

WELL ON YOUR WAY

Flexible Benefits Enrollment Guide

2017

Find What Fits!

for Union-Represented Employees
IBEW, Local 50



Dominion®

Contacts

For more information about Dominion benefits, contact...

Benefit	Administrator	Reasons to Contact	Phone Number	Website or E-mail Address
Dominion Benefit Center	Aon Hewitt	<ul style="list-style-type: none"> Questions about your benefits 	1-877-434-6996	Your Benefits Resources (YBR) http://resources.hewitt.com/dominion
Dominion HelpLine	Dominion	<ul style="list-style-type: none"> Address changes Employee name changes Marital status changes Request benefit forms 	1-877-947-4636 (804) 771-4636 (tie line) 8-736-4636	helpline@dom.com
Auto/Home Insurance	MetLife	<ul style="list-style-type: none"> Group auto and home policies at group rates 	1-800-438-6388	www.metlife.com/mybenefits
COBRA	Dominion Benefit Center	<ul style="list-style-type: none"> COBRA enrollment 	1-877-434-6996	
Condition Management	Anthem MyHealth Advantage	<ul style="list-style-type: none"> Help with managing medical conditions, checkups and medications 	1-800-348-1966	
Dental	MetLife	<ul style="list-style-type: none"> Dental claims and network providers 	1-800-942-0854	www.metlife.com/mybenefits
Employee Assistance Program (EAP) and Work/Life Services	Humana	<ul style="list-style-type: none"> Personal concerns for employees and immediate families Emotional well-being Legal and financial concerns Child care, adult care and parenting Convenience services Discounts 	1-888-DOM-EAP1 (1-888-366-3271)	www.humana.com/eap Username: dom Password: dominion
Flexible Spending Accounts (FSAs)	PayFlex	<ul style="list-style-type: none"> Healthcare and Day Care FSA coverage and claim payments 	1-800-284-4885	www.mypayflex.com
Health Savings Accounts (HSAs)	HSA Bank	<ul style="list-style-type: none"> Check HSA balance Questions about account 	1-800-357-6246	www.hsabank.com
Life Insurance	MetLife	<ul style="list-style-type: none"> Enrollment and coverage questions Statement of Health 	Dominion Benefit Center 1-877-434-6996	Your Benefits Resources (YBR) http://resources.hewitt.com/dominion
Long-Term Disability	Unum	<ul style="list-style-type: none"> Enrollment and coverage questions 	Dominion Benefit Center 1-877-434-6996	
Medical	Anthem	<ul style="list-style-type: none"> Medical claims, covered services and network providers 	1-800-348-1966	www.anthem.com
	Anthem NurseLine	<ul style="list-style-type: none"> Registered nurses assist with your health questions 	1-877-875-9095	www.anthem.com
Medical Resources	Best Doctors	<ul style="list-style-type: none"> Get an expert second opinion and medical diagnosis 	1-866-904-0910	https://members.bestdoctors.com
	Wiser Health	<ul style="list-style-type: none"> Learn about treatment options for certain health conditions 		https://dominion.mywiserhealth.com
Prescription Drugs	Anthem (Medical Plan Option A)	<ul style="list-style-type: none"> Claims 	1-800-348-1966	www.anthem.com
	Express Scripts (Medical Plan Option A)	<ul style="list-style-type: none"> Network providers and covered medications 	1-866-282-0547	www.express-scripts.com
	Express Scripts (Medical Plan Options B, C and E)	<ul style="list-style-type: none"> Claims, network providers, and covered medications 	1-866-282-0547	www.express-scripts.com
Retirement	Dominion Benefit Center	<ul style="list-style-type: none"> Questions regarding retirement, retiree medical, and retiree life insurance 	1-877-434-6996	Your Benefits Resources (YBR) http://resources.hewitt.com/dominion
Dominion Savings Plan	Xerox HR Solutions	<ul style="list-style-type: none"> All Savings Plan questions 	1-877-706-7283	https://www.benefitsweb.com/dominion.html
Vision	EyeMed	<ul style="list-style-type: none"> Vision claims and covered services 	1-855-273-4537	www.eyemedvisioncare.com
Wellness	StayWell Health Management	<ul style="list-style-type: none"> Wellness programs, health assessment, screening and health coaching 	1-866-280-1090	dom.staywell.com

Guide to Your 2017 Flexible Benefits

2017...Find What Fits

Dominion's Flexible Benefits program offers attractive, competitive benefits options that allow you to customize your benefits package to best meet your needs and budget.

It's up to you to take the time to **Find What Fits** by:

- Thinking carefully about what you need and want
- Exploring and comparing your options, and
- Considering your financial resources—what you are willing or able to spend—as you would with any other important buying decision.

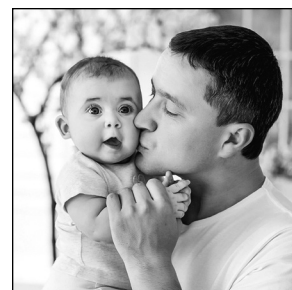
This guide is designed to help you make good choices. It includes:

- An overview of the Dominion benefit options you can select
- Information about other decision-making tools and resources available to you, and
- Tips to help you be a better healthcare consumer.

Before enrolling, thoroughly review this guide and explore the other tools and resources available. Take time to identify the best benefit choices for you and your family.

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You Can Make a Difference...

Whether you're enrolling as part of annual Open Enrollment or as a new employee at Dominion, your benefit choices are important. This is your only opportunity to make your Dominion 2017 benefit elections for you and your family. IRS regulations concerning changes to a pre-tax plan are very strict. Some life events may allow you to change your coverage during the calendar year, but remember that your change generally must be made within 31 days of the event (in some cases, you may have up to 60 days). See page 4 for more information.

What's New for 2017

You Have Choices to Make About:

- Medical coverage
- Dental coverage
- Vision coverage
- Health Savings Account (HSA) with Medical Option A
- Healthcare Flexible Spending Account (FSA) with Medical Options B, C and E
- Day Care Flexible Spending Account (FSA)
- Long-term disability insurance
- Employee life insurance
- Dependent life insurance



The Dominion Medical Plan will include four options—A, B, C and E—each with updated deductibles and out-of-pocket maximums.

New \$100 Emergency Room Copay for Medical Options B, C and E

- Dominion is adding a \$100 copay for ER visits, in addition to what you would normally pay. This applies to Options B, C and E. If you're admitted to the hospital as a result of your ER visit, the \$100 copay will be applied to your inpatient stay.

This new ER copay doesn't apply to Medical Option A. If you enroll in Option A for 2017, you will pay for your care at 100%, including ER visits, until you reach your deductible.

Medical

- Hearing aids will be covered up to a maximum of \$2,500 every 36 months beginning January 1, 2017. There will be no limit on the number of hearing aids per ear during the 36 month period.

Both hearing aids and hearing tests will be subject to your plans deductible and copayment.

Replacement batteries and supplies will not be covered.

Diabetic Supplies

- Diabetic Supplies will be covered under the prescription drug program through Express Scripts beginning January 1, 2017.

Health Savings Account (HSA)

- The HSA employee contribution limits have increased for employee only or employee plus domestic partner coverage. See page 10 for details.

Life Insurance

- Employees will have Accidental Death and Dismemberment (AD&D) coverage in the same amount as their Basic and Supplemental Life Insurance amount. See page 22 for details.

Eligibility and Enrollment

Eligibility

You are eligible for these benefits as a union-represented Dominion employee.

Dependents

You may also enroll your eligible dependents. Only the following individuals may be enrolled in the Plan as your dependent(s):

- Your **spouse** is the person to whom you are legally married and for whom you have a valid government-issued marriage certificate.
- Your **children**, regardless of marital status (defined as your natural children, legally adopted children, children placed with you for legal adoption, foster children and stepchildren) who are under age 26.
- Your **disabled children**, age 26 or older, provided:
 - they became disabled before age 26;
 - they were enrolled in the Plan at the time they became disabled (or, in the case of a newly-hired employee with a child that is already disabled, the child was covered under the previous employer's medical plan immediately prior to being covered under Dominion's plan and is enrolled immediately upon the employee's employment);
 - they remain continuously enrolled in the plan following the disability; **and**
 - they qualify as your dependent for tax purposes (i.e., you can claim him or her as a dependent on your federal income tax return for the year).*

For this purpose, "disabled" means permanently and totally disabled by Social Security Administration standards applicable to children, which generally means that the child is very seriously limited in his or her activities by reason of a medically determinable physical or mental impairment that can be expected to result in death or to last for at least 12 months. Employees may be required from time to time to provide proof of the child's continuing disability.
- Your **legal ward** under age 26 for whom you are appointed **legal guardian or legal custodian**, provided that the individual qualifies as your dependent for tax purposes.*

* It is your responsibility to ensure that your disabled child, age 26 or older, or legal ward under age 26 qualifies as your dependent for tax purposes before enrolling or continuing to enroll him or her in the Plan. For a detailed explanation of the requirements for tax dependent status, see IRS Publication 17, Your Federal Income Tax, available at www.irs.gov.

Dependents, other than children under age 26, who are serving in the military and covered by military medical are not eligible for the Dominion Plans.

Children of domestic partners also cannot be covered, unless they are otherwise eligible to be covered as your dependents under the plan. The child of your domestic partner is not considered your "stepchild" for purposes of the plan.

