

July 1, 2025 – June 30, 2026

BENEFIT GUIDE





YOUR BENEFITS PACKAGE

Please review this guide to learn about the benefit options available to you, so you can make informed decisions about your benefits for July 1, 2025 – June 30, 2026. When you make well-informed decisions, you can help reduce your out-of-pocket health care cost and help control the rising costs of health care premiums.

This Benefit Summary does not provide all the details about the benefit programs. Additional information is available in each program's Certificate of Coverage (COC). The COC's are available by request from the Human Resources Department.

Please consider your benefits carefully before choosing. Your choices will remain in effect for the entire plan year, unless you have a mid-year qualifying event.

This brochure summarizes the coverage available during the upcoming 2025-2026 plan year. If you have any questions, please contact Human Resources. Carrier contact information is listed at the end of this benefit guide.

The QR code will take you to an on-demand video providing a high-level recorded explanation of the benefits available.





ELIGIBILITY

Full-time employees are eligible for the Town of Christiansburg benefits on the first of the month following your date of hire. If hired on the first day of the month, your benefits are effective that day.

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse and your children up to age 26 regardless of student status.

WHEN TO ENROLL

You can enroll for coverage within 14 days of your eligibility date or during the annual open enrollment period. If you do not enroll for coverage within 14 days of your eligibility date, you will not be able to elect coverages during the plan year July 1, 2025 – June 30, 2026, unless you have a qualified change in family status.

MAKING CHANGES

The choices you make when you are first eligible remain in effect for the plan year which ends on June 30TH. Once you enroll for coverage, you must wait until the next open enrollment period to change your benefits or add/remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

The following are a few examples:

- Marriage or divorce
- Birth or adoption of a child
- Loss of other health coverage
- Change in your dependent's eligibility status

If you have a Qualified Family Status Change, you must complete and provide supporting documentation to your Human Resources Department within 30 days of the Qualifying Event.

If you are enrolling during an open enrollment period, any changes you make will begin on July 1, 2025.

