

2024 OPEN ENROLLMENT

THE HENRICO WAY

Information Sessions

Tuesday, October 3, 2023

12:00 p.m. – 6:00 p.m.

Henrico Training Center
7701 E. Parham Road
Henrico, VA 23228

Thursday, October 19, 2023

12:00 p.m. – 6:00 p.m.

Eastern Government Center
Community Room
3820 Nine Mile Road
Henrico, VA 23223

EMPLOYEE BENEFITS

Health, dental, short-term income protection (STIP), and flexible spending accounts (FSA)

We have provided important information about Open Enrollment at employees.henrico.us/info/oe, such as a step-by-step guide to navigating Employee Direct Access, what's new for 2024, plan comparisons and summaries, as well as benefit resources to assist you in understanding the various benefits offered through Henrico County.

Deadline

From October 1, 2023, through October 27, 2023: select, change or waive your health, dental, short-term income protection (STIP), and FSA benefits through Employee Direct Access (EDA).

The changes will go into effect on January 1, 2024.

All changes must be submitted online by **4:30 pm on October 27th.**

OPEN ENROLLMENT

2024

OPEN ENROLLMENT

What's new?

1

PREMIUM RATES

- Health insurance premiums will **NOT** increase for full-time employees plans in 2024. Dental premiums will have a slight increase and MetLife STIP and LTIP Buy Up will remain the same. There will be no plan design changes in 2024.

ANTHEM INSURANCE CARDS & COMBINED OUT-OF-POCKET MAXIMUMS

- All participants will receive new medical cards in 2024 and will be assigned a new **GROUP** number.
- Effective 2023, all plans have a **COMBINED out-of-pocket maximum to include both medical services and prescriptions.**

2

3

FLEXIBLE SPENDING ACCOUNTS

- The annual contribution limit for Health Care Flexible Spending Accounts (FSA) **will increase to \$3,050**. The annual limit for dependent (day care) FSA will stay at \$5,000 per household. Up to \$610 will carryover from your healthcare FSA into 2025. **Up to \$570 will carryover into 2024.**

VOLUNTARY BENEFITS

- We are **THRILLED** to announce the addition of **TWO** new voluntary benefits in 2024: **Vision - Materials Only & Pet Insurance!** Employees may enroll directly through our third party administrator, Pierce Insurance during Open Enrollment.

4

Reminder: Every year, you must re-enroll for FSAs during Open Enrollment to participate in the new year.

5

HIGH DEDUCTIBLE HEALTH PLAN W/ HSA

- Due to the IRS inflation rules, the deductible for high-deductible health plan enrollees will increase to \$3,200 (an increase of \$200) for employee-only coverage and \$6,400 (an increase of \$400) for dependent-level coverage.



H E N R I C O C O U N T Y

HUMAN RESOURCES

Engage • Educate • Empower

EMPLOYEE BENEFITS

The County of Henrico is committed to offering a comprehensive employee benefits program that helps our employees stay healthy and feel secure.



HEALTHCARE

Henrico County offers three POS plans through Anthem Healthkeepers for full-time and part-time benefit eligible employees. Prescription drug and vision are included. The County provides a supplement towards the cost of health insurance for full-time employees.

DENTAL

Henrico County offers three options for dental coverage through Delta Dental of Virginia. All Delta Dental members have access to the Amplifon Hearing Healthcare Program at no additional cost.

FLEXIBLE SPENDING ACCOUNTS

Henrico County sponsors pre-tax healthcare and dependent (day care) flexible spending accounts.

VOLUNTARY BENEFITS

Employees may enroll through Pierce Insurance for pre-tax supplemental benefits such as Vision - Materials Only, Group Accident, Group Critical Illness, and Group Hospital Indemnity. Post-tax supplemental benefits include LegalEASE, Identity Theft Protection, Life Insurance with Long Term Care and Pet Insurance.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP provides professional counselors to full-time and part-time employees and their household members dealing with challenging life events.

RETIREMENT

All full-time employees participate in the Virginia Retirement Plan (VRS). All eligible employees have a mandatory contribution of 5% (pre-tax) to their retirement account through VRS.

Full-time and permanent part-time employees are eligible to participate in our 457 deferred compensation program with Empower.

