Table of Contents

PAGE NUMBER

EMPLOYEE BENEFITS

Your employee benefits are an important part of your total compensation package. Each type of benefit helps you manage the challenges you and your family face during your life. At PWCS, we are pleased to offer a comprehensive benefits package. This section includes:

- Retirement
- Life Insurance
- Supplemental Retirement Plans
- Medical
- Dental
- Vision
- Flexible Benefits Program
- Long Term Disability
- Aflac
- Long Term Care
- Credit Union
- Savings Bonds
- Tuition Reimbursement
- Leave Benefits

This section provides highlights of your employee benefits. For complete details about eligibility and benefits, refer to the applicable plan documents, summary plan descriptions, and regulations available at pwcs.benefits.school.fusion.us

ELIGIBILITY

Benefits eligibility is determined by work status and scheduled hours.

- Full-time, VRS eligible employees may participate in all benefits offered;
- Non full-time employees scheduled to work 17.5 hours or more per week are eligible for health,dental, vision, flexible benefits program, leave, Aflac, supplemental retirement plans and tuition reimbursement;
- Employees who are scheduled less than 17.5 hours per week may participate in supplemental vision, supplemental dental, leave, Aflac, and supplemental retirement plans.

Eligible Dependents:

Dependents eligible for PWCS benefits include:

- Your spouse;
- Your biological children, stepchildren, adopted children (or children placed for adoption), and children for whom you have been appointed legal guardian or granted legal custody and who are under the age of 26 (special provisions apply for disabled children).

Coverage will end on the last day of the month in which a child reaches age 26.

NOTE: Adult children are not considered eligible dependents if eligible for coverage under another employer-sponsored group health plan.

DATES AND TIMELINES

- Health, Dental, and Vision Package
- Supplemental Vision Insurance
- Supplemental Dental Insurance
- Flexible Benefits Program
- Optional Life Insurance
- Standard Long Term Disability Insurance
- Long Term Care Insurance

New Employees

Employees have **30 days from date of hire or orientation date** to complete and return the enrollment forms for medical, dental, vision insurance and flexible benefits program. Failure to enroll during this 30-day period, will forfeit the right to enroll until the next annual **Open Enrollment** period.

You have **30 days from date of hire** to complete and return optional life insurance and Standard Long Term Disability enrollment forms and to contact the long term care vendors. After the initial 30-day enrollment period, additional medical information will be required and insurability will be determined by the insurance carrier(s).

Employees may choose to start their coverage for the health, dental, and vision package as early as the first day of employment, first of the next month or first of the following month, provided the enrollment forms are submitted within 30 days of hire date or orientation date.

Employees may choose to start their supplemental vision, supplemental dental, and flexible benefits program effective the first of the month following employment or the first of following month, provided the enrollment forms are submitted within 30 days of hire date or orientation date.

Current Employee

You may enroll, add, or cancel coverage for yourself or your dependents or change your health, dental and vision benefits and flexible benefits program participation during annual **Open Enrollment (April 15 – May 15).** Changes made during Open Enrollment take effect July 1.
At anytime during the year, there is a change in family status, employees have 30 days from the date of the event to enroll, cancel, or make changes to their insurance elections.

Qualifying family status changes include:

- Birth, Adoption, Guardianship or Court Order of a Child;
- Marriage, or Divorce;
- Death of Spouse or Dependent;
- Termination or Commencement of Spouse's/Dependent's Employment;
- Change in Work Hours for Any Family Member that changes benefit eligibility
- Unpaid Leave of Absence for Any Family Member;
- Significant Change in the Family's Health Insurance Coverage;
- Change in Residence that causes loss of benefit eligibility.

Open Enrollment Periods:

April 15 – May 15 (benefits effective July 1)

- Health, Dental, and Vision Package
- Supplemental Vision Insurance
- Supplemental Dental Insurance
- Flexible Benefit Program

Enrollment - At Any Time:

- Supplemental Retirement - 403(b), ROTH 403(b), and 457(b) Plans
- Optional Life Insurance*
- Standard Long Term Disability (LTD)*
- Aflac – Personal Accident, Cancer, Critical Care & Recovery Policy, and Hospitalization Benefits
- VRTA - Long Term Care Insurance*
- VRS – Commonwealth of Virginia Voluntary Group Long Term Care Insurance*
- Prince William County Credit Union
- Apple Federal Credit Union
- U.S. Saving Bonds

**After the initial 30-day enrollment period, additional medical information will be required and insurability will be determined by the insurance carrier(s).*

EMPLOYEE SELF SERVICE (ESS)

Employee Self Service (ESS) allows employees to access their pay stubs, leave balances, and make address, email and emergency contact changes online. ESS may be utilized on PWCS computers only and is not available from a home computer.

