- If you participate in a Kaiser or UnitedHealthcare plan and do not want to make any changes, you do not need to do anything. You do not need to return any information.
- If you have already submitted your premium changes, you do not need to resubmit them.

Making Changes to Your Coverage

If you are considering making a change to your coverage and would like additional information about any of the plans, consider the following opportunities:

- Attend one of the Benefits Open House Sessions.
- Contact one of the members of the Benefits Team identified below.

If you decide to make a change, you must complete the Early Retiree Plan Change Form included in this package and return it via mail (preferable) to the address below (or drop it off at the Human Resources Department) so that it is postmarked by May 23.

Department of Human Resources
Attn: Benefits
301 King Street, Suite 2500
Alexandria, Virginia 22314
DHR.Benefits@alexandriava.gov

For assistance in making changes, contact a member of the Benefits Team:

CONTACT	POSITION	PHONE	EMAIL
Jina Edwards	Benefits Manager	703-746-3789	jina.edwards@alexandriava.gov
Qiana Ray	Senior Benefits Analyst	703-746-3753	qiana.ray@alexandriava.gov

Benefits Open House Sessions

Fiscal Year 2026's Benefits Open Enrollment will run from May 5, 2025 (Monday) through May 23, 2025 (Friday).

DATE	TIME	LOCATION
May 6 (Tuesday)	10:00 a.m. to 1:00 p.m.	**City Hall** *301 King Street, Suite 2500*
May 7 (Wednesday)	10:00 a.m. to 1:00 p.m.	**DCHS** *4850 Mark Center Drive*
May 8 (Thursday)	1:00 p.m. to 3:00 p.m.	**Sheriff's Office** *12003 Mill Road*
May 14 (Wednesday)	7:00 a.m. to 9:00 a.m.	**TES** *2900 Business Center Drive*
May 15 (Thursday) **Health Fair**	**10:00 a.m. to 2:00 p.m.**	**First Baptist Church of Alexandria** *2932 King St.*
May 20 (Tuesday)	1:00 p.m. to 3:00 p.m.	**Police** *3600 Wheeler Ave.*
May 21 (Wednesday)	10:00 a.m. to 1:00 p.m.	**Fire** *5255 Eisenhower Ave.*

Medical and Pharmacy Plan Overview

The City offers a choice of five medical plans with coverage for prescription drugs. You can choose from three plans administered by UnitedHealthcare and two plans from Kaiser Permanente. To select the plan that best suits your family, consider the key differences between the plans, the cost of coverage and how the plan covers services throughout the year.

HOW YOUR PLAN WORKS

Your deductible

- You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible. If you are enrolled in a CDHP, you can pay for these expenses from your Health Savings Account (HSA).

Your coverage

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

Your out-of-pocket maximum

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

MAKING THE MOST OF YOUR PLAN

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- In-network providers and pharmacies: You will always pay less if you see a provider within the medical and pharmacy network.
- Preventive care: In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.

UNDERSTANDING YOUR PHARMACY COVERAGE

- **Prescription categories**: Medications are categorized by cost, safety and effectiveness. These tiers also affect your coverage.
  - **Generic** – A drug that's equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
  - **Preferred brand** – A drug with a patent and trademark name that is considered "preferred" because it's safe and effective and usually less expensive than other brand-name options.
  - **Non-Preferred brand** – A drug with a patent and trademark name that is "not preferred" because it's usually more expensive than other generic and brand preferred options.
- **Mail order pharmacy**: If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply. Use telehealth services when appropriate.
- **Members enrolled in UnitedHealthcare plans:** If you have a **Specialty Medication** that requires a prior authorization you may be eligible to enroll in SaveON SP to cut costs. Accredo is our specialty medication pharmacy, your practitioner may reach out to Accredo to authorize specialty medications. FAQ's for SaveON SP and Accredo may be found be visiting this link: alexnet.alexandriava.gov/uploadedFiles/wwwroot-alexnet/content/HR/SaveOn%20SP%20FAQ%20v6%20-.pdf

Consumer Driven Health Plan (CDHP)

Reminder to Consider the CDHP

The City offers a CDHP to employees and retirees because of the significant opportunity to save on premiums and taxes. The UnitedHealthcare CDHP and the Kaiser CDHP can help you take control of both your money and your health. It combines medical coverage with a Health Savings Account that you can use to save money to pay your health care expenses with tax-free dollars.

