

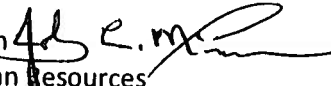


CITY OF RICHMOND

INTRACITY CORRESPONDENCE

DATE: May 15, 2015

TO: All Eligible City Employees and Retirees

FROM: Johnny L. McLean 
Director of Human Resources

SUBJECT: Annual Health and Dental Insurance Open Enrollment – May 16, 2015 through June 14, 2015

The health insurance plan offered by the City will remain with CIGNA. Delta Dental will continue to provide the voluntary dental plan. Please refer to the information below for benefits and employee/retiree premiums.

Information for Retirees

Eligible retirees who wish to enroll, change their plan, or change their dependent coverage are required to complete the appropriate enrollment forms. The enrollment forms must be completed and turned into the Richmond Retirement System BEFORE 5:00 p.m. on Friday, June 12, 2015. The address for the Richmond Retirement System is 730 E. Broad, Suite 900, Richmond, VA 23219.

No action is required by retirees who wish to keep their current plans. Premium rates for the new plan year are listed on page 4 and 5, and premium rates will only increase for retirees who are not eligible for a subsidy from the City of Richmond.

Information for Employees

Eligible employees who wish to enroll, change their plan, or change their dependent coverage are **required to make the change through the RAPIDS employee self-service "My Benefits" module**. Eligible employees are defined as

- Permanent full time, or
- Permanent part time employees working 20 or more hours per week
- Any employee averaging 20 hours per week, except seasonal employees, *are eligible for medical coverage only.*

Healthcare Premium Incentive

Active employees who participated in the Biometric Screenings and Health Assessments will have lower premiums (healthcare premium incentive) than those who chose not to participate.

Medical Plan Design

The City will continue to offer Plan A, Premier OAP 20/40 and Plan B OAP 25/50. Plans meet all requirements of the Affordable Care Act. The City is pleased to announce all benefits will remain the same this year, with the exception of the prescription drug mandatory mail order feature. You will no longer be required to receive prescription drugs via mail order after the third (3rd) retail fill. You are encouraged to continue to receive your maintenance medications via mail order as this will save you money and time. ***Please be sure to attend an open enrollment meeting to learn more about your benefit options.***

ENROLLING FOR BENEFITS

1. **Active employees** will complete their enrollment online through the RAPIDS employee self-service "My Benefits" site. The online enrollment can be accessed through the City's intranet StarNet page by going to the following link <http://starnet/index.php?q=EmployeeSelfService>

The department HR Liaisons and Timekeepers are available to assist employees in accessing the "My Benefits" site. In addition, staff from the Department of Human Resources are available to assist employees with the enrollment process at the open enrollment meetings. Assistance is also available by calling the HR Solutions Center at 646-5660.

Prepare in advance!! Employees must have their **RAPIDS user ID** and **password** to access the website. Employees may call the DIT Helpdesk at 646-6367 or email helpdesk@richmondgov.com for assistance.

2. **Retirees** who wish to make changes to their benefit plan elections must complete appropriate enrollment forms. Completed forms must be submitted to the Richmond Retirement System at 730 East Broad Street, Suite 900, Richmond, VA 23219.
3. **Employees and retirees** who are satisfied with their current benefit elections need not to take any action during the open enrollment period. The healthcare coverage will be implemented at the premium rates as noted below effective August 1, 2015. It is recommended that you review your current healthcare and dental elections.

