

SUMMARY OF CITY EMPLOYEE BENEFITS

Benefits cited below are for 40 hour/week employees and may differ for Management Level, Part-Time, and Library positions. Long-term temporary employees are eligible for all benefits except retirement. Temporary, relief, and intern employees are not eligible for benefits.



LEAVE:

Vacation: Need some time off? Use it, you earned it!

| Years Worked | 0 - <3 | 3 - <5 | 5 - <10 | 10 - <15 | 15 - <20 | 20 - <25 | 25+ |
|------------------------|--------|--------|---------|----------|----------|----------|-----|
| Hours Accrued Biweekly | 3.09 | 3.85 | 4.62 | 5.4 | 6.16 | 6.93 | 7.7 |

Sick: Under the weather? Earn 4.62 hours biweekly, approximately 120 hours a year, with no limit on accumulation to be used to care for yourself and qualifying family members.

Holidays: Enjoy 14 paid holidays per year. (13 observed, 1 floating)

INSURANCE:

Aetna Medical Plans: Coverage is effective on the first of the month following date of hire.

- Choose from three options:
 - Virginia Value HMO (\$0 premium for employee-only coverage)
 - Virginia Care POS 1 (\$36.28 premium paid biweekly for employee-only coverage)
 - Virginia Value POS 2 (\$13.02 premium paid biweekly for employee-only coverage)
- Prescription Card: (\$10 generic, \$30 lower cost name brand, \$55 higher cost name brand)
- Mail Order Maintenance Prescription Drug Program (\$20 generic, \$60 lower cost name brand, \$110 higher cost brand)

Delta Dental Plan:

- Diagnostic and Preventative – 100% of allowable charge; Basic Dental Care- 80%; Major Dental Care- 50%
- Primary- \$50 deductible, 80/20; Prosthetic and Complex Restorative- \$50, 50/50
- \$1,500 Annual benefit maximum
- \$1,000 Orthodontic benefit

MetLife Vision Plan: (Optional)

- \$2.50 premium paid bi-weekly for employee-only coverage. Dependent care coverage also available.
- Eye health exam, dilatation, prescription and refraction of glasses covered after \$10 co-pay
- \$130 allowance for frames, after co-pay, plus additional discounts where accepted.

Life: In the event of your death, your beneficiary will receive twice your annual salary. Supplementary policies for you and your dependents are available.

Long Term Disability: Upon approval for a long-term illness or injury, you can receive up to 60% of your earnings after a 90-day wait period.

RETIREMENT:

Pension:

- Choose from two options:
 - A Defined Benefit Pension plan pays a monthly benefit in retirement using a defined formula based on the employee's earnings history, tenure of service, and age. Our plan has a 5 year vesting period and an employee contribution of 5% of salary.
 - A Defined Contribution 401a plan in which fixed contributions are paid into an individual's account by the employer, the contributions are invested, returns (positive or negative) are credited to the account, and the account balance is used to provide retirement benefits. The vesting schedule for our 401a plan is 33% after one year of service, 67% after two years of service, and 100% vesting after three years of service. There is no required contribution from salary. (Note: the Defined Contribution retirement plan is the only plan available for Library employees).

Supplement: Deferred Compensation 457 available for you to invest your own money for additional retirement savings.

VOLUNTARY:

Wellness Programs:

- Monthly On-Site Nurse and Annual Flu Shots
- Weight Watchers at Work
- Gym Membership Reimbursement Program (up to \$34.00 per month)

Employee Assistance Program: A variety of confidential, personal professional services for you and your family available 24 hours a day.

AFLAC: Optional paid-by-employee insurance for accidents, cancer, disability, etc.

Tuition Reimbursement: Up to \$1,500 for undergrad or up to \$3,000 for graduate level courses per fiscal year for career-related courses.

Flexible Spending Accounts: Expense accounts available for health care, dependent care and parking/mass transit.

Bike Commuter Program: Reimbursement of up to \$20 per month for reasonable bike commuting expenses.

