



ACCOMACK COUNTY COUNTY *Virginia*

2023-2024

Employee Benefit Guide

Table of Contents

What's New or Different.....	3
Flexible Spending and Dependent Care Accounts	4-5
Benefits Overview.....	6
Employee Contributions for Benefits.....	7
Medical Benefits	8-9
Dental Benefits	10
Vision Benefits	11
Wellness Engagement Package 200	12
Anthem Online Virtual Care	13
Employee Assistance Program	14
Pharmacy Home Delivery	15
Special Offers & Discounts	16-17
Life Insurance	18-19
Benefits - Payroll Deductions.....	20
Contact Information	21
Legal Notices.....	22-29

Medicare Part D - Prescription Drug Information:

If you (and/or your dependents) are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 26 and 27 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

What's new & how can I save \$\$?

No one likes price increases! But, here are some tips that could help your money go further and help offset the increase in rates. Here are a few things you can do:



- ◆ If you are taking prescriptions on a monthly basis, use the 90 - day prescriptions through your insurance. The price for a 90 - day prescription is usually cheaper than paying monthly (see page 15 for more information)
- ◆ Enroll in Anthem's Engagement Package 200
 - ⇒ Once enrolled you can earn up to \$200 by completing activities outlined in the program
 - ⇒ Further information can be found on page 12
- ◆ Leverage the pre-tax deductions for Flexible Spending Accounts

What are pre-tax deductions?

"Pre-tax deductions" are those benefit deductions that are taken from an employee's paycheck before taxes are withheld. Therefore, the pretax deductions reduce the taxable income and the amount you owe the government.

◆ Flexible Spending Account - Medical

- ⇒ You can enroll in the Flexible Spending Account to assist with paying for copays, out-of-pocket medical expenses, prescriptions and much more
- ⇒ You may carry over funds to the next benefit year, up to \$500

◆ Flexible Spending Account - Dependent Care

- ⇒ If you pay for non-educational childcare, you can enroll in dependent care
- ⇒ This can be used for before and after school care, non-educational camps and child care during the summer

◆ Contribution Guidelines

- ⇒ Your contributions can be as small as \$10 per pay period and up to a maximum of \$3,050 per year for medical and \$5,000 for dependent
- ⇒ The amount you contribute is divided up between pay periods, so 24 times per year

Flexible Spending Account

Administered by Flores | www.flores247.com | 1-800-532-3327

You can save money on your healthcare and/or dependent daycare expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.



YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**
You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$3,050 you would save **\$762.50** in taxes.
- 2 ESTIMATE YOUR EXPENSES**
Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

Make sure to estimate your expenses carefully unused funds will be forfeited if not used within the plan year.

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items
- COVID-19 Related PPE



YOUR STEPS TO SAVINGS!

1

REALIZE THE TAX SAVINGS

You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.

2

ESTIMATE YOUR EXPENSES

Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

Benefits Overview

The County of Accomack, VA is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental, vision).

Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Accounts
- Life Insurance
- Flexible Spending Accounts
- Employee Assistance Program
- Legal Plan
- Identity Theft Monitoring
- Aflac Products



Eligibility

You and your dependents are eligible for The County of Accomack benefits on the first of the month following your date of hire if your start date is on or between the 1st and the 14th of the month. If your start date is after the 15th of the month, benefits will begin the first of the month following 30 days of employment. Life benefits will become effective the first of the month following your date of employment for all eligible employees.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or County of Accomack, VA eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Employee Contributions for Benefits

Key Care 15 Plus PPO including Basic Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee	\$701.94	\$561.55	\$140.39	\$70.19
Employee + Child	\$1,193.30	\$831.80	\$361.50	\$180.75
Employee + Child(ren)	\$1,193.30	\$831.80	\$361.50	\$180.75
Employee + Spouse	\$1,474.07	\$986.22	\$487.85	\$243.92
Employee + Family	\$1,895.23	\$1,217.86	\$677.37	\$338.68
Medicare Carve-Out*	\$701.94	\$350.97	\$350.97	N/A
(\$15/50/85/20% to \$300 Prescription Drug Benefit)				