Domestic Partners

You also may enroll your domestic partner on an after-tax basis. Domestic partners are eligible for medical, dental and vision only, and you pay the full cost of coverage for your domestic partner. There is no Dominion subsidy toward the cost of this coverage. You may cover a domestic partner if both you and your domestic partner:

- Are age 18 or older
- Have resided with each other for at least six months before the effective date of coverage and intend for the relationship to be of unlimited duration
- Are not married to anyone else or involved in another domestic partner relationship
- Share financial responsibilities through joint ownership or lease responsibilities of your residence, and/or have named each other as beneficiaries under life insurance policies or wills
- Are not related by blood to such a degree that marriage would be prohibited under applicable state law; **and**
- Are competent to make contracts (i.e., are not considered incompetent because of physical or mental disability).

Any dependents added to benefits are subject to verification.

Coverage Dates

The Dominion coverage options you select for 2017 will be in effect for the entire calendar year, as long as you remain employed by Dominion in an eligible category.

Coverage for benefits begins on:

- Your employment date
- January 1 for annual Open Enrollment changes, or
- A qualifying life event change date.

Making Benefit Changes During the Year

You may make changes in your coverage only during Open Enrollment, unless you have a qualifying life event. Changes must be consistent with the qualifying life event.

Here are Some Examples of Qualifying Life Events

- Marriage or divorce
- Birth or adoption
- Satisfying or ceasing to satisfy dependent eligibility requirements
- Death of a dependent
- Changes in employment status that cause a gain or loss of eligibility under your Dominion coverage, or your spouse's or domestic partner's employer coverage
- Transfer from a union to non-union position or vice versa.

Mid-Year Special Enrollees

If you are eligible to enroll a dependent in the medical plan mid-year due to a Qualifying Life Event, you will also have the opportunity to select a different medical plan option, if your Qualifying Life Event is one of the following:

- Child's birth, adoption, or placement with you for adoption
- Marriage
- Loss of eligibility for dependent's previous group health coverage or other coverage
- Loss of employer contribution toward dependent's previous group health coverage.

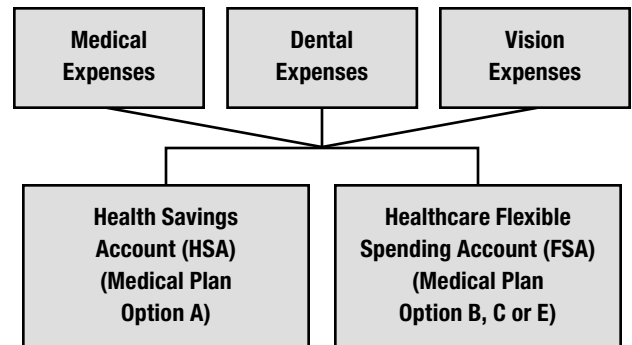
Important Notice When Making Changes

When you have a Qualifying Life Event, you must contact the Dominion Benefit Center at 1-877-434-6996 **within 31* days of the event**. If your event does not allow a benefit change, you must wait until the next annual Open Enrollment or another Qualifying Life Event to make a change to your benefits.

* The enrollment period to add dependent children is 60 days in the event of the birth, adoption or placement for adoption of your dependent children. The enrollment period to enroll yourself and dependents is also 60 days in the event of eligibility for premium assistance under the plan through a state children's health insurance program (CHIP); or the termination of Medicaid or CHIP coverage due to loss of eligibility. The 31-day period remains in effect for all other qualifying life events.

Good Healthcare Choices Start with You

Making the best choices begins by evaluating your medical, dental and vision options. You should also keep in mind that using the Healthcare Flexible Spending Account or Health Savings Account can save you money by providing a tax advantage when you use the account to pay for eligible expenses that the medical, dental and vision plans don't cover. The time you spend thinking through how to use these options to your advantage can pay off over time. It's all part of finding what fits...selecting options that can work best for you.



As you decide on medical, dental and vision coverage, consider participating in the HSA or the Healthcare FSA and taking advantage of the tax advantages they offer. The HSA is available only if you choose Medical Plan Option A; the Healthcare FSA is available only if you choose Medical Plan Option B, C or E, or waive medical coverage.

Medical Coverage

To help protect you and your family against significant costs in the event of injury or illness, Dominion offers four Medical Plan options along with tools to support the process of choosing the right option for you. For 2017, the Medical Plan options will be A, B, C and E.

The options are alike in important ways—they all:

- Cover the same services and supplies, including preventive care coverage to help you stay well
- Have the same national Blue Cross and Blue Shield PPO network of doctors, hospitals and providers, who deliver care at negotiated prices
- Have a Condition Management program to help you manage medical conditions, checkups and medications
- Have Anthem process medical claims, using the same dedicated customer service team
- Provide you with access to a trained registered nurse and recorded health information through Anthem's 24/7 NurseLine, and
- Have no lifetime dollar limit.

The options differ from each other in terms of:

- The deductibles, copayments and out-of-pocket maximums
- The prescription drug administration and plan designs
- The contribution rates deducted from your pay, and
- Pre-tax accounts—Option A comes with an HSA, while Options B, C and E allow you to have an FSA.



Find What Fits...What a Difference Managing Your Healthcare Makes

Managing your health and your medical care costs involves three major components:

- Taking care of yourself—everything from diet and exercise to preventive care that can help detect and treat emerging health issues early
- Selecting the right Medical Plan option—based on the criteria important to you, ranging from
 - the amount and kind of care you and your dependents may need
 - whether you use in-network or out-of-network providers
 - the right balance between what it costs when you buy coverage (your contribution rate) and what you have to spend when you need care (your deductibles and copayments, for example)
- Understanding how the option you've selected works so you can use your plan benefits well.

Please note that you generally are not eligible for an HSA, and therefore cannot enroll in Option A, if you have other health coverage that pays for medical expenses such as Medicare, Medicaid, a FSA, a Health Reimbursement Arrangement (HRA), or coverage under your spouse's plan including a FSA or HRA through your spouse's employer. If you enroll in Option A and have other coverage, you could be subject to IRS penalties.

Medical Premium Credit

Legacy Employees

- You and your spouse or domestic partner are each eligible for a \$400 medical premium credit in 2017 if you completed your health screening and online health assessment by the July 31, 2016 deadline.

Newly Hired or Newly Eligible Employees

- You and your spouse or domestic partner are each eligible for a \$400 medical premium credit if you complete your health screening and online health assessment within 90 days of your medical coverage effective date.
- If the health screening and online assessment are completed within 90 days, you will receive the medical premium credit for 2017 and 2018. If the 90 day deadline is missed but completed by July 31, 2017, you will receive the medical premium credit for 2018 only.

Visit dom.staywell.com for details.

An Overview of Your Medical Plan

This chart shows how key features of the four Medical Plan options compare. For information on how a specific medical service is covered, refer to the Summary Plan Description. See the enclosed insert for your contribution rates for each option.

Plan Features	Option A		Option B		Option C																	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network																
Annual Medical Deductible* <ul style="list-style-type: none">Employee only coverageEmployee and dependent coverage (including domestic partners)<ul style="list-style-type: none">Per personPer family	\$1,787		\$1,010		\$503																	
	N/A*		\$1,010		\$503																	
	\$3,574*		\$2,020		\$1,006																	
Participant Copayment (what you pay after the deductible for covered care): <ul style="list-style-type: none">Medical care and services, including mental health and chiropractic**Office visits, including mental health and chiropractic** (see page 9 for preventive care coverage)	20%	40%	20%	40%	20%	40%																
	20%	40%	20%	40%	20%	40%																
Annual Medical Out-of-Pocket Maximums*** <ul style="list-style-type: none">Employee only coverageEmployee and dependent coverage (including domestic partners)<ul style="list-style-type: none">Per personPer family	\$4,201	\$8,404	\$4,041	\$7,073	\$2,020	\$3,536																
	\$6,850*	\$13,700*	\$4,041	\$7,073	\$2,020	\$3,536																
	\$8,402*	\$16,808*	\$8,082	\$14,146	\$4,040	\$7,072																
Emergency Room <ul style="list-style-type: none">Copayment waived if admitted to hospital	After the deductible you pay 20%	After the deductible you pay 40%	You pay a \$100 copay per vist plus 20% of the remaining charge after the deductible under Options B and C																			
Prescription Drug Coverage	<i>Administered by Anthem and Express Scripts</i> <ul style="list-style-type: none">Includes retail and home deliveryAfter you meet your medical deductible, you will pay 20% for covered prescriptionsAfter you reach the medical out-of-pocket maximum, the plan pays 100% for covered prescriptions for the remainder of the calendar year		<i>Administered by Express Scripts</i> <ul style="list-style-type: none">After you meet \$72 per person annual prescription deductible, you pay:<table><tr><td>At a retail pharmacy</td><td>for up to a 30-day supply</td></tr><tr><td>Generic</td><td>20%, \$5 minimum</td></tr><tr><td>Formulary brand</td><td>25%, \$20 minimum</td></tr><tr><td>Non-formulary brand</td><td>35%, \$35 minimum</td></tr><tr><td>Through home delivery</td><td>for up to a 90-day supply</td></tr><tr><td>Generic</td><td>20%, \$10 minimum</td></tr><tr><td>Formulary brand</td><td>25%, \$40 minimum</td></tr><tr><td>Non-formulary brand</td><td>35%, \$70 minimum</td></tr></table>After your covered out-of-pocket costs reach the \$893 annual per person prescription drug out-of-pocket maximum, the plan pays 100% of that person’s covered prescription costs for the remainder of the calendar year.All specialty drugs must be filled by Accredo, Express Scripts’ specialty pharmacy, after one fill at a retail pharmacy. Specialty drugs are dispensed for up to a 30-day supply and are subject to the retail pharmacy copayment.				At a retail pharmacy	for up to a 30-day supply	Generic	20%, \$5 minimum	Formulary brand	25%, \$20 minimum	Non-formulary brand	35%, \$35 minimum	Through home delivery	for up to a 90-day supply	Generic	20%, \$10 minimum	Formulary brand	25%, \$40 minimum	Non-formulary brand	35%, \$70 minimum
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Generic	20%, \$10 minimum																					
Formulary brand	25%, \$40 minimum																					
Non-formulary brand	35%, \$70 minimum																					
Health Savings Account (HSA) Available	Yes—funded by Dominion contributions and voluntary pre-tax contributions from you		No																			
Healthcare Flexible Spending Account (FSA) Available	No		Yes—funded by voluntary pre-tax contributions from you																			
Lifetime Maximum Benefit	No lifetime dollar limit																					

* If you select Option A and enroll your dependents, you must meet the family deductible before any expenses are paid for services other than covered preventive care. If an individual meets the \$6,850 out-of-pocket maximum, the plan pays 100% for that individual. Other family members will need to meet the remaining portion of the family out-of-pocket maximum of \$8,402 before the plan pays 100% for all family members.