MEDICAL PLAN INFORMATION

Aetna | +1800-426-4363 | www.aetna.com

City of Charlottesville offers three medical plan options from which to choose. All plans offer comprehensive coverage and preventive care benefits.

Preventive Care

Preventive care is covered 100% by your plan. What is considered a preventive care service?

Preventive care includes those services that are linked to routine wellness exams. Examples include annual routine physicals, bone-density tests, cholesterol screenings, immunizations, mammograms, Pap smears, pelvic exams, colonoscopies, and other testing based on age and/or sex.

Take advantage of your network

While you have the flexibility to choose any provider you would like, taking advantage of in-network providers will offer the most cost-effective choice of care. The percentage you pay out-of-pocket will be based on a negotiated fee, which is often lower than the actual charges. If you choose a provider who is out-of-network, you may be responsible for the difference between the Usual, Customary, and Reasonable (UCR) charges and what the provider charges. You may also be responsible for submitting claim forms to your carrier.

Aetna Choice POS 1 & Aetna Choice POS 2 Plans –

These "point of service" plans provide the option to select a primary care physician and specialist referrals are not required. A POS plan includes a network of doctors, hospitals and other health care providers who agree to provide medical services to plan enrollees at special, negotiated rates. Each health care provider in the network must meet and maintain strict quality requirements. You will still receive coverage when you see health care providers outside of the network coverage area but at a higher cost. See www.aetna.com/docfind or call +1855-339-9404 for a list of in-network providers.

Aetna Select - HMO – The Health Maintenance Organization (HMO) plan provides the option to select a primary care physician with no specialist referral requirement. In-network providers will charge a flat copay for each of your visits. You will have a lower payroll contribution compared to the POS plans, but will have more restrictions in selecting health care providers. An HMO plan delivers services through a network of doctors, hospitals and other health care providers who agree to provide medical services to plan enrollees at special, negotiated rates. Each network provider must meet and maintain strict quality requirements. For HMO participants, there is no out-of-network coverage (some exceptions for medical emergencies). HMO participants will be enrolled in an HRA (Health Reimbursement Account) provided by the City to help pay the plan deductible.

Search for a Provider

You can search online for doctors, hospitals and other healthcare providers by choosing the "Find a Doctor" option at www.aetna.com. Log in as a member or under "Guests" using the "Plan from an employer" option. Or call +1855-339-9404.

MEDICAL BENEFITS OVERVIEW

| | Aetna Choice POS 1 | Aetna Choice POS 2 | Aetna Select - HMO |
|--------------------------------|--------------------------------------|---|---------------------------------------|
| In-Network Overview | | | |
| Deductible (Plan Year)** | None | \$300 Individual \$600 Family | \$1,250 Individual \$2,500 Family |
| Embedded*/Non-Embedded** | N/A | Embedded | Embedded |
| Out-of-Pocket Maximum | \$2,000 Individual \$4,000 Family | \$3,500 Individual \$7,000 Family | \$4,500 Individual \$9,000 Family |
| Coinsurance | Covered at 100% | 20% | 30% |
| Preventive Care | Covered at 100% | Covered at 100%; deductible waived | Covered at 100%; deductible waived |
| PCP/Specialist Copay | \$20 / \$30 Copay | \$25 / \$40 Copay; deductible waived | \$30 / \$45; after deductible |
| Teladoc General Medicine | \$20 Copay | \$25 Copay; deductible waived | \$49, after deductible |
| CVS Minute Clinic | No Charge | No Charge | No Charge |
| Urgent Care | \$50 Copay | \$50 Copay; deductible waived | \$50 copay; after deductible |
| Emergency Room Visit | \$200 Copay | \$200 Copay; deductible waived | \$200 copay; after deductible |
| Hospitalization | \$400 Copay | 20%; after deductible | 30%; after deductible |
| Out-of-Network Overview | | | |
| Deductible | \$100 Individual \$200 Family | \$300 Individual \$600 Family | Emergency Only |
| Out-of-Pocket Maximum | \$2,000 Individual \$4,000 Family | \$3,500 Individual \$7,000 Family | |
| Coinsurance | 20% | 30%; after deductible | |

- Deductible: a fixed amount that the covered employee must pay out-of-pocket each plan year before the plan will begin paying for non-preventive expenses. The POS1 does not have a deductible. The POS 2 and HMO plans do have a deductible as indicated above.
- *Embedded Deductible - In an embedded plan deductible, after each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan.