IMPORTANT NOTE

If you have Medicare coverage at all, you CANNOT contribute to a Health Savings Account.

Advantages of This Plan

- Pay lower premiums.
- Triple tax savings: The money you contribute, growth, and withdrawal when you use the money for eligible health care expenses are all tax-free.
- You can spend the money as expenses occur or you can save it for the future.

NOTE: There is no City contribution to the HSA for retirees.

Important Ways This Plan is Different

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

Medical and Pharmacy Coverage

UNITEDHEALTHCARE (UHC) MEDICAL PLANS

Medical Plan Provisions	CDHP		CHOICE AND CHOICE PLUS	CHOICE PLUS
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible *(Individual/Family)*	$1,650/$3,300		$400/$800**	$800/$1,600**
Plan Year Out-of-Pocket Maximum *(Individual/Family)*	$6,450/$12,900	$12,900/$25,800	$3,175/$6,350	$3,175/$9,525
Preventive Care	Covered at 100%	70%*	Covered at 100%	80%*
Primary Care Office Visits for Illness/Injury	90%*	70%*	$15 Copay*	80%*
Specialist Visits/Urgent Care Center	90%*	70%*	$25 Copay*	80%*
Inpatient Hospitalization	90%*	70%*	$500 Copay* (per admission)	80%*; $500 Copay (per admission)
Emergency Room *(waived if admitted)*	90%*	70%*	$150 Copay*	$150 Copay
X-ray, Lab, and Diagnostics	90%*	70%*	100%*	80%*
CT, PET, MRI, MRA, and Nuclear Medicine	90%*	70%*	$100 Copay%	80%*
Outpatient Mental Health and Substance Abuse Services	90%*	70%*	$15 Copay*	$15 Copay after in-network deductible*
Transgender Benefits	Subject to applicable coinsurance		Subject to standard copays	Subject to applicable coinsurance
Pregnancy Services	90%*	70%*	100%*	80%*
Prenatal Visits	No charge	70%*	No charge	80%*
PHARMACY PROVISIONS *(Provided by RxBenefits/Express Scripts)*				
Annual Deductible *(Individual/Family)*	Combined with Medical		None	None
Out-of-Pocket Maximum *(Individual/Family)*	Combined with Medical		$1,000/$3,000	$1,000/$3,000
RETAIL PHARMACY *(up to a 30-day supply)*				
Generic	90%*	Not applicable	$15 Copay	Not applicable
Preferred Brand	80%*	Not applicable	$30 Copay	Not applicable
Non-Preferred Brand	70%*	Not applicable	$50 Copay	Not applicable
MAIL ORDER PHARMACY *(up to a 30-day supply)*				
Generic	90%*	Not applicable	$37.50 Copay	Not applicable
Preferred Brand	80%*	Not applicable	$75 Copay	Not applicable
Non-Preferred Brand	70%*	Not applicable	$125 Copay	Not applicable
90-day Retail	Same as Mail Order	Not applicable	Same as Mail Order	Not applicable

*After Deductible

**Deductible applies to all services except for Emergency room.

Medical and Pharmacy Coverage (Continued)