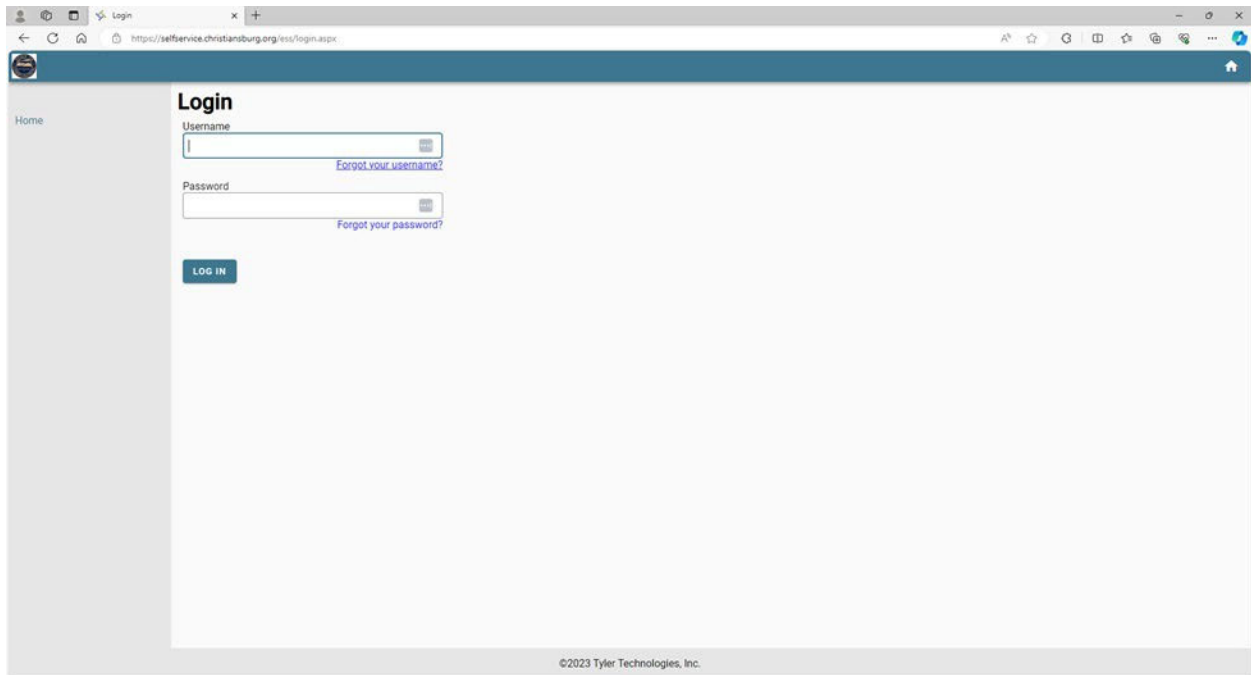


HOW TO ENROLL IN BENEFITS

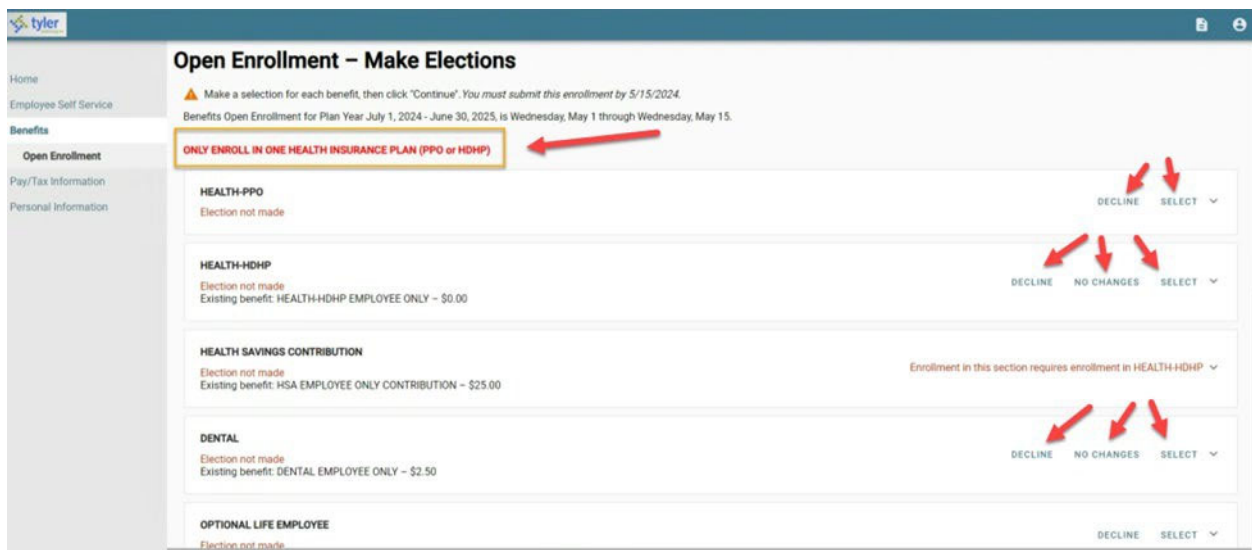
Log into Employee Self Service (ESS) by going to <https://selfservice.christiansburg.org/ess/login.aspx>

You may want to add this as a favorite so it can be easily accessed.

Your username will be your Employee ID#. The first time you login, your password will be the last four digits of your social security number. You will then be prompted to create a new password. After logging in, click the 'Benefits' link on the left side of the screen.



This opens the benefits enrollment page where you can decline or select benefits, make no changes, or add/decrease coverage levels. You can only enroll in one health insurance plan, either the Health-PPO or the Health HDHP. You must select 'Decline' for any benefits you do not want.



When you click 'select', you will see a list of coverage levels available under that benefit. Select the coverage level you want and click 'continue' in the bottom right.

The screenshot shows the 'Benefits - HEALTH-HDHP' page. On the left, a sidebar lists navigation options: Home, Employee Self Service, Benefits, Open Enrollment, Pay/Tax Information, and Personal Information. The main content area displays a list of coverage options, each with a radio button and associated costs. A red circle highlights this list. In the bottom right corner, a red arrow points to a blue 'CONTINUE' button, which is also circled in red.

| Coverage Option | Pay period employee cost | Pay period employer cost | Employee annual cost | Employer annual cost |
|---------------------------------|--------------------------|--------------------------|----------------------|----------------------|
| HEALTH-HDHP EMPLOYEE ONLY | \$0.00 | \$314.63 | \$0.00 | \$7,551.12 |
| HEALTH-HDHP EMPLOYEE & SPOUSE | \$78.00 | \$488.22 | \$1,872.00 | \$11,717.28 |
| HEALTH-HDHP EMPLOYEE & CHILD | \$78.00 | \$488.22 | \$1,872.00 | \$11,717.28 |
| HEALTH-HDHP EMPLOYEE & CHILDREN | \$121.00 | \$726.77 | \$2,904.00 | \$17,442.48 |
| HEALTH-HDHP FAMILY | \$121.00 | \$726.77 | \$2,904.00 | \$17,442.48 |

To add dependents, you will need to either select the dependent from the drop-down list or click 'Add New Dependent'. Enter their name, birthdate, gender, relationship, and social security number and click 'Save'. If you'd like to add dependents to your coverage, you will need to provide eligibility documentation to Human Resources. For example, to add a spouse, you will need to provide a copy of your marriage certificate and to add a child, you will need to provide a copy of the birth certificate. Please contact Human Resources at hro@christiansburg.org for more information.

The screenshot shows the 'Benefits - HEALTH-HDHP' page with the 'HEALTH-HDHP EMPLOYEE & CHILD' option selected. A red circle highlights the 'ADD NEW DEPENDENT' button and the 'Add existing dependent' dropdown menu. The page also displays a message: 'Coverage must be added for exactly 1 dependent'.

| Coverage Option | Pay period employee cost | Pay period employer cost | Employee annual cost | Employer annual cost |
|---------------------------------|--------------------------|--------------------------|----------------------|----------------------|
| HEALTH-HDHP EMPLOYEE ONLY | \$0.00 | \$314.63 | \$0.00 | \$7,551.12 |
| HEALTH-HDHP EMPLOYEE & SPOUSE | \$78.00 | \$488.22 | \$1,872.00 | \$11,717.28 |
| HEALTH-HDHP EMPLOYEE & CHILD | \$78.00 | \$488.22 | \$1,872.00 | \$11,717.28 |
| HEALTH-HDHP EMPLOYEE & CHILDREN | \$121.00 | \$726.77 | \$2,904.00 | \$17,442.48 |

