# Arlington County Government Employee Benefits Guide Plan Year 2024 July 1, 2023 - June 30, 2024



# **Time to Choose Your Benefits!**

As new employees, you have 60 days from your date of hire to enroll in benefits in PRISM. Here's a handy checklist to make sure you're choosing the benefits that fit you best:

### FIRST: Check out AC Commons and review this guide

Visit our benefits website for more details on your plan options, as well as other benefits information like commuting, tuition reimbursement, and grants.

### NEXT: Enroll in your benefits in PRISM

Be sure to follow our step-by-step instructions or watch <u>this video</u> to make sure your enrollment is a success.

*Remember*: Your benefits are effective the first of the month after you enroll in PRISM. Need to make sure you enrolled correctly? Review your elections <u>here</u>.

### THEN: Keep an eye out for new ID cards

New ID cards are mailed to your home address on file in PRISM.

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.

### **Important Reminders:**

- Medical and dental benefits are effective the first of the month after you enroll. For example, if you enroll on August 15, your benefits are effective September 1.
- If you add dependents to your plan, you'll be asked to submit supporting documentation.
- After enrollment, you can only make changes to your benefits if you experience a qualifying life event or during Open Enrollment.

# 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	Lawful spouse <b>Note</b> : common law spouses and domestic partners are ineligible	<ul> <li>Most recent federal tax return if filing jointly<sup>1</sup> OR</li> <li>Most recent federal tax return if filing separately<sup>1</sup> AND government-issued marriage certificate</li> </ul>
Biological child	Natural born child under age 26	<ul> <li>Government-issued birth certificate <b>OR</b></li> <li>Hospital-issued birth certificate/letter (for child up to two months old)</li> </ul>
Stepchild	Stepchild of your current marriage	<ul> <li>Government-issued birth certificate AND</li> <li>Most recent federal tax return if filing jointly<sup>1</sup> OR</li> <li>Most recent federal tax return if filing separately<sup>1</sup> AND government-issued marriage certificate</li> </ul>
Adopted child	Child is eligible at time of placement	<ul><li>Certificate or decree of adoption <b>OR</b></li><li>Adoption placement order</li></ul>

#### This is not a complete list!

For a complete list of eligible dependents and required documentation, click <u>here</u>.

# **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	<ul> <li>An in-network copay plan that provides a "one-stop shop" for convenient medical services and prescriptions at Kaiser facilities and approved pharmacies.</li> <li>You'll need a referral from a primary care doctor to see certain specialists or receive certain services.</li> <li>Includes vision coverage.</li> </ul>
CIGNA OAP IN COPAY	<ul> <li>An in-network only plan using the Cigna Open Access Plus network.</li> <li>You pay copays for medical services and prescription drugs.</li> <li>Includes vision coverage.</li> </ul>
CIGNA OAP IN COINSURANCE	<ul> <li>An in-network only plan using the Cigna Open Access Plus network.</li> <li>You pay a coinsurance for medical services and prescription drugs.</li> <li>Includes vision coverage.</li> </ul>
CIGNA CHOICE PLUS HSA	<ul> <li>A consumer-driven health plan providing in- and out-of-network coverage.</li> <li>Services and prescriptions are subject to an annual deductible that begins when you enroll in the plan and resets every January 1. <i>Note:</i> Deductibles have changed for FY24. See <u>page 12</u> for more information.</li> <li>You pay a coinsurance for medical services and prescription drugs once you have satisfied the deductible.</li> <li>Includes vision coverage.</li> </ul>

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 on your Benefits-ese.

- <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
- <u>ANNUAL DEDUCTIBLE</u>: 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>NETWORK</u>: The facilities, providers, and suppliers an insurance company uses to provide services.
- <u>OUT-OF-POCKET MAXIMUM</u> (<u>OOPM</u>): 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).



# FY2024 Employee Medical Plan Comparison

Effective July 1, 2023 — June 30, 2024

				Cigna Choi	ce + HSA		
	Kaiser	Cigna Copay	Cigna Coinsurance	In-Network	Out-of-Network		
Plan Type	Сорау	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-network coverage			
Annual Deductible <sup>1</sup>	\$0	\$0	\$0	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family		
Employer HSA Contribution <sup>2</sup>	N/A	N/A	N/A	Individual: \$95 Family \$1,900			
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 for detail		Global maternity fee (\$60) and hospital admission (\$500) (see plan summary for details)	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible		



### FY2024 Employee Medical Plan Comparison

Effective July 1, 2023 - June 30, 2024

				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
<b>Prescription Drugs</b> 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 <i>Certain generics are \$0</i>	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 includ	ed with medical plan
Out-of-Pocket Maximum (OOPM) <sup>3</sup>	\$3,500 Individual \$9,400 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

<sup>1</sup> 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, 2023 through December 31, 2023. You must reach the deductible before the plan will pay for covered services and prescriptions. The deductible will reset again on January 1, 2024.

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

<sup>3</sup> 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>.

**NOTE:** Complete benefit summaries are available on AC Commons by going to: AC Commons > Benefits > Benefits > Open Enrollmentpen Enrollment

# **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.

Per calendar yearper calendar yearAnnual Maximum\$1,500 per person\$2,500 per personDiagnostic & 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% (Dependent children under age 19 only)Covered at 50% (Lifetime maximum \$1,250 (Adults and children)Temporomandibular Joint DisorderNot covered Not covered at 90%Covered at 90%		STANDARD PLAN	PREMIUM PLAN
Annual Maximumper personper personDiagnostic & 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%Drthodontia (Orthodontia maximums are separate from annual maximums)Covered at 50% (Dependent children under age 19 only)Covered at 90%Temporomandibular Joint DisorderNot coveredCovered at 90%	Annual Deductible		
12 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 DisorderNot covered Not coveredCovered at 90%	Annual Maximum		. ,
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 DisorderNot coveredCovered at 90%	<b>Diagnostic &amp; Preventive</b> (2 cleanings and 1 set of x-rays per calendar year)	Covered at 100%	Covered at 100%
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 	<b>Basic Services</b> (Fillings and simple extractions)	Covered at 80%	Covered at 90%
Orthodontia       Lifetime maximum \$1,250       Covered at 50%         Orthodontia maximums are separate       (Dependent children under age 19 only)       Lifetime maximum \$2,500         Temporomandibular Joint Disorder       Not covered       Covered at 90%	Dentures, bridges, implants and	Covered at 50%	Covered at 60%
Not covered Uovered at 90%	<b>Orthodontia</b> (Orthodontia maximums are separate from annual maximums)	Lifetime maximum \$1,250 (Dependent children	Lifetime maximum \$2,500
	<b>Temporomandibular Joint Disorder</b> (TMJ-Bite Guard)	Not covered	Covered at 90%

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!

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.



# Active Employee Biweekly Health and Dental Premiums

#### Effective July 1, 2023 — June 30, 2024

VIRGINIA	Со	pay Plai	ns:	Coinsurance Plans:																
	K	laiser Pe	rmanen	te		Cigna	а			Ciç	gna		Cig	na	Delta	Dental	Delta Dental			
		HN	10			OAP-I	N			OAI	P-IN	Cho	ice P	lus HSA	Star	ndard	Prem	Premium		
		Per Pay	Period			Per Pay Pe	eriod			Per Pay	Period		Per Pay	Period	Per Pa	y Period	Per Pay	Period		
		mployee ntribution	Count Contribu		Employee Contribution	Coun Contribi		Total Cost		Employee Contribution	County Contribution	Emplo Contrib		County Contribution	Employee Contribution	County Contribution	Employee Contribution	County Contribution		
Full-time (30-40 hours/week)																				
Employee	\$	58.47	\$ 23	3.86	\$ 73.04	\$ 29	92.15	\$ 365.19	\$	66.40	\$ 265.61	\$ 3	33.28	\$ 133.13	\$ 3.40	\$ 13.59	\$ 14.43	\$ 14.43		
Employee + Spouse	\$	153.89	\$ 46	1.69	\$ 187.16	\$ 56	61.50	\$ 748.66	\$	170.16	\$ 510.47	\$ 8	37.36	\$ 262.08	\$ 8.49	\$ 25.46	\$ 28.86	\$ 28.86		
Employee + Child(ren)	\$	135.58	\$ 40	6.75	\$ 159.77	\$ 47	79.32	\$ 639.09	\$	145.26	\$ 435.78	\$ 7	9.04	\$ 237.12	\$ 9.24	\$ 27.73	\$ 31.43	\$ 31.43		
Family	\$	223.04	\$ 66	9.14	\$ 273.90	\$ 82	21.71	\$ 1,095.61	\$	249.00	\$ 747.01	\$ 12	24.80	\$ 374.40	\$ 12.95	\$ 38.84	\$ 44.03	\$ 44.03		

#### Part-time (20-29 hours/week)

Employee	\$ 146.16	\$ 146.1	7	\$ 182.60	\$ 182.60	\$ 365.19	\$ 166.01	\$ 166.01	\$ 83.20	\$ 83.21	\$ 8.50	\$ 8.50	\$ 21.65	\$ 7.22
Employee + Spouse	\$ 307.79	\$ 307.7	9	\$ 374.33	\$ 374.33	\$ 748.66	\$ 340.32	\$ 340.32	\$ 174.72	\$ 174.72	\$ 16.98	\$ 16.98	\$ 43.29	\$ 14.43
Employee + Child(ren)	\$ 271.16	\$ 271.1	7	\$ 319.56	\$ 319.55	\$ 639.09	\$ 290.52	\$ 290.52	\$ 158.08	\$ 158.08	\$ 18.48	\$ 18.49	\$ 47.15	\$ 15.72
Family	\$ 446.09	\$ 446.0	9	\$ 547.82	\$ 547.81	\$ 1,095.61	\$ 498.01	\$ 498.01	\$ 249.60	\$ 249.60	\$ 25.90	\$ 25.90	\$ 66.05	\$ 22.02

#### Part-time (10-19 hours/week)

Employee	\$ 204.63	\$ 87.70	\$ 255.64	\$ 109.56	\$ 365.19	\$ 232.41	\$ 99.60	) <b>\$</b>	116.48	\$ 49.9	92	\$ 11.89	\$ 5.10	\$ 25.97	\$ 2.89
Employee + Spouse	\$ 430.91	\$ 184.67	\$ 524.06	\$ 224.60	\$ 748.66	\$ 476.44	\$ 204.19	\$	244.61	\$ 104.8	33	\$ 23.76	\$ 10.19	\$ 51.95	\$ 5.77
Employee + Child(ren)	\$ 379.63	\$ 162.70	\$ 447.36	\$ 191.73	\$ 639.09	\$ 406.73	\$ 174.31	\$	221.31	\$ 94.8	35	\$ 25.88	\$ 11.09	\$ 56.57	\$ 6.29
Family	\$ 624.53	\$ 267.65	\$ 766.93	\$ 328.68	\$ 1,095.61	\$ 697.21	\$ 298.80	) <b>\$</b>	349.44	\$ 149. <sup>-</sup>	76	\$ 36.25	\$ 15.54	\$ 79.25	\$ 8.81

# 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 **\$3,050** each fiscal year into your Health Care FSA (that's \$117.31 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 or unreimbursed money over **\$610** gets forfeited at the end of the FY24 plan year.

### 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 and contacts
- Dental care like braces, retainers, and crowns
- New! 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

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>.

# 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 Plus HSA 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 **\$3,050** each fiscal year into your Health Care FSA (that's \$117.31 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 for unreimbursed money over **\$610** gets forfeited at the end of the FY24 plan year.

## 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

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 Savings Account with Cigna Choice Plus HSA

For members enrolled in Cigna Choice, 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 (see more <u>here</u>).

Here's some great things you should know about HSAs:

#### SAVE ON THOSE PESKY INCOME TAXES

Your contributions to your HSA are tax-free *and* if you use your HSA for qualified medical expenses, you don't pay taxes on the money you use

#### SAVE FOR RETIREMENT

The money in your HSA can be invested—just like your 457—and grow year after year. What's more, once you turn 65, your HSA savings can be spent on non-medical expenses, so you can use HSA money to buy yourself those senior-discount skydiving lessons.

### THERE'S NO "USE BY" DATE WITH YOUR HSA

The money in your HSA stays in there until you need it—this year, next year, or ten years from now—even if you retire or separate from service.

#### Important Notes:

- If you enroll after July 1, you will receive a prorated contribution from the County into your HSA.
- You can start, stop, or change your HSA contributions at anytime by following <u>these</u> instructions.
- HSA contribution limits vary depending on personal circumstances. Be sure to monitor your HSA and speak to a tax, legal, or financial advisor if you have any questions.

### 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're 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 CARE FSA	HEALTH SAVINGS ACCOUNT	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 OAP-IN Copay and Coinsurance; Kaiser	Cigna Choice Plus HSA	Cigna Choice Plus HSA
Can I combine the account with another pre-tax medical savings account?	No	Yes, with the Limited Purpose FSA	Yes, with the HSA
What kind of expenses can I use the account for?	All qualified medical expenses	All qualified medical expenses; non-qualified expenses with penalty (unless age 65+)	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, up to \$610 can be rolled over into the FY25 plan year	Yes	Yes, up to \$610 can be rolled over into the FY25 plan year
Can I use the account for non-qualified expenses?	No	Yes, with a penalty (unless you're age 65+)	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?	No	Yes	No
Can money in the account be invested?	No	Yes, for balances over \$1,000	No
Can I take the account with me when I separate or retire from County Service?	No	Yes	No
Can funds be used to pay for Medicare Part B premiums?	No	Yes	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 <u>here</u>).

#### HERE'S HOW A 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 60 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. Not interested right now? You can always purchase life insurance during Open Enrollment or if you experience a qualifying life event.

### THIS IS HOW MUCH LIFE INSURANCE YOU CAN BUY :

#### FOR YOURSELF

You can buy up to 5x your annual salary (up to a maximum of \$1,000,000). New employees receive guaranteed approval for up to 2x your annual salary if you enroll during your new hire benefit election period.

#### FOR YOUR SPOUSE

You can buy half the amount of your own supplemental life insurance amount (up to a maximum of \$250,000). New employees receive <u>guaranteed approval of up to \$50,000</u> for spouse supplemental life insurance if you enroll during your new hire election period

#### FOR YOUR 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). The cost is a flat rate of \$0.38 per paycheck regardless of the number of children covered.

#### Important notes:

- You must have your own supplemental life insurance benefit if you wish to enroll in spouse or child supplemental life insurance.
- Amounts elected above the guaranteed approval limits will be subject to medical underwriting and approval. Medical questionnaires will be mailed to your home address and must be returned by the date on the letter.

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

# 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 <u>here</u>.

### **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 <u>email</u> and we can help you make that update.

While you're at it, be sure to check on the beneficiaries for your <u>retirement</u> <u>accounts</u>, too.

# **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. Even better—**new employees receive guaranteed approval for LTD insurance**.

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, 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.

# **Check Out These Extra Benefits**

Arlington County offers additional benefits and programs for eligible employees. Check out the links below to see what we have in store!

Benefit	Description
<u>Commuting</u>	<ul> <li>Up to \$180/month for eligible commutes using public transportation or vanpool</li> <li>Up to \$35/month to walk or bike to work</li> <li>Pre-tax Parking Flexible Spending Accounts to reimburse yourself for parking costs while working</li> <li>Paid parking at various County locations</li> </ul>
Live Where You Work Grants	<ul> <li>Receive a one-time grant up to \$25,000 for a home purchase or up to \$2,000 for a rental. Grants are income-based and subject to eligibility.</li> <li>Available to permanent, full-time employees working 30+ hours/week.</li> </ul>
Adoption Assistance	• Reimbursements of up to \$5,000 for qualified expenses for completed adoptions.
<b>Tuition Reimbursement</b>	• Reimbursements of up to \$2,500 per fiscal year for qualifying courses.
Location Pay	<ul> <li>Up to \$80 per month for general employees working in the Courthouse Plaza Campus, Justice Center, or AED</li> <li>Up to \$110 for uniformed employees working in the Justice Center</li> </ul>
<u>Leave</u>	<ul> <li>Accrued vacation and sick leave</li> <li>Up to 10 weeks paid parental leave for new parents</li> <li>Job-protected FMLA for eligible employees</li> </ul>
<u>Employee Assistance Program</u> <u>(EAP)</u>	<ul> <li>EAP works with employees and family members who have problems that may affect job performance. These can be problems at home or on the job.</li> </ul>

# **Important Contacts**

Vendor	Contact
Cigna	Call: 888-806-5042 (24/7 pre-enrollment line) Visit: www.mycigna.com
Delta Dental	Call: 1-800-237-6060 Visit: www.deltadentalva.com/members/arlington-county-government
Kaiser Permanente	Call: 1-800-777-7902 Visit: <u>www.kaiserpermanente.org</u>
Wex	Call: 866-451-3399 Visit: <u>www.wexinc.com/discovery-benefits/</u>

# **Take a Break with Benefits**

Word List
HSA
FSA
DEPENDENT CARE
MEDICAL
PREMIUM
DENTAL
PRISM
LIFE INSURANCE
DEDUCTIBLE
CIGNA
KAISER
PLANYEAR
OPEN ENROLLMENT
COINSURANCE
СОРАҮ
OOPM

RKEOBUYCOINSURANCEZW RYYNLSVJFSAYJSJDIMCF G E D P Y B M F O Y P D H J X F D S K M CDEERSTDEPENDENTCARE QOCLNIJJOWURPREMIUMY XLNDPTSYDULPXZQCDLQQ D M M T S R A M G M X Z D H D Q Y H S A LHQSRWHLVOWICGRICAOK T T W G L G B F M Q I G Z M V B K L M P LIFEINSURANCEEXGYLSK Y S | C V D X T T C I F H D D Z D D N Q ODXFOMYEIIEQMIZEBOLK V F G O Y P K F W G O X T C S O E J X A O F T C Q N A V Q N P N O A C | H G D I CKWRDXOYOAXSOLBDMABS MVRZLUOLPDEDUCTIBLEE HMVRSHPTNXTHCIUDZVMR JESLSDMOEDECAMFYRKEI T P J C O P E N E N R O L L M E N T X Z