KAISER PERMANENTE MEDICAL PLANS

Medical Plan Provisions	CDHP In-Network	DHMO In-Network	HMO In-Network
Annual Deductible *(Individual/Family)*	$1,650/$3,300**	$400/$800**	None
Out-of-Pocket Maximum *(Individual/Family)*	$3,500/$7,000	$2,200/$6,400	$3,500/$9,400
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Office Visits for Illness/Injury	90%*	$15 Copay	$15 Copay
Specialist Visits/Urgent Care Center	90%*	$25 Copay	$25 Copay
Inpatient Hospitalization	90%*	$500 Copay* (per admission)	$500 Copay (per admission)
Emergency Room *(waived if admitted)*	90%*	$150 copay	$150 copay
X-ray, Lab, and Diagnostics	90%*	Covered at 100%	Covered at 100%
CT, PET, MRI, MRA, and Nuclear Medicine	90%*	$75 Copay*	$75 Copay
Outpatient Mental Health and Substance Abuse Services *(Individual/Family)*	90%*/90%*	$15 Copay/$7 Copay	$15 Copay/$7 Copay
Transgender Benefits	Subject to applicable coinsurance	Subject to standard Copay	Subject to standard copays
Pregnancy Services	No charge	No charge	No charge
Prenatal Visits	No charge, deductible does not apply	No charge, deductible does not apply	No charge
PHARMACY PROVISIONS *(Provided by Kaiser Permanente)*			
Annual Deductible	Combined with Medical	None	None
Out-of-Pocket Maximum *(Individual/Family)*	Combined with Medical	Combined with Medical	Combined with Medical
RETAIL PHARMACY *(up to a 30-day supply)*			
Generic *(Medical Center/Pharmacy)*	$20 Copay/$30 Copay	$15 Copay/$25 Copay	$15 Copay/$25 Copay
Preferred Brand *(Medical Center/Pharmacy)*	$30 Copay/$50 Copay	$30 Copay/$40 Copay	$30 Copay/$40 Copay
Non-Preferred Brand *(Medical Center/Pharmacy)*	$45 Copay/$65 Copay	$50 Copay/$55 Copay	$50 Copay/$55 Copay
MAIL ORDER PHARMACY *(up to a 90-day supply)*			
Generic/Preferred Brand/Non-Preferred Brand	2.5x Retail Copay amount	2.5x Retail copay amount	2.5x Retail Copay amount
90-day Retail	Not applicable	Not applicable	Not applicable

**After Deductible*

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

Medical and Pharmacy Coverage (Continued)

KAISER PERMANENTE MEDICAL PLAN DHMO DEDUCTIBLES

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

DEDUCTIBLE APPLIES		NO DEDUCTIBLE	
▪ Inpatient Care	▪ Hospice Services	▪ Preventive Care (no copay)	▪ X-rays, Labs, and Diagnostics (no copay)
▪ Skilled Nursing Facilities	▪ Durable Medical Equipment	▪ Primary Care Visit	▪ Pregnancy Services
▪ Specialty Imaging (MRIs, CT, etc.)	▪ Orthotics	▪ Specialist Visit	▪ Prescription Drugs
▪ Home Health Care		▪ Urgent Care	
		▪ Emergency Room	

Monthly Medical Premiums

	UNITEDHEALTHCARE MEDICAL PLANS		
	Retiree*	City Subsidy**	Total Premium
CDHP			
Retiree Only	$633.42	$260.00	$893.42
Retiree + Spouse	$1,556.19	$260.00	$1,816.19
Retiree + Child(ren)	$1,258.85	$260.00	$1,518.85
Family	$2,157.67	$260.00	$2,417.67
CHOICE			
Retiree Only	$738.29	$260.00	$998.29
Retiree + Spouse	$1,712.16	$260.00	$1,972.16
Retiree + Child(ren)	$1,437.09	$260.00	$1,697.09
Family	$2,738.27	$260.00	$2,998.27
CHOICE PLUS			
Retiree Only	$932.35	$260.00	$1,192.35
Retiree + Spouse	$2,093.55	$260.00	$2,353.55
Retiree + Child(ren)	$1,767.00	$260.00	$2,027.00
Family	$3,317.08	$260.00	$3,577.08

**For retirees who are eligible for the $260 monthly City contribution, your monthly cost is the amount in the Retiree Column for your Coverage Level and Plan in the table above.*