After making changes to your benefits, you will see the 'Review your enrollment' page.

| Benefit Category | Benefit Name | Pay period employee cost | Annual employee cost |
|-----------------------------|-------------------------------|--------------------------|----------------------|
| HEALTH-PPO | Declined | | |
| HEALTH-HDHP | HEALTH-HDHP EMPLOYEE & SPOUSE | \$78.00 | \$11,717.28 |
| HEALTH SAVINGS CONTRIBUTION | HSA FAMILY ONLY CONTRIBUTION | \$50.00 | \$50.00 |
| DENTAL | DENTAL EMPLOYEE ONLY | \$2.50 | \$322.08 |
| OPTIONAL LIFE EMPLOYEE | OPTIONAL LIFE EMPLOYEE | \$14.40 | \$40,000.00 |
| OPTIONAL LIFE SPOUSE | OPTIONAL LIFE SPOUSE | \$4.50 | \$25,000.00 |

You will see the total cost per pay period at the bottom of the page. Click 'Submit' at the bottom of the page if you are finished reviewing and/or making changes to your benefits. You can also modify or cancel your benefit selections. You will receive a confirmation page when you click 'Submit'.

| Section | Item | Amount |
|-----------------------------|---|------------|
| LEGAL RESOURCES | LEGAL RESOURCES | \$11.00 |
| | Pay period employee cost | \$264.00 |
| OPTIONAL ACCIDENT | OPTIONAL ACCIDENT EMPLOYEE & CHILDREN | \$8.75 |
| | Pay period employee cost | \$210.00 |
| OPTIONAL HOSPITAL INDEMNITY | OPTIONAL HOSPITAL INDEMNITY EMPLOYEE & CHILDREN | \$12.46 |
| | Pay period employee cost | \$299.04 |
| ANNUAL AMOUNTS | TOTAL EMPLOYEE COST | \$4,358.64 |
| | TOTAL EMPLOYER COST | \$0.00 |
| PERIOD AMOUNTS | TOTAL EMPLOYEE COST | \$181.61 |
| | TOTAL EMPLOYER COST | \$0.00 |



MEDICAL COVERAGE

As a foundation for your good health, the Town of Christiansburg provides a selection of medical plans offering quality, flexibility and value. These plans are administered through Anthem.

Choose the plan that best meets your needs. Review the chart below for additional coverage details:

| Plan Features | Anthem KeyCare HDHP | Anthem KeyCare 1000 |
|-----------------------------------|---------------------|----------------------|
| | In-Network | In-Network |
| | You Pay: | You Pay: |
| Deductible – Plan Year | | |
| Individual/ Family | \$3,500 \$7,000 | \$1,000 \$2,000 |
| Out-of-Pocket Maximum - Plan Year | | |
| Individual/ Family | \$5,000 \$10,000 | \$5,000 \$10,000 |
| Primary Care Office Visit | 0% after deductible | \$20 copay |
| Specialist Office Visit | 0% after deductible | \$40 copay |
| Preventive Care | No charge | No charge |
| Emergency Room | 0% after deductible | 20% after deductible |
| Urgent Care | 0% after deductible | \$40 copay |
| Diagnostic Services | 0% after deductible | 20% after deductible |
| Outpatient Hospital Services | 0% after deductible | 20% after deductible |
| Inpatient Hospital Services | 0% after deductible | 20% after deductible |
| Mental Health | | |
| Outpatient | 0% after deductible | \$20 copay |
| Inpatient | 0% after deductible | 20% after deductible |

If you enroll in the Anthem KeyCare HDHP coverage, a Health Savings Account (HSA) will need to be established. See page 12 for more information regarding the HSA.

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.



PRESCRIPTION DRUGS

| Plan Features | Anthem KeyCare HDHP | Anthem KeyCare 1000 |
|-------------------------------|--------------------------|---------------------|
| | In-Network | In-Network |
| | You Pay: | You Pay: |
| Prescription Drugs—Retail | | |
| Deductible | AFTER MEDICAL DEDUCTIBLE | N/A |
| Generic | \$10 copay | \$10 copay |
| Brand Preferred | \$40 copay | \$40 copay |
| Brand Non-Preferred | \$70 copay | \$70 copay |
| Specialty | 20% to \$300 | 20% up to \$300 |
| Prescription Drugs—Mail Order | | |
| Generic | \$20 copay | \$20 copay |
| Brand Preferred | \$100 copay | \$100 copay |
| Brand Non-Preferred | \$175 copay | \$175 copay |

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.

Finding Participating Providers:

The best way to locate participating providers is to access your Anthem portal at www.anthem.com or via the Sydney mobile app.