LIFE INSURANCE

For full-time employees, life insurance is a part of the Virginia Retirement System and is 100% paid for by the County. Eligible employees receive 2x their salary in the Basic Group Life Insurance Plan. Optional Life Insurance is available for additional employee coverage and to cover eligible dependents.

DISABILITY INSURANCE

Henrico County offers short-term disability through MetLife with three options of 60% income replacement. VRS Hybrid Plan Members may enroll for one year during their one-year waiting period for the Hybrid Disability Program (at no cost).

Full-time employees who are not eligible for the Hybrid Disability Program are automatically enrolled in long-term disability after six months of full-time employment. The benefit may begin on the 91st day following a disability. Employees may purchase additional coverage for a salary of more than \$50,000. Hybrid employees are covered under long-term disability after one-year of full-time employment.

Benefit comparison

January 1, 2024 – December 31, 2024

	Standard POS	Premier POS	HDPH with HSA
IN-NETWORK BENEFITS			
Deductible (individual/family)	\$300 / \$300	\$300 / \$300	\$3,200 / \$6,400 (combined with out of network)
Out-of-pocket maximum	Medical and pharmacy combined: \$2,500/\$5,000	Medical and pharmacy combined: \$2,500/\$5,000	Medical and pharmacy combined: \$4,000 / \$8,000
Inpatient benefits	You pay	You pay	You pay
Hospital	30% after deductible	5% after deductible	0% after deductible
Physician charges	30% after deductible	5% after deductible	0% after deductible
Maternity (Facility charges for delivery)	30% after deductible	5% after deductible	0% after deductible
Mental health and substance abuse (Facility charges)	30% after deductible	5% after deductible	0% after deductible
Outpatient benefits	You pay	You pay	You pay
Referrals to specialist required	No	No	No
Preventive care	No charge	No charge	No charge
Primary care physician (PCP) or OB-GYN office visit	\$25	\$20	0% after deductible
Specialist office visit	\$45	\$40	0% after deductible
Urgent care center	\$25 PCP / \$45 specialist	\$20 PCP / \$40 specialist	0% after deductible
Allergy testing	\$25 PCP / \$45 specialist	\$20 PCP / \$40 specialist	0% after deductible
Allergy serum and injections	\$25 PCP / \$45 specialist	\$10	0% after deductible
Mammogram	No charge	No charge	No charge
Labs, diagnostic X-rays	No charge	No charge	0% after deductible
Advanced diagnostic imaging: in office setting	10% after deductible	5% after deductible	0% after deductible
Advanced diagnostic imaging: all other settings	30% after deductible	5% after deductible	0% after deductible
Maternity outpatient services			
Initial office visit to confirm diagnosis	\$25	\$20	0% after deductible
Pre- and post-natal care and delivery	\$50 per pregnancy	\$50 per pregnancy	0% after deductible
Maternity ultrasounds	No charge	No charge	0% after deductible
Emergency room (waived if admitted to the hospital)	\$150	\$150	0% after deductible

Benefit comparison

January 1, 2024 – December 31, 2024

	Standard POS	Premier POS	HDPH with HSA
	You pay	You pay	You pay
Outpatient surgery facility professional provider	30% after deductible	5% after deductible	0% after deductible
Outpatient therapy: occupational, speech, and physical	\$45	\$25	0% after deductible
Spinal manipulation (30 visit limit per CY)	\$25	\$25	0% after deductible
Outpatient mental health and substance abuse	\$25	\$20	0% after deductible
Durable medical equipment	No charge after deductible	No charge after deductible	0% after deductible
Home healthcare (90 visit limit per CY)	\$45 per visit after deductible	No charge after deductible	0% after deductible
Skilled nursing facility (100 days per admission)	30% after deductible	5% after deductible	0% after deductible
Hospice care	30% after deductible	5% after deductible	0% after deductible
Prescription drugs	Mandatory generic	Mandatory generic	Mandatory generic
Rx deductible (individual/family)	\$150/\$150	\$150/\$150	Plan deductible applies
Retail pharmacy (30 day supply)	After deductible: \$10/\$30/\$55	After deductible: \$10/\$30/\$55	After deductible: \$10/\$30/\$55
Mail order (90 day supply)	After deductible: \$10/\$60/\$165	After deductible: \$10/\$60/\$165	After deductible: \$10/\$60/\$165
Retail 90 (90 day supply purchased at a participating retail pharmacy)	After deductible: \$30/\$90/\$165	After deductible: \$30/\$90/\$165	After deductible: \$30/\$90/\$165
Routine vision — Blue View Vision			
Annual routine eye exam	\$15	\$15	\$15 (deductible does not apply)
OUT-OF-NETWORK BENEFITS			
Deductible (Individual/Family)	\$400/\$800	\$400/\$800	\$3,200/\$6,400 (combined with in- network)
Coinsurance	30%	30%	30%
Out-of-pocket maximum	\$2,500/\$5,000	\$2,500/\$5,000	\$6,000/\$12,000
Lifetime maximum	Unlimited	Unlimited	Unlimited