ESS may be accessed at the PWCS Benefits Web site pwcs.benefits.schoolfusion.us**,** then select "Employee Self Service." You will need your name and Social Security number to log in. Directions are available on the Web site.

The ESS Administrator may be contacted at essadministrator@pwcs.edu for login assistance.

RETIREMENT

Virginia Retirement System (VRS)

Changes to the Virginia Retirement System (VRS) retirement benefits were approved by the state legislature (House Bill 1130/Senate Bill 497 & 498) and became effective on July 1, 2012. The bills changed the funding mechanism for employee and employer contributions to the plan.

PLAN 1: Employees whose membership date is before July 1, 2010 are covered under the provisions of the VRS Plan 1. Employees may be active or deferred. Active members currently working in a covered position. Deferred members not currently working in a covered position but have not withdrawn their funds and have service credit in VRS as of June 30, 2010. Deferred members who return to covered employment will be rehired under Plan 1.

- PWCS funds the employer's portion to VRS, employees are responsible to fund the employee's portion of 5% of compensation;
- Early unreduced retirement is 50 years of age with 30 or more years of VRS service credit or age 65 with five or more years of VRS service credit;
- Early retirement with reduced benefit is age 55 with 5 or more years of VRS service credit or as early as age 50 and 10 or more years of service credit;
- Ability to purchase prior military, federal, state, and/or local public service, within three (3) years of VRS membership date;
- Disability benefits;
- Beneficiaries are automatically set up in order of precedence; spouse, child(ren), parents, siblings, etc.

PLAN 2: Employees whose membership date is July 1, 2010 or later are covered under the provisions of the VRS Plan 2. Employees who were previously employed in a covered position and withdrew their funds will be rehired under Plan 2 if they return to covered employment with no service credit in VRS.

- PWCS funds the employer's portion to VRS, employees are responsible to fund the employee's portion of 5% of compensation;
- Early unreduced retirement is 60 years of age with 30 or more years of VRS service credit or Social Security normal retirement age with 5 or more years of VRS service credit;
- Early retirement with reduced benefit is age 60 with 5 or more years of VRS service credit;

- Ability to purchase prior military, federal, state, and/or local public service, within one (1) year of VRS membership date;
- Ability to purchase refunded VRS service at 5% of current compensation;
- Disability benefits;
- Beneficiaries are automatically set up in order of precedence; spouse, child(ren), parents, siblings, etc.

For the most up-to-date information, please, visit VRS at **www.varetire.org**.

Part-time employees are not eligible for VRS benefits.

Access *your* VRS information and create VRS retirement estimates by going to **www.varetire.org** and select the "MyVRS" logo under "Members."

SUPPLEMENTAL RETIREMENT PLAN

Prince William County Public Schools (PWCS) employees may contribute a portion of their compensation to save for retirement by participating in the PWCS Supplemental Retirement Plan (SRP). There are three (3) plans offered: 403(b), ROTH 403(b), and 457(b) plans.

- The 403(b) and 457(b) are both pretax plans and earnings are tax-deferred. This means not only will employees who participate be saving for retirement but will also be paying less in taxes.
- The ROTH 403(b) plan is an after-tax contribution, but earnings grow tax-free. Contributions are taxed at the time of investment but are not taxed when the funds are withdrawn at retirement.

The contribution(s) made to the 403(b), ROTH 403(b), and 457(b) plans are payroll deducted and sent to the approved PWCS retirement investment company, Lincoln Financial Group (Lincoln), every pay period. Lincoln offers investment products that combine the consistent returns of a stable value investment option and the benefits of mutual funds.

The maximum amount of compensation an employee can contribute in any given year is limited to what the IRS will allow.

Matching Contributions
PWCS provides a discretionary match on salary contributed to the 403(b) and Roth 403(b) plans. The match percentage and maximum dollar amount are determined annually during the budgetary process. Participating employees receive a matching contribution after one (1) year of service. The PWCS contribution increases per the schedule below.