** Chiropractic is a maximum benefit of 20 visits per person per year.

*** Your actual financial responsibility for medical expenses could be greater than the annual out-of-pocket maximum. Non-covered services, out-of-network provider charges above the Plan allowance, and amounts above Plan limits do not count toward the out-of-pocket maximum and you will always be responsible for those expenses, regardless of whether you have met your out-of-pocket maximum.

Option E																	
In-Network	Out-of-Network																
<div>\$461</div> <div>\$461</div> <div>\$922</div>																	
20%	40%																
20%	40%																
\$1,576	\$3,159																
\$1,576	\$3,159																
\$3,152	\$6,318																
You pay a \$100 copay per visit plus 20% of the remaining charge after the deductible.																	
<p><i>Administered by Express Scripts</i></p> <ul style="list-style-type: none"> After you meet \$72 per person annual prescription deductible, you pay: <table border="1"> <tr> <th>At a retail pharmacy</th><th>for up to a 30-day supply</th></tr> <tr> <td>Generic</td><td>\$30</td></tr> <tr> <td>Formulary brand</td><td>\$63</td></tr> <tr> <td>Non-formulary brand</td><td>\$96</td></tr> <tr> <th>Through home delivery</th><th>for up to a 90-day supply</th></tr> <tr> <td>Generic</td><td>\$60</td></tr> <tr> <td>Formulary brand</td><td>\$126</td></tr> <tr> <td>Non-formulary brand</td><td>\$192</td></tr> </table> <ul style="list-style-type: none"> After your covered annual out-of-pocket costs reach the \$706 individual or \$1,412 family prescription drug out-of-pocket maximum, the plan pays 100% of that person's covered prescription costs for the remainder of the calendar year. All specialty drugs must be filled by Accredo, Express Scripts' specialty pharmacy, after one fill at a retail pharmacy. Specialty drugs are dispensed for up to a 30-day supply and are subject to the retail pharmacy copayment. 		At a retail pharmacy	for up to a 30-day supply	Generic	\$30	Formulary brand	\$63	Non-formulary brand	\$96	Through home delivery	for up to a 90-day supply	Generic	\$60	Formulary brand	\$126	Non-formulary brand	\$192
At a retail pharmacy	for up to a 30-day supply																
Generic	\$30																
Formulary brand	\$63																
Non-formulary brand	\$96																
Through home delivery	for up to a 90-day supply																
Generic	\$60																
Formulary brand	\$126																
Non-formulary brand	\$192																
No																	
Yes—funded by voluntary pre-tax contributions from you																	
No lifetime dollar limit																	

A Brief Definition of Terms

- Brand-name drugs** – drugs that are manufactured and marketed under a product name by a pharmaceutical company.
- Copayment** – your share of the cost for covered services. This can be a percentage of the cost or a specific dollar amount.
- Deductible** – the amount you pay for covered services each calendar year before most plan benefits begin, unless the plan pays for the service with no deductible (such as for some preventive care).
- Formulary** – under Options B, C and E, a preferred list of FDA-approved prescription drugs and supplies developed by Express Scripts' Pharmacy and Therapeutics Committee. The Committee is an independent group of pharmacists and physicians from a broad range of medical specialties.
- Drugs and supplies are included in the formulary based on their clinical and cost effectiveness. Formulary drugs are used as a guide for determining the amount of your copayment for each prescription, with drugs on the formulary typically available at a lower copayment. Your doctor can use this list to choose medications for you while helping you save money.
- Generalist vs. specialist** – generalists include family, general practice, internal medicine, OB/GYN or pediatric physicians; all other providers are considered specialists—including chiropractors and occupational/physical therapists.
- Generic drugs** – drugs that have the same chemical components as brand-name drugs and meet the same quality and safety standards.
- Out-of-pocket maximum** – the most you have to pay in deductibles and copayments for covered services during the calendar year; after you have paid this much in deductibles and copayments, the plan pays 100% for covered services for the remainder of the calendar year.

Using In-Network Providers Makes a Difference

Even when you're waiting to meet the deductible, using in-network providers gives you the advantage of discounted network costs. For out-of-network providers, you're paying the full cost of care and only amounts up to allowable costs count toward your deductible.

Condition Management

Anthem's MyHealth Advantage provides participants with a personalized summary to help manage existing health conditions and suggestions to improve overall health and avoid potential health issues. This free program is available to all employees and their dependents enrolled in a medical plan. MyHealth Advantage reviews your health status and assists in managing medications, routine tests and checkups. Anthem will contact you if you meet program criteria.

Reconstructive Surgery After a Mastectomy

The Women's Health and Cancer Rights Act of 1998 requires all group health plans to provide medical and surgical benefits following a mastectomy—and to communicate this coverage to plan participants. All Dominion Medical Plan options provide coverage for these services, including reconstructive breast surgery needed after a mastectomy, prostheses and treatment of any physical complications of the mastectomy. These services are covered in the same way as other surgery or services under each medical option.

Newborns' and Mothers' Health Protection Act (Newborns' Act)

The Newborns' and Mothers' Health Protection Act (Newborns' Act) includes important protection for mothers and their newborn children with regard to the length of the hospital stay following childbirth. The Newborns' Act requires that group health plans that offer maternity coverage pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of Caesarean section).



For Questions About...

Contact

Medical Plan options, HSAs, contribution rates and plan features	Dominion Benefit Center at 1-877-434-6996.
Covered services and to see if a doctor, hospital or provider is in the network	Anthem at 1-800-348-1966 or go online to www.anthem.com

The Way a Doctor Files a Claim Can Make a Difference

If a preventive care visit, other than an annual mammogram or colorectal screening, ends up with a doctor identifying and/or providing medical care treatment for a condition—for example, your child is sick the day of a scheduled routine check-up—the claim will be processed under your medical benefits rather than preventive care benefits.*

A Closer Look at Preventive Care

All four Medical Plan options emphasize the importance of preventive care and overall wellness. That's because exams and tests can help identify problems early. When you and your family members take advantage of the plan's preventive care benefits through regular exams and other wellness services, you can keep more serious problems from developing. This can save time, money and worry...and most importantly, help you feel your best.

All Medical Plan options offer the same preventive care benefits—without having to meet the deductible—as long as you use a network provider. Note: Covered vaccines may be purchased in- or out-of-network under both Anthem and Express Scripts. Preventive care benefits for children through age 6 include routine care, screenings, checkups, and immunizations. Preventive care services for covered members age 7 and older include:

Service	Copayment	Additional Information
<ul style="list-style-type: none"> Annual checkup office visit Annual gynecological exam and Pap test Annual prostate exam and PSA test for men age 40 and older Annual mammogram for women age 35 and older* Annual colorectal cancer screening* Routine tests, lab and x-ray services associated with an annual check-up, gynecological or prostate exam 	\$0	
Immunizations	\$0	Covers immunizations to prevent or reduce the risk of conditions such as tetanus, flu and HPV. Some immunizations require prior approval. Covered vaccines may be purchased in or out-of-network under both Anthem and Express Scripts. Note: You need to file a paper claim with Anthem for out-of-network services.
<ul style="list-style-type: none"> Women's contraceptives, sterilization procedures, and counseling. Coverage includes contraceptive devices such as diaphragms, intra uterine devices (IUDs), and implants. Breastfeeding support, supplies, and counseling. Benefits for breast pumps are limited to one pump per pregnancy. Gestational diabetes screening 	\$0	

* The plan will pay for one mammogram and colorectal screening each calendar year—even if your doctor determines there is a medical condition.

If you are uncertain as to whether or not a particular service will be covered under the plan's preventive care program, please confirm with Anthem Customer Service at 1-800-348-1966 prior to having the service performed.

Anthem 24/7 NurseLine

Health concerns don't follow a 9 to 5 weekday schedule. That's why you can call the **24/7 NurseLine** any time to speak with a registered nurse who is trained to help you make informed decisions about your health situation.

Or you can call and listen to recorded messages about hundreds of health topics by accessing the AudioHealth Library.

For confidential health information, call 1-877-875-9095.

Anthem Future Moms Program

The Future Moms program provides you with information and support to help you make health choices that may result in a healthier pregnancy.

It's important to register within your first three months of pregnancy to optimize your health and the health of your unborn baby. To enroll in the program (at no cost to you), call 1-800-828-5891 to speak to an experienced, registered nurse. Once you register, you'll receive toll-free access to a registered nurse 24/7, a prenatal care book, educational materials, a questionnaire to evaluate your risk for preterm delivery, and useful tools to help track your pregnancy and identify possible risks.

