Town of Farmville
Town Council

March 6, 2024 at 6:00 PM
Council Chamber of the Town Hall
116 North Main Street, Farmville, VA

AGENDA

1. **Call to Order**
2. **Roll Call**
3. **Adoption of Agenda**
4. **Declaration of Personal Interest**
5. **Finance Report**
   a. Monthly Financial Report provided by Finance Director Julie Moore
   b. Town of Farmville Financial Policies Updated
6. **Discussion: Updating Parking Citations**
   a. Proposed Parking Citation Changes
7. **Discussion: Longwood University Facility Golf Carts**
   a. Code References
8. **Health Care Yearly Renewal**
   a. The Local Choice Health Benefits Renewal FY25
9. **Town Manager's Report**
10. **Comments by Mayor and Town Council**

Town of Farmville

Agenda Item Summary

MEETING DATE: March 6, 2024

ITEM NUMBER: 5.a. – Monthly Financial Report provided by Finance Director Julie Moore

---

BACKGROUND:

RECOMMENDATION:

FISCAL IMPACT:

ATTACHMENTS:

1. Revenue Report - January 2024
2. Salary Report - Jan 2024
3. Revenue - All Funds - Budget Vs Actual - January 2024
4. Revenue - All Funds - Actual Vs PY - January 2024
5. Revenue - GF - Budget Vs Actual - January 2024
6. Revenue - GF - Actual Vs PY - January 2024
7. Expenses - Dept - Budget Vs Actual - January 2024
8. Expense - Dept - Actual Vs PY - January 2024
9. Expenses - All Funds - Budget Vs Actual - January 2024
10. Expenses - All Funds - Actual Vs PY - January 2024

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
10-1101-0001	CURRENT REAL PROP TAXES	7,571	771,027	810,000	95.1900
10-1102-0001	CURRENT PUBLIC SERVICE CORP TA	124	18,895	62,590	30.1900
10-1103-0001	CURRENT PERSONAL PROPERTY TAX	14,170	239,755	273,030	87.8100
10-1106-0001	PENALTIES-TAXES	869	2,723	1,500	181.5400
10-1106-0002	INTEREST-TAXES	204	2,810	1,500	187.3400
10-1106-0003	PENALTY-PP TAX	978	1,497	500	299.3100
10-1106-0004	INTEREST-PP TAX	0	156	15	1,042.2700
10-1107-0001	DELIQUENT TAXES	1,924	16,859	5,000	337.1700
10-1200-0001	CONSUMPTION TAX	-	13,679	26,000	52.6100
10-1201-0001	SALES TAX	-	199,652	450,000	44.3700
10-1202-0001	UTILITY TAX	-	182,554	360,000	50.7100
10-1203-0001	BUSINESS LICENSE TAX	275,024	282,875	1,525,000	18.5500
10-1203-0099	PENALTY-BUSINESS LICENSES	-	-	5,000	0.0000
10-1204-0001	BANK FRANCHISE TAXES	-	-	235,000	0.0000
10-1204-0004	RIGHT OF WAY ACCESS FEE	-	7,533	16,000	47.0800
10-1205-0001	MOTOR VEHICLE LICENSES	3,652	4,833	75,000	6.4400
10-1206-0001	COMMUNICATION SALES & USE TAX	-	142,774	360,000	39.6600
10-1207-0001	PRECIOUS METAL PERMIT	200	200	-	0
10-1210-0001	LODGING TAX	48,185	492,271	750,000	65.6400
10-1211-0001	FOOD TAX	310,424	2,218,128	3,625,000	61.1900
10-1211-0099	PENALTY/INT-FOOD/LODGING TAX	422	3,391	2,000	169.5400
10-1220-0001	SANITATION FEE	34,261	229,407	390,000	58.8200
10-1301-0001	FERN BEAUTIFICATION PROJECT	1,000	2,000	2,500	80.0000
10-1302-0002	BRANCH OUT TREE PROGRAM	150	200	5,000	4.0000
10-1303-0005	VARIANCE FEE	-	-	250	0.0000
10-1303-0006	CONDITIONAL-USE-PERMITS	-	-	500	0.0000
10-1303-0007	ZONING & RE-ZONING FEES	-	700	1,000	70.0000
10-1303-0008	BUILDING PERMITS	2,282	15,288	30,000	50.9600
10-1303-0009	SURVEYOR-SITE INSPEC-E&S,RENTAL EQUIP	-	200	500	40.0000
10-1303-0010	PARTY BIKE PERMIT	-	-	365	0.0000
10-1303-0020	STATE SURCHRG-BLDG PERMIT FEE	46	306	500	61.1500

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
10-1303-0031	FITNESS PROGRAM REVENUE	-	-	200	0.0000
10-1303-0032	KARATE PROGRAM REVENUE	85	1,661	800	207.6300
10-1303-0033	PICKLEBALL PROGRAM REVENUE	210	504	500	100.7600
10-1303-0071	FOOTBALL PROGRAM REVENUE	-	15,676	15,000	104.5100
10-1303-0072	SOFTBALL PROGRAM REVENUE	-	-	1,500	0.0000
10-1303-0073	SUMMER CAMP REVENUE	-	730	12,000	6.0800
10-1303-0077	SPONSORSHIP-JINGLE BELL RUN	-	-	1,500	0.0000
10-1303-0078	REGISTRATION FEE-JINGLE BELL R	1,070	1,520	2,000	76.0000
10-1303-0079	REVENUE-ADULT BASKETBALL LEAGU	-	-	2,000	0.0000
10-1304-0001	SUBDIVISION EXAMINATION FEES	-	-	50	0.0000
10-1307-0001	PLAN REVIEW-BLDG INSPECTOR	200	200	500	40.0000
10-1307-0002	CERTIFICATE OF OCCUPANCY-BLDG	-	-	100	0.0000
10-1308-0001	FINGERPRINT FEE	-	20	20	100.0000
10-1309-0001	SURVEYOR-PLAN REVIEW	-	-	500	0.0000
10-1311-0001	BURN PERMIT	-	-	400	0.0000
10-1401-0001	COURT FINES & COSTS	-	69,243	65,000	106.5300
10-1401-0002	PARKING FINES	2,781	15,339	20,000	76.6900
10-1401-0004	LIENS ON REAL ESTATE	35	286	500	57.2800
10-1402-0003	E-CITATION	-	5,582	5,000	111.6400
10-1501-0001	INTEREST-REPO	17,306	113,422	9,000	1,260.2500
10-1501-0002	INT-BENCHMARK-ARPA-COVID-RESTRICTED	7,469	8,683	100,000	8.6800
10-1501-0003	INTEREST-MEDICAL COMPENSATION	705	5,510	70,172	7.8500
10-1501-0004	INTEREST-ACCOUNTS RECEIVABLE	-	46	100	46.1700
10-1501-0006	INTEREST-MM-BENCHMARK-E911	18	96	600	16.0500
10-1501-0013	INTEREST-SET ASIDE ACCOUNT	21,771	151,301	20,000	756.5100
10-1501-0015	INTEREST-E911 RESERVE	1,483	10,152	250	4,060.6000
10-1501-0021	INT-CK ACCT-BENCHMARK-E-CITATION	4	23	30	75.8000
10-1501-0072	INT-CHECKING-BENCHMARK	18,153	141,894	15,000	945.9600
10-1502-0001	RENT-BURN BUILDING	-	-	500	0.0000
10-1502-0002	RENT-WILCK LAKE	-	1,000	2,500	40.0000
10-1502-0005	SALE OF FIXED ASSETS	-	12,430	15,000	82.8700

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
10-1502-0006	SALE OF MATERIAL	-	5,921	1,500	394.7400
10-1502-0008	SALE OF COPIES	88	652	500	130.4000
10-1502-0009	CEMETERY LOTS	-	16,800	10,000	168.0000
10-1502-0010	SALE OF POSTAGE	-	17	25	66.9600
10-1502-0011	SALE OF ROLL OUT CARTS	100	700	1,000	70.0000
10-1502-0012	RENT-TRAIN STATION	2,100	7,900	12,000	65.8300
10-1502-0013	RENT-PARKING-VENABLE ST	225	1,575	2,520	62.5000
10-1502-0014	RENT-TOWN PKG-NORTH ST	-	300	300	100.0000
10-1502-0018	LEASE-SOUTH ST CONF-FIRE PROG	1,279	8,956	15,353	58.3300
10-1502-0019	LEASE-REVENUE-SOLAR POWER	-	-	6,000	0.0000
10-1502-0020	RENT-RIVERFRONT PARK	-	-	250	0.0000
10-1502-0021	FARMER'S MARKET REVENUE	750	3,315	1,200	276.2500
10-1502-0024	RENT-SPORTS ARENA	-	6,500	12,500	52.0000
10-1502-0025	RENT-PROB/PAROLE BLDG	3,971	27,796	46,288	60.0500
10-1502-0026	RENT-BALL FIELD-SPORTS ARENA	-	-	1,000	0.0000
10-1502-0031	PARKING MUNICIPAL LOT	400	5,601	8,000	70.0100
10-1502-0033	PARKING FARMERS MARKET	-	-	720	0.0000
10-1607-0001	PARKING METERS-HIGH ST	504	6,044	12,000	50.3700
10-1607-0003	PARKING METERS-MAIN ST	1,023	14,007	24,000	58.3600
10-1610-0001	RENTAL PARKING SPACES	575	5,295	5,000	105.9000
10-1620-0001	RESIDENTAL PARKING	35	1,990	2,000	99.5000
10-1620-0002	LONGWOOD STREETS	-	-	35,000	0.0000
10-1620-0099	PENALTY-SANITATION FEE	483	3,372	5,100	66.1200
10-1630-0001	CIGARETTE TAX	18,750	120,050	200,000	60.0300
10-1899-0002	SALE OF SERVICE-ADMIN	100	700	1,200	58.3300
10-1899-0004	MISC REVENUE	6	567	2	28,367.0000
10-1899-0005	SALE OF SERVICE-PUBLIC WORKS	-	1,783	5,000	35.6500
10-1899-0006	SALE OF SERVICE-GRAVE OPENINGS	3,800	17,400	19,000	91.5800
10-1899-0007	SALE OF SERVICE-DUMP TK	-	120	500	24.0000
10-1899-0010	SERVICE CHARGE-BAD CHECKS-A/R	-	-	300	0.0000
10-1899-0012	RECREATION DEPT DONATION	-	-	5,000	0.0000

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
10-1899-0014	SALE OF SER-DISPATCH-HAMPDEN S	-	6,000	6,000	100.0000
10-1899-0015	SALE OF SERVICE-BAD CHECKS-TAXES	-	-	-	0
10-1899-0017	SALE OF SER-FALSE BURG ALARM	235	1,595	-	0
10-1899-0033	SALE OF SERVICE-POLICE	699	699	-	0
10-1899-0035	SALE OF SERVICE-LIBRARY MAINTE	-	396	600	65.9200
10-1899-0097	DONATIONS-FOURTH OF JULY CELEBRATION	1,300	1,300	16,173	8.0400
10-1900-0030	ICA PER DIEM	-	91,500	160,000	57.1900
10-1901-0003	AMINISTRATIVE SERV-FUND 15	22,099	162,843	230,000	70.8000
10-1901-0004	REIMB-FUND 10-ADMIN SERV	13,469	101,056	160,000	63.1600
10-1901-0005	RECOVERY-JURY DUTY FEES	127	482	500	96.3500
10-1901-0010	RECOVERY-VML INS-DAMAGE VEHICLES/PROP	5,857	136,425	158,162	86.2600
10-1902-0001	DAMAGE TO TOWN PROPERTY	-	871	5,000	17.4200
10-1903-0001	REFUNDS - CO-OPS	-	545	600	90.8600
10-2201-0003	ROLLING STOCK TAXES	-	122	200	60.9600
10-2201-0005	MOBILE HOME TITLING TAX	-	-	1,200	0.0000
10-2201-0006	CAR RENTAL TAX	-	44,436	50,000	88.8700
10-2201-0008	PEER-TO-PEER VEHICLE SHARING TAX	-	10	-	0
10-2401-0029	GRANT-DISPATCH-VDEM	-	-	4,000	0.0000
10-2402-0001	WIRELESS	-	59,060	112,000	52.7300
10-2402-0006	VDEM STAFFING GRANT	-	-	48,750	0.0000
10-2404-0007	LITTER & RECYCLING GRANT	-	6,789	2,500	271.5600
10-2404-0010	AID TO LAW ENFORCEMENT	-	107,348	204,000	52.6200
10-2404-0011	FIRE ALLOCATION	-	33,647	-	0
10-2404-0032	GRANT-VML-SAFETY	-	-	4,200	0.0000
10-2404-0062	VIRGINIA STATE POLICE - HEAT GRANT	-	-	12,020	0.0000
10-2405-0004	MARKETING/TOURISM LOCAL REVENU	-	33	2,000	1.6500
10-2502-0009	GRANT-BYRNE-2022	-	-	2,500	0.0000
10-2502-0012	SPEED GRANT-2023	-	5,554	21,000	26.4500
10-2502-0013	ALCOHOL GRANT-2023	-	6,451	23,400	27.5700
10-2502-0014	SPEED GRANT-2023 EQUIPMENT	-	-	5,250	0.0000
10-2502-0015	GRANT-BYRNE-2023	-	-	4,200	0.0000

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
10-2502-0016	GRANT-BYRNE 2021	-	-	4,200	0.0000
10-2502-0018	GRANT-SHSP-VDEM-PEDESTRIAN BARRICADE	(14,500)	900	-	0
10-2502-0019	ALCOHOL GRANT-2024	-	-	26,335	0.0000
10-2502-0020	SPEED GRANT-2024	-	-	24,500	0.0000
10-2504-0002	GRANT-EMERGENCY MGNT-FED	-	2,595	12,180	21.3000
10-2504-0020	GRANT-BULLETPROOF VEST-FED	-	-	3,700	0.0000
10-2510-0008	LAW ENFORCEMENT EQUIPMENT ARPA GRANT	-	47,905	217,000	22.0800
10-4100-0086	CARRYOVER FUNDS FY22-23	-	-	1,347,263	0.0000
10-4104-0004	INSURANCE RECOVERIES-RETIREMEN	-	22,756	-	0
10-4104-0008	FROM FIDA-BOND PYMT-2012 ISSUE	-	4,033	46,478	8.6800
10-4104-0011	FROM PE CO-BOND PYMT-'12 ISSUE	-	226,299	226,299	100.0000
10-4104-0015	FM LIBRARY-APPROP LEASE RENT	-	180,000	180,000	100.0000
10-4104-0016	FM CKING-MEDICAL COMPENSATION BENEFIT	-	-	250,000	0.0000
10-4104-0018	FM SETASIDE ACCT-BONDS	-	-	1,276,044	0.0000
10-4104-0022	LEASE PROCEEDS	297,360	297,360	464,000	64.0900
10-4104-0026	Lease Purchase Revenue - BOA	-	1,594,109	-	0
10-4107-0004	FM-PE CO-INSTANT ALERT	-	-	4,202	0.0000
10-4107-0006	FM-LONGWOOD-DISPATCH SERV	-	350,000	350,000	100.0000
10-4113-0004	FROM FARMVILLE FIRE DEPT-PAYME	35,000	35,000	35,000	100.0000
10-4113-0008	FM-GOLF COURSE PROCEEDS	-	-	350,000	0.0000
10-4120-0001	TDFP GAP FINANCING-WEYANOKE	-	13,969	62,000	22.5300
10-4120-0002	TROF REPAYMENT-WEYANOKE	-	-	5,593	0.0000
10-5101-0005	TRANS FROM SEWER FUND	-	-	466,491	0.0000
	FUND 10 TOTALS	**1,168,610**	**9,204,477**	**16,393,270**	**56.15%**
15-2404-0007	HIGHWAY FUNDS	-	1,112,173	1,886,000	58.9700
15-4100-0086	CARRYOVER FUNDS FY22-23	-	-	2,600	0.0000
	FUND 15 TOTALS	**-**	**1,112,173**	**1,888,600**	**58.89%**
40-1501-0001	Interest - Unrestricted	4,887	33,447	532	6,287.3300
40-1501-0002	Interest - RESTRICTED	15,470	17,984	-	0
40-1501-0004	INTEREST-ACCOUNTS RECEIVABLE	2	4	-	0
40-1502-0007	LEASE-JACKSON HTS WATER TANK	4,646	16,262	30,878	52.6700

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
40-1502-0009	LEASE-ANDREWS DR WATER TANK	3,424	23,735	40,468	58.6500
40-1620-0001	WATER SERVICE	131,778	1,047,098	1,881,307	55.6600
40-1620-0002	WATER TAPS	-	12,000	60,000	20.0000
40-1620-0003	SURCHARGE-MULTIPLE METERS	7,758	54,461	93,000	58.5600
40-1620-0004	SALE OF WATER	5,130	11,303	10,000	113.0300
40-1620-0099	PENALTY-WATER SERVICE	(1,457)	11,341	18,000	63.0000
40-1899-0010	SERVICE CHARGES	1,300	8,820	10,000	88.2000
40-1899-0011	SERVICE CRG-BAD CHECK	100	1,150	-	0
40-1899-0012	SALE OF SERVICE-TESTING	2,440	10,960	10,000	109.6000
40-2404-0005	VML SAFETY GRANT	-	2,000	-	0
40-2510-0007	ARPA REVENUE RECOGNIZED	-	-	2,016,000	0.0000
40-4100-0086	CARRYOVER FUNDS FY22-23	-	-	1,410,620	0.0000
40-4102-0001	FM PE CO-APPOMATTOX RIVER-USGS	-	8,930	8,240	108.3700
	FUND 40 TOTALS	**175,477**	**1,259,496**	**5,589,046**	**22.54%**
42-1501-0001	Interest - Unrestricted	4,887	33,447	532	6,287.3300
42-1620-0099	PENALTY-SEWER SERVICE	(641)	13,114	17,500	74.9400
42-1630-0001	SEWER SERVICE	187,380	1,308,242	2,222,269	58.8700
42-1630-0002	SEWER TAPS	-	12,000	75,000	16.0000
42-1899-0005	SALE OF SERVICE-PUBLIC WORKS	-	16,400	-	0
42-1899-0012	SALE OF SERVICE-LEACHATE-CUMBERLAND	-	8,892	25,000	35.5700
42-1899-0013	SALE OF SERVICE-SEWER TREAT	2,400	12,000	10,000	120.0000
42-2404-0005	VML SAFETY GRANT	-	2,000	2,000	100.0000
42-2510-0007	ARPA REVENUE RECOGNIZED	-	-	376,153	0.0000
42-4100-0086	CARRYOVER FUNDS FY22-23	-	-	734,478	0.0000
	FUND 42 TOTALS	**194,025**	**1,406,095**	**3,462,932**	**40.60%**
44-1501-0004	INTEREST-ACCOUNTS RECEIVABLE	-	-	5	0.0000
44-1502-0005	SALE OF FIXED ASSETS	-	13,100	-	0
44-1520-0001	PASSENGER FARES	1,831	5,228	8,700	60.0900
44-1521-0002	CONTRIBUTION-LONGWOOD [1500]	-	178,800	178,800	100.0000
44-1521-0003	CONTRIBUTION-P E COUNTY	-	18,750	25,000	75.0000
44-1901-0010	RECOVERY-VML INS-VEHICLE DAMAGE	6,533	6,533	10,000	65.3300

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
44-2403-0001	MISC GRANTS	-	-	10,000	0.0000
44-2410-0003	STATE FORMULA GRANT	-	181,796	190,000	95.6800
44-2414-0001	STATE GRANT-3 BUSES	40,572	40,572	48,768	83.1900
44-2510-0001	GRANT-STATE PASS THRU-FED	69,208	177,758	375,000	47.4000
44-2514-0001	FEDERAL GRANT-3 BUSES	202,858	202,858	243,840	83.1900
44-4100-0050	USE OF PY FUND BALANCE	-	-	74,739	0.0000
44-4100-0086	CARRYOVER FUNDS FY22-23	-	-	722,055	0.0000
	FUND 44 TOTALS	**321,002**	**825,395**	**1,886,908**	**43.74%**
45-1501-0001	INT-CK ACCT-BENCHMARK	37	251	400	62.8400
45-1502-0001	RENT-HANGER SPACE	-	-	6,660	0.0000
45-1502-0002	AIRPORT MAINTENANCE FEE	-	-	2,040	0.0000
45-1502-0005	SALE OF FIXED ASSETS	-	361	-	0
45-1502-0006	SALE OF MATERIALS	-	312	-	0
45-1690-0001	SALE OF AV GAS	1,035	28,502	89,000	32.0300
45-1691-0001	SALE OF JET FUEL	3,092	34,444	65,000	52.9900
45-1899-0001	DONATIONS-PRINCE ED COUNTY	-	7,600	7,600	100.0000
45-2401-0008	STATE GRANT-AWOS MAINT	-	-	3,420	0.0000
45-2401-0013	STATE GRANT-MAINTENANCE	-	8,059	18,400	43.8000
45-2401-0014	STATE GRANT-WEED KILL	-	690	1,000	69.0000
45-2401-0044	STATE GRANT-PAVEMENT-CONST/LIGHTING	-	311	-	0
45-2401-0055	UPDATE SWPPP	-	-	16,000	0.0000
45-2403-0001	MISC GRANTS	-	-	50,000	0.0000
45-2501-0044	FED GRANT-REHAB RUNWAY	-	3,494	-	0
45-2501-0051	GRAND-FED-RUNWAY SAFETY AREA GRADING	3,348	3,348	-	0
45-2501-0054	REHAB TAXIWAY PAVEMENT	-	620,076	833,000	74.4400
45-4100-0050	USE OF PY FUND BALANCE	-	-	189,429	0.0000
45-4100-0086	CARRYOVER FUNDS FY22-23	-	-	71,626	0.0000
	FUND 45 TOTALS	**7,511**	**707,448**	**1,353,575**	**52.27%**
61-1501-0001	INTEREST EARNED-PAULETTE TRUST	-	0	-	0
	FUND 61 TOTALS	**-**	**0**	**-**	**0%**
70-1501-0001	INTEREST	1	10	-	0

TOWN OF FARMVILLE
REVENUE REPORT
AS OF JANUARY 31, 2024

Account Id	Description	Current Revenue	YTD Revenue	Anticipated	% Realized
70-1501-0003	INT-PRNG TASK FORCE	0	2	-	0
70-2404-0001	ASSET FORFEITURE-STATE	-	350	-	0
	FUND 70 TOTALS	**2**	**362**	**-**	**0%**
	Final Totals	***1,866,627***	***14,515,446***	***30,574,331***	

January 2024 - Salaries

Below are the departments with explanations that are over their 7 Month Actual to Budget.
This percentage should be at 100% or below.

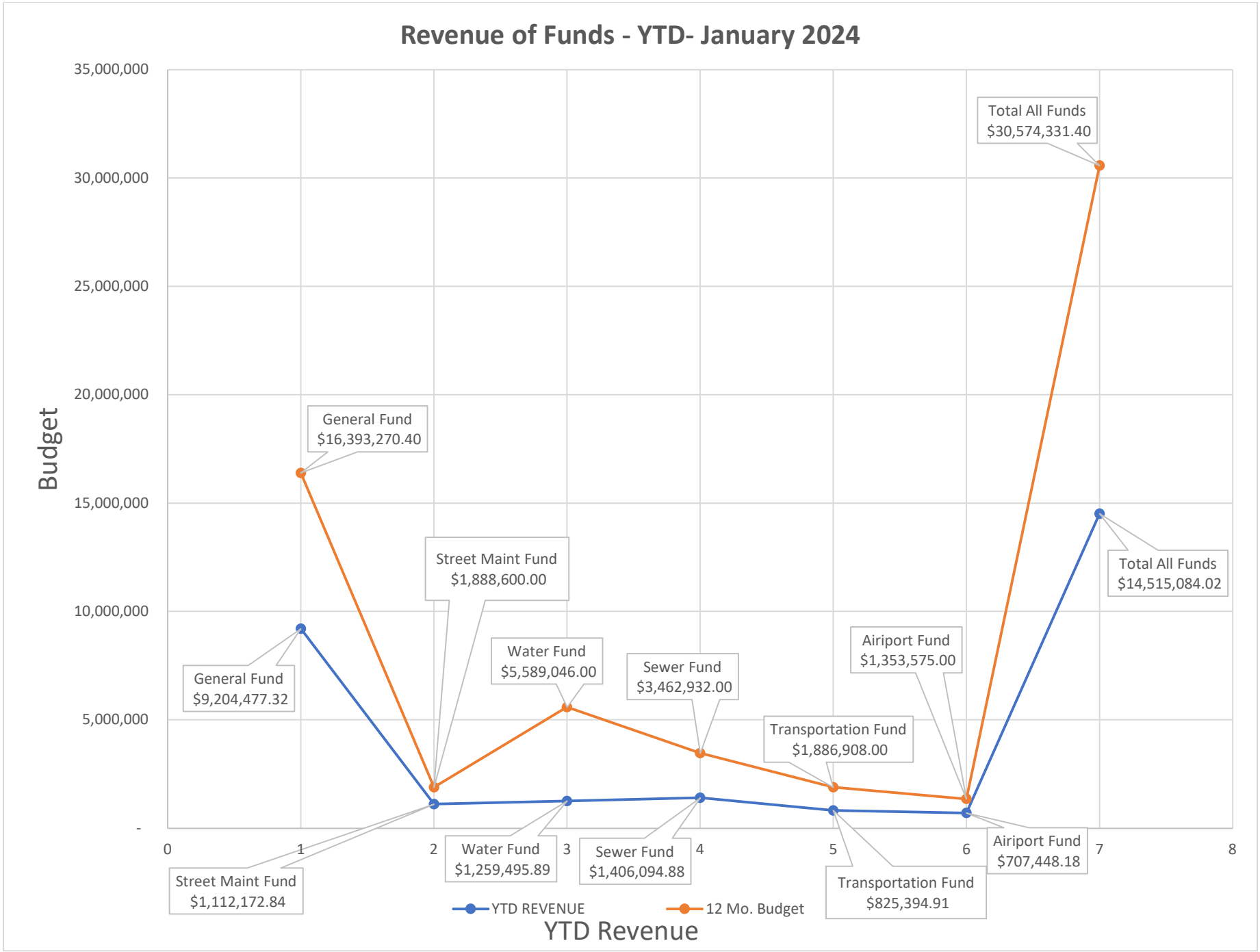
	Actual/Budget	
10-7100 Football Referees	130.00%	Payment is during the season not each month.

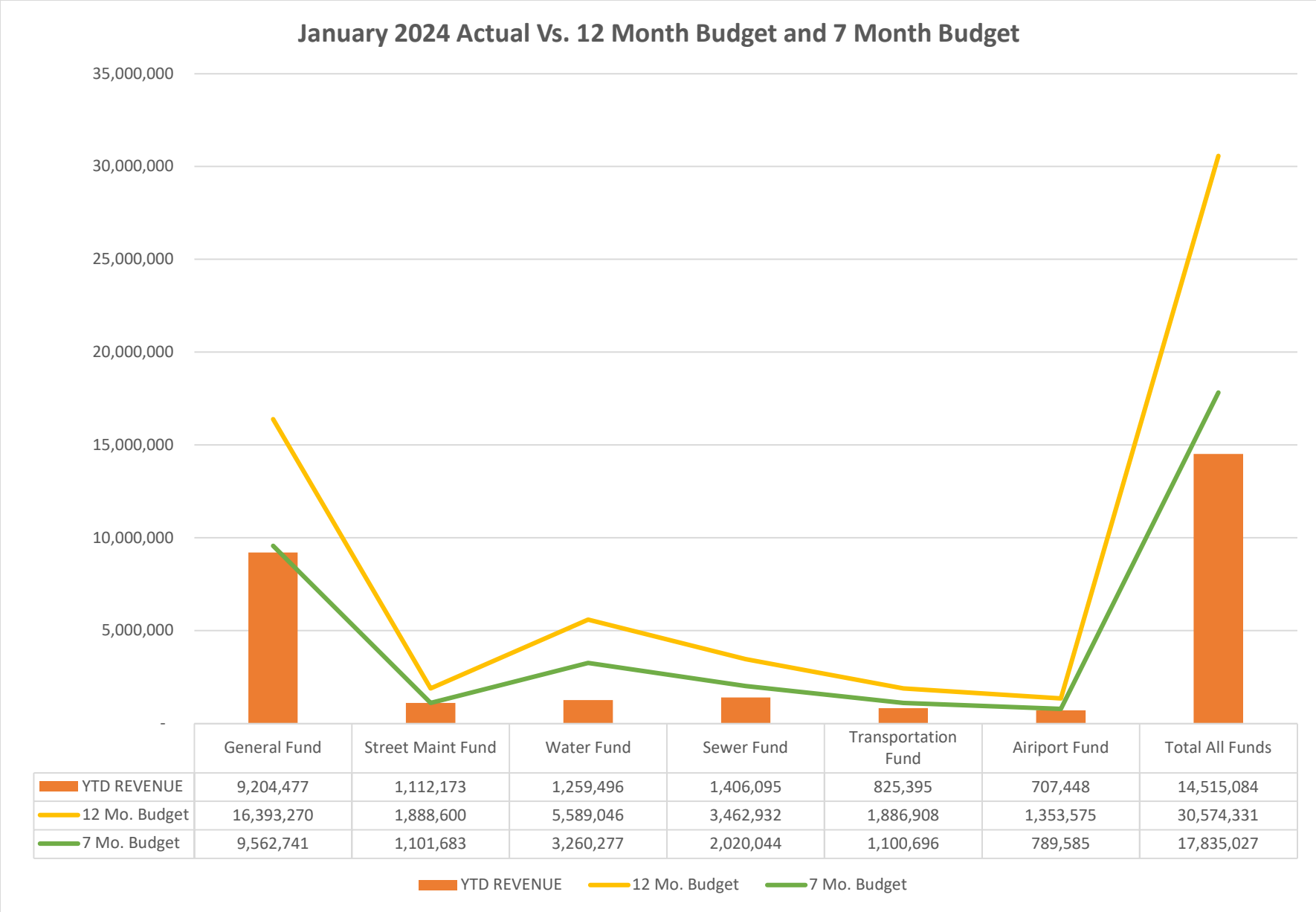
FY24 INFORMATION	**Total All Funds**	
	Expended YTD	$4,113,246.70
	7 Mo Budget Amt	$ 4,404,411.57
		($291,164.87)

Expended through January for Salaries is **$291,164.87 less** than our 7 Month Budget Amount.

