

# HAMPTON VA

TO: PFT Employees  
FROM: Mary B. Bunting, City Manager  
DATE: October 02, 2023  
SUBJECT: CY 2024 Annual Open Enrollment



## **HEALTH INSURANCE ANNUAL OPEN ENROLLMENT PERIOD**

The annual open enrollment period for all benefit elections begins on Monday, October 2, 2023 and ends at 4:30 p.m. on Friday, October 20, 2023. For questions about open enrollment changes and Benefits, contact Benefits at [cohopenrollment@hampton.gov](mailto:cohopenrollment@hampton.gov) or by phone at 757-727-6230.

## **NEW BENEFITS OPTION FOR 2024**

We are excited to offer the Legal Resources Legal Plan as an available benefit for you and your family. The Legal Resources Legal Plan provides 100% coverage on a broad range of legal services. You can review the Legal Plan benefits guide at [hampton.gov/benefits](http://hampton.gov/benefits). In addition to the Mission Square 457 and Roth retirement savings plans, you now have the option to enroll in a Roth 457 account. For plan details and enrollment assistance visit [missionsquareplanservices](http://missionsquareplanservices).

## **INFORMATION SESSIONS**

Open Enrollment will include in-person or virtual sessions. All employees are encouraged to attend a session that works with your schedule. Session dates, times and locations are listed on page 4. The Zoom meeting ID is **892 7590 9623** and the passcode is **Benefits**. No registration is required.

## **PREMIUM INFORMATION**

There will be no employee premium changes for Sentara Health Plans (Optima Health), Delta Dental, Anthem Blue View Vision and Accident and Universal Life insurances for the 2024 Plan year. If you are enrolled in the voluntary benefit Critical Illness you may incur a slight increase as it is an age banded benefit, meaning the rate will adjust annually based on your age. All benefit premiums will be deducted from your pay starting on December 1, 2023. A complete listing of premiums is reflected on pages 2 and 3.

## **PASSIVE OPEN ENROLLMENT**

Open Enrollment will remain passive, meaning if you do not make any changes to your current benefit elections, with the exception of the Flexible Spending accounts, your 2023 elections will roll-over to the 2024 calendar year. We encourage all employees to review your current payroll deductions for accuracy. If changes are needed, attend one of the informational sessions to complete necessary enrollment form(s) or contact the Benefits staff for assistance. Flexible Spending Accounts (FSA) do not automatically rollover. You must submit a new enrollment form updating election amounts for FSA medical and/or dependent care for 2024.

Beginning Monday, October 2nd to enroll-in or make changes to Accident and Critical Illness through The Standard, or Universal Life with Long Term Care through Trustmark, you must speak with a licensed benefits coach. A licensed coach may be reached by calling 1-877-277-7476, Monday through Friday from 9am -9pm.

The City of Hampton Benefits team will assist you with changes for medical, dental, vision, FSA, 457/Roth and Legal Resources. To access enrollment forms and the 2024 benefits guide please visit [hampton.gov/benefits](http://hampton.gov/benefits).

## **ENROLLMENT DEADLINE AND QUALIFYING EVENTS**

October 2, 2023 – October 20, 2023 will be your **ONLY** opportunity to:

1. Enroll, drop, or change your current coverage unless you experience a qualifying life event as defined below.
2. Add/drop a spouse or dependent child unless the family experiences a change as defined below.
3. Switch/enroll-in the pre-tax or after-tax medical plan. After-tax medical plan participants have the option to make changes to their coverage level anytime during the plan year.
4. Enroll in medical and/or dependent care flexible spending accounts.

Please notify the Benefits Section within 30 days of a Qualifying Life Event or a change in family status. A Qualifying Life Event is defined as marriage, divorce, birth/adoption/legal custody of a dependent child, death of a spouse or dependent child, aged-out (26 years old) dependent child's status, termination or commencement of a spouse's employment which affects coverage, change from part-time to full-time status (or vice versa) by the employee or employee's spouse which affects coverage, or an unpaid leave of absence taken by the employee or employee's spouse which affects coverage.