Years of Service	Matching Percentage
Less than 1	= 0%
1 but less than 3	= 15%
3 but less than 5	= 25%
5 but less than 10	= 50%
10 but less than 15	= 75%
15 years or more	=100%

Eligibility: Employees are eligible to participate in the Supplemental Retirement Plan immediately upon employment or anytime thereafter.

Summary: Contributions into the 403(b), ROTH 403(b), and 457(b) plans are to be used for retirement. Money in the retirement plan is not like money in a credit union or savings account. The IRS provides strict guidelines for withdrawing funds prior to retirement. There are, however, some exceptions. Loans and hardship withdrawals may be available under the pretax 403(b) and 457(b) plans.

Enrollment instructions and Lincoln representative contact information, match percentage, and maximum match amount may be obtained from the PWCS Benefits Web site at www.pwcs.benefits.schoolfusion.us or contact the Office of Benefits & Retirement Services at 703.791.8050 or Lincoln at 800.234.3500.

LIFE, ACCIDENTAL DEATH, AND DISMEMBERMENT INSURANCE

The Virginia Retirement System (VRS) includes coverage designed to provide financial protection for you and your beneficiaries in the event you become disabled or die. Basic Life and Accidental Death and Dismemberment (AD&D) insurance are fully paid by PWCS through your participation in VRS as a full-time employee. Beneficiaries are set up in order of precedence: spouse, child(ren), parents, siblings, etc.

Basic Life Insurance	2x base annual salary rounded up to next $1,000
Accidental Death Insurance	4x base annual salary rounded up to the next $1,000
Dismemberment Insurance*	1x to 2x base annual salary rounded up to the next $1,000, depending on loss

*Employees have 90 days from the date of loss to file for dismemberment benefits.

Optional Life Insurance

Minnesota Life Insurance provides additional life insurance coverage for full-time employees. If eligible, you may purchase optional life insurance for yourself at a value up to four times your salary, with a maximum of $700,000. If you purchase this optional coverage for yourself, you may also purchase coverage for your spouse and dependent children.

Applicants may need to provide proof of good health to be eligible. Optional Life Insurance premiums are paid on an after-tax basis.

	Employee	**Spouse**	**Children**
Option	**Insurance Amount**	**Insurance Amount**	**Insurance Amount**
1	1 x salary	0.5 x Employee salary	$10,000
2	2 x salary	1 x Employee salary	$10,000
3	3 x salary	1.5 x Employee salary	$20,000
4	4 x salary	2 x Employee salary	$30,000

Employee and Spouse Rates	
Age	**Monthly rates per $1,000**
Under 30	$0.05
30 – 34	$0.06

35 – 39	$0.08
40 – 44	$0.09
45 – 49	$0.14
50 – 54	$0.21
55 – 59	$0.40
60- 64	$0.66
65 – 69	$1.27
70 -74	$2.06
75 and over	$2.06

Child(ren) Rates		
Option	**Insurance Amount 15 days to maximum age**	**Flat Monthly Rate**
1	$10,000	$0.80
2	$10,000	$0.80
3	$20,000	$1.60
4	$30,000	$2.40

HEALTH, DENTAL, AND VISION INSURANCE PACKAGE

PWCS offers a health, dental, and vision insurance package to employees who work at least 17.5 hours per week. The package includes:

- Anthem Blue Cross and Blue Shield (BCBS)
- Prescription Drug Plan
- Delta Dental Premier
- Blue View Vision

Anthem BCBS: There are three (3) BCBS health insurance plans to choose from:

- KeyCare Enhanced PPO
- KeyCare Core PPO
- Healthkeepers HMO

Prescription Drugs:

- 31 Day Supply: Retail $10 Generic; $30 Brand; $60 High-Cost Brand
- 90 Day Supply: Mail Order $20 Generic; $60 Brand; $120 High-Cost Brand

Delta Dental Premier: Employees who enroll in one of the Anthem medical insurance plans will automatically have **DeltaPremier** dental benefits offered through Delta Dental. Reasonable and customary charges for dental checkups, cleaning and X-rays are paid in full; fillings and extractions are covered at 80 percent; and crowns, inlays, implants, and dentures are paid at 50 percent. There is a calendar year deductible and a $1,500 annual dental benefit maximum.