FY23 INFORMATION (PRIOR YEAR)	**Total All Funds**	
	Expended YTD	$3,631,517.55
	7 Mo Budget Amt	$3,914,412.34
		(282,894.79)

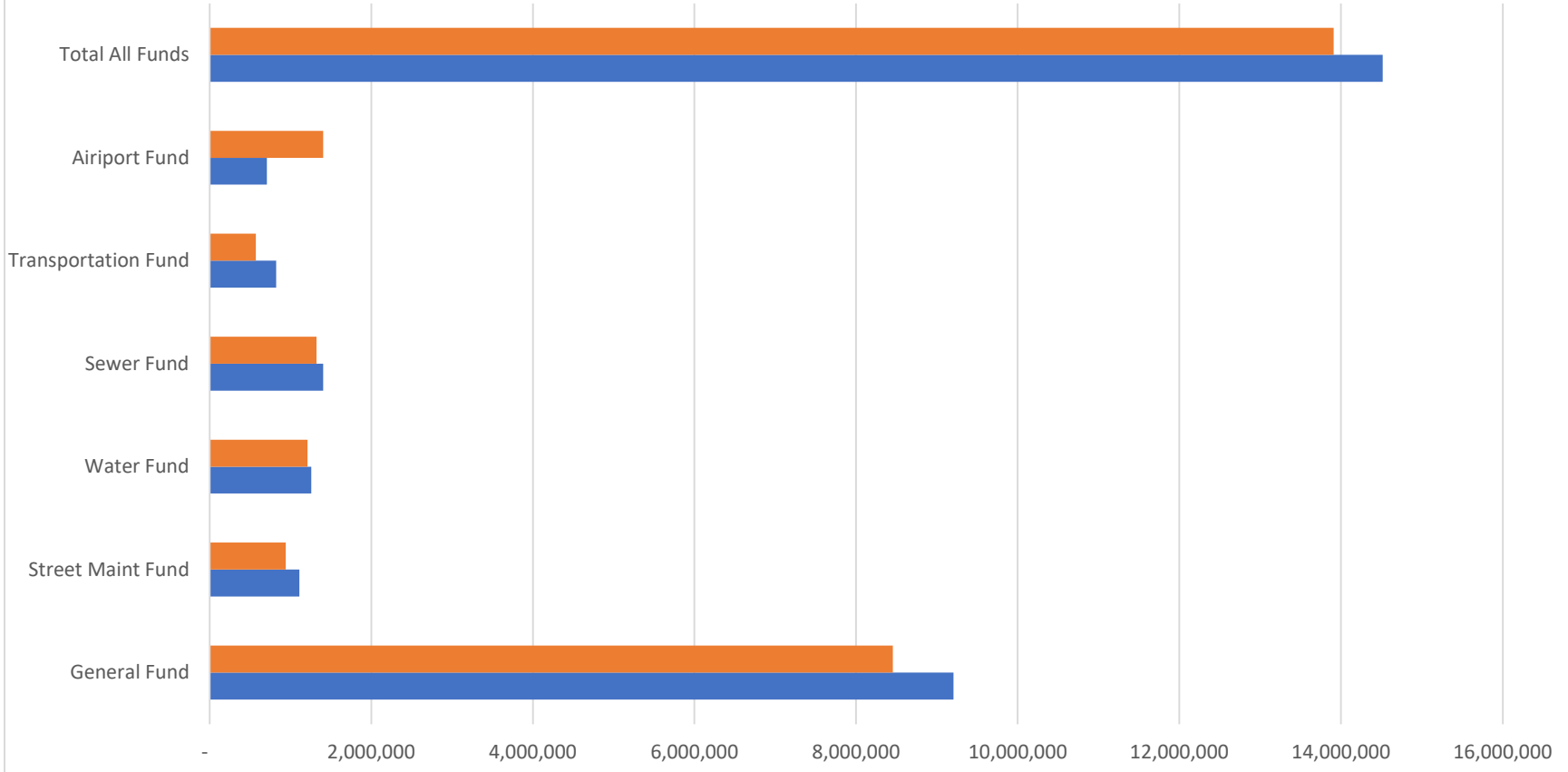
Expended through January for Salaries is **$282,894.79 less** than our 7 Month Budget Amount.


Revenue of Funds - YTD- January 2024
35,000,000
30,000,000
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
-
Budget
0
1
2
3
4
5
6
7
8
YTD Revenue
Total All Funds
$30,574,331.40
General Fund
$16,393,270.40
Street Maint Fund
$1,888,600.00
Water Fund
$5,589,046.00
Sewer Fund
$3,462,932.00
Airiport Fund
$1,353,575.00
Transportation Fund
$1,886,908.00
Total All Funds
$14,515,084.02
General Fund
$9,204,477.32
Street Maint Fund
$1,112,172.84
Water Fund
$1,259,495.89
Sewer Fund
$1,406,094.88
Transportation Fund
$825,394.91
Airiport Fund
$707,448.18
YTD REVENUE
12 Mo. Budget

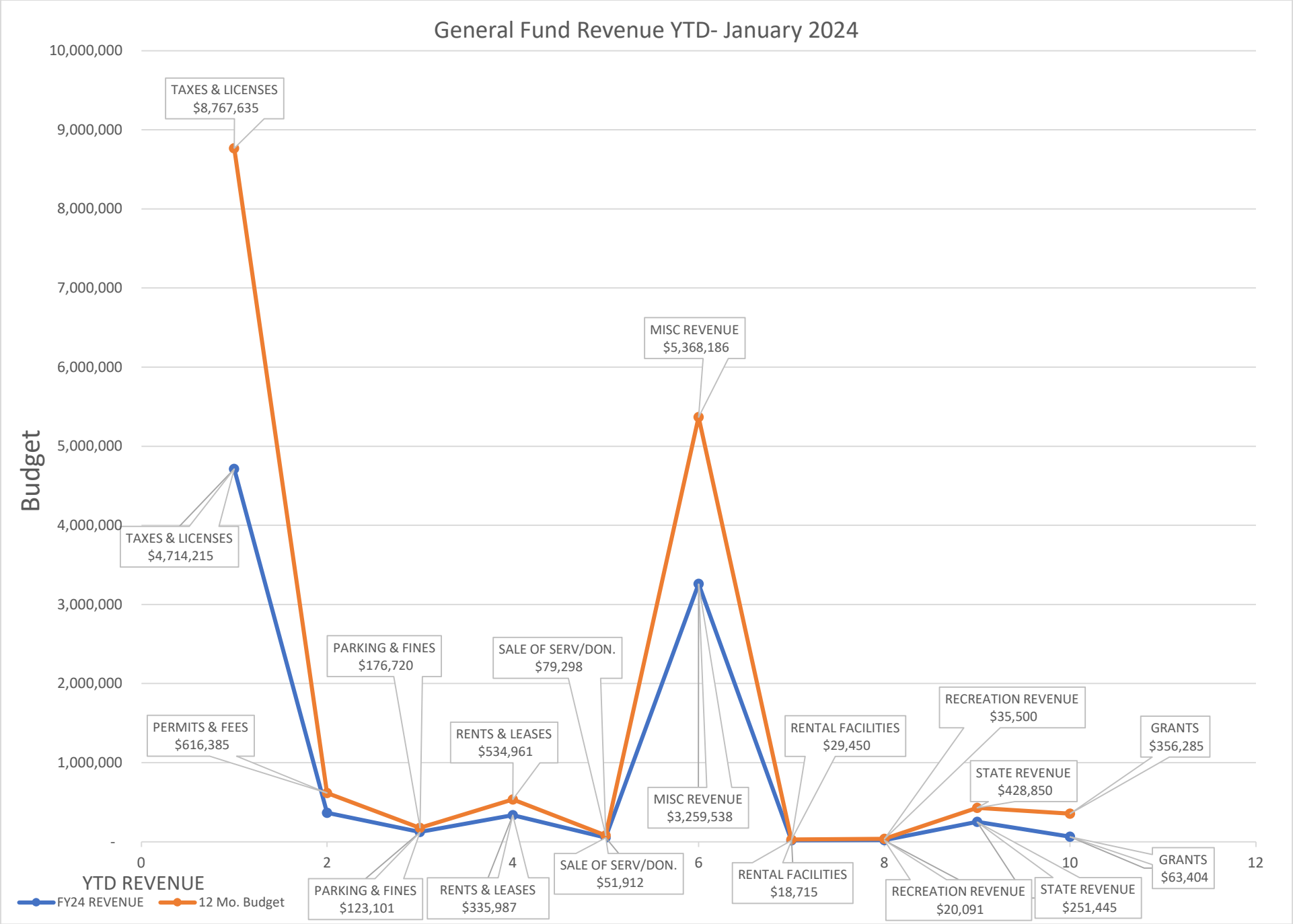


	General Fund	Street Maint Fund	Water Fund	Sewer Fund	Transportation Fund	Airiport Fund	Total All Funds
YTD REVENUE	9,204,477	1,112,173	1,259,496	1,406,095	825,395	707,448	14,515,084
12 Mo. Budget	16,393,270	1,888,600	5,589,046	3,462,932	1,886,908	1,353,575	30,574,331
7 Mo. Budget	9,562,741	1,101,683	3,260,277	2,020,044	1,100,696	789,585	17,835,027

CURRENT JANUARY 2024 COMPARED TO PRIOR JANUARY 2023 YTD REVENUE

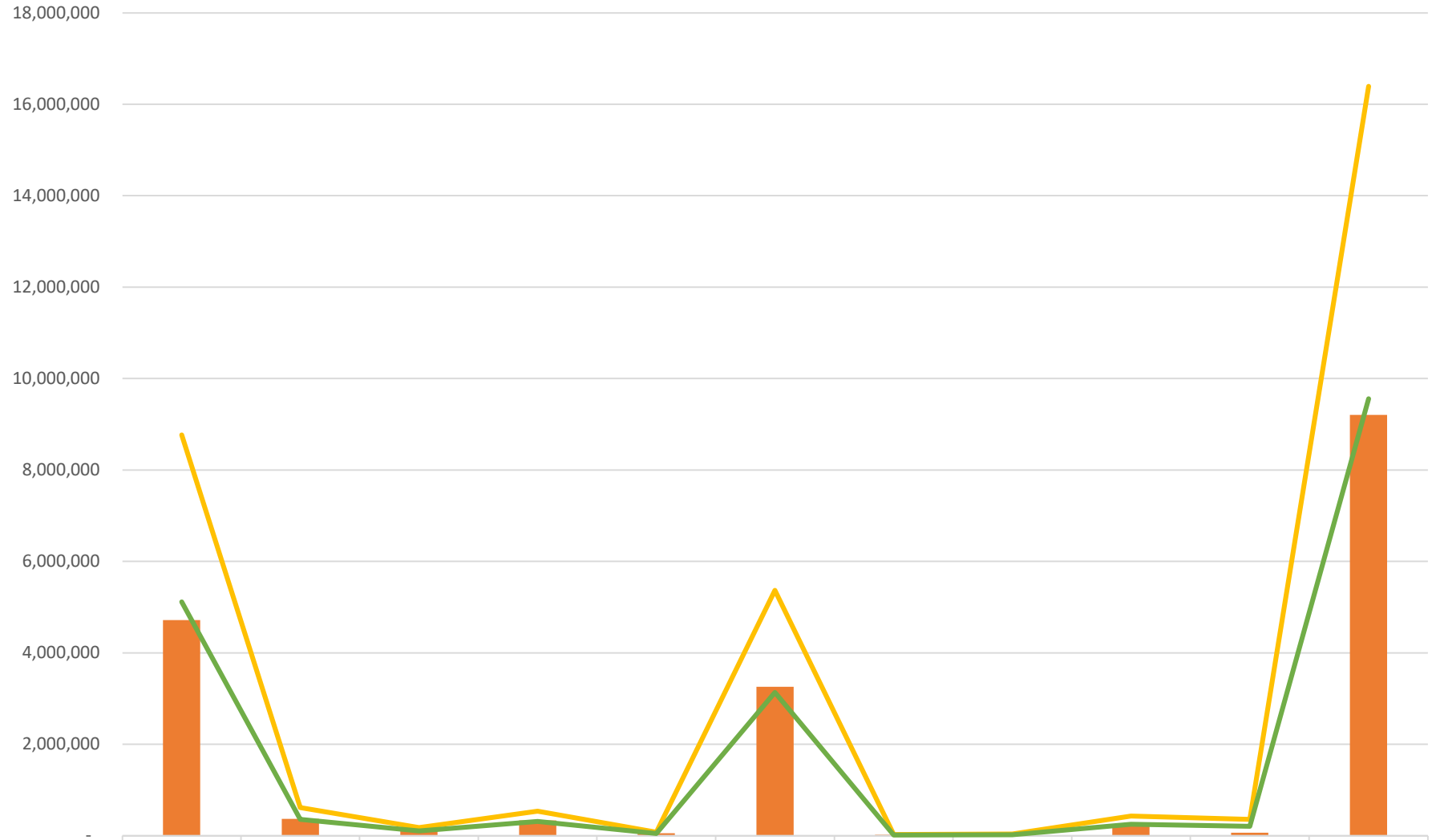


	General Fund	Street Maint Fund	Water Fund	Sewer Fund	Transportation Fund	Airiport Fund	Total All Funds
PY YTD REVENUE	8,455,285	943,000	1,212,924	1,322,083	572,846	1,404,511	13,910,649
YTD REVENUE	9,204,477	1,112,173	1,259,496	1,406,095	825,395	707,448	14,515,084



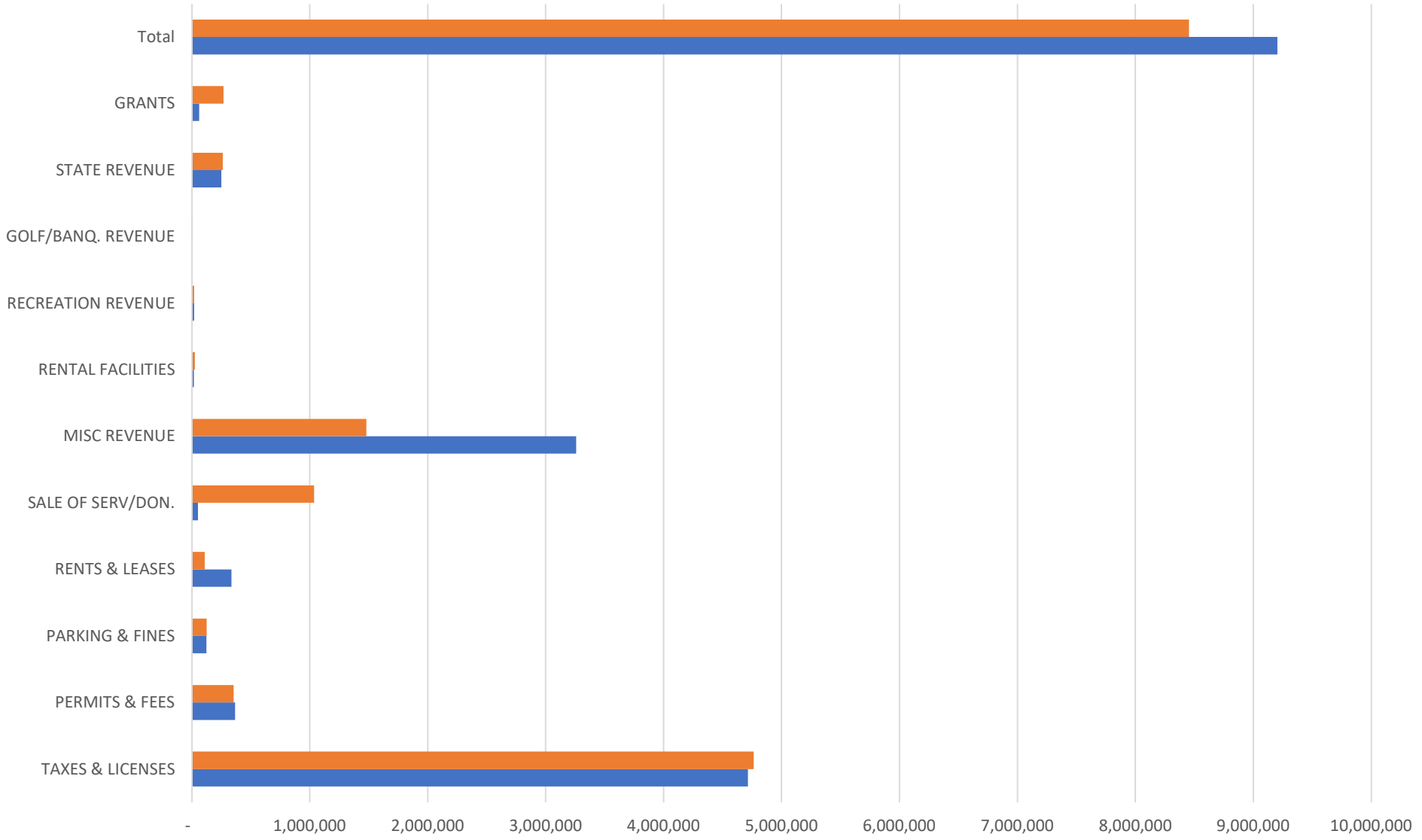
Note: All Budgeted amounts are shown above the line graph, and all actual amounts are shown below the line graph.

January 2024 General Fund - YTD Revenue Vs. 12 Month Budget and 7 Month Budget



	TAXES & LICENSES	PERMITS & FEES	PARKING & FINES	RENTS & LEASES	SALE OF SERV/DON.	MISC REVENUE	RENTAL FACILITIES	RECREATION REVENUE	STATE REVENUE	GRANTS	Total
FY24 REVENUE	4,714,215	366,071	123,101	335,987	51,912	3,259,538	18,715	20,091	251,445	63,404	9,204,477
12 Mo. Budget	8,767,635	616,385	176,720	534,961	79,298	5,368,186	29,450	35,500	428,850	356,285	16,393,270
7 Mo. Budget	5,114,454	359,558	103,087	312,061	46,257	3,131,442	17,179	20,708	250,163	207,833	9,562,741

GENERAL FUND REVENUE - JANUARY 2024 COMPARED TO JANUARY 2023



	TAXES & LICENSES	PERMITS & FEES	PARKING & FINES	RENTS & LEASES	SALE OF SERV/DON.	MISC REVENUE	RENTAL FACILITIES	RECREATION REVENUE	GOLF/BANQ. REVENUE	STATE REVENUE	GRANTS	Total
FY23 REVENUE	4,764,972	353,736	126,221	109,067	1,037,659	1,480,180	25,749	20,065	5,764	263,296	268,577	8,455,286
FY24 REVENUE	4,714,215	366,071	123,101	335,987	51,912	3,259,538	18,715	20,091	-	251,445	63,404	9,204,477

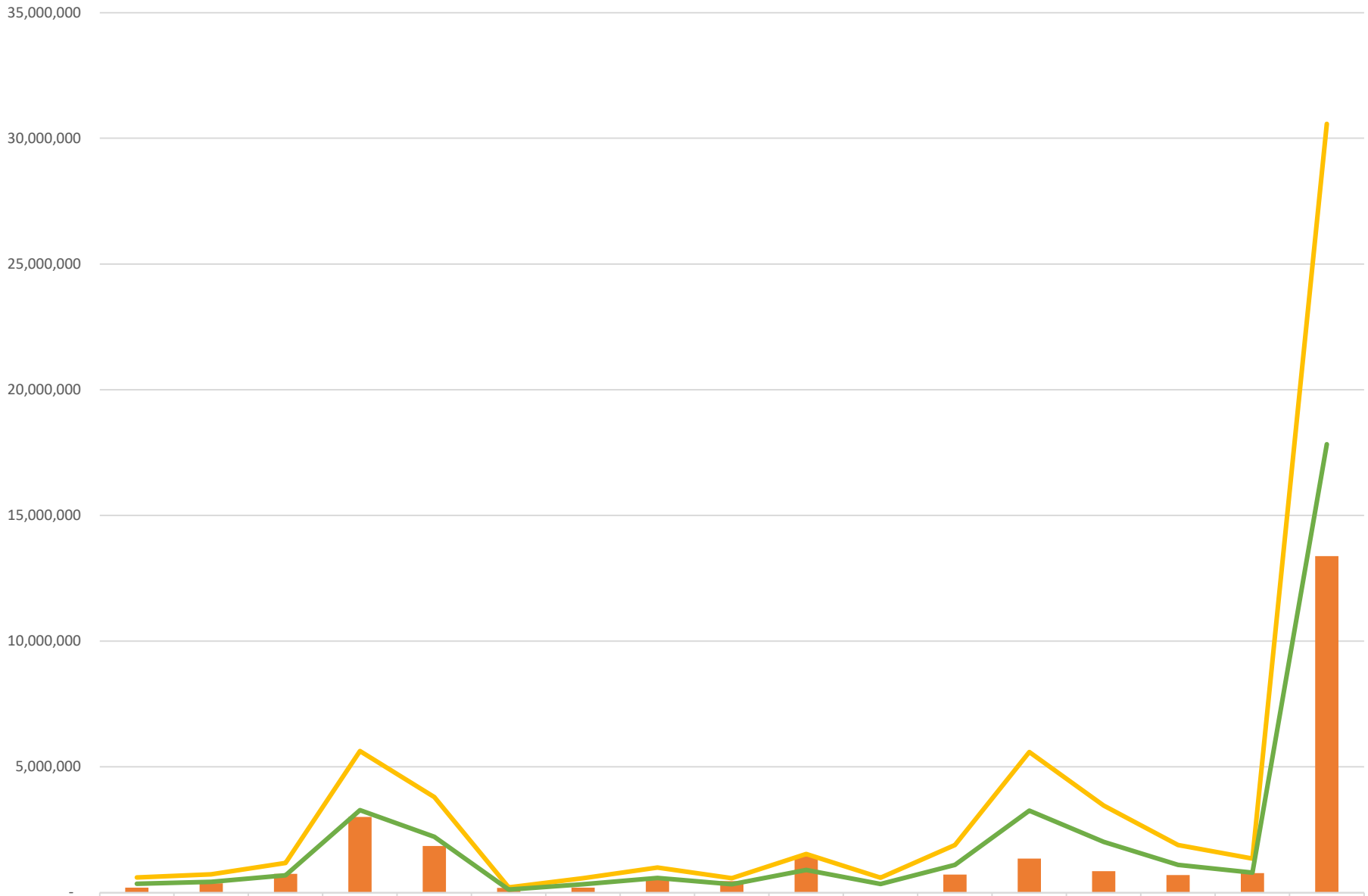
Notes on comparisons:

Rents and Leases: In the previous year, we received lease proceeds for one of the police cars; in the current year, we have received lease proceeds for the leaf truck.

Sale of Service/Donations: The Town sold the golf course last year.

Miscellaneous Revenue: In December 2023, the ABM Project funds from Bank of America were received, and a portion was allocated to the General Fund.

January 2024 - YTD Expenses Vs. 12 Month Budget and 7 Month Budget



	Leg. Dept	Town Manager	Finance	Public Safety	Public Works	Library	Comm. Dev	Rec. Dept.	Eco Dev Incent	Non-Depart.	Trans/ Cont.	Street Maint	Water Fund	Sewer Fund	Trans. Fund	Airport Fund	Total All Funds
FY24 Expense	196,223	371,752	739,624	3,007,439	1,848,850	185,925	197,467	560,373	454,359	1,440,809	-	710,769	1,352,173	846,942	697,082	771,953	13,381,741
12 Mo. Budget	603,283	728,317	1,181,007	5,626,198	3,795,809	204,969	566,609	997,443	570,003	1,533,100	586,532	1,888,600	5,589,046	3,462,932	1,886,908	1,353,575	30,574,331
7 Mo. Budget	351,915	424,852	688,921	3,281,949	2,214,222	119,565	330,522	581,842	332,502	894,308	342,144	1,101,683	3,260,277	2,020,044	1,100,696	789,585	17,835,026

Current Year Vs. Budget Notes:

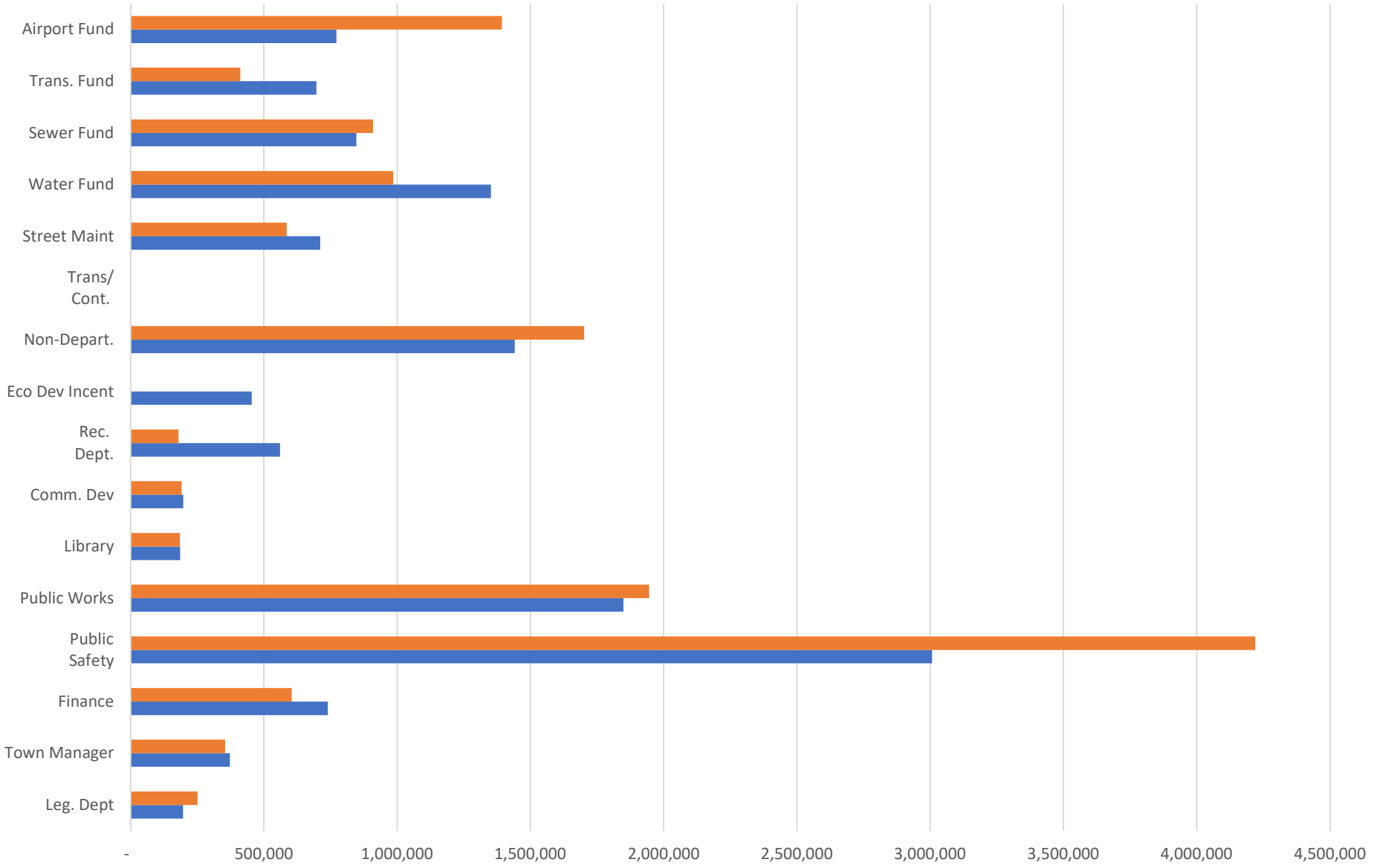
Finance Department: Some professional expenses have been paid, whereas the budget assumes uniform monthly expenditures.

Library: An annual allocation of $180,000 for FY24 has been made. The budget assumes a uniform monthly expenditure.

Economic Development Incentives: A lump sum contribution of $350,000 was made to the IDA. The budget spreads this amount equally over the twelve months.

Non-Departmental: The bond payment was made at the end of September. The budget distributes this payment evenly across the twelve months.

Current Year Expenses Vs. Prior Year Expenses - January 2024



	Leg. Dept	Town Manager	Finance	Public Safety	Public Works	Library	Comm. Dev	Rec. Dept.	Eco Dev Incent	Non-Depart.	Trans/ Cont.	Street Maint	Water Fund	Sewer Fund	Trans. Fund	Airport Fund
FY23 Expense	250,518	354,350	603,778	4,219,713	1,945,464	184,376	191,139	179,381	-	1,701,529	-	585,035	984,939	908,884	411,014	1,392,718
FY24 Expense	196,223	371,752	739,624	3,007,439	1,848,850	185,925	197,467	560,373	454,359	1,440,809	-	710,769	1,352,173	846,942	697,082	771,953

Notes on comparisons:

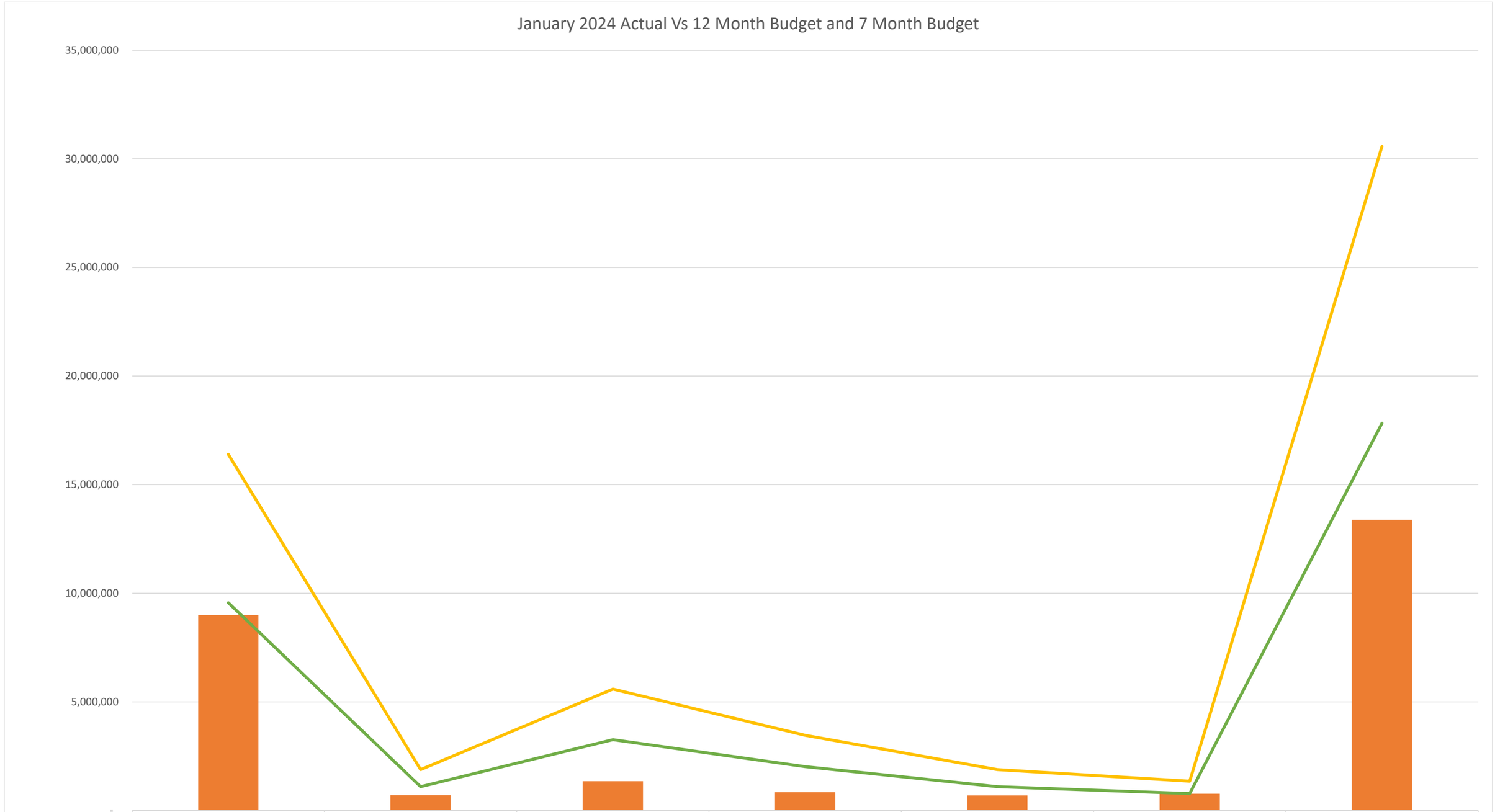
Finance: The current year's expenses rise due to the purchase of OpenGov software, which was invoiced in July 2023, along with an increase in professional fees.

Public Safety: In the prior year, expenses reflected the purchase of a new Fire Truck and radios for Dispatch.

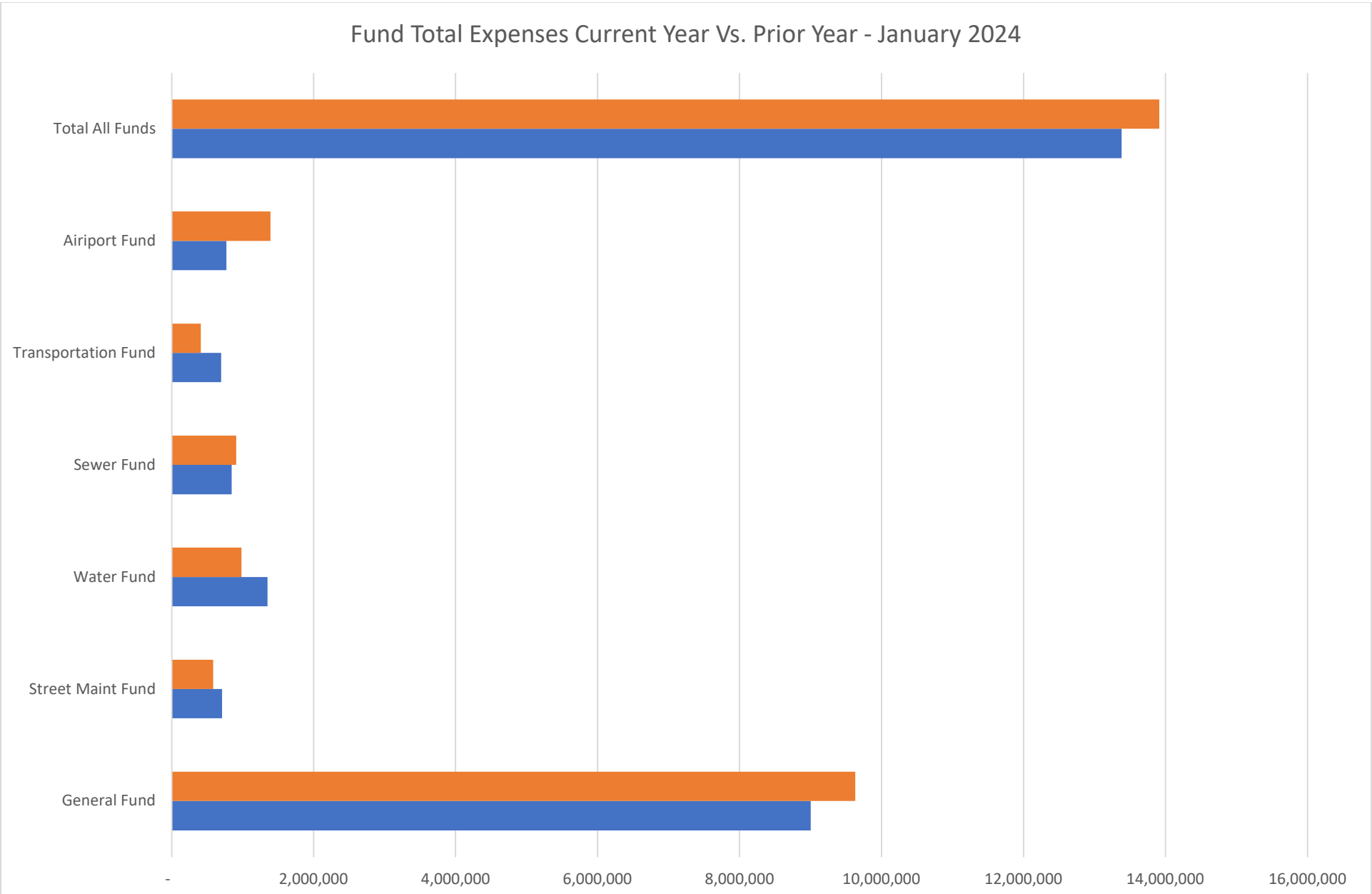
Recreation: This year's increase in expenditures is linked to the acquisition of splashpad equipment in July and August 2023.

Water Fund: This year’s increase in expenses is related to ARPA purchases.

Transportation Fund: This year's increase in expenses is related to the purchase of new buses.



	General Fund	Street Maint Fund	Water Fund	Sewer Fund	Transportation Fund	Airiport Fund	Total All Funds
CY Expense	9,002,822	710,769	1,352,173	846,942	697,082	771,953	13,381,741
12 Mo. Budget	16,393,270	1,888,600	5,589,046	3,462,932	1,886,908	1,353,575	30,574,331
7 Mo. Budget	9,562,742	1,101,683	3,260,277	2,020,044	1,100,696	789,585	17,835,027



	General Fund	Street Maint Fund	Water Fund	Sewer Fund	Transportation Fund	Airiport Fund	Total All Funds
PY Expenses	9,630,249	585,035	984,939	908,884	411,014	1,392,718	13,912,839
CY Expense	9,002,822	710,769	1,352,173	846,942	697,082	771,953	13,381,741

Notes on comparisons:

Water Fund: The surge in expenses is due to ARPA purchases such as the generator and mud values replacement.

Transportation Fund: The increase in expenses is due to two passage buses purchased in the current year; no such purchases had been made at this point in the prior year.

Town of Farmville

Agenda Item Summary

MEETING DATE: March 6, 2024

ITEM NUMBER: 5.b. – Town of Farmville Financial Policies Updated

---

BACKGROUND: The Town Manager will provide a verbal report.

RECOMMENDATION:

FISCAL IMPACT:

ATTACHMENTS:
1. Farmville Financial Policies Updated

ACCOUNTING, AUDITING, AND FINANCIAL REPORTING

Section 1. PURPOSE

This policy is to document the Accounting, Auditing, and Financial Reporting process of the Town of Farmville ("Town"). The purpose of this policy is to establish organizational standards in which the Town will maintain a system of accounting procedures, financial control, and reporting for all operations and funds to provide an effective means of ensuring that financial integrity is not compromised and to ensure that the Town's finances are well managed and fiscally sound.

Section 2. POLICY

A. The **ACCOUNTING PRACTICES** of the Town shall conform to Generally Accepted Accounting Principles (GAAP) for local governments as established by the Governmental Accounting Standards Board (GASB) and of the recommended standards as set forth by the Government Finance Officers Association (GFOA) to provide for and enhance the financial stability of the Town.

1. **BASIS OF ACCOUNTING**: The Director of Finance will establish and maintain a system of fund accounting and shall measure the financial position and results of operations using the modified accrual basis of accounting for governmental funds and the accrual basis of accounting for proprietary and fiduciary funds.
2. **ACCOUNTS RECEIVABLE**: Generally, the Town is able to collect receivables, most of which relate to taxes and utility payments, during the ordinary course of operations. Procedures are established to address any potential material outstanding receivables to ensure that the Town takes all necessary and possible steps to collect receipts owed to the locality.
3. **INVENTORY REPORTING**: The Town uses the consumption method of inventory reporting on the average cost basis.
4. **MANAGEMENT DECISION ON ACCOUNTING ISSUES**: The Director of Finance shall have the authority to make procedural decisions with respect to specific accounting treatments, such as interpretation of accounting principles, design of the general ledger and chart of accounts, and items of a similar nature. However, in certain special or unique situations, a review by the Town Council may be necessary. Council will be made aware of any issue that:
   i. Involves identified weaknesses in the separation of duties.
   ii. Creates controversy among those responsible for audit oversight or between said individuals and the independent auditors.
   iii. Is or will be material to the financial statements.
   iv. Involves significant uncertainty or volatility that could materially affect an estimate.
   v. Is or will be a matter of public interest or exposure.
   vi. Must be reported to an external body, and those responsible for audit oversight are unclear or undecided on its presentation.
   vii. Applies a new accounting standard for the first time.

ACCOUNTING, AUDITING, AND FINANCIAL REPORTING

viii. Relates to the application of a standard in a way that is not consistent with general practice or in a way that is different from how it has been applied in past years.
ix. Relates to critical controls over financial information being designed or redesigned or that may have failed or are otherwise being addressed by the Town.

B. The annual **AUDIT** shall be conducted by an independent auditor in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and the Specification for Audits of Counties, Cities, and Towns issued by the Auditor of Public Accounts of the Commonwealth of Virginia and as directed in the Code of Virginia §15.2-2511.

C. The Finance Department shall develop and maintain an ongoing system of **FINANCIAL REPORTING** to meet the information needs of the government, authorities, and regulatory agencies. In addition, the Town Council, Town Manager, Department Heads, and the public shall have access to reports to allow them to monitor, regulate, and use as a basis for future financial decisions.
1. **ANNUAL COMPREHENSIVE FINANCIAL REPORT**: The Town shall prepare and publish a Comprehensive Annual Financial Report (ACFR) in conjunction with the annual independent audit. The Town shall prepare the ACFR in conformity with GAAP and the Government Finance Officers Association (GFOA) program requirements. Annually, the Town shall submit its ACFR to the GFOA to determine its eligibility to receive the GFOA's "Certificate of Achievement for Excellence in Financial Reporting."
2. **ANNUAL BUDGET DOCUMENT**: The Town shall prepare and publish an annual budget document in accordance with the policies contained within this document. This budget shall measure the annual funding and forecast the financial position of the Town annually. This document shall be prepared in conformity with the GFOA program requirements. Annually, the Town shall submit this budget to the GFOA to determine its eligibility to receive the GFOA's "Distinguished Budget Presentation Award."
3. **FINANCIAL REPORTING TO TOWN COUNCIL**: On a monthly basis, the Finance Department shall prepare and present financial reports to the Town Council for all Town operating funds. Such reports will enable the Town Council to be constantly informed of the financial status of the Town.
4. **EXTERNAL FINANCIAL REPORTING**: The Town shall adhere to all reporting requirements to the Virginia Auditor of Public Accounts within the specified time frame. Additionally, all external reports required by regulatory agencies shall be completed and filed as prescribed by state and federal law.

Section 3. OBJECTIVES

A. The primary objectives of the Accounting, Auditing, and Financial Reporting Policy shall be as follows:

ACCOUNTING, AUDITING, AND FINANCIAL REPORTING

1. To establish a system of financial monitoring and control for all operations and funds to maintain legal compliance and sound financial administration.
2. To ensure that the Town maintains regulatory compliance with all internal and external reporting requirements.
3. To provide Town officials with the necessary resources to make well-informed and prudent financial decisions.

Section 4. PROCEDURES

A. Town Council:
   1. Approve Accounting, Auditing, and Financial Reporting Policy.
   2. Regularly review deliverables that are generated in compliance with this policy.

B. Town Staff:
   1. Ensure the Town maintains compliance with the Accounting, Auditing, and Financial Reporting Policy.
   2. Monitor the accuracy and reliability of accounting controls, financial functions, assets (capital and controlled equipment), operational protocols, and compliance with applicable laws and regulations.
   3. Assist independent auditors in annual financial audits by providing required documentation.
   4. The Town Manager is authorized to adjust this policy in response to evolving governmental practices where necessary.

CAPITAL ASSET MANAGEMENT

Section 1. PURPOSE

This policy is to document the Capital Asset Management procedures of the Town of Farmville ("Town"). The purpose of this policy is to provide guidelines to complete a comprehensive process that allocates limited resources in capital investment and to ensure that capital assets are accounted for in conformance with generally accepted accounting principles. The primary objective of this policy is to establish criteria to systematically identify, plan, schedule, finance, track, and monitor capital projects to ensure cost-effectiveness and consistent application throughout funds.

Section 2. POLICY

A. The Town will prepare, adopt, and update a five (5) year Capital Improvement Plan (CIP) at least annually. The CIP will identify and set priorities for all significant capital assets to be acquired, replaced, constructed, or rehabilitated by the Town. The first year of each adopted five-year CIP will be included in the budget for the coming fiscal year.

B. The Town will adhere to the following threshold when accounting for capital assets:
   1. Capitalization of individual assets that cost $5,000 or more and have an estimated useful (depreciable) life of at least two (2) years.
   2. Assets acquired with debt proceeds may be capitalized regardless of cost.
   3. Individual assets that cost less than $5,000 but that operate as part of a network system may be capitalized in the aggregate, using the group method, if the estimated average useful life of the individual asset is at least two (2) years. (A network is determined to be where individual components may be below $5,000 but are interdependent, and the overriding value to the Town is on the entire network and not the individual assets.)

C. The Town will adhere to the following ranges in setting estimated useful lives for depreciating assets:

1.	Land	No Depreciation
2.	Land Improvements	20 – 30 years
3.	Buildings & Improvements	7 – 40 years
4.	Machinery & Equipment	3 – 30 years
5.	Infrastructure	20 – 50 years

D. In accordance with generally accepted accounting principles, the Town will value its capital assets at historical cost. Historical cost includes the cost or estimated cost at the time of acquisition, freight charges, installation and site preparation charges, and any subsequent additions or improvements, excluding repairs. If a capital asset is donated to the Town, the asset will be valued based on the fair market value at the time the asset is donated.

E. For internal control purposes, the Town may maintain an inventory listing of certain assets (controlled equipment) that do not meet the established capitalization amounts. Controlled

CAPITAL ASSET MANAGEMENT

equipment includes items that should be specifically accounted for and inventoried periodically due to the equipment's high resale value and the potential risk of theft. Controlled equipment may include computers, construction equipment, and other office equipment. Each Department Head is responsible for all controlled equipment within their areas of responsibility.

F. As part of the financial audit, the Finance Department shall submit a capital asset report to the Town's independent auditor annually. This report will include the following information:
   1. Asset Number
   2. Asset Description
   3. Date of acquisition
   4. Acquisition cost
   5. Estimated useful life
   6. Annual depreciation
   7. Accumulated depreciation

G. The Town will use the Straight-Line Method as its basic or standard approach to depreciate capital assets. The Modified Approach, which does not require depreciation, may be used on infrastructure assets whenever applicable and approved by the Town's independent auditor.

H. The following criteria are the basis for distinguishing costs as either a capital expense or as a repair and maintenance expense:
   1. With respect to improvements on non-infrastructure and infrastructure capital assets, under the Basic Approach, costs should be capitalized if the useful life of the asset is substantially extended or if the cost substantially increases the capacity or efficiency of the assets. Otherwise, the cost should be expensed as repair and maintenance.
   2. With respect to improvements on infrastructure capital assets under the Modified Approach, costs should be capitalized if expenditures substantially increase the capacity or efficiency of an infrastructure. Otherwise, costs, including those that preserve the useful life of an infrastructure asset, are expensed.

I. To the extent possible, improvement projects and major equipment purchases will be funded on a "pay-as-you-go" basis from existing or foreseeable revenue sources. Fund balances above established reserve requirements may be used for one-time expenditures such as capital equipment or financing of capital improvements.

J. Disposal and/or transfer of Town assets will be performed in accordance with applicable Town policies and procedures.

CAPITAL ASSET MANAGEMENT

Section 3. OBJECTIVES

A. The primary objectives of the Capital Asset Management Policy shall be as follows:
   1. To operate and maintain the Town's physical assets to protect public investment and ensure maximum useful life.
   2. To seek to match the useful life of projects with the maturity of the debt when considering debt financing.
   3. To develop a replacement program for the capital assets in association with other financial policies to plan for large expenditures and to minimize deferred maintenance costs.
   4. To allow project planning to consider longer-range needs and goals, as well as, enabling the Town to evaluate funding options while gaining a consensus on project priorities.

Section 4. PROCEDURES

A. Town Council:
   1. Approve Capital Asset Management Policy.
   2. Manage capital assets by reviewing the annual budget process and the Annual Comprehensive Financial Report (ACFR).

B. Town Staff:
   1. Manage capital assets through operational procedures.
   2. Submit a capital asset report to the Town's independent auditor annually.
   3. Review capital assets acquisition and repair needs during the annual budget process.
   4. Maintain an inventory of the listing of controlled equipment.
   5. Dispose of and/or transfer of Town capital assets in accordance with policies and procedures.
   6. The Town Manager is authorized to adjust this policy where necessary.

DEBT MANAGEMENT

Section 1. PURPOSE

This policy documents general guidance for issuing and managing all debt of the Town of Farmville ("Town"). The primary objective of this policy is to establish criteria that will protect the town's financial integrity while providing a funding mechanism to meet its capital needs. The town's standard is to borrow only for capital improvements that cannot be funded on a pay-as-you-go basis. The Town will not issue long-term debt to finance current operations.

Section 2. POLICY

A. The Town will follow any state or federal law, by-law, or covenant that sets debt limits. In addition, the Town Council will evaluate acceptable debt service levels and develop public policy on fund debt limits since issuing debt will commit the Town's revenues several years into the future. Best practices and standards of the Commonwealth of Virginia Public Finance Act of 1991, the Government Accounting Standards Board (GASB), the Government Finance Officers Association (GFOA), and the Town Charter will also be followed.

B. The Town will confine long-term borrowing to capital improvement needs that cannot be financed from current revenue sources.

C. The Town may use short-term debt for bond anticipation and tax anticipation purposes only with a maturity of one year or less. Short-term debt may include inter-fund loans, which will be repaid to the source fund within a specified period.

D. The maturity of any debt will not exceed the expected useful life of the project for which the debt is issued.

E. The Town Council shall be committed to addressing the indebtedness the Town can reasonably expect to incur without jeopardizing its financial position and operational capabilities. The council will adopt a maximum annual debt service payment level of no more than 13% of approved expenditures/expenses per fund. It will seek to maintain debt service within those limits. In establishing its target maximum debt service percentages, the Town will consider the strength of its long-term capital plan. If the long-term capital plan is nonexistent or ineffective, a lower maximum percentage may be necessary to offset future unpredictable capital losses.

F. The ratio of General Fund-supported long-term debt to real estate assessed value should be maintained at or below 3%.

G. The General Fund commits to achieving a minimum 50% amortization of total long-term debt within ten years.

H. The Town Council may undertake refinancing of outstanding debt if it allows the Town to realize significant debt service savings without lengthening the term of the refinanced debt. In addition, the benefits of replacing such debt must outweigh the costs associated with the new issuance.

DEBT MANAGEMENT

I. General obligation debt may be used for enterprise activities.

Section 3. OBJECTIVES

A. The primary objectives of the Debt Management Policy shall be as follows:
   1. To provide guidelines in the decision-making and budgetary process.
   2. To enhance the quality of decisions.
   3. To show a commitment to long-range financial planning.
   4. To improve credit quality amongst rating agencies, capital markets, and constituents.

Section 4. PROCEDURES

A. Town Council:
   1. Approve Debt Management Policy.
   2. Approve resolutions issuing debt parameters, including borrowing limitations and debt structure.

B. Town Staff:
   1. Select an outside consultant and bond counsel to assist in issuing bonds and other debt.
   2. Ensure that debt is issued through the competitive bidding process unless otherwise instructed by the Town Council.
   3. Ensure that investments in bond proceeds shall always comply with the Town's Investment Policy and relevant debt covenants, with consideration of potential arbitrage.
   4. Follow a full disclosure policy on every financial report and bond prospectus.
   5. Maintain a records retention policy for bond documents and records associated with using bond proceeds and interest earnings.
   6. Ensure post-issuance compliance.

GENERAL FUND CASH RESERVES

Section 1. PURPOSE

This policy is to document the General Fund Cash Reserves objectives of the Town of Farmville ("Town"). The Town's goal is to maintain a prudent level of financial resources to guard its constituents against service disruption in the event of unexpected temporary revenue shortfalls and unpredicted one-time expenditures and to provide sufficient cash flow to avoid the need for short-term borrowing. The General Fund cash reserves are accumulated and maintained to provide stability and flexibility to respond to unexpected adversity and/or opportunities. In addition, this policy intends to document the appropriate reserve level to protect the town's creditworthiness.

Section 2. POLICY

A. The Town will maintain a minimum Undesignated/Unreserved General Fund Reserve sufficient to provide financial resources for the Town in the event of an emergency or the loss of a significant revenue source. Therefore, the Town has set the minimum Undesignated/Unreserved Balance for the General Fund at an amount equal to 10.0% of the General Fund operational budget each year to mitigate the impacts of unanticipated revenue shortfalls and provide a buffer for unexpected expenditure requirements.

B. In recognition of its fiduciary role in the management of all Town funds entrusted to its care, it shall be the policy of the Town Council, in accordance with the Code of Virginia §15.2-2505, that the use of reserves shall be drawn upon only as absolutely necessary and any use thereof should be limited to 1) unanticipated revenue shortfalls, 2) non-recurring expenditures, or 3) providing liquidity in emergency situations. Fund balances shall not be used for routine or recurring annual operating expenditures.

C. Should the Town require the use of General Reserve funds that would reduce the funds below the policy threshold for one of the purposes noted above, the Town will put an action plan on replenishing the used reserves back to the policy level.

D. The minimum Undesignated/Unreserved General Fund Reserve funds will be assessed once the Town's Annual Comprehensive Financial Report (ACFR) becomes available for each fiscal year.

E. It is the responsibility of the Town Manager to make recommendations to the Town Council for the use of reserves. A majority vote of the Town Council will be required to use reserves.

Section 3. OBJECTIVES

A. The primary objectives of the General Fund Cash Reserves Policy shall be as follows:

GENERAL FUND CASH RESERVES

1. **Reserve for cash flow:** This reserve addresses liquidity. A reserve for cash flow is needed to address the imbalance of monthly income compared to monthly expenditures if expenditures exceed income.
2. **Reserve for emergencies:** This reserve addresses emergency or disaster in which there is extreme peril to the safety of a person and/or property within the Town limits caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake, or other conditions as set forth by Town Council.
3. **Reserve for economic stabilization:** This reserve addresses the stabilization of the delivery of Town services during operation budget deficits resulting in conditions such as drastic and unanticipated economic downturns or unanticipated spikes in operating costs.

Section 4. PROCEDURES

A. Town Council:
   1. Approve General Fund Cash Reserves Policy.
   2. Approve the use of any reserves.

B. Town Staff:
   1. Propose revisions to the General Fund Cash Reserves Policy.
   2. Ensure the Town complies with the General Fund Cash Reserves Policy.
   3. Recommend the use of any reserves.
   4. Report results from the use of any reserves.

FUND BALANCE POLICY

Section 1. PURPOSE

This Fund Balance Policy outlines the principles and guidelines governing the Town's Fund Balance management. The Fund Balance is the difference between Town assets and liabilities, providing a foundation for working capital and unforeseen emergencies. The primary aim of this policy is to establish a stable financial environment for the Town's operations, ensuring consistent service delivery while maintaining fiscal responsibility.

Section 2. POLICY

A. At the close of each fiscal year, the portion of the Fund Balance not in spendable form will be designated as Nonspendable Fund Balance on the financial statements.

B. The Fund Balance subject to legal restrictions as per GASB #54 will be reported as a "restricted" fund balance at the end of each fiscal year. Additionally, funds with legal restrictions will be categorized as "restricted."

C. The Town will, before the close of each fiscal year, report the "committed" fund balance for long-term receivables, such as advances and similar accounts. Town Council approval is required to allocate and approve "committed" fund balance. Additionally, funds encumbered by enabling legislation will be categorized as "committed."

D. Fund Balance assigned by the Finance Director will be reported as the "assigned" fund balance at the close of each fiscal year.

E. General Fund unassigned equity will not be used as a standard practice to finance current operations.

F. The Town will establish and maintain a minimum 'unassigned' fund balance at 10% of the General Fund budget, with a desired goal of 12%. Any excess amount may be considered for one-time capital expenditures or to maintain a "rainy day" fund.

G. The Town Council, when necessary, may utilize fund balances that temporarily reduce Unassigned Fund Balance below the 10% minimum for declared fiscal emergencies or other purposes to protect or enhance the long-term fiscal security of the Town. In such cases, the Town Council will adopt a plan to restore the Unassigned Fund Balance to the target level within 24 to 36 months. If restoration within this timeframe poses severe hardship to the Town, the Town Council will establish a different but appropriate time.

Section 3. OBJECTIVES

The primary objectives of this Fund Balance Policy are as follows:

1. Ensure the stability and continuity of Town operations.
2. Safeguard fiscal responsibility in providing quality services to residents.
3. Establish a framework for consistent financial management and operations.

FUND BALANCE POLICY

Section 4. PROCEDURES

A. The Town Council will approve and monitor compliance with this Fund Balance Policy and maintain budgetary control during the budget adoption and the ongoing operating budget process.

B. Town Staff will propose revisions to the Fund Balance Policy, report on the status of Fund Balance components, and assist in the Town Council's decision-making regarding fund allocations and approvals.

C. The Town Manager is authorized to adjust this policy in response to evolving financial practices.

INTERNAL CONTROL AND RISK MANAGEMENT

Section 1. PURPOSE

This policy is to document the Internal Control and Risk Management procedures of the Town of Farmville ("Town"). This policy aims to provide measures to manage internal and external factors that may affect the achievement of the Town's objectives – whether they are strategic, operational, or financial. The town's risk management focuses on identifying threats and opportunities, while internal control helps counter threats and take advantage of opportunities. The primary objective of this policy is to establish criteria to effectively pursue an integrated, organization-wide approach to managing the accuracy and reliability of accounting controls, financial functions, assets (capital and controlled equipment), operational protocols, and compliance with applicable laws and regulations.

Section 2. POLICY

A. The Town will maintain internal controls that will be responsive, reflect sound governmental practices, and remain relevant over time while evolving to meet the specific needs of the community.

B. The Town will maintain a controlled environment which will provide a foundation of discipline and structure, specifically cultivating factors of ethical values and competence (quality) of personnel, direction provided by the Council, and effectiveness of management.

C. The Town will maintain a risk assessment environment that will identify and analyze risks associated with achieving organizational goals, including risks related to the changing regulatory and operating environment, as a basis for determining how such risks should be mitigated and managed.

D. The Town will maintain control activities to ensure management directives are carried out, and any actions needed to address risks to achieving objectives are taken.

E. The Town will maintain information and communication systems that identify, capture, and report operational, financial, and compliance-related information in a form and timeframe that enables staff to carry out responsibilities.

F. The Town will maintain monitoring processes that assess the adequacy and quality of the internal control system's performance and ensure that deficiencies in internal controls are appropriately reported.

Section 3. OBJECTIVES

A. The primary objectives of the Internal Control and Risk Management Policy shall be as follows:

INTERNAL CONTROL AND RISK MANAGEMENT

1. The Finance Department will issue internal control procedures based on the published standards of the Governmental Accounting Standards Board (GASB) and upon deficiencies identified through the Town's independent auditors and/or Town staff. The Finance Department will ensure that a reasonable faith effort is made to implement all independent auditor recommendations on internal control. The Finance Department will regularly review and monitor procedures and compliance with federal and state regulatory requirements on internal controls and financial reporting.
2. Each Department Head is responsible for ensuring that internal control procedures are followed in their respective departments.
3. Written internal control procedures will be maintained in the Finance Department for all functions involving the handling of cash and securities.
4. The organizational plan will separate functional responsibilities via defined segregation of duties procedures. Internal controls will be in place to ensure that financial transactions are processed through two or more employees and will contain built-in safeguards that require transactions to travel through multiple approval processes before the transaction is complete.
5. Transactions will be recorded to permit the preparation of financial statements in conformance to statutory requirements and accounting principles generally accepted in the United States and will maintain accountability for assets.
6. The Town will have an annual financial audit conducted by an independent public accounting firm according to the standards set forth by GASB and the Commonwealth of Virginia Auditor of Public Accounts (APA).

Section 4. PROCEDURES

A. Town Council:
   1. Approve Internal Control and Risk Management Policy.
   2. Manage Internal Control and Risk Management by reviewing the Annual Comprehensive Financial Report (ACFR).

B. Town Staff:
   1. Establish and maintain Segregation of Duties in operations.
   2. Maintain written documentation of Internal Control procedures.
   3. Identify and conduct Risk Assessments annually.
   4. Monitor the accuracy and reliability of accounting controls, financial functions, assets (capital and controlled equipment), operational protocols, and compliance with applicable laws and regulations.
   5. Assist independent auditors in conducting the annual financial audit by providing documentation on Fraud Risk Inquiries, Segregation of Duties Evaluations, Workflow Rules, Application IT Controls ICQ, and General IT Controls ICQ Reports.
   6. The Town Manager is authorized to adjust this policy in response to evolving governmental practices where necessary.

INVESTMENTS

Section 1. PURPOSE

This policy documents the Investment Strategy objectives of the Town of Farmville ("Town") and defines the allowable investments and restrictions that the Town must follow.

Section 2. POLICY

A. In recognition of its fiduciary role in the management of all Town funds entrusted to its care, it shall be the policy of the Town Council that all funds be invested with the care, skill, prudence, and diligence to ensure that sound investments are made to protect the Town's financial position and provide for ample returns on the investments.

B. It is the responsibility of the Town Finance Director to manage the investment program of the Town such that the Town meets or exceeds all statutes and guidelines governing the deposit and investment of public funds in Virginia, including the Investment Code of Virginia and the guidelines established by the State Treasury Board and the Governmental Accounting Standards Board (GASB). In addition, the Town will comply with all provisions relating to investments and deposits included in any Bond Indenture, Financing Agreement, or similar document.

Section 3. OBJECTIVES

A. The primary objectives of the investment strategy, listed in priority order, shall be as follows:
   1. **Safety –** the principal's safety is the investment program's foremost objective.
   2. **Liquidity –** the investment portfolio shall remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated.
   3. **Yield (Return on Investment) –** the investment portfolio shall be designed to attain a market rate of return throughout the budgetary and economic cycles, considering the investment risk constraints and liquidity needs.

Section 4. ALLOWABLE INVESTMENTS

A. The following investment types are approved for use by the Town Council and Director of Finance in the investment of public funds, provided that the provisions of any Bond Indenture, Financing Agreement, or similar document are also satisfied:
   1. U.S. Treasury Bills, Notes, Bonds, and other direct obligations of the United States Government.
   2. U.S. Government agencies and instrumentality obligations that have a liquid market with a readily determinable market value.
   3. Certificates of deposit or other deposits of financial institutions located within the Commonwealth and state-chartered banks under Commonwealth supervision, provided such deposits are insured by the Federal Deposit Insurance Corporation (FDIC) or collateralized as provided by the Virginia Security for Public Deposits Act.

4. U.S. dollar-denominated Banker's acceptances issued by a domestic bank, provided that Moody's Investor Services rate such financial institutions and state-chartered banks as P-1 or better and by Standard & Poor's as A-1 or better.
5. Taxable obligations of the Commonwealth of Virginia and its local governments and public bodies, provided such obligations have a debt rating of at least "AA" or equivalent by Moody's and/or Standard & Poor's.
6. Repurchase agreements executed through Federal Reserve Member banks or Primary Dealers in U.S. Government Securities and collateralized by Treasury or Agency obligations, the market value of which is at least 102% of the purchase price of the repurchase agreement.
7. The Commonwealth of Virginia Treasury Department's Local Government Investment Pool ("LGIP"), the Virginia State Non-Arbitrage Program, and Virginia Investment Pool ("VIP").

Section 5. DEPOSITS

All Town deposits must be insured under the Federal Deposit Insurance Corporation (FDIC) or collateralized under the Virginia Security for Public Deposits Act, Section 2.2-4400 et seq. of the Code of Virginia.

Section 6. MATURITY RESTRICTIONS

A. It is recognized that, before the maturity date, the market value of securities in the Town's portfolio may fluctuate due to changes in market conditions. In accordance with the Town's primary investment objectives of liquidity and preservation of principal, every effort should be made to manage investment maturities to precede or coincide with the expected need for funds.

B. Accordingly, the requirements established by the Code of Virginia and State Treasury Board guidelines are further restricted as follows:
   1. Funds shall always be invested in keeping with the seasonal pattern of the Town's cash balances, as well as any other unique factors or needs, to assure the availability of funds on a timely and liquid basis. Cash flow projections will be monitored and updated on an ongoing basis by the Director of Finance and communicated to the Town Council on an as-needed basis.
   2. The portfolio must be invested in securities maturing within one (1) year. If an investment may be redeemed by the Town, or by a Trustee on behalf of the Town, for its intended purpose without penalty within one (1) year, such investment shall be deemed in compliance with this maturity restriction.
   3. Reserve funds and other funds with longer-term investment horizons may be invested in securities exceeding one (1) year if the maturities of such investments coincide as nearly as practicable with the expected use of funds.

INVESTMENTS

Section 7. PROHIBITED SECURITIES

Any security not explicitly authorized in this investment policy is expressly prohibited.

Section 8. ADDITIONAL REQUIREMENTS

A. All securities purchased for the Town shall be held by the Town's Finance Director or a custodian. If held by a custodian, the securities must be in the Town's name or the custodian's nominee's name and identifiable on the custodian's books as belonging to the Town. Further, if held by a custodian, the custodian must be a third party, not a counterparty (buyer, issuer, or seller) to the transaction. This requirement does not apply to excess checking account funds invested overnight in a bank "sweep" repurchase agreement or similar vehicle authorized under this policy.

B. The town's policy requires dual approvals for any cash transfers. The individuals authorized to approve funds transfer or otherwise conduct investment transactions shall be the Town Manager and Finance Director. In the absence of the Town Manager or Finance Director, the second approval will be from the Deputy Finance Director. The Town Council shall explicitly approve any change in these positions.

C. Town Council must approve any modifications to this Investment Policy.

LONG-TERM FINANCIAL PLANNING

Section 1. PURPOSE

This policy documents the Long-Term Financial Planning objectives of the Town of Farmville ("Town"). This policy aims to serve as the Town's long-term growth and operating blueprint to ensure the Town's ongoing financial sustainability spans beyond the current budget cycle. The primary objectives of this policy are to establish a framework to guide the Town in planning and decision-making and to create a purposeful approach to aligning short-term actions with long-term financial strategies. This policy is intended to assess the implications of today's decisions on future budgets with respect to changes in economic conditions.

Section 2. POLICY

A. The Town will maintain long-term fiscal solvency by identifying significant future expenses, liabilities, problems, and resources not included or recognized in the annual budget. The Town will highlight critical areas which have or are expected to have, an impact on the financial condition of the Town over the next three (3) years. Specific goals and objectives will be developed for each structural deficiency.

B. The Town shall engage in long-term financial planning to align financial capacity with service objectives by financing ongoing operating expenditure requirements and, whenever possible, capital infrastructure from ongoing sustainable revenue sources using a pay-as-you-go methodology.

C. Reserve Funds are critical to the Town's long-term financial plan. These funds are used to provide for one-time or short-term requirements, provide for future replacement or acquisition of capital assets if possible, and to provide flexibility to manage debt. Building of Reserve Funds shall primarily be accomplished through:
   a. Allocation of Operating Surplus:
      i. Any General Fund operating surplus over $50,000 at the end of the fiscal year will be transferred to the Unrestricted General Fund Reserve Account. Any General Fund operating deficits will be funded from the Unrestricted General Fund Reserve Account.
      ii. Any Enterprise Funds (water, sewer, transportation, and airport) operating surplus over $50,000 at the end of the fiscal year will be transferred to the Unrestricted Enterprise Fund Reserve Account. Any Enterprise Fund operating deficits will be funded from the Unrestricted Enterprise Fund Reserve Account.
   b. Operating Budget Allocation to Reserve Funds:
      i. The contribution to each respective Reserve Fund will continue after each annual budget cycle to sustain asset management strategies.

LONG-TERM FINANCIAL PLANNING

D. The Town shall ensure ongoing expenditure requirements are satisfied by ongoing revenue sources such as user fees, taxation, and grants. The Town Council will establish fees and taxation to yield the target proportions essential to service delivery and sustainability. The council will consider operating and capital costs when establishing fees and taxation.

E. The Town shall ensure long-term financial sustainability through the preparation and annual review of a five (5) year Capital Improvement Plan (CIP), which will identify asset replacement needs and infrastructure capital work plans versus corresponding revenue generation and/or funding gap.

F. The Town shall actively seek additional sustainable revenues from the state and federal governments to bridge the infrastructure funding for capital renewal and/or replacement projects that would otherwise be unaffordable.

G. Long-term debt financing shall only be considered for new, non-recurring infrastructure rehabilitation/replacement requirements, for tangible capital assets unable to be expensed with current funding streams, and for projects where the cost of deferring expenditures exceeds debt-servicing costs.

Section 3. OBJECTIVES

A. The primary objectives of the Long-Term Financial Planning Policy shall be as follows:
   1. Ensure long-term structural soundness and continuous improvement in the Town's financial position.
   2. Maintain and/or improve the Town's service level standards.
   3. Ensure that the Town achieves full cost recovery, when possible, for providing services.

Section 4. PROCEDURES

A. Town Council:
   1. Approve Long-Term Financial Planning Policy.
   2. Monitor compliance with the Long-Term Financial Planning Policy by maintaining budgetary control throughout the budget adoption and ongoing operating budget process.

B. Town Staff:
   1. Propose revisions to the Long-Term Financial Planning Policy.
   2. Identify significant future expenses, liabilities, problems, and resources not included or recognized in the annual budget and develop specific goals and objectives to manage each structural deficiency.
   3. Prepare an annual review of a five (5) year Capital Improvement Plan (CIP).
   4. Actively seek additional sustainable revenues from the state and federal governments.

LONG-TERM FINANCIAL PLANNING

5. Recommend when long-term debt financing should be considered.
6. The Town Manager is authorized to adjust this policy in response to evolving governmental practices where necessary.

OPERATING AND CAPITAL BUDGET PROCESS

Section 1. PURPOSE

This policy is to document the Operating and Capital Budget process of the Town of Farmville ("Town"). This policy aims to promote efficiency and effectiveness in the management and operation of all town programs by utilizing available financial resources by adopting a balanced annual operating budget for the fiscal year. All elected officials, Town management, department heads, and employees are responsible for exercising good stewardship in managing public funds and resources according to State statutes, Town policies, and approved budgets. The primary objective of this policy is to provide accountability to the Town's citizens by carefully accounting for public funds, managing funds wisely, and planning for the provision of services. The operating and capital budgets are developed on an annual basis, with the capital budget based upon a five-year capital improvement plan and are intended to provide conceptual standards for financial decision-making, enhance consistency in financial decisions, and establish parameters for administration to use in directing the daily financial operations of the Town.

Section 2. POLICY

A. The Town's budget shall conform to all the laws of the Commonwealth of Virginia related to the adoption, amendment, and control of the budget. In addition, all policies outlined in this document are designed to provide for and enhance the financial stability of the Town.

B. The Town will exercise budgetary control by adhering to the Code of Virginia §15.2-2503 requirement to adopt an annual balanced budget by formal resolution for the following funds:
   1. General Fund, in which a balanced budget is achieved when the amounts available from taxation and other sources, including amounts carried over from prior fiscal years, equals the total appropriations for expenditures and reserves.
   2. Enterprise Funds, in which a balanced budget is achieved when the amounts available from fees, charges, and investment earnings, including amounts carried over from prior fiscal years, equals the total appropriations for expenditures and reserves.

C. The Town will maintain a budgetary control system to ensure adherence to the budget and use a budget/encumbrance control system to ensure proper budgetary control.

D. The budget shall delineate the funding sources for each year's expenditures. Any one-time revenues or use of unassigned fund balances will be used for one-time, non-recurring expenditures such as capital assets, equipment, special studies, debt reduction, and reserve contributions, except for the General Fund. In the General Fund, no unassigned fund balance will be used to fund current operations. Restricted or committed fund balances may only be used for stated purposes.

OPERATING AND CAPITAL BUDGET PROCESS

E. The Town shall account for the General Fund using the modified accrual basis of accounting, under which revenue is recognized in the accounting period it becomes available and measurable, while expenditures are recognized in the accounting period in which they are incurred. The Town shall account for the Enterprise Funds using the full accrual basis of accounting, under which revenues are recorded when earned, and expenses are recorded when incurred. Because the appropriated budget is used as the basis for control and comparison of budgeted and actual amounts, the basis for preparing the budget is the same as the basis of accounting.

F. Public involvement shall be encouraged in the annual budget decision-making process through public hearings, public outreach, and disseminating accessible information. Public participation efforts will allow the Town to improve performance by identifying public needs, priorities, and service delivery expectations. Increased public involvement will allow the Town to be more responsive to community needs, thereby increasing the value that the public receives from Town government.

G. **Budget Adoption**:

1. Before the commencement of the annual budget process, the Director of Finance, in consultation with the Town Manager, shall develop recommended budget parameters and the budget calendar. Budget parameters will include allowable increases in operating budgets, projected wage increases, targets for borrowing in accordance with the Town's debt and capital improvement budget policies, anticipated changes in revenue sources or tax base growth, and other factors.

2. Certain elements of budgets common across departments shall be calculated and/or monitored on a centralized basis to ensure comparability and budgetary control, i.e., Town incurred utility charges, liability insurance, salaries, and benefits.

3. The Director of Finance shall be responsible for coordination and initial review of department budget submissions. Following initial review, the Director of Finance will work with the Town Manager, to develop a budget. In accordance with the Code of Virginia §15.2-2508, meetings will be held with departments to review their budget requests prior to finalizing the budget.

4. The budget, consisting of the Town Manager's recommendations on department requests, shall be submitted to Town Council for its consideration and in accordance with Code of Virginia §15.2- 2504, shall include:
   i. A brief budget message that shall outline significant highlights of proposed budget requests per fund for the fiscal year shall set forth the reasons for any significant changes in expenditure and revenue items from the previous fiscal year, and shall explain any major change in financial policy;

OPERATING AND CAPITAL BUDGET PROCESS

ii. Synopsis of the budget showing a summary of all revenues and expenditures for each department of each fund;
iii. Fund graphs and budget summaries;
iv. Revenue summary including actual, budgeted, and proposed;
v. Departmental expenditure summary including mission, description, goals, financial summary, services, and significant program impacts by the department;
vi. Line-item detail for each department by fund;
vii. Debt service;
viii. Capital Improvement Program (CIP) including summary and line item detail;
ix. Position classification and pay scale data.

5. The budget review process will include Town Council participation in the development of each segment through budget work sessions and will allow for citizen participation through public hearings on the proposed budget. In accordance with Code of Virginia §15.2- 2506, required notice of the hearings will be published in the official newspaper of the Town and shall include:
   i. The time and location where copies of the budget are available for public inspection,
   ii. The time and location, not less than two (2) weeks after such publication, for a public hearing on the proposed budget, and
   iii. A complete synopsis of all revenue and operating expenses by fund.

6. After the public hearing, the Council may adopt the budget with or without amendments. In amending the proposed budget, it may add or increase programs or amounts and may delete or decrease any programs or amounts, except expenditures required by law or for debt service, provided that no amendment to the proposed budget shall increase expenditures to an amount greater than the estimated income (including the use of available Fund Balance).

7. The Town Council shall adopt the proposed budget on or before the 20th day of the last month of the fiscal year currently ending. If it fails to adopt the proposed budget by this date, the amounts appropriated for operations for the current fiscal year will be deemed adopted for the ensuing fiscal year on a month-to-month basis, with all items in it pro-rated accordingly, until such time as Council adopts a budget for the ensuing fiscal year. Adoption of the budget will constitute appropriation of the amounts specified therein as expenditures from the funds indicated and will constitute a levy of the property tax therein proposed.

8. A copy of the adopted budget will be filed in the Town Municipal Offices and will also be available on the Town's website.

OPERATING AND CAPITAL BUDGET PROCESS

H. **Budget Amendments**:

1. In accordance with Code of Virginia §15.2-2507, the Town may amend the adopted budget for supplemental appropriations and emergency appropriations. The Town Council may authorize supplemental appropriations for the year if the Town Manager certifies that there are available revenues and/or fund balance in excess of those estimated in the budget.

2. It is the policy of the Town to amend a fund's budget for roll-overs, re-appropriations, emergencies, federal and state mandates, or other circumstances that could not be anticipated, and only if sufficient funds are available; a budget may not be amended simply because additional revenues become available.

3. In the event of a public emergency affecting life, health, property or the public peace, Council may make emergency appropriations and to the extent that there are no available unappropriated revenues to meet such situations, Town Council may, by such ordinance, authorize the issuance of emergency notes, which may be renewed as necessary.

4. By statute, any budget amendment that exceeds one (1) percent of the total expenditures shown in the currently adopted budget must first publish a notice of a public hearing stating the governing body's intent to amend the budget, including a brief synopsis of the proposed amendment at least seven (7) days prior to the meeting date. After providing that public hearing during such meeting, the Town Council may adopt the proposed budget amendment.

5. It is the policy of the Town that any transfers between line-item expenditures within a department can be approved by the Town Manager. The Town Council must approve any transfers of expenditure accounts between departments or funds.

I. **Budget Monitoring**:

1. The Annual Budget, being an intricate part of maintaining the financial stability of the Town and acting as the Financial Plan directing the Town in both long-range planning and everyday operations, it is essential that timely reports are generated to inform Town Council and management staff of the Town's financial progress. The Finance Department will submit to the Town Council, Town Manager, and Department Heads on a monthly basis an overview report of budget to actual, both revenue and expense for all Funds and/or Departments. Any significant changes will be described in detail with any necessary recommended corrective action. Should Finance realize a financial problem exists or trends warrant closer analysis, the Director of Finance is required to inform the Town Council and the Town Manager as soon as a situation is detected.

OPERATING AND CAPITAL BUDGET PROCESS

Section 3. OBJECTIVES

A. The primary objectives of the Operating and Capital Budget Process shall be as follows:
   1. To conform to all the laws of the Commonwealth of Virginia as they relate to the adoption, amendment, and control of the budget.
   2. To establish budget priorities to underline organizational goals and community vision to provide direction.
   3. To determine short- and long-term capital needs that are essential to Town operations.
   4. To ensure sound revenue and resource forecasting based upon qualitative and quantitative methods for conservative and realistic estimates.
   5. To ensure that spending follows a plan, supports organizational objectives, stays within preset limits, and does not exceed available funds.

Section 4. PROCEDURES

A. Town Council:
   1. Approve Operating and Capital Budget Process Policy.
   2. Manage the operating and capital budget process by maintaining budgetary control throughout the budget adoption and ongoing operating budget process, ensuring that the town adheres to the requirements of the Code of Virginia and town policies.

B. Town Staff:
   1. Coordinate department and capital budget requests, including explanations and justifications of specific requests.
   2. Coordinate and evaluate revenue estimations, expenditure estimations, and financial impacts of budget requests.
   3. Ensure compliance with applicable budgetary statutes.
   4. Administer policies and procedures regarding the annual budget process and the ongoing daily operations of the budget.
   5. Prepare monthly financial reports that monitor financial results.
   6. The Town Manager is authorized to adjust this policy in response to evolving governmental practices where necessary.

PROCUREMENT

Section 1. PURPOSE

This policy documents the Procurement and General Purchasing guidelines of the Town of Farmville ("Town"). The Town's goal is to facilitate the procurement of goods and services that meet the community's needs at the lowest possible cost consistent with the quality needed for the proper operation of the various departments. All purchases should be handled in a manner that creates the most excellent ultimate value per dollar expended.

Section 2. POLICY

A. Town Council has appointed the Town Manager and/or his designee to serve as the principal public purchasing official for the Town and shall be responsible for the procurement of goods, services, insurance, and construction in accordance with the Town of Farmville Procurement Ordinance. The ordinance set forth by the Town follows the competitive procurement statutes established in § 2.2.4300 B & C of the Virginia Public Procurement Act.

B. Purchasing procedures shall adhere to the following guidelines:

1. **Purchases under $5,000.00** should be done solely by the Department Head, or designee. This amount applies to the total of all items purchased on an invoice. Every effort should be made to ensure that the purchase is made competitively.

2. **Purchases equal to $5,000.00 but less than $25,000.00 – purchases in this group are normally completed by the Department Head or designee** and should be made by obtaining a minimum of three verbal or telephone quotations. A bid sheet containing the three quotations, information on the three solicited vendors, and the information on the item to be purchased should be documented and submitted with the purchase requisition.

3. **Purchases equal to $25,001.00 but less than $50,000.00 - Purchases in this group are normally completed by the Department Head** or designee with the Buyer's assistance if required. For purchases of this type, a description of the item/service shall be faxed or e-mailed to at least three (3) possible vendors. The vendors must have an adequate response time to return the quotation. A purchase requisition must be completed, including the information on the selected vendor and the item/service to be purchased. All quotes shall be submitted to the Finance Department/Buyer to process the required requisition and purchase order.

4. **Purchases equal to $50,000.00 and over** - Purchases in the group are normally completed by the Finance Department/Buyer with assistance from the Department Heads or designee. Purchases of this type shall be accomplished by using formal sealed bids/proposals. Detailed specifications (complete or in draft form) shall be submitted to the Finance Department/Buyer. Any special terms and conditions should also be included. The Finance Department/Buyer shall complete the bid process: add general terms and conditions, advertise in the local newspaper(s), prepare and mail the bid packages, receive bids, open bids, and forward the bidding schedule and packages to the appropriate department. The

PROCUREMENT

Department Head, or designated individual, shall thoroughly review all bids/proposals to make the bid award to the best responsive and responsible bidder.

5. **Purchases subject to appropriation** – No goods, services, insurance, or construction shall be procured unless they are attached to a specific line item included in an annual budget adopted by the Town, and funds are appropriated for said activity.

6. **Documentation of proposals** – Written specifications shall be developed and published to procure all goods, services, insurance, and construction. A common deadline for the submittal of all proposals for the procurement of goods, services, insurance, and construction shall be developed and published. A copy of all written proposal documentation shall be submitted to the Town Manager.

7. **Notification of award of contract** – Bidders who are not awarded a contract shall be notified within two weeks of the execution of terms with a successful bidder.

8. **Council members excluded from bidding** – No current member of the Town Council shall knowingly have a personal interest in any work to be conducted under the provisions of this policy. Furthermore, no member of the Town Council shall be eligible to perform work under the provisions of this policy within one year of the expiration of his or her term.

C. The purchasing policy and procedures manual shall provide a step-by-step guide to the Town's procurement methods and practices. The understanding and cooperation of all employees in adhering to this guide is essential for the Town to obtain the maximum value for each tax and utility dollar spent.

Section 3. OBJECTIVES

A. The primary objectives of the Procurement Policy shall be as follows:
   1. Obtain high-quality goods and services at reasonable cost.
   2. Procurement procedures are to be conducted fairly and impartially to avoid any impropriety or appearance of impropriety.
   3. All qualified vendors can access public business, and no offeror is arbitrarily or capriciously excluded.
   4. Completion is to be sought to the maximum feasible degree.
   5. Procurement procedures involve openness and administrative efficiency.
   6. Rules governing contract award are to be made clear in advance of the competition.
   7. Procurement specification should reflect the need of the purchasing body rather than being drawn to favor a particular vendor.
   8. Purchasers and vendors freely exchange information concerning what is sought to be procured and what is offered.

PROCUREMENT

Section 4. PROCEDURES

A. Town Council:
   1. Approve Purchasing Ordinance

B. Town Staff:
   1. Propose revisions to the Purchasing Ordinance and/or Policy Manual
   2. Ensure the Town follows the Purchasing Ordinance and Policy Manual

Town of Farmville

Agenda Item Summary

MEETING DATE: March 6, 2024

ITEM NUMBER: 6.a. – Proposed Parking Citation Changes

BACKGROUND: The Town Manager will provide a verbal report.

RECOMMENDATION:

FISCAL IMPACT:

ATTACHMENTS:
1. Parking Citation-Old and New

TOWN OF FARMVILLE, VIRGINIA
POLICE DEPARTMENT

OLD

No. 048883

LIC: _____ STATE: _____

DECAL: _____ MAKE: _____

LOCATION: _____

OFFICER: _____ DATE: _____ TIME: _____ AM/PM

TRAFFIC ORDINANCE VIOLATION

$25.00 FINE ($50.00 If Paid After 15 Working Days)

- ☐ 1. Violation of Meter Ordinance _____
- ☐ 2. Overtime Parking _____

$25.00 FINE ($50.00 If Paid After 15 Working Days)

- ☐ 3. Parking with Left Side to Curb _____
- ☐ 4. Parking on Sidewalk _____
- ☐ 5. Double Parking _____
- ☐ 6. Parking in Loading Zone _____
- ☐ 7. Parking Within 15 Feet of Fire Hydrant _____
- ☐ 8. Blocking Driveway _____
- ☐ 9. Parking 20 Feet of Intersection _____
- ☐ 10. Parking in Permit Zone _____
- ☐ 11. Resident Parking Only _____
- ☐ 12. Parking in Prohibited Zone _____
- ☐ 13. Yellow Painted Curb _____
- ☐ 14. No Parking at Anytime _____
- ☐ 15. No Parking - Designated Hours _____
- ☐ 16. No Parking - Dual Wheeled Vehicles _____

- ☐ 17. Obstructing Traffic _____

$50.00 FINE ($100.00 If Paid After 15 Working Days)

- ☐ 18. Parking in a Fire Zone _____

$50.00 FINE ($100.00 If Paid After 15 Working Days)

- ☐ 19. Parking in Handicapped Space _____

$150.00 FINE ($200.00 If Paid After 15 Working Days)

NOTICE OF DUE PROCESS RIGHTS

You are entitled to a review of this parking ticket by submitting your reasons for contesting the fine to the Farmville Police Department located at 116 N. Main Street, Farmville, VA 23901. The office is open from 8:00 a.m. until 5:00 p.m., Monday through Friday, except legal holidays. The parking ticket may be paid at the Town Finance Office located at 116 N. Main Street or mailed to the Finance Office at P.O. Drawer 368, Farmville, VA 23901. You may also pay over the phone by calling the Finance Office at (434) 392-3333. They accept cash, check, debit, or credit cards.

If you have neither paid the applicable fine nor requested review within fifteen working days of issuance of this notice of violation (or by the close of the next business day, if the notice was issued on a weekend), the fine will double, as shown. You will also be presumed to have waived your right to administrative review.

The registered owner of vehicle is legally responsible for payment of parking fines, even if someone else parked the vehicle unlawfully.

ANY VEHICLE ILLEGALLY PARKED WITH MORE THAN FOUR UNCONTESTED AND UNPAID PARKING VIOLATIONS WILL BE TOWED. ANY VEHICLE REMAINING ILLEGALLY PARKED 2 HOURS AFTER RECEIVING A PARKING CITATION MAY BE TOWED.

DO NOT MAIL CASH

TOWN OF FARMVILLE, VIRGINIA
POLICE DEPARTMENT

NEW

No. 048882

LIC: _____ STATE: _____

DECAL: _____ MAKE: _____

LOCATION: _____

OFFICER: _____ DATE: _____ TIME: _____ AM/PM

TRAFFIC ORDINANCE VIOLATION

$ 50 FINE ($ 100 If Paid After 15 Working Days)

- ☐ 1. Violation of Meter Ordinance _____
- ☐ 2. Overtime Parking _____

- ☐ 3. Parking with Left Side to Curb _____
- ☐ 4. Parking on Sidewalk _____
- ☐ 5. Double Parking _____
- ☐ 6. Parking in Loading Zone _____
- ☐ 7. Electric Vehicle while Charging Parking ONLY
- ☐ 8. Blocking Driveway _____
- ☐ 9. Parking 20 Feet of Intersection _____
- ☐ 10. Parking in Permit Zone _____
- ☐ 11. Resident Parking Only _____
- ☐ 12. Parking in Prohibited Zone _____
- ☐ 13. Yellow Painted Curb _____
- ☐ 14. No Parking at Anytime _____
- ☐ 15. No Parking - Designated Hours _____
- ☐ 16. No Parking - Dual Wheeled Vehicles _____
- 17. Expired Registration / State Inspection _____

Move up

- ☐ 18. Parking in a Fire Zone _____

$ 75 FINE ($150.00 If Paid After 15 Working Days)

- ☐ 19. Parking w/in 15 Ft of Fire Hydrant $75 FINE ($150.00 IF paid after 15 working days)
- ☐ 20. Parking in Handicapped Space _____

$150.00 FINE ($200.00 If Paid After 15 Working Days)

NOTICE OF DUE PROCESS RIGHTS

You are entitled to a review of this parking ticket by submitting your reasons for contesting the fine to the Farmville Police Department located at 116 N. Main Street, Farmville, VA 23901. The office is open from 8:00 a.m. until 5:00 p.m., Monday through Friday, except legal holidays. The parking ticket may be paid at the Town Finance Office located at 116 N. Main Street or mailed to the Finance Office at P.O. Drawer 368, Farmville, VA 23901. You may also pay over the phone by calling the Finance Office at (434) 392-3333. They accept cash, check, debit, or credit cards.

If you have neither paid the applicable fine nor requested review within fifteen working days of issuance of this notice of violation (or by the close of the next business day, if the notice was issued on a weekend), the fine will double, as shown. You will also be presumed to have waived your right to administrative review.

The registered owner of vehicle is legally responsible for payment of parking fines, even if someone else parked the vehicle unlawfully.

ANY VEHICLE ILLEGALLY PARKED WITH MORE THAN FOUR UNCONTESTED AND UNPAID PARKING VIOLATIONS WILL BE TOWED. ANY VEHICLE REMAINING ILLEGALLY PARKED 2 HOURS AFTER RECEIVING A PARKING CITATION MAY BE TOWED.

DO NOT MAIL CASH

Town of Farmville

Agenda Item Summary

MEETING DATE: March 6, 2024

ITEM NUMBER: 7.a. – Code References

BACKGROUND: The Town Manager will provide a verbal report.

RECOMMENDATION:

FISCAL IMPACT:

ATTACHMENTS:
1. Code References

2/26/2024

Code of Virginia
Title 46.2. Motor Vehicles
Chapter 8. Regulation of Traffic

§ 46.2-916.2. Designation of public highways for golf cart and utility vehicle operations.

A. No portion of the public highways may be designated for use by golf carts and utility vehicles unless the governing body of the county, city, or town in which that portion of the highway is located has reviewed and approved such highway usage.

B. The governing body of any county, city, or town may by ordinance authorize the operation of golf carts and utility vehicles on designated public highways within its boundaries after (i) considering the speed, volume, and character of motor vehicle traffic using such highways and (ii) determining that golf cart and utility vehicle operation on particular highways is compatible with state and local transportation plans and consistent with the Commonwealth's Statewide Pedestrian Policy provided for in § 33.2-354.

C. Notwithstanding the other provisions of this section, no town that has not established its own police department, as defined in § 9.1-165, may authorize the operation of golf carts or utility vehicles. The provision of this subsection shall not apply to the Towns of Claremont, Clifton, Dendron, Irvington, Ivor, Jarratt, Saxis, Stony Creek, Urbanna, or Wachapreague.

D. No public highway shall be designated for use by golf carts and utility vehicles if such golf cart and utility vehicle operations will impede the safe and efficient flow of motor vehicle traffic.

E. The county, city, or town that has authorized the operation of golf carts or utility vehicles shall be responsible for the installation and continuing maintenance of any signs pertaining to the operation of golf carts or utility vehicles. Such county, city, or town may include in its ordinance for designating highways the ability to recover its costs of the signs and maintenance pertaining thereto from organizations, individuals, or entities requesting the designations. The cost of installation and continuing maintenance of any signs pertaining to the operation of golf carts or utility vehicles shall not be paid by the Virginia Department of Transportation.

F. Notwithstanding the other provisions of this section, employees of the Department of Conservation and Recreation may operate golf carts and utility vehicles on those portions of public highways located within Department of Conservation and Recreation property and on Virginia Department of Transportation-maintained highways that are adjacent to Department of Conservation and Recreation property, provided the golf cart or utility vehicle is being operated on highways with speed limits of no more than 35 miles per hour.

2004, c. 746; 2006, c. 728; 2008, c. 196; 2009, cc. 68, 504; 2011, c. 469; 2012, c. 9; 2013, c. 64; 2014, c. 69; 2017, c. 357; 2019, c. 104; 2022, c. 449; 2023, c. 451.

2/26/2024

Code of Virginia
Title 46.2. Motor Vehicles
Chapter 8. Regulation of Traffic

§ 46.2-916.3. Limitations on golf cart and utility vehicle operations on designated public highways.

A. Golf cart and utility vehicle operations on designated public highways shall be in accordance with the following limitations:

1. A golf cart or utility vehicle may be operated only on designated public highways where the posted speed limit is 25 miles per hour or less. However, a golf cart or utility vehicle may cross a highway at an intersection controlled by a traffic light if the highway has a posted speed limit of no more than 35 miles per hour and in the Town of Colonial Beach may cross any highway at an intersection marked as a golf cart crossing by signs posted by the Virginia Department of Transportation;

2. In towns with a population of 2,000 or less, a golf cart or utility vehicle may cross a highway at an intersection conspicuously marked as a golf cart crossing by signs posted by the Virginia Department of Transportation if the highway has a posted speed limit of no more than 35 miles per hour and the crossing is required as the only means to provide golf cart access from one part of the town to another part of the town;

3. No person shall operate any golf cart or utility vehicle on any public highway unless he has in his possession a valid driver's license;

4. Every golf cart or utility vehicle, whenever operated on a public highway, shall display a slow-moving vehicle emblem in conformity with § 46.2-1081; and

5. Golf carts and utility vehicles shall be operated upon the public highways only between sunrise and sunset, unless equipped with such lights as are required in Article 3 (§ 46.2-1010 et seq.) of Chapter 10 for different classes of vehicles.

B. The limitations of subdivision A 1 shall not apply to golf carts and utility vehicles being operated as follows:

1. To cross a highway from one portion of a golf course to another portion thereof or to another adjacent golf course or to travel between a person's home and golf course if (i) the trip would not be longer than one-half mile in either direction and (ii) the speed limit on the road is no more than 35 miles per hour;

2. To the extent necessary for local government employees, operating only upon highways located within the locality, to fulfill a governmental purpose, provided the golf cart or utility vehicle is being operated on highways with speed limits of 35 miles per hour or less;

3. As necessary by employees of public or private two-year or four-year institutions of higher education if operating on highways within the property limits of such institutions, provided the golf cart or utility vehicle is being operated on highways with speed limits of 35 miles per hour or less;

4. On a secondary highway system component that has a posted speed limit of no more than 35 miles per hour and is within three miles of a motor speedway with a seating capacity of at least 25,000 but less than 90,000 on the same day as any race or race-related event conducted on that speedway;

5. To the extent necessary for employees of the Department of Conservation and Recreation, operating only on highways located within Department of Conservation and Recreation property or upon Virginia Department of Transportation-maintained highways that are adjacent to Department of Conservation and Recreation property, to

fulfill a governmental purpose, provided that the golf cart or utility vehicle is being operated on highways with speed limits of no more than 35 miles per hour; and

6. To cross a one-lane or two-lane highway from one portion of a venue hosting an equine event to another portion thereof if (i) the crossing occurs on the same day as such equine event, (ii) a temporary traffic control zone is established at such crossing with speed limits of no more than 35 miles per hour, and (iii) the crossing and highway vehicular traffic are being monitored and controlled by a uniformed law-enforcement officer.

C. The governing body of any county, city, or town may by ordinance impose additional restrictions or limitations on operations of golf carts, utility vehicles, or both, on public highways within its boundaries, provided that the restrictions or limitations imposed by any such ordinance are no less stringent than the restrictions and limitations contained in this article. In the event that any provision of any such ordinance conflicts with any provision of this section other than subdivision B 5, the provision of the ordinance shall be controlling.

2004, c. 746; 2008, c. 456; 2009, cc. 743, 835; 2010, c. 112; 2011, cc. 68, 140, 469; 2018, c. 112.

ARTICLE VI. - OPERATION OF GOLF CARTS AND UTILITY VEHICLES

Sec. 55-245. - Definitions.

Golf cart, for the purposes of this article, means a self-propelled vehicle that is designed to transport persons playing golf and their equipment on a golf course.

Utility vehicle, for the purposes of this article, means a motor vehicle that is:

(1) Designed for off-road use;

(2) Powered by a motor; and

(3) Used for general maintenance, security, agricultural, or horticultural purposes.

"Utility vehicle" does not include riding lawn mowers.

(Ord. No. 1701, 4-9-18)

Sec. 55-246. - Prohibited uses.

No golf cart or utility vehicle may be operated in the city on any public highway or any portion of any public highway, except as specifically authorized and designated by this article or any duly adopted amendment thereto.

(Ord. No. 1701, 4-9-18)

Sec. 55-247. - Authorized uses.

The operation of golf carts and utility vehicles is authorized on the designated highways, subject to the following limitations and obligations:

(1) Golf carts and utility vehicles may only be operated on the designated highways. The designated highways include those public highways and portions thereof identified on the map entitled, "Designated Highways for Golf Cart and Utility Vehicle Use by Radford University Designees, April 4, 2018," a copy of which is maintained for public inspection at the office of the city engineer and incorporated herein by reference. Any operation of golf carts and utility vehicles outside of the designated highways shall be unlawful.

(2) Golf carts and utility vehicles may only be operated by designees of Radford University who are acting in the course of their assigned duties.

(3) No person shall operate any golf cart or utility vehicle on the designated highways, unless he has a valid driver's license in his possession.

(4)

Every golf cart or utility vehicle, whenever operated on the designated highways, shall display a slow-moving vehicle emblem in conformity with Code of Virginia, § 46.2-1081, 1950, as amended.

(5) Golf carts and utility vehicles shall be operated on the designated highways only between sunrise and sunset, unless equipped with such lights as are required in Code of Virginia, Article 3 (§ 46.2-1010 et seq.) Chapter 10, 1950, as amended, for different classes of vehicles.

(6) Golf carts and utility vehicles operating on the designated highways shall be covered by an insurance policy or equivalent governmental plan of liability coverage. Such policy shall meet the minimum liability amounts contained in Code of Virginia, § 46.2-472, 1950, as amended, and provide coverage during the operation of the golf cart or utility vehicle on the designated highways. Proof of such insurance shall be maintained in such golf cart or utility vehicle at all times that such golf cart or utility vehicle is in operation on the designated highways.

(7) Operators and passengers of any golf cart or utility vehicle operated on the designated highways shall comply with all applicable state and local laws and regulations pertaining to the consumption and possession of alcoholic beverages and illegal drugs or other illegal substances.

(8) Golf carts and utility vehicles operated on the designated highways shall be operated in conformity with all applicable state and local laws and ordinances.

(9) No person shall operate any golf cart or utility vehicle on the designated highways unless signs have been installed and maintained which alert motorists and pedestrians that golf carts and utility vehicles may be in operation. If such signs are not in place, it shall be unlawful to operate golf carts or utility vehicles on the designated highways until the signs are installed, repaired, or replaced. Pursuant to Code of Virginia, § 46.2-916.2(E), as the requesting entity, Radford University has agreed to install and maintain all signs on the designated highways. All signs must be approved in advance by the city.

(Ord. No. 1701, 4-9-18)

Sec. 55-248. - Penalties.

Any person who violates any provision of this article shall be guilty of a traffic infraction punishable by a fine of not more than $250.00.

(Ord. No. 1701, 4-9-18)

Town of Farmville

Agenda Item Summary

MEETING DATE: March 6, 2024

ITEM NUMBER: 8.a. – The Local Choice Health Benefits Renewal FY25

BACKGROUND: The Town Manager will provide a verbal report.

RECOMMENDATION:

FISCAL IMPACT:

ATTACHMENTS:
1. Farmville, Town of - The Local Choice Health Benefits Renewal FY25

The Local Choice

Employee Health Benefits Program

Fiscal Year 2025 Renewal

The Local Choice Health Benefits Program

To: TLC Group Administrators

From: Michelle (Shelley) Rozzell
TLC Program Manager

Date: January 2024

Re: The Local Choice Health Benefits Renewal

Thank you for your continuing support of The Local Choice (TLC) program. We are pleased to share the enclosed fiscal year 2025 renewal for TLC.

The Virginia Department of Human Resource Management (DHRM) and The Local Choice (TLC) Health Benefits Program are keenly aware of the high priority that TLC groups place on planning and budgeting for health benefits. We are constantly working to find new and innovative ways to add value to our plans and improve our service. Our statewide and regional plan offerings continue to provide choice, competitive pricing, and value-added services that offer opportunities to improve the health of your employees and their families.

TLC plan administrators remain as follows:

- Anthem BCBS: Medical, Behavioral Health, EAP and Routine Vision and Outpatient Prescription Drugs for statewide plans
- Delta Dental: Dental for statewide plans
- Kaiser Permanente: regional HMO
- Sentara Health Plans Vantage HMO: regional HMO

TLC will continue to offer five statewide plans to all local employer groups along with two regional HMOs available in defined service areas. Employer plan choices include:

Statewide plans

- Key Advantage Expanded
- Key Advantage 250
- Key Advantage 500
- Key Advantage 1000
- TLC High Deductible Health Plan (HDHP) – HSA compatible

Regional HMO plans

- Kaiser Permanente – available in defined service area
- Sentara Health Plans Vantage HMO – available in defined service area

Retiree Plans

- Key Advantage or Regional Plan coverage (only available to retirees not eligible for Medicare)
- Advantage 65
- Advantage 65 with Dental/Vision
- Medicare Complementary (grandfathered for current participant groups, only)

All active employee TLC plans include the CommonHealth Wellness Program at no additional cost. CommonHealth features confidential, at-work medical screenings plus other health and wellness programs such as nutrition, stress management and fitness programs.

Your 2024-2025 renewal notebook includes a Comparison of Benefits brochure outlining the statewide benefits to assist you in determining which plan or plans you want to offer your employees.

Rates for all available plan options are listed in Section 2 (Renewal Rate Sheets and Information). A separate COBRA rate page is included.

Together, the statewide Key Advantage plans, TLC High Deductible Health Plan, the Kaiser Permanente and Sentara Health Plans Vantage HMO fully-insured regional plans (available in certain service areas) offer you a variety of choices with competitive administrative costs and quality coverage.

In an effort to provide the tools and resources for Benefits Administrators to expand their knowledge about the TLC Program, we will continue to provide focused training. Please look for information regarding upcoming webinars.

Please read "IMPORTANT CHANGES FOR 2024-2025 PLAN YEAR" on the next page.

We value your participation, and we look forward to continuing to build upon our partnership of caring for your employees.

Thank you for selecting The Local Choice.

If you have any questions, please contact us at tlc@dhrm.virginia.gov or at 888-642-4414.
Sincerely,

Michelle Rozzell

Michelle (Shelley) Rozzell
TLC Program Manager

dhrm Department of Human Resource Management
THE 1ST SOURCE FOR HR INFORMATION

The LOCAL CHOICE

Important TLC Changes

2024-2025 Plan Year

1. All groups must submit their renewal selections in Cardinal Human Capital Management (HCM) by the deadlines stated below:
   - April 1, 2024, for July renewals
   - July 1, 2024, for October renewals

   You will **NOT** be allowed to request an extension. Instructions to access Cardinal HCM will be provided at a later date.

2. Cardinal HCM will be used for Open enrollment.
   - Open Enrollment for all groups that renew in July will be May 1, 2024, through May 15, 2024.
   - Open Enrollment for all groups that renew in October will be August 1, 2024, through August 15, 2024.

This is not a complete re-enrollment. No action is required if the participant is not making any health plan related changes.

It is your group's responsibility to run the Cardinal Enrollment Report in Cardinal HCM to reconcile your open enrollment changes.

The navigation path to the report: Navigator> Benefits> Reports> Cardinal Enrollment Report

NPUT / SEARCH CRITERIA: OUTPUT FORMAT: As of Date Business Unit (Optional) Company (Optional) Excel Screenshot of the Cardinal Enrollment Report Run Control Page

ADDITIONAL INFORMATION: The As of Date is the only required field; however, it is suggested that the user enter other Run Control Parameters.

TLC Regional Meetings Schedule

Full location details will be provided in an e-News communication.

All meetings 10am – 12:30pm

- Monday, March 4: Southside Virginia Community College – Alberta
- Tuesday, March 5: Old Dominion University (ODU) - Norfolk
- Wednesday, March 6: Brightpoint Community College - Chester
- Tuesday, March 12: Southwest Virginia Higher Education Center - Abingdon
- Wednesday, March 13: Roanoke Higher Education Center - Roanoke
- Thursday, March 14: Frontier Culture Museum- Dairy Barn Lecture Hall - Staunton
- Tuesday, March 19: Northern Virginia Community College (NOVA) Manassas Campus - Fredericksburg

FY25 Benefit Changes

Anthem Blue Cross Blue Shield

- Hearing Aid Benefit for Children (SB1003)- Mandate

  Starting this year, hearing aids and related services for children 18 and under are included in plan coverage. Coverage includes the cost of one hearing aid, per hearing-impaired ear, every 24 months, up to $1,500 per hearing aid. Members have the option to choose a higher-priced hearing aid and pay the difference.

- HDHP Deductible- Mandate

  The plan year deductible will increase to $3,200 for Single In-Network, and $6,400 for Family In-Network.

- Building Healthy Families Replacing Future Moms

  Future Moms is now Building Healthy Families. Building Healthy Families provides personalized, on-demand health support from preconception through early parenthood. Building Healthy Families is now available via the Sydney Health app and anthem.com and delivers access to educational articles, personalized digital notifications, videos, health trackers, and personalized coaching via phone or chat. Building healthy families can provide useful resources according to each member's unique journey.

  TLC Key Advantage 250 and Expanded members can waive their $300 hospital co-pay by participating in the program and completing the following items:
  - Register/completion of profile or assigned to a nurse
  - Complete Pregnancy Screener
  - Complete one of six mini-assessments available in the app

- Virtual Physical Therapy from LiveHealth Online and SWORD Health

  New this year, LiveHealth Online and SWORD Health offer a Digital Physical Therapy program for in-home, virtual physical therapy. This effective and convenient digital physical therapy program addresses a broad range of musculoskeletal conditions and women's pelvic floor disorders and works at any point in the care journey - prevention, new conditions, chronic pain, and mobility management. The program leverages smart digital sensors that are shipped to the member, and dedicated licensed physical therapists who provide custom exercise plans and education, continuous engagement, and behavioral health resources to decrease pain and increase mobility.

Summary of Benefits (SBCs) are available on the web (www.anthem.com/tlc) and the website is now included on the back of the benefit summary booklets. Subsequently, members will no longer receive postcards with the web address to SBCs.

Please remember to order Open Enrollment Packets (which include Benefit Summaries and other member materials) for Open Enrollment. Order lead time is typically 10 business days.

Sentara Health Plans Vantage HMO

- Name Change

  Optima Health Plan will now be Sentara Health Plans, effective January 1, 2024

  Optima Health Insurance Company will now be Sentara Health Insurance Company, effective January 1, 2024. New company names will show in 2024 documents.

Sentara Vantage HMO Medical Benefit Changes ** Effective January 1, 2024, regardless of a group's plan year effective date **

- Hearing Aids and related services

  This benefit for children ages 18 and younger are now covered in-network. Coverage is limited to the cos of one hearing aid per hearing-impaired ear every 24 months, up to $1,500 per hearing aid. Members may choose a higher-priced hearing aid and pay the difference in cost above $1,500. Coverage is limited to services and equipment recommended by an otolaryngologist(ENT) and provided or dispensed by an ENT, licensed audiologist, or licensed hearing aid specialist.

- Mobile Crisis Response Services

  Services delivered to provide rapid response to, assessment of, and early intervention for individuals experiencing an acute mental health crisis that are deployed at the location of the individual.

- Residential Crisis Stabilization Unit

  A short-term residential program providing support and stabilization for individuals who are experiencing an acute mental health crisis.

- Non-Emergency Ambulance Services

  This benefit has been separated into Non-Emergent Ambulance Services: Ground and Water and Non-Emergent Ambulance Services: Air- Air ambulance services provided by non-participating providers are covered under in-network benefits. This applies to emergent service or pre-authorized non-emergent services.

  Non-emergent ambulance services related to mental health diagnosis will be covered as Other Outpatient Services under the Mental Health and Substance Use Disorder Services benefit.

- Pharmacy Benefit Changes

  All abortifacient drugs are no longer excluded. This include the addition of mifepristone 200mg tablet (Mifeprex) to the formularies as a Tier 2 medication as of 1/1/24. This medication, in combination with misoprostol, results in a medical termination of intrauterine pregnancy through 70days gestation.

- COVID-19 at home testing kits

  Will no longer be covered under the pharmacy Tier 1, which previously limited members to four tests per month.

- New Plan Design

  The new benefit design will have modest cost-share changes. Sentara Health Plans will issue new ID cards to all members for the new plan year and deliver those in June of 2024. The management team at Sentara Health Plans will continue to work with the TLC team at DHRM and any field Benefit Administrators to provide necessary support through the open enrollment and renewal activities.

Kaiser Permanente

- Dental Administrator Change

  Kaiser Permanente will change its dental administrator from Dominion Dental to Liberty Dental Plan effective January 1, 2024. Members have been notified by letter from Kaiser Permanente regarding the details of the transition. The only change is the dental administrator. There is no change to the dental benefits under Kaiser.

Table of Contents

The Local Choice (TLC) FY25 Renewal

The Local Choice Health Benefits Program

Overview & Instructions

Program Overview and Instructions

The Local Choice Health Benefits Program (TLC) is pleased to provide your health care program renewal for July 1, 2024 (October 1, 2024 for certain school groups).

The Local Choice Health Benefits Program Advantage

Thank you for your participation in The Local Choice. Our goal is to provide participating local employer groups with high-quality benefit plans, competitive rates, excellent customer service, and financial stability through rating pools based on group size and stop-loss protection for self-insured plans.

The following self-insured plans can again be chosen as an option by employers for eligible active employees and retirees not eligible for Medicare:

- Key Advantage Expanded
- Key Advantage 250
- Key Advantage 500
- Key Advantage 1000
- TLC HDHP (An HSA compatible High Deductible Health Plan)

Failure to remove ineligible persons

An employee's failure to remove ineligible persons from their health benefits membership can result in the retraction of claims, loss of future eligibility and other penalties as delineated in Section 1 VAC-55-20-210c of the Virginia Administrative Code. Additionally, the employee will be unable to reduce health benefits membership except within 60 days of the dependent's loss of eligibility, during Open Enrollment or with another consistent Qualifying Mid-Year Event.

The above Key Advantage and HDHP plans are offered with the employee's choice of either Preventive Dental or Comprehensive Dental coverage. Comprehensive Dental includes orthodontics for all participants.

NOTE: To maintain Affordable Care Act compliance, the Preventive Dental option must be offered.

The following fully-insured plans can be chosen as an option by employers for eligible active employees and non-Medicare-eligible retirees who live or work in the plan's service area (see Section 5 for more information):

- Kaiser Permanente HMO (available only in the Kaiser service area—contact Kaiser for additional information)
- Sentara Health Plans Vantage HMO (available only in the Sentara Health Plans service area – contact Sentara Health Plans for additional information)

For Medicare-Eligible Retirees:

- Advantage 65 Medical Only (does not include outpatient prescription drug/Medicare Part D coverage)
- Advantage 65 Medical Only with Dental/Vision (does not include outpatient prescription drug/Medicare Part D coverage)
- Medicare Complementary (grandfathered plan)

The following is a basic overview of the plans offered by TLC. For more details, see the Comparison of Benefits brochure, specific plan benefit summary or Member Handbook.

Statewide Self-Funded Plans: Key Advantage & HDHP Plans

Medical, behavioral health, prescription drugs, and routine vision are administered by Anthem. Routine dental is administered by Delta Dental.

The following provisions apply to both Key Advantage and HDHP Plans:

- Extensive medical, behavioral health, dental and routine vision benefits (through Blue View Vision) are covered in all Key Advantage and HDHP plans.
- These plans also allow for medical care when traveling outside Virginia through the BlueCard PPO and Blue Cross Blue Shield Global Core programs.
- Under all Key Advantage and TLC HDHP plans, in-network preventive medical care is covered with no deductible or coinsurance.
- Under the Employee Assistance Program (EAP), members receive up to four visits per incident per plan year at no cost. The EAP is only available in-network. Contact Anthem for more information.
- Home Delivery is also available through the plans' outpatient prescription drug benefits.
- Copayment/coinsurance expenses for outpatient prescription drugs along with medical and behavioral health copayments/coinsurance costs, accumulate toward the annual out-of-pocket maximum expense limit.
- Dental coverage is provided by Delta Dental with a separate deductible. Members may select either Preventive or Comprehensive Dental.

The following provisions apply only to Key Advantage Plans:

- While members receive the highest level of benefits when visiting an in-network provider, members also receive out-of-network benefits for covered medical and behavioral health services but with higher out-of-pocket costs.
- Under the Key Advantage Plans, if members receive a brand name drug when a generic equivalent is available, they are responsible for the applicable brand copayment plus the cost difference between the allowable charge for the generic equivalent and the brand name.

- Outpatient prescription drugs are divided into 4 tiers based upon the cost and/or type of drug. See the Comparison of Benefits for more information.

The following provisions apply only to HDHP Plans:

- The TLC HDHP plan is a HSA (Health Spending Account) compatible plan. TLC does not provide the HSA account. Each group may choose to offer its own HSA account administrator.
- With the embedded deductible HDHP plan, deductible amounts for each individual member will accumulate toward the family plan year deductible limit. However, no individual family member can contribute more than the single- only deductible amount.
- Under the HDHP plan, covered medical, behavioral health and prescription drug services are subject to the $3,200 single and $6,400 family plan year deductible and 20% coinsurance.

Regional Plan: Kaiser Permanente HMO

- Kaiser Permanente offers a regional HMO plan in its service area, which includes Northern Virginia, Fredericksburg, Washington D.C., and parts of Maryland and is available only to members who live or work in those areas as defined by zip code. Kaiser information is only provided in your renewal notebook if your group is eligible to offer Kaiser benefits.
- A detailed outline of the service area and benefits may be found in the Kaiser HMO benefits summary. Medical, behavioral health, EAP, outpatient prescription drug and dental coverage are included in the plan.

Retirees and / or their dependents eligible for Medicare are not eligible for enrollment in the Kaiser plan. Kaiser does not offer a Medicare supplement option in the TLC Program.

Regional Plan: Sentara Health Plans Vantage HMO

- Sentara Health Plans, a local health plan headquartered in Virginia, offers a regional HMO plan in its service area.
- Sentara Health Plans' open-access style HMO plan does not require participants to select a primary care physician (PCP) and referrals are not required for specialist care. Sentara Health Plans encourages a PCP relationship, but it is not required. PCPs can help members with routine medical care and provide guidance when seeking specialist care within the broad Sentara Health Plans network of providers.
- A detailed outline of the service area and benefits may be found in the Sentara Health Plans benefits summary. The TLC plan includes preventive care covered in full, dental and vision benefits, emergency travel assistance and Employee Assistance Program (EAP) services.
- In order to enroll in this plan, participants must be eligible for coverage as defined by their employer, employer must select this as a plan option and the participant must live or work in the defined service area.
- Retirees and /or their dependents eligible for Medicare are not eligible for enrollment in the Sentara Health plan. Optima Health does not offer a Medicare supplement option in the TLC program.

Retirees Not Eligible for Medicare: Key Advantage and HDHP Coverage

- Employers may choose to offer retiree coverage for those retirees who are not eligible for Medicare. Although allowed, no employer contribution is required for retiree coverage. A local employer may add retiree coverage at renewal by submitting a written request to the Department of Human Resource Management (DHRM) along with an approved resolution from your Board or Governing Body. Adding

such coverage may impact your group's renewal rates. All groups (with exception of groups that have been grandfathered) will receive rates for blended premiums. In a blended premium, active employees and non-Medicare-eligible retirees will have the same rates.

- Stand-alone rates for non-Medicare-eligible retirees are grandfathered, which means that they are only available for groups who currently offer them.

Medicare Supplemental Plans for Medicare-Eligible Retirees

- If a group offers coverage to retirees who are not eligible for Medicare, the group may also offer coverage for Medicare-eligible retirees. A local employer may add coverage for Medicare- eligible retirees at renewal by submitting a written request to the Department of Human Resource Management (DHRM) along with an approved resolution from their Board or Governing Body.
- For groups currently offering coverage to Medicare-eligible retirees, the Advantage 65 and Advantage 65 with Dental/Vision plans continue to be available. However, Medicare Complementary is a grandfathered plan and not available to groups that do not currently offer it. The Medicare supplement and routine dental and vision (if selected) are administered by Anthem.
- Groups adding Medicare-eligible retiree benefits to their program for the first time may only offer Advantage 65 or Advantage 65 with Dental/Vision. It is important to remember that a local employer may select only one plan for Medicare-eligible retirees.
- A local employer may also add Dental/Vision coverage to a current Advantage 65 contract at the group level at renewal. Once added, however, it may not be removed.

Enrollees in TLC Medicare supplement plans must be enrolled in Medicare Parts A and B as the primary payer of Medicare-covered services. Neither Advantage 65 nor Medicare Complementary Plans will pay for any services that would have been covered by Medicare had the participant been properly enrolled.

Outpatient prescription drug coverage is not available in any of the Medicare supplemental plans. If prescription drug coverage is desired, members should seek coverage in Medicare Part D.

To prevent claims denial and/or retraction of claims, it is imperative that you communicate the following information to all covered participants, whether active or retired.

Coverage under a Key Advantage plan, the TLC HDHP or a Regional plan (if available is only for:

- Active Employees and their Dependents
- Retirees Not Eligible for Medicare and their Dependents Not Eligible for Medicare, and/or
- Dependents of Medicare-Eligible Retirees who are not Medicare eligible

ONCE COVERAGE IS BASED ON FORMER EMPLOYMENT, MEDICARE BECOMES THE PRIMARY PAYER FOR THOSE WHO ARE MEDICARE ELIGIBLE (the only exception is based on End Stage Renal Disease.)

Active employees and dependents of Active employees cannot participate in our Medicare Supplement plans regardless of Medicare status.

Advantage 65

Advantage 65 provides Medicare supplemental medical benefits and some primary benefits for services not covered by Medicare (see TLC Medicare-Coordinating Member Handbook) for retirees eligible for Medicare and their Medicare-eligible covered family members. It does not include outpatient prescription drug coverage. Anthem administers the Advantage 65 plan.

Advantage 65 with Dental/Vision

As a group option, you may elect to add dental and vision coverage to Advantage 65. This product adds dental and vision to the Advantage 65 plan described above. Dental benefits are administered by Anthem and routine vision is administered through Anthem Blue View Vision.

Medicare Complementary

Medicare Complementary is a "grandfathered" plan available only to groups who already offer the product. It provides Medicare supplemental benefits plus routine dental and vision coverage for retirees eligible for Medicare and their Medicare-eligible covered family members. Medical and routine dental benefits are administered by Anthem, and routine vision is administered through Anthem Blue View Vision.

CommonHealth

The CommonHealth Wellness Program is a value-added benefit included at no additional cost for TLC members. This program's main objective is to provide education, best practices, and effective services that promote wellness and healthy living, improve overall employee engagement, impact behavioral change as well as employee health outcomes, and to assist employees in effectively managing work-life responsibilities. CommonHealth features confidential, at-work medical screenings plus other health and wellness programs such as nutrition, stress management and fitness programs as well as other virtual and on-demand programs.

Since wellness programs foster good health, which often can help to control claims costs, we strongly encourage you to take advantage of all that CommonHealth has to offer. Employees and their dependents covered by any TLC program are eligible to participate.

Choice of Plans - Statewide and Regional

Most employers may select a combination of Key Advantage, HDHP and any available regional plan.

Each employee in a statewide plan has the choice of preventive-only or comprehensive dental.

- Groups with 14 or fewer eligible employees may offer only one benefit plan with both dental options.
- Groups with 15 to 99 eligible employees may offer two plans, each with both dental options.
- Groups with 100 or more eligible employees may offer two Key Advantage plans plus the HDHP, each with both dental options, and/or one of the Regional plans (if available).

Groups establish their own eligibility (within certain TLC parameters).These may change at renewal. Be sure that any change coincides with your personnel and policy practices. A written request for any changes must be submitted to the Department of Human Resource Management (DHRM) with your electronic renewal Employer Data Sheet (worksheet and instructions will be provided at a later date).

DHRM must approve any changes to assure compliance with state regulations.

Group Rating

Totally Pool Rated - no credibility factor - Group size of 1 through 99 employees.

Experience Rating - Group size of 100 or more. A Credibility Factor applies to medical and behavioral health components only. All outpatient prescription drugs and routine dental claims are pooled, based on the combined experience of all current TLC groups, regardless of size.

Group Size	Credibility Factor for Medical & Behavioral Health Experience		
	Current Year	Prior Year	Pool
1-99	0%	0%	100%
100 - 249	27%	18%	55%
250 - 499	43%	28%	29%
500+	60%	40%	0%

To protect participating employers, TLC provides shared risk/stop loss protection through medical attachment points (Specific Pooling Points) of $125,000 for groups with fewer than 300 participating employees; $150,000 for groups between 300 and 999 participating employees; $200,000 for groups between 1,000 and 1,499 and $250,000 for groups with 1,500 or more employees.

Monthly rates for employee plus one and family are calculated as a factor of the single employee rate. The relationship between the single, dual, and family rates remains the same as in the current plan year: Single = 1, employee plus one = 1.85 X single rate, and family = 2.70 X single rate.

Employer Contribution

The Virginia Administrative Code requires that, as a condition of local employer participation in TLC, the employer must pay a minimum portion of the plan contribution attributable to an active local employee's coverage. Participating local employers must contribute a minimum of 80% of the cost of single coverage and 20% of the cost of dependent coverage as a condition of participation. In the event that an employer enrolls 75% or more of all eligible employees, the employer will not be required to contribute to the cost of dependent coverage.

Local employers allowing part-time employees to participate in the program must contribute a minimum of 50% of the amount contributed toward active full-time employee coverage (at all membership levels) for their participating part-time employees.

If the local employer elects to offer retiree coverage, contributions toward the cost is permitted but not required.

To provide more flexibility, employers offering multiple plans may choose to determine one minimum premium contribution requirement for all plans except for the HDHP, which must be determined separately (see below).

Premium averaging (if selected) will be based on the average single premium for all included plans. Once the average premium has been determined, the 80% employee minimum contribution and 20% dependent minimum contribution, is applied to all applicable plans.

Minimum employer funding for the HDHP is always determined separately from the Key Advantage and Regional plan requirements. If the HDHP is offered, an employer must pay a minimum of 80% of single premium and 20% of the additional dependent premium. If 75% of all eligible employees enroll and the employer funds an HSA/HRA, the 20% dependent contribution requirement is waived. For part-time participants, the 50% rule above will apply. Groups may make a higher contribution if they wish.

Regulations Governing the Local Choice Program

The section of the Virginia Administrative Code governing The Local Choice Program can be found at https://law.lis.virginia.gov/admincode/title1/agency55/chapter20/section20/.

Renewal Acceptance

To renew your coverage with TLC, you must submit the Employer Data Sheet through the DHRM on-line portal. Detailed instructions for the on-line portal will be provided at a later date.

DHRM must receive the completed Employer Data Sheet for all groups via the on-line portal by April 1, 2024 for July renewals and by July 1, 2024 for October renewals. **You will NOT be allowed to request an extension.**

Once approved in our system, you will be able to access an approved confirmation of your renewal. The renewal confirmation will include benefit plan selections, premiums and employer /employee contributions.

Termination of Group Participation in TLC

For information on termination, please reference 1 VAC 55-20-160, 1 VAC 55-20-290 and 1 VAC 55-20-300 of the Virginia Administrative Code. According to these regulations, if you choose to terminate participation in The Local Choice Health Benefits Program, DHRM must receive written notification at least 90 days prior to the date of termination. The department will notify a terminating local employer of any Adverse Experience Adjustment (AEA) within six calendar months of the time the local employer terminates participation in the program. Further, the department reserves the right to modify the amount of the experience adjustment applicable to a terminating local employer for a period not to exceed 12 months from the end of the plan year in which such termination occurred.

The Adverse Experience Adjustment shall be payable by the local employer in 12 equal monthly installments beginning 30 days after the date of notification by the department. A terminated local employer may request, in writing, an extension of the 12-month installment payment period. DHRM may approve an extension up to 36 months provided the local employer agrees to pay interest at the statutory rate on any extended payments. Since AEA is an exact look-back limit of liability, it cannot be estimated.

Renewal & Open Enrollment Process

Employer Data Sheet

- This must be submitted by all TLC groups through the DHRM on-line portal by April 1, 2024 for July renewals and by July 1, 2024 for October renewals. You will NOT be allowed to request an extension.

Open Enrollment Materials

- After March 15, 2024 Open Enrollment materials may be ordered based on the selected benefit plans and your total enrollment. It is your responsibility to order and distribute the appropriate materials. Please allow 7-10 business days for delivery.

Open Enrollment Meetings

- It is your responsibility to schedule your own Open Enrollment meetings. Representatives from the health plans are available to assist but you will have to contact them for scheduling.

Open Enrollment - IMPORTANT CHANGES

- The Open Enrollment period is critical to allow employees to make changes. It is your responsibility to communicate these dates to your participants.
- The renewal/open enrollment is not a complete re-enrollment. No action is required if the employee is not making any health plan related changes.
- Open Enrollment for all TLC groups that renew on July 1 will be May 1, 2024 through May 15, 2024.
- Open Enrollment for all TLC groups that renew on October 1 will be August 1, 2024 through August 15, 2024.

The Local Choice Support

If you have questions about eligibility, renewal process or policy administration, please contact The Local Choice at tlc@DHRM.virginia.gov or by calling 888-642-4414.

Thank you for your continued support of The Local Choice program.

URGENT MESSAGE TO TLC GROUPS THAT OFFER RETIREE COVERAGE

Retirees and their covered family members who become eligible for Medicare (due to age or disability) are not eligible to participate in the following TLC plans:

- All Key Advantage plans
- High Deductible Health Plan
- Kaiser Permanente HMO
- Sentara Health Plans Vantage HMO

TLC groups who offer coverage for Medicare eligible retirees must either move the Medicare-eligible retiree to the group's Medicare-primary plan or terminate the retiree coverage. This also applies to their Medicare-eligible family members. Family members who are not eligible for Medicare may remain in their non-Medicare plan until their own Medicare eligibility (or other termination event). However, if the retiree terminates coverage, all family members must also be terminated.

TLC groups who have chosen not to cover Medicare-eligible retirees must terminate the coverage for any retiree or family member of a retiree who becomes eligible for Medicare. When the retiree loses coverage due to Medicare eligibility, all family members will lose coverage, but the family members (not the retiree) should be offered Extended Coverage/COBRA. When a family member becomes eligible for Medicare and the Retiree is not eligible for Medicare, the Retiree (and any other non-Medicare family members) may continue coverage in the non-Medicare plan until the Retiree becomes eligible for Medicare. When that happens, the Retiree should be terminated, but all remaining

family members should be offered Extended Coverage/COBRA. (The family member that was terminated previously due to his/her own Medicare eligibility will not be eligible for Extended Coverage/ COBRA. Only Medicare eligibility/entitlement of the employee is a triggering event for Extended Coverage, and only for covered family members.)

The Benefits Administrator tracks Medicare eligibility for the groups' retiree population using the Cardinal Benefits Eligibility Audits Report, but it is ultimately the responsibility of the retiree to report their Medicare eligibility to their Benefits Administrator. The Benefits Administrator submits the enrollment form to TLC to move the retiree to a Medicare-primary plan offered by the group. TLC performs a monthly audit process and notifies the Benefits Administrator of any Medicare eligible retirees and associated dependents that have not been removed from the non-Medicare Plan.

Retiree participants who have access to TLC Medicare-primary coverage but fail to move to that coverage immediately upon eligibility will be moved to an available TLC Medicare-primary plan back to their Medicare eligibility date or terminated. Any claims paid primary in error will be retracted, and any drug claim payments made in error will need to be paid back to plan. Each group receives a monthly report of participants who are becoming eligible for Medicare. **You may disregard any active employees and their covered family members**, but retirees and their family members need to be addressed as described above.

TLC is in the process of implementing a Medicare identification process. Your retirees have already begun seeing correspondence in this regard.

The Local Choice
Health Benefits Program

TLC Renewal Rates

THE LOCAL CHOICE HEALTH CARE PROGRAM

TOWN OF FARMVILLE

GROUP # T69913

RATES EFFECTIVE 07/01/24 - 06/30/25

RATES WITH COMPREHENSIVE DENTAL			
ACTIVE EMPLOYEES	**SINGLE**	**DUAL**	**FAMILY**
Key Advantage Expanded	$1,012	$1,872	$2,732
* Key Advantage 250	$921	$1,704	$2,487
* Key Advantage 500	$850	$1,573	$2,295
Key Advantage 1000	$810	$1,499	$2,187
High Deductible Health Plan	$668	$1,236	$1,804
RETIREES NOT ELIGIBLE FOR MEDICARE			
Key Advantage Expanded	$1,012	$1,872	$2,732
* Key Advantage 250	$921	$1,704	$2,487
* Key Advantage 500	$850	$1,573	$2,295
Key Advantage 1000	$810	$1,499	$2,187
High Deductible Health Plan	$668	$1,236	$1,804

RATES WITH PREVENTIVE DENTAL ONLY			
ACTIVE EMPLOYEES	**SINGLE**	**DUAL**	**FAMILY**
Key Advantage Expanded	$995	$1,841	$2,687
* Key Advantage 250	$904	$1,672	$2,441
* Key Advantage 500	$833	$1,541	$2,249
Key Advantage 1000	$793	$1,467	$2,141
High Deductible Health Plan	$651	$1,204	$1,758
RETIREES NOT ELIGIBLE FOR MEDICARE			
Key Advantage Expanded	$995	$1,841	$2,687
* Key Advantage 250	$904	$1,672	$2,441
* Key Advantage 500	$833	$1,541	$2,249
Key Advantage 1000	$793	$1,467	$2,141
High Deductible Health Plan	$651	$1,204	$1,758

*** Benefit Plans Currently Offered**

COVERAGE UNDER ALL THE LOCAL CHOICE PLANS IS APPLICABLE TO THE FOLLOWING :

- Active Employees and their Dependents
- Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or Dependents of Medicare eligible Retirees who are not Medicare eligible.

IF COVERAGE IS OFFERED TO MEDICARE ELIGIBLE RETIREES AND THEIR MEDICARE ELIGIBLE DEPENDENTS, it must be obtained through one of our Medicare Supplemental Contracts which require participation in both Parts A and B of Medicare to receive maximum benefits.

THE PCORI FEE is the responsibility of the group and payment should be submitted directly to HHS; therefore, this fee is not included in the rates.

THE LOCAL CHOICE HEALTH CARE PROGRAM

TOWN OF FARMVILLE

GROUP # T69913

COBRA RATES EFFECTIVE 07/01/24 - 06/30/25

COBRA RATES WITH COMPREHENSIVE DENTAL			
ACTIVE EMPLOYEES	**SINGLE**	**DUAL**	**FAMILY**
Key Advantage Expanded	$1,032.24	$1,909.44	$2,786.64
* Key Advantage 250	$939.42	$1,738.08	$2,536.74
* Key Advantage 500	$867.00	$1,604.46	$2,340.90
Key Advantage 1000	$826.20	$1,528.98	$2,230.74
High Deductible Health Plan	$681.36	$1,260.72	$1,840.08
RETIREES NOT ELIGIBLE FOR MEDICARE			
Key Advantage Expanded	$1,032.24	$1,909.44	$2,786.64
* Key Advantage 250	$939.42	$1,738.08	$2,536.74
* Key Advantage 500	$867.00	$1,604.46	$2,340.90
Key Advantage 1000	$826.20	$1,528.98	$2,230.74
High Deductible Health Plan	$681.36	$1,260.72	$1,840.08

COBRA RATES WITH PREVENTIVE DENTAL ONLY			
ACTIVE EMPLOYEES	**SINGLE**	**DUAL**	**FAMILY**
Key Advantage Expanded	$1,014.90	$1,877.82	$2,740.74
* Key Advantage 250	$922.08	$1,705.44	$2,489.82
* Key Advantage 500	$849.66	$1,571.82	$2,293.98
Key Advantage 1000	$808.86	$1,496.34	$2,183.82
High Deductible Health Plan	$664.02	$1,228.08	$1,793.16
RETIREES NOT ELIGIBLE FOR MEDICARE			
Key Advantage Expanded	$1,014.90	$1,877.82	$2,740.74
* Key Advantage 250	$922.08	$1,705.44	$2,489.82
* Key Advantage 500	$849.66	$1,571.82	$2,293.98
Key Advantage 1000	$808.86	$1,496.34	$2,183.82
High Deductible Health Plan	$664.02	$1,228.08	$1,793.16

*** Benefit Plans Currently Offered**

COVERAGE UNDER ALL THE LOCAL CHOICE PLANS IS APPLICABLE TO THE FOLLOWING :

- Active Employees and their Dependents
- Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or Dependents of Medicare eligible Retirees who are not Medicare eligible.

IF COVERAGE IS OFFERED TO MEDICARE ELIGIBLE RETIREES AND THEIR MEDICARE ELIGIBLE DEPENDENTS, it must be obtained through one of our Medicare Supplemental Contracts which require participation in both Parts A and B of Medicare to receive maximum benefits.

THE PCORI FEE is the responsibility of the group and payment should be submitted directly to HHS; therefore, this fee is not included in the rates.

THE LOCAL CHOICE HEALTH CARE PROGRAM
MEDICARE RETIREE RATES

RETIREES WITH MEDICARE

*Advantage 65	$183
Advantage 65 with Dental & Vision	$218

RETIREES WITH MEDICARE - COBRA

*Advantage 65	$186.66
Advantage 65 with Dental & Vision	$222.36

COVERAGE UNDER ALL THE LOCAL CHOICE PLANS IS APPLICABLE TO THE FOLLOWING :

- active employees and their dependents
- retirees not eligible for medicare and their dependents not eligible for medicare, and/or dependents of medicare eligible retirees who are not medicare eligible.

IF COVERAGE IS OFFERED TO MEDICARE ELIGIBLE RETIREES AND THEIR MEDICARE ELIGIBLE DEPENDENTS, it must be obtained through one of our medicare supplemental contracts which require participation in both parts a and b of medicare to receive maximum benefits.

Assumptions & Conditions
(Key Advantage & TLC HDHP Plans)

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid:

1. Employees are given the option to purchase individual market insurance using cafeteria plan (Internal Revenue Code Section 125) funds.

2. Any taxes, fees and assessments set by any statutory, regulatory, or other legal authority, that in Anthem Blue Cross and Blue Shield discretion no longer makes the quote valid.

3. A change in contract period.

4. Changes in benefits, services, or networks.

5. Change in nature of the employer's business.

6. Change in ownership of employer's business.

7. Total enrollment or enrollment distribution by membership type, product, demographics or location changes by 10% or more from that assumed when preparing pricing for this package.

8. COBRA enrollment exceeds 10% of total enrollment.

9. Legislative and/or regulatory changes or mandates that materially impact the policy or the employer's plan documents. Plan documents will include those used to create the terms of the plan.

10. Changes in the terms, conditions, services or products from those assumed when developing the pricing.

11. A change in employee contributions of 10% or more.

THE LOCAL CHOICE HEALTH CARE PROGRAM
RENEWAL ANALYSIS

(EXCLUDES ADVANTAGE 65 PREMIUMS & CLAIMS)

TOWN OF FARMVILLE
GROUP # T69913
EFFECTIVE 07/01/24 - 06/30/25

I.	Income at Current Rates [1]	$1,884,432
II.	Projected Medical Claims Related Charges [2]	
	A. Paid Claims for 11/1/2022 through 10/31/2023	$953,054
	B. 0 Claims in excess of pooling limit $125,000	$0
	C. Subtotal	$953,054
	D. Change in Incurred But Not Reported Claims	$9,531
	E. Enrollment Adjustment	$23,680
	F. Benefit Adjustment	$0
	G. Trend	$114,407
	H. Impact of blending	$12,043
	I. Total Medical Projected Incurred claims	$1,112,714
III.	Projected Reinsurance Charges	$208,745
IV.	Projected Medical Administrative Charges [3]	$70,500
V.	Projected Dental Capitation *(assumes all have Comprehensive Dental)*	$64,412
VI.	Projected Drug Capitation	$407,249
VII.	TLC Contingency Reserve or Risk Fee [4]	$20,813
VIII.	Total Income Requirements (II. + III. + IV. + V. + VI. + VII.)	$1,884,432
	PERCENTAGE ADJUSTMENT	**0.0%**

[1] ILLUSTRATIVE INCOME AT CURRENT RATES IS BASED ON THE FOLLOWING ENROLLMENT:

	SINGLE	DUAL	FAMILY	TOTAL
KA 250	45	20	21	**86**
KA 500	10	3	7	**20**
TOTAL	**55**	**23**	**28**	**106**

[2] ANNUAL MEDICAL TREND IS 6.8%; FOR 20 MONTHS, THIS EQUATES TO 11.6%

[3] MEDICAL ADMIN AS A PERCENTAGE OF TOTAL INCOME REQUIREMENTS IS 3.7%

[4] INCLUDES DHRM PROGRAM ADMINISTRATION AND COMMONHEALTH

THE LOCAL CHOICE HEALTH CARE PROGRAM
EXTERNAL LARGE CLAIMS REPORT FOR CLAIMS OVER $25,000
FOR THE PERIOD 11/1/22 - 10/31/23
INCLUDES VISION, EXCLUDES MEDICARE AND DRUG

TOWN OF FARMVILLE
ACCOUNT# T69913

GENDER	REL	STATUS	DIAGNOSIS	MEDICAL & VISION EXPENSE
M	DEP	A	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00-T88)	$114,761.60
F	EMP	A	DISEASES OF THE GENITOURINARY SYSTEM (N00-N99)	$79,532.96
F	SPO	A	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES (E00-E89)	$59,266.90
F	EMP	A	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (M00-M99)	$51,847.00
F	SPO	A	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00-T88)	$44,639.95
F	SPO	A	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (M00-M99)	$31,637.27
F	SPO	A	DISEASES OF THE GENITOURINARY SYSTEM (N00-N99)	$30,579.30
M	EMP	A	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (M00-M99)	$27,215.84
F	DEP	A	DISEASES OF THE DIGESTIVE SYSTEM (K00-K95)	$26,674.99
				$466,155.81

The Local Choice
Health Benefits Program

Renewal Forms

The Local Choice
Health Benefits Program

Renewal Forms

EMPLOYER DATA SHEET (WORKSHEET)

2024-25 New Group Employer Data Sheet – (Worksheet)

The Local Choice Program
Phone: 804-317-7216
Email: **michelle.rozzell@dhrm.virginia.gov**

On-line Employer Data Sheet is DUE: April 1, 2024 for July Renewals
July 1, 2024 for October Renewals

Instructions and Help

This form is a **worksheet only**. It is intended to help gather information prior to submitting the on-line Employer Data Sheet. **It is not mandatory that you complete this worksheet if you feel comfortable going straight to the on-line Employer Data Sheet.** Submit the on-line Employer Data Sheet by the due date to avoid a delay in group set-up. Use the contact information above if you have questions.

Step 1 – Help for Group

A group must have a separate Group ID, assigned by DHRM-TLC, for each Federal Employer Identification Number (FEIN) included in the group. Separate Group IDs with the same FEIN are also permitted. One of the Group IDs must be primary for submitting a renewal Data Sheet. Unless otherwise approved by DHRM-TLC, the Group ID with most participants is primary.

Step 2 – Help for Classifications

A selection for each Classification and its billing method is required. Some selections are mandatory, some are optional, and some are conditional.

- Full-time Employees is a mandatory classification.
- Part-time Employees is an optional classification. **(When adding coverage for this optional classification, you will be required to submit a board resolution and your rates are subject to change. Contact TLC if you need additional guidance.)**
- Elected Officials is an optional classification. If you offer coverage to Elected Officials, make your selection based on the premium cost-sharing. When the Elected Official receives the same employer (ER) contribution as a full-time employee, select Elected Officials with full-time premium. When the Elected Official receives the same employer (ER) contribution as a part-time employee, select Elected Officials with part-time premium. **(When adding coverage for this optional classification, you will be required to submit a board resolution and your rates are subject to change. Contact TLC if you need additional guidance.)**
- Long-Term Disability (LTD) Employees is not a classification offered by TLC. (This classification will always default to "No".)
- Extended Coverage/COBRA Qualified Beneficiaries – Regular and Extended Coverage/COBRA Qualified Beneficiaries – Disability are mandatory classifications. You must select the Direct Bill Subscriber option. When a COBRA participant is approved for an additional 11 months due to disability, the classification changes from Regular to Disability and the premium amount increases.
- Early Retirees is an optional classification. If offered, you are required to select a billing option. (When adding coverage for this optional classification, you will be required to submit a board resolution. Note, they are considered part of your group for enrollment and claim purposes. Contact TLC if you need additional guidance.)
- Medicare Retirees is a conditional classification. If offered, you are required to select a billing option. If you choose to offer coverage to this classification, you must also offer coverage to Early Retirees. (When adding coverage for this

optional classification, you will be required to submit a board resolution. Note, they are considered part of your group for enrollment and claim purposes. Contact TLC if you need additional guidance.)

- Split Contract Dependents of Retirees is a conditional classification. If you choose to offer coverage to Medicare Retirees, you must also offer coverage to this classification. A split contract occurs when an Early Retiree with covered dependents has someone become eligible for Medicare.
- Survivors of Employees are an optional classification. If you choose to offer coverage to this classification, the survivors remain covered at the same employee premium for one extra month. When elected the survivor coverage is concurrent with the first month of Extended Coverage/COBRA.
- Retiree Survivors – not eligible for Medicare is a conditional classification. It is optional if you also offer coverage to Early Retirees.
- Retiree Survivors – eligible for Medicare is a conditional classification. It is optional if you also offer coverage to Medicare Retirees.

Optional Billing Methods are available for some Classifications:

- Group Bill means you receive a bill for this classification.
- Direct Bill Subscriber means subscribers in this classification receive a bill and pay the insurance company rather than pay you. Automatic drafts are available to the subscriber from the insurance company.
- Third-Party Administrator (TPA) means you will receive a bill for this classification.

Step 3 – Help for Election Rules

- Initial Enrollment as an Employee Election Request: Make your selection based on your group's new hire eligibility. rules. To be compliant with the Affordable Care Act (ACA), a group cannot have more than a 60-day waiting period.
- Qualifying Mid-Year Event (QME) Election Change Request: Make your selection based on your group's pre-tax (section 125) plan document for qualifying mid-year event changes. If you do not have a pre-tax document, Rule 1 applies.
- If your election rules do not follow any of the choices offered, please contact TLC for guidance.

Step 4 – Help for Participation

The Total Group Participation Count determines how many plan choices are permitted.

- Groups with 14 or less eligible employees may offer one plan.
- Groups with 15-99 eligible employees may offer up to two plans.
- Groups with 100 or more eligible employees may offer up to four plans.

The Total Group Participation Percentage determines the minimum employer contribution for each plan selected.

- When the participation percentage is 75% or greater, the minimum employer contribution is 80% of the Self Only premium. (May be different for High Deductible plan. See Step 6.)
- When the participation percentage is less than 75%, the minimum employer contribution is 80% of Self Only plus 20% of the dependent cost for the dependent tiers.

Step 5 – Help for Plans

Plan choices are available based on Classifications and Total Group Participation Counts. Select a plan or select "None" for each plan choice. The Regional HMO Plans are limited based on your group's eligibility, but you still have to select "None." if it is not offered.

- Groups with 14 or less eligible employees may select one plan: A Key Advantage plan, a High Deductible plan, or a

Regional HMO plan.

- Groups with 15-99 eligible employees may choose up to two plans: Two Key Advantage plans, a Key Advantage plan and a High Deductible plan, a Key Advantage plan and a Regional HMO plan, or a High Deductible plan and a Regional HMO plan.
- Groups with 100 or more eligible employees may choose up to four plans: Two Key Advantage plans, a High Deductible Plan, and a Regional HMO Plan.
- Groups who offer coverage to Medicare Retirees must choose one Medicare supplement plan. Option 1 is a grandfathered Medicare supplement plan – only available to groups who wish to continue the selection.

Step 6 – Help for Premiums

The Total Group Participation Percentage determines the minimum employer contribution required. Employers must contribute a minimum of 80% of the cost of Self Only coverage plus 20% of the cost of dependent coverage. When the participation percentage is 75% or greater, the employer is not required to contribute to the cost of dependent coverage.

The minimum employer contribution required for part-time employees is 50% of the employer contribution for full-time employees.

For Key Advantage, High Deductible and the Regional HMO plans, if the employer contribution is more than the minimum, that contribution then becomes the minimum for the dependent tiers.

If the High Deductible Plan is offered, the minimum employer contribution is 80% of the cost of Self Only coverage plus 20% of the cost of dependent coverage. If the participation percentage is 75% or greater and the employer funds a HSA/HRA, the 20% dependent contribution requirement is waived.

Premium Averaging is an option to employers offering multiple plans (excluding the High Deductible Plan). Employers may choose to determine one minimum premium contribution requirement for all plans except the High Deductible plan. Premium averaging will be determined by using the average Self Only Comprehensive dental premium for all included plans. **Once the average premium has been determined, the minimum employer contribution is applied to all applicable plans.**

Groups selecting plans with both comprehensive and preventive dental options must offer both options and enter employer (ER) contributions for each option.

Step 7 – Help for ACA Reporting

DHRM will file Affordable Care Act (ACA) employer reports on behalf of groups that:

1. Participate with TLC for the full calendar year.
2. Sign an ACA Designated Government Entity Reporting Agreement, and
3. Submit an annual ACA Employer Reporting Certification.

The ACA employer reports are filed by FEIN. Group IDs using the same employer FEIN must be combined and submitted to the IRS together.

This section is pre-populated based on the status of your group's most recent ACA filing. We will update this section each year based on your annual reporting status.

Step 8 – Open Enrollment

TLC requires an Open Enrollment period. The Open Enrollment dates are designated by DHRM.

- July renewals must hold Open Enrollment between May 1 and May 15.
- October renewals must hold Open Enrollment between August 1 and August 15.

Remember, all Open Enrollment forms must be signed and dated during your Open Enrollment Period, or they will not be processed.

Step 9 – Contact Information

A mailing address, a shipping address, and contacts are required for each Group ID. Updates can be requested at any time by sending a TLC Group Data Change form to DHRM-TLC. Contacts receive communications from DHRM-TLC and are granted access to on-line TLC applications and group reports posted to Cardinal HCM. You are encouraged to have at least two, but may have up to four, different contacts in the event one is not available.

Step 10 – Certification

Please review carefully. Please be sure all sections on the form are complete. Please return the completed datasheet to your Anthem Account Manager by the required deadline to ensure timely processing.

2024-25 New Group Employer Data Sheet

The Local Choice Program
Phone: 804-317-7216
Email: **michelle.rozzell@dhrm.virginia.gov**

Step 1 – Group

1. Enter the group name:

   Group Name:

2. Check one. Enter the begin date for a new group.

   Existing Group New Group: Begins _____ / / _____ (MM/DD/YYYY)

3. Check one:

Government Group	School Group	Government & School Group	Grandfathered Government & School Group

4. Check one:

July Renewal:	Begins:	Ends	October Renewal:	Begins:	Ends

5. A group must have a separate group ID, assigned by DHRM, for each Federal Employer Identification Number (FEIN) included in the group and one of the group IDs must be primary. Separate group IDs with the same FEIN are also permitted.

   Check one:

   - o This group has one FEIN and one group ID.
   - o This group has one FEIN and more than one group ID.
   - o This group has more than one FEIN and more than one group ID.

6. Enter the Group ID assigned by DHRM, the FEIN, and check 'yes' or 'no' for primary. Only one group ID may be primary. The primary group submits the Employer Data Sheet on behalf of all group IDs.

Group ID: 999-999-999 Text	FEIN: 99-9999999	Primary Group ID? Yes No
		Yes No
		Yes No
		Yes No
		Yes No

Each FEIN may have different employer cost-sharing, Open Enrollment dates, and contacts. A grandfathered Government & School group may also have different classifications and billing methods. Attach separate pages when there are differences between group IDs.

Group Name: _____

Step 2 - Classifications

7. Check 'yes' or 'no' for each enrollee category to be offered coverage and the billing method where applicable.

Enrollee Category	Offer Coverage?	Billing Method
Full-time Employees:	Yes No	Group Bill
Part-time Employees:	Yes No	Group Bill
Elected Officials with full-time premium:	Yes No	Group Bill
Elected Officials with part-time premium:	Yes No	Group Bill
Extended Coverage/COBRA Qualified Beneficiaries – Regular:	Yes No	Direct Bill Subscriber
Extended Coverage/COBRA Qualified Beneficiaries – Disability:	Yes No	Billed as COBRA - Regular
Early Retirees – not eligible for Medicare:	Yes No	Group Bill Direct Bill Subscriber Third-Party Administrator (TPA)
Medicare Retirees – eligible for Medicare:	Yes No	Group Bill Direct Bill Subscriber Third-Party Administrator (TPA)
Split Contract Dependents of Retirees	Yes No	Billed as Early Retiree when dependent is not eligible for Medicare. Billed as Medicare Retiree when dependent is eligible for Medicare
Survivors of Employees (includes Elected Officials if applicable)	Yes No	One extra month on Group Bill
Retiree Survivors – not eligible for Medicare:	Yes No	Billed as Early Retiree
Retiree Survivors – eligible for Medicare:	Yes No	Billed as Medicare Retiree

Step 3 – Election Rules

8. Check one and enter the number of days if you check Rule 2.

Initial Enrollment as an Employee Election Request:			
Rule 1: Number of days in waiting period:	0	Number of days allowed to make the enrollment election request:	30
Rule 2: Number of days (1-60) in waiting period:		Number of days (1-60) allowed to make the enrollment election request:	

9. Check one and enter the number of days if you check Rule 2.

Qualifying Mid-Year Event (QME) Election Change Request:		
Rule 1: Number of days allowed to make the election change request:	60	
Rule 2: Number of days (1-59) allowed to make the election change request:		

Group Name: ____________________

Step 4 - Participation

10. Enter the counts and sum the totals for each group ID.

Primary Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			

11. Enter the total group counts and calculate the total group Participation Percentage.

	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Total Participation Counts: (sum of all group IDs)			
Total Participation Percentage: (Divide Enrolled Count by Eligible Count and **round down**)			%

Group Name: _____

Step 5 – Plans & Step 6 – Premiums

12. Plan selections apply to all group IDs. Employer Contribution Amounts may vary by Group ID. Check one:
    - ○ ER Contribution Amounts apply to all group IDs.
    - ○ ER Contribution Amounts apply to Group ID:

13. For each plan choice, check a plan selection. Then, for each plan selection, enter the total premium amounts from the renewal sheet, and the full-time employer and enrollee contribution amounts. If you offer part-time coverage, also enter the part-time contribution amounts.

Premium averaging used? Yes No

	Self Only	Self + One	Self + Family
Key Advantage Plan Choice 1:	KA Expanded KA 250 KA 500 KA 1000 None		
+ comprehensive dental –Total:	$	$	$
Full-time ER:	$	$	$
EE:	$	$	$
Part-time ER:	$	$	$
EE:	$	$	$
+ preventive dental – Total:	$	$	$
Full-time ER:	$	$	$
EE:	$	$	$
Part-time ER:	$	$	$
EE:	$	$	$
Key Advantage Plan Choice 2:	KA Expanded KA 250 KA 500 KA 1000 None		
+ comprehensive dental –Total:	$	$	$
Full-time ER:	$	$	$
EE:	$	$	$
Part-time ER:	$	$	$
EE:	$	$	$
+ preventive dental – Total:	$	$	$
Full-time ER:	$	$	$
EE:	$	$	$
Part-time ER:	$	$	$
EE:	$	$	$
High Deductible Plan Choice:	HDP with employer HSA/HRA funding HDP without employer HSA/HRA funding None		
+ comprehensive dental –Total:	$	$	$
Full-time ER:	$	$	$
EE:	$	$	$
Part-time ER:	$	$	$
EE:	$	$	$
+ preventive dental – Total:	$	$	$
Full-time ER:	$	$	$
EE:	$	$	$
Part-time ER:	$	$	$
EE:	$	$	$
Regional HMO Choice:	Kaiser HMO Sentara Health Plans None		
Total:	$	$	$
Full-time ER:	$	$	$
EE:	$	$	$
Part-time ER:	$	$	$
EE:	$	$	$
Medicare Plan Choice:	Advantage 65 Advantage 65 + Dental/Vision Option 1 None		
	$	NA	NA

Step 7 – ACA Reporting

14. Unless an employer opts-out, DHRM will file ACA reports on their behalf when the group has been with TLC for the full calendar year.

Step 8 – New Group Enrollment

15. Please Provide the date that the enrollment will be sent to DHRM:

Step 9 – Contact Information

17. Existing groups are encouraged to review. **If updates are needed, please submit a Group Data Change form.**

Mailing Address:				
Street or PO Box:				Suite:
City:			State:	Zip+4:
Shipping Address: This is the physical location.		☐ Shipping Address same as Mailing Address		
Street or PO Box:				Suite:
City:			State:	Zip+4:
Benefits Administrator: This person handles eligibility and enrollment.				
First Name:	Middle Initial:	Last Name:		Suffix:
ID or SSN:		Date of Birth:		
Email:				
Phone: ( ) -	Ext:		Fax: ( ) -	
Benefits Executive: This person authorizes the renewal.				
First Name:	Middle Initial:	Last Name:		Suffix:
ID or SSN:		Date of Birth:		
Email:				
Phone: ( ) -	Ext:		Fax: ( ) -	
Billing Administrator: This person receives and handles inquires about billing.				
First Name:	Middle Initial:	Last Name:		Suffix:
ID or SSN:		Date of Birth:		
Email:				
Phone: ( ) -	Ext:		Fax: ( ) -	
Billing Executive: This person authorizes premium payments.				
First Name:	Middle Initial:	Last Name:		Suffix:
ID or SSN:		Date of Birth:		
Email:				
Phone: ( ) -	Ext:		Fax: ( ) -	

Step 10 – Certification

18. Enter information about the person authorizing this Employer Data Sheet, the person submitting it, and check 'yes' or 'no' to certify.

Authorized By: _____

Title: Phone: ( ) - Ext:

Submitted By: Phone: ( ) - Ext:

We certify that the information on this form is true, correct, and complete to the best of our knowledge: Yes No

The Local Choice
Health Benefits Program

Renewal Forms

MATERIALS ORDERING FORMS

Online Material Ordering.

To order enrollment packages, benefit summaries and forms:

- Go to the materials ordering portal at tlcorders.com. Register a user account on the portal. If you already have a user account, enter your username and password then select "Login".
- Select one of the following tabs to order materials
  - Enrollment Packages (see addendum for additional ordering instructions)
  - Benefit Summaries
  - Brochures/Forms
  - All Products TLC
- Enrollment Packages:
  1. Select "Order Now" under the appropriate Enrollment Packages tab.
  2. Enter the number of enrollment packages needed in the Quantity field.
  3. ***Enter only a "1" next to the plan or plans your group offers***.
  4. Add to Cart, or to add additional materials to your order, select "Continue Shopping" in the lower left.
  5. Once you have ordered all of the materials, select "Proceed to Checkout".
  6. Your shipping information will be populated into the form from your user account. ***Enter your group name in the Company field***, select "Save" and then "Continue".
     If you need the items shipped to another address, complete the form, select "Save" and then "Continue".
     Confirm your shipping information then select "Continue".
  7. Confirm the items in your order and "Place My Order"
  8. You will:
     - be directed to a confirmation screen of your order.
     - receive an email confirming your order that will include a link back to the order confirmation screen.
     - receive a shipping confirmation email with tracking information on the date your order ships.
- Benefit Summaries*, Brochures/Forms or All Products TLC.
  - Enter the quantity needed for each, select "Order Now" and follow steps 4 – 8 above.

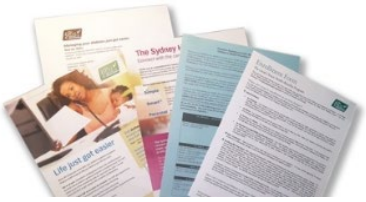
*If you need extra summaries in addition to your enrollment packages.

For questions about materials ordered, call or email Janet Browning at janet.browning@anthem.com or (804) 354-3904.

7/12/2023

Addendum

Enrollment Packages for The Local Choice



1.) Enter total quantity of Enrollment Packages needed.

Job Name: ANTH TLC KIT Enroll Pa

Quantity:

2023-24 Key Advantage w/Expanded Benefit	A10633	Enter "1" or "0": 0
2023-24 KA 250 Benefits	A10632	Enter "1" or "0": 0
2023-24 KA 500 Benefits	A10631	Enter "1" or "0": 0
2023-24 KA 1000 Benefits	A10630	Enter "1" or "0": 0
2023-24 TLC HDHP Benefit	A10634	Enter "1" or "0": 0

One benefit summary of each plan selected will be included in each enrollment package. Enter **only** a "1" **next to the benefit summaries to include.**

---

* Company:

Anthem - TLC

Please update the Company field with your group name.
"Anthem-TLC" is the default until you update this field.

Once you save your address to your Address Book, your information will be saved for future orders unless you choose to send to another address.

☑ Save to My Address Book

Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018
888.335.8296

Date: _____

GROUP REQUEST FORM

Group Name: The Local Choice

Group Number: 047000000 & 048000000 Telephone Number: _____

Group Administrator: _____

Group Address: _____

_____

Mail to (If Different from Above): _____

_____

Quantity Needed

☐ _____ Benefits Brochure

Delta Dental of Virginia Use Only

Date Received: _____

Date Completed: _____

Sign off: _____

Method Sent: Next Day Air ____ 2nd Day Air ____ UPS Ground ____ Regular Mail ___

Please send request to:

Delta Dental of Virginia

Attn: Marketing Administration

4818 Starkey Road, Roanoke, VA 24018

Fax to 540-774-7574

Email to MktgAdmin@deltadentalva.com

If you have questions or need additional information please contact Allison Gaines at:

804.915.2690 or allison.gaines@deltadentalva.com

The Local Choice Health Benefits Program

Comparison of Benefits

2024 Comparison Of Statewide Plans

Effective July 1, 2024 or October 1, 2024

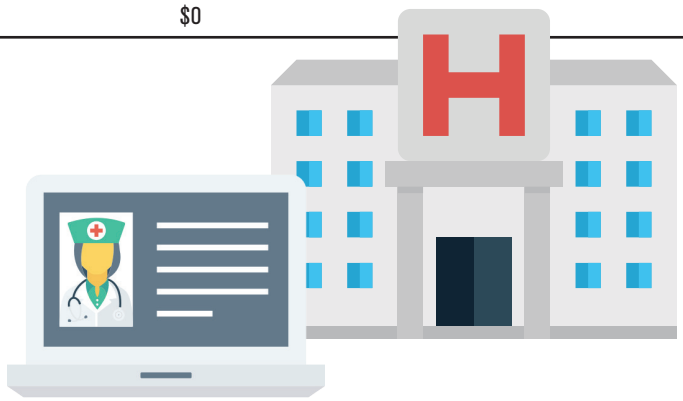
The Local Choice 2024 Comparison of Statewide Plans

	Key Advantage Expanded			Key Advantage 250		
Plan Year Deductible (Key Advantage: Applies to Certain Medical Services as Indicated on Chart) (HDHP: Applies to Medical, Behavioral Health, and Prescription Drug Services)	**In-Network:** One Person $100 **Out-of-Network:** $200	Two People *See Family* *See Family*	Family $200 $400	**In-Network:** One Person $250 **Out-of-Network:** $500	Two People *See Family* *See Family*	Family $500 $1,000
Plan Year Out-of-pocket Expense Limit	**In-Network:** One Person $2,000 **Out-of-Network:** $3,000	Two People *See Family* *See Family*	Family $4,000 $6,000	**In-Network:** One Person $3,000 **Out-of-Network:** $5,000	Two People *See Family* *See Family*	Family $6,000 $10,000
Out-of-Network Benefits	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
Medical Care When Traveling (BlueCard)	Included			Included		
Lifetime Maximum	Unlimited			Unlimited		
Covered Services	**In-Network You Pay**			**In-Network You Pay**		
Ambulance Travel	20% coinsurance after deductible			20% coinsurance after deductible		
Autism Spectrum Disorder	Copayment/coinsurance determined by service received			Copayment/coinsurance determined by service received		
Behavioral Health and EAP *Inpatient treatment* • Facility Services • Professional Provider Services *Outpatient Professional Provider Visits*	 $300 copayment per stay $0 $15 copayment			 $400 copayment per stay $0 $20 copayment		
Employee Assistance Program (EAP) 4 visits per issue (per plan year)	$0			$0		
Dental Care **Preventive Dental Option** *(diagnostic and preventive services only for lower premium)*	$0			$0		
Comprehensive Dental Option *(for higher premium)* Dental Plan Year Deductible Plan Year Maximum (Except Orthodontics) • Preventive Dental Care • Primary Dental Care • Major Dental Care • Orthodontic Services (Includes Adult Ortho)	 *One Person* $25 $1,500 $0 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance, no dental deductible, with $1,500 lifetime maximum	*Two People* $50	*Family* $75	 *One Person* $25 $1,500 $0 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance, no dental deductible, with $1,500 lifetime maximum	*Two People* $50	*Family* $75

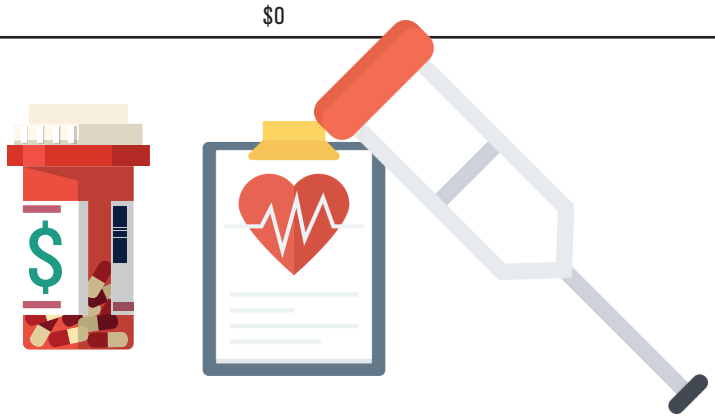
Key Advantage 500			Key Advantage 1000			High Deductible Health Plan		
In-Network:			**In-Network:**					
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
$500	*See Family*	$1,000	$1,000	*See Family*	$2,000	$3,200	See Family	$6,400
Out-of-Network:			**Out-of-Network:**			Deductible is combined for In-Network and Out-of-Network services.		
$1,000	*See Family*	$2,000	$2,000	*See Family*	$4,000			
In-Network:			**In-Network:**			**In-Network:**		
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
$4,000	*See Family*	$8,000	$5,000	*See Family*	$10,000	$5,000	See Family	$10,000
Out-of-Network:			**Out-of-Network:**			**Out-of-Network:**		
$7,000	*See Family*	$14,000	$9,000	*See Family*	$18,000	$10,000	See Family	$20,000
Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the combined deductible you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers.		
Included			Included			Included		
Unlimited			Unlimited			Unlimited		
In-Network You Pay			**In-Network You Pay**			**In-Network You Pay**		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
Copayment/coinsurance determined by service received			Copayment/coinsurance determined by service received			20% coinsurance after deductible		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
$0			$0			20% coinsurance after deductible		
$25 copayment			$25 copayment			20% coinsurance after deductible		
$0			$0			$0		
$0			$0			$0		
One Person	*Two People*	*Family*	*One Person*	*Two People*	*Family*	*One Person*	*Two People*	*Family*
$25	$50	$75	$25	$50	$75	$25	$50	$75
$1,500			$1,500			$1,500		
$0			$0			$0		
20% coinsurance after dental deductible			20% coinsurance after dental deductible			20% coinsurance after dental deductible		
50% coinsurance after dental deductible			50% coinsurance after dental deductible			50% coinsurance after dental deductible		
50% coinsurance, no dental deductible, with $1,500 lifetime maximum			50% coinsurance, no dental deductible, with $1,500 lifetime maximum			50% coinsurance, no dental deductible, with $1,500 lifetime maximum		

The Local Choice 2024 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Diabetic Education	$0	$0
Diabetic Equipment	20% coinsurance after deductible	20% coinsurance after deductible
Diabetic Supplies - See Outpatient Prescription Drugs		
Diagnostic Tests and X-rays (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	20% coinsurance, no deductible	20% coinsurance after deductible
Doctor Visits – on an Outpatient Basis *Primary Care Physicians* *Specialty Care Providers*	 $15 copayment $25 copayment	 $20 copayment $35 copayment
Early Intervention Services	Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received
Emergency Room Visits *Facility Services* *Professional Provider Services* - Primary Care Physicians - Specialty Care Providers *Diagnostic Tests and X-rays*	 $250 copayment per visit (waived if admitted to hospital) $15 copayment $25 copayment 20% coinsurance, no deductible	 $350 copayment per visit (waived if admitted to hospital) $20 copayment $35 copayment 20% coinsurance after deductible
Home Health Services (90 visit plan year limit per member)	$0	$0
Home Private Duty Nurse's Services	20% coinsurance after deductible	20% coinsurance after deductible
Hospice Care Services	$0	$0
Hospital Services *Inpatient Treatment* • Facility Services • Professional Provider Services - Primary Care Physicians - Specialty Care Providers *Outpatient Treatment* • Facility Services • Professional Provider Services - Primary Care Physicians - Specialty Care Providers *Diagnostic Tests and X-Rays*	 $300 copayment per stay $0 $0 $100 copayment $15 copayment $25 copayment 20% coinsurance, no deductible	 $400 copayment per stay $0 $0 $150 copayment $20 copayment $35 copayment 20% coinsurance after deductible
Virtual Care through Sydney Health app • LiveHealth Online • Symptom Checker • Text Chat or Video Visit with Medical Provider • Virtual Wellness/ Preventive Visit	 $0 no cost $0 $0	 $0 no cost $0 $0



Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
$0	$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$25 copayment $40 copayment	$25 copayment $40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$25 copayment $40 copayment 20% coinsurance after deductible	$25 copayment $40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
$0	$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$0	$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$0 $0	$0 $0	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$25 copayment $40 copayment 20% coinsurance after deductible	$25 copayment $40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
$0 no cost $0 $0	$0 no cost $0 $0	Determined by services received no cost $39 or 20% coinsurance after deductible $99 or 20% coinsurance after deductible



The Local Choice 2024 Comparison of Statewide Plans (continued)

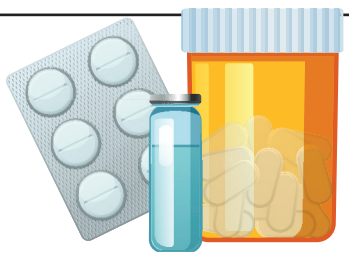
Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Maternity		
Professional Provider Services (Prenatal & Postnatal Care)		
– Primary Care Physicians	$15 copayment	$20 copayment
– Specialty Care Providers	$25 copayment	$35 copayment
	If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.	
Delivery		
– Primary Care Physicians	$0	$0
– Specialty Care Providers	$0	$0
Hospital Services for Delivery (Delivery Room, Anesthesia, Routine Nursing Care for Newborn)	$300 copayment per stay*	$400 copayment per stay*
Outpatient Diagnostic Tests	20% coinsurance, no deductible	20% coinsurance after deductible
Medical Equipment, Appliances, Formulas, Prosthetics and Supplies	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Prescription Drugs - Mandatory Generic		
*Retail up to 34-day supply**	Tier 1 – $10 copayment	Tier 1 – $10 copayment
*You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible	Tier 2 – $30 copayment Tier 3 – $45 copayment Tier 4 - $55 copayment	Tier 2 – $30 copayment Tier 3 – $45 copayment Tier 4 - $55 copayment
Home Delivery Services (Mail Order) Covered Drugs for up to a 90-Day Supply	Tier 1 – $20 copayment Tier 2 – $60 copayment Tier 3 – $90 copayment Tier 4 - $110 copayment	Tier 1 – $20 copayment Tier 2 – $60 copayment Tier 3 – $90 copayment Tier 4 - $110 copayment
Diabetic Supplies	20% coinsurance, no deductible	20% coinsurance, no deductible
Prescription Insulin Drugs to Treat Diabetes	34-day supply not to exceed $50 90-day supply not to exceed $150	34-day supply not to exceed $50 90-day supply not to exceed $150
Routine vision - Blue View Vision Network (Once Every Plan Year)		
Routine Eye Exam	$25 copayment	$35 copayment
Standard Eyeglass Lenses (in Lieu of Contact Lenses)	$20 copayment**	$20 copayment**
Eyeglass Frames	Up to $100 retail allowance***	Up to $100 retail allowance***
Contact Lenses (In Lieu of Eyeglass Lenses)		
• Elective	Up to $100 retail allowance	Up to $100 retail allowance
• Non-Elective	Covered in full	Covered in full
Upgrade Eyeglass Lenses (Available for Additional Cost)		
• UV Coating, Tints, Standard Scratch-Resistant	$15	$15
• Standard Polycarbonate (Adult)	$40	$40
• Standard Progressive	$65	$65
• Standard Anti-Reflective	$45	$45
• Other Add-Ons	20% off retail	20% off retail
Shots – Allergy & Therapeutic Injections (At Doctor's Office, Emergency Room or Outpatient Hospital Department)	20% coinsurance, no deductible	20% coinsurance after deductible

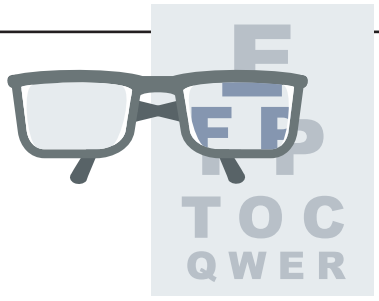
**This plan will waive the hospital copayment if the member enrolls in the maternity management pre-natal program within the first 16 weeks of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.*

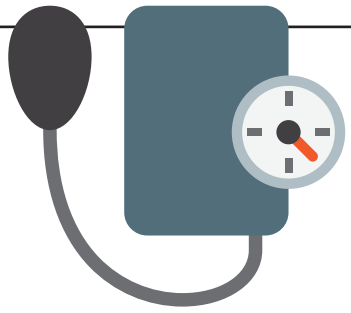
***Polycarbonate lenses included at no additional cost for children under 19 years old.*

****You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.*

Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
$25 copayment $40 copayment If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.	$25 copayment $40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
$0 $0	$0 $0	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Tier 1 – $10 copayment Tier 2 – $30 copayment Tier 3 – $45 copayment Tier 4 - $55 copayment	Tier 1 – $10 copayment Tier 2 – $30 copayment Tier 3 – $45 copayment Tier 4 - $55 copayment	20% coinsurance after deductible
Tier 1 – $20 copayment Tier 2 – $60 copayment Tier 3 – $90 copayment Tier 4 - $110 copayment	Tier 1 – $20 copayment Tier 2 – $60 copayment Tier 3 – $90 copayment Tier 4 - $110 copayment	20% coinsurance after deductible
20% coinsurance, no deductible	20% coinsurance, no deductible	20% coinsurance after deductible
34-day supply not to exceed $50 90-day supply not to exceed $150	34-day supply not to exceed $50 90-day supply not to exceed $150	34-day supply not to exceed $50 90-day supply not to exceed $150
$40 copayment $20 copayment** Up to $100 retail allowance***	$40 copayment $20 copayment** Up to $100 retail allowance***	$15 copayment $20 copayment** Up to $100 retail allowance***
Up to $100 retail allowance Covered in full	Up to $100 retail allowance Covered in full	Up to $100 retail allowance Covered in full
$15 $40 $65 $45 20% off retail	$15 $40 $65 $45 20% off retail	$15 $40 $65 $45 20% off retail
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible



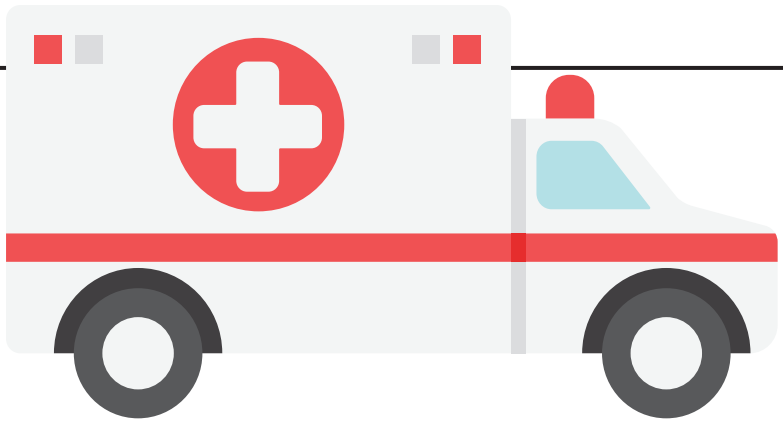




The Local Choice 2024 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Skilled Nursing Facility Stays (180-Day Per Stay Limit Per Member)		
Facility Services	$0	$0
Professional Provider Services	$0	$0
Spinal Manipulations and Other Manual Medical Interventions (30 Visits Per Plan Year Limit Per Member)		
Primary Care Physicians	$15 copayment	$20 copayment
Specialty Care Providers	$25 copayment	$35 copayment
Surgery – See Hospital Services		
Therapy Services *Infusion Services, Cardiac Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Respiratory Therapy, Occupational Therapy, Physical Therapy, and Speech Therapy*		
Facility Services	20% coinsurance after deductible	20% coinsurance after deductible
Professional Provider Services		
– Primary Care Physicians	20% coinsurance after deductible	20% coinsurance after deductible
– Specialty Care Providers	20% coinsurance after deductible	20% coinsurance after deductible
Wellness services *Well Child (Office Visits at Specified Intervals Through Age 6)* – Primary Care Physicians; – Specialty Care Providers; – Immunizations and Screening Tests	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
Routine Wellness – Age 7 & Older • Annual Check-Up Visit (One Per Plan Year) – Primary Care Physicians – Specialty Care Providers – Immunizations, Lab and X-Ray Services	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
• Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual Check-Up Visit)	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
Preventive Care (One of Each Per Plan Year) • Gynecological Exam • Pap Test • Mammography Screening • Prostate Exam (Digital Rectal Exam) • Prostate Specific Antigen Test • Colorectal Cancer Screenings	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible

Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
$0	$0	20% coinsurance after deductible
$0	$0	20% coinsurance after deductible
$25 copayment $40 copayment	$25 copayment $40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible



Health & Wellness Programs

Be your healthy best! The TLC plans include access to a host of health and wellness programs to help you manage your health issues.

- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma
  - Heart failure
  - Diabetes
  - Hypertension
  - Coronary artery disease (CAD)
  - Chronic obstructive pulmonary disease (COPD)

  You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.
- **Future Moms:** Enroll and receive pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.
- **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.
- **24/7 NurseLine & Audio Health Library:** Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine (800-337-4770) to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.
- **CommonHealth** is the employee wellness program for The Local Choice. The main objective of CommonHealth is to promote wellness in the workplace. Yearly programs cover a variety of health and wellness subjects and are presented in a variety of formats - including onsite programs and video presentations that make it easy to participate. Not only are the programs educational and fun, they help you stay fit and healthy. For more information, visit **www.commonhealth.virginia.gov/tlc**.

See more information on Health & Wellness programs at **www.anthem.com/tlc**.

Virtual Care Options through Sydney Health

Life is busy. When you need care and are short on time, you have many options for quick and convenient virtual care through the Sydney Health app. Whether you prefer to use medical text chat or have a video visit, Sydney Health is the gateway that connects you to the virtual care options included in your benefits. Use your smart-phone to access virtual care solutions for all your physical and behavioral health needs, any hour of any day.

Services include:

- Comprehensive primary care, coordinated by a care team
- Wellness visits
- Preventive care and lab screenings
- 24/7 Urgent or sick care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more
- New prescriptions and refills
- Behavioral Health providers including therapists or psychologists, psychiatrists or EAP counselors
- Care for on-going conditions like diabetes, hypertension, and asthma
- Access to specialty care such as lactation consultants, dermatologists, sleep specialists, and allergists

Log in to the Sydney Health app, and access the **Care Center** to view all the options available to you.

Note: Some options require a secondary app. You will be prompted to download the app during the account setup process.

Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns
- Smoking cessation

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish
Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese
您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese
Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean
귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog
May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian
Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian
Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi
"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French
Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic
لك الحق في الحصول على مساعدة بلغتك مجانًا. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese
お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian
Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòma tou.

Italian
Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish
Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi
ਆਪਣੀ ਭਾਸ਼ਾ iਵੱਚ ਮੁਫ਼ਤ iਵੱਚ ਮਦਦ ਹਾiਸਲ ਕਰਨ ਦਾ ਿਅਧਕਾਰ ਹੈ। ਬਸ ਆਪਣy ਆਈਡੀ ਕਾਰਡ ਤੇ iਦੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TTD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Quick Access to Your Plan

Anthem.com/tlc

Your dedicated website for health benefits documents, no log in needed

- Download your health benefits summary and member handbook
- Find care
- Learn about your Employee Assistance Program (EAP)

Anthem.com

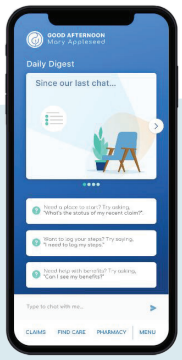
Log in to your confidential and secure account

- View your claims
- Download your ID card
- Find care
- Refill prescriptions online
- Compare costs for hundreds of medical procedures

thelocalchoice.virginia.gov

This is your resource for forms, Cardinal information and member notifications.

Sydney Health mobile app



Download on the App Store

GET IT ON Google Play

Log in using your anthem.com username and password to:

- View your ID card
- See all your medical and pharmacy benefits in one place
- Use the chatbot to get answers and resources quickly
- Connect easily to care
- Track your health goals and fitness

Explore a comprehensive and personalized view of your company's benefit offerings, view and pay your Anthem bill, and get the latest news **through EmployerAccess**.

Getting started

- Identify the main administration contact or *Site Administrator* for your business. They will register for EmployerAccess and be responsible for adding additional users.
- Register at **employer.anthem.com/eea**.
- You will receive an email to complete the registration process.
- Once you're registered, download the EmployerAccess app for benefits management, news and alerts on the go.

The LOCAL CHOICE

SBCs are available on the web (**www.thelocalchoice.virginia.gov**) and the website is now included on the back of the benefit summary booklets. Subsequently, members will no longer receive postcards with the web address to SBCs. Please remember to order Open Enrollment Packets (which include Benefit Summaries and other member materials) for Open Enrollment. Order lead time is typically 10 business days.

Language Access Services - (TTY/TDD: 711)
(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.
(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오

The Local Choice Health Benefits Program

Regional Benefit Plan Summaries

(if offered in your area)

The Local Choice Health Benefits Program

Medicare Benefit Plan Summaries

(if coverage for eligible retirees offered)

Your Advantage 65 Benefits

Health Benefits Plan Administered by
Anthem Blue Cross and Blue Shield

Effective January 1, 2024 – December 31, 2024

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Advantage 65 plan may be offered to you if you are eligible for Medicare and to your Medicare-eligible family members by your group. Benefits are administered on a calendar year basis to coincide with your Medicare coverage. Changes in your monthly premium are effective July 1 (or October 1 for certain school groups) to coincide with your former employer's The Local Choice (TLC) health plan renewal.

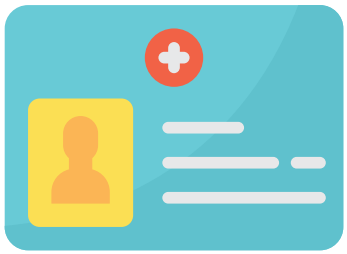
The Advantage 65 plan provides medical benefits that work with Medicare Part A and Part B. **It does not provide prescription drug coverage.**

This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the TLC Medicare Coordinating Plans Member Handbook.

Service Area

Wherever retirees live.

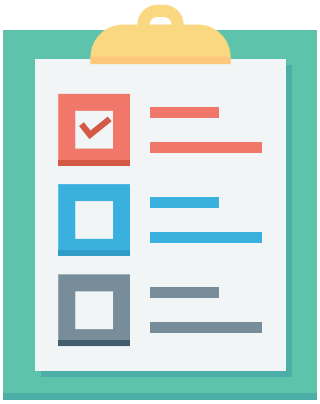
How The Plan Works



To receive full benefits you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem identification card when you receive care.

Advantage 65 covers the Medicare Part A hospital deductible (after you pay $100) and copayment amounts, and the Part B coinsurance for Medicare-approved charges. It also covers out-of-country Major Medical services.

Choose Healthcare Providers Carefully



Physicians

Ask your doctor if he or she is a Medicare participating physician. A doctor who participates in Medicare agrees to:

- File claims on your behalf
- Accept Medicare's payment for covered services

This means your coinsurance is limited to a percentage of the Medicare-approved charge. Go to Medicare.gov for additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

Advantage 65

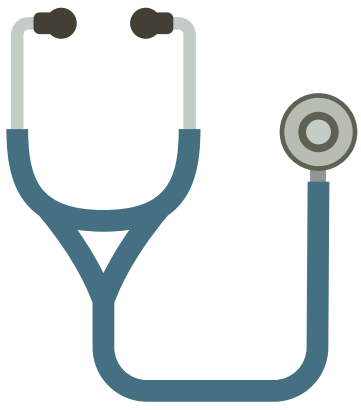
What The Plan Covers

		Plan Pays
PART A SERVICES		
Hospital Inpatient	■ Medicare Part A hospital deductible less $100 per benefit period, days 1-60	In full
	■ Medicare Part A daily hospital copayment amount, days 61-90	In full
	■ 100% of the allowable charge*, for eligible expenses for an additional 365 days.	In full
	■ Copayment amount for Medicare Lifetime Reserve Days (60 days available)	In full
Skilled Nursing Facility	■ Medicare Part A skilled nursing facility copayment, days 21-100 (Medicare covers days 1-20 in full.)	In full
	■ A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.)	In full

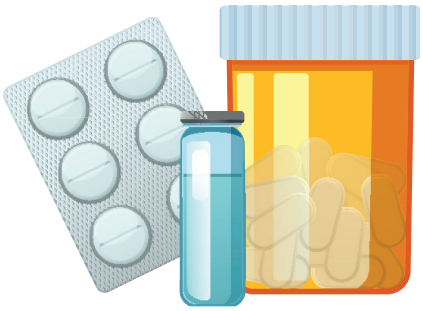
		Plan Pays
PART B SERVICES		
Physician And Other Services	■ Part B coinsurance of Medicare-approved charges for services such as: *(after you pay the Medicare Part B calendar year deductible)* • Doctor's care • Surgical services • Outpatient x-ray and lab services • Professional ambulance service	In full
AT HOME RECOVERY SERVICES	■ At-home recovery care for an illness or injury approved under a Medicare home health treatment plan. Benefits include: • Home visits up to the number approved by Medicare, not to exceed 7 visits per week (This benefit applies to home health services, certified by a physician, for personal care during the recovery period)	Up to $40 per visit (limited to $1,600 per calendar year)

		Plan Pays
OUT-OF-COUNTRY MAJOR MEDICAL SERVICES (after you pay $250 calendar year deductible)	■ Lifetime maximum	$250,000
	■ Annual restoration of lifetime maximum (limited to the amount of benefits used in any one year)	$2,000
Covered Services	■ Medically necessary services received in a foreign country	80% AC*
Out-Of-Pocket Expense Limit	■ In a calendar year when your out-of-pocket expenses for covered services reach $1,200, the plan pays 100% of the allowable charge for the rest of the calendar year.	

***Allowable Charge (AC)** — The term has two meanings, depending on whether the service is provided by a doctor (or other healthcare professional) or a hospital. For care by a doctor or other healthcare professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Medicare Coordinating Plans Member Handbook.



Options For Prescription Drug Coverage—Medicare Part D



If you want prescription drug coverage, you must enroll in a separate Medicare Part D prescription drug plan.

Several Medicare Part D plan options are being offered. To determine what drug coverage option best meets your needs, consult the Medicare and You Handbook, call **1-800-MEDICARE (1-800-633-4227)** or visit the Medicare Web site at **www.medicare.gov**.

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish
Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese
您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese
Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean
귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog
May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian
Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian
Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi
"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French
Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic
لك الحق في الحصول على مساعدة بلغتك مجانًا. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese
お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian
Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòma tou.

Italian
Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish
Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi
ਆਪਣੀ ਭਾਸ਼ਾ iਵੱਚ ਮੁਫ਼ਤ iਵੱਚ ਮਦਦ ਹਾiਸਲ ਕਰਨ ਦਾ ਿਅਧਕਾਰ ਹੈ। ਬਸ ਆਪਣey ਆਈਡੀ ਕਾਰਡ ਤੇ iਦੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


E
F P
TOZ

If You Need Assistance

Anthem Blue Cross and Blue Shield	**Medical and Routine Vision Care** **1-800-552-2682** Monday through Friday 8:00 a.m. – 6:00 p.m. On the Web at **www.anthem.com/tlc** **Dental Care** **1-855-648-1411** Monday - Friday 8:00 a.m. - 9:00 p.m. On the Web at **www.anthem.com/tlc**
The Local Choice	**The Local Choice Health Benefits Program** **Commonwealth of Virginia** Department of Human Resource Management 101 North 14th Street – 13th Floor Richmond, VA 23219 On the Web at **www.thelocalchoice.virginia.gov**
Medicare	**1-800-MEDICARE** (1-800-633-4227) On the Web at **www.medicare.gov**

Language Access Services - (TTY/TDD: 711)
(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.
(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오
The Commonwealth of Virginia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The Local Choice Health Benefits Program

Additional Information

The Local Choice Health Benefits Program

Additional Information

LANGUAGE ASSISTANCE

2024-25 Language Assistance Statement

State Health Benefits Program

Virginia Department of HUMAN RESOURCE MANAGEMENT

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

ATTENTION: If you need help in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to appeals@dhrm.virginia.gov or fax to 804-786-0356.

Spanish:
ATENCIÓN: Si necesita ayuda en el idioma que habla, servicios de asistencia lingüística están a su disposición de forma gratuita. Envíe su solicitud de asistencia lenguaje para appeals@dhrm.virginia.gov~~V o por fax al 804-786-0356.

Korean:
주의 : 당신이 말하는 언어로 도움이 필요한 경우, 언어 지원 서비스를 무료로 당신에게 사용할 수 있습니다. 804-786-0356에 언어 appeals@dhrm.virginia.gov~~V하는 지원이나 팩스에 대한 요청을 보냅니다.

Vietnamese:
Chú ý: Nếu bạn cần giúp đỡ trong ngôn ngữ bạn nói, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gửi yêu cầu để được hỗ trợ ngôn ngữ đẻ appeals@dhrm.virginia.gov~~V hoặc fax 804-786-0356.

Chinese:
注意：如果你需要在你講的語言幫助，語言協助服務提供給您免費。發送您的語言協助 appeals@dhrm.virginia.gov~~V或傳真至804-786-0356請求。

Arabic:
تنبيه: إذا كنت بحاجة إلى مساعدة باللغة التي تتحدثها، فإن خدمات المساعدة اللغوية متوفرة لك مجانًا.
أرسل طلبك للحصول على المساعدة اللغوية عبر البريد الإلكتروني إلى appeals@dhrm.virginia.gov أو عبر الفاكس إلى 804-786-0356.

Persian:
توجه: اگر شما نیاز به کمک در زبان شما صحبت می کنند، خدمات کمک زبان در دسترس شما هستند رایگان می باشد. ارسال درخواست خود را برای کمک به زبان appeals@dhrm.virginia.gov~~V.0356-786-804 یا فکس به

Amharic:
አዳምጥ: አንተ የሚናገሩት ቋንቋ እርዳታ የሚፈልጉ ከሆነ ,የ ቋንቋ እርዳታ አገ ልግሎቶች ከክፍያ ነፃ ለእርስዎ የሚ ኙ ና ቸው. 804-786-0356 ቋንቋ appeals@dhrm.virginia.gov~~V እርዳታ ወይም በ ፋክስ ጥያ ቄዎን ይላ ኩ.

Urdu:
توجہ فرمائیں: اگر آپ کو اپنی بولی جانے والی زبان میں مدد درکار ہے تو زبان میں مدد کی خدمات آپ کے لیے بالکل مفت دستیاب ہیں۔
زبان میں مدد کے لیے اپنی درخواستیں appeals@dhrm.virginia.gov پر بھیجیں یا 804-786-0356 پر فیکس کریں۔

French:
ATTENTION: Si vous avez besoin d'aide dans la langue que vous parlez, les services d'assistance linguistique sont à votre disposition gratuitement. Envoyez votre demande d'assistance linguistique pour appeals@dhrm.virginia.gov~~V ou par télécopieur au 804-786-0356.

Russian:
ВНИМАНИЕ: Если вам нужна помощь на языке вы говорите, переводческие услуги доступны бесплатно. Отправьте запрос о помощи языка к appeals@dhrm.virginia.gov~~HEAD=pobj~~V или по факсу 804-786-0356.

Hindi:
ध्यान दें: यदि आपको उस भाषा के लिए मदद की ज़रूरत है, जिस भाषा में आप बात करते हैं, तो आपके लिए भाषा सहायता सेवाएं निशुल्क में उपलब्ध हैं। भाषा की सहायता के लिए अपना अनुरोध appeals@dhrm.virginia.gov पर या फ़ैकस के लएि 804-786-0356 पर भेजें।

German:
ACHTUNG: Wenn Sie in der Sprache sprechen Sie Hilfe benötigen, die Sprache Hilfeleistungen zur Verfügung stehen Ihnen kostenlos zur Verfügung. Senden Sie Ihre Anfrage für sprachliche Unterstützung zu appeals@dhrm.virginia.gov~~V oder Fax an 804-786-0356.

Bengali:
দৃষ্টি আকর্ষণ: আপনি ভাষা আপনি কথা বলতে সাহায্য প্রয়োজন হয়, তাহলে ভাষা সহায়তা সেবা নিখরচা আপনার জন্য উপলব্ধ. appeals@dhrm.virginia.gov~~V অথবা ফ্যাক্স ভাষা সহায়তা 804-786-0356 করার জন্য আপনার অনুরোধ পাঠান.

Bassa:
Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jŭ m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jŭ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀bɛ́ìn m̀ ké gbo kpáa. Đá 804-786-0356.

Igo (Igbo):
Ntị: Ọ bụrụ na ị chọrọ enyemaka na asụsụ ị na-asụ, asụsụ aka ọrụ dị ka ị n'efu. Send gị arịrịọ maka asụsụ aka appeals@dhrm.virginia.gov~~V ma ọ bụ faksị ka 804-786-0356.

Yoruba:
Akiyesi: Ti o ba nilo iranlọwọ ninu ede ti o sọrọ, ede iranlowo iṣẹ ni o wa wa si o free ti idiyele. Fi ìbéèrè rẹ fun ede iranlowo to appeals@dhrm.virginia.gov tabi Faksi to 804-786-0356.

Filipino (Tagalog):
Pansin: Kung kailangan mo ng tulong sa wikang nagsasalita ka, serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad. Ipadala ang iyong kahilingan para sa tulong sa wika upang appeals@dhrm.virginia.gov~~V o fax sa 804-786-0356.

Additional Information

ADVERSE EXPERIENCE ADJUSTMENT (AEA)

TLC Procedures for Determining Adverse Experience Adjustment (AEA)

Sections 1VAC55-20-160 D and 1VAC55-20-300 of the Virginia Administrative Code, the regulations under which TLC operates, provide for a potential AEA to withdrawing employers. This adjustment requires any withdrawing employer to contribute their pro rata share of any operating loss experienced during prior plan years. Although the regulations permit a multi-year review of profits and losses, it is the policy of the Department of Human Resource Management (DHRM) to confine any applicable AEA to the experience of the last plan year during which the employer was a member.

The following illustrations have been prepared to assist our members in understanding how an Adverse Experience Adjustment (AEA) would be calculated.

The basis for determining any AEA will be (1) the amount of the program's loss for the most recent plan year, (2) the experience of the employer, and (3) the proportion of the employer's enrollment to the enrollment for the entire category. Employers are divided into three categories.

1. Employers with 1 to 99 enrollees (Pooled)
2. Employers with 100 to 499 enrollees (Blended)
3. Employers with 500+ enrollees (Experience Rated)

A statement of income and expenses is prepared for each category based upon its experience. (The third category is comprised of experience rated employers. Each group is responsible for their own claims, whether or not the entire category of experience rated employers sustains a loss.)

EMPLOYERS WITH FEWER THAN 500 ENROLLEES (CATEGORIES 1 & 2)
The first step in the adjustment process is to determine the total number of contract units (C/Us) for each category for the past plan year. A contract unit is determined by the following factors applied to the type of membership times the number of month's participation for each enrollee: an employee only contract has one C/U; an employee plus one contract has 1.85 C/Us; a family contract has 2.7 C/Us. Therefore, the number of contracts by each membership type is accumulated, and the total contract units for that category is computed based on the stated factors as follows:

Type of Membership	Total Contracts	C/U Factor	Total C/Us
Employee only x 12 =	4,500	1.0	4,500
Employee + One x 12 =	2,200	1.85	4,070
Family x 12 =	3,300	2.7	8,910
Total	**10,000**		**17,480**

The next step is to determine the total number of contract units for the withdrawing employer during the plan year using the same method illustrated above. The withdrawing employer's pro rata share of the contract units is then applied to the category's loss to determine the adverse experience adjustment for the withdrawing employer. The following example illustrates an adverse experience calculation for employers in categories 1 and 2.

EXAMPLE *:
ASSUMPTIONS: Loss for the category is $1,000,000. Total category contract units equal 17,480. The terminating employer had 1,878 C/Us during the review year.

1. Employer's C/Us divided by category's C/Us equals employer's pro rata share.
2. Employer's share times the category's loss equals the employer's Adverse Experience Adjustment.

CALCULATIONS: 1,878 / 17,480 = 10.74% X $1,000,000 = $107,437

In the example, the employer would have an Adverse Experience Adjustment of $107,437 at the time of termination. The terminating employer would be notified of this amount within 6 months of termination, and the employer would be required to pay the adjustment in up to 12 equal installments beginning 30 days after the notification by the Department.

It is possible that one category could experience a loss, subjecting employers in that category to an Adverse Experience Adjustment, while another category could operate at a surplus and require no Adverse Experience Adjustment to a terminating group.

EMPLOYERS WITH OVER 500 ENROLLEES (CATEGORY 3)
The maximum Adverse Experience Adjustment which would be due from each terminating employer in this category would be that employer's loss during the immediate past plan year based upon the employer's plan(s) expenses and its pro rata share of the program overhead. Prior years' performance during which the employer was experience rated would be taken into consideration, if favorable to the employer, but the AEA would never exceed the last plan year's loss.

An employer in this category withdrawing at the end of a year in which they did not have a loss would not be assessed an AEA. Another employer that withdrew with a $100,000 loss during the last plan year would be subject to a maximum AEA of the $100,000 loss paid in equal installments over a 12-month period. An illustration follows:

SAMPLE ILLUSTRATION * ANY CATEGORY 3 EMPLOYER
THE LOCAL CHOICE HEALTH CARE PROGRAM
Operating Statement
July 1, 2022 through June 30, 2023

INCOME:	$1,519,543
EXPENSES:	
Incurred Claims	$1,417,129
Contractor Administration	128,107
Pooled Capitation (Rx, Dental and MISA)	55,290
Program Overhead	19,017
Total Expenses	$1,619,543
GAIN OR (LOSS)	($100,000)

If this employer had withdrawn on June 30, 2023, the maximum Adverse Experience Adjustment (AEA) would have been the operating loss of $100,000. However, prior year's accumulated gains could be applied to reduce any current year loss.

Likewise, if an employer withdraws from the program and the review analysis reflects a gain for the immediate past plan year, there would be no AEA, even if their accumulated experience was a loss.

* Examples are for illustration only and have no bearing on the actual experience of a pool/category or individual group.

The Local Choice Health Benefits Program

Additional Information

GASB MEMO

400 Atrium Drive
5th Floor South
Somerset, NJ 08873

t +1.609.331.6034
f +1.312.381.9111
elizabeth.hanson@aon.com

October 26, 2023

Michelle Rozzell
Program Manager, The Local Choice
Department of Human Resource Management
101 N. 14th St., 13th Floor
Richmond, VA 23219

RE: GASB Liability Information

The Local Choice (TLC) program is a self-funded health benefit program, administered by the Commonwealth of Virginia that allows local Virginia municipalities, schools and political subdivisions to benefit from the Commonwealth's purchasing power. From an employer's perspective, TLC works like an insured arrangement in which each TLC group pays the Commonwealth on a fixed per contract per month basis for the health care program that they choose. If the TLC group has more than one benefit option, they have different rates for each option. This fixed payment represents the full cost to the group during the plan year in return for reimbursement of all covered expenses, claims and administrative cost for the group.

Annually, each TLC group is presented with a renewal rate for the next coverage year and may either agree to the new fixed rate or leave the program. New groups can enter the program at any time by agreeing to the proposed fixed rate. There is no settlement from the group or refund to the group if expenses are more or less than the fixed contract payment. A settlement is only applied if a group terminates coverage while the pool in which they participated is in a deficit position or in the case of groups over 300 employees, if their plan experiences a deficit. This settlement for terminating groups is known as an Adverse Experience Adjustment.

The rates charged for TLC are developed based on competitive industry practices for prospective premium development for groups of similar size. For example, the rates for groups under 499 are developed on a prospective basis using a community rating by class methodology. Community rates are developed for each group size block of business. (The three block sizes are 1-99, 100-499, and 500+ enrolled employees.) These community rates are then blended based on a size specific medical claim credibility factor with group specific claims experience. The rates for groups over 500 are 100% prospectively experience rated. Rates for outpatient prescription drug and dental are pooled for all TLC groups regardless of size.

For groups with Retirees Not Eligible for Medicare, the group is either charged separate active employee and Stand-Alone Retiree Not Eligible for Medicare rates or rates are blended with active employee rates. All groups under 100 lives are charged a blended rate to include Early Retirees, if applicable. Groups over 100 lives may choose either a blended rate or Stand-Alone rates. Stand-Alone Retiree Not Eligible for Medicare rates are two (2) times the active rate. The Retiree Not Eligible for Medicare loading represents the additional morbidity costs of the Retirees Not Eligible for Medicare in the population covered.

The Commonwealth maintains a separate health insurance fund for TLC in which premiums are deposited and from which claims and administrative costs are paid. The program administrator's goal is to pay claims and maintain an adequate balance in the fund to cover required IBNP reserves, other liabilities and a contingency margin. Any fund deficits are the responsibility of the Commonwealth and may not be charged to a TLC group that remains in the plan.

Since a TLC group's only liability is the fixed fee paid to the Commonwealth for coverage, it is our opinion that these prospectively rated groups should not use actual group claims experience in the development of GASB liability but should use the actual rate charged in the development of their claim cost assumption.

Sincerely,

Elizabeth Hanson, F.S.A., M.A.A.A.
AAA Number: 17280
Consulting Actuary

Karen Fischer, F.S.A, M.A.A.A.
AAA Number: 35224
Consulting Actuary

The Local Choice Health Benefits Program

Additional Information

ANTHEM EMPLOYER PORTAL

Anthem

Reimagining benefit management

EmployerAccess is your one-stop destination for news and plan administration

Every day we strive to create solutions that simplify care, increase value, and improve outcomes through our people, tools, and innovation. Our EmployerAccess online tool and mobile app is part of that commitment — a customized administrative site for everything you need to manage and maximize your organization's Anthem Blue Shield and Blue Cross plans.

With EmployerAccess, you or your site administrator have:

A **secure digital solution** to view enrollment, plan details, and pay your premium bill.

An interactive, personalized dashboard to quickly navigate to your tasks, the latest news, or your transaction history.

Support tools, including a digital assistant, frequently asked questions, and a self-guided tour to help first-time users.

EmployerAccess gives you control of your company-sponsored health plan. From one simple and secure website, you can:

- **View enrollments:** See your current coverage, as well as information about coverage you haven't purchased yet.
- **Simplify administration:** Find tools and resources that make managing and administering your retiree health plan easier.
- **Manage payments:** Pay your bill online and view transaction history.
- **Keep in touch:** Use the Message Center to securely communicate with your account manager and receive plan updates.
- **Stay up to date:** Go to the News Center to find the latest news and plan updates.

How to visit EmployerAccess

- Register or sign in at **employer.anthem.com**.
- Bookmark the link for future ease.
- Download the EmployerAccess app for benefits management, news, and alerts on the go.

Users registering for the first time should identify the main administration contact or **Site Administrator** – the person responsible for adding any additional users. The Site Administrator will need their plan's group/case number, tax ID, and business ZIP code to register.

Your group/case number is a 6-digit alphanumeric number that begins with a "T". Email Julie.Hollins@anthem.com if you need help locating it.

Explore EmployerAccess today

We are here to help. If you have questions or need assistance with EmployerAccess, you can chat with a digital assistant or visit the frequently asked questions in the Tools and Resources section.

Anthem

1036543MUEENABS BV Rev. 10/23

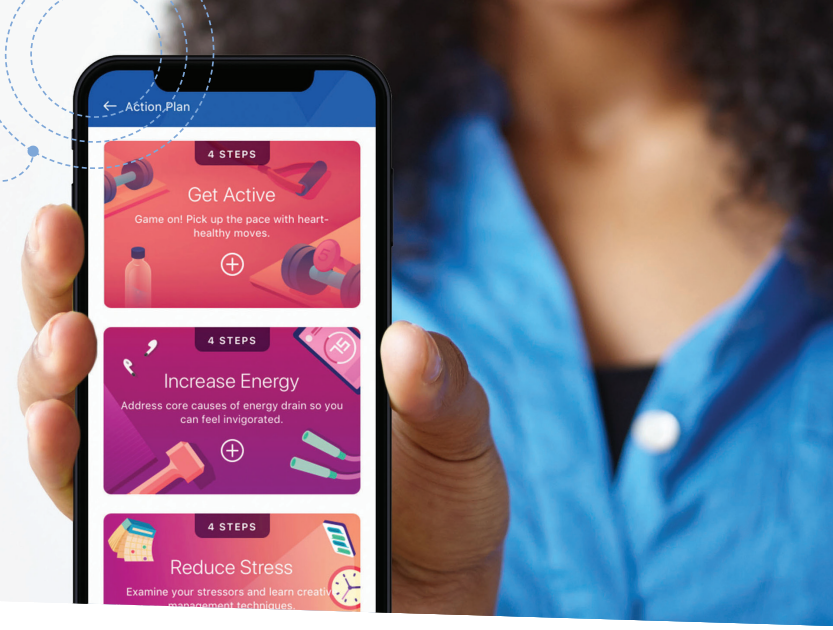
A10713

Additional Information

SYDNEY HEALTH APP

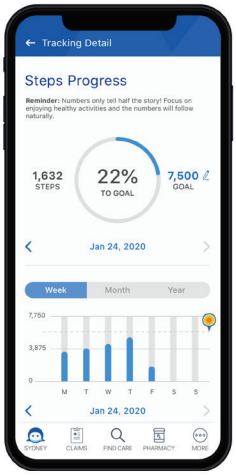
Discover a powerful and more personalized health app

View all your benefits and access wellness tools to improve your overall health with the Sydney Health℠ app



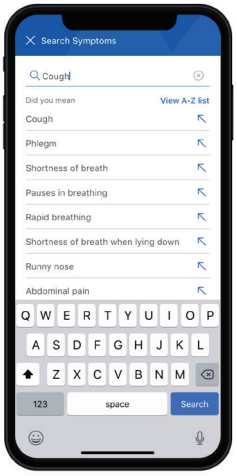
The Sydney Health mobile app works **with you** by guiding you to better overall health — and **for you** by bringing your benefits and health information together in one convenient place. Sydney Health has everything you need to know about your benefits, so you can make the most of them while taking care of your health.

Working with you



- Reminding you about important preventive care needs*
- Planning and tracking your health goals, fitness, and rewards
- Guiding you with insights based on your history and changing health needs
- Empowering you with personalized tools to find doctors, hospitals, labs, and other health care providers in your plan and compare costs.*
- Helping you manage prescriptions and save money by comparing pharmacy costs and locating coupons

Working for you



- Giving you instant access to your medical, dental and vision benefits and claims*
- Storing your member ID card so you can show, email, or fax it right from your phone
- Providing answers quickly through real-time live chat with an Anthem representative
- Connecting you to virtual care options for primary, urgent or specialty care

Simplify your healthcare by downloading Sydney Health today

Download on the App Store

ANDROID APP ON Google play

Anthem

The Local Choice

* Based on your plan enrollment.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan ©2020-2022.

Commonwealth of Virginia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

A10723 11/23

The Local Choice Health Benefits Program

Additional Information

DIRECT BILL MEMO

Anthem

Payment process for direct bill members

If you are a direct bill member, please remember to send your payments in promptly. This ensures that your monthly premium is processed correctly and on time. Please remember to double check the address where you are currently sending your payments to.

Payment by Mail

If you pay by mail, the address is listed on the payment coupons included on the first page of your monthly billing statements.

- If you have a coupon, mail it with your check to the address shown on the payment coupon.
- If you do not have a payment coupon or your bank submits your payment, include your member ID number on the check and mail it to:

  Anthem Blue Cross and Blue Shield
  P.O. Box 5283
  Carol Stream, IL 60197-5283
- Only send payments and supporting documents to this address.
- Anthem does not accept overnight delivery of payments. Sending payments by an overnight delivery service will delay processing of your payment.

Bank Bill-pay Process

If you manage and pay your bills through your personal bank account, please send your payment to:

Anthem Blue Cross and Blue Shield
P.O. Box 5283
Carol Stream, IL 60197-5283

Online Payment

Direct bill members can sign into their account on anthem.com and pay their premiums directly online.

Go to **anthem.com > Login > Pay my bill** – *OR* – **anthem.com > Login > My Plan > Payment & Billing**.

Payment by Phone

If you pay by phone, please contact Anthem Member Services at **1-800-552-2682**.

For questions about your premium payments, contact Anthem Member Services at **1-800-552-2682**.

Ready for the convenience of electronic payments?

For those who are paying their monthly premium by mail or telephone, consider the convenience of our auto-bill pay option. With Automatic Bank Draft (EFT), premiums are electronically withdrawn from your bank account on the 1st of each month. Bank draft is an efficient way to ensure that your payments are made on time, and the service is free. Directions for Automatic Bank Draft sign up are on the reverse side.

Automatic Bank Drafts

Automated Bank Draft (EFT) allows you to have your monthly premium deducted electronically from your checking account – instead of mailing your payment each month. There are two ways to set up this service. The easiest is logging into anthem.com > Profile > Payments & Reimbursements. To sign up via mail, simply complete the form below, attach your voided check and return it to:

Anthem Blue Cross and Blue Shield
COVA Member Services
PO Box 27401
Richmond, VA 23279

The voided check must be from the account you want the automated draft payments to be withdrawn. The information on your check is necessary to process your authorization form. Please do not send a blank check or a cancelled check as they cannot be used to set up EFT. If signing up via mail, your account must be current in order to set up Automatic Bank Draft.

Questions? Call Anthem Member Services at **1-800-552-2682**.

Anthem Health Plans of Virginia
AUTOMATIC BANK DRAFT AUTHORIZATION: Checking Account

Applicant's Full Name _____
(The person whose premium you are paying)

Applicant's Address _____

City, State, Zip Code _____

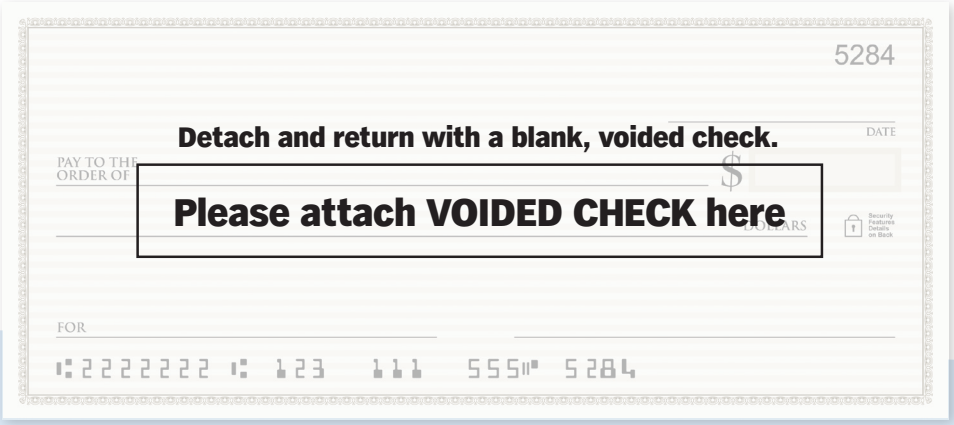
Applicant's Identification Number or Social Security Number _____

Full Name of Bank where you have checking account _____

Date for draft to occur: ☐ **1st** or ☐ **5th of the month.**

I authorize the above named bank (referred hereinafter as "you" and "your") to pay and charge to my account drafts drawn on my account by and payable to the order of Anthem Blue Cross and Blue Shield, Roanoke, VA, provided there are sufficient funds in my account to pay the same upon presentation. I agree that your rights in respect to such draft are the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and received by you. I agree that you shall be fully protected in honoring any such draft. I further agree that if such drafts are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in loss of this insurance. I understand I may be billed for monthly premiums until this draft becomes effective. I have attached a blank, voided check reflecting the account number as it appears on my bank records.

X _____ **Acct#** _____ **Date** __/__/__
(Signature exactly as it appears on bank records)



A10441 (10/2023)