VISION COVERAGE (Included with Medical)



The vision plan includes benefits for eye exams, eyeglasses, and contact lenses. Visit an in-network provider to take advantage of higher benefits coverage or visit an out-of-network provider for a reduced benefit. To start using your benefit, visit www.anthem.com to find a provider or call member services for assistance.

| Plan Features | Anthem Blue View Vision | |
|--|-----------------------------------|---------------------------------|
| | In-Network* | Out-of-Network |
| | | |
| Exam (once every calendar year) | \$15 copay | Up to \$30 |
| Frames (once every two calendar years) | \$130 allowance + 20% off balance | Up to \$45 |
| Lenses | | |
| Single Vision | \$25 copay | Up to \$25 |
| Bifocal | \$25 copay | Up to \$40 |
| Trifocal | \$25 copay | Up to \$55 |
| Contact Lenses—In lieu of lenses and frames | | |
| Medically Necessary | Covered in full | Up to \$105 |
| Elective | \$130 allowance + 15% off balance | Up to \$105 |
| Eyeglass Lens Enhancements: | | |
| Transition Lenses (children under age 19) | \$0 copay | No reimbursement out of network |
| Standard Polycarbonate (children under age 19) | | |
| Factory scratch coating | | |
| Progressive Lenses** | | |
| Standard | \$65 | No reimbursement out of network |
| Premium Tier 1 | \$85 | |
| Premium Tier 2 | \$95 | |
| Premium Tier 3 | \$110 | |



VIRTUAL DOCTOR VISITS

Virtual Visits are an additional benefit available to employees and their covered dependents. With virtual visits, you can be treated for various general health and general pediatric care concerns from the comfort of your home or office. If you are enrolled in a medical plan, you will have access to board-certified doctors and pediatricians. This service can be accessed via online video.

When your primary care physician is not available, or even if you are traveling, an online doctor's visit can provide you access to general medical care and prescription refill requests. Please note that some states do not allow for medications to be prescribed via virtual doctor visits. Examples of concerns that can be treated include allergy and asthma, pink eye, headache, respiratory or ear infections, and many more.

Take advantage of this on-demand service for a \$0 copay per consultation on the KeyCare 1000 Plan, and \$0 after deductible (\$55 charge before the deductible is met) on the KeyCare HDHP Plan.

ANTHEM SYDNEY APP

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

With just one click, you can:

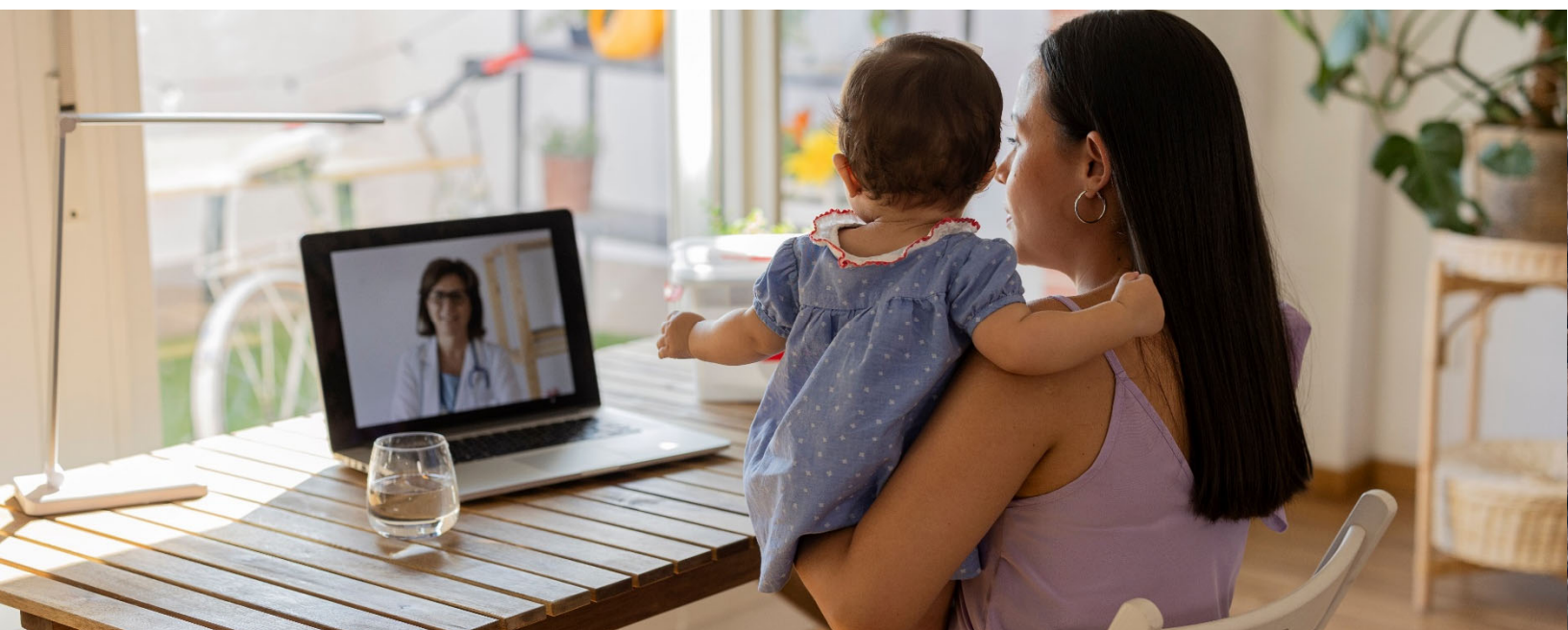
- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with chatbot technology
- View and use digital ID cards

▶ Download our
Sydney Health
mobile app today. 

Set up your account right away and it
will be ready to use when you need it.

 GET IT ON
Google Play

 Download on the
App Store



VIRTUAL PRIMARY CARE

What is virtual primary care (VPC)?