2024 ANTHEM HEALTH CARE RATES

<u>PREMIER POS</u>	<u>BI-WEEKLY</u>	<u>MONTHLY</u>
EMPLOYEE ONLY	\$ 42.32	\$ 84.64
EMPLOYEE / CHILD	\$ 152.90	\$ 305.80
EMPLOYEE / SPOUSE	\$ 203.48	\$ 406.96
EMPLOYEE / CHILDREN	\$ 289.22	\$ 578.44
EMPLOYEE / FAMILY	\$ 362.41	\$ 724.82
 <u>STANDARD POS</u>	 <u>BI-WEEKLY</u>	 <u>MONTHLY</u>
EMPLOYEE ONLY	\$ 26.00	\$ 52.00
EMPLOYEE / CHILD	\$ 96.16	\$ 192.32
EMPLOYEE / SPOUSE	\$ 135.75	\$ 271.50
EMPLOYEE / CHILDREN	\$ 198.58	\$ 397.16
EMPLOYEE / FAMILY	\$ 258.03	\$ 516.06
 <u>Out-of-Area PPO</u>	 <u>BI-WEEKLY</u>	 <u>MONTHLY</u>
EMPLOYEE ONLY	\$ 42.32	\$ 84.64
EMPLOYEE / CHILD	\$ 152.90	\$ 305.80
EMPLOYEE / SPOUSE	\$ 203.48	\$ 406.96
EMPLOYEE / CHILDREN	\$ 289.22	\$ 578.44
EMPLOYEE / FAMILY	\$ 362.41	\$ 724.82
 <u>HK HDHP HSA</u>	 <u>BI-WEEKLY</u>	 <u>MONTHLY</u>
EMPLOYEE ONLY	\$ 12.42	\$ 24.84
EMPLOYEE / CHILD	\$ 54.53	\$ 109.06
EMPLOYEE / SPOUSE	\$ 81.85	\$ 163.70
EMPLOYEE / CHILDREN	\$ 114.50	\$ 229.00
EMPLOYEE / FAMILY	\$ 152.85	\$ 305.70

8/28/2023

2024 Double Contribution Rates Anthem Healthkeepers

The following healthcare rates apply to married couples who work full-time for the Henrico County General Government or the Henrico County Public Schools enrolled in Double Contribution.

Premier POS

Bi-Weekly

Monthly

Employee and Spouse*	Cardholder	\$49.67	\$99.34
	Spouse	\$0.00	\$0.00

Employee and Family*	Cardholder	\$115.00	\$230.00
	Spouse	\$10.90	\$21.80

Standard POS

Employee and Spouse*	Cardholder	\$34.12	\$68.24
	Spouse	\$0.00	\$0.00

Employee and Family*	Cardholder	\$61.48	\$122.96
	Spouse	\$0.00	\$0.00

Out-of-Area PPO

Employee and Spouse*	Cardholder	\$49.67	\$99.34
	Spouse	\$0.00	\$0.00

Employee and Family*	Cardholder	\$115.00	\$230.00
	Spouse	\$10.90	\$21.80

* Employee and Spouse (**no children**)

* Employee and Family (**one or more children**)

Note: Regular rates apply to the HDHP HSA plan.

