



CITY OF RICHMOND

INTRACITY CORRESPONDENCE

DATE: November 10, 2015

TO: All Eligible City Retirees

FROM: Johnny L. McLean 
Director of Human Resources

SUBJECT: RETIRED EMPLOYEES - Benefits Open Enrollment – Calendar Year 2016

Open Enrollment is November 14 – December 6, 2015

The City of Richmond is moving from an August 1 through July 31 benefits plan year to a calendar benefits plan year (January 1 through December 31). This change is to allow you to make all benefit elections that align premium deductions with the tax year. Benefit options were reviewed with the intent on providing you with benefit choices that best fit individual needs. Plans were evaluated for costs and competitiveness. Effective January 1, 2016 the City joins our neighboring jurisdictions in offering a High Deductible Plan as an option for medical insurance.

What's New for January 1, 2016?

Dental: Beginning January 1, 2016 CIGNA will be administering the City's dental plan. The City will continue to provide 2 plan options: 1) Dental PPO Plan, 2) Dental HMO Plan or you may waive coverage. Why CIGNA?

1. Lower premiums;
2. Increased annual maximum benefit for the dental PPO;
3. Opportunity to increase the maximum annual benefit in the dental PPO by simply having a routine dental checkup; and
4. Same customer service as the medical plan with CIGNA.

Medical: The City will remain with CIGNA and will be offering 3 medical plan choices: 1) Current Premier Plan A, 2) Current Classic Plan B, 3) new Choice Fund Health Savings Account High Deductible Plan or you may waive coverage. The Choice Fund Health Savings Account High Deductible Plan is a health care plan with a tax-advantaged option that puts you in charge of how and when you spend your health plan dollars.

What You Need to Know about Open Enrollment

IMPORTANT: Retirees will be making benefit elections for Medical and Dental plans during Open Enrollment.

- It is **strongly** recommended that all retirees attend an Open Enrollment information session since there will be significant changes to the medical and dental insurance plans.
- The last day to make changes to your benefits is December 6, 2015. Because of payroll deadlines, **no exceptions will be granted. No changes to your plan can be made until the next open enrollment period.**
- Completed forms must be received by 5:00 p.m. on December 4, 2015 in the Richmond Retirement System's Office at 730 East Broad Street, Suite 900, Richmond, VA 23219.
- Retirees who do not make elections for medical coverage will be assigned the plan they currently have: Current Premier Plan A, Current Classic Plan B, or No Medical Coverage effective January 1, 2016.
- Retirees who do not make elections for dental coverage will be assigned the CIGNA dental plan that most closely matches the dental plan they currently have: Dental PPO, Dental DHMO or No Dental Coverage effective January 1, 2016.

What You Need to Know about Open Enrollment Continued

- If you wish to add dependents to your plan(s), you must provide documentation that the dependents you are adding are eligible for coverage. If documentation is not received by December 4, 2015, your dependents will not be added to your coverage effective January 1, 2016. You do not need to submit dependent verification documentation for dependents already covered under your plan.
- 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 January 29, 2016 payment which can viewed at RAPIDS Retiree Self Service. <https://rapidsweb.ci.richmond.va.us>.
- If you have questions regarding any of this information, you may contact the Department of Human Resources at 646-5660.

CIGNA Dental Plans Rates Effective – January 1, 2016

Monthly Rates	Dental HMO	Dental PPO
Retiree Only	\$17.25	\$24.40
Retiree + 1 Child	\$28.23	\$40.27
Retiree + Spouse	\$35.16	\$50.27
Retiree + Family	\$48.14	\$79.45

CIGNA Medical Plans Rates Effective – January 1, 2016

	Premier Plan			Classic Plan		
	Plan A			Plan B		
	Total Rate	City Contribution	Retiree Contribution	Total Rate	City Contribution	Retiree Contribution
0% City Contribution						
Retiree Only	\$963.73	\$0.00	\$963.73	\$909.51	\$0.00	\$909.51
Retiree + 1	\$1,927.46	\$0.00	\$1,927.46	\$1,819.03	\$0.00	\$1,819.03
Retiree + Family	\$2,608.31	\$0.00	\$2,608.31	\$2,461.58	\$0.00	\$2,461.58
50% City Contribution						
Retiree Only	\$963.73	\$604.97	\$358.76	\$909.51	\$565.05	\$344.46
Retiree + 1	\$1,927.46	\$952.86	\$974.60	\$1,819.03	\$876.55	\$942.48
Retiree + Family	\$2,608.31	\$1,141.05	\$1,467.26	\$2,461.58	\$1,040.68	\$1,420.90
75% City Contribution						
Retiree Only	\$963.73	\$671.93	\$291.80	\$909.51	\$632.01	\$277.50
Retiree + 1	\$1,927.46	\$1,019.84	\$907.62	\$1,819.03	\$943.05	\$875.98
Retiree + Family	\$2,608.31	\$1,208.01	\$1,400.30	\$2,461.58	\$1,107.66	\$1,353.92
100% City Contribution						
Retiree Only	\$963.73	\$738.91	\$224.82	\$909.51	\$698.97	\$210.54
Retiree + 1	\$1,927.46	\$1,086.80	\$840.66	\$1,819.03	\$1,010.47	\$808.56
Retiree + Family	\$2,608.31	\$1,274.97	\$1,333.34	\$2,461.58	\$1,174.60	\$1,286.98

CIGNA Medical Plans Rates Effective – January 1, 2016 – NEW PLAN

	Choice Fund HSA (High Deductible)		
	NEW PLAN		
	Total Rate	City Contribution	Retiree Contribution
0% City Contribution			
Retiree Only	\$748.99	\$0.00	\$748.99
Retiree + 1	\$1,497.99	\$0.00	\$1,497.99
Retiree + Family	\$1,997.69	\$0.00	\$1,997.69
50% City Contribution			
Retiree Only	\$748.99	\$465.33	\$283.66
Retiree + 1	\$1,497.99	\$721.45	\$776.54
Retiree + Family	\$1,997.69	\$844.56	\$1,153.13
75% City Contribution			
Retiree Only	\$748.99	\$520.47	\$228.52
Retiree + 1	\$1,497.99	\$776.99	\$721.00
Retiree + Family	\$1,997.69	\$898.91	\$1,098.78
100% City Contribution			
Retiree Only	\$748.99	\$575.61	\$173.38
Retiree + 1	\$1,497.99	\$832.14	\$665.85
Retiree + Family	\$1,997.69	\$953.25	\$1,044.44

City's contribution is prorated based on effective date of coverage.
 City will contribute up to \$500 for Employee only and \$1,000 for Employee + dependent(s).
 City's contribution will be deposited 1st pay period of the month in which coverage is effective.
 Employees may contribute up to the annual maximum minus the amount the City contributed.
 Annual HSA maximum is \$2,850 for Employee only and \$5,750 for Employee + dependent(s).
 Employees age 55+ can contribute additional \$1,000.
 Employees age 65+ may not contribute to the HSA but can participate in the High Deductible plan.