Blue text indicates change from previous year's plan.

PHARMACY

Aetna | +1800-426-4363

| | Aetna Choice POS 1 | | Aetna Choice POS 2 | | Aetna Select - HMO | |
|--|--------------------------------------|-------------------|--------------------------------------|-------------------|--------------------------------------|-------------------|
| Rx Deductible | No Deductible | | No Deductible | | Not subject to deductible | |
| Rx Out-Of-Pocket Maximum | \$4,350 Individual \$8,700 Family | | \$2,850 Individual \$5,700 Family | | \$1,850 Individual \$3,700 Family | |
| | 30 Day Retail | 90 Day Mail Order | 30 Day Retail | 90 Day Mail Order | 30 Day Retail | 90 Day Mail Order |
| Preferred Generic Drugs | \$10 | \$20 | \$10 | \$20 | \$10 | \$20 |
| Preferred Brand -Name Drugs | \$30 | \$60 | \$30 | \$60 | \$30 | \$60 |
| Non-Preferred Generic and Brand-Name Drugs | \$55 | \$110 | \$55 | \$110 | \$55 | \$110 |
| Specialty | \$55 | N/A | \$55 | N/A | \$55 | N/A |

Your Prescription Drug Benefits:

Prescription Drug Benefits are offered through Aetna. Aetna encourages the use of formulary medications. You can access your plan's Rx formulary here: <http://www.aetna.com/formulary>. Choose your plan name to find covered medicines and alternatives that cost less.

If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary.

Retail Pharmacy

For medicines like antibiotics that you take short term - you can visit any retail pharmacy - whether you are at home or on the go. For the best price, choose a network pharmacy on Aetna.com.

Mail Order Rx

CVS Caremark® Mail Service Pharmacy for long-term prescriptions. You can use this service for medicines you need to take for conditions like high blood pressure or diabetes. Your medicines are mailed to you quickly and safely at no extra charge. And you may get up to a 90-day supply.

Specialty Pharmacy

Some long-term health conditions, like multiple sclerosis or cancer, require special medicines that may need special storage and handling. This is when you would use a specialty pharmacy to ensure your medicines are packed securely and arrive safely. CVS Specialty® Pharmacy provides delivery to your home, doctor's office, a CVS Pharmacy, or any place you choose, at no added cost. Flexible payment options are available and package tracking is provided for prompt delivery. You can easily manage your prescriptions online at www.CVSSpecialty.com or by calling +1-800-237-2767.

Medical and Pharmacy Employee Cost

Your pre-tax payroll deductions are shown below.

| | Aetna Choice POS 1 | Aetna Choice POS 2 | Aetna Select - HMO |
|---|--------------------|--------------------|--------------------|
| 40 Hour Employee Bi-weekly Medical Employee Cost | | | |
| Employee Only | \$36.28 | \$13.02 | \$0.00 |
| Employee + Child | \$154.07 | \$119.02 | \$40.30 |
| Employee + Spouse | \$237.36 | \$197.20 | \$94.94 |
| Employee + Children | \$206.01 | \$158.79 | \$53.36 |
| Employee + Family | \$302.15 | \$254.06 | \$138.74 |

| | Aetna Choice POS 1 | Aetna Choice POS 2 | Aetna Select - HMO |
|---|--------------------|--------------------|--------------------|
| 30 Hour Employee Bi-weekly Medical Employee Cost | | | |
| Employee Only | \$103.83 | \$80.59 | \$20.85 |
| Employee + Child | \$221.64 | \$186.60 | \$107.87 |
| Employee + Spouse | \$304.93 | \$264.77 | \$162.51 |
| Employee + Children | \$273.58 | \$226.34 | \$120.95 |
| Employee + Family | \$369.72 | \$321.62 | \$206.33 |

| | Aetna Choice POS 1 | Aetna Choice POS 2 | Aetna Select - HMO |
|---|--------------------|--------------------|--------------------|
| 20 Hour Employee Bi-weekly Medical Employee Cost | | | |
| Employee Only | \$171.42 | \$148.17 | \$88.42 |
| Employee + Child | \$289.20 | \$254.16 | \$175.45 |
| Employee + Spouse | \$372.51 | \$332.34 | \$230.07 |
| Employee + Children | \$341.15 | \$293.94 | \$188.49 |
| Employee + Family | \$437.29 | \$389.22 | \$273.87 |