8/28/2023

2024 Anthem Healthcare PIF Rates		
Permanent Part-Time Employees (20-29 hrs per week)		
Premier POS	Bi-Weekly	Monthly
Employee Only (PIF)	\$ 417.44	\$ 834.87
Employee & One child (PIF)	\$ 634.53	\$ 1,269.05
Employee & Spouse (PIF)	\$ 801.40	\$ 1,602.80
Employee & Children (PIF)	\$ 960.04	\$ 1,920.08
Employee & Family (PIF)	\$ 1,214.61	\$ 2,429.21
Standard POS	Bi-Weekly	Monthly
Employee Only (PIF)	\$ 362.44	\$ 724.87
Employee & One child (PIF)	\$ 550.94	\$ 1,101.88
Employee & Spouse (PIF)	\$ 695.82	\$ 1,391.64
Employee & Children (PIF)	\$ 833.58	\$ 1,667.16
Employee & Family (PIF)	\$ 1,054.54	\$ 2,109.08
Out-of-Area PPO	Bi-Weekly	Monthly
Employee Only (PIF)	\$ 417.44	\$ 834.87
Employee & One child (PIF)	\$ 634.53	\$ 1,269.05
Employee & Spouse (PIF)	\$ 801.40	\$ 1,602.80
Employee & Children (PIF)	\$ 960.04	\$ 1,920.08
Employee & Family (PIF)	\$ 1,214.61	\$ 2,429.21
HK HDHP HSA	Bi-Weekly	Monthly
Employee Only (PIF)	\$ 188.92	\$ 377.84
Employee & One child (PIF)	\$ 289.83	\$ 579.65
Employee & Spouse (PIF)	\$ 363.15	\$ 726.30
Employee & Children (PIF)	\$ 432.87	\$ 865.74
Employee & Family (PIF)	\$ 544.70	\$ 1,089.39

8/28/2023

Effective January 1, 2024

No annual deductible

Henrico County

2024 DELTA DENTAL RATES

Delta Dental PPO - EPO Plan Design

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 11.29	\$ 22.58	\$ 270.96
EMPLOYEE / CHILD	\$ 18.79	\$ 37.58	\$ 450.96
EMPLOYEE / SPOUSE	\$ 18.79	\$ 37.58	\$ 450.96
EMPLOYEE / FAMILY	\$ 25.36	\$ 50.71	\$ 608.52

Delta Dental PPO Plus Premier - Low Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 12.81	\$ 25.61	\$ 307.32
EMPLOYEE / CHILD	\$ 23.14	\$ 46.28	\$ 555.36
EMPLOYEE / SPOUSE	\$ 23.14	\$ 46.28	\$ 555.36
EMPLOYEE / FAMILY	\$ 36.30	\$ 72.60	\$ 871.20

Delta Dental PPO Plus Premier - High Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 19.10	\$ 38.19	\$ 458.28
EMPLOYEE / CHILD	\$ 34.54	\$ 69.08	\$ 828.96
EMPLOYEE / SPOUSE	\$ 34.54	\$ 69.08	\$ 828.96
EMPLOYEE / FAMILY	\$ 54.24	\$ 108.47	\$ 1,301.64



Introducing Amplifon



Risk-free trial: Try your hearing aids for 60 days*



Follow-up care: Ensures a smooth transition*



Battery support: Battery supply or charging station*



Warranty:
Three-year coverage*

About 40 million Americans have hearing loss¹. In fact, about 12% of the U.S. working population has hearing difficulty². Because hearing loss can affect people of all ages, Delta Dental of Virginia is teaming up with Amplifon Hearing Health Care to offer you quality care and special savings on your hearing needs.

What causes hearing loss?

Hearing loss can be caused by obstructions in the ear or permanent damage to the inner ear. Common causes of permanent damage include exposure to noise, aging, some health conditions and certain medications.

When should I get my hearing checked?

You should have your hearing screened every three to five years or tested annually after age 50. You should also have your hearing screened if you are experiencing:

- Consistent exposure to loud noises,
- Difficulty understanding others in noisy environments,
- Feeling as though people are not speaking clearly or are mumbling, or
- Consistent ringing in your ears.

Continued on next page

Access to a large network of hearing care providers

Amplifon's hearing care provider network includes more than 145 provider sites in Virginia with more than 1,400 hearing aid options and an average savings of 66% off retail pricing³.