Key Care 15 Plus PPO including Major Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee	\$707.45	\$561.55	\$145.90	\$72.95
Employee + Child	\$1,203.24	\$831.80	\$371.44	\$185.72
Employee + Child(ren)	\$1,203.24	\$831.80	\$371.44	\$185.72
Employee + Spouse	\$1,484.01	\$986.22	\$497.79	\$248.90
Employee + Family	\$1,911.19	\$1,217.86	\$693.33	\$346.67
(\$15/50/85/20% to \$300 Prescription Drug Benefit)				

*Continuing, Medicare Carve-out enrollees, please refer to the Finance Department

Key Care 20 Plus PPO including Basic Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee	\$695.86	\$561.55	\$134.30	\$67.15
Employee + Child	\$1,182.96	\$831.80	\$351.16	\$175.58
Employee + Child(ren)	\$1,182.96	\$831.80	\$351.16	\$175.58
Employee + Spouse	\$1,461.30	\$986.22	\$475.08	\$237.54
Employee + Family	\$1,878.82	\$1,217.86	\$660.95	\$330.48
(\$15/50/85/20% to \$300 Prescription Drug Benefit)				

Key Care 20 Plus PPO including Major Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee	\$701.37	\$561.55	\$139.82	\$69.91
Employee + Child	\$1,192.90	\$831.80	\$361.10	\$180.55
Employee + Child(ren)	\$1,192.90	\$831.80	\$361.10	\$180.55
Employee + Spouse	\$1,471.24	\$986.22	\$485.02	\$242.51
Employee + Family	\$1,894.78	\$1,217.86	\$676.92	\$338.46
(\$15/50/85/20% to \$300 Prescription Drug Benefit)				

Dental - Basic				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee	\$13.96	\$11.18	\$2.78	\$1.39
Employee + Child	\$27.92	\$18.86	\$9.06	\$4.53
Employee + Child(ren)	\$27.92	\$18.86	\$9.06	\$4.53
Employee + Spouse	\$26.52	\$18.09	\$8.43	\$4.22
Employee + Family	\$41.88	\$26.53	\$15.35	\$7.67
Medicare Carve-Out*	\$13.96	\$6.98	\$6.98	N/A

Dental - Major				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee	\$23.66	\$11.18	\$12.48	\$6.24
Employee + Child	\$47.34	\$18.86	\$28.48	\$14.24
Employee + Child(ren)	\$47.34	\$18.86	\$28.48	\$14.24
Employee + Spouse	\$44.96	\$18.09	\$26.87	\$13.44
Employee + Family	\$70.98	\$26.53	\$44.45	\$22.22
Medicare Carve-Out*	\$23.66	\$6.98	\$16.68	N/A

Medical Benefits

Administered by Anthem | www.anthem.com | 1-800-331-1476

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way - especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the County of Accomack.

The County of Accomack offers you a choice of two (2) PPO medical plans. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	Plan Summary In-Network Benefits	
	Key Care Plus 20/20% \$4,000	Key Care Plus 15/20% \$3,500
	In-Network	In-Network
Lifetime Benefit Maximum	Unlimited	Unlimited
Annual Deductible	\$0 single / \$0 family	\$0 single / \$0 family
Annual Out-of-Pocket Maximum (includes deductible)	\$4,000 single / \$8,000 family	\$3,500 single / \$7,000 family
Coinsurance	20%	20%
Doctor's Office		
Primary Care Office Visit	\$20 copay	\$15 copay
Specialist Office Visit	\$40 copay	\$35 copay
Preventive Care	No charge	No charge
Diagnostic Test (X-ray, blood work)	Lab - No charge in lab or office setting X-Ray - 20% in office setting	Lab - No charge in lab or office setting X-Ray - 20% in office setting
Imaging (CT/PET scan, MRI)	\$300 copay in outpatient hospital setting	\$200 copay in outpatient hospital setting
Prescription Drugs		
Retail—Tier I (30-day supply)	\$15 copay	\$15 copay
Retail—Tier II (30-day supply)	\$50 copay	\$50 copay
Retail—Tier III (30-day supply)	\$85 copay	\$85 copay
Specialty	20% up to \$300 maximum	20% up to \$300 copay
Mail Order—Tier I (90-day supply)	\$38 copay	\$38 copay
Mail Order—Tier II (90-day supply)	\$125 copay	\$125 copay
Mail Order—Tier III (90-day supply)	\$213 copay	\$213 copay

Medical Benefits (Continued)

