



Campbell County Employees'

**BENEFITS
ENROLLMENT**

2025

HEALTH PREMIUMS

FOR 2025

COST PER MONTH - VISION INCLUDED



HealthKeepers Plan	Employer Pays	Employee Pays
Employee	\$741.00	\$83.00
Employee Plus 1	\$1,214.00	\$254.00
Family	\$1,347.00	\$712.00
Both Spouses Enrolled/Family	\$1,751.00	\$308.00
Deductibles: Single \$2,000/Family \$4,000 Max Out-of-Pocket Single \$3,425/Family \$6,850		
HDHP (Current Plan) - now called KeyCare	Employer Pays	Employee Pays
Employee	\$741.00	\$87.00
Employee Plus 1	\$1,214.00	\$267.00
Family	\$1,347.00	\$748.00
Both Spouses Enrolled/Family	\$1,772.00	\$323.00
Deductibles: Single \$2,500/Family \$5,000 Max Out-of-Pocket: Single \$4,000/Family \$8,000		
Both Spouses Employed by County- Health/Dental New HealthKeepers Plan - family		\$308.00 + \$58.00 = <u>\$366.00</u>
Both Spouses Employed by County - Remaining on the current HDHP - family		\$323.00 + \$58.00 = <u>\$381.00.</u>

DENTAL & VISION



Monthly Anthem Dental Insurance Premium	Employee Only	Employee +1	Employee +Family
Premium	\$35.00	\$62.00	\$94.00
County Pays	\$21.00	\$21.00	\$21.00
Employee Pays	\$14.00	\$41.00	\$73.00

*****Both spouses employed by County: Premium=\$94**

Employer pays \$36.00 -- Employee(s) pay \$58.00

Coverage provides two exams/cleanings per year.

For more detailed information, please review the Dental Insurance Summary of Benefits Coverage (SBC). Feel free to ask a member of our staff, or call Anthem directly with questions.

Blue View Vision benefits are included in your health insurance coverage. After a \$15 co-pay (In-Network provider), a routine eye exam is covered once per calendar year. Additional savings are available by visiting a participating provider. Enjoy up to 35% off the retail price of frames, and 15% off the retail price of non-disposable contacts. To locate a provider, login to your Anthem account, or call Member Services at 1-833-592-9956.

DEPENDENT CARE

Campbell County offers dependent care reimbursement accounts. The dependent care assistance account allows you to pay for out-of-pocket, work-related dependent day-care costs with pre-tax dollars.

The annual plan limit which may be allocated to the dependent care reimbursement is \$5,000. Your contributions are subject to the IRS "use-it-or-lose-it" rule, meaning that any unused funds which remain in your dependent care account **will be forfeited at the end of the plan year.**

If you are interested in participating, Please select this option on your enclosed Open Enrollment form and indicate the amount to be deducted from your paycheck.

Contact payrollbenefits@campbellcountyva.gov or 434-332-9794 for additional information.



HSA

payrollbenefits@campbellcountyva.gov
47 Courthouse Lane, Suite 3, Rustburg, VA 24588
434-332-9794

Campbell County will continue to make employer contributions into your HSA for each month you have the Anthem HealthKeepers or Anthem HDHP (as long as you remain eligible for the contribution).

2025 Monthly Employer HSA Contribution for Employees enrolled in Anthem HDHP or HealthKeepers

Employee Only - \$83.34
Employee +1 - \$166.67
Employee +Family - \$166.67

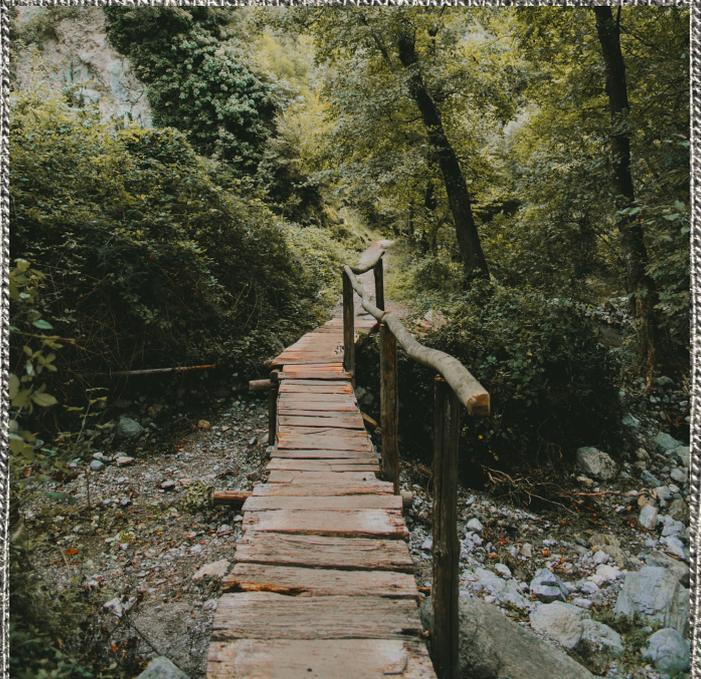
The 2025 IRS Maximum Limits are as follows:

Employee Only - \$4,300
Employee +1 - \$8,550
Employee +Family - \$8,550
Family - (Both spouses employed by County) - \$8,550

Please note: When calculating your total HSA contributions, you must include the County's portion toward your maximum annual limit. For example, (for those who are under 55) if you select Employee Only coverage, this means your voluntary contribution could be no greater than \$3,300 per year (\$275.00 monthly); HSA contributions toward the Employee Plus 1 and Family plans cannot exceed \$6,550 annually (\$545.00 monthly).

You can manage your personal HSA account transactions online at <https://www.mcgriff.com/login/individuals.html> or via the McGriff Benefit Access app. Contributions from payroll can be changed twice a year - during open enrollment (effective January 1) and in June (effective July 1).

For a list of approved HSA expenses, visit <https://abcbs.anthem.com/Page/FindEligibleItems>



Please note: Enrollment in any type of Medicare makes you ineligible to contribute to an HSA, per IRS regulations.

Employees past age 65 who are actively working and receive employer HSA contributions and/or elected voluntary HSA contributions to be deducted from their pay must notify the employer **seven months** prior to the date they expect to apply for social security benefits - this allows employer and, if applicable, voluntary employee contributions to be stopped at the appropriate date. This is because when you apply for Social Security, Medicare Part A will be retroactive for up to six months (as long as you were eligible for Medicare during those six months). If you do not stop contributing six months before you apply for Social Security, you may have a tax penalty.

If an employee past age 65 continues to defer social security but applies for Medicare, they should notify the employer the month before the Medicare effective date.

If you are an active employee turning age 65 in 2025 and/or become Medicare eligible in 2025, and are enrolled in Campbell County's Healthcare Plan, you should contact us during Open Enrollment to discuss the impact enrolling in Medicare will have on your HSA.

It is your responsibility to determine your eligibility for contributions to an HSA. If the County continues to fund an HSA on your behalf past the date you are eligible, you will be responsible for any IRS penalties and payment of back taxes.

You may contact payrollbenefits@campbellcountyva.gov or call 434-332-9794 to schedule an appointment.

Qualifying Events for Any Benefit Coverage Changes

Any changes to your coverage after the open enrollment period require a qualifying event.

If you experience a qualifying event, please notify the Department of Management Services within 31 calendar days. Some examples of such events include:

- *Marriage;*
- *Birth or adoption of a child;*
- *Divorce and/or Legal separation;*
- *Death or loss of a dependent;*
- *Change in spouse's employment status causing a loss and/or a gain of coverage;*
- *Change in your own employment status;*
- *Eligibility for Medicare.*

Changes in health and/or dental coverage due to a qualifying event are effective the date of that event. Additional premium may need to be collected depending on timing of the event with payroll run dates.

Please note:

For those grandfathered into the special KeyCare 500 plan, your plan coverage will remain the same, but will NOW be referred to as the KeyCare 750. No HSA contributions are applied to this plan.

LiveHealth Online

Use LiveHealth Online for a video visit with a doctor from the comfort of your home. Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam.

A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if needed.

To sign up, visit livehealthonline.com or download the free LiveHealth Online app to your mobile device. Questions about how to use LiveHealth Online?

Call toll free at 1-888-LiveHealth (548-3432) or email help@livehealthonline.com. If you send an email, please include your name, email address, and a phone number where you can be reached.

Please note that charges may apply the same as a visit to a health provider's office.



Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice eye care doctors. Our network also has many convenient optical stores, including popular national retail stores LensCrafters®, Target Optical®, and most Pearle Vision® locations. When you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at the number on the back of your ID card.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$15 copay	Up to \$30 allowance	Once every calendar year

USING YOUR BLUE VIEW VISION PLAN

When you are ready to schedule your eye exam, just make an appointment with your choice of any of the Blue View Vision participating eye care doctors. Your Blue View Vision plan provides services for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network.

ADDITIONAL SAVINGS ON EYEWEAR AND MORE

As a Blue View Vision member, you can take advantage of valuable discounts through our Additional Savings program. See page 2 for further details.

OUT-OF-NETWORK

If you choose to, you may receive covered services outside of the Blue View Vision network. If you choose an out-of-network doctor, you must pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance. To download a claim form, log in at anthem.com, or from the home page menu locate Support and select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at the number on the back of your ID card to request a claim form. To request reimbursement for out-of-network services, complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

This is a primary vision care benefit intended to cover only routine eye examinations. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at the number on the back of your ID card.

This information is only a brief outline of coverage and only one piece of your entire enrollment package. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		Member Pays
Retinal Imaging	<ul style="list-style-type: none"> At member's option can be performed at time of eye exam 	Not more than \$39
Eyeglass Frame	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses* 	35% off retail price
Eyeglass Lenses Standard plastic material	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses*: <ul style="list-style-type: none"> Single Vision \$50 Bifocal \$70 Trifocal \$105 	
Eyeglass Lens Options and Upgrades When purchasing a complete pair of eyeglasses* (frame and lenses), you may choose to upgrade your new eyeglass lenses at a discounted cost. Member costs shown are in addition to the member cost of the standard plastic eyeglass lenses.	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses*: <ul style="list-style-type: none"> UV Coating \$15 Tint (Solid and Gradient) \$15 Standard Scratch-Resistant Coating \$15 Standard Polycarbonate \$40 Standard Anti-Reflective Coating \$45 Standard Progressive Lenses (add-on to Bifocal) \$65 Other Add-Ons 	20% off retail price
Conventional Contact Lenses (non-disposable type)	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price

* If frames, lenses or lens options are purchased separately, members will receive a 20% discount instead.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations.

Some of the Blue View Vision participating in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM

Other savings offers are available on eyewear, hearing aids and even LASIK laser vision correction surgery through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.



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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan. To check for eligibility in VIRGINIA visit: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select/> OR

<https://www.dmas.virginia.gov/for-members/benefits-and-services/other-programs-and-guidelines/premium-assistance/health-insurance-premium-program/applying-for-hippl/>

Medicaid/CHIP Phone: 1-800-432-5924

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

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

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

Paperwork Reduction Act Statement

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

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



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits —all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Download the Sydney Health app today

Use the app anytime to:
Find care and compare costs.
See what's covered and check claims.
View and use digital ID cards.
Check your plan progress.
Fill prescriptions.



Scan the QR code to download the Sydney Health app.



You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.