Virtual primary care provides convenient and affordable access to urgent, routine/preventive, and chronic condition care through the SydneySM Health mobile app. Our virtual primary care providers can diagnose and treat many common health conditions, prescribe medications, and conduct wellness check-ins, at low or no cost.

How does it work?

Through the Sydney Health app, members have access to a full range of virtual primary care services through a dedicated care team. They can chat with a doctor or have a video visit at a time and place that works for them.

Through virtual primary care, members can:

- Use the interactive Symptom Checker or visit with a doctor over chat or video for urgent care services, 24/7.
- Access virtual primary care services (routine/preventive and chronic condition care) from 9 a.m. to 9 p.m. ET Monday to Friday, and 9 a.m. to 5 p.m. Saturday and Sunday. If members message their virtual primary care team after those hours, they will receive a response at the team's earliest convenience.
- Schedule a wellness check-in to share their health history and discuss their health goals with a doctor on a virtual video visit. The doctor will create a personalized care plan and follow up with the member after their visit, all through the app.

Virtual primary care provides you with:

- Urgent, preventive and chronic care
- Personalized care plans
- Lower healthcare costs
- Easy prescription refills





What is a Health Savings Account (HSA)?

A health savings account (HSA) is an account that you can use to pay medical, dental, and vision expenses.

- Must be used in conjunction with the KeyCare HDHP (high deductible health plan)
- You own the account, but both you and your employer can contribute funds
- Tax-advantages: Contribute pre-tax money, funds accrue tax-free and withdraw funds tax-free (if used for eligible medical expenses)

Benefits of an HSA

- Triple tax advantage means you save money on your health care expenses
- Funds rollover each year, so you can use your HSA to save tax-free money for retirement
- You own the account, even if you leave the Town of Christiansburg
- Lower monthly premiums than a traditional health plan





HEALTH SAVINGS ACCOUNTS

Those employees who enroll in the KeyCare HDHP Qualified High Deductible Health Plan are required to open a Health Savings Account. The account will be opened through Health Equity. A Health Savings Account allows you to save money on a tax-free basis to use for your out-of-pocket health expenses.

ELIGIBILITY

You are eligible to open an HSA if:

- You are enrolled in a High Deductible Health Plan
- You are not Covered by your spouse's Health Plan, FSA or HRA
- You are not eligible to be claimed as a dependent for tax return purposes
- You are not enrolled in Medicare, Medicaid or Tricare

HSA DISTRIBUTION RULES

Distributions from your HSA are tax-free if they are taken for "qualified medical expenses". Your HSA can only be used for expenses that incurred on or after the date HSA was established.

HSA distributions can be taken for qualified medical expenses for the following people:

- The account holder (person covered by the HDHP)
- Spouse of that individual (even if not covered by the HDHP)
- Dependents of that individual (even if not covered by the HDHP)

For the **2025** calendar year, an individual can contribute up to \$4,300 to a health savings account (**HSA**) or \$8,550 for two or more people enrolled on the medical plan. Ages 55+ \$1,000 catch-up contribution (no change).

QUALIFIED MEDICAL EXPENSES

The IRS defines expenses that are considered "qualified medical expenses" for HSA distributions. If you use HSA funds for expenses beyond what the IRS defines as qualified, you will be subject to income tax on the distribution and an additional 20 percent penalty. Examples of qualified medical expenses include:

- Most medical care that is subject to your deductible (copays, coinsurance, doctor visits, inpatient or outpatient treatment, etc.)
- Prescription drugs
- Dental and vision care
- COBRA, qualified long-term care insurance, health insurance premiums paid while receiving unemployment benefits, health insurance after you turn 65 except for a Medicare supplemental policy

INELIGIBLE MEDICAL EXPENSES

Expenses that are not considered "qualified medical expenses" include:

- Surgery purely for cosmetic reasons
- Expenses covered by another insurance plan

For the 2025 benefit plan year, the Town of Christiansburg will contribute \$1,000 for employee only coverage, and \$2,000 for family coverage into the Health Savings Account. (pro-rated for new hires). Employees must contribute at least \$2.50 per pay period.



DENTAL COVERAGE



The Town of Christiansburg offers dental coverage through Delta Dental of VA. These plans allow you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider. To find an in-network provider, go to www.deltadentalva.com and search the PPO Plus Premier Network. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

| Dental Plan Features | Delta Dental |
|--|----------------------|
| | You Pay: |
| Annual Deductible | |
| Individual | \$25 |
| Family | \$75 |
| Annual Maximum Paid by Plan | \$1,200 |
| Diagnostic and Preventive Services (X-rays, cleanings, exams) | Covered in full |
| Basic and Restorative Services (Fillings, extractions, endodontics, periodontics) | 20% after deductible |
| Major Services (Crowns, prosthodontics, implants) | 50% after deductible |
| Orthodontia (Children under age 19) | 50% |
| Orthodontia Lifetime Maximum | \$1,200 |
| Prevention First (preventive cleaning, exam & Xrays do not count towards out of pocket) | Included |

BASIC AND VOLUNTARY LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

| Benefit | |
|---|--|
| Group Basic Employee Term Life & AD&D (Employer Paid) | 1X salary, not to exceed \$75,000 |
| Voluntary Employee Term Life & AD&D | \$10,000 increments up to \$300,000. Guarantee Issue \$150,000 |
| Voluntary Spouse Term Life & AD&D (must be enrolled in Voluntary Employee Life) | \$5,000 increments up to \$150,000. Guarantee Issue \$25,000 |
| Voluntary Child Term Life AD&D (must be enrolled in Voluntary Employee Life) | \$2,000, \$3,000, \$4,000, \$10,000 Guarantee Issue \$10,000 |

NEW EMPLOYEES: MEDICAL UNDERWRITING FOR VOLUNTARY LIFE

If you enroll when you are first eligible, you may elect up to the Guarantee Issue amount of \$150,000 for employee, \$25,000 for spouse, and \$10,000 for children without Evidence of Insurability. If you request coverage later or elect amounts above the Guarantee Issue, you will be required to complete Evidence of Insurability and be approved for the coverage elected.