Administered by Anthem | www.anthem.com | 1-800-331-1476

	Plan Summary In-Network Benefits	
	Key Care Plus 20/20% \$4,000	Key Care Plus 15/20% \$3,500
	In-Network	In-Network
Hospital Services		
Emergency Room (Facility Services)	\$300 copay	\$300 copay
Inpatient	\$300 copay per day to a maximum of \$1,500	\$300 copay per day to a maximum of \$1,500
Outpatient Surgery	\$150 free standing facility \$300 copay in hospital setting	\$150 free standing facility \$300 copay in hospital setting
Ambulance Service	20%	20%
Mental Health Services		
Inpatient Services	\$300 copay per day to a maximum of \$1,500	\$300 copay per day to a maximum of \$1,500
Outpatient Services	Office Visit - \$20 copay Other Outpatient - \$150	Office Visit - \$15 copay Other Outpatient - \$150
Substance Abuse Services		
Inpatient Services	\$300 copay per day to a maximum of \$1,500	\$300 copay per day to a maximum of \$1,500
Outpatient Services	Office Visit - \$20 copay Other Outpatient - \$150	Office Visit - \$15 copay Other Outpatient - \$150
Other Services		
Maternity Services	Global physician fees - \$300 per pregnancy Inpatient- \$300 per day to a maximum of \$1,500	Global physician fee - \$300 per pregnancy Inpatient- \$300 per day to a maximum of \$1,500
Muscle Manipulation Services (based on setting)	\$20 or \$40 copay; up to 30 visits per year	\$15 or \$35 copay; up to 30 visits per year
Physical, Occupational and Speech Therapy Services (setting will determine cost)	\$20 or \$40 copay; up to 30 visits per year for physician	\$15 or \$35 copay; up to 30 visits per year for physician
Skilled Nursing 120-day calendar year maximum	\$300 copay per day to a maximum of \$1,500; up to 150 days per year	\$300 copay per day to a maximum of \$1,500; up to 150 days per year



Employees who receive an annual wellness visit will receive 2 hours of paid leave per year, courtesy of Accomack County. Just provide proof of the date of your annual exam to Human Resources.



Dental Benefits

Administered by Anthem

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the County of Accomack dental benefit plan.

BASIC PLAN		
Services	In-Network	Out-of-Network
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000	\$1,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	80%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible	80% after deductible
Major Dental Services (crowns, bridges, dentures, repairs)	Not covered	Not covered
Orthodontia Services	Not covered	Not covered

MAJOR PLAN		
Services	In-Network	Out-of-Network
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,500	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%	80%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible	80% after deductible
Major Dental Services (crowns, dentures, repairs)	50% after deductible	50% after deductible
Orthodontia Services (adults and dependents children)	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum



Vision Benefits - Major Plan

Administered by Anthem Blue Cross and Blue Shield

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a Blue View Vision Plan doctor

Service	In-Network (any Blue View Vision Plan provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam	Included under the medical plan	Included under the medical plan
Lenses — once per calendar year		
Single Vision Lenses	\$25 copay	Up to \$25 reimbursement
Lined Bifocal Lenses	\$25 copay	Up to \$40 reimbursement
Lined Trifocal Lenses	\$25 copay	Up to \$55 reimbursement
Frames — once every 12 months	\$130 allowance then 20% off balance	Up to \$45 reimbursement
Contact Lenses — once per calendar year if you elect contacts instead of lenses/frames		
Allowance	Conventional: \$130 allowance then 15% off balance; Disposable: \$130 allowance	Up to \$105 reimbursement
Medically Necessary	Covered in full	Up to \$210 reimbursement





Engagement Package 200 - Focus on your well-being and earn rewards!

Your whole life matters, and we want to reward you for taking care of it. The Wellbeing Solutions program, sponsored by the County of Accomack, connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below, you will earn rewards to put toward electronic gift cards for select retailers. You choose the activities you would like to complete to receive the maximum of \$200 in rewards. Don't wait, use your Sydney Health app or visit [anthem.com](https://www.anthem.com) to learn more.