Simple pricing

	Level 1	Level 2	Level 3	Level 4	Level 5
Retail price (per ear)	\$2,203	\$2,999	\$4,280	\$6,172	\$7,698
Amplifon price (per ear)	\$995	\$1,495	\$1,795	\$2,195	\$2,645

How to access your hearing program

1. Call Amplifon at 877.593.0051.
2. Amplifon will explain the program details and help you take a virtual hearing assessment to confirm the presence of hearing loss.
3. If loss is detected, Amplifon will help you schedule an appointment with a provider near you.
4. Amplifon will send information to you and the provider, ensuring your program is activated.

For more information, call 877.593.0051 or visit www.amplifonusa.com/lp/deltadentalva.

¹www.nidcd.nih.gov/health/noise-induced-hearing-loss. ²www.cdc.gov/niosh/topics/ohl. ³You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs. *Risk-free trial: 100% money back guarantee if not completely satisfied, no return or restocking fees. Follow-up care: For one year following purchase. Batteries: two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. Warranty: Exclusions and limitations may apply. Contact Amplifon (877.593.0051) for details. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Virginia and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.



Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:

HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

TIPS

- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov)

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1.

With less tax taken, your take-home pay increases!

Consider this example: (for illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay:

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at www.tasconline.com/tasc-calculators.

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.

How to participate.

It's easy to start saving with an FSA.
Just follow 3 simple steps:

1. DECIDE how much you want to contribute.

Check with your employer for plan specifics and review at the IRS limits at www.tasconline.com/benefits-limits.

The more you contribute, the lower your taxable income will be.

However, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (A grace period or carryover option may be in place for your plan. Check with your employer for plan guidelines and allowances.)

PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process.

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES



MyCash Account: Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.



TASC Mobile App: Track and manage all benefits and access numerous helpful tools, anywhere and anytime! Search for "TASC" (green icon).

3. ACCESS your funds easily using the TASC Card.

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!

This Mastercard is administered by TASC, a registered agent of Pathward. Use of this card is authorized as set forth in your Cardholder Agreement. The card is issued by Pathward, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.





Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

NOTE: If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPPFSA). The eligible expenses under an LPPFSA are limited to Dental and Vision expenses only.

Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze (only the mother's portion, not the coach/spouse, and the class must be only for birthing instruction, not child rearing)
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- Feminine care products (tampons, pads, etc)
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Personal Protective Equipment (PPE; facial masks, hand sanitizer, sanitizing wipes)*

- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychiatric care, psychotherapy (as medical treatment)
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations & flu shots
- X-ray fees

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA without a prescription or physician's note. Eligible OTC products include items that are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc.)
- Wound Treatments/Washes (hydrogen peroxide, iodine)

*PPE expenses must be used for the purpose of preventing the spread of coronavirus.

Continued on next page...



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Eligible Dependent Care Expenses

Does not cover medical costs. Use the Healthcare FSA for medical expenses incurred by your dependents.

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services provided in or outside of your home (including babysitters or nursery school)
- Nanny expenses attributed to dependent care
- Nursery school/preschool fees
- Summer Day Camp (primary purpose must be custodial care and not educational in nature)
- Late pick-up fees

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible Disability Expenses

- Automobile equipment and installation costs for a person with a disability in excess of the cost of an ordinary automobile; device for lifting a person with a mobility impairment into an automobile
- Braille books or magazines (in excess of cost of non-Braille editions)
- Note-taker in school for a child with a hearing impairment
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a person with a visual impairment
- Visual alert system in the home or other items such as a special phone required for a person with a hearing impairment
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to diagnose or treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your medical practitioner explaining the medical necessity of the expense (diagnosed condition, onset of condition, etc.) and including the practitioner's signature.

- Counseling or therapy
- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins & dietary supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Child & Dependent Care Eligible Expenses

Here is a list of the most common dependent care expenses. Every family situation is different so we recommend consulting with a tax advisor if your specific expense does not fit into one of these categories.

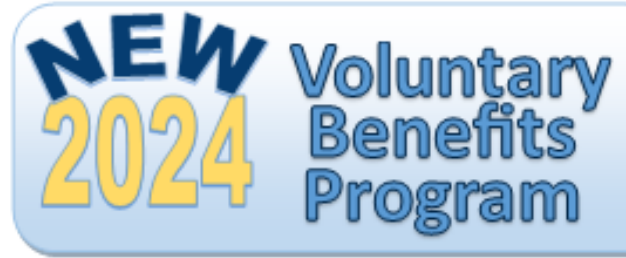


KEY = Eligible expenses occur when you and your spouse are working, looking for work or attending school full-time.