***If you have under 25 years of service with the City and were hired after July 1, 2008, please see the Retiree Insurance Program Handbook for information about your City Subsidy (available from Human Resources).*

Monthly Medical Premiums (Continued)

	KAISER PERMANENTE MEDICAL PLANS		
	Retiree*	City Subsidy**	Total Premium
CDHP			
Retiree Only	$444.42	$260.00	$704.42
Retiree + Spouse	$1,106.57	$260.00	$1,366.57
Retiree + Child(ren)	$937.51	$260.00	$1,197.51
Family	$1,853.26	$260.00	$2,113.26
DHMO			
Retiree Only	$599.46	$260.00	$859.46
Retiree + Spouse	$1,407.35	$260.00	$1,667.35
Retiree + Child(ren)	$1,201.08	$260.00	$1,461.08
Family	$2,318.37	$260.00	$2,578.37
HMO			
Retiree Only	$714.41	$260.00	$974.41
Retiree + Spouse	$1,630.35	$260.00	$1,890.35
Retiree + Child(ren)	$1,396.49	$260.00	$1,656.49
Family	$2,663.22	$260.00	$2,923.22

**For retirees who are eligible for the $260 monthly City contribution, your monthly cost is the amount in the Retiree Column for your Coverage Level and Plan in the table above.*

***If you have under 25 years of service with the City and were hired after July 1, 2008, please see the Retiree Insurance Program Handbook for information about your City Subsidy (available from Human Resources).*

Health Savings Account

A Health Savings Account (HSA) is a tax-free savings account linked to the UnitedHealthcare and Kaiser CDHP, allowing you to pay for current and future medical expenses for you and your dependents.

Eligibility details

- You must be enrolled in the UnitedHealthcare CDHP or Kaiser CDHP medical plan.
- You cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.

START IT

- Contributions to an HSA are tax-free for you. (Note: There is no City contribution to the HSA for retirees.)
- You can open an HSA account with Optum Bank. Visit Optumbank.com and make contributions directly to your account.
- The CDHP costs less than other plans so the money you save on premiums can be put into your HSA. This helps you save money on taxes and gives you more flexibility and control over your health care dollars.

BUILD IT

- All of the money in your HSA is yours even if you leave your job, change plans or retire.
- In Calendar Year 2025, the total of your contributions can be up to $4,300 for individual coverage and $8,550 for family coverage. If you are age 55 or older, you can contribute an additional $1,000 per year.

USE IT

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

GROW IT

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

Aetna's Dental Plans

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

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

DMO PLAN

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

The DMO Plan also offers the following advantages:

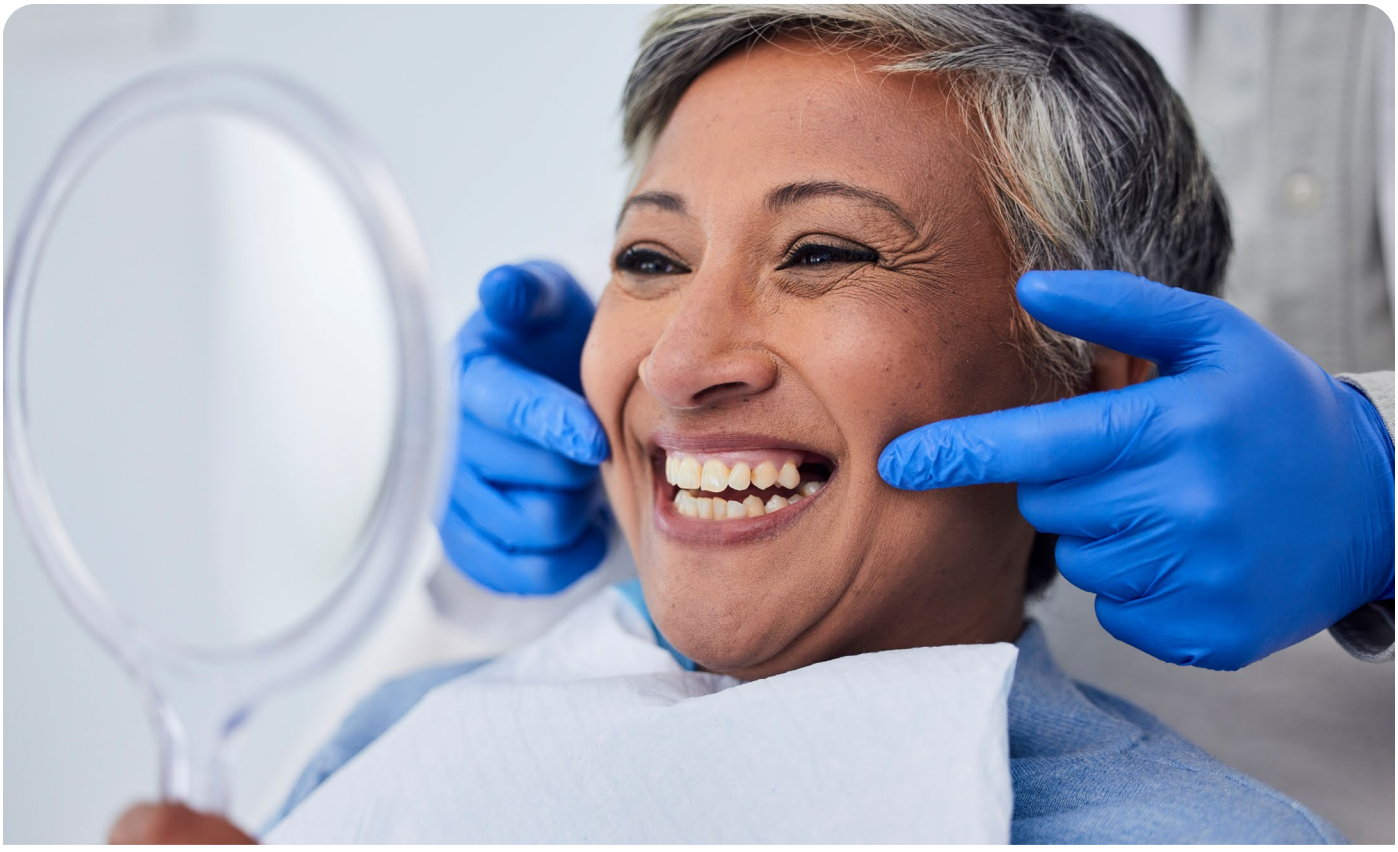
- No deductible
- No plan maximum each year
- Lower premium costs
- Coverage for orthodontia

PPO PLAN

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

FIND A DENTAL PROVIDER

Log onto aetna.com or call 877-238-6200, Monday through Friday, from 8 a.m. to 6 p.m., and an Aetna Dental customer service representative can help you find a dentist.



Aetna's Dental Plan Provisions

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

**After deductible*

***Diagnostic and preventive benefits are available two times per year.*

MONTHLY DENTAL PREMIUMS

Coverage Level	DMO	PPO
Retiree	$16.00	$38.42
Retiree + Spouse	$27.53	$79.48
Retiree +Child(ren)	$23.20	$66.95
Family	$36.23	$104.54

Aetna's Vision Plan

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

FIND A VISION PROVIDER

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

- LensCrafters
- Pearle Vision
- Target Optical
- CVS Optical

FIND AN EYE DOCTOR OR VISION CARE RETAILER NEAR YOU

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

You can also use Online Vision Partners:

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

More Information

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

Aetna's Vision Plan Provisions

Vision Plan Provisions	PPO	
	Aetna Vision Network	Out-of-Network
Eye Exams	You pay $0	Plan reimburses $30
Lenses *Single vision* *Bifocali* *Trifocal*	You pay $15 for all standard lenses (with standard scratch coating included)	Plan reimburses $25 Plan reimburses $40 Plan reimburses $55
Eyeglass Frames*	$150 allowance, then 20% discount	Plan reimburses $75
Contact Lenses	You pay $40 for standard fitting; $150 allowance, then 15% discount over allowance	Plan reimburses $120
Discounts *Additional pairs of glasses* *Non-covered Items* *(e.g., cleaning cloths and contact lens solution)* *U.S. Laser Network* *Retinal imaging*	Up to 40% discount 20% discount Vision correction discount Up to $39	No discount
Frequency *Eye exams* *Lenses* *Eyeglass frames* *Contact lenses*	Once every 12 months One pair of glasses once every 12 months One pair of glasses once every 12 months One order of contacts once every 12 months	

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

*You can receive 1 pair of eyeglasses **OR** 1 order of contact lenses every 12 months.*

MONTHLY VISION PREMIUMS

Coverage Level	PPO
Retiree	$8.54
Retiree + Spouse	$20.43
Retiree +Child(ren)	$14.47
Family	$23.83

Additional Benefits

Second Opinion Medical Consultations

(Provided by Top Medical Specialists)

To help you and your covered family members make more informed decisions about treatment and care, the Second Opinion service offers access to convenient video and phone consultations with leading medical experts in their respective fields of medicine from top facilities nationwide. Through 2nd.MD, the Second Opinion service offers personalized consultations at no additional charge.

PROGRAM FEATURES

- Get access to timely and flexible consultations.
- You and your covered family members can request a consultation online 24/7 or by phone between 7 a.m. and 7 p.m. central time. (Nurses are available 24 hours a day for critical care cases.)
- Consultations are provided within 3 to 5 calendar days.
- Follow-up needs are coordinated.

For More Information

To get started, call 866-269-3534 or visit www.2nd.MD/alexandriavagov.

Additional Benefits *(Continued)*

Working Advantage Discount Program

Working Advantage is your exclusive savings marketplace on all things travel, entertainment, shopping, wellness & more! We're here to support your personal and financial well-being.

Find out more by visiting: auth.savings.workingadvantage.com.

Student Loan Management Platform

The City of Alexandria offers Summer to enhance financial well-being by helping employees and their families save on student loans.

Sign up at app.meetsummer.org/onboard/cityofalexandria
using Access Code COA for a free account.
For questions, email partnersupport@meetsummer.org.

FREQUENTLY ASKED QUESTIONS

Information for Retirees Who Will Become 65 During This Plan Year

WHAT IF I WILL BE MEDICARE-ELIGIBLE THIS YEAR?

All Medicare-eligible City retirees and their spouses (those 65 and older) are no longer permitted to remain in a City "Employee Plan"and MUST enroll in one of the following:

- Kaiser Medicare Advantage Plan
- UnitedHealthcare Medicare Advantage (PPO)
- City of Alexandria Insurance Reimbursement Plan. (If you choose coverage under any other health plan, eligible expenses will be reimbursed by the City for up to $260 per month.) If you were hired after July 1, 2008, the subsidy will be prorated.

Also, Aetna Dental and Vision coverage ends but can be continued under COBRA for 18 months. Aetna offers Vital Savings (a discount program for dental care, vision, hearing aids, gym memberships, and more) to Medicare-eligible retirees and their spouses.

If you are not planning on retiring, you do not need to apply for Medicare Part B.

WHY AM I RECEIVING A W-2 FOR SUPPLEMENTAL LIFE INSURANCE?

IRS rules on paying taxes over $50,000: Group-term life insurance over $50,000 is provided to an employee after their termination, and the employee share of social security and Medicare taxes on that period of coverage is paid by the former employee with their tax return and isn't collected by the employer.

WHAT DO I HAVE TO DO?

Three months before your 65th birthday, apply for Medicare Parts A and B.

- When you receive your Medicare A&B card, contact the Benefits Office, and they will provide you with the appropriate enrollment form.
- You will then need to complete the enrollment form and return it to the Benefits Office, along with a copy of your Medicare A&B card.
- The Benefits Office will submit your enrollment package to the appropriate provider, who will enroll you in their Plan.