Health Savings Account

How the Health Savings Account Works

A Health Savings Account (HSA) is like a personal savings account, designed to help individuals save for future health expenses on a tax-free basis. If you enroll in Option A:

- Dominion will make a tax-free contribution to your HSA by January 31, and you may add your own pre-tax contributions. You decide how much you want to contribute from your pre-tax pay. You may change your contribution amount anytime during the year.
- There are some fees associated with the account; see “About HSA Bank Fees” for more information.
- You manage the money in your account and decide how to use it. You may use the dollars in your HSA to pay eligible out-of-pocket healthcare costs tax-free. For example, this includes medical expenses before you meet your deductible, medical copayments, or other eligible out-of-pocket healthcare costs for vision and dental care.
- You are responsible for making sure you use the HSA for eligible expenses and can provide proof of those expenses if the IRS requests them. It's important to make sure you save copies of receipts for expenses paid through your HSA.
- If you enroll in Option A mid-year, Dominion's contribution to your HSA will be prorated over the remaining months of the year.

Coverage	Health Savings Account (HSA)		
	Dominion contributions	You can add:	Total contributions (from Dominion and you)
Employee only or employee + domestic partner coverage	Up to \$500 per year	Up to \$2,900 per year	Up to \$3,400 per year
Family coverage (employee + dependents)	Up to \$1,000 per year	Up to \$5,750 per year	Up to \$6,750 per year

- 1 You may use the money in your HSA to pay for expenses you have while meeting your deductible...**
- 2 ...or to pay copayments...**
- 3 ...or to pay for other healthcare expenses, such as dental and vision expenses not paid by any plan but allowed by the IRS...**
- 4 ...or as a way to save for the future, letting contributions add up tax-free to cover future healthcare costs...next year or longer-term.**

Features of the HSA

- **No “use it or lose it” to worry about.** Unlike the Healthcare Flexible Spending Account (FSA), you may carry your HSA forward to the following year. You may also use future years' contributions to cover this year's expenses. For example, if you have \$1,200 in your account and \$1,500 in expenses this year, and choose to participate in Option A next year, you could use next year's account to reimburse yourself for the \$300 this year's account didn't cover.
- **Account balances earn interest.**
- **Account balance “carry forward” allows you to save for future healthcare expenses.** You can even take the account into retirement to pay retiree healthcare costs.

- You can invest in mutual funds by contacting HSA Bank at 1-800-357-6246 for details.
- **Even if you change medical options in the future, you can still use the money in your HSA.** You may contribute to the HSA only while you're enrolled in Option A, but you can use it to cover eligible healthcare expenses later even if you are enrolled in another Medical Plan option.
- **You may also withdraw money for other reasons,** but taxes and penalties may apply.
- **You can take the HSA with you if you leave Dominion,** and draw on it as needed to cover eligible healthcare expenses, or roll your HSA balance into another HSA. If you leave your HSA at HSA Bank, fees are subject to change.
- **You may change your contribution amount any time during the year. Changes are effective the first of the month following the change.**
- **You cannot use the HSA for domestic partner expenses unless your domestic partner qualifies as your tax dependent under IRS rules.**
- **HSA participants age 55 or older who are not enrolled in Medicare are eligible to contribute up to an additional \$1,000 “catch-up” amount in 2017.** To elect an HSA “catch-up” contribution, you must contact the Dominion Benefit Center at 1-877-434-6996.

Do You Have Other Medical Coverage?

You generally are not eligible for an HSA, and therefore cannot enroll in Option A if you have other health coverage that pays for medical expenses such as Medicare Part A and/or B, Medicaid, a healthcare flexible spending account (FSA), a health reimbursement arrangement (HRA), or coverage under a spouse's plan, including an FSA or HRA through your spouse's employer. If you enroll in Option A and have other coverage, you could be subject to IRS penalties.

Switching to Option A for 2017?

Because of federal rules, if you have a balance in your Healthcare FSA on December 31, 2016, and you choose Medical Option A for 2017, you cannot contribute to your HSA or receive Dominion's contributions to your HSA until after the Healthcare FSA grace period has expired. As a result, your HSA contributions will not begin until April 2017, if you have a balance in your FSA on December 31, 2016. Even though your HSA contributions will be delayed, you will still receive the same total amount of HSA contributions for 2017. And you'll be able to use your remaining Healthcare FSA balance for any eligible expenses incurred through March 15, 2017.

About HSA Bank Fees

Dominion will pay the monthly maintenance fee as long as you are enrolled in Medical Option A as an active employee.

You are responsible for any fees related to withdrawing money through an ATM or writing a check out of your HSA.

Using your debit card for ATM withdrawals or at point of sale with your PIN results in a \$2.00 fee per usage. The \$2.00 fee charged at point of sale can be avoided by selecting “Credit” instead of “Debit” when you swipe your card.

For additional information on HSA Bank fees, go to www.hsabank.com.

Prescription Drug Coverage

Your prescription drug benefits depend on which medical option you select—Option A prescription benefits are different than those for Options B, C and E. Here's a summary:

Prescription Drug Coverage Overview

Option A	Options B and C	Option E																																
<i>Administered by Anthem and Express Scripts</i> <ul style="list-style-type: none">You use your combined medical and pharmacy ID card at participating pharmaciesAfter you meet your medical deductible, you will pay 20% for covered prescriptionsAfter you reach the medical out-of-pocket maximum, the plan pays 100% for covered prescriptions for the rest of the calendar year.	<i>Administered by Express Scripts</i> <ul style="list-style-type: none">You use your separate Express Scripts ID card at participating pharmaciesAfter you meet the \$72 per person annual prescription deductible, you pay:<table><tr><th>At a retail pharmacy</th><th>for up to a 30-day supply</th></tr><tr><td>Generic</td><td>20%, \$5 minimum</td></tr><tr><td>Formulary brand</td><td>25%, \$20 minimum</td></tr><tr><td>Non-formulary brand</td><td>35%, \$35 minimum</td></tr><tr><th>Through home delivery</th><th>for up to a 90-day supply</th></tr><tr><td>Generic</td><td>20%, \$10 minimum</td></tr><tr><td>Formulary brand</td><td>25%, \$40 minimum</td></tr><tr><td>Non-formulary brand</td><td>35%, \$70 minimum</td></tr></table>After your covered out-of-pocket costs reach the \$893 annual per person prescription drug out-of-pocket maximum, the plan pays 100% of that person's covered prescription costs for the rest of the calendar year. There is no family out-of-pocket maximum; the out-of-pocket maximum applies to each covered person.	At a retail pharmacy	for up to a 30-day supply	Generic	20%, \$5 minimum	Formulary brand	25%, \$20 minimum	Non-formulary brand	35%, \$35 minimum	Through home delivery	for up to a 90-day supply	Generic	20%, \$10 minimum	Formulary brand	25%, \$40 minimum	Non-formulary brand	35%, \$70 minimum	<i>Administered by Express Scripts</i> <ul style="list-style-type: none">You use your separate Express Scripts ID card at participating pharmaciesAfter you meet the \$72 per person annual prescription deductible, you pay:<table><tr><th>At a retail pharmacy</th><th>for up to a 30-day supply</th></tr><tr><td>Generic</td><td>\$30</td></tr><tr><td>Formulary brand</td><td>\$63</td></tr><tr><td>Non-formulary brand</td><td>\$96</td></tr><tr><th>Through home delivery</th><th>for up to a 90-day supply</th></tr><tr><td>Generic</td><td>\$60</td></tr><tr><td>Formulary brand</td><td>\$126</td></tr><tr><td>Non-formulary brand</td><td>\$192</td></tr></table>After your covered annual out-of-pocket costs reach the \$706 individual or \$1,412 family prescription drug out-of-pocket maximum, the plan pays 100% of that person's covered prescription costs for the rest of the calendar year.	At a retail pharmacy	for up to a 30-day supply	Generic	\$30	Formulary brand	\$63	Non-formulary brand	\$96	Through home delivery	for up to a 90-day supply	Generic	\$60	Formulary brand	\$126	Non-formulary brand	\$192
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What's a Formulary?

Under Options B, C and E, a formulary is a preferred list of FDA-approved prescription drugs and supplies developed by Express Scripts' Pharmacy and Therapeutics Committee. The Committee is an independent group of pharmacists and physicians from a broad range of medical specialties.

Drugs and supplies are included in the formulary based on their clinical effectiveness and cost-effectiveness. Formulary drugs are used as a guide for determining the amount of your copayment for each prescription, with drugs on the formulary typically available at a lower copayment. Your doctor can use this list to choose medications for you while helping you and Dominion save money. You can find out if your medication is on the formulary by calling Express Scripts at 1-866-282-0547 or by visiting their website at www.express-scripts.com.

What are Specialty Drugs?

Specialty drugs are complex medications for specific conditions such as multiple sclerosis, rheumatoid arthritis, blood disorders and hepatitis C. They usually require special storage and handling and may not be readily available at your local retail pharmacy. Specialty drugs must be filled through Accredo, Express Scripts' specialty pharmacy, after the initial fill at a retail pharmacy. If the prescription you fill at a retail pharmacy is a specialty medication, Express Scripts will notify you and provide you with information so that future refills can be dispensed by Accredo.

If You Move to Another Option

If you are currently enrolled in Option A and enroll in Option B, C or E for next year (or vice versa), you must comply with the new option's prior authorization, step therapy and quantity limit requirements for all drugs, including those you are taking this year.



For Questions About...

Prescription drug benefits, covered medications or in-network pharmacies

Contact

For Option A: Anthem at 1-800-348-1966 (claims) and Express Scripts at 1-866-282-0547 or online at www.express-scripts.com (covered medications and in-network pharmacies)

For Option B, C or E: Express Scripts at 1-866-282-0547, or online at www.express-scripts.com.

Prescription Drug Provisions for All Options

Prior Authorization and Quantity Limits

Prior review and approval is required for certain medications and/or quantities of medications before payment is authorized. A list of medications requiring prior authorization is available by visiting the Express Scripts website.