Documentation is required to enroll a spouse and/or dependent(s). Approved documents include birth certificates, adoption papers, or court-ordered custody papers to cover dependent children and a marriage certificate to cover your spouse. All new enrollee documents must be submitted to Benefits Section or emailed to [cohopenenrollment@hampton.gov](mailto:cohopenenrollment@hampton.gov) by Friday, October 20th

**PLAN RATES**

**Plan Year January 1, 2024 – December 31, 2024**

Effective for deductions taken December 2023 - November 2024

**Optima Health Insurance Premiums (Pre or Post Tax)**

| COVERAGE LEVEL    | PER PAY PERIOD | MONTHLY   |
|-------------------|----------------|-----------|
| Employee Only     | \$ 67.46       | \$ 134.92 |
| Employee + Minor  | \$122.24       | \$ 244.48 |
| Employee + Family | \$264.02       | \$ 528.04 |

**Delta Dental Premiums (Pre-Tax)**

| COVERAGE LEVEL   | PPO PLUS PREMIER |         | PPO EXCLUSIVE PANEL OPTION (EPO) |         |
|------------------|------------------|---------|----------------------------------|---------|
|                  | PER PAY PERIOD   | MONTHLY | PER PAY PERIOD                   | MONTHLY |
| Employee Only    | \$15.35          | \$30.69 | \$11.76                          | \$23.52 |
| Employee + Minor | \$28.42          | \$56.83 | \$23.40                          | \$46.79 |
| Family           | \$40.75          | \$81.49 | \$37.98                          | \$75.96 |

**Anthem Vision Premiums (Pre-Tax)**

| COVERAGE LEVEL            | PER PAY PERIOD | MONTHLY |
|---------------------------|----------------|---------|
| Employee Only             | \$3.66         | \$7.32  |
| Employee + Spouse         | \$6.96         | \$13.92 |
| Employee + Child/Children | \$7.31         | \$14.62 |
| Family                    | \$10.76        | \$21.51 |

**The Standard Accident Insurance (Post-Tax)**

| COVERAGE LEVEL        | PER PAY PERIOD | MONTHLY |
|-----------------------|----------------|---------|
| Employee Only         | \$7.33         | \$14.66 |
| Employee + Spouse     | \$11.57        | \$23.14 |
| Employee + Child(ren) | \$13.82        | \$27.63 |
| Employee + Family     | \$21.62        | \$43.24 |

**Trustmark Universal Life Insurance – Long Term Care (Post-Tax)**

| COVERAGE LEVEL   | PER PAY PERIOD   | MONTHLY   |
|--|--|---|
| \$25,000<br>\$50,000<br>\$50,000<br>\$100,000<br>\$150,000 | Rates based on<br>age, tobacco status and<br>coverage limit selections | Per pay period and monthly<br>rates will be populated<br>during open enrollment in<br>the enrollment system |

**The Standard Critical Illness Insurance (Post tax)  
Employee**

|                 | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY  | PER PAY PERIOD | MONTHLY  |
|-----------------|----------------|---------|----------------|---------|----------------|---------|----------------|---------|----------------|----------|----------------|----------|
|                 | 18-29          |         | 30-39          |         | 40-49          |         | 50-59          |         | 60-69          |          | 70+            |          |
| <b>\$5,000</b>  | \$0.93         | \$1.85  | \$1.33         | \$2.65  | \$2.58         | \$5.15  | \$5.20         | \$10.40 | \$9.50         | \$19.00  | \$16.65        | \$33.30  |
| <b>\$10,000</b> | \$1.85         | \$3.70  | \$2.65         | \$5.30  | \$5.15         | \$10.30 | \$10.40        | \$20.80 | \$19.00        | \$38.00  | \$33.30        | \$66.60  |
| <b>\$15,000</b> | \$2.78         | \$5.55  | \$3.98         | \$7.95  | \$7.73         | \$15.45 | \$15.60        | \$31.20 | \$28.50        | \$57.00  | \$49.95        | \$99.90  |
| <b>\$20,000</b> | \$3.70         | \$7.40  | \$5.30         | \$10.60 | \$10.30        | \$20.60 | \$20.80        | \$41.60 | \$38.00        | \$76.00  | \$66.60        | \$133.20 |
| <b>\$25,000</b> | \$4.63         | \$9.25  | \$6.63         | \$13.25 | \$12.88        | \$25.75 | \$26.00        | \$52.00 | \$47.50        | \$95.00  | \$83.25        | \$166.50 |
| <b>\$30,000</b> | \$5.55         | \$11.10 | \$7.95         | \$15.90 | \$15.45        | \$30.90 | \$31.20        | \$62.40 | \$57.00        | \$114.00 | \$99.90        | \$199.80 |