CHILD CARE EXPENSE	ELIGIBLE?
Activity Fees (Piano Lessons, Dance Class)	✗
Au pair	✓
Babysitting, in your home or someone else's	✓
Babysitting by your relative who is not a tax dependent	✓
Babysitting while you or your spouse are NOT working, looking for work, or attending school	✗
Babysitting by your tax dependent	✗
Before or after school program	✓
Child care	✓
Child care supplies (diapers, formula, clothing)	✗
Child Care Provider discount or coupon	✗
Day Camp	✓
Educational, learning or study skills services	✗
Extended care that is a supervised program before or after regular school hours	✓
Field trips	✗
Household services (housekeeper, maid, cook, etc.)	✗
Housekeeper who cares for child (only portion of payment attributable to work-related child care)	✓
Kindergarten tuition	✗
Language classes	✗
Late payment fees	✗
Meals, food or snacks	✗
Medical care	✗
Nanny	✓
Nursery School	✓
Incidental Fees (eligible only when incidental to and inseparable from the fee for care)	✓
Indirect Fees (may be eligible when the expense is required to obtain care and the care has been received such as agency fee, application fee, hold-the-spot fee, placement fee or deposit)	✓
Late pickup fees when attributed to care of a child	✓
Preschool	✓
Private school tuition for kindergarten and up	✗
Registration fees (required for eligible care, after actual services are received)	✓
Registration fees (required for eligible care, prior to actual services being received)	✗
Summer Day Camp	✓
School tuition	✗
Sick child care	✓
Transportation to and from eligible care provided by your care provider	✓
Tutoring	✗



County of Henrico
General Government



2024 Voluntary Benefits At-A-Glance



Pet Insurance

NEW

Pet insurance helps protect you from the high cost of veterinary care for your furry loved ones.

Accident & Illness Coverage

Pre-Existing Conditions covered after 12 months. One rate regardless of age & breed.



Vision

Pre-Tax
NEW

Choice, Convenience, Flexibility, & Value

Large provider network

Up to \$200 frame allowance every other year. Lenses and/or contacts are an annual benefit.

Discounts on additional purchases

Up to 15% off LASIK or PRK

Up to 64% off hearing aids



Group Critical Illness

Pre-Tax

\$150 Annual Wellness Benefit

Ease the financial stress of surviving a Critical Illness with the Critical Illness plan.

You receive cash benefits directly, giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Plan pays lump-sum benefits for covered critical illnesses such as Cancer, Heart Attack, Stroke, etc.



Group Accident

Pre-Tax

\$60 Annual Wellness Benefit

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Protect yourself from the unexpected with Accident Insurance. Benefits are paid directly to you, regardless of any other medical insurance!



Pre-Tax

Group Hospital Indemnity

\$50 Annual Wellness Benefit

Protect yourself from unexpected medical bills with Hospital Indemnity.

Hospital Indemnity pays cash benefits directly to you to help cover gaps left by major medical.



Pre-Tax

Cancer

Up to \$150 Annual Wellness Benefit

Cancer Insurance can help provide extra protection in the event of a cancer diagnosis.

This plan pays you as long as you are being treated with no lifetime maximum on most benefits.



Life Insurance *with* Long Term Care

LifeTime Benefit Term is a powerful supplemental two-in-one insurance benefit that offers permanent life insurance for family needs plus Long Term Care benefits. This innovative life insurance plan provides both life insurance and long term care coverage at low group rates.

Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses. Cash benefits can also be paid directly to you while you are living for long-term care expenses.

Rates are highly competitive. Life premiums do not increase as you age.



Legal Plan

A legal plan protects you from the high cost of attorney fees by providing legal services and courtroom representation that will cover you and your family for:

Estate Planning & Wills
Auto & Traffic
Home & Residential
Financial & Consumer
Family and more...

Low Monthly Premium



Identity Theft Protection

Detect ➤ Alert ➤ Recover

Help protect your identity and devices with Norton LifeLock. Detects and alerts suspicious activity, and if compromised, Lifelock offers a million dollar protection package.

Protects devices, including malware and ransomware. VPN provides online privacy. Monitors for fraudulent use of personal information and receive alerts. Parents can monitor & manage child's activity online.