Open Enrollment – Changes Effective January 1, 2016

Dates: November 14 – December 6, 2015

Date	Time	Location
Monday, November 16	8 – 10 a.m.	Richmond Justice Center; 1701 Fairfield Way (RICHMOND SHERIFF'S OFFICE EMPLOYEES ONLY)
	11 a.m. – 2 p.m.	RPD Headquarters; 200 West Grace St., Room 236
	3 – 5 p.m.	DPU Operations Center; 400 Jefferson Davis Highway, Atrium
Tuesday, November 17	9 – 11 a.m.	City Hall; 900 E. Broad Street, City Council Chambers, 2 nd Floor
	Noon – 2 p.m.	Fire Station 23, 495 LaBrook Concourse
	1 – 3 p.m.	DSS – Marshall Plaza; 900 E. Marshall Street, 3 rd Floor Training Rooms A-B
Wednesday, November 18	8 – 10 a.m.	DPW – Parker Field; 2720 Hermitage Road
	8 – 10 a.m.	Justice Services, 1700 Oliver Hill Way
Thursday, November 19	9 – 11 a.m.	DSS – Southside Plaza; 4100 Hull Street, Conference A
	2 – 4 p.m.	DPW-Waste Management; 3506 North Hopkins Road
Friday, November 20	7 – 9 a.m.	DEC; 3516 North Hopkins Road
	10 a.m. - noon	DPU Operations Center; 400 Jefferson Davis Highway, Atrium
	1 – 3 p.m.	John Marshall Courts Bldg.; 400 N. 9 th Street, Jury Room
Monday, November 23	7 – 9 a.m.	DEC; 3516 North Hopkins Road
	10 a.m. – noon	City Hall; 900 E. Broad Street, HR Training Room, 9 th Floor
	2 – 4 p.m.	Fire Station 10, 914 Hermitage Road
Tuesday, November 24	9 – 11 a.m.	Oliver Hill Courts Bldg.; 1600 Oliver Hill Way, CSU Conference Room
	Noon – 2 p.m.	Richmond Police Academy; 1202 West Graham Road, Room 103
Wednesday, November 25	8 – 10 a.m.	DSS – Marshall Plaza; 900 E. Marshall Street, 3 rd Floor Training Rooms A-B
Monday, November 30	9 – 11 a.m.	Fire Headquarters; 201 E. Franklin Street, Auditorium
	11 a.m. – 1 p.m.	DPU Water Treatment Plant, 3920 Douglasdale Road
Tuesday, December 1	8:30 – 9:30 a.m.	West End Library; 5420 Patterson Avenue (RPL EMPLOYEES ONLY)
	Noon – 2 p.m.	Richmond Police Academy; 1202 W. Graham Road, Room 103
	3 – 5 p.m.	City Hall; 900 E. Broad Street, HR Training Room, 9 th Floor
Wednesday, December 2	10 a.m. – noon	DSS – Southside Plaza; 4100 Hull Street, Conference A
	11 a.m. – noon	Animal Care and Control (STAFF ONLY – STAFF MEETING)
	1 – 3 p.m.	City Hall; 900 E. Broad Street, City Council Chambers, 2 nd Floor
Thursday, December 3	8 – 10 a.m.	Fire Station 10, 914 Hermitage Road
	12:30 – 2:30 p.m.	Fire Station 17, 2211 Semmes Avenue
	4-6 p.m.	Richmond Justice Center; 1701 Fairfield Way (RICHMOND SHERIFF'S OFFICE EMPLOYEES ONLY)

Important Note:

Formal presentations will be conducted the 1st hour of the meeting. The remaining time will be for questions and answers and assisting employees with RAPIDS Employee Self-service (making benefit changes).

Benefit At A Glance – Effective January 1, 2016

	Premier Plan A		Classic Plan B		Cigna Choice Fund with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Member Coinsurance	10%	50%	20%	50%	30%	50%
Deductible	\$250 Single \$500 Family	\$1,000 Single \$2,000 Family	\$500 Single \$1,000 Family	\$1,000 Single \$2,000 Family	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
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	\$6,550 Single \$13,100 Family	\$13,100 Single \$26,200 Family
HSA Contribution From Employer	\$0	\$0	\$0	\$0	\$500 Single \$1000 Family	
Preventive Care	100%; No Deductible	Deductible, 50% Coinsurance	100%; No Deductible	Deductible, 50% Coinsurance	100% Coinsurance	Not Covered

*If you choose to receive care outside of your plan's network, only covered expenses will be applied to your deductible – subject to your plan's Maximum Reimbursable Charge provisions. See your enrollment materials for more information.

Premier and Classic plans only have a non-collective (embedded) deductible. Once each family member meets his or her individual deductible, insurance begins paying claims at the 70/30 coinsurance level, regardless of whether the larger family deductible is met.

HSA plan only has a collective or non-embedded deductible where the total family deductible must be paid out of pocket before claims are paid at the coinsurance level of 70/30.

Out-of-Pocket Maximums on all plans are non-collective—each family member is only responsible for the individual out-of-pocket maximum amounts.



Medical Plans – Three Options Effective January 1, 2016

	Premier Plan A		Classic Plan B		Cigna Choice Fund with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits	\$20 PCP \$40 Specialist	Deductible, 50% Coinsurance	\$25 PCP \$50 Specialist	Deductible, 50% Coinsurance	Deductible, 30% Coinsurance	Deductible, 50% Coinsurance
Inpatient Admission	Deductible, \$500 Copay, 10%	Deductible, 50% Coinsurance	Deductible, \$500 Copay, 20%	Deductible, 50% Coinsurance	Deductible, 30% Coinsurance	Deductible, 50% Coinsurance
Outpatient Facility	Deductible, \$250 Copay, 10%	Deductible, 50% Coinsurance	Deductible, \$300 Copay, 20%	Deductible, 50% Coinsurance	Deductible, 30% Coinsurance	Deductible, 50% Coinsurance
Emergency Room	\$200 Copay, 10%	\$200 Copay, 10%	\$250 Copay, 20%	\$250 Copay, 20%	Deductible, 30% Coinsurance	Deductible, 30% Coinsurance
Urgent Care	\$40 Copay	\$40 Copay	\$50 Copay	\$50 Copay	Deductible, 30% Coinsurance	Deductible, 30% Coinsurance

*HSA plan only—All covered medical services are subject to the deductible and coinsurance outside of Preventive Care.



Prescription Drug Coverage Effective January 1, 2016

Prescription

In-Network	Premier Plan A		Classic Plan B		Cigna Choice Fund with HSA	
	Retail (30-Day Supply)	Home Delivery (90-Day Supply)	Retail (30-Day Supply)	Home Delivery (90-Day Supply)	Retail (30-Day Supply)	Home Delivery (90-Day Supply)
Rx	\$10/\$30/\$55	\$10/\$60/\$165	\$10/\$30/\$55	\$10/\$60/\$165	Deductible, 30% Coinsurance subject to maximum of \$200	Deductible, 30% Coinsurance subject to maximum of \$400
Out of Network	Retail (30-Day Supply)	Home Delivery (90-Day Supply)	Retail (30-Day Supply)	Home Delivery (90-Day Supply)	Retail (30-Day Supply)	Home Delivery (90-Day Supply)
Rx	Not Covered	Not Covered	Not Covered	Not Covered	Deductible, 50% Coinsurance	Deductible, 50% Coinsurance



Planning for your Cigna vision expenses

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	Up to \$32	12 months
	Covered in full	Up to \$55	12 months
	Covered in full	Up to \$65	12 months
	Covered in full	Up to \$80	12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	Covered in full	Up to \$87	12 months
		Up to \$210	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			



Dental Insurance Options

Beginning January 1, 2016, Cigna will be the provider for our dental insurance. There are two plan options from which you can choose.

Dental Plan Features	CIGNA Total DPPO		CIGNA DHMO
	In-network	Out-of-network	Charge may vary based on actual procedure codes
Annual Deductible - Individual	\$50	\$50	\$0
Annual Deductible - Family	\$150	\$150	\$0
Annual Benefit Maximum	\$1,500	\$1,000	No maximum
Members progress to the next level by using Class I services in the prior year	Year 2: \$1,600 Year 3: \$1,700 Year 4: \$1,800	Year 2: \$1,100 Year 3: \$1,200 Year 4: \$1,300	
Separate Office Visit Fee (regular hours)	None	None	\$5
Class I - Preventive and Diagnostic Care			
Oral Exams Cleanings Routine X-rays	100%, no deductible	100%, no deductible	Refer to CIGNA DHMO Patient Charge Schedule
Class II - Basic Restorative Care			
Fillings Extractions Periodontics/Endodontics	80%, after deductible	80%, after deductible	Refer to CIGNA DHMO Patient Charge Schedule
Class III - Major Restorative Care			
Crowns/Bridges Dentures	50%, after deductible	50%, after deductible	Refer to CIGNA DHMO Patient Charge Schedule
Class IV - Orthodontics			
Children to age 19 Lifetime Maximum Benefit	50%, no deductible \$1,000	50%, no deductible \$1,000	Refer to CIGNA DHMO Patient Charge Schedule
Adults Lifetime Maximum Benefit	Not covered	Not covered	Refer to CIGNA DHMO Patient Charge Schedule