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Employee Compensation Package

	Total Cost	General Fund Cost
<u>FY 2011</u>		
Organizational Structure Analysis	\$70,000	\$70,000
Pay & Classification Study	90,000	40,000
One-Time \$1,000 Wellness Incentive June 2011	482,000	325,000
FY 2011 Total (funded with FY 2011 savings)	<u>\$642,000</u>	<u>\$435,000</u>
<u>FY 2012</u>		
Health Insurance (net)	(\$938,000)	(\$550,000)
Merit Increase - average of 2.25 %	681,000	473,000
Public Safety Compression	71,000	45,000
Deferred Compensation Match (from \$5 to \$10)	44,700	32,000
FY 2012 Net to Employees	<u>(141,300)</u>	<u>0</u>
General Fund wage contingency	<u>(386,390)</u>	<u>(386,390)</u>
FY 2012 Budget Savings	<u>(\$527,690)</u>	<u>(\$386,390)</u>

**City of Manassas
FY 2012 City Manager Proposed Budget
Employee Compensation Package
Merit Increase**

Employee's whose Performance Rating is a 3.00 or higher on their FY 2012 annual performance review will receive an merit increase on their anniversary date. The merit increase will be a percent of the midpoint salary of the grade of their position. The employee's salary will not exceed the maximum salary of the grade of their position. Position grades and Minimum, Midpoint and Maximum salaries for each grade are found in the Classification and Pay Plan July 1, 2010.

<u>Employee's Date of Hire</u>	<u>Employee's Merit Increase</u>
Date of Hire 7/1/2010 to 6/30/2011	1%
Date of Hire 7/1/2009 to 6/30/2010	2%
Date of Hire 7/1/2008 to 6/30/2009	3%
Date of Hire 6/30/2008 and prior	4%



Health Benefits Information



State Resources at Work for Local Government

Serving the health care needs of local governments and school systems in the Commonwealth of Virginia

TLC News

NEW Regional Meetings

Seven TLC regional meetings on the 2011-12 health benefits program will be held throughout Virginia beginning March 8, 2011. [Click here for the meeting schedule.](#)

Time to Think About Flu Shots!

What's one of the best ways to stay healthy this fall and winter? Get a flu shot! The best news of all is that flu shots are free again this year to TLC Local Choice health plan participants and their family members. You and your family can choose to go to a doctor's office or visit a pharmacy that participates in the state flu shot program. [See more information.](#)

View the 2010 presentation from the [TLC Roadshow.](#)

Inpatient Copayment Waived for Future Moms Participation

Effective with the July 1 renewal (October 1 for certain school groups), expectant parents who participate in TLC Key Advantage Expanded and TLC Key Advantage 200 have a chance to save \$200 on their inpatient facility maternity copayment. The copayment will be waived if the expectant

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More than 43,000 employees, retirees and family members representing over 230 local Virginia jurisdictions participate in the Commonwealth of Virginia's The Local Choice (TLC) health benefits program. State government's significant purchasing power reduces administrative costs, and shared claims experience offers financial protection for local government. Competitive trend estimates and value added benefits also enable The Local Choice to compete effectively in today's health care marketplace. TLC offers financial stability through competitive rates, quality benefit plans and superior customer service.

The Local Choice
 The Commonwealth of VA
 Dept. of Human Resource Management
 101 N. 14th Street, 12th Floor
 Richmond, VA 23219

Tier	Monthly Premium			EE %	Employee Monthly	Monthly Increase	Employee Annual	Annual Increase	City Monthly	City %
	Health	Dental	Total			(Decrease)		(Decrease)		
						from Current		from Current		
Current - KeyCare 10 Plus PPO										
Employee	\$577.56	\$33.64	\$611.20	21%	\$128.35		\$1,540.20		\$482.85	79%
Employee & Child(ren)	\$1,022.25	\$67.28	\$1,089.53	21%	\$228.80		\$2,745.60		\$860.73	79%
Employee & Spouse	\$1,212.86	\$64.30	\$1,277.16	21%	\$268.20		\$3,218.40		\$1,008.96	79%
Family	\$1,732.63	\$99.00	\$1,831.63	21%	\$384.64		\$4,615.68		\$1,446.99	79%
TLC (4 Health Plans)										
TLC health premium includes the Delta Dental premium										
Plan A - Key Advantage Expanded PPO										
Employee	\$494.00	\$0.00	\$494.00	20%	\$98.80	(\$29.55)	\$1,185.60	(\$354.60)	\$395.20	80%
Employee + One	\$914.00	\$0.00	\$914.00	25%	\$228.50	(\$39.70)	\$2,742.00	(\$476.40)	\$685.50	75%
Employee + Two+	\$1,344.00	\$0.00	\$1,344.00	25%	\$336.00	(\$48.64)	\$4,032.00	(\$583.68)	\$1,008.00	75%
Plan B - Key Advantage 500 PPO										
Employee	\$426.00	\$0.00	\$426.00	7%	\$30.80	(\$97.55)	\$369.60	(\$1,170.60)	\$395.20	93%
Employee + One	\$788.00	\$0.00	\$788.00	13%	\$102.50	(\$165.70)	\$1,230.00	(\$1,988.40)	\$685.50	87%
Employee + Two+	\$1,150.00	\$0.00	\$1,150.00	12%	\$142.00	(\$242.64)	\$1,704.00	(\$2,911.68)	\$1,008.00	88%
Plan C - Kaiser										
Employee	\$539.00	\$0.00	\$539.00	27%	\$143.80	\$15.45	\$1,725.60	\$185.40	\$395.20	73%
Employee + One	\$993.00	\$0.00	\$993.00	31%	\$307.50	\$39.30	\$3,690.00	\$471.60	\$685.50	69%
Employee + Two+	\$1,448.00	\$0.00	\$1,448.00	30%	\$440.00	\$55.36	\$5,280.00	\$664.32	\$1,008.00	70%
Plan D - TLC High Deductible										
Employee	\$360.00	\$0.00	\$360.00	3%	\$10.00	(\$118.35)	\$120.00	(\$1,420.20)	\$350.00	97%
Employee + One	\$666.00	\$0.00	\$666.00	2%	\$10.00	(\$258.20)	\$120.00	(\$3,098.40)	\$656.00	98%
Employee + Two+	\$972.00	\$0.00	\$972.00	1%	\$10.00	(\$374.64)	\$120.00	(\$4,495.68)	\$962.00	99%



Medical Plan Comparison

	Anthem Current & Renewal Plans	The Local Choice Key Advantage Expanded PPO
	PPO	PPO
	KeyCare 10 Plus (Customized)	
Deductibles, Plan Limits and Out-of-Pocket Maximums are based on:	calendar year	plan year - July 1 through June 30
In-Network Benefits		
Deductible		
Individual / Family	None	\$100/\$200
Out-of-Pocket Limit		
Individual / Family	\$2,000/\$4,000 includes copays (except RX) & coinsurance	\$1,000/\$2,000 (No prior carrier carryover credit) Out of Pocket does Not include copays
Lifetime Maximum	Unlimited	Unlimited
Preventive Care		
Preventive Care	\$0, covered at 100%	\$0, covered at 100%
Well Baby Care	\$0, covered at 100%	\$0, covered at 100%
Mammography	\$0, covered at 100%	\$0, covered at 100%
Annual OB/GYN Visit/Pap Smear	\$0, covered at 100%	\$0, covered at 100%
PSA Tests	\$0, covered at 100%	\$0, covered at 100%
Physicians		
Primary Care/PCP	\$10	\$15
Specialist	\$20	\$25
Spinal Manipulation	\$10 PCP/\$20 Specialist 30 visits max	\$15 PCP/\$25 Specialist 30 visits max
Urgent Care Facility	\$10 PCP/\$20 Specialist	
Outpatient X-Ray and Lab Tests (not billed as part of OV)	\$0 Lab, \$20 X-rays \$50 for complex imaging (MRI, CT, CAT, PET Scans)	10%, no deductible
Emergency Services		
Hospital Emergency Room (waived if admitted)	\$50 Facility/\$10 PCP/\$20 Specialist	\$100 Facility/\$15 PCP/\$25 Specialist
Ambulance Transportation	20% (\$3,000 CY maximum)	20% after deductible (no limit)
Inpatient Care	\$250 per confinement	\$200 per confinement
OP Facility MRI, CAT, PET, Nuclear Medicine/Radiology	\$0 Lab, \$20 X-rays \$50 for complex imaging (MRI, CT, CAT, PET Scans)	10%, no deductible
Outpatient Surgery	\$50 copay Facility \$10 PCP/\$20 Specialist	\$100 copay Facility \$15 PCP/\$25 Specialist

Medical Analysis- Finalists Updated February .



	Anthem Current & Renewal Plans PPO KeyCare 10 Plus (Customized)	The Local Choice Key Advantage Expanded PPO PPO
Mental Health & Substance Abuse		
Office Visit	\$10 PCP/\$20 Specialist	\$15
Inpatient Care	\$250 per confinement	\$200 per confinement
Outpatient Facility Physician Services	\$10 PCP/\$20 Specialist	\$15
Other Medical Services		
Routine Eye Exam	\$15	\$25 (<i>\$20 lenses, \$100 allowance frames & contacts</i>)
Durable Medical Equipment	20% coinsurance no limit	20% after deductible no limit
Home Health Care	10% 90 visit CY maximum	\$0, covered at 100% 90 visit PY maximum
Hospice	\$0, covered at 100%	\$0, covered at 100%
Outpatient Short Term Rehab./Physical, Speech & Occ. Therapy	\$20 Facility \$10 PCP/\$20 Specialist	10% after deductible for facility 10% after deductible for provider
	30 visits combined max for phys & occ 30 visits max for speech	no limits
Skilled Nursing Home Facility	10%	\$0, covered at 100%
	100 day maximum	180 day maximum
Prescription Drugs		
Retail Pharmacies: up to 30-day supply. Tier 1/Tier 2/ Tier 3	\$8/\$15/\$30	\$10/\$20/\$35 mandatory generic
Mail Order Maintenance: Tier 1/ Tier 2/ Tier 3	\$8/\$30/\$90	\$20/\$40/\$70 mandatory generic
Prescribed Contraceptives	Yes	Yes
Out-of-Network Coverage		
Benefit Year Deductible	\$300 Individual/\$600 Family	\$200 Individual/\$400 Family
Coinsurance Level	30% of Allowable charges, plus possible balance billing	30% Allowable charges, plus possible balance billing
Maximum Out of Pocket	\$4,000/\$8,000	\$2,000/\$4,000
Lifetime Maximum	Unlimited	Unlimited

CY = Calendar Year
 BY = Benefit Year
 PY = Plan Year
 MAC = Maximum Allowable Charge

Medical Analysis- Finalists Updated Fe



Dental Plan Comparison

Covered Services	CURRENT	Proposed
	Delta	The Local Choice Key Advantage Expanded
	PPO	PPO
Benefit Attributes		
Calendar Year Deductible/Individual	\$50	\$25
Calendar Year Deductible/Family	\$100	\$75
Waived for Preventive	yes	yes
Calendar Year Plan Maximum	\$1,500	\$1,500
OON Reimbursement Level	80th %	
Dependent Age	26	
Diagnostic and Preventive Services		
Oral Exams	100% (2 per CY)	100% (2 per PY)
X-Rays (limits within 12-month period)	100% (1 per CY)	100% (2 per PY)
Prophylaxis Treatments	100% (2 per CY)	100% (2 per PY)
Fluoride Treatments	100% (1 per CY for dependents under age 19)	100% (2 per PY for dependents under age 19)
Sealants	100% (1 per tooth for dependents under age 16; 1st & 2nd molars)	100% (1 per tooth for dependents under age 19; posterior teeth)
Palliative Care (Emergency)	100%	100%
Space Maintainers	100% (dependents under age 14)	100% (one per arch)
Basic Services		
Restorative: Amalgams & Composites	80% (composite limited to upper & lower 6 front teeth)	80%
Endodontic Treatment (root canal)	80% (repeat treatment of same tooth only after 2 years)	80%
Periodontic Treatment	80% (limitation of 2-3 years depending on treatment)	80%
Repairs of Crowns, Inlays, Onlays	80% (cannot exceed 1/2 cost of a new prosthesis)	80%
Repairs of Bridges & Dentures	80% (cannot exceed 1/2 cost of a new denture)	80%
Simple Extractions	80%	80%
Oral Surgery	80%	80%
General Anesthesia	80% (only covered if 3 or more teeth are extracted during same office visit)	80% (only covered if 3 or more teeth are extracted during same office visit)
Major Services		
Crowns & Onlays	50% (1 per tooth every 5 years)	50% (1 per tooth every 5 years)
Prosthetic Benefits (Bridges & Dentures)	50% (every 5 years)	50% (1 every 5 years)
Implants, TMJ, Bruxism, & Occlusal Adjustment	not covered	Covered
Orthodontia Services		
Orthodontia Services (dependent children to age 19)	n/a	50%
Lifetime Orthodontia Maximum		\$1,500
Benefit Carryover		
Carryover Provisions	none	

CY = Calendar Year

PY = Plan Year

Lab Services	Average Cost	Average cost to Employee (10%)
Comprehensive Metabolic Panel	\$10 - \$15	\$1.00 - \$1.50
PSA, CDC, HGB	\$15 - \$25	\$1.00 - \$2.50
Level IV surgical pathology	\$95 - \$115	\$9.50 - \$11.50
Lipid Panel	\$13 - \$20	\$1.30 - \$2.00
General Health Panel	\$20 - \$30	\$2.00 - \$3.00
Diagnostic Services		
Chest X-ray	\$50 - \$75	\$5.00 - \$7.50
Chest MRI	\$1,100 - \$3,300	\$110.00 - \$330.00
Abdomen MRI	\$1,100 - \$3,300	\$110.00 - \$330.00
Head CT	\$500 - \$1,000	\$50.00 - \$100.00
Head MRI	\$1,100 - \$3,300	\$110.00 - \$330.00
Knee MRI	\$1,100 - \$3,300	\$110.00 - \$330.00