Blue View Vision: Employees who enroll in one of the Anthem medical insurance plans will automatically have **Blue View Vision.** Blue View Vision provides participants with routine eye care.

NOTE:

Current insurance premiums and enrollment forms are available online at pwcs.benefits.schoolfusion.us**.** Health, dental and vision insurance premiums are automatically withheld **pretax** through payroll deduction. Premiums are paid one month in advance.

MEDICAL BENEFITS

PWCS provides three (3) options for medical coverage through Anthem Blue Cross and Blue Shield (BCBS). For all plans, you will receive the highest level of benefits when care is received through a network provider.

Each medical option also includes comprehensive dental (Delta Premier) and vision coverage (Blue View Vision).

Preexisting Conditions
None of the health care plans offered by PWCS will deny you or your qualified dependents coverage because of a preexisting condition.

KeyCare Enhanced and **KeyCare Core** use the same PPO network and do not require referrals to specialists. **Healthkeepers HMO** costs the least in premiums, but requires the use of a designated primary care physician and referrals.

Refer to the Medical Plan Comparison Chart and the applicable Summary Plan Document for specific information on medical expenses covered under each option.

ANTHEM BLUE CROSS AND BLUE SHIELDPLAN COMPARISON

BENEFIT	KeyCare Enhanced PPO		KeyCare Core PPO		Healthkeepers HMO	
	In-Network	Out-of-Network *Coinsurance Amount after Deductible*	In-Network	Out-of-Network *Coinsurance Amount after Deductible*	*In-Network PCP Required*	*PCP referral required for all specialist and facility*
Primary Care Physician Visits	$20/Visit	70/30%	$25/Visit	70/30%	$20/Visit	70/30%
Specialist Physician Visits	$35/Visit	70/30%	$50/Visit	70/30%	$40/Visit	70/30%
Deductibles (per calendar year):	none	$400 Individual $800 Family	none	$500 Individual $1,000 Family	none	$750 Individual $1,500 Family
Out of Pocket Maximum (per calendar year)	$1,500 Individual $3,000 Family	$2,500 Individual $5,000 Family	$3,000 Individual $6,000 Family	$4,500 Individual $9,000 Family	$1,500 Individual $3,000 Family	$4,000 Individual $8,000 Family
Routine Wellness Care (Preventive):						
• Annual checkups	$20/Visit	70/30%	$25/Visit	70/30%	$20/Visit	70/30%
• Well Baby Care (up to age 7)	$20/Visit		$25/Visit		$20/Visit	
• Well Baby Immunizations	None		20%		Part of PCP Office Visit	
• Gynecological	PCP: $20/Visit OB/GYN: $35/Visit		PCP:$25/Visit OB/GYN: $50/Visit		$20/Visit	
• Mammography Screening	None	70/30%	20%	70/30%	$40/Visit	70/30%
• PSA Test						
Diagnostic Testing						
• Laboratory	None	70/30%	20%	70/30%	$40/Visit	70/30%
• X-rays	None		20%		$40/Visit	
• Advanced Diagnostic tests (MRIs, CT-Scan, PET Scan, etc)	$200		$200 plus 20%		$200	
Outpatient Surgery:						
• PCP	$20	70/30%	$25	70/30%	$20	70/30%
• Specialist	$35		$50		$40	
• Facility	$200		$200 plus 20%		$200	
Hospital Inpatient (per stay)						
• Semi-Private Room • Physician Services • Surgery	$350	70/30%	$400 plus 20%	70/30%	$200 per day/Limit $1000 per admission	70/30%
Emergency Services						
• Emergency Room	$200Visit	70/30%	$200 plus 20%	70/30%	$200/Visit	70/30%
• Urgent Care	$35 Visit		$50 Visit		$40/Visit	
Mental Health						
• Outpatient	$20/Visit	70/30%	$25/Visit	70/30%	$20-30 min. Individual Session $30-all Mental Health Sessions	70/30%
• Inpatient	$350		$400 plus 20%		$200 per day/Limit $1000 per admission	
Therapy Services						
• Physical, Occupational & Speech	$20 PCP/$35 Specialist No Limits	70/30%	$20 PCP/$50 Specialist No Limits	70/30%	$25 (90 day maximum)	70/30%
Skilled Nursing Care	20%	70/30%	20%	70/30%	0%	70/30%
Home Health Care	None (90 Day limit)	70/30%	None (90 day limit)	70/30%	None	70/30%
Durable Medical Equipment	20%	70/30%	20%	70/30%	0%	70/30%
Chiropractic Services:	$35/Visit (limit 50 visits per cal. yr.)	70/30%	$50/Visit (limit 50 visits per cal. yr.)	70/30%	$20/Visit (limit 20 visits per cal. yr.)	70/30%
Prescription Drugs (include purchase of diabetic supplies)						
• **31 Day Supply: Retail**	**$10 Generic; $30 Brand; $60 High-Cost Brand**					
• **90 Day Supply: Mail Order**	**$20 Generic; $60 Brand; $120 High-Cost Brand**					