ACTIVE EMPLOYEE HEALTHCARE INSURANCE PREMIUM RATES

Employee Plans & Rates Effective - August 1, 2015

2015 Benefit Options Health Assessment COMPLETED	Total Monthly	City Monthly	Employee Monthly	Employee Bi- Weekly
PLAN A-PREMIER PLAN- Open Access Plus 20/40				
EE Only	\$702.98	\$618.62	\$84.36	\$42.18
EE + Spouse	\$1,632.53	\$1,133.75	\$498.78	\$249.39
EE+ 1 Child	\$1,195.07	\$829.95	\$365.12	\$182.56
EE+ Family	\$1,902.61	\$1,201.39	\$701.22	\$350.61
Plan B-CLASSIC PLAN- Open Access Plus 25/50				
EE Only	\$663.44	\$600.94	\$62.50	\$31.25
EE + Spouse	\$1,540.70	\$1,092.20	\$448.50	\$224.25
EE+ 1 Child	\$1,127.84	\$799.52	\$328.32	\$164.16
EE+ Family	\$1,795.58	\$1,170.54	\$625.04	\$312.52
2015 Benefit Options Health Assessment NOT TAKEN – 10% Increase	Total Monthly	City Monthly	Employee Monthly	Employee Bi- Weekly
PLAN A-PREMIER PLAN- Open Access Plus 20/40				
EE Only	\$702.98	\$610.18	\$92.80	\$46.40
EE + Spouse	\$1,632.53	\$1,083.87	\$548.66	\$274.33
EE+ 1 Child	\$1,195.07	\$793.43	\$401.64	\$200.82
EE+ Family	\$1,902.61	\$1,132.27	\$771.34	\$385.67
Plan B-CLASSIC PLAN- Open Access Plus 25/50				
EE Only	\$663.44	\$594.68	\$68.76	\$34.38
EE + Spouse	\$1,540.70	\$1,047.34	\$493.36	\$246.68
EE+ 1 Child	\$1,127.84	\$766.68	\$361.16	\$180.58
EE+ Family	\$1,795.58	\$1,108.02	\$687.56	\$343.78

Below is the schedule of the information meetings that will be conducted. All Employees and retirees are welcome to attend any meeting except the meetings highlighted below that are limited to specific departments

Date	Time	Location
Monday May 18	1-3 p.m.	Pine Camp Cultural Arts and Community Center; 4901 Old Brook Rd. Multipurpose Room C
Tuesday May 19	9-11 a.m.	City Hall; 900 East Broad Street – City Council Chambers, 2 nd floor
Tuesday May 19	1-3 p.m.	DSS - Southside Community Services Center; 4100 Hull Street – Conference Room A
Wednesday May 20	1-3 p.m.	DSS – Marshall Plaza; 900 East Marshall Street, 3 rd floor, Training Room B
Thursday May 21	2-4 p.m.	Richmond Justice Center; 1701 Fairfield Way, Room 2304-3 (RICHMOND SHERIFF'S OFFICE EMPLOYEES ONLY)
Friday May 22	2:30-4:30 p.m.	John Marshall Courts Building; 400 North 9 th Street, Lower Level Auditorium
Tuesday May 26	8:30-10:30 a.m.	Fire Headquarters; 201 East Franklin Street, 1 st floor Auditorium
Wednesday May 27	8-10 a.m.	DPU Operations Center; 400 Jefferson Davis Highway, Lower Level Atrium
Wednesday May 27	1-3 p.m.	City Hall; 900 East Broad Street – City Council Chambers, 2 nd floor
Thursday May 28	7-9 a.m.	DEC; 3516 North Hopkins Road – Conference Room
Thursday May 28	1-3 p.m.	Fire Headquarters; 201 East Franklin Street, 1 st floor Auditorium
Friday May 29	7-9 a.m.	DEC; 3516 North Hopkins Road – Conference Room
Friday May 29	8-10 a.m.	DSS - Southside Community Service Center; 4100 Hull Street, Conference Rooms B-C
Tuesday June 2	8-10 a.m.	DPW; 3506 North Hopkins Road, Assembly Room
Tuesday June 2	2-4 p.m.	Police Headquarters – 200 West Grace Street, Room 236 (RICHMOND POLICE EMPLOYEES ONLY)
Wednesday June 3	8-10 a.m.	DPW Parker Field; 2720 Hermitage Road, Assembly Room
Thursday June 4	8-10 a.m.	DPU; 3920 Douglasdale Road
Thursday June 4	2-4 p.m.	Richmond Police Academy; 1202 West Graham Road, Room 103
Monday June 8	12 – 4:00pm	Juvenile Detention Center;
Tuesday June 9	2-4 p.m.	DPU Operations Center; 400 Jefferson Davis Highway, Lower Level Atrium
Wednesday June 10	3-5 p.m.	Richmond Justice Center; 1701 Fairfield Way, Room 2304-3 (RICHMOND SHERIFF'S OFFICE EMPLOYEES ONLY)

Deadline for 2015 Open Enrollment Changes is 11:59 p.m. on Sunday, June 14.