DENTAL BENEFITS OVERVIEW

Delta Dental | +1800-237-6060 | www.DeltaDentalVA.com

You have the opportunity to enroll in the dental plan from Delta Dental. Refer to plan documents for full details.

| | | Employee Costs |
|----------------------------------|--|---------------------------------------|
| In-Network Overview | | |
| Deductible (Plan Year) | | \$50 per person; \$100 per family |
| Annual Benefit Maximum | | \$1,500 |
| Diagnostic & Preventive Services | Exams, cleanings, x-rays | Covered at 100% |
| Basic Services | Fillings, Periodontics, Endodontics | 20% |
| Major Services | Crowns, Prosthodontics/dentures and bridges, Implants - one per site for members age 16 or older | 50% |
| Orthodontia | Children to Age 19 | 50% |
| Orthodontia Lifetime Maximum | | \$1,000 |
| Out-of-Network Overview* | | |
| Reimbursement | | 100% Preventive/ 80% Basic/ 50% Major |

*Out-of-Network providers can balance bill you the difference between what they charge and the carrier's reasonable and customary amount.

Blue text indicates change from previous year's plan

About Your Dental Plan

- Each year, employees must satisfy a deductible for most services (other than preventive). After the deductible is satisfied, when covered dental charges are incurred, the plan pays a percentage of the customary and reasonable charges, up to the annual benefit maximum.
- Employees are responsible for the coinsurance payment (and any amount over the customary and reasonable charge).
- Deductible waived for preventive care

Dental Employee Cost

Your pre-tax payroll deductions are shown below.

| | 40 - Hour | 30 - 39 Hour | 20 - 29 Hour |
|--|-----------|--------------|--------------|
| Employee Bi-weekly Dental Employee Cost | | | |
| Employee Only | \$ 0.00 | \$ 3.89 | \$ 7.79 |
| Employee + Child | \$ 8.42 | \$12.30 | \$16.21 |
| Employee + Children | \$10.70 | \$14.61 | \$18.50 |
| Employee + Spouse | \$10.70 | \$14.61 | \$18.50 |
| Employee + Family | \$21.24 | \$25.12 | \$29.03 |

VISION BENEFITS OVERVIEW

MetLife / +1855-638-3931 / www.metlife.com/mybenefits

City of Charlottesville offers a comprehensive vision care benefit from MetLife. Enrolling in this coverage can help you manage the cost of eyeglasses and contact lenses, as well as eye examinations. Refer to your plan documents for full details.

| | In-Network | Out-Of-Network Reimbursement |
|--|--|------------------------------|
| Benefits | | |
| Exam - Every 12 Months | \$10 Copay | \$45 Allowance |
| Materials | \$25 Copay | N/A |
| Frames - Every 24Months | \$130 Allowance, 20% discount for amounts over \$130 | \$70 Allowance |
| Lenses - Every 12 Months | | |
| Single | Covered after materials copay | \$30 Allowance |
| Bifocal | | \$60 Allowance |
| Trifocal | | \$65 Allowance |
| Lenticular | | \$100 Allowance |
| Contact Lenses - Instead of Glasses or Both | | |
| Conventional | \$130 Allowance | \$105 Allowance |

Vision Employee Cost

Your pre-tax payroll deductions are shown below.

| 2022 Bi-weekly Vision Employee Cost | |
|-------------------------------------|--------|
| Employee Only | \$2.50 |
| Employee & Spouse | \$4.99 |
| Employee & Child(ren) | \$4.22 |
| Family | \$6.97 |