Percentages listed above are of the Anthem Blue Cross and Blue Shield allowable charges.

This information only highlights the major health insurance benefits offered to employees through PWCS. Should there be any differences between this information and the Anthem Blue Cross and Blue Shield and HealthKeepers summary plan descriptions, formal plan documents or contract, formal plan document and/or contract shall govern. Rev. 04/2012

DENTAL BENEFITS

PWCS offers two dental plans through Delta Dental. These Plans are **Delta Premier** and **Delta Dental PPO**.

- Your enrollment in the **Delta Premier** plan is automatic when you enroll in one of the PWCS medical options.

- The **Delta PPO** is an supplemental dental plan that is available to employees not enrolled in the health insurance package, or for employees wanting to supplement their Delta Premier Plan. This plan offers only in-network benefits.

Dental Plan Comparison

Benefit	**Delta Premier** (included with medical plan)		**Delta PPO** (supplemental plan)
	In-Network	Out-of-Network	**In-Network Only**
Diagnostic & Preventive	100%	100% of Non-Participating Allowance	100%
Annual Deductible	*$50	*$50	**$50
Annual Benefit Max.***	$1500	$1500	$2000
Basic Dental Care****	80%	80%	80%
Major Dental Care****	50%	50%	50%
Implants	50%	50%	50%
Orthodontics	Not Covered	Not Covered	50% for children up to age 19
Orthodontics Maximum Benefit	Not Covered	Not Covered	$2000 Lifetime maximum per patient
Waiting Period (applies to Major & Orthodontic Services	None	None	12 months for orthodontic services 6 months for major services

*Limit of two deductibles, per family, per calendar year
**Limit of three deductibles, per family, per calendar year
***Per enrollee, per calendar year
****Deductible applies to Basic and Major Care

Detailed plan summaries available at pwcs.benefits.schoolfusion.us.

VISION BENEFITS

PWCS offers two quality comprehensive vision plans; **Blue View Vision** and **Vision Service Plan (VSP)**. Both plans offer in-network and out-of-network benefits.

- Your enrollment in the **Blue View Vision** plan is automatic when you enroll in one of the PWCS medical options.
- The **Vision Service Plan (VSP*)*** is an supplemental vision plan that is available to employees not enrolled in the health insurance package, or for employees wanting to supplement their Blue View Vision plan.

Vision Plan Comparison

Summary of Benefits	Blue View Vision (included with medical package)		Vision Service Plan (supplemental plan)	
	In-Network	**Out-of-Network Reimbursement**	**In-Network**	**Out-of-Network Reimbursement**
Eye Exam	$15 co-pay	Up to $30	$20 co-pay	Up to $35
Complete Eyeglasses		None	$20 co-pay	
Lenses:				
Single Vision	$50	None	No additional cost	Up to $25
Lined Bifocal	$70	None	No additional cost	Up to $40
Lined Trifocal	$105	None	No additional cost	Up to $55
Frame or	35% off Retail	None	$130 allowance, every other year	Up to $45
Contacts	20% off Retail	None	$130 allowance, every year*	$120 allowance
Eyewear Accessories	15% off Retail non disposible	None	20% savings	
Laser Vision	Discounts Available	None	Discounts Available	

*When you choose contacts instead of glasses, your $130 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation).