OPEN ENROLLMENT: MEDICAL UNDERWRITING FOR VOLUNTARY LIFE

Any employee or spouse who is not currently enrolled, is enrolled and elects to increase coverage, and has not been medically declined by The Standard previously, can elect 2 additional increments without Evidence of Insurability, up to the Guarantee Issue limits. Those increments are \$10,000 for employee and \$5,000 for spouse. You may elect the full \$10,000 on children. Any amounts greater than 2 increments will require Evidence of Insurability and approval by The Standard.

PORTABILITY AND CONVERSION NOTICE

Upon termination of employment, your Basic Life and Voluntary Life plans will terminate. You have the opportunity to convert and/or port your coverage. You must submit your written request and your first premium to The Standard within 31 days from your termination date if you wish to continue the plan. You may contact (800) 378-4668 for additional information or request forms from Human Resources.



VOLUNTARY SHORT-TERM DISABILITY



Disability insurance protects your most valuable asset ... your ability to earn an income. If you become disabled as a result of a covered accident or sickness, disability insurance replaces a portion of your income to help pay for ongoing living expenses such as rent, mortgage, car payment and utilities, as well as out-of-pocket medical expenses. Your Disability benefits are administered by The Standard. **Please note this plan is only available to VRS Plan 1 and 2 employees.**

| Elimination Period | 14 days for accident and illness |
|--------------------|---|
| Benefit Amount | 60% of pre-disability income up to \$2,500 per week |
| Benefit Duration | 90 days |
| Maximum Benefit | \$2,500 |

VOLUNTARY ACCIDENT INSURANCE

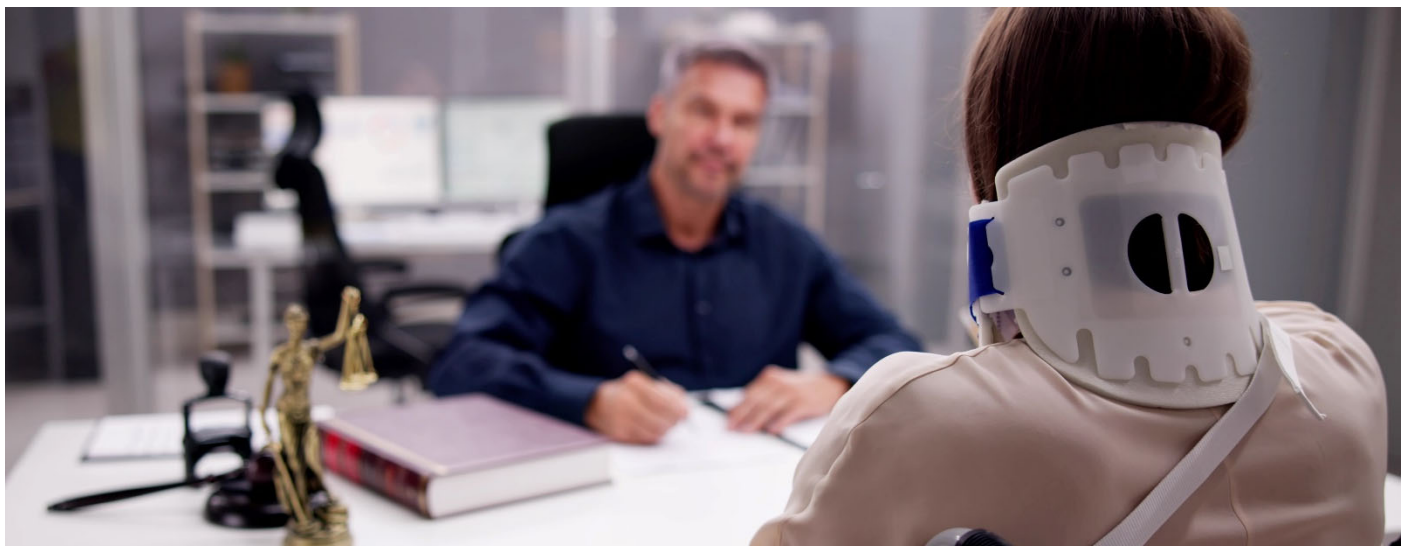
You can't always prevent an accident, but you can protect your bank account from the unexpected expense with Accident Insurance. The accident plan pays cash benefits directly to you for covered accidents.