**The Standard Critical Illness Insurance (Post-Tax)  
Spouse**

|                 | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY | PER PAY PERIOD | MONTHLY  | PER PAY PERIOD | MONTHLY  |
|-----------------|----------------|---------|----------------|---------|----------------|---------|----------------|---------|----------------|----------|----------------|----------|
| AGE             | 18-29          |         | 30-39          |         | 40-49          |         | 50-59          |         | 60-69          |          | 70+            |          |
| <b>\$5,000</b>  | \$0.93         | \$1.85  | \$1.33         | \$2.65  | \$2.58         | \$5.15  | \$5.20         | \$10.40 | \$9.50         | \$19.00  | \$16.65        | \$33.30  |
| <b>\$10,000</b> | \$1.85         | \$3.70  | \$2.65         | \$5.30  | \$5.15         | \$10.30 | \$10.40        | \$20.80 | \$19.00        | \$38.00  | \$33.30        | \$66.60  |
| <b>\$15,000</b> | \$2.78         | \$5.55  | \$3.98         | \$7.95  | \$7.73         | \$15.45 | \$15.60        | \$31.20 | \$28.50        | \$57.00  | \$49.95        | \$99.90  |
| <b>\$20,000</b> | \$3.70         | \$7.40  | \$5.30         | \$10.60 | \$10.30        | \$20.60 | \$20.80        | \$41.60 | \$38.00        | \$76.00  | \$66.60        | \$133.20 |
| <b>\$25,000</b> | \$4.63         | \$9.25  | \$6.63         | \$13.25 | \$12.88        | \$25.75 | \$26.00        | \$52.00 | \$47.50        | \$95.00  | \$83.25        | \$166.50 |
| <b>\$30,000</b> | \$5.55         | \$11.10 | \$7.95         | \$15.90 | \$15.45        | \$30.90 | \$31.20        | \$62.40 | \$57.00        | \$114.00 | \$99.90        | \$199.80 |

**Legal Resources (Post-Tax)**

| COVERAGE LEVEL | PER PAY PERIOD | MONTHLY |
|----------------|----------------|---------|
| Flat Rate      | \$8.50         | \$17    |

Coverage level for Legal Resources includes employee, spouse and unmarried dependents under the age of 26.

## Open Enrollment Information Sessions

| Date                                 | Time          | Location   | Zoom Link                         |
|--------------------------------------|---------------|--|-----------------------------------|
| October 4 <sup>th</sup><br>In-person | 1pm-3pm       | Ruppert Sergeant<br>1 Franklin St, Hampton                               | N/A                               |
| October 6 <sup>th</sup><br>In-person | 3pm - 4:30    | Thomas Street Fire Facility<br>1300 Thomas St, Hampton                   | N/A                               |
| October 12 <sup>th</sup><br>Zoom     | 12pm - 1:30pm | N/A  | ID: 892 7590 9623<br>PW: Benefits |
| October 13 <sup>th</sup><br>Zoom     | 5pm-6pm       | N/A  | ID: 892 7590 9623<br>PW: Benefits |
| October 17 <sup>th</sup>             | 9am – 11pm    | City Hall Council Chambers<br>22 Lincoln St, 8 <sup>th</sup> FL, Hampton | N/A                               |
| October 20 <sup>th</sup>             | 2pm – 3:30pm  | Public Works Training<br>Facility<br>419 N Armistead Ave, Hampton        | N/A                               |

If you have any questions or need assistance  
email benefits at [cohopenrollment@hampton.gov](mailto:cohopenrollment@hampton.gov) or call 757-727-6230.