Detailed plan summaries available at pwcs.benefits.schoolfusion.us.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Effective July 1, 2011, as part of the PWCS Wellness Program, PWCS provides an Employee Assistance Program (EAP) at no cost to the employee. A valuable resource to assist employees and their family members, the EAP is designed to help you and your family members deal with personal problems brought on by such factors as:

- Marital/family stress,
- Emotional difficulties,
- Alcohol/drug problems,
- And many situations that can continue to make you feel stuck and confined.

FLEXIBLE BENEFITS PROGRAM (FBP)

Health Care Reimbursement Plan

PWCS employees may deposit up to $2,500 per plan year (July 1 – June 30) into a Health Care Reimbursement Plan (HCRP) on a tax-free basis and use this money to pay for eligible out-of-pocket health costs that are not covered by medical, dental, or vision benefits.

Examples of eligible health care expenses include:

- Deductibles
- Co-pays
- Co-insurance
- Orthodontia
- Hearing Aids

For a complete list of eligible expenses, refer to IRS publication 502, "Medical and Dental Expenses," available on the IRS website: www.irs.gov/publications**.**

You may be reimbursed from your account by submitting a reimbursement request with eligible receipts to **Sheakley**, our third party administrator, for processing. For additional information, please refer to pwcs.benefits.schoolfusion.us**.**

Dependent Care Assistance Plan
PWCS employees may deposit up to $5,000 per plan year (July 1 – June 30), tax-free into a Dependent Care Assistance Plan (DCAP). These funds may be used to pay dependent care expenses for eligible dependents. If you are married and your spouse is participating in a similar account, or if you are married and filing separate returns, you may contribute up to $2,500 per year into this account.

Eligible dependent care expenses include:

- Nursery school or day camp;
- Licensed day care center;
- An individual who provides care inside or outside your home. (The individual may not be a child of your own under the age of 19, or anyone you claim as a dependent for federal tax purposes.)

Qualified expenses are incurred because they enable you (and your spouse if you are married) to work. For a description of who qualifies as an eligible dependent and a complete list of eligible expenses, refer to the IRS publication 503, "Child and Dependent Care Expenses," available on the IRS Website: www.irs.gov/publications**.**

You may be reimbursed from your account by submitting a reimbursement request with eligible receipts to **Sheakley**, our third party administrator, for processing. For additional information, please refer to pwcs.benefits**.**schoolfusion.us**.**

IRS FBP Regulations
The IRS regulates the HCRP and DCAP plans:

- The IRS states that any money left in your account at the end of the plan year, for which you do not have qualified incurred expense, cannot be reimbursed to you.
- All claims for reimbursement from the current FBP plan for a qualified expense must be filed by September 30 of the following plan year.
- Accounts are not interchangeable. You cannot use HCRP to pay for DCAP expenses and vice versa.
- Mid-year changes are not permitted. Due to the tax-favored status, the IRS does not allow mid-year changes to your HCRP or DCAP election unless you have an IRS-qualified family status change.
- You must re-enroll each year to participate. The Flexible Benefit Program open enrollment occurs April 15 to May 15 and becomes effective July 1.

LONG TERM DISABILITY (LTD)

Long Term Disability (LTD) insurance with the **Standard Insurance Company** is available to full-time, VRS eligible employees. The Standard LTD plan is designed to pay a benefit to you in the event you cannot work because of an illness or injury. This benefit replaces 60 percent of your income, thus helping you meet your financial commitments if disabled. The premium rates for LTD insurance are based on one's age and annual salary. Premiums are payroll deducted. Enrollment after the initial 30-day enrollment period will require additional medical information determined by the insurance carrier.

LTD Benefits

- Provides income protection if you are unable to work due to disability;
- Benefits payable after you have been continuously disabled for 180 days;.
- Will pay up to 60 percent of your earnings as long as you are disabled;
- Participants may receive a benefit until they are no longer disabled or until age 65;
- A lump sum payment may be available to your survivor;
- Standard LTD Insurance provides 24-hour access to an Employee Assistance Program.

Employee Age	Premium Rate Factor
Age 39 and under	0.0012
Age 40 to 49	0.0029
Age 50 to 59	0.0059
Age 60 to 69	0.0069
Age 70 and above	0.0099

Please note: Premiums for LTD coverage are paid a month in advance.

