



A Letter from Your Benefits Team

Open Enrollment is here! It starts on April 29 and ends on May 17.

This is that magical time of year when you can make changes to your benefit plans. If you don't take any action, you'll automatically stay in the same medical, dental, life insurance, and long-term disability plans you're currently enrolled in.

Important things to keep in mind this year:



- You have to re-enroll in a Health Care, Limited Purpose, and/or Dependent Care

 FSA every year—the IRS says so. If you need more money in these accounts, reenroll!
- You must enroll online in PRISM. Remember to submit your changes and <u>print a confirmation page</u>—this is your receipt to prove your election choices and we can't make any corrections without this.

New!

- This year, enrollment in supplemental life insurance up to 2x salary, spouse supplemental life insurance up to \$50,000, and Voluntary Long-Term Disability is guaranteed without needing to provide medical information. Elections above the guaranteed amounts will still be subject to EOI.
- Beginning July 1, you will have 30 days to report qualifying life events to Benefits
 to make changes to your benefits. Additional changes are listed on page 3.
- Your Open Enrollment elections are effective July 1, 2024. After that, you can only change them if you have a qualifying life event—like getting married, divorced, or adding a child to your family. See important information regarding qualifying life event changes on the next page.

Because there are changes to our health plans every year—changes that can affect your paycheck (through your premium contributions) and your pocketbook (through your deductibles, copays, and prescriptions)—we highly recommend taking a look at the benefits you have to see if your current choices still fit.

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What's New for FY25



Important Benefit Changes Beginning in FY25:

- <u>30 days to report life events:</u> Beginning on July 1, qualifying life event changes (such as marriage, birth/adoption, divorce, or gain/ loss of other coverage) must be reported to the Benefits team within <u>30 days of the life event date</u> in order to make changes to your benefits.
- All deductions to occur over 26 pay periods: Supplemental life insurance, Voluntary Long-Term Disability, and parking deductions will be withheld from your paychecks over 26 pay periods in the fiscal year starting with your first pay in July. Previously these deductions were withheld over 24 pay periods. This means you'll see slightly different rates in your pay slips.
- Payments over 26 pay periods: Location Pay and Walk/Bike to Work stipends will now be paid over 26 pay periods in the fiscal year starting with your first pay in July. Previously these payments were made over 24 pay periods. This means you will see slightly different payment amounts on your pay slips.

Medical and Dental Premiums

Premiums for Kaiser HMO, Cigna, and Delta Dental are increasing this year. Review the updated premiums on page 9.

Health Care and Limited Purpose FSAs

Health Care and Limited Purpose FSA annual election amounts are increasing to \$3,200 for FY25. Rollovers will also increase to \$640 at the end of FY25 into FY26 accounts. As a reminder, FSA rollovers (up to \$610) from FY24 to FY25 will be automatically added into your account after September 28, 2024.

Cigna Choice Plus HSA Deductible Increase effective July 1, 2024

Annual deductible amounts for the Cigna Choice Plus HSA plan will increase July 1, 2024. These increases may impact the amount you pay when you receive services and prescriptions (see <u>page 12</u> for more information). New ID cards reflecting the updated deductible amounts will be mailed to your home address on file.

Cigna Vision

Vision coverage under Cigna plans will change to the EyeMed network. Cigna members will receive a separate vision ID card mailed to your home address on file. Digital cards are also available on the Cigna mobile app.

Delta Dental Enhanced

Delta Dental Premium is changing names to <u>Delta Dental Enhanced</u>. Benefits, such as adult orthodontia and annual maximums, under the Delta Dental Enhanced plan will remain the same. Current Delta Dental Enhanced members will receive new ID cards mailed to your home address on file.

Who Can I Add to Medical and Dental Insurance?

You can only add certain people to your plan like your spouse, children, and stepchildren of your current marriage. For anyone you add to a medical or dental plan, you'll be asked to send in documentation like a tax return or birth certificate, even if this person was under your plans previously. Here's an idea of what we'll ask for:



DEPENDENT	ELIGIBILTY FOR COVERAGE	DOCUMENTATION REQUIRED
Spouse	Note: common law spouses and domestic partners are ineligible	 Most recent federal tax return if filing jointly¹ OR Most recent federal tax return if filing separately¹ AND government-issued marriage certificate
Biological child	Natural born child under age 26	 Government-issued birth certificate OR Hospital-issued birth certificate/letter (for child up to two months old)
Stepchild	Stepchild of your current marriage	 Government-issued birth certificate AND Most recent federal tax return if filing jointly¹ OR Most recent federal tax return if filing separately¹ AND government-issued marriage certificate
Adopted child	Child is eligible at time of placement	 Certificate or decree of adoption OR Adoption placement order

This is not a complete list!

For a complete list of eligible dependents and required documentation, click here.

Medical & Vision Plans

Arlington County has four medical plans to choose from through two carriers so you can pick what's best for you. Here's a quick breakdown of each of those plans.

KAISER PERMANENTE HMO

- An in-network copay plan that provides a "one-stop shop" for convenient medical services and prescriptions at Kaiser facilities and approved pharmacies.
- You'll need a referral from a primary care doctor to see certain specialists or receive certain services.
- Includes vision coverage.

CIGNA OAP IN COPAY

- An in-network only plan using the Cigna Open Access Plus network.
- You pay copays for medical services and prescription drugs.
- Includes vision coverage.

CIGNA OAP IN COINSURANCE

- An in-network only plan using the Cigna Open Access Plus network.
- You pay a coinsurance for medical services and prescription drugs.
- Includes vision coverage.

CIGNA CHOICE PLUS HSA

- A consumer-driven health plan providing in- and out-of-network coverage.
- Services and prescriptions are subject to an annual deductible that begins when you enroll in the plan and resets every January 1. *Note:* Deductibles have changed for FY25. See <u>page 12</u> for more information.
- You pay a coinsurance for medical services and prescription drugs once you have satisfied the deductible.
- Includes vision coverage.

Want more details? Check out our medical plan summaries here.

What are We Talking About?

We use some fancy terms—and a lot of acronyms—here in Benefits. Here's some frequently used terms and their definitions to help you brush up.

- ANNUAL DEDUCTIBLE: A set amount you pay out-of-pocket every calendar year before your insurance plan pays for services and prescriptions. Annual deductibles reset every January 1 regardless of when you enroll in a plan.
- <u>COINSURANCE</u>: A percentage of costs, like 10%, that you pay for services and prescriptions
- <u>COPAY</u>: A fixed amount, like \$20, that you pay for services and prescriptions
- NETWORK: The facilities, providers, and suppliers an insurance company uses to provide services.
- OUT-OF-POCKET MAXIMUM (OOPM): The most you'll pay for services and prescriptions in a calendar year (it resets every January 1).
- <u>REFERRAL</u>: A written order from your primary care doctor to see a specialist (like a podiatrist) or get certain medical services (like an MRI).



FY2025 Employee Medical Plan Comparison

Effective July 1, 2024 — June 30, 2025

				Cigna Cho	ice + HSA
	Kaiser	Cigna Copay	Cigna Coinsurance	In-Network	Out-of-Network
Plan Type	Copay	Сорау	Coinsurance	Coinsu	rance
Network	In-network coverage only at Kaiser facilities	In-network coverage only in the Cigna OAP network	In-network coverage only in the Cigna OAP network	In- and out-of-ne	twork coverage
Annual Deductible ¹	\$0	\$0	\$0	\$1,600 Individual Tier \$3,200 Family Tier	\$3,200 Individual Tier \$6,400 Family Tier
Employer HSA Contribution ²	N/A	N/A	N/A		\$950/fiscal year .,900/fiscal year
Preventive Care Routine well-person and child exams; immunizations; some preventive tests	No Charge	No Charge	No Charge	No Charge	30% coinsurance after deductible
PCP Office Visit	\$20 copay	\$30 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Specialist Office Visit	\$40 copay	\$60 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Physical Therapy	\$40 copay	\$45 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospital	\$200/admission	\$500/admission	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient Surgery/ Procedures	\$100/visit	\$250/visit	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Specialty Imaging (MRI, CT Scan)	\$75/test	\$100/visit	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Urgent Care	\$50/visit	\$75/visit	10% coinsurance	10% coinsurance after deductible	10% coinsurance after deductible
Emergency Room	\$200/visit	\$200/visit	10% coinsurance	10% Coinsurance after deductible	10% Coinsurance after deductible
Maternity Services	\$200 global maternity fee (see plan summary for details)	Global maternity fee (\$60) and hospital admission (\$500) (see plan summary for details)	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible

NOTE: Complete benefit summaries are available on AC Commons by going to: AC Commons > Benefits & HR > Benefits > Medical & Vision



FY2025 Employee Medical Plan Comparison

Effective July 1, 2024 — June 30, 2025

				Cigna Choi	ce + HSA
	Kaiser	Cigna Copay	Cigna Coinsurance	In-Network	Out-of-Network
Mental Health, Behavioral Health, and Substance Abuse Services					
Outpatient services	\$20/individual visit; \$10/group visit	\$30/copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Inpatient services	\$200/admission	\$500/admission	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Prescription Drugs 30 Day Retail Supply (generic/preferred/non-preferred)	\$15 / \$30/ \$55 at KP \$20 / \$45 / \$60	\$10 / \$40 / \$80	Tier 1: Up to \$10 Tier 2: 25% up to \$50 Tier 3: 40% up to \$90	Tier 1: Up to \$10 after deductible Tier 2: 25% up to \$50 after deductible Tier 3: 40% up to \$90 after deductible	In-network coverage only
Prescription Drugs 90 Day Supply from Mail Order or 90 Now Pharmacy	\$30 / \$60 / \$110	\$20 / \$80 / \$160 Certain generics are \$0	Tier 1: Up to \$20 Tier2: 25% up to \$100 max Tier 3: 40% up to \$180 max Certain generics are \$0	Tier 1: Up to \$20 after deductible Tier2: 25% up to \$100 after deductible Tier 3: 40% up to \$180 after deductible Certain generics are \$0	In-network coverage only
Vision	Vision coverage included with medical plan	Vision coverage included with medical plan	Vision coverage included with medical plan	Vision coverage include	ed with medical plan
Out-of-Pocket Maximum (OOPM) ³	\$2,250 Individual \$4,500 Family	\$6,600 Individual \$13,200 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family

¹ The **Annual Deductible** is tracked on a calendar-year basis (Jan – Dec) and <u>resets every January 1 regardless of when you enroll</u>. Members joining during Open Enrollment will be subject to the annual deductible from July 1, 2024 through December 31, 2024. You must reach the deductible before the plan will pay for covered services and prescriptions. The deductible will reset again on January 1, 2025.

NOTE: Complete benefit summaries are available on AC Commons by going to: AC Commons > Benefits & HR > Benefits > Medical & Vision

² **Employer HSA contributions** are deposited each pay period over the fiscal year. Contributions are prorated based on enrollment effective date.

³ Out-of-Pocket Maximum (OOPM) – the Plan will pay 100% for covered services <u>after</u> a member reaches this limit. Biweekly premiums do not count toward reaching the annual OOPM. The OOPM is tracked on a Calendar Year basis (Jan – Dec) and <u>resets every January 1</u>.

Dental Plans

Arlington County offers two dental options through Delta Dental of Virginia. Remember with regular dental care, you can prevent cavities, boost your overall health, and save money.

	STANDARD PLAN	ENHANCED PLAN*
Annual Deductible	\$55 per person; \$110 per family per calendar year	\$55 per person; \$110 per family per calendar year
Annual Maximum	\$1,500 per person	\$2,500 per person
Diagnostic & Preventive** (2 cleanings and 1 set of x-rays per calendar year)	Covered at 100%	Covered at 100%
Basic Services (Fillings and simple extractions)	Covered at 80%	Covered at 90%
Major Services (Dentures, bridges, implants and crowns)	Covered at 50%	Covered at 60%
Orthodontia (Orthodontia maximums are separate from annual maximums)	Covered at 50% Lifetime maximum \$1,250 (Dependent children under age 19 only)	Covered at 50% Lifetime maximum \$2,500 (Adults and children)
Temporomandibular Joint Disorder (TMJ-Bite Guard)	Not covered	Covered at 90%

Did You Know...

A healthy mouth can help create a healthy body?

Click here to learn about Delta Dental's Healthy Smile, Healthy You program. Certain medical conditions may qualify you for additional cleanings and exams beyond your plan limits.



Want more details? Take a peek at our Delta Dental page for Arlington County employees <u>here</u> to find participating dentists, review your dental plan summaries, and more.

^{*}Previously known as Delta Dental Premium Plan

^{**}Costs associated with diagnostic and preventive care (like your annual cleanings, oral exams, and x-rays) do not count against your annual maximum, so you have more to use for your basic and major services. Hooray!



Active Employee Biweekly Health and Dental Premiums

Effective July 1, 2024 — June 30, 2025

Copay Plans: Coinsurance Plans:

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	Kaiser Permanente HMO			Cig OAF		Cig OAI	jna P-IN	Cigi Choice P		Delta I Stan	Dental dard	Delta I Enha	
		Per Pay	Period	Per Pay Period		Per Pay	/ Period	Per Pay	Period	Per Pay	Period	Per Pay	Period
		loyee ibution	County Contribution	Employee Contribution	County Contribution								
Full-time (30-40 hours/week)													
Employee	\$	61.87	\$ 247.50	\$ 78.15	\$ 312.61	\$ 71.05	\$ 284.20	\$ 35.61	\$ 142.45	\$ 3.57	\$ 14.27	\$ 15.16	\$ 15.16
Employee + Spouse	\$	162.87	\$ 488.60	\$ 200.27	\$ 600.80	\$ 182.07	\$ 546.21	\$ 93.47	\$ 280.43	\$ 8.91	\$ 26.74	\$ 30.30	\$ 30.30
Employee + Child(ren)	\$	143.48	\$ 430.46	\$ 170.96	\$ 512.87	\$ 155.43	\$ 466.28	\$ 84.57	\$ 253.72	\$ 9.71	\$ 29.12	\$ 33.00	\$ 33.00
Family	\$ 2	236.05	\$ 708.16	\$ 293.07	\$ 879.23	\$ 266.43	\$ 799.30	\$ 133.53	\$ 400.61	\$ 13.60	\$ 40.79	\$ 46.23	\$ 46.23

Part-time (20-29 hours/week)

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Employee	\$	154.68	\$ 154.69	\$ 195.38	\$ 195.38	\$ 177.63	\$ 177.63	\$ 89.03	\$ 89.03	\$ 8.93	\$ 8.92	\$ 22.73	\$ 7.58
Employee + Spouse	\$	325.73	\$ 325.74	\$ 400.54	\$ 400.54	\$ 364.14	\$ 364.14	\$ 186.95	\$ 186.95	\$ 17.83	\$ 17.83	\$ 45.45	\$ 15.15
Employee + Child(ren)	\$	286.97	\$ 286.97	\$ 341.93	\$ 341.92	\$ 310.86	\$ 310.86	\$ 169.14	\$ 169.15	\$ 19.41	\$ 19.41	\$ 49.50	\$ 16.50
Family	\$	472.10	\$ 472.11	\$ 586.16	\$ 586.15	\$ 532.87	\$ 532.87	\$ 267.07	\$ 267.07	\$ 27.20	\$ 27.19	\$ 69.35	\$ 23.12

Part-time (10-19 hours/week)

	,														
Employee	\$	216.56	\$ 92.81	\$ 273.54	\$ 117.23	\$	248.68	\$ 106.58	\$	124.63	\$ 53.42	\$ 12.49	\$ 5.35	\$ 27.28	\$ 3.0
Employee + Spouse	\$	456.03	\$ 195.44	\$ 560.75	\$ 240.32	\$	509.80	\$ 218.48	\$	261.73	\$ 112.17	\$ 24.95	\$ 10.70	\$ 54.54	\$ 6.0
Employee + Child(ren)	\$	401.76	\$ 172.18	\$ 478.68	\$ 205.15	\$	435.20	\$ 186.51	\$	236.80	\$ 101.49	\$ 27.17	\$ 11.65	\$ 59.40	\$ 6.6
Family	\$	660.95	\$ 283.26	\$ 820.61	\$ 351.69	s	746.01	\$ 319.72	s	373.90	\$ 160.24	\$ 38.07	\$ 16.31	\$ 83.21	\$ 92

Health Care Flexible Spending Accounts

Looking for ways to save some money this Open Enrollment? A Health Care Flexible Spending Account (FSA) is a great way to save money on medical, dental, and vision expenses. And the best part? Anything you put into your FSA is free from income tax.

HERE'S HOW A HEALTH CARE FSA WORKS:

- You can put up to \$3,200 each fiscal year into your Health Care FSA (that's \$123.08 each paycheck).
- Whatever you elect, you get the full amount in your account when the fiscal year starts—and you can use it right away, too!
- You get a handy debit card for health care purchases (of course, you can also reimburse yourself later by filing a claim).
- Your FSA isn't just for you—you can spend your FSA money on health care expenses for anyone you claim as a tax dependent.
- Health Care FSAs are <u>use it or lose it</u>—only elect what you think you'll use because any unspent money over \$640 gets forfeited at the end of the FY25 plan year.

Want to see all the things you can buy with an FSA? Check out FSA-eligible expenses <u>here</u>. Just need help figuring out how much to put in your FSA? <u>Use an FSA calculator</u>.

Health Care FSA Rollovers

Have extra money in your FSA? Rollovers of up to \$610 are scheduled to be automatically deposited from your FY24 account into your FY25 account after September 28, 2024. Anything over that amount gets forfeited so be sure to spend down your account before the end of FY24.

Switching from a Limited Purpose FSA to a Health Care FSA or vice versa? We'll make sure your rollover automatically goes into the right account.

Pay with Your FSA and Save

Did you know you can use your FSA to pay for everyday health expenses like:

- Copays, coinsurance, and prescriptions
- Eyeglasses, contacts, and prescription sunglasses
- Dental care like braces, retainers, and crowns
- Over-the-counter products like pain relievers, cough and cold medicine, vitamins, and menstrual products
- Contact lens solution
- First aid kits
- Sunscreen (SPF 15 or higher)
- Thermometers

Limited Purpose Flexible Spending Accounts

A Limited Purpose FSA is a special FSA that you can only use if you're enrolled in the Cigna Choice plan (or another type of consumer-driven health plan). You can use your Limited Purpose FSA for vision and dental expenses—all while letting your HSA grow.

HERE'S HOW A LIMITED PURPOSE FSA WORKS:

- Your Limited Purpose FSA can be used to be pay for vision and dental expenses only.
- You must be enrolled in the Cigna Choice plan or another consumer-driven (or high-deductible) health plan in order to be eligible.
- You can put up to \$3,200 each fiscal year into your Limited Purpose FSA (that's \$123.08 each paycheck).
- You have access to the full amount of your election when the fiscal year starts and you can use it right away, too! You also get a handy debit card to pay for your vision and dental expenses.
- Your Limited Purpose FSA isn't just for you—you can spend your FSA money on or anyone you claim as a tax dependent.
- Limited Purpose FSAs are <u>use it or lose it</u>—only elect what you think you'll
 use because any unspent money over \$640 gets forfeited at the end of the
 FY25 plan year.

Want to see all the things you can buy with an FSA? Check out FSA-eligible expenses here. Just need help figuring out how much to put in your FSA? Use an FSA calculator.

Limited Purpose FSA Rollovers

Have extra money in your FSA? Rollovers of up to \$610 are scheduled to be automatically deposited from your FY24 account into your FY25 account after September 28, 2024. Anything over that amount gets forfeited so be sure to spend down your account before the end of FY24.

Switching from a Limited Purpose FSA to a Health Care FSA or vice versa? We'll make sure your rollover automatically goes into the right account.

What Can You Pay for with Your Limited Purpose FSA?

Your Limited Purpose FSA can help you pay for things like:

- Dental and orthodontia office visits and expenses
- Dental implants, veneers, dentures and bridges
- Optometrist and ophthalmologist visits and expenses
- Eyeglasses, contacts, prescription sunglasses, solutions and drops
- Laser eye surgery

Health Savings Accounts

For new and current members enrolled in Cigna Choice Plus HSA, our Cigna Choice plan also comes with a Health Savings Account (HSA), which is a bank account owned by you to help you pay for current and future health care expenses—and even save for retirement. The County will contribute to your HSA and you can add your own contributions, too.

FY25 HSA CONTRIBUTION MAXIMUMS

Contributions are deposited into your HSA account each pay period throughout the fiscal year. Maximum contribution limits for your HSA are set annually by the IRS.

Tier	2024 Maximum Employee HSA Contribution	FY25 County HSA Contribution (deposited over 26 pays)	2024 Total HSA Contribution Maximums*
Individual	\$3,200	\$950	\$4,150
Family (includes Employee + Child and Employee + Spouse tiers)	\$6,450	\$1,900	\$8,350

^{*}Age 55+? You can add up to an extra \$1,000 to your HSA this year as a catch-up contribution.

CY 2024 ANNUAL DEDUCTIBLES

Deductibles for the Cigna Choice plan are increasing on July 1, 2024. If you are currently enrolled in this plan and have already satisfied your deductible, you may have additional amounts to pay towards the new, increased deductible for services and prescriptions received after July 1. As a reminder, deductibles are tracked on a calendar-year basis and reset every January 1 regardless of when you enroll in the plan.

Tier	In-Network Deductible for 2024 (FY25)	Out-of-Network Deductible for 2024 (FY25
Individual	\$1,600	\$3,200
Family (includes Employee + Child and Employee + Spouse tiers)	\$3,200	\$6,400

Are You Eligible for an HSA?

Interested in signing up for the Cigna Choice Plus HSA plan? Remember, HSAs have a lot of rules around who can contribute and receive contributions into their account. You're eligible to have an HSA with us if:

- You are enrolled in the County's Cigna Choice Plus HSA plan. HSAs from the County are only for employees enrolled in Cigna Choice.
- You are not covered under another health plan (unless it is another qualifying HDHP or CDHP).
- You are not enrolled in Medicare or TRICARE.
- You can't be claimed as a dependent on someone else's tax return.
- Your spouse doesn't have a Health Care FSA. If your spouse has their own Health Care FSA, this disqualifies you from being able to contribute to or receive County contributions into your HSA.

Other restrictions and exceptions may also apply. Be sure to consult with a tax, legal or financial advisor to discuss your personal circumstances.

HSA vs. FSA

There's a lot of ways for you to set aside money for medical expenses for you and your family, and save on taxes. Let's see how these different savings

	HEALTH SAVINGS ACCOUNT	HEALTH CARE FSA	LIMITED PURPOSE FSA
Are contributions to the account pre-tax?	Yes	Yes	Yes
What type of medical plan can I enroll in with this account?	Cigna Choice Plus HSA	Cigna OAP-IN Copay and Coinsurance; Kaiser	Cigna Choice Plus HSA
Can I combine the account with another pre-tax medical savings account?	Yes, with the Limited Purpose FSA	No	Yes, with the HSA
What kind of expenses can I use the account for?	All qualified medical expenses; non-qualified expenses with penalty (unless age 65+)	All qualified medical expenses	Dental, vision, and qualified preventive care expenses only
Do I pay taxes when I use this account for qualified medical expenses?	No	No	No
Does money in my account roll over each year?	Yes	Yes, up to \$640 can be rolled over into FY26 FSAs	Yes, up to \$640 can be rolled over into FY26 FSAs
Can I use the account for non-qualified expenses?	Yes, with a penalty (unless you're age 65+)	No	No
Can I use the account to pay for qualified medical expenses for my dependents?	Yes	Yes	Yes
Does money in the account earn interest?	Yes	No	No
Can money in the account be invested?	Yes, for balances over \$1,000	No	No
Can I take the account with me when I separate or retire from County Service?	Yes	No	No
Can funds be used to pay for Medicare Part B premiums?	Yes	No	No



Dependent Care Flexible Spending Accounts

Paying for childcare or adult day care can be expensive but luckily a Dependent Care Flexible Spending Account (FSA) can help with those costs.

Dependent Care FSAs let you set aside up to \$5,000 (that's \$192.31 each paycheck) tax-free to pay for day care expenses for children under age 13 or an adult dependent so that you can work. The County will also offset up to \$2,000 of your Dependent Care FSA contribution (read more **here**).

HOW DEPENDENT CARE FSA WORKS:

- Dependent Care FSAs cover child or adult care during the time that you're working. That means a summer day camp is covered but an overnight summer camp isn't, for example.
- If you're using the benefit for adult dependents, they have to be incapable of self-care.
- Dependent Care FSAs aren't front-loaded, which means you can only reimburse what you've contributed into the account.
- Dependent Care FSAs are <u>use it or lose it</u>—with no rollover or refunds—so make sure you only contribute what you know you'll use.
- You may start/stop/change your Dependent Care contribution with documentation of a change in your child or adult care situation. Be sure to notify us within 30 days.

Save Time on Filing Dependent Care Claims

Did you know you can file a single recurring Dependent Care claim to receive your reimbursements following each payroll deduction?

Complete a Recurring
Dependent Care Request
Form and upload it to Wex in
a single claim—no receipts
needed! The same form can
be used if your Dependent
Care amounts change or stop.

Once completed, you'll receive your reimbursement following each pay period for the remainder of the plan year.

Access the Recurring
Dependent Care Request by
logging in to your Wex
account or by clicking <u>here</u>.

Want to see what's covered under a Dependent Care FSA? Check out what's eligible here.

Life Insurance

The County gives all eligible employees basic life insurance that equals your annual base salary (rounded up to the nearest \$1,000) for free, but if you want extra life insurance, now's the time to sign up. And if you buy supplemental life insurance for yourself, you can also buy up to half that amount for your spouse and a flat amount for your children.

NEW FOR FY25 OPEN ENROLLMENT ONLY: Employees can purchase up to 2x supplemental life insurance and up to \$50,000 in spouse supplemental life insurance without needing to answer medical questions for approval.

If you elect life insurance above these amounts, you'll need to answer some medical questions in order to get approved. Our life insurance company, The Hartford, will be in touch after Open Enrollment with more information. Be sure to keep an eye out on your mail because you need to respond to The Hartford's questions within 60 days after Open Enrollment ends.

How much life insurance can you purchase?										
Employees	Up to 5x your annual salary (up to a maximum of \$1,000,000).									
Spouses	Up to half the amount of your own employee supplemental life insurance amount (up to a maximum of \$250,000).									
Children	Provides \$10,000 for children up to age 19, full-time students up to age 25, or disabled children (must have become disabled before reaching age 19).									

How Much Will Extra Life Insurance Cost?

The cost of extra life insurance for you or your spouse depends on how old you are and how much life insurance you're buying.

Costs can change when you get older or if your salary changes. For an idea of how much it'll cost you, check out our Supplemental Life Insurance Cost Calculator here.

Check Your Beneficiaries

Do you know who will be getting your life insurance if you pass away?

Take a moment to update your beneficiaries to make sure we have the correct people on file in <u>PRISM</u>. This small move can help make sure your money goes where you want—and helps saved your loved ones time and money too. You can find instructions on how to make the update <u>here</u>.

Choosing a trust or an organization as your beneficiary? Send us **email** and we can help you make that update.

Want more details? Review our life insurance page on AC Commons here.

Long-Term Disability Insurance



Do you know what you and your family would do if you became injured or ill and couldn't work? Losing a paycheck can be a really stressful experience, but having Long-Term Disability (LTD) insurance can help. LTD insurance helps you protect your income after a serious accident or illness.

<u>NEW FOR FY25 OPEN ENROLLMENT ONLY</u>: Employees electing Long-Term Disability insurance will receive guaranteed approval without the need to answer medical questions.

On or off the job, anyone can become disabled, but if you have LTD insurance, you can get:

- A percentage of your income each month for as long as you're disabled.
- Professional help for disability-related challenges from legal specialists to financial and therapeutic counselors.
- Affordable rates through convenient payroll deductions.

The cost of LTD insurance depends on your age and your annual salary. Costs can change when you get older or if your salary changes. Check out our Long-Term Disability Cost Calculator <u>here</u> to get an idea of your cost per paycheck.

Did You Know...

You can cancel your Long-Term Disability at any time? If you reach out to Benefits, we can cancel your Long-Term Disability insurance starting the next month after your request is received. No need to wait until the next Open Enrollment period to make changes.

Keep in mind, you can cancel at any time but you can only enroll during Open Enrollment or if you experience a qualifying life event.

Remember, if you re-enroll in Long-Term Disability benefits in the future, you'll still need to answer some medical questions to get approved—even if you were approved previously.

Want to see the LTD plan details? Check out our AC Commons page here.

Time to Choose Your Benefits!

FIRST: Check out AC Commons

Visit our benefits website for more details on your plan options, as well as other benefits information like FSAs, life insurance, and long-term disability insurance. Be sure to try out our cost calculator to estimate your expenses and costs for FY25.

NEXT: Attend a virtual event!

We have live and on-demand presentations along with one-on-one meetings so you can join in wherever and whenever.

FINALLY: Enroll in your benefits in PRISM

Remember: the last day to enroll is Friday, May 17.

Make sure you screenshot or print your Open Enrollment elections. This is your receipt and we will need this to prove PRISM doesn't show what you elected if you need to make corrections. Need to make sure you enrolled correctly? Review your elections **here**.

AND DON'T FORGET: Review the confirmation statement we mail to you

Confirmation statements will be mailed to your home address on file in PRISM. Be sure to closely review the confirmation statement you receive because you only have a small window to make corrections after Open Enrollment ends, and we'll need your PRISM screenshot and your confirmation statement to make corrections.

Moved recently? Be sure your address is up-to-date in PRISM so you receive your confirmation statement and ID cards.

Questions?

After checking out AC Commons, send us an email at <u>benefits@arlingtonva.us</u> or give us a call at 703-228-3500 from 10 AM to 4 PM, Monday through Friday, if you still have questions.

Open Enrollment starts April 29 and ends May 17!

Any changes you make take effect on July 1, 2024.

Important Reminders:

- You must re-enroll every year in your Health Care, Limited Purpose or Dependent Care FSA in order to replenish your account.
- If you enroll in the Cigna Choice Plus HSA plan, you can enroll in a Limited Purpose FSA for dental and vision expenses only.
- If you add a new dependent to your plan, you'll be asked to submit supporting documentation.
- We can only make corrections to your Open Enrollment elections if your PRISM screenshot shows a difference between what you elected an what appeared on your confirmation statement. Act quickly if corrections need to be made.

Important Contacts

Open Enrollment usually comes with lots of questions and important decisions to make—and we're here to help! Take a look at the resources below so you can feel confident in in your choices.

Keep in mind, some of these email addresses are limited to Open Enrollment only. This means any emails received before or after the Open Enrollment period won't be seen.

Vendor	Contact
Cigna	Email: ACGOE@cignahealthcare.com (for Open Enrollment Call:only) 1-888-806-5042 (24/7 pre-enrollment line) Visit: www.mycigna.com
Delta Dental	Email: ACG OEDentalQuestions@deltadentalva.com (for Open Enrollment only) Call: 1-800-237-6060 Visit: www.deltadentalva.com/members/arlington-county-government
Kaiser Permanente	Email: OpenEnrollmentACG@kp.org (for Open Enrollment only) Call: 1-800-777-7902 Visit: www.kaiserpermanente.org
Wex	Email: customerservice@wexhealth.com Call: 866-451-3399 Visit: www.wexinc.com/discovery-benefits/



Join a Virtual Event

We've partnered with our vendors to bring Open Enrollment to you—all from the comfort of wherever you may be and at the times that work best for you. Watch an on-demand video or meet with Benefits to learn about our different medical and dental plans and get answers to any questions you may have.

CLICK HERE FOR MORE INFORMATION

ON-DEMAND

- Open Enrollment Overview
- Presentations from Cigna, Kaiser and Delta Dental
- Learn more about FSAs and HSAs
- Become a Benefits Genius with Open Enrollment extra credit videos

ONE-ON-ONE

- Schedule a meeting with a Benefits team member who can help answer Open Enrollment questions or help walk you through your PRISM enrollment.
- Meet virtually with a local Kaiser Permanente HMO representative to ask any plan questions directly.
- Meet with an HSA Expert to learn more about how to maximize your HSA.

Medicare Advantage for Retirees:



Whether you're preparing for retirement or interested in learning more about the Medicare options the County provides to retirees, join us for a virtual information session with UnitedHealthCare to learn about UnitedHealthCare's Group Medicare Advantage plan or watch a pre-recorded information session to learn more about Kaiser Permanente's Medicare Advantage plan. Visit www.arlingtonva.us/oe and click Retiree Open Enrollment for more information.

Take a Break with Benefits

1) What turns of incomes affects 2 fee	
a) Dental insurance	e cleanings and 1 set of x-rays per calendar year? c) Cleaning insurance
•	, -
b) Medical insurance	d) Disability insurance
2) What is the term used to describe f	unds in a Flexible Spending Account (FSA) that expire if not used by the end of the plan year?
a) Extra funds	c) Use it or lose it
b) Stale funds	d) Expend it or forfeit it
3) What is the maximum contribution	limit for a Health Savings Account (HSA) in 2024 for individuals under 55 years old?
a) \$2,000	c) \$7,200
b) \$3,000	d) \$3,600
4) Which type of insurance pays a lum	np sum to beneficiaries upon the death of the insured individual?
a) Medical insurance	c) Life insurance
b) Dental insurance	d) Family insurance
5) In insurance terms, what does the	word "deductible" refer to?
 a) The amount of money an ins eligible services and prescrip 	sured person pays out of pocket before their insurance plan begins to cover their share of the cost of otions.
b) The maximum amount an in	surance plan will pay for covered services and prescriptions.
c) The monthly amount an insu	red person pays for insurance coverage.
d) The total amount paid for by	an insurance plan.
	count (FSA) allows you to set aside tax-free funds to reimburse yourself for childcare services for ervices for adult dependents incapable of self-care so that you may work?
a) Health Care FSA	c) Limited Purpose FSA
b) Dependent Care FSA	d) Daycare FSA
7) True or False: Deductions from you are pre-tax and reduce your taxable in	r paycheck for contributions to a Health Savings Account (HSA) or Flexible Spending Account (FSA)
a) True	b) False