Activity type	Activities	Amount
 <p>Preventive care measures</p> <p>How you earn: Receive your reward when claims are processed</p>	Complete a colorectal cancer screening (45 years and older)	\$25
	Complete a routine mammogram (women 40 to 74)	\$25
	Complete an annual preventive wellness exam or well woman exam with your doctor	\$25
	Get an annual cholesterol test ¹	\$20
	Get an annual flu shot	\$20
	Have an annual eye exam ²	\$25
 <p>Condition management programs</p> <p>How you earn: Reach certain benchmarks or complete a program</p>	ConditionCare program: Work one-on-one with your health coach for a chronic condition and earn rewards for participating in and completing the program ⁴	Up to \$50 (\$20 participation/\$30 completion)
	Future Moms program: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments ⁵	Up to \$40 (\$20 initial/\$10 interim/\$10 postpartum assessments)
	Wellbeing Coach Telephonic – Weight Management Program: Receive one-on-one support and lifestyle coaching for weight management. Complete your goal to earn a reward ⁶	\$25
	Wellbeing Coach Telephonic – Tobacco Cessation Program: Receive one-on-one support and lifestyle coaching for tobacco cessation. Complete your goal to earn a reward ⁶	\$25
 <p>Digital Wellness activities</p> <p>How you earn: Complete activities in the Sydney HealthSM app or on anthem.com</p>	Complete action plans around eating healthy, weight management, physical activity, and more	Up to \$25 (\$5 per action plan)
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete Well-being Coach Digital daily mission check-ins ⁸	Up to \$20 (\$4 per milestone)
	Connect a fitness or lifestyle device	\$5
	Log in to your Anthem account	\$5
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Update your contact information	\$10



Receive virtual care and support 24/7 with our Sydney Health app

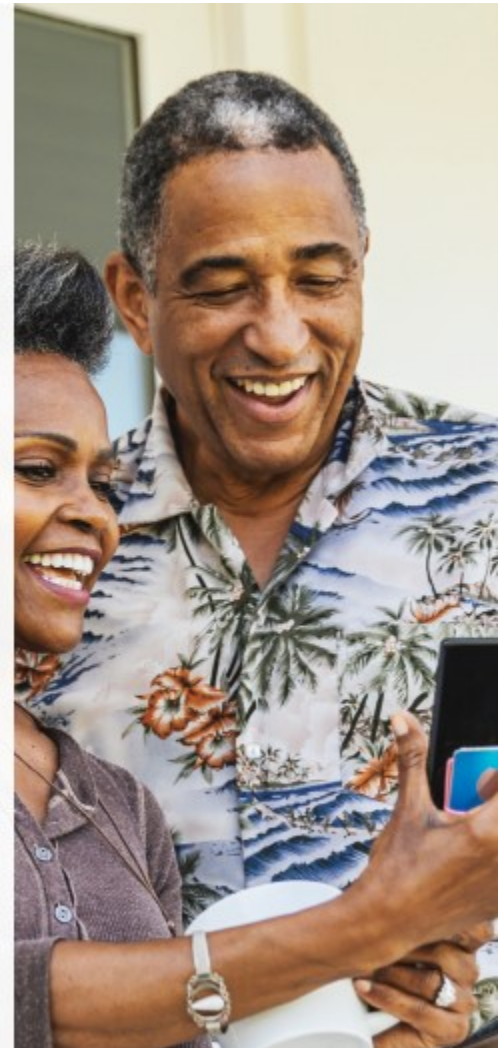
Now you can connect more easily to the care you need through our **SydneySM Health** mobile app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.

Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.¹



What people say about virtual care visits²

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

were able to book a virtual visit sooner than an in-person visit

Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com**.
3. Select **Care** and then select **Video Visits**.

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. Select **Care** and then select **Virtual Video Visit With A Provider**.



Employee Assistance Program

Administered by Anthem

Accomack County provides all full-time and part-time employees with an Employer-Paid Employee Assistance Program through Anthem. Your Employee Assistance Program (EAP) gives you access to resources you can turn to when you need help meeting life's challenges.

Check out some of the services offered—at no cost to you:



Counseling

- Up to 4 visits per issue
- Face-to-face counseling or online visits via LiveHealth Online
- Can call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles



Financial consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools



ID recovery

- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors



myStrength

- Online “health club for your mind”
- E-learning modules and mood trackers
- Library of videos, articles and inspirational quotes
- Supports development of personal action plans



Dependent care and daily living resources

- Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website
- Phone consultation with a work-life specialist
- For help with everyday needs, like pet sitting, relocation resources and more



Other anthemEAP.com resources

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more



Crisis consultation

- Toll-free number for emergencies
- Round-the-clock help available

Need help? Give EAP a try today.

Call us at 800-346-5484. Or go to [anthemEAP.com](https://www.anthemEAP.com) and enter your company code: Accomack County.

Available 24/7, 365 days a year
Everything you share is confidential.*

Skip the pharmacy with home delivery

Save time and effort filling your regular prescriptions

Set up home delivery through CarelonRx Mail for the prescriptions you take long-term for conditions like high blood pressure, diabetes, heart disease, or asthma. You'll receive your medications at your door and enjoy the convenience of not having to visit the pharmacy.

With home delivery, you can count on:



Convenience. Medications are delivered directly to your home or any location you choose.

- Manage your prescriptions with the SydneySM Health app or at [anthem.com](https://www.anthem.com).
- Expect first-time home delivery orders to take about two weeks and refills to take 3 to 5 days.
- Set up reminders and automatic refills, too.



Safety. All orders are checked by a licensed pharmacist before they ship. Discreet packaging is:

- Tamperproof
- Temperature controlled, if needed
- Weatherproof



Peace of mind. You're less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed when you switch to home delivery.* Trained pharmacists can also answer your questions and help you 24/7.



Hassle-free service. CarelonRx Mail will contact your doctor to order a new, 90-day prescription if you need one. If a medication preapproval is needed, the home delivery team will reach out to you for consent before shipping your medication.



Savings. Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Shipping is always free.

Start home delivery now with these steps

1. Visit the *Pharmacy* page on [anthem.com](https://www.anthem.com), choose the *Pharmacy* tab on the Sydney Health app, or scan the QR code with your phone's camera. Register your member account if you haven't already.



2. Choose **Request a New Prescription**.
3. Type in the prescription you'd like delivered.
4. Under the name and cost of your prescription, select **Request a New Prescription**.
5. Fill in any blank fields, such as shipping address, payment method, and prescriber.
6. First-time requestors will need to select **Continue to Medical Profile**.
7. Verify any allergies or health conditions, then select **Continue to Submit Order**.

We're here to help

Call CarelonRx Mail at **833-320-1180** or use the live chat feature on Sydney Health or [anthem.com](https://www.anthem.com).

Save money with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.



Dental, hearing, and vision

Dental

ProClear™ Aligners

You can improve your smile without metal braces and dental visits. These clear, teeth-straightening aligners, which you buy online, are an excellent lower-cost option to the regular wire braces or aligner treatments you receive through an orthodontist.

RefreshaDent

Save on premium dentures from the comfort of your home with a lifetime warranty.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Health and fitness

Health

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable trackers, and health products such as vitamins and nutrition bars.

Jenny Craig®

Receive everything you need to make it easier to reach your health goals. In addition to no-cost coaching, you can also save on food purchases.

LifeMart®

Deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Fitness

Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget.

Garmin®

Discounts are available on select Garmin wellness devices.

GlobalFit®

Discounts are available for gym memberships, fitness equipment, coaching, and other services.

Family and home

Family

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Safe Beginnings®

Babyproof your home while saving on everything from safety gates to outlet covers.

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Course Series

Choose one of the online living programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or face an alcohol problem.

► **Learn more about SpecialOffers**
Log in to [anthem.com](https://www.anthem.com), choose Care, and select Discounts.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to www.anthem.com/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoice® Managed Care, Inc. (RHC), HealthyAdvance® Life Insurance Company (HAI), and HMO Missouri, Inc. RHC and certain affiliates administer non-HMO benefit underwritten by HAIIC and HMO benefits underwritten by HMO Missouri, Inc. RHC also certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., also HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by MedWest Insurance Company, Inc. In North Carolina: Anthem Health Plans of North Carolina, Inc. In North Dakota: Anthem Health Plans of North Dakota, Inc. In Oklahoma: Anthem Health Plans of Oklahoma, Inc. In Oregon: Anthem Health Plans of Oregon, Inc. In Pennsylvania: Anthem Health Plans of Pennsylvania, Inc. In Rhode Island: Anthem Health Plans of Rhode Island, Inc. In South Carolina: Anthem Health Plans of South Carolina, Inc. In Tennessee: Anthem Health Plans of Tennessee, Inc. In Texas: Anthem Health Plans of Texas, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwritten or administered by PPO and indemnity policies and underwrites the out-of-network benefits in PPO policies of HealthCare Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WVIC). CompCare underwrites or administers HMO or PPO policies; WVIC underwrites or administers Web Priority HMO or PPO policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Group Basic Life Insurance

Administered by The Virginia Retirement System (VRS)

Underwritten by Minnesota Life Insurance Company—a Securian Financial company

www.securian.com | 1-800-441-2258 | P.O. Box 1193, Richmond, VA, 23218-1193



The County provides basic group term life insurance to employees through the Virginia Retirement System, and underwritten by Minnesota Life Insurance Company. This coverage is provided at no cost to the employee. For a natural death, the benefit is equal to the employee's pay (rounded to the next \$1,000), and then doubled. For accidental death, the benefit is four times the employee's pay. There is no maximum limitation on this benefit.

The County provides basic group term life insurance to employees at no cost.

Eligibility

You are eligible for coverage if you are a full-time salaried:

- State employee
- An employee of a participating political subdivision
- Employees who work on a temporary or wage basis are not eligible

Amount of Coverage

The amount of your life insurance coverage is equal to your annual salary rounded to the next highest thousand, then doubled. For accidental death, the benefit is four times the employee's pay. There is no maximum limitation on this benefit.

Coverage Amount Examples

Salary	Rounded Salary	Insurance Amount
\$9,100	\$10,000	\$20,000
\$25,300	\$26,000	\$52,000
\$24,000	\$24,000	\$48,000

In addition to the amount that is payable upon a natural death, your life insurance also includes an accidental death and dismemberment benefit should you die or have an injury as a result of an accident.

Make sure to update or add your beneficiary!



Group Optional Life Insurance - Employee Paid

Administered by The Virginia Retirement System (VRS)

Underwritten by Minnesota Life Insurance Company—a Securian Financial company

www.securian.com | 1-800-441-2258 | P.O. Box 1193, Richmond, VA, 23218-1193

The following options are available to newly eligible employees without providing evidence of insurability (EOI):

- Optional life: Elect any available option up to \$400,000
- Spouse term life: If you elect coverage for yourself, your spouse will be eligible to receive a benefit equal to up to one-half your salary (all other options will require EOI).
- Child term life: All coverage is guaranteed (amount based upon your optional life election).

EOI will be required for any amounts exceeding the guaranteed limits or if any coverage is applied for outside of your 31-day eligibility period. EOI is also required if you want to increase coverage after transferring to one state agency to another state agency.

Optional Coverages	
Option 1	Employee: 1x salary Spouse: 0.5x salary Childr(en:) \$10,000 Children are eligible 15 days to maximum age
Option 2	Employee: 2x salary Spouse: 1x salary Childr(en:) \$10,000 Children are eligible 15 days to maximum age
Option 3	Employee: 3x salary Spouse: 1.5x salary Childr(en:) \$20,000 Children are eligible 15 days to maximum age
Option 4	Employee: 4x salary Spouse: 2x salary Childr(en:) \$30,000 Children are eligible 15 days to maximum age

Monthly Cost of Coverage

Optional Life - employee, retiree and spouse	
Age	Rate/\$1,000
34 and under	\$0.05
35-39	\$0.06
40-44	\$0.08
45-49	\$0.14
50-54	\$0.20
55-59	\$0.33
60-64	\$0.59
65-69	\$1.06
70 and over	\$2.06

Child term life

Option	Coverage Amount	Rate
1	10,000	\$0.80
2	10,000	\$0.80
3	20,000	\$1.60
4	30,000	\$2.40

How much life insurance do I need?
Check out this life calculator at -

Lifebenefits.com/insuranceneeds

Benefits - Payroll Deduction

There are multiple benefits that are available through payroll deduction to County employees. You will be provided a list of those benefits on this page along with resources and information for each benefit.



- AFLAC offers policies for Cancer insurance, Accident insurance and Critical Illness insurance
- Our representative is Mr. Charles Bono
(757) 999-0232
charlesbono@gmail.com



- A flexible spending account, or FSA, is a benefit where employees can contribute a set amount from their paycheck to help offset medical expenses
- Full-time employees can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses for their child or children under 13 years of age or for a dependent of any age that lives in your household that is incapable of self-care
- Contact your HR and/or benefits representative



Legal Shield & ID Shield offers legal and identity services for employees. Legal Shield gives employees access to a lawyer 24 hour a day, 7 days a week, and 365 days a year. ID Shield offers protection and assistance with identity theft.