According to the National Center for Health Statistics: 44% of accidental injuries occur at home. Sports or leisure activities result in nearly 40% of the self-reported injuries that result in hospitalization.

| | Benefit |
|------------------------------|---|
| Dislocation or Fracture | Between \$100-\$8,000 Based on fracture location |
| Initial Hospital Confinement | \$1,000 |
| Hospital Confinement | \$200 per day, up to a maximum of 365 days |
| Intensive Care | \$200 per day, up to a maximum of 15 days |
| Ground Ambulance | \$300 |
| X-Ray | \$50 |
| Emergency Room Services | \$150 |
| Initial Physician's Office | \$50 per visit |
| Accident Follow-Up Treatment | \$50 per visit up to 2 days |

Dependent Child Eligibility: Up to age 26 (end of month)

- **Guaranteed Issue:** No evidence of insurability (proof of good health) is required, which means you and your family members are not required to answer medical questions and approval is guaranteed.
- Group Accident provides 24 hour coverage that occur anytime, including work related accidents.
- Coverage pays in addition to any other insurance benefits from other insurance companies, picking up where other insurance leaves off by providing cash benefits to help you pay both medical and non-medical expenses resulting from an accident.
- Benefits are paid directly to you.
- Coverage is portable from day one should you leave employment or retire.



VOLUNTARY CRITICAL ILLNESS INSURANCE WITH CANCER

A major illness can blindside anyone, even an employee with medical insurance. Copays, deductibles, and out of pockets can add up quickly. Critical Illness Insurance pays cash benefits directly to you to help reduce the financial burden that can come from a serious illness.

| Coverage Amount Employee | Increments of \$5,000 up to \$20,000 |
|--|--|
| Coverage Amount Spouse | Increments of \$2,500 up to \$10,000 |
| Coverage Amount Child | 50% of Employee Amount |
| Cancer | 100% |
| Heart Attack | 100% |
| Stroke | 100% |
| Please see Benefit Summary for a full list of covered illnesses. | Annual Wellness \$50 per calendar year |

- **Guaranteed Issue:** No evidence of insurability (proof of good health) is required, which means you and your family members are not required to answer medical questions and approval is guaranteed.
- Benefits are paid directly to you.
- Coverage is portable from day one should you leave employment or retire.
- Dependent Child Eligibility up to 26



VOLUNTARY HOSPITAL INDEMNITY INSURANCE

A trip to the hospital can be costly and many employees are not prepared for the out-of-pocket expenses associated with it. Hospital Indemnity Insurance pays cash benefits to the employee in the event of a hospitalization regardless of treatment costs or other insurance coverage. It's an affordable way for employees to keep their finances on track.

| Hospital Confinement Benefit | \$100 per day |
|---|--------------------------|
| Number of Days per Hospital Confinement | 30 days |
| Hospital Admission | \$1500 per calendar year |
| Critical Care Unit | \$100 |
| Number of Days per Critical Care Unit | 30 days |
| Health Maintenance Screening | \$50 |



LEGAL SELECT BENEFIT PLAN THROUGH LEGAL RESOURCES



General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services



Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence

1st Offense



Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



Elder Law

- Estate advice
- Powers of attorney for members' parents



Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment



Criminal Matters²

- Defense of misdemeanor
- Misdemeanor defense of juveniles

Fully covered for first offense involving alcohol or illegal drugs



Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

ID THEFT COVERAGE INCLUDED WITH LEGAL SELECT



24/7 full-service restoration with a Certified Restoration Specialist



Lost wallet & emergency cash assistance



\$1,000,000 of Identity Theft insurance to cover out of pocket expenses incurred to repair the victims identity

Don't see your legal need listed?

The Legal Resources Plan offers a **25% discount**⁴ on all other legal needs, including pre-existing legal matters.

HOW THE PLAN WORKS

- 1 Choose a law firm that best suits your needs from our highly rated law firm network. Use our Law Firm Finder at LegalResources.com to find a firm near you.⁴ If you need to transfer to another Plan Law Firm, call Member Services.
- 2 Certified paralegals in our Member Services Department provide backup and support to assist you with any coverage or attorney-related questions.

This **SUMMARY OF COVERAGE** is intended to provide a broad general overview of plan coverage and is not a contract. Coverage may vary by organization. For specific coverage questions, please call Member Services at 800.728.5768.

COST PER PAY PERIOD (24)



| | | EMPLOYEE ONLY | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD | EMPLOYEE + CHILDREN | FAMILY |
|-----------------------------------|--|---------------|-------------------|------------------|---------------------|----------|
| KeyCare HDHP Employee Cost | | \$0 | \$78.00 | \$78.00 | \$121.00 | \$121.00 |
| Employer Contribution | | \$363.34 | \$576.00 | \$576.00 | \$860.02 | \$860.02 |
| KeyCare 1000 Employee Cost | | \$30.50 | \$125.00 | \$125.00 | \$259.00 | \$259.00 |
| Employer Contribution | | \$404.31 | \$657.65 | \$657.65 | \$914.99 | \$914.99 |

| VOLUNTARY | | EMPLOYEE ONLY | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD | EMPLOYEE + CHILDREN | FAMILY |
|--------------------------------------|---|------------------------------------|-------------------|------------------|---------------------|---------|
| Delta Dental | | \$2.50 | \$13.25 | \$13.25 | \$25.00 | \$25.00 |
| Employer Contribution | | \$13.42 | \$13.42 | \$13.42 | \$13.42 | \$13.42 |
| Accident Plan | | \$4.64 | \$7.36 | \$8.75 | \$8.75 | \$13.73 |
| Hospital Indemnity | | \$8.93 | \$15.30 | \$12.46 | \$12.46 | \$22.30 |
| Short Term Disability | Coverage is based on age | | | | | |
| Critical Illness | Cost for coverage is based on age and coverage amount. | | | | | |
| Basic Term Life with AD&D | | Paid by the Town of Christiansburg | N/A | N/A | N/A | N/A |
| Voluntary Life | Cost for coverage is based on age, amount elected and salary. | | | | | |
| Voluntary LTD | | | | | | |
| Legal Resources | \$11.00 per pay period | | | | | |

The information in this guide was taken from various summary plan descriptions and benefit information. This summary of benefits is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. Full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail. Carrier contracts are the final benefit determinant. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefit Summary, contact HR.



All full-time employees are eligible to participate in the Employee Wellness Program. This program includes a formal points program where points can be earned for various activities and redeemed each quarter for incentives. The points must be redeemed by the end of each fiscal year and will restart on July 1 each year.

Also, to encourage employees to increase their physical exercise, full-time employees are eligible for up to two hours of “fitness leave” each week. This leave must be used according to the following parameters:

- 1) “Fitness Leave” can only be used for cardiovascular exercise (walking, running, aerobics, swimming, weightlifting, etc.) and can only be used within Town limits at either the Recreation Center, Aquatics Center, one of the parks, etc. Employees cannot use the leave to go home to work out;
- 2) “Fitness Leave” must be requested in advance and approved by the supervisor and/or department head so there will be no lapse in departmental coverage;
- 3) “Fitness Leave” cannot be used at the beginning of the work shift to allow employees to come in late;
- 4) “Fitness Leave” cannot be used at the end of the work shift to allow employees to leave early, unless pre-approved by the supervisor and/or department head;
- 5) Up to one hour per day of “fitness leave” (two hours per week) can be added to the lunch period when the employee is participating in a fitness program through either the Recreation Center or the Aquatics Center, in which case verification may be requested; AND
- 6) Employees found to be abusing the program will have the privilege revoked and be subject to disciplinary action.

To register, track activities and redeem points, go to <https://toc-wellness.web.app/> and use activation code TOCburg2024



TOCWellness

THE PLACE TO BE A BETTER YOU.

SELF-REPORTED ACTIVITIES

POINTS

| | |
|--|---------------|
| Attend/View TOC sponsored wellness workshop/webinar | 100 |
| Take 4-6 week group fitness class through Parks & Rec and/or Aquatics | 200 |
| CPR/ First Aid certification | 100 |
| Complete annual physical, dental exam/cleaning or vision exam | 200 |
| Attend TOC annual benefits fair | 100 |
| No negligent workplace accidents/injuries | 100 per month |
| Complete a TOC sponsored wellness challenge | 200 |
| Go on a 15-minute walk 2x per week (8x per month) | 100 per month |
| Self-reported exercise (3 days per week for 30+ minutes) | 100 per month |
| Participate in a community walk or run | 100 |
| Donate blood/plasma | 100 |
| Complete a mental health activity (journaling, meditation, fishing, etc.) | 100 per month |
| Watch a wellness webinar/training through Carilion EAP 1x week | 100 per month |
| Track your steps via pedometer, FitBit, or app and walk 10,000 steps 3 days per week | 200 per month |
| Listen to a wellness related podcast (financial, stress mgmt, mindfulness, etc.) 1x week | 100 per month |

POINT INCENTIVES (submit points each quarter - points reset each fiscal year)

2,500 points = TOC swag

5,000 points = \$25 gift card

7,500 points = wellness gift

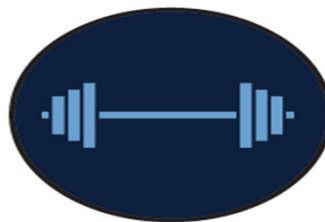
10,000 points = TOC Wellness bundle/gift basket



2,500 PTS.



5,000 PTS.



7,500 PTS.



10,000 PTS.



NOTICES

Full versions of the below notices, along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC), can be found by logging into the enrollment portal, Tyler Munis. If you are unable to access these for any reason, contact Human Resources for a printed copy.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

NO SURPRISE ACT-NOTICE OF SURPRISE BILLING PROTECTIONS

Summary: This notice describes state/federal surprise billing protections and providing contact information where complaints can be filed.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

QUESTIONS?



CONTACTS

| Benefit | Contact | Telephone | Website |
|---|-------------------------|--------------|--|
| Medical | Anthem | 833-592-9956 | www.anthem.com |
| Dental | Delta Dental | 800-348-4512 | www.deltadentalva.com |
| Vision | Anthem/Blue View Vision | 833-592-9956 | www.anthem.com |
| Health Savings Accounts | Health Equity | 866-346-5800 | www.healthequity.com |
| Basic Life and AD&D | The Standard | 800-628-8600 | www.standard.com |
| Voluntary Life and AD&D | The Standard | 800-628-8600 | www.standard.com |
| Short-Term Disability | The Standard | 800-628-8600 | www.standard.com |
| Accident, Critical Illness, Hospital Indemnity | The Standard | 866-851-2429 | www.standard.com |
| Legal Resources | Legal Resources | 800-728-5768 | www.legalresources.com |

NOTES:

[illegible]

NOTES:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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