



# Employee Benefits

Effective July 2025 - June 2026

# Table of Contents



<b><u>Making Benefit Selections</u></b>	<b>3</b>
<b><u>Helpful Terms &amp; Resources</u></b>	<b>4</b>
<b><u>Contact Information</u></b>	<b>5</b>
<b><u>Medical Benefits</u></b>	<b>6</b>
<b><u>Virtual Visits</u></b>	<b>8</b>
<b><u>Dental Benefits</u></b>	<b>9</b>
<b><u>Vision Benefits</u></b>	<b>10</b>
<b><u>Employee Assistance Plan</u></b>	<b>11</b>
<b><u>Employee Rates</u></b>	<b>12</b>



# Making Benefit Selections

## Eligibility

### For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

### Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

#### Your Spouse

- You may cover your legal spouse (from whom you are not legally separated or divorced).

#### Your children

- Unmarried/married dependent children (including stepchildren, legally adopted children and children placed with you for adoption and guardianship) to their 26th birthday, regardless of student or residence status.
- Unmarried/married dependent children (not their spouse or dependents) who are physically or mentally disabled. Proof of disability is required.

## How to enroll

Enrolling in benefits is easy! Read your materials, including this benefits guide, and make sure you understand all the options available.

- Contact HR for the enrollment forms.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

## Enrolling in coverage

Your benefit plans are in effect July 1 – June 30 next year. In general, there are **three times** you can make benefit selections:

### ① When you're first eligible

New hires become eligible for coverage on the **first day of the month following their date of hire. If a new hire starts on the first of the month, coverage will be effective that day.** You must make your election to enroll within 30 days of your eligibility date.

### ② At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from **July 1, 2025 – June 30, 2026** unless you have a qualifying life event.

### ③ If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- change in marital status
- change in number of dependents due to birth, adoption, death, or divorce
- change in employment status for yourself or your spouse
- special enrollment rights, such as marriage, birth, adoption or loss of other coverage

**Changes to your benefit elections must be consistent with the related status change and documentation may be required. You must notify Human Resources within 60 days of the life event date in order make changes to your benefit elections during the plan year.**



Getting Started

# Contact Information



Questions? The Advanced Resolutions Team (ART), is here to help you with claims, ID cards, coverage questions, and more!

1-866-802-6311

[art@onedigital.com](mailto:art@onedigital.com)

Monday - Friday, 8am-5pm EST

Benefit	Carrier	Contact Information
Medical	Anthem/TLC	1.800.901.0020 <a href="http://www.anthem.com/TLC">www.anthem.com/TLC</a>
Pharmacy Benefits Manager	Anthem/TLC	1.800.901.0020 <a href="http://www.anthem.com/TLC">www.anthem.com/TLC</a>
Telemedicine	LiveHealth Online	1.888.548.3432 <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>
Dental	Delta Dental	1.800.237.6060 <a href="http://www.deltadentalva.com/members/tlc.html">www.deltadentalva.com/members/tlc.html</a>
Vision	Anthem Blue View Vision/TLC	1.800.901.0020 <a href="http://www.anthem.com/TLC">www.anthem.com/TLC</a>
Employee Assistance Program (EAP)	Anthem/TLC	24/7 Support – 1.855.223.9277 <a href="http://www.anthemEAP.com">www.anthemEAP.com</a>



# Helpful Terms & Resources



## We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

### Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

*Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

### Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

### Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

### Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

### In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

### Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

### Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

### Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include - but are not limited to - cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).

### Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of City of Petersburg.

[Download now](#)



How to handle medical bills (4:46)



## Medical Benefits

# Medical Insurance

Select from two medical options through **The Local Choice**.

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



### Key Advantage \$500

[See plan details](#)

### Key Advantage \$1,000

[See plan details](#)

#### In-network care

Network name:	Anthem/The Local Choice	Anthem/The Local Choice
<b>Annual Deductible (DED)</b>	\$500 per person \$1,000 family max	\$1,000 per person \$2,000 family max
<b>Out-of-Pocket Maximum</b>	\$4,000 per person \$8,000 family max	\$5,000 per person \$10,000 family max
<b>Preventive Care</b>	100% covered	100% covered
<b>Primary Care Visit</b>	\$25 copay	\$25 copay
<b>Specialist Visit</b>	\$40 copay	\$40 copay
<b>Virtual Visit</b>	100% covered	100% covered
<b>Urgent Care</b>	\$40 copay	\$40 copay
<b>Emergency Room</b>	20% coinsurance, after deductible	20% coinsurance, after deductible
<b>Inpatient Hospital Care</b>	20% coinsurance, after deductible	20% coinsurance, after deductible
<b>Prescription Drugs</b>	<b>(30 days   90 days)</b>	<b>(30 days   90 days)</b>
<b>Generic</b>	\$10 copay   \$20 copay	\$10 copay   \$20 copay
<b>Preferred Brand Name</b>	\$30 copay   \$60 copay	\$30 copay   \$60 copay
<b>Non-Preferred Brand Name</b>	\$45 copay   \$90 copay	\$45 copay   \$90 copay
<b>Specialty*</b>	\$55 copay   \$110 copay	\$55 copay   \$110 copay
<b>Out-of-Network Care</b>	<b>Balance billing applies</b>	<b>Balance billing applies</b>
<b>Annual Deductible</b>	\$1,000 / \$2,000	\$2,000 / \$4,000
<b>Out-of-Pocket Maximum</b>	\$7,000 / \$14,000	\$9,000 / \$18,000

**See your plan documents for out-of-network benefits.**

## Per Pay Deductions

Medical Benefits are bundled with Dental and Vision Benefits. Please visit [page 12](#) for per pay period costs for you and your family.

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## Medical Benefits

# Anthem BCBS Resources

**Anthem BCBS** offers many tools to help enrolled employees and their families make the most out of their medical benefits.



### How to Locate an Anthem BCBS Provider

**Is your doctor or hospital in your plan's Anthem BCBS network?** To locate a provider in the Anthem BCBS network visit

<https://www.anthem.com/TLC/find-care/> and sign in to search for a provider.

**Register** for an account on [www.anthem.com/TLC](http://www.anthem.com/TLC) – this can be your one-stop source for managing your health plan. On myCigna.com, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

**Questions?** Call the number on the back of your ID card.

### Anthem BCBS Pharmacy Benefits

#### Retail Prescription Program

The pharmacy program offers a broad network of pharmacies. Show your medical ID card at a participating retail pharmacy to receive up to a 30-day supply of your medication.

To find a network pharmacy near you, visit <https://www.anthem.com/TLC/find-care/>.

#### Mail Order Program

Mail order helps you save time and money on your maintenance medications. When you use the mail order service, you can receive a 90-day supply for the cost of 1x retail copays. It's convenient, too—your prescriptions are delivered right to your door.

#### GoodRx

The [www.GoodRx.com](http://www.GoodRx.com) mobile app helps members save money on prescription expenses by allowing them to compare prices at nearby pharmacies to find discounts and print coupons for their prescribed medication.

### Say Hi to Sydney

With Sydney, you can find everything you need to know about your Anthem/TLC benefits -- personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

With just one click, you can:

- **Find care and check costs**
- **Check all benefits**
- **See claims**
- **Get answers even faster with Sydney's chatbot**
- **View and use digital ID cards**

To get started, download the Sydney app today.

### Diabetes Prevention Program

The Diabetes Prevention Program is a new preventive program for eligible members. Joining a Diabetes Prevention Program can help reduce that risk by giving you the tools to adopt healthy habits, be more active and lose weight.

If you are at risk, you can sign up for a Diabetes Prevention program at no cost through Anthem Blue Cross. Take a brief quiz to learn your risk and then answer a few questions to get matched with your best fit program.

## Medical Benefits

# Virtual Visits

### Telehealth: virtual health care that fits your schedule

It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through The Local Choice and Anthem BCBS includes access to virtual care through **LiveHealth Online**.



### Benefits of Virtual Care

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment and quick call back
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Dermatology visits for skin problems
- Virtual Visits are less expensive than the ER or urgent care

### Get the Care You Need

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Urinary tract infections



### Enrolling is easy!

Enroll for free:  
1.888.548.3432  
[www.livehealthonline.com](http://www.livehealthonline.com)

Download the free LiveHealth  
Online mobile app!

## Dental Benefits

# Dental Insurance

Your dental coverage is through **The Local Choice** and administered by **Delta Dental**.

The dental plan options are available to members enrolled in one of our medical plans. Both plans provide you and your family with coverage for typical dental expenses, such as cleanings, X-rays, and fillings. With Delta Dental, you have access to an unmatched dual network to ensure that care is convenient for you and your family.



[Learn about dental care categories](#)



### Comprehensive Dental

[See plan details](#)

### Preventive Dental

[See plan details](#)

	In-Network	In-Network
<b>Annual Deductible (DED)</b>	\$25 per person \$50 two people \$75 family max	None None None
<b>Annual Maximum Benefit</b>	\$1,500 per person	None
<b>Preventive Care</b>	100% covered	100% covered
<b>Basic Care</b>	20% coinsurance, after deductible	Not covered
<b>Major Care</b>	50% coinsurance, after deductible	Not covered
<b>Orthodontic Care</b> <i>Dependent children up to age 19</i>	50% to \$1,500 lifetime maximum	Not covered

*Out-of-Network benefits mirror the in-network benefits; however, you will have higher out-of-pocket expenses if you see an out-of-network provider. When going out-of-network, the reimbursement level is based on usual & customary charges. You may be balance-billed if your provider charges more than the usual & customary. Please see your plan documents for Out-of-Network benefits.*

### Finding Participating Dentists

To find out if your dentist participates in the Delta Dental network, visit [www.deltadentalva.com/dentist-search.html](http://www.deltadentalva.com/dentist-search.html) to search for a provider or download the Delta Dental app in the App Store or Google Play.



**Stay in-network to avoid balance billing** (the difference between what an out-of-network provider charges and the amount your insurance pays). **Please note:** If you see a Delta Dental participating dentist, your dentist will submit claim forms for you. If you see an Out-of-Network dentist, you may need to submit the claim forms yourself.

### Per Pay Deductions

Dental Benefits are included when you enroll in one of our medical plans. Please visit [page 12](#) for per-pay-period pricing for you and your family.

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Vision Benefits

# Vision Insurance



Your vision coverage is through **The Local Choice** and administered by **Anthem**.

The vision plan option is available to members enrolled in one of our medical plans. The plan offers preventive care through regular eye exams and provide coverage for corrective materials, such as glasses and contact lenses.



**Key Advantage \$500**

[See plan details](#)

**Key Advantage \$1,000**

[See plan details](#)

**Allowance for all Plans**

	<b>In-Network</b>	<b>In-Network</b>	<b>Out-of-Network (reimbursement)</b>
<b>Annual eye exam</b> (every 12 months)	\$40 copay	\$40 copay	Up to \$50
<b>Frames</b> (every 12 months)	\$100 allowance + 20% off remaining balance	\$100 allowance + 20% off remaining balance	Up to \$80
<b>Lenses</b> (every 12 months) <ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul>	\$20 copay \$20 copay \$20 copay	\$20 copay \$20 copay \$20 copay	Up to \$50 Up to \$75 Up to \$100
<b>Contact lenses</b> (every 12 months) <ul style="list-style-type: none"> <li>• Elective (Conventional)</li> <li>• Medically Necessary</li> </ul>	\$100 allowance + 15% off discount  Covered in full	\$100 allowance + 15% off discount  Covered in full	Up to \$80  Up to \$210

### Finding Participating Eye Doctors

With the Vision Network, you can choose from thousands of ophthalmologists, optometrists and opticians at private practices or at popular retail locations like Costco Optical, Visionworks, and more.



**Stay in-network to avoid balance billing** (the difference between what an out-of-network provider charges and the amount your insurance pays).

### Per Pay Deductions

Vision Benefits are included when you enroll in one of our medical plans. Please visit [page 12](#) for per-pay-period pricing for you and your family.

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## Work/Life Benefits

# Employee Assistance Program (EAP)

Care for your mind – and your life – with support through **The Local Choice.**

New Kent offers employees and their dependent(s) an Employee Assistance Programs (EAP) at no cost you. Through our EAP, we make sure you have 24/7 access to resources and consultants to assist with personal life challenges.



### Everyone needs support sometimes.

The Employee Assistance Program (EAP) is a confidential service with access to guidance and resources at no cost for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

**Essentially, if it's part of your life, our EAP is here for you.**

Access support online or over the phone. 24/7/365.

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### EAP features:

- **Confidential.** No one at New Kent will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at **no cost**.
- **Face-to-face visits.** When needed, each person can receive **face-to-face** (or virtual) visits with a licensed counselor per issue per year. **At no cost.** See plan details for maximum number of visits.

The Local Choice / Anthem  
BCBS Employee Assistance  
Program (EAP)

For 24/7 support:  
1.855.223.9277

[www.anthemEAP.com](http://www.anthemEAP.com)

## Employee Rates

# Your Per Pay Period Costs



### Medical, Dental, and Vision Rates

All benefit costs are displayed as per pay period **bi-weekly** costs. Payroll deductions will be taken from each pay period. You will be responsible for payment of the employee cost of all benefits you have elected. Missed deductions will be made up via payroll.

### When You Choose To Enroll In The Comprehensive Dental Plan With Medical & Vision Benefits:

	Key Advantage \$500	Key Advantage \$1,000
	w/ Comprehensive Dental & Vision	w/ Comprehensive Dental & Vision
Bi-Weekly Employee Deductions		
Employee Only	\$45.20	\$21.48
Employee + Spouse	\$179.60	\$149.40
Employee + 1 Child	\$141.20	\$112.85
Employee + Child(ren)	\$237.33	\$204.10
Employee + Family	\$314.18	\$277.15

### When You Choose To Enroll In The Preventive Dental Plan With Medical & Vision Benefits:

	Key Advantage \$500	Key Advantage \$1,000
	w/ Preventive Dental & Vision	w/ Preventive Dental & Vision
Bi-Weekly Employee Deductions		
Employee Only	\$44.30	\$21.03
Employee + Spouse	\$175.90	\$146.15
Employee + 1 Child	\$138.30	\$110.40
Employee + Child(ren)	\$232.43	\$199.65
Employee + Family	\$307.68	\$271.10

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# Petersburg

## VIRGINIA



This guide highlights the main features of many of the benefit plans sponsored by City of Petersburg Health & Benefits. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. City of Petersburg Health & Benefits reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This Guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.