- Our representative is Mr. Rob Vest.
 - * (703) 945-3988
 - * robvest@gmail.com



Lincoln Financial Group

- Lincoln Financial Group offers an additional 457 retirement plan for the County of Accomack full-time employees. Employees can have money added to their 457 plan every pay period. You can make changes to your deductions as needed.
- Our representative is Ms. Sharon Ryan
 - * (757) 873-3331
 - * Sharon.ryan@lfg.com

Optional Life Insurance

- Accomack County employees have the option with to purchase additional life insurance for themselves, spouse and/or children.
- Please see page 19 for further information regarding optional life insurance.
- To enroll, contact your HR and/or benefits representative.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Anthem	800-331-1476	www.anthem.com
Dental	Anthem	800-331-1476	www.anthem.com
Vision	Anthem	866-723-0515	www.anthem.com
Employee Assistance Program	Anthem	800-346-5484	www.anthemEAP.com
FSA	Flores	800-532-3327	www.flores247.com
Accident, Critical Illness, Cancer/ Specified-Disease Insurance	Aflac	Chuck Bono 757-999-0232	www.aflac.com
Basic Life Insurance	Virginia Retirement System/Securian	800-441-2258	www.securian.com
Optional Life Insurance	Virginia Retirement System/Securian	800-441-2258	www.securian.com
457(b) Retirement Plan	Lincoln Financial Group	757-873-3331	www.LincolnFinancial.com/Retirement

Open Enrollment Point of Contact List

Employee or Group	Point of Contact	Phone	Email
ANPDC Employees	Sandy Taylor	757-787-2936, ext.117	staylor@a-npdc.org
Board of Supervisors Retirees Partner Agencies <i>not</i> listed above	Priscilla Justis	757-787-5714	pjustis@co.accomack.va.us
Current County Employees	Jenifer Ward	757-787-5710	jward@co.accomack.va.us or AskHR@co.accomack.va.us
ES Public Library Employees	Janet Justis	757-787-3400	director@espl.org
Sheriff Department Employees	Jamie Collins	757-787-1131	jcollins@co.accomack.va.us
Social Services Employees	Wendy Linton	757-787-5385	wendy.linton@dds.virginia.gov

Legal Notices

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Key Care Plus 20/20% \$4,000 (Individual: 20% coinsurance and \$0 deductible; Family: 20% coinsurance and \$0 deductible)

Plan 2: Key Care Plus 15/20% \$3,500 (Individual: 20% coinsurance and \$0 deductible; Family: 20% coinsurance and \$0 deductible)

If you would like more information on WHCRA benefits, please contact Human Resources at 757-787-5710.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA Medicaid	ALASKA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS Medicaid	CALIFORNIA Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA Medicaid	INDIANA Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
IOWA Medicaid and CHIP (Hawki)	KANSAS Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
KENTUCKY Medicaid	LOUISIANA Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE Medicaid	MASSACHUSETTS Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA Medicaid	MISSOURI Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA Medicaid	NEBRASKA Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA Medicaid	NEW HAMPSHIRE Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>

NEW JERSEY Medicaid and CHIP	NEW YORK Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA Medicaid	NORTH DAKOTA Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	OREGON Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	RHODE ISLAND Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA Medicaid	SOUTH DAKOTA Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS Medicaid	UTAH Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT Medicaid	VIRGINIA Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON Medicaid	WEST VIRGINIA Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN Medicaid and CHIP	WYOMING Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

County of Accomack, VA is committed to the privacy of your health information. The administrators of the County of Accomack, VA Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources at 757-787-5710.

HIPAA Special Enrollment Rights

County of Accomack, VA Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the County of Accomack, VA Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources at 757-787-5710.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from County of Accomack, VA About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with County of Accomack, VA and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. County of Accomack, VA has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current County of Accomack, VA coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current County of Accomack, VA coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with County of Accomack, VA and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through County of Accomack, VA changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	June 01, 2023
Name of Entity/Sender:	County of Accomack, VA
Contact—Position/Office:	Human Resources
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This benefit summary prepared by



on behalf of

Insurance | Risk Management | Consulting



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.