WHAT IF MY SPOUSE IS NOT MEDICARE-ELIGIBLE? ARE THEY ELIGIBLE TO REMAIN ON THE "EMPLOYEE PLAN?"

Yes. The under 65-year-old spouse of a retiree currently insured in a City-sponsored plan may continue to receive coverage on the City-sponsored "Employee Plan" until he/she is Medicare-eligible.

WHAT IF MY SPOUSE IS MEDICARE-ELIGIBLE AND I AM NOT?

You would continue in the "Employee Plan," and your spouse can enroll in the City's Medicare Advantage program.

The City pays for (or reimburses) up to $260 for either you or your spouse (the older of the two of you), but not both. If you and/or your spouse enroll in Kaiser or UnitedHealthcare Medicare plans, the City pays the monthly premium directly to the carrier for the oldest, eligible enrollee only. For example, if you elect the UnitedHealthcare Medicare Advantage Plan, the City will debit your account for $154.66 per month to cover the difference between the $414.66 premium and the $260 maximum City reimbursement.

All premiums for the younger individual (whether Kaiser, UnitedHealthcare, or another plan of your choice) are the responsibility of the retiree and must be paid to the City via electronic funds transfer. If both you and your spouse elect a plan other than the City-sponsored plans, your total costs of up to $260 will be reimbursed monthly.

Benefit Terms Overview

Calendar Year Deductible and Out-of-Pocket Maximums – Plan deductibles and out-of-pocket maximums reset January 1 (applies to Kaiser Permanente plans)

Coinsurance – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.

Consumer Directed Health Plan (CDHP) – A typeof health plan that gives you more control of your health care expenses. A CDHP most often pairs with a Health Savings Account (HSA) or some other tax-advantaged account.

Copay – A fixed amount (for example $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.

Deductible – The amount you have to pay for covered services each year before your health plan begins to pay.

Fiscal year maximum – The maximum benefit amount paid each fiscal year for each family member enrolled in the dental plan.

Generic drugs – A drug that's equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.

Health Savings Account (HSA) – An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor's office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your dependents, even if they are not covered by the HDHP.

In-network – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.

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

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

Non-preferred brand drugs – A drug with a patent and trademark name that is "not preferred" because it's usually more expensive than other generic and brand preferred options.

Out-of-network – Providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.

Out-of-pocket maximum – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.

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

PBM – Pharmacy Benefit Manager

Plan Year Deductible and Out-of-Pocket Maximum – Deductibles and Out-of-Pocket maximums reset every 7/1.

Preferred brand drugs – A drug with a patent and trademark name that is considered "preferred" because it's safe and effective and usually less expensive than other brand-name options.

Primary Care Provider (PCP) – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.

Reasonable & Customary Charges (R&C) – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.

Specialist – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).

Contact Information

Coverage	CARRIER	PHONE	WEBSITE/EMAIL
Medical	UnitedHealthcare *(Group #: 714332)*	866-844-4864	myuhc.com
Pharmacy	RxBenefits/Express Scripts	800-734-4196	RxBenefits.com CustomerCare@RxBenefits.com
Medical and Pharmacy	Kaiser Permanente *(Group #: 4073)*	855-249-5018	kp.org
Medical Consultations	2nd.MD	866-269-3534	2nd.md
Health Savings Account	Optum Bank	866-234-8913	optumbank.com/support/customer-support/contact-us.html
Dental	Aetna *(Group #: 737479)*	877-238-6200	aetna.com
Vision	Aetna *(Group #737479)*	877-973-3238	aetnavision.com
Enrollment	Benefits Team	703-746-3753 / 703-746-3789	qiana.ray@alexandriava.gov jina.edwards@alexandriava.gov
Human Resources	Benefits Team	703-746-3777	alexandriava.gov/HR DHR.Benefits@alexandriava.gov

Notes

Notes

CITY OF Alexandria VIRGINIA

Gallagher

Insurance | Risk Management | Consulting

06538_CityAlex_BG_Active_MM