Additional information is available on the PWCS Benefits Web site at pwcs.benefits.schoolfusion.us or www.standard.com/mybenefits/pwilliam/premium.html**.**

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (Aflac)

Aflac provides Personal Accident, Cancer, Critical Care & Recovery Policy, and/or Hospitalization benefits. PWCS offers payroll deductions for these policies. Please contact Aflac representative Pam Byers at 703.502.0650 to set up an appointment or obtain more information.

LONG TERM CARE

PWCS employees, spouses, and retirees are eligible to participate in the Long Term Care insurance program offered through the Virginia Retired Teachers Association (VRTA) or the VRS Commonwealth of Virginia Voluntary Group Long Term Care Insurance Program at a group discount. The current plan is offered through **Assurity Life Insurance** and the current VRS policy is through **Genworth Life Insurance Company**. By taking advantage of this opportunity, you will be able to secure your future long term care needs and save thousands of dollars in the process.

Rates are based on age and health. For additional information and enrollment materials contact:

- VRTA at 703.878.3651
- VRS – Genworth Life Insurance Company at www.genworth.com/cov or call 866.859.6060.

CREDIT UNION

Employees may enroll in the **Prince William County Employees Credit Union** or Apple Federal Credit Union. For more information contact:

- **PWC Employees Credit Union** at 703.680.1143, 703.369.7333 or www.pwcecu.org
- **Apple Federal Credit Union** at 800.666.7996, 703.788.4800 or www.applefcu.org

SAVINGS BONDS

Employees may purchase savings bonds through payroll deductions to purchase electronic (paperless) savings bonds through a Web-based system called, **TreasuryDirect**. This system allows you to establish an online account with the U.S. Treasury to purchase, hold, and manage securities. Employees can transfer funds to a **TreasuryDirect** account and purchase savings bonds.

Please contact the Payroll Office for enrollment information at 703.791.8748 or select Other Benefits from the Benefits Web page.

TUITION REIMBURSEMENT (Classified Employees)

The PWCS Classified Tuition Program applies to classified employees obtaining a valid Virginia teaching license. Participants may take a course up to three-credits from an accredited college or university. The following criteria apply:

- Maximum of $350 per fiscal year (July 1 - June 30).
  Funds are limited to a first come, first served basis.
- The course must be **specific** to Virginia Department of Education (VDOE) state requirements to obtain a teaching license.
- The application must be submitted immediately after registration.
- Tuition Reimbursements shall cover the cost of tuition, books or required course fees.

Information on the Tuition Reimbursement Programs may be obtained from pwcs.benefits.schoolfusion.us or contact the Office of Benefits & Retirement Services at 703.791.8050.

TUITION REIMBURSEMENT (Certificated Employees)

Tuition Reimbursement is available to full-time and part-time **employees who hold a teaching license**. The purpose of the PWCS Tuition Reimbursement Program is to encourage professional growth and development, to meet certification and license renewal requirements, and to increase instructional knowledge and skills sets.

There are three (3) tuition reimbursement programs based on the license type an employee holds:

Fully Certified Five-year License and Three-year Provisional Non-Core Teacher**
The PWCS Tuition Program applies to any teacher holding a five-year license and for teachers holding a three-year provisional license in a non-core subject area. Participants may take a course up to three-credits from an accredited college or university. The following criteria apply:

- **Maximum of $700 per fiscal year (July 1 - June 30)**
  Funds are limited to a first-come, first-served basis;
- The course must be **directly related** to the teacher's instructional work assignment;
- The application must be submitted immediately after registration;
- Tuition reimbursements shall cover the cost of tuition, books or required course fees;
- Reimbursements will not be made for any course(s) wherein tuition reimbursement is received under any scholarship, fellowship or other subsidized program.

**** Non-Core Courses include, but are not limited to**: Physical Education, Health, Special Education, Counseling, Family & Consumer Science, Driver's Education and ESOL.

Information on the Tuition Reimbursement Programs may be obtained from the PWCS Benefits Web page pwcs.benefits**.**schoolfusion.us or contact the Office of Benefits & Retirement Services at 703.791.8050.