RETIREE HEALTHCARE INSURANCE PREMIUM RATES
Retiree Plans & Monthly Rates – Effective August 1, 2015

- Retirees who are eligible for a subsidy from the City of Richmond will pay the same this year as they did last year; while total costs are higher, the City of Richmond is absorbing the cost increases.
- Retirees who are not eligible for a subsidy from the City of Richmond will pay more this year; however, retirees can choose to change or cancel coverage during open enrollment to reduce costs.
- There are 3 subsidy levels: *50% of City Contribution* for retirees with 10 to 15 years of service, *75% of City Contribution* for retirees with 15 to 25 years of service, and *100% of City Contribution* for retirees with 25 or more years of service.
- To ensure that all changes have been made, retirees should carefully review their August 28, 2015 payment.
- If you have questions regarding any of this information, you may contact the Department of Human Resources at 646-5660.

SUMMARY

Retiree Plans & Monthly Rates – Effective August 1, 2014

RETIREE PREMIUMS - PLAN A, PREMIER PLAN – OPEN ACCESS PLUS 20/40

	NO SUBSIDY	50% SUBSIDY	75% SUBSIDY	100% SUBSIDY
Retiree Only	\$970.12	\$361.14	\$293.73	\$226.32
Retiree + One	\$1,940.23	\$981.05	\$913.64	\$846.24
Retiree + Family	\$2,625.60	\$1,476.99	\$1,409.58	\$1,342.17
Dependent Spouse	\$594.04	\$594.04	\$594.04	\$594.04

RETIREE PREMIUMS - PLAN B, CLASSIC PLAN – OPEN ACCESS 25/50

	NO SUBSIDY	50% SUBSIDY	75% SUBSIDY	100% SUBSIDY
Retiree Only	\$915.54	\$346.74	\$279.34	\$211.93
Retiree + One	\$1,831.09	\$948.73	\$881.32	\$813.91
Retiree + Family	\$2,477.89	\$1,430.31	\$1,362.90	\$1,295.50
Dependent Spouse	\$560.68	\$560.68	\$560.68	\$560.68

DETAIL

Retiree Plans & Monthly Rates – Effective August 1, 2015

PLAN A-PREMIER PLAN- Open Access Plus 20/40				
0% city contribution	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	0%	\$970.12	\$970.12
	Retiree + One	0%	\$1,940.23	\$1,940.23
	Retiree + Family	0%	\$2,625.60	\$2,625.60

PLAN B- CLASSIC PLAN – Open Access Plus 25/50				
0% city contribution	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	0%	\$915.54	\$915.54
	Retiree + One	0%	\$1,831.09	\$1,831.09
	Retiree + Family	0%	\$2,477.89	\$2,477.89

PLAN A - PREMIER PLAN- Open Access Plus 20/40				
50% of city contribution (10-15 yrs)	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	\$608.98	\$361.14	\$970.12
	Retiree + One	\$959.18	\$981.05	\$1,940.23
	Retiree + Family	\$1,148.61	\$1,476.99	\$2,625.60

PLAN B- CLASSIC PLAN – Open Access Plus 25/50				
50% of city contribution (10-15 yrs)	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	\$568.80	\$346.74	\$915.54
	Retiree + One	\$882.36	\$948.73	\$1,831.09
	Retiree + Family	\$1,047.58	\$1,430.31	\$2,477.89

PLAN A - PREMIER PLAN- Open Access Plus 20/40				
75% of city contribution (15-25 yrs)	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	\$676.39	\$293.73	\$970.12
	Retiree + One	\$1,026.59	\$913.64	\$1,940.23
	Retiree + Family	\$1,216.02	\$1,409.58	\$2,625.60

PLAN B - CLASSIC PLAN – Open Access Plus 25/50				
75% of city contribution (15-25 yrs)	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	\$636.20	\$279.34	\$915.54
	Retiree + One	\$949.77	\$881.32	\$1,831.09
	Retiree + Family	\$1,114.99	\$1,362.90	\$2,477.89

PLAN A - PREMIER PLAN- Open Access Plus 20/40				
100% of city contribution (25+ yrs)	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	\$743.80	\$226.32	\$970.12
	Retiree + One	\$1,093.99	\$846.24	\$1,940.23
	Retiree + Family	\$1,283.43	\$1,342.17	\$2,625.60

PLAN B - CLASSIC PLAN – Open Access Plus 25/50				
100% of city contribution (25+ yrs)	Options	City Contribution	Retiree Rate	Total Cost
	Retiree Only	\$703.62	\$211.93	\$915.54
	Retiree + One	\$1,017.18	\$813.91	\$1,831.09
	Retiree + Family	\$1,182.39	\$1,295.50	\$2,477.89

Important note: Dependent spouse monthly rate is \$594.04 for Plan A, Premier Plan and \$560.68 for Plan B, Classic Plan.

DEPENDENT ELIGIBILITY VERIFICATION

If you select coverage to include a **new** dependent not currently covered (i.e. employee + 1 child and employee + spouse or employee + family) you must provide documentation of each dependent's status by providing the social security number of each dependent, and proof of eligibility for any dependent covered under the healthcare plan as follows:

- Spouse- legal spouse
 - Social security number, and
 - Photocopy of marriage certificate or photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". Note: all financial information and Social Security Numbers should be redacted or marked out.

- Child- natural, adopted, stepchild, legal guardian (unmarried child up to age 26)
 - Social security number, and
 - Photocopy of birth certificate (or adoption agreement) showing employee's name or showing the name of the employee's spouse, and
 - Photocopy of marriage certificate showing the employee and parent's name if stepchild, or
 - Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependents parent listed as "Spouse". Note all financial information and Social Security Numbers should be redacted or marked out
 - Photocopy of the Final Court Order granting permanent custody with presiding judge's signature, if legal guardian.

The online "My Benefits" enrollment will allow employees to attach documents during enrollment in order to comply with the dependent eligibility verification requirement. Retirees are to submit their verification documents along with the enrollment form. Documents must be a copy. No original documents will be accepted.

You do not need to submit dependent verification documentation for dependents already covered under your CIGNA and/or Delta Dental plan.

CIGNA and Delta Dental representatives will be available to discuss the plan options, and to assist you in making a choice for your healthcare plan. A schedule of the open enrollment sessions is included in this memo. Please plan to attend a session if you have questions, or want to make a change. Computers will be available on-site to assist you in making your enrollment elections on-line. If you have questions regarding any of this information, you may contact the Department of Human Resources at 646-5660.

QUALIFYING CHANGES FOR HEALTH OR DENTAL COVERAGE THROUGHOUT THE YEAR

Within 30 days of a qualifying event, you may discontinue, add or modify your medical or dental coverage, enrollment. QUALIFYING STATUS CHANGE INCLUDE THE FOLLOWING:

1. Change in legal marital status – marriage, divorce, death of a spouse, legal separation or annulment of marriage;
2. Change in number of dependents (Note: gaining or losing an individual who is not a tax dependent does not allow an enrollment change);
3. Change in employment status – termination of employment by spouse or dependent; Reduction or increase in number of work hours by employee, spouse, or dependent;
4. Dependent satisfies or ceases to satisfy dependent eligibility requirements – such as attainment of limiting age;
5. Commencement or termination of adoption proceedings;
6. Judgment, Decree or Order resulting from a divorce, legal separation, annulment or change in legal custody (including a Qualified Medical Child Support Order).

Annual Dental Insurance Plan Open Enrollment – May 16, 2014 – June 14, 2014

The dental insurance plan offered by the City will remain with Delta Dental of Virginia.

DeltaCare Program – Participants select a panel dentist from the selected DeltaCare network for their dental care needs. A list of panel dentists may be obtained from the Delta Dental representative at the open enrollment sessions or visit www.deltadentalva.com. The participant is not required to file a claim form; however, the participant is responsible for a co-payment.

Delta Dental PPO Premier Plan – Under the Delta Dental PPO Premier Plan you have the option to use In -Network and Out-of-Network Providers of your choice. Preventive care visits are covered at 100%. You will be responsible for a deductible, co-insurance, and any out-of-pocket expenses determined by the agreement Delta Dental has with the dentist.

**NEW DELTA DENTAL PREMIUMS RATES
Effective August 1, 2015**

Coverage	Employee (Paid BIWEEKLY)		Retiree (Paid MONTHLY)	
	DeltaCare	PPO/Premier	DeltaCare	PPO/Premier
EE only (single)	\$9.57	\$14.24	\$19.14	\$28.48
EE plus spouse	\$19.50	\$29.34	\$39.00	\$58.68
EE plus child	\$15.66	\$23.50	\$31.32	\$47.00
EE plus family	\$26.70	\$46.37	\$53.40	\$92.74

Note: Eligible employees are paid biweekly and eligible retirees are paid monthly; however, rates are the same.

Delta Dental uses the same form for enrollment and/or plan changes. Please call the Department of Human Resources at 804-646-5660 for additional information or Delta Dental Member Services at 1-800-237-6060.

Dental insurance is a prepaid plan. Employee payroll deductions for dental insurance will begin on July 2, 2015 and retiree payroll deductions for dental insurance will begin on July 31, 2015, for an effective coverage date of August 1, 2015.

City of Richmond Open Enrollment Effective August 1, 2015

Medical and Dental Plans



Good News!

- NO changes to the benefits and rates again for August 1, 2015.
- Mandatory mail order prescriptions will no longer be required!

CIGNA:

- ✓ Plan A – Premier Plan
- ✓ Plan B – Classic Plan

(Remember: rates are lower for those employees who took the Health Assessment - Premium Incentive Program)

Delta Dental:

- ✓ Delta Plus Premier
- ✓ DeltaCare

Medical plan highlights

Deductible & Out of pocket max will RESET on Jan 1, 2016

	Premier Plan A		Classic Plan B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$250 Single \$500 Family	\$1000 Single \$2000 Family	\$500 Single \$1000 Family	\$1000 Single \$2000 Family
Member Coinsurance	You pay 10% Plan pays 90%	You pay 50% Plan pays 50%	You pay 20% Plan pays 80%	You pay 50% Plan pays 50%
Out-of-pocket maximum	\$5,000 Single \$10,000 Family	\$10,000 Single \$20,000 Family	\$6,350 Single \$12,700 Family	\$10,000 Single \$20,000 Family
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited

Medical plan highlights

	Premier Plan A		Classic Plan B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits	\$20 PCP \$40 Specialist	Deductible & You pay 50% Plan Pays 50%	\$25 PCP \$50 Specialist	Deductible & You pay 50% Plan pays 50%
Inpatient Admission	Deductible, \$500 Copay You pay 10% Plan pays 90%	Deductible & You pay 50% Plan pays 50%	Deductible, \$500 Copay You pay 20% Plan pays 80%	Deductible & You pay 50% Plan pays 50%
Emergency Room	\$200 Copay You pay 10% Plan pays 90%	\$200 Copay You pay 10% Plan pays 90%	\$250 Copay You pay 20% Plan pays 80%	\$250 Copay You pay 20% Plan pays 80%
Urgent Care	\$40 Copay	\$40 Copay	\$50 Copay	\$50 Copay

Prescription plan highlights

Exclusive Home Delivery Pharmacy will NOT be required beginning August 1, 2015

	Premier Plan A		Classic Plan B	
In-network	Retail (30-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Home Delivery (90-day supply)
Generic	You pay \$10	You pay \$10	You pay \$10	You pay \$10
Cigna-preferred brand	You pay \$30	You pay \$60	You pay \$30	You pay \$60
Non-preferred brand	You pay \$55	You pay \$165	You pay \$55	You pay \$165
Out-of-network	Retail (30-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Home Delivery (90-day supply)
	Not covered	Not covered	Not covered	Not covered

We continue to encourage plan participants to use mail order for the following reasons -

- There is cost savings to the plan participants by reduced copays.
- There is a convenience of not having to go to the pharmacy every month to pick up prescriptions .
- Medication compliance has increased with home delivery. This means that plan participants have been adhering to their doctor's instructions and completing the full course of treatment.
- Mail order prescriptions have saved the plan a significant amount of money and the City has been able to hold employee contributions again this year in part due to this savings.

Routine vision plan highlights

Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$15	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$0	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Bifocal Trifocal Lenticular	Covered in full Covered in full Covered in full Covered in full	Up to \$32 Up to \$55 Up to \$65 Up to \$80	12 months 12 months 12 months 12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	Covered in full	Up to \$87 Up to \$210	12 months 12 months
Frame Retail Allowance (one per frequency period)	Covered in full	Up to \$55	24 months
Call to find a provider 1.877.478.7557			

PERSONAL HEALTH TEAM + CHRONIC CONDITION AND LIFESTYLE MANAGEMENT

PERSONAL HEALTH TEAM

- Health assessment
- 24-hour health information line
- Gaps in care letters
- Education and steerage
- Treatment decision support
- Utilization management
- Case management
 - Pre-admission support
 - Inpatient advocacy
 - Post-discharge support
- Short-term and complex case management
- Closure of gaps in care
 - Blood pressure
 - Cholesterol
 - Prevention
- Health coaching
 - Cholesterol
 - Blood pressure
 - Physical activity
 - Healthy eating
 - Pre-diabetes prevention

YOUR HEALTH FIRST

- Chronic condition support

For those with the following conditions:

- Asthma
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- Heart Disease
- Low Back Pain
- Weight Complications
- Osteoarthritis
- Peripheral Arterial Disease

LIFESTYLE MANAGEMENT

- Tobacco
- Stress
- Weight

Enhance integration with:

- Disability
- Pharmacy
- Dental
- Incentives
- Services at the worksite

Coordination with:

- My Health Assistant Online Programs
- Digital engagement
- Assistance and work/life support
- Behavioral health support

ENROLL TODAY.

- For benefit questions :
- Call our toll-free Enrollment hotline 24/7/365
1-800-564-7642



Delta Dental

PPO Plus Premier

- Higher premiums
- May use any dentist who accepts Delta Dental - greater number of providers
- Out of pocket treatment cost varies based on provider and treatment received
- No orthodontic coverage for adults
- Out of pocket limit per year

DeltaCare

- Cheaper premiums
- Must choose and use DeltaCare dentist-limited network
- You can change dentists between visits, but you must notify Delta Dental of the change
- You have the ability to determine treatment out of pocket costs before visit
- No annual out of pocket max

Delta Dental plan highlights

Coverage	PPO Plus Premier	DeltaCare
Deductible	\$50 individual / \$150 family	No deductible
Annual Maximum	\$1,250 per enrollee, per calendar year	No annual maximum
Lifetime Orthodontic Maximum	\$1,000 for covered dependents under age 19	No lifetime maximum Adults and children
Diagnostic & Preventive Services • Exams, cleanings, x-rays, sealants, fluoride	Covered at 100% Exempt from the deductible	Most services covered at no cost. Refer to DeltaCare copayment schedule
Basic Services • Fillings, root canals, oral surgery, periodontics	Covered at 80% Subject to the deductible	Refer to DeltaCare copayment schedule
Major Services • Crowns, bridges, dentures	Covered at 50% Subject to the deductible	Refer to DeltaCare copayment schedule
Orthodontics	Covered at 50% Exempt from the deductible Subject to the Lifetime Maximum	Refer to DeltaCare copayment schedule

Contact Delta Dental

- For questions regarding Delta Dental PPO Plus Premier contact Benefit Services at 800.237.6060
- For questions regarding DeltaCare call 800.862.0838
- For participating dentist information and other oral health related information visit www.deltadentalva.com

Delta Dental

Dental coverage is pre-paid
Insurance premiums will be deducted with the
first pay period in July (July 2, 2015) for an
August 1, 2015 effective date.

Now is the time to make your benefits choices/changes. If you do not make your choices/changes now, you will only be allowed to make changes during the year if you experience a qualifying life event. These life events include, but are not limited to:

- Change in employment status
- Newborns/adoptions/change in custody
- Marriage
- Divorce
- Change in spouse's job/coverage

HR needs to be notified within 30 days of the qualifying event to make a change during the plan year

What's Next?

- ✓ The plan year will change to a calendar year effective January 1, 2016.
- ✓ A new plan option will be introduced for a January 1, 2016 effective date.
- ✓ Employees who did not complete the Health Assessment will get an opportunity to complete it in the fall
- ✓ Employees will have the opportunity to make benefit elections in the fall for:
 - Medical
 - Dental
 - Voluntary Benefits