Network Pharmacies

When you use a pharmacy in the network to fill a covered prescription, show your ID card to buy up to a 30-day supply of medication for Option B, C or E or a 60-day supply for Option A. You do not have to submit claim forms.

Out-of-Network Pharmacies

With all four Medical Plan options, you may use pharmacies outside the network, but if you do, you must:

- Pay for the prescription at the time it is dispensed
- File a claim with Anthem if you are in Option A or Express Scripts if you are in Option B, C or E.

Home Delivery Program

You can use home delivery to purchase covered prescription drugs to treat an ongoing medical condition, such as high blood pressure or diabetes, by asking your doctor to write a 90-day prescription. Your prescription will be mailed directly to your home. You should generally receive it within 14 days from Express Scripts' receipt of the prescription.

A Pharmacy on Your Phone

Express Scripts members can conveniently manage their prescription medications anywhere they go thanks to a mobile application and mobile-optimized website available for smart phones. The mobile site and app allow members to start Home Delivery, order refills, check an order's status, find drug information or even locate a retail pharmacy.

The mobile app, called Express Rx, is available on the iPhone and Android and takes advantage of smart phone GPS capabilities, which creates an interactive map showing the closest retail pharmacies. The mobile app can be downloaded for free from your smart phone's App Store.

Managing High Drug Costs Through "Step Therapy"

With all four Medical Plan options, it's important to understand "step therapy" for your prescription drugs and how it works.

Using a step therapy approach helps you manage your prescription costs. Step therapy looks at alternatives to certain brand name medications that often work just as effectively, such as

- generic drugs
- other brand name drugs.

Using step therapy can save you and Dominion money.

Find What Fits...Medical, Prescription Drug and Healthcare Accounts Things to Consider

As you think about your medical options:

- Think about what kind of medical services you expect to use in the year ahead. Use claims information to help you predict expenses. Claim information is available on the Anthem and/or Express Scripts websites. See page 14 for details.
- Use the online tools—available at Your Benefits Resources (YBR) <http://resources.hewitt.com/dominion>—to help you find what fits.
- Consider other coverage you may have—for example, through your spouse's employer.
- Don't forget to look at the Health Savings Account (HSA) and the Healthcare Flexible Spending Account (FSA).
 - With Medical Plan Option A: You can use the Health Savings Account for eligible medical costs not reimbursed by Option A—or you can use it for dental or vision expenses, or save it for the future, since you can carry forward any unused money in your HSA from year to year. If you're not likely to meet a Medical Plan option deductible during the year, it might make sense to choose Option A with its lower contribution rate and put money aside in the HSA. The savings are available during the year if there's a need, and if there's money left over at the end of the year, you can save it for the future.
 - With Medical Plan Options B, C or E: You can use the Healthcare Flexible Spending Account (FSA) to reimburse yourself in pre-tax dollars for eligible healthcare expenses.

Comparing the Medical Options

The four options cover all the same types of medical care—including the same preventive care benefits—and they use the same national Blue Cross and Blue Shield PPO network. There are five key differences to keep in mind as you select an option for the year ahead.

	Under Option A	Under Options B and C	Under Option E
Who can enroll	Any eligible employee and eligible dependents who are not covered by another medical plan, for example, through a spouse's employer.	Any eligible employee and eligible dependents.	Same as under Options B and C
Deductibles	If you cover yourself and any dependents, you must meet the family annual deductible before the plan covers any individual family member's expenses. Both medical and prescription expenses apply to your deductible.	There are individual and family annual medical deductibles. The plan begins to pay expenses for an individual when: <ul style="list-style-type: none"> • He/she meets the individual deductible, or • The family's combined expenses meet the family deductible. 	Same as under Options B and C
Prescription drugs	<ul style="list-style-type: none"> • After you meet your medical deductible, you will pay 20% for covered prescriptions. • After you reach the medical out-of-pocket maximum, the plan pays 100% for covered prescriptions for the remainder of the calendar year. 	<ul style="list-style-type: none"> • Covered after you meet the prescription drug annual deductible of \$72 per person. • Copayment percentages based on type of drug: generic, formulary brand or non-formulary brand. • After \$893 per person prescription drug out-of-pocket maximum is reached, plan pays 100% of person's covered drugs for the remainder of calendar year. • All specialty drugs must be filled through Accredo, Express Scripts' specialty pharmacy, after one fill at a retail pharmacy. 	<ul style="list-style-type: none"> • Covered after you meet the prescription drug annual deductible of \$72 per person. • Copayments based on type of drug: generic, formulary brand or non-formulary brand. • After you reach the \$706 individual or \$1,412 family prescription drug out-of-pocket maximum, the plan pays 100% for covered expenses for the remainder of the calendar year. • All specialty drugs must be filled through Accredo, Express Scripts' specialty pharmacy, after one fill at a retail pharmacy.
Medical out-of-pocket maximum	If you cover yourself and any dependents, you must meet the family annual out-of-pocket maximum before the plan pays covered expenses at 100%.	There are individual and family annual out-of-pocket maximums. The plan begins to pay covered expenses for an individual at 100% when: <ul style="list-style-type: none"> • He/she meets the individual out-of-pocket maximum, or • The family's combined expenses meet the family out-of-pocket maximum. 	Same as under Options B and C
Tax-free accounts for healthcare expenses	<p>Health Savings Account (HSA)—administered by HSA Bank</p> <ul style="list-style-type: none"> • Automatic Dominion contribution and an opportunity to contribute yourself—for combined contribution up to <ul style="list-style-type: none"> – \$3,400 a year if you have employee only or employee and domestic partner coverage – \$6,750 a year if you cover yourself and dependents • You decide how much to contribute but you may change your contribution amount during the year • Unused dollars can be carried forward year-to-year • If you retire or leave Dominion, you may take the HSA balance with you • You may pay for eligible expenses using an HSA debit card, up to the amount in your account at any point in time • You cannot use the HSA for domestic partner expenses unless your domestic partner qualifies as your tax dependent under IRS rules. 	<p>Healthcare Flexible Spending Account (FSA)—administered by PayFlex</p> <ul style="list-style-type: none"> • No Dominion contribution • You have the opportunity to contribute up to \$2,550 each year • You decide how much to contribute • You lose any contributions not used for eligible healthcare expenses during calendar year and grace period • If you leave Dominion, you may use your remaining FSA account balance <ul style="list-style-type: none"> – for services incurred through the end of your last month at Dominion – for services incurred the remainder of the calendar year by continuing your FSA coverage through COBRA • You pay for eligible expenses, then submit a claim for reimbursement, up to your annual contribution amount regardless of your account balance at the time. You may also sign up for automatic medical, prescription drug, dental and vision claim submission through PayFlex. 	Same as under Options B and C

Tools and Resources

Dominion not only gives you benefit choices, but also access to tools and resources to help you make the best choices for you and your family. Here are brief descriptions of the tools and resources available to you at no cost.

Which Option is Best for Me?

As you decide how much you want to pay for your medical coverage, think about balancing two costs:

- Your cost of coverage—that is, the fixed contributions that come out of your paycheck, and
- Your deductibles and copayments—what you spend when you see the doctor, receive medical care, or buy a prescription.

Do the Math

Generally, the higher your contribution rate, the lower your cost when you receive care—and vice versa. Sometimes, you may be paying more in contributions than you need to spend. It's a decision for you to make, based on your situation and your comfort level.

Only you can determine the best Medical Plan option for you. Here are some things to consider:

- Do you want your contribution rate for medical to be as low as possible each pay period because you're relatively healthy and don't expect to have high out-of-pocket costs for medical care?
or
- Would you prefer a higher contribution rate to have lower deductibles and copayments because you expect to use medical services often?
and
- How much do you expect to need to cover your out-of-pocket costs through a pre-tax healthcare account? If you think you'll need more than you and Dominion can contribute to the Health Savings Account (HSA), you may want to consider Medical Option B, C or E.

Anthem Website

Go to **www.anthem.com** where you can:

- Review your claim history. Note that not all claims are available online and that you may only get a rolling 24-month summary.
- Access the national PPO provider directory.
- Obtain general health and wellness information on a broad range of subjects.
- Compare hospital quality, using the Estimate Your Cost tool that documents specialty care services, complication rates, patient safety standards and more to help you decide which hospital will provide you with the best and most cost-effective care.

Or call 1-800-348-1966.

Express Scripts Website

Go to **www.express-scripts.com** where you can:

- Learn about medications, including a drug's intended purpose, potential side effects and drug/food interactions.
- You will need the member ID number on your prescription drug card to register to use the site to:
 - Get details about your prescription drug coverage, including copay amounts and the plan formulary.
 - Order prescriptions and refills online and check the status of the order.
 - Review your prescription history.
 - Check prices of drugs and find out if there is a generic equivalent to any brand name your doctor has prescribed.
 - Check to see if a drug requires prior authorization or step therapy.

Or call 1-866-282-0547.

LiveHealth Online

LiveHealth Online lets you see a doctor without appointments, waiting rooms or high costs. Through live video, doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed (as legally permitted in certain states). Doctors are available 24 hours a day, seven days a week, 365 days a year.

Best of all LiveHealth Online doctor visits are covered by your Dominion health plan so it costs just \$49 until you reach your deductible, then the visit is covered at the copayment level on your plan. You just need the LiveHealth Online app or a computer with a webcam to see a doctor.

LiveHealth Online Psychology works the same way as LiveHealth Online and allows you to talk with a licensed psychologist or therapist online. Visits start at \$80 until you reach your deductible and then they are covered at the copayment level on your plan.

To use LiveHealth Online Psychology, log in to www.livehealthonline.com and select "LiveHealth Online Psychology." Then choose a psychologist or therapist. Generally, you can see a therapist within four days. You must be at least 18 years old to see a therapist online.

Note: Employees can use the LiveHealth Online app on their Dominion-issued devices as long as they have a non-Dominion Wi-Fi connection.

Best Doctors

Best Doctors is a team of more than 53,000 medical experts specializing in over 450 health conditions. When you contact Best Doctors, an expert specializing in your condition will check the accuracy of your diagnosis and make recommendations. Contact Best Doctors at <https://members.bestdoctors.com> or call 1-866-904-0910. This service is available to Dominion employees at no cost.

Dental Coverage

Dominion offers a dental plan administered by MetLife that covers:

- Diagnostic and preventive care, such as exams, cleanings and x-rays, and
- Basic restorative and major services, such as fillings, crowns and dentures.

How the Plan Works

Under the Standard Dominion dental benefit, you and your family members can go to any dentist. For services under the Network dental benefit you must use a MetLife participating dentist.

You may present your dental ID card or a dental claim form to your provider at the time of service. Claim forms are available by calling the Dominion HelpLine at 1-877-947-4636.

Pre-Treatment Approval from MetLife Makes a Difference

If you expect a course of dental treatment to cost more than \$100, have your dentist submit a pre-treatment estimate to MetLife for approval before that treatment is scheduled. That way, you'll know in advance what the plan will pay and what your share of the cost will be.

Find What Fits...Things to Consider

As you decide whether to enroll for dental coverage:

- If your spouse has coverage at work, compare it to the dental coverage available at Dominion.
- Consider what kind of dental services you expect to use in the year ahead.
- Don't forget the Healthcare FSA. If you choose Medical Plan Option B, C or E, or waive medical coverage, you can use the Healthcare FSA to reimburse yourself in pre-tax dollars for eligible dental costs not reimbursed by the dental plan, such as copayments and deductibles. Even if you don't think you need to buy dental coverage because your expenses are small, you might want to put money in the Healthcare FSA for restorative services, for example, so you get the tax break. You can also use the Healthcare FSA to reimburse yourself for eligible expenses that exceed the plan maximum. Use the online Healthcare FSA Estimator available at Your Benefit Resources (YBR) <http://resources.hewitt.com/dominion> to calculate how much you could save in taxes.
- If you select Medical Plan Option A, you could use your Health Savings Account to pay for eligible dental costs the dental plan doesn't reimburse. It's up to you.

How the Plan Pays

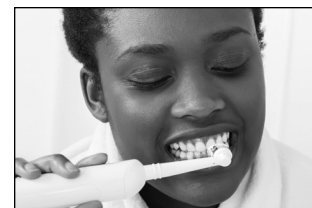
Plan Features	Standard Benefit	Network Benefit
Annual deductible	\$25 per person; \$75 per family	
Annual benefit maximum (all services except orthodontia)	\$1,500 per person	
Covered Expenses Preventive Services <ul style="list-style-type: none"> • 2 exams per calendar year • 2 cleanings per calendar year • Complete x-rays every 36 months • Supplementary bitewing x-rays—two times per calendar year • Fluoride treatments • Sealants for children under age 19 (once in a lifetime, permanent molars only) • Space maintainers 	100% R&C*, no deductible	100% of network negotiated cost, no deductible
Restorative Services <ul style="list-style-type: none"> • Fillings, including composite (white) fillings • Extractions • Root canals • Gum treatment • Night guard 	80% R&C*, after deductible	90% of network negotiated cost after the deductible
Prosthodontics <ul style="list-style-type: none"> • Implants • Installation and repair of bridgework • Installation and repair of dentures • Crowns, inlays and onlays 	50% R&C*, after deductible	60% of network negotiated cost after the deductible
Orthodontics <ul style="list-style-type: none"> • Braces to straighten teeth for children through the end of the month they turn 19 	50% R&C*	60% of network negotiated cost
	up to a \$1,500 lifetime benefit	

* Any charges above reasonable and customary (R&C) are your responsibility. R&C cost is the amount considered to be reasonable in your geographic area for the same service, as determined by MetLife.



For Questions About Dental Coverage or Claims:

Contact MetLife at 1-800-942-0854 or go online to www.metlife.com/mybenefits and select company name **Dominion**.



Vision Coverage

The vision plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. EyeMed's vision program complements your entire health and wellness package by giving you affordable eye care along with convenience.

The plan is available through thousands of provider locations participating on the **EyeMed SELECT network, which includes LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical**, plus thousands of Private Practitioners. As always, you continue to have the option of using the Dominion out-of-network reimbursement plan, if you choose.

Coverage for treating your eyes for medical conditions such as eye infection, injury or glaucoma is provided through the medical plan, not the vision plan.

How the Plan Works

You may use an EyeMed Vision Care provider or the provider of your choice.

Refer to the EyeMed website to determine if your provider is in-network.

How to Find and Use In-Network Providers

- To find a provider via the Web, go to **www.eyemedvisioncare.com** and choose SELECT from the Select Network drop-down box. Enter your zip code and click "Let's Go."
- To find a provider by phone, call 1-855-273-4537.
- Contact the network provider of your choice, identify yourself as a Dominion employee or dependent, and schedule an appointment.
- You will need to present the employee's ID number, along with the name and date of birth of the covered dependent needing services.

The provider's office will verify eligibility for services. No claim forms are required.

How to Use Out-of-Network Providers

If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form. Claim forms are available by calling the Dominion HelpLine at 1-877-947-4636. Return the completed claim form and itemized receipts to:

EyeMed Vision Care
Attn: OON Claims
PO Box 8504
Mason, OH 45040-7111

Reimbursement of Services

Vision care services for exams and lenses are available once each calendar year. Frames are available every other calendar year. For example, if you were reimbursed for an exam, lenses and frames on July 15, 2016, effective January 1, 2017 you will again be eligible for an exam and lenses and effective January 1, 2018 a new pair of frames.

Additional EyeMed Features:

- **Eye Care Supplies**—Receive 20% off retail price for eye care supplies such as cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction**—Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lens Purchases**—Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.



Find What Fits...Things to Consider

As you think about your vision plan:

- Consider your eye care needs and what kind of vision services you expect to use in the year ahead.
- Add up your expected vision expenses and the coverage cost for the year to determine what your overall cost is likely to be.
- If you select Medical Plan Option B, C or E, evaluate whether the Healthcare FSA may be another option to help with vision expenses for you and your family. Do you anticipate vision expenses that are not covered by the vision plan such as Lasik surgery?
- Use the online Healthcare FSA estimator available at Your Benefit Resources (YBR) **<http://resources.hewitt.com/dominion>** to calculate how much you could save in taxes.
- If you select Medical Plan Option A, you could use your Health Savings Account to pay for eligible vision costs the vision plan doesn't reimburse.



For Questions About Vision Coverage or Claims:

Contact EyeMed at 855-273-4537 or online at www.eyemedvisioncare.com

How the Vision Plan Pays

Plan Features	In-Network	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$0 Copay	Up to \$55
Contact Lens Fit and Follow-up:		
Standard	Up to \$40	N/A
Premium	10% off retail price	N/A
Frames:	\$0 Copay, \$80 Allowance; 20% off balance over \$80	Up to \$65
Standard Plastic Lenses:		
Single Vision	\$0 Copay	Up to \$60
Bifocal	\$0 Copay	Up to \$80
Trifocal	\$0 Copay	Up to \$100
Lenticular	\$0 Copay	Up to \$120
Standard Progressive Lens	\$50 Copay	Up to \$80
Premium* Progressive Lens	\$76-\$88	
Tier 1	\$76	Up to \$80
Tier 2	\$82	Up to \$80
Tier 3	\$88	Up to \$80
Tier 4	\$50 Copay, 80% of charge less \$120 Allowance	Up to \$80
Lens Options (paid by the member and added to the base price of the lens):		
UV Coating	\$12	N/A
Oversize (Upcharge)	\$0	N/A
Tint (Solid and Gradient)	\$0	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate – Adults	\$30	N/A
Standard Polycarbonate – Children under 19	\$0	N/A
Standard Anti-Reflective	\$35	N/A
Polarized	\$75	N/A
Photochromic/Transitions Plastic	\$65	N/A
Premium* Anti-Reflective	\$48-\$60	
Tier 1	\$48	N/A
Tier 2	\$48	N/A
Tier 3	\$60	N/A
Glass Grey#3 (Rx Sun)	\$0	N/A
Blended	\$20	N/A
Intermediate	\$30	N/A
Photocromatic Glass	\$20	N/A
High Index	\$55	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses instead of Eyeglass Lenses (allowance covers materials only):		
Conventional	\$0 Copay, \$110 Allowance; 15% off balance over \$110	Up to \$100
Disposables	\$0 Copay, \$110 Allowance; plus balance over \$110	Up to \$100
Medically Necessary	\$0 Copay, Paid-in-Full	Up to \$100
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional price	N/A
Additional Pairs:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Exam	Once every calendar year	
Frames	Once every two calendar years	
Standard Plastic Lenses or Contact Lenses	Once every calendar year	

Additional Purchases and Out-of-Pocket Discount:

Members will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered—fund as a Bifocal Lens. Standard Progressive Lens covered—fund Premium Progressive as a Standard.

* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical director and are subject to change based on market conditions.

* Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Healthcare Flexible Spending Account

The Healthcare Flexible Spending Account (FSA) is available if you select Medical Plan Option B, C or E, or waive medical coverage through Dominion.

You can use the Healthcare FSA to set aside pre-tax dollars from your paychecks to pay for eligible out-of-pocket healthcare expenses that will not be reimbursed by a Dominion benefit plan or from any other source.