Three-year Provisionally Licensed Core Course Teacher
The No Child Left Behind (NCLB) Tuition Reimbursement Program applies to any teacher holding a three-year provisional license in a core course subject. To qualify for this program, you must hold a three-year provisional license in one of the following core academic subject areas:

- English
- Reading or Language Arts
- Math
- Science
- Foreign Language
- Civics and Government
- Economics
- Arts and Music
- History and Geography

Teachers in the NCLB Program may take undergraduate or graduate level course(s) up to three-credits from an accredited college or university. The following criteria apply:

- Maximum of **$400** per course, not to exceed three courses per fiscal year (July 1 – June 30);
- The course must be **directly related** to the teacher's instructional work assignment;
- The application must be submitted immediately after registration;
- Tuition reimbursements shall cover the cost of tuition only;
- Reimbursements will not be made for any course(s) wherein tuition reimbursement is received under any scholarship, fellowship or other subsidized program.

Information on the Tuition Reimbursement Programs may be obtained from the PWCS Benefits Web page pwcs.benefits.schoolfusion.us or contact the Office of Benefits & Retirement Services at 703.791.8050.

Three-year Conditional/Provisional Special Education Teacher

The Virginia Department of Education (VDOE) Tuition Reimbursement Program applies to any special education teacher holding a three-year provisional or conditional license. This program is not sponsored by PWCS, teachers work directly with the VDOE. Reimbursement is up to **$500** per course for a maximum of three courses per year. You must take graduate level courses meeting the competencies in the endorsement area of your instruction from an accredited college or university. The following criteria apply:

- Full-time special education teachers instructing children from birth to 5-years old maximum of **$600** per course or **$1800** per fiscal year (October 1 – September 30); www.doe.virginia.gov/administrators_memos/2011/310-11.shtml
- Full-time special education teachers instructing school age children (6 years or older) maximum of **$500** per course or **$1500** per fiscal year (October 1 – September 30); www.doe.virginia.govadministrators_memos/2011/311-11.shtml
- Funds are limited to a first come, first served basis;
- The course must meet the competencies in the endorsement area of your instruction;
- The application must be submitted immediately after registration;
- Tuition reimbursements shall cover the cost of tuition only;
- Reimbursements will not be made for any courses wherein tuition reimbursement is received under any scholarship, fellowship or other subsidized program.

Information on the Tuition Reimbursement Programs may be obtained from the PWCS Benefits Web page pwcs.benefits.schoolfusion.us or contact the Office of Benefits & Retirement Services at 703.791.8050.

LEAVE PROGRAMS

Employees are entitled to paid Sick Leave, Personal Leave, Civil Leave, and Sick Leave Bank. Managers and 250-day employees are entitled to Annual Leave.

Probationary classified employees will be credited with three (3) sick leave days, and one (1) personal day at the time of employment. After a classified employee has completed a probationary period of six (6) months, the employee will be credited with the balance of eligible sick, personal, and annual leave (if eligible) days remaining in the anniversary year per the Sick, Personal, and Annual leave schedule.

Sick Leave
Employees may continue to receive their salary for those periods they are absent from work due to personal illness or for an illness or death in their family or household. Sick leave is based on the employee's scheduled days of service. All leave is currently credited at the beginning of the school year and is prorated for any employee who is employed less than a full contract year. Leave is also prorated if an employee is absent from work on an unpaid leave and does not return to complete the school year. **Employees may transfer up to a maximum of 60 sick leave days** accumulated from an accredited private, parochial, or public school division as certified by that school division's administration. You may request this form at your orientation or print it from the "Forms" section on the PWCS Benefits Web page.

Employees are eligible for sick leave based on their scheduled work days.

Sick Leave Schedule	
Scheduled Work Days	**Sick Leave Days**
1 - 16	1
17 - 33	2
34 - 50	3
51 - 67	4
68 - 84	5
85 - 101	6
102 - 118	7
119 - 135	8
136 - 152	9
153 - 169	10
170 - 186	11
187 - 203	12
204 - 220	13
221 - 239	14
240+ Days	15

Sick leave may be taken for personal illness, illness or death of a family member or permanent resident of household. There are no maximum accumulation limits. For more information see Regulation 542.02-1, "Sick Leave".

Sick leave may also be exchanged upon retirement to help cover the cost of medical insurance for those under 65 if certain criteria are met. See Regulation 545-1, "Separation Benefits" for more details.

Sick Leave Bank
All employees hired after January 1, 2006, shall automatically be enrolled in the Sick Leave Bank upon employment. Membership in the Sick Leave Bank protects against loss of income, even though accumