

2022

Retiree Benefit Plan Changes

Open Enrollment is your opportunity to make changes to coverage for the upcoming plan year to fit your needs and the needs of your family. It is also the time to add eligible dependents or remove dependents, and your changes will be effective January 1, 2022. Review the following pages for important benefit changes effective January 1, 2022.



October 1 - October 15, 2021

Enroll

Visit vbgov.com/benefits/enroll

OR

Download the Benefitplace app



Published: September 2021



Access your Benefits - Anytime, Anywhere!

Benefitplace™

- 1 Download the free Benefitplace app from Benefitfocus from Google Play (Android) or the App Store (Apple)
- 2 Enter your Company ID: **VABeachBenefits**
- 3 Log into your benefits with your App Username and Password

App Username

City Retirees: COVB_Employee ID
(ex: COVB_1234)

School Retirees: VBCPS_Employee ID
(ex: VBCPS_1234)

App Password

If you haven't logged in with these credentials, your temporary password is:
Last name + last 4 of your SSN (ex: Smith9999)
You will then be prompted to create your own unique password

Already have the app? Your credentials haven't changed. If you have any password trouble, you may reset it with the Benefitfocus app.

Tips

TO CANCEL A PLAN:

Log in to Benefitfocus and actively decline any benefits that will automatically rollover as defined in the Welcome to OE letter.

TO MAKE ANY CHANGES TO YOUR BENEFITS:

Such as electing a Health Savings Account (HSA) or making a change to any dependent(s)

Elect all of the benefits you wish to have in 2022 by completing the entire enrollment workflow and clicking on "Complete Enrollment."

Scan to Download the Benefitplace App



Health Plan Design Changes

Effective January 1, 2022, there will be two health plans offered through Optima Health: **CDHP (Consumer Driven Health Plan) and POS (Point of Service)**. The new CDHP and POS plans feature the same providers, services, and treatment as the plans offered today. Currently, there are three Optima Health plans offered through December 31, 2021: the POS Basic, POS Standard and POS Premier plans. Preview the health plan offerings in the side-by-side summary comparison on page 3.

Please Note

The City of Virginia Beach and Virginia Beach City Public Schools limits spouse coverage on the health plan. If your spouse is not employed, or not offered health insurance that meets the Affordability and Minimum Essential Services requirement as outlined by the Patient Protection and Affordable Care Act by their employer(s), you may enroll him/her during Open Enrollment or within 30 calendar days following a qualifying life event. It is your responsibility to make any necessary changes on the Benefitfocus platform should your covered spouse's eligibility change (i.e., your spouse becomes eligible for coverage through his/her employer). Note: if you and your spouse work for VBCPS and/or COVB, you may cover them on your plan. Health and dental coverage will be terminated upon the retiree (and/or their enrolled spouse) attaining Medicare eligibility due to age or disability. The CBO monitors retirees (and their enrolled spouses) approaching Medicare eligibility and notification will be mailed prior to cancellation of coverage.



Health Plans & Open Enrollment

Action may be required

If you are currently covered by an Optima Health plan with Virginia Beach City or Schools, and you take no action during Open Enrollment, you will be automatically transitioned to one of the two new plans (the CDHP or POS plan) on January 1, 2022. **If you do not wish to be automatically transitioned to a new plan for 2022, YOU MUST ACT during Open Enrollment 2022.** See below for actions you may choose to take.

Contact Optima Health

For questions about health plans and covered services at OptimaHealth.com, with the Optima Health app, or at 757.687.6141.

Don't Forget!

Vision care services from EyeMed are integrated with the Optima Health Plans.

I Want to Take No Action:

If you are currently enrolled in the Basic or Standard plan, and you take no action during Open Enrollment, your coverage in these plans will end on December 31, 2021, and you will be automatically transitioned to the new CDHP on January 1, 2022.

IMPORTANT:

While you will be automatically transitioned to coverage in the CDHP, you **will not** receive the **\$750 (individual coverage)** or **\$1,250 (family tiers)** employer contribution towards the Health Savings Account (HSA) unless you log in to your benefits enrollment account and actively elect the CDHP and HSA.

If currently enrolled in the Premier plan, and you take no action during Open Enrollment, your coverage in this plan will end on December 31, 2021, and you will be automatically transitioned to the new POS plan on January 1, 2022.

I Want to Elect the CDHP or POS plan on the Benefitfocus platform:

You can elect the new CDHP or POS plan during Open Enrollment to have coverage beginning on January 1, 2022. Log in to your benefits enrollment account at vbgov.com/benefits/enroll or on the Benefitplace mobile app during Open Enrollment to elect your coverage.

I Want to Decline Optima Health plan coverage on the Benefitfocus platform:

If you are currently enrolled in any Optima Health plan, but do not wish to be covered on the CDHP or POS plan in 2022, you must decline health coverage by logging in to your benefits enrollment account at vbgov.com/benefits/enroll or on the Benefitplace mobile app during Open Enrollment. If you decline coverage in the new plans, your current health coverage will end on December 31, 2021, and you will be ineligible to reinstate retiree coverage at a later date.

2022 Optima Health Plan Comparison Summary of Benefits

PLAN FEATURES	Consumer Driven Health Plan CDHP		Point of Service POS	
	*Non-embedded: Must meet the Family Deductible/Out-of-Pocket Max if enrolled in any tier other than Subscriber Only.		**Embedded: If one family member meets the individual deductible, his/her benefits will begin. Once family deductible is met, benefits are available to all members.	
	Optima In-Network/ PHCS Network	Out-of-Network	Optima In-Network/ PHCS Network	Out-of-Network
Deductibles ³ (per calendar year)	\$2,000 per individual* \$4,000 per family*	\$4,000 per individual* \$8,000 per family*	\$850 per individual** \$1,700 per family**	\$1,700 per individual** \$3,400 per family**
HSA Employer Funding ¹	\$750 Subscriber Only / \$1,250 All Other Tiers		N/A	
Maximum Out-of-Pocket (MOOP) (per calendar year)	\$4,500 per individual* \$9,000 per family*	\$7,250 per individual* \$14,500 per family*	\$3,000 per individual** \$6,000 per family**	\$4,500 per individual** \$9,000 per family**
Preventive Care	100% ²	Covered at 50% ^{AD}	100% ²	Covered at 60% ^{AD}
MDLIVE ^{3, 4} (virtual consult)	Covered at 100% ^{AD}	Not Covered	Covered at 100% ²	Not Covered
SQCN ^{3, 5} PCP/ Non-SQCN PCP	Covered at 90% ^{AD} / 80% ^{AD}	Covered at 50% ^{AD}	\$20 Co-pay ² / \$40 Co-pay ²	Covered at 60% ^{AD}
SQCN ^{3, 5} Specialist/ Non-SQCN Specialist	Covered at 90% ^{AD} / 80% ^{AD}	Covered at 50% ^{AD}	\$40 Co-pay ² / \$60 Co-pay ²	Covered at 60% ^{AD}
SQCN ^{3, 5} Maternity Care/ Non-SQCN Maternity Care	Covered at 90% ^{AD} / 80% ^{AD}	Covered at 50% ^{AD}	\$350 Co-pay ² / \$500 Co-pay ²	Covered at 60% ^{AD}
Urgent Care ³	Covered at 80% ^{AD}	Covered at 50% ^{AD}	Covered at 85% ^{AD}	Covered at 60% ^{AD}
Diagnostic (x-ray, lab work) ³ & Imaging (CT/PET/MRI)	Covered at 80% ^{AD}	Covered at 50% ^{AD}	Covered at 85% ^{AD}	Covered at 60% ^{AD}
Inpatient & Outpatient Hospital ³	Covered at 80% ^{AD}	Covered at 50% ^{AD}	Covered at 85% ^{AD}	Covered at 60% ^{AD}
Emergency Room ³	Covered at 80% ^{AD}	Covered at 50% ^{AD}	Covered at 85% ^{AD}	Covered at 60% ^{AD}

For a complete list of covered services, please review the Summary of Benefits at vbgov.com/benefits.

Preferred Pharmacy ⁶ (Walgreens, Walmart/Sams Club)		
Tier 1 ^{3, 8}	\$10 Co-pay ^{AD}	\$10 Co-pay ²
Tier 2 ^{3, 8}	\$25 Co-pay ^{AD}	\$25 Co-pay ²
Tier 3 ^{3, 7, 8}	Covered at 75% ^{AD} (Max \$50)	Covered at 75% ² (Max \$50)
Non-Preferred Pharmacy ⁶		
Tier 1 ^{3, 8}	\$25 Co-pay ^{AD}	\$25 Co-pay ²
Tier 2 ^{3, 8}	\$45 Co-pay ^{AD}	\$45 Co-pay ²
Tier 3 ^{3, 7, 8}	Covered at 75% ^{AD} (Max \$75)	Covered at 75% ² (Max \$75)
Specialty Pharmacy ⁶		
	Covered at 75% ^{AD, 3} (Max \$200)	Covered at 75% ^{2, 3} (Max \$200)

NOTES

^{AD} After Deductible (deductible must be paid first before the plan will provide coverage as indicated).

¹ Refers to features of the plan. Please refer to page 15 for individual eligibility.

² Deductible does not apply to this service (plan will provide coverage as indicated and before the deductible has been met).

³ Applies toward Maximum Out-Of-Pocket (MOOP) (separate in and out of network MOOP).

⁴ MDLIVE virtual consult services available with health plan enrollment. For the CDHP, the cost is currently \$39 before you meet your deductible (cost subject to change during 2022).

⁵ Sentara Quality Care Network (to see if your doctors are part of SQCN visit OptimaHealth.com and click on doctor search. Look for doctors with a "SQCN" logo next to their name).

⁶ Closed Formulary Prescription Drug Benefit (contains specific drugs in each drug class. Non-formulary medications must meet medical necessity criteria through an exception process to be covered).

⁷ Or the plan's negotiated cost of the drug, if less.

⁸ Please note: Prescription medications used to prevent any of the following medical conditions are not subject to the deductible including medications for hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency.



Health Plan Premiums

There are no Health plan premium increases for retirees with a health plan employer contribution. However, retirees without an employer contribution toward their health plan premiums may see an increase to their premiums.

HEALTH PLAN PREMIUMS		
WITH ¹ EMPLOYER CONTRIBUTION (MONTHLY RATE)		
LEVEL OF COVERAGE	CDHP	POS
Subscriber Only	\$121.59	\$256.24
Subscriber + 1 Child	\$178.53	\$373.76
Subscriber + Children	\$255.19	\$531.22
Subscriber + Spouse	\$543.27	\$857.00
Family	\$630.18	\$1,035.46

HEALTH PLAN PREMIUMS		
WITHOUT ¹ EMPLOYER CONTRIBUTION (MONTHLY RATE)		
LEVEL OF COVERAGE	CDHP	POS
Subscriber Only	\$771.07	\$890.92
Subscriber + 1 Child	\$1,117.91	\$1,291.68
Subscriber + Children	\$1,580.35	\$1,826.00
Subscriber + Spouse	\$1,782.82	\$2,059.94
Family	\$2,306.91	\$2,665.49

¹ Eligibility information can be found on page 8 of the 2022 Retiree Guide (available on vbgov.com/benefits).

Dental Plan Premiums

There are no Dental plan design changes, but there is a Dental plan premium increase.

For a complete list of covered services, please contact MetLife at 800.942.0854

DENTAL PLAN PREMIUMS		
(MONTHLY RATE)		
LEVEL OF COVERAGE	SILVER	GOLD
Subscriber Only	\$21.35	\$35.07
Subscriber + 1 Child	\$34.17	\$55.64
Subscriber + Children	\$45.20	\$73.69
Subscriber + Spouse	\$45.20	\$73.69
Family	\$68.17	\$111.69



Health Savings Account (HSA)

For a list of eligible expenses, easy to understand videos, and calculators, visit healthequity.com.

Contact HealthEquity

For questions about your health savings account at healthequity.com or at 866.346.5800.

CDHP (Consumer Driven Health Plan) Employer Contribution

Anyone who elects the CDHP and elects a Health Savings Account (HSA), after confirming eligibility, will receive an employer contribution into their HSA prorated monthly throughout the year up to the following amounts:

Subscriber Only	All Other Tiers
<p>\$750</p> <p>(Previously \$500)</p>	<p>\$1,250</p> <p>Subscriber & child, subscriber & children, subscriber & spouse, subscriber & family (Previously \$1,000)</p>

Plan Limits

The IRS has increased the HSA contribution limits for 2022 to:

Subscriber Only	Family
<p>\$3,650</p> <p>(Previously \$3,600)</p>	<p>\$7,300</p> <p>(Previously \$7,200)</p>

- You may fund your HSA on a post-tax basis by transferring money into your account through the HealthEquity member portal. For those who are age 55 or older, the age catch-up remains the same & you may contribute an additional \$1,000 in addition to the allowed contribution limits.

The choices you make during Open Enrollment remain in effect for the entire plan year as long as you maintain eligibility throughout the year, or unless you have a qualifying life event as defined by the IRS (such as marriage, birth, divorce, etc.). If you experience a Qualifying Life Event (QLE), you may be eligible to make limited mid-year plan changes. All required documentation must be received by the CBO and benefit coverage elections/changes must be made within 30 calendar days following the qualifying life event date.



How Does CBO Keep in Touch?

How Does CBO Keep in Touch?

The Consolidated Benefits Office communicates important benefit information and updates differently for retirees!

AS AN ACTIVE EMPLOYEE YOU RECEIVED:	AS A RETIREE YOU WILL RECEIVE:
Semi-Monthly e-Bulletins	Quarterly Retiree Newsletters
Quarterly BEWell Beat	Quarterly BEWell Beat
Intranet site (vbcps.sharepoint.com or Beachnet)	vbgov.com/benefits Visit this page frequently for benefit materials, newsletters, and announcements.

IMPORTANT

Please Keep Your Contact Information Current

Benefit vendors and the CBO will use your address on file to mail/email you important documents and other information. To update your contact information, please complete the Retiree Name and Contact Change Packet available on the retiree page of vbgov.com/benefits.



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Enroll

Visit vbgov.com/benefits/enroll

OR

Download the Benefitplace app



Contact Us

Email: Benefits@vbschools.com

Phone: 757.263.1060

Schedule a Virtual Appointment:
vbgov.com/benefits