You can set aside from \$120 to \$2,550 a year in the Healthcare FSA for eligible expenses, including prescription drugs, and other medical, dental and vision expenses. From the time you start participating for the year, the Healthcare FSA will reimburse you up to the total amount that you have chosen to contribute for the year, regardless of the actual balance in your account.

If you select Medical Plan Option A, you cannot participate in a Healthcare FSA. The FSA is not available to cover domestic partner expenses.

Make sure to save copies of receipts that you submit for the FSA. PayFlex requires receipts for reimbursement; it's your responsibility to keep them.

Eligible Expenses	Expenses That Are Not Eligible
<p>Examples of expenses that can be reimbursed:</p> <ul style="list-style-type: none"> • Medical, vision and dental expenses • Deductibles • Copayments • Adult and children's orthodontia • Over-the-counter medications, with a doctor's prescription • Chiropractic visits not covered by the Medical Plan • Saline solution and contact lenses cleaners • Procedures or expenses that are medically necessary and not covered by a medical plan, such as orthotics and hearing aids • Doctor prescribed weight loss programs • Lasik surgery • Fees for smoking cessation 	<p>The IRS lists these non-eligible expenses:</p> <ul style="list-style-type: none"> • Cosmetic procedures • Personal health or life insurance premiums • Your contribution rates (payroll deductions) for medical, dental and vision coverage • Procedures or expenses not medically necessary • Fees for health clubs or gyms • Fees for weight loss programs not prescribed by a doctor • Over-the-counter medications, without a doctor's prescription

For more information, go to the IRS website at www.irs.gov and choose Publication 502, Medical and Dental Expenses.

PayFlex Mobile App

PayFlex offers a mobile application that provides real-time access to account balances, claims processed and transaction details for your FSA. Log into the Apps Store on your smart phone and look for the free "PayFlex Mobile" app. Take paperless to the next level by taking a picture of your receipt with your camera and uploading it to the PayFlex site.

Claiming Your Healthcare FSA Benefits

You can file claim forms for reimbursement from your Healthcare FSA, or you can sign up for the automatic claim filing if you are enrolled in Dominion Medical Plan Option B, C or E. With this plan feature, your out-of-pocket expenses processed by Anthem, Express Scripts, MetLife and EyeMed Vision Care are automatically sent to PayFlex, the FSA Administrator.

Participants covering a domestic partner should not elect automatic claims filing because domestic partner expenses cannot be reimbursed using FSA monies.

You will need to complete a FSA PayFlex Auto Reimbursement Authorization form each year, which is available by calling the Dominion HelpLine at 1-877-947-4636. The auto reimbursement option does not carry over automatically from year to year.

You may choose to have your reimbursement:

- Sent to you in a check, or
- Directly deposited into your checking or savings account.

To select direct deposit, complete a FSA PayFlex Direct Deposit Authorization form available by calling the Dominion HelpLine at 1-877-947-4636. You may also enroll online at www.mypayflex.com. The direct deposit option carries over automatically from year to year. Completed forms should be sent directly to PayFlex.

Grace Period and Claims Deadline Reminder

- *Incur eligible health-care expenses—until March 15, 2018*
- *File 2017 Healthcare FSA claims for reimbursement—by April 30, 2018.*



Find What Fits...Things to Consider

When deciding if the Healthcare FSA makes sense for you, consider:

- What are you likely to spend in copayments or deductibles for doctor visits and other medical and dental care?
- Do you or your family members take prescription medications?
- Will you have more than preventive dental expenses in the coming year? Do your children need braces?
- Do you have to purchase glasses or get a new prescription this year?

Use the online tools available at Your Benefits Resources (YBR)

<http://resources.hewitt.com/dominion> to help you determine how much you are likely to spend for care during the coming year under the Dominion plans you are choosing. Your expenses for this year can be a good starting point for estimating next year's out-of-pocket expenses.

Remember to plan carefully:

- You cannot change your Healthcare FSA contribution during the year unless you experience a qualifying life event.
- You should use all the funds in your account by March 15 of the following year, which includes the grace period. For example, if after December 2017 you have funds remaining in your 2017 Healthcare FSA account, you can incur expenses until March 15, 2018. Because of federal rules, if you have a balance in your Healthcare FSA on December 31, 2017, and you choose Medical Option A for 2018, you cannot contribute to your HSA or receive Dominion's contributions to your HSA until after the Healthcare FSA grace period has expired. As a result, your HSA contributions will not begin until April 2018, if you have a balance in your FSA on December 31, 2017.
- Contributions and expenses cannot be transferred between your Healthcare FSA and your Day Care FSA.
- Estimate carefully. Any money left in your 2017 Healthcare FSA after the claim filing deadline—April 30, 2018—will be forfeited based on IRS regulations. Make sure to use all dollars you set aside for the year.

Day Care Flexible Spending Account

You can use a Day Care Flexible Spending Account (FSA) for eligible child or adult day care expenses while you and your spouse work or your spouse goes to school full-time.

Your eligible dependents include:

Dependent Children

Your unmarried children under age 13 who have the same principal residence as you for more than half the calendar year and who do not provide more than half of their own support for the calendar year. "Children" includes your children, adopted children, children placed with you for adoption, foster children and stepchildren, as well as your sibling or stepsibling or any descendant of any individual named above.

Disabled Dependents

Your spouse or any other dependents (defined below), regardless of age, who are physically or mentally incapable of caring for themselves, including:

- Your unmarried child (or descendant of your child), brother, sister, stepbrother or stepsister (or descendant of any such person) who:
 - Has the same principal residence as you do for more than half the calendar year; and
 - Does not provide over half of his/her own support for the calendar year.

- Your brother, sister, stepbrother, stepsister, father, mother, ancestor of your father or mother, stepfather, stepmother, niece or nephew, aunt or uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law who:
 - Has the same principal residence as you for more than half the calendar year;
 - Receives over half of his/her support for the calendar year from you; and
 - Is not anyone else's dependent child for tax purposes.

Under IRS rules, to be reimbursed through your FSA, care must be provided by a person for whom you have a Social Security number, or a day care facility with a Taxpayer Identification number.

The minimum contribution is \$120 per year.

Based on Your Tax Status...	You Can Set Aside...
If single or married filing jointly	Up to \$5,000
If married filing jointly and your spouse's employer offers a dependent care account	Up to \$5,000 in total to the two accounts
If your spouse earns less than \$5,000 per year	Up to the amount of your spouse's earned income
If married filing separate returns	Up to \$2,500

For more information, go to the IRS website at www.irs.gov and choose Publication 503, Child and Dependent Care Credit.

Grace Period & Claims Deadline Reminder

- Incur eligible day care expenses—until March 15, 2018
- File 2017 Day Care FSA claims for reimbursement—by April 30, 2018.

Find What Fits...Things to Consider

In thinking through whether the Day Care FSA works for you, consider:

- You cannot change your Day Care FSA contribution during the year unless you experience a qualifying life event.
- Whether you have eligible dependents who need day care or before/after-school care.
- Whether any of your children will reach age 13 during the year and no longer be considered eligible dependents for the flexible spending account.
- The tax break you get on reimbursed dollars when you use the account to pay for expenses you would have to pay anyway.
- Estimate carefully. Any money left over in your 2017 Day Care FSA after the claim filing deadline—April 30, 2018—will be forfeited, based on IRS regulations.

- Money in the Day Care FSA cannot be used for dependent healthcare expenses.
- What works best for you—the Day Care FSA or the dependent care tax credit provided by federal law. It's important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through the Day Care FSA. In some cases, the tax credit may provide more savings than a flexible spending account.

Day Care FSA	Dependent Care Tax Credit
You decide in advance how much to set aside for the coming year.	You wait until filing your tax return to claim the credit for any dependent care costs.

If you have questions about tax saving, you may want to consult a tax advisor.

For Financial Security...

Long-Term Disability and Life Insurance

In addition to healthcare coverage, Dominion offers benefits that focus on financial protection for you and your family, tax advantages and planning for the future.

Long-Term Disability

Long-term disability (LTD) coverage provides financial protection in the event you cannot work for a long period of time because of an accident or personal illness. The LTD plan pays you a monthly benefit for as long as you are disabled, as defined by the plan, beginning after you have been continuously disabled for at least 180 days and continuing up to age 65, unless you recover.

You automatically receive LTD coverage in the amount of:

- 50% of your annual base pay* at no cost to you.

You have the option to purchase additional LTD coverage so that your total benefit is equal to 65% of annual base pay. Your portion of the LTD premium is purchased on an after tax basis.

Any benefit you receive from the plan will be subject to any federal, local and state income taxes that apply.

** Base pay is your pay excluding overtime, bonuses, supplements and other special payments.*



Find What Fits...Things to Consider

In thinking through whether to purchase LTD coverage, consider:

- Your family's sources of income and living expenses.
- Whether you have private disability insurance or other sources of income.
- If you increase your LTD during Open Enrollment, Unum will mail to your home a personalized Evidence of Good Health form (a statement of your medical history to determine approval of coverage). Completion of this form is required, and your new coverage will not take effect until you are approved.

Employee Life Insurance

To provide financial protection for your family, Dominion provides basic life insurance coverage for you equal to your annual base pay (rounded to the next \$1,000) up to a maximum of \$1,500,000. You do not need to enroll for this coverage.

You may also purchase additional life insurance coverage for yourself on an after-tax basis up to a maximum of \$2,500,000 for a total of:

Two (2) times up to a maximum of 11 times your annual base pay

The maximum amount of life insurance coverage you may have is \$4,000,000. Coverage over \$50,000 is subject to imputed income taxes.

You automatically have accidental death and dismemberment (AD&D) coverage in the same amount as your life insurance up to a maximum of \$2,000,000. AD&D coverage pays a benefit in addition to your life insurance if you die in an accident. Also, if you are injured in an accident, a percentage is paid for specific losses, such as a limb or eyesight.

You can change your level of life insurance coverage during Open Enrollment. Increasing coverage by one level, up to five (5) times your annual base pay, does not require providing a Statement of Health to be approved by MetLife. Increasing your coverage by two (2) or more levels—or for coverage greater than five (5) times—requires a Statement of Health.

For new employees, the maximum amount of coverage available without a Statement of Health is five (5) times your annual base pay.

Pending approval of your Statement of Health, your life insurance amount will be equal to the maximum amount not requiring a Statement of Health.

The maximum amount of combined life insurance and AD&D coverage you may have is \$6 million.

Beneficiary Designation

Your Life insurance beneficiary designation serves a very important purpose—making sure your benefits are distributed as you intended. Reviewing your beneficiary choices to ensure they are current is a necessary step that can help avoid unwanted outcomes or probate. Always consider changes in marital status, deaths or other life changes that may impact your beneficiary designation, and update accordingly. You should review and update your designations yearly, or especially after a life event, such as marriage, divorce, birth of a child, etc., to ensure that the life insurance goes to the party you intended.

Will Preparation

If you enroll or are enrolled in additional Employee Life Insurance, you and/or your spouse may have a will prepared at no cost. MetLife is offering this service through its company, Hyatt Legal Plans. MetLife will fully cover the cost associated with having your will prepared or updated when you use an attorney in the Hyatt Legal Plans network. When calling Hyatt, you will need to provide the Dominion group number 6967 and the last four digits of your social security number. For more information, contact Hyatt Legal Plans at 1-800-821-6400.

Accelerated Benefits Feature

The accelerated benefits feature allows you to receive up to 80% of your life insurance benefit if you have been diagnosed with a terminal illness with 12 months or less to live. Your request is subject to an independent medical review and approval by MetLife. Payment is generally paid in a lump sum up to a maximum of \$500,000. You may use the accelerated benefit payment in whatever way you choose; for example, to help pay medical bills, nursing home expenses, or living expenses. Upon your death, your remaining employee life insurance benefit will be paid to your beneficiary(ies).

Business Travel Accident Insurance

Business Travel Accident Insurance provides a benefit in the event you are seriously injured, or die as a result of traveling on Dominion business away from your office or work location. Business travel means “travel” undertaken at the request of Dominion that is intended to further Dominion business. Coverage is \$250,000 in the event of death, or a percentage of the death benefit if you permanently lose certain limbs, eyesight, speech or hearing. For additional information, please refer to your Life Insurance Summary Plan Description (SPD).



Find What Fits...Things to Consider

In thinking through whether to purchase additional life/AD&D insurance, consider:

- Other sources of income your family would have if something happened to you
- Your family's living expenses and debts
- Other life insurance you may have.

Dependent Life Insurance

You may elect life insurance separately for your spouse and for your dependent children. You are automatically the beneficiary for dependent life insurance benefits.

Spouse Life Insurance

You may choose from eight life insurance coverage amounts for your spouse:

- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000
- \$150,000
- \$200,000
- \$250,000

The amount of Dependent Life Insurance you select for your spouse cannot exceed the life insurance amount you select for yourself.

Your spouse will need to complete a MetLife Statement of Health form if you select coverage of \$100,000 or more. Coverage for your spouse will remain at \$50,000 (or the level previously approved) until the Statement of Health is approved by MetLife.

If you are enrolled in Spouse Life Insurance, your spouse is also eligible for the accelerated benefits feature. See page 22 for details.

Child Life Insurance

You may elect Dependent Life Insurance for your children under age 26 in the amount of:

- \$2,500 per child
- \$5,000 per child
- \$10,000 per child.

The coverage amount you select covers each of your children for that amount—regardless of the number of children you have. It is your responsibility to contact the Dominion Benefit Center (DBC) within 31 days of your youngest child turning 26 to cancel dependent child life insurance.

See page 3 for a definition of dependents.

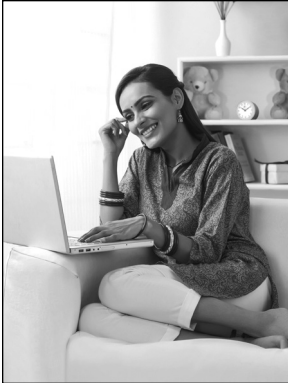
Find What Fits...Things to Consider

In thinking through whether to purchase dependent life insurance, consider:

- Other sources of income your family would have if something happened to your spouse
- Your family's living expenses and debts
- Other dependent life insurance you may have.



Additional Benefits and Programs



Dominion offers additional benefit plans that are focused on your future. You may enroll in these plans at any time during the year.

Dominion Savings Plan

The Dominion Savings Plan enables you to save some of your own money toward retirement and receive a company matching contribution on a percentage of the amount you save. Go to <https://www.benefitsweb.com/dominion.html> to obtain more information. You may also contact the Dominion Savings Plan HelpLine at 1-877-706-7283.

Adoption Assistance

To help employees with the high cost of adoption, Dominion has established an Adoption Assistance Program. This program offers eligible employees up to \$11,650 per child in assistance with qualifying adoption expenses. Subject to Internal Revenue Service requirements, all or a portion of this assistance may be tax-free to the employee.

To apply for reimbursement, complete the Reimbursement Request Adoption Assistance Program form. The form is available by calling the Dominion HelpLine at 1-877-947-4636.

Education Assistance

The Education Assistance Program is designed to benefit employees and Dominion by providing employees with more education and training while expanding their effectiveness on the job with new knowledge and skills.

The plan pays 100% of tuition costs, required textbooks and specific course related fees—up to the IRS limit of \$5,250 per calendar year. Employees have a maximum of six months from the date the course(s) is completed to submit an Education Assistance Application & Service/Repayment Agreement form, along with required documentation, for reimbursement. The form is available by calling the Dominion HelpLine at 1-877-947-4636.

Contact the Dominion HelpLine for details on the Education Assistance Program.

AON Hewitt

Mobile Your Benefits Resources (YBR) allows Dominion plan participants to access their benefits information from any mobile device. Whether checking retirement eligibility or your benefit plan enrollments, Mobile YBR allows for quick access to all your benefit information. Check it out on your mobile device at <http://resources.hewitt.com/dominion>.

Auto and Home Insurance

You can take advantage of group rates and other discounts on policies for autos, renters, homes, boats and more. For more information on the MetLife Auto and Home program or to obtain rate quotes:

- Contact MetLife at 1-800-438-6388, or
- Visit www.metlife.com/mybenefits (company name: Dominion; you will be prompted to create a user ID and password).

To obtain an accurate comparison, have your current policies available when you call or submit information online.

Dominion does not sponsor or subsidize the auto and home insurance programs. The company assists in providing information about these programs and allowing you to pay for coverage you select through payroll deduction.

Wiser Health

Wiser Health is an online resource with trusted information to help you make smart health care decisions. Use Wiser Health to access medically reliable information and learn about treatment options to help you make better decisions about your health. Wiser Health provides well-researched information backed by health care experts.

When you have a question about one of these conditions ...

- Musculoskeletal issues
- Cardiovascular diseases
- Respiratory illnesses
- Diabetes
- Mental health concerns
- Pregnancy

... access Wiser Health at <https://dominion.mywiserhealth.com> to learn about your treatment options.

Blue Distinction Centers of Excellence

The Anthem Blue Distinction Centers of Excellence (BDC) and Blue Distinction Centers Plus (BDC+) program is a referral program that directs you to medical facilities proven to provide excellent care specifically for these conditions: inpatient knee and hip replacements, spinal surgery and organ transplants. These medical facilities have a track record of better outcomes and faster recovery time. And, you may qualify for a reduced copay if you use a BDC/BDC+ facility. Contact Anthem Customer Service at 1-800-348-1966 to find a facility in your area that would qualify for the BDC/BDC+ incentive.

Forms

Plan	Action	Name of Form or Contact Information	Notes*
All Plans	Enroll, change enrollment, drop coverage	Dominion Benefit Center at 1-877-434-6996	
Adoption Assistance	Apply for reimbursement	Reimbursement Request Adoption Assistance Program Form	Attach required documentation
Dental	Claim form	Dental Expense Benefits Claim Form—MetLife	
Education Assistance	Apply for reimbursement	Education Assistance Application and Service/Repayment Agreement	<ul style="list-style-type: none"> • Verbal approval required prior to class enrollment • Attach required documentation
FSA	Authorize PayFlex to deposit your FSA reimbursement to your bank account	FSA PayFlex Direct Deposit Authorization Form	Day Care FSA and Healthcare FSA
FSA	Direct filing of claims from Anthem, Express Scripts, MetLife and EyeMed Vision Care to PayFlex	FSA PayFlex Auto Reimbursement Authorization Form	Healthcare FSA
FSA	Claim form	FSA PayFlex Claims Form	Day Care FSA and Healthcare FSA
Medical	Claim form	Anthem Claim Form	
Vision	Claim form	Dominion Vision Care Claim Form—EyeMed Vision Care (for out-of-network providers only)	

* Be sure to review each form's instructions carefully. Not all forms are to be returned to the same location.

How to Get Forms

Call the Dominion Helpline at 1-877-947-4636.

This enrollment guide is designed to give you a brief overview of Dominion's Flexible Benefits Program. It is not intended to provide all-inclusive details about the program. In the event of any differences between the descriptions in this guide and official plan documents, the plan documents will control the operation of the program.

This Flexible Benefits Enrollment Guide is not to be considered as a contract of employment or as creating a right to continued employment to any employee.

WELL ON YOUR WAY

Flexible Benefits Enrollment Guide

Find What Fits!