



DISCOVER AND ENROLL IN PERSONALIZED BENEFIT PLANS

EXPLORE YOUR BENEFITS AND RATES



LEARN ABOUT YOUR RETIREMENT PLAN AND DEFERRED COMPENSATION OPTIONS



LEARN
EXPLORE
DISCOVER
YOUR BENEFITS



2024 BENEFIT ENROLLMENT GUIDE



Henrico County is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health care, dental and vision coverage, as well as financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.

ELIGIBILITY

If you are hired as a full-time employee or permanent part-time working 20 hours or more per week, your benefits will begin the first of the month following your employment date.

BENEFITS

- Medical, Prescription Drug, & Vision
- Dental
- Basic Life & Accidental Death & Dismemberment
- Optional Life
- Short-Term Disability
- Long-Term Disability
- Flexible Spending Accounts
- Virginia Retirement System and Deferred Compensation

**Some benefits are not available to part-time employees.*

DEPENDENT ELIGIBILITY

You can enroll your dependents on your plans. Eligible dependents include: a covered Employee's Spouse; a covered Employee's Child; a covered Employee's Qualified Dependent under a Qualified Medical Child Support Order; a covered Employee's Child or Qualified Dependent who is totally disabled. A Child will be eligible for coverage under the Plan until the end of the month in which he or she turns age 26. Certain children have mental or physical challenges that prevent them from living independently. The dependent age does not apply to these enrolled children as long as these challenges were present before they reached age 26. Biological children, stepchildren, and adopted children will be eligible for coverage until age 26 without regard to student status, marital status, financial dependency or residency status with the Employee or any other person, except that stepchildren may only be eligible for coverage under the Plan as long as a natural parent remains married to the Employee. Foster children and other children for whom a court has ordered the employee (and/or the employee's legal spouse) to assume sole permanent custody may be covered until the end of the month in which they turn 26 provided their principal place of residence is with the employee; they are a member of the employee's household; they receive over one-half of their support from the employee; and custody (or placement in the case of foster children) was awarded (or made) prior to the child's 18th birthday.



Enrollment Periods

New Employees

As a new employee of Henrico, you become eligible for benefits on the first of the month following your date of hire. Our benefits plan year runs from January 1st through December 31st.

Open Enrollment

As a benefits eligible employee, you can enroll in or make changes to your benefit plans once a year during our annual open enrollment period. Open Enrollment is typically in October with benefit choices being effective January 1st, the following year.

MAKING CHANGES DURING THE YEAR

Choose your benefits carefully. Medical, dental, vision, and flexible spending account contributions are made on a pre-tax basis and IRS regulations state that you cannot change your pre-tax benefit options during the year unless you have a qualified life event. Qualified life events include:

- Marriage or divorce;
- Death of your spouse or dependent;
- Birth or adoption of a child;
- Your spouse terminating or obtaining new employment (that affects eligibility for coverage);
- You or your spouse switching employment status from full-time to part-time or vice versa (that affects eligibility for coverage);
- Significant cost or coverage changes; or
- Your dependent no longer qualifies as an eligible dependent.

You must notify and submit any applicable forms and/or documentation to the Benefits Administrator within 60 days of the event. The Benefits Administrator will review your request and determine whether the change you are requesting is allowed. Only benefit changes which are consistent with the qualified life event are permitted.



MEDICAL BENEFITS

Henrico seeks to provide the best possible medical benefits at a reasonable cost. Employees are provided with three medical plan options that include prescription drug coverage.

Please refer to the chart on the next page for a comparison of medical plan benefits.

In-Network Advantage

Within some of the medical, dental, and vision plans, you have the freedom to use any provider. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying for the difference between the Usual, Customary, and Reasonable (UCR) charges and what the provider charges. You also may need to submit claim forms.

Anthem's Total Health Complete

Introducing Total Health Complete

With a dedicated advocate in your corner, health care is easier at every step. Total Health Complete is about making sure you and your family experience health care in a way that helps you feel confident, covered, and protected.

With Total Health Complete, you have your own personal health champion, called a family advocate. Your dedicated family advocate is here to help you and your family through unexpected emergencies and everyday health needs. They stay one step ahead, helping you get the care and support you need today and down the road — at no extra cost to you.

Your family advocate is here to connect you with the right care at the right time with proactive, inclusive, and compassionate support. They can help you:

- Find top-quality doctors, specialists, and care facilities in your health plan and help schedule appointments.

- Stay on top of preventive care and manage chronic conditions.
- Understand your health plan and all the benefits available to you from your employer.
- Quickly get preapprovals for urgent medical needs, like surgery.
- Connect with our in-house clinical experts.

These experts work with you and your doctor to create a personal care plan that supports your overall wellness and ongoing health needs.

Everything you need, right on the app.

The SydneySM Health mobile app gives you a quick way to: Chat with an advocate, Check costs and view your health plan details, Find additional benefits available through your employer, Use your digital ID card, Find local doctors in your plan, Find cost and quality information for doctors, facilities, and common procedures, Track your health goals and activity, Access virtual care through video visit or text chat.



MEDICAL AND PRESCRIPTION DRUG

The information below is a summary of medical coverage only. Please contact HR Benefits at **(804) 501-7371** or HR-Benefits@henrico.us (for General Government employees) or **(804) 652-3624** or hcpsbenefits@henrico.k12.va.us (for HCPS employees) for plan summaries detailing coverage information, limitations, and exclusions.

Any deductibles and copays shown in the chart below are amounts for which **you** are responsible.

BENEFITS & COST OF COVERAGE

BENEFIT	ANTHEM STANDARD POS		ANTHEM PREMIER POS		ANTHEM HDHP WITH HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual/Calendar Year Deductible (Individual/Family)	\$300/\$300	\$400/\$800	\$300/\$300	\$400/\$800	\$3,200/\$6,400	In-network and out-of-network providers combined
Out-of-Pocket Maximum (Individual/Family)	Medical/Pharmacy Combined: \$2,500/\$5,000	\$2,500/\$5,000	Medical/Pharmacy Combined: \$2,500/\$5,000	\$2,500/\$5,000	Medical/Pharmacy Combined: \$4,000/\$8,000	\$6,000/\$12,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Coinsurance	0%	30%	0%	30%	0%	30%
Physician Services						
Doctor's Office Visit	\$25	30% after ded + additional costs	\$20	30% after ded + additional costs	0% after deductible	30% after deductible
Specialist Office Visit	\$45	30% after ded + additional costs	\$40	30% after ded + additional costs	0% after deductible	30% after deductible
Preventive Care	\$0	30% after ded + additional costs	\$0	30% after ded + additional costs	0% after deductible	30% after deductible
Lab & X-ray Services	\$0	30% after deductible	\$0	30% after deductible	0% after deductible	30% after deductible
Hospital Services						
Inpatient	30% after deductible	30% after deductible	5% after deductible	30% after deductible	0% after deductible	30% after deductible
Outpatient	30% after deductible	30% after deductible	5% after deductible	30% after deductible	0% after deductible	30% after deductible
Emergency Care	\$150		\$150		Subject to deductible. Once deductible is met, covered at 100%	
Pregnancy & Maternity Care (Prenatal)	\$50/pregnancy	30% after deductible	\$50/pregnancy	30% after deductible	0% after deductible	30% after deductible
PRESCRIPTION DRUGS						
Rx Deductible	\$150		\$150		Combined	
Retail (30-day Supply)						
Generic	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$30	\$30	\$30	\$30	\$30	\$30
Non-preferred Brand	\$55	\$55	\$55	\$55	\$55	\$55
Mail Order (90-day Supply)						
Generic	\$10		\$10		\$10	N/A
Preferred Brand	\$60		\$60		\$60	N/A
Non-preferred Brand	\$165		\$165		\$165	N/A
BI-WEEKLY AND SEMI-MONTHLY PAYCHECK DEDUCTIONS						
Employee Only	\$26.00		\$42.32		\$12.42	
Employee + Child	\$96.16		\$152.90		\$54.53	
Employee + Spouse	\$135.75		\$203.48		\$81.85	
Employee + Child(ren)	\$198.58		\$289.22		\$114.50	
Family	\$258.03		\$362.41		\$152.85	

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits. For all other applicable pay cycles, please see henricoschools.us.

DENTAL

Dental coverage is key to your overall health. Henrico offers employees three dental plan options through **Delta Dental**. Review the details about each plan carefully so you can determine which plan meets your needs. Your dental plans offer choices that cover four main types of expenses:

- Preventive and diagnostic services like routine exams and cleanings, fluoride treatments, sealants, and x-rays
- Basic services such as simple fillings and extractions, root canals, oral surgery, and gum disease treatment
- Major services such as crowns and dentures
- Orthodontia



BENEFITS & COST OF COVERAGE

BENEFIT	PREMIER HIGH OPTION			PREMIER LOW OPTION			EPO
	PPO	Premier	OON	PPO	Premier	OON	PPO
Diagnostic/Preventive (Does Not Count Towards Maximum)	100%	100%	80%	75%	75%	75%	Fixed Copay
Basic Services	80%	50%	50%	50%	50%	50%	Fixed Copay
Major Services	50%	50%	50%	50%	50%	50%	Fixed Copay
Orthodontia (Adult and Child)	50%	50%	50%	Not Covered	Not Covered	Not Covered	50%
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	None
Maximum							
Calendar Year	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$3,000
Lifetime Ortho	\$1,500	\$1,500	\$1,500	Not Covered	Not Covered	Not Covered	\$2,000
SEMI-MONTHLY PAYCHECK DEDUCTIONS							
Employee Only		\$18.54			\$12.43		\$10.96
Employee + Child		\$33.54			\$22.47		\$18.25
Employee + Spouse		\$33.54			\$22.47		\$18.25
Family		\$52.66			\$35.25		\$24.62

NOTE: For all other applicable pay cycles, please see henricoschools.us.

VISION

Henrico offers employees a vision plan through Anthem that includes coverage for eye exams and eyeglasses or contact lenses.

BENEFITS

BENEFIT	ANTHEM BLUE VIEW VISION NETWORK	
	In-Network	Out-of-Network
Exam	\$15 copay, then covered in full	\$30 allowance
Lenses	35% off retail price	Not Covered
Frames	20% off retail price	Not Covered
Contact Lenses Instead of Glasses		
Conventional/Disposable	15% off retail price	Not Covered
Medically Necessary	N/A	Not Covered

NOTE: ID Card not required for vision services.

INCOME PROTECTION BENEFITS

SHORT-TERM DISABILITY (STD)

Short-Term Disability is available to active employees working at least 20 hours per week. This benefit replaces 60% of your pre-disability earnings. There are three elimination period options: 14-day, 28-day, or 42-day. This elimination period indicates the number of days of accrued leave or leave without pay that you must use before the benefit pays you.

For Virginia Retirement System Plan 1, Virginia Retirement System Plan 2, and permanent part-time employees, short term disability is available.

VRS Hybrid Plan members are covered under the Hybrid-Disability Program at no cost once you have been employed for one year.

During the one year waiting period, VRS Hybrid members may enroll in STD with MetLife.

LONG-TERM DISABILITY (LTD)

VRS Plan 1 and Plan 2: Employees will be covered by MetLife after 6 months of employment, up to \$50,000 annually and can elect to purchase additional buy-up coverage.

Hybrid Employees: Employees will be covered at full salary (60% payable) after one year of employment.

BENEFITS ADMINISTRATOR INFORMATION

If you have any questions regarding eligibility, benefit plans or enrollment options or would like additional information, contact HR Benefits at **(804) 501-7371** (for General Government employees) or **(804) 652-3624** or hcpsbenefits@henrico.k12.va.us (for HCPS employees).

VIRGINIA RETIREMENT SYSTEM AND DEFERRED COMPENSATION

The Commonwealth of Virginia's VRS and The County of Henrico's Deferred Compensation Plan can help you realize your retirement goals. The plan, available through your employer, allows you to save for retirement on a tax-deferred basis through convenient payroll deductions where your contributions and any earnings are tax-deferred.

VRS/Deferred Compensation Administrators:

General Government: Empower

HCPS: Corebridge Financial

LIFE INSURANCE

Employees are offered two types of life insurance coverage: basic (paid in full by Henrico County) and optional (paid by the employee):

Basic Coverage: All full-time eligible employees participate in a group term life insurance and accidental death and dismemberment insurance program through the Virginia Retirement System. Life insurance coverage is two times, or in the case of accidental death, four times the next highest thousand dollars above annual salary.

Optional Life: Employees covered for basic group life insurance may purchase optional group life insurance coverage in an amount equal to 8x their salary for the employee only. The member's dependent spouse and dependent children are also eligible. Enrollment, beneficiary designation, and additional information is available at www.varetire.org.



Flexible Spending Accounts (FSAs)

FSAs help you save money by allowing you to pay for certain types of health care and dependent care expenses on a pre-tax basis. You decide how much money to put aside each payday to cover these expenses up to the maximum.

This amount is then deducted from your pay before taxes and deposited into your FSA. When you need money to cover an eligible expense, you can get reimbursed using a variety of reimbursement methods. Remember to always keep your receipts.

DEPENDENT CARE SPENDING ACCOUNT (DC FSA)

Use For:	Eligible day care expenses for children under 13 or adult daycare expenses
Annual Contribution:	You can contribute up to \$5,000 per household (or \$2,500 if married and filing separate tax returns)

NOTE: Your maximum contribution to the Health Care Spending Account will be limited to \$3,050. The maximum for the Dependent Care Spending Account is \$5,000 (\$2,500 maximum if you are married and file separate tax returns).

HEALTH SAVINGS ACCOUNT

Enrolling in a HDHP? If you do, you have the option of enrolling in an HSA - Or Health Savings Account - rather than the Health Care FSA.

Henrico contributes either \$1,200 (single) or \$2,400 (family) on an annual basis to those who are enrolled in the HSA plan.

HEALTH SAVINGS ACCOUNT IRS LIMIT

Single Coverage	\$4,150
All Other Coverage Tiers	\$8,300

IMPORTANT: USE IT OR LOSE IT!

According to IRS rules, any money remaining in a Health Care or Dependent Care Spending Account after the deadline for filing claims will be forfeited. If you have money left in your Health Care FSA at the end of 2023, you may carry over up to \$640 for use in 2024. The money you carry over doesn't count against the IRS annual contribution maximum, which means you can start the year with an amount \$3,050 greater than the IRS limit in your Health Care FSA. You can use the amount throughout the 2024 plan year. This rule applies each subsequent calendar year. This does not apply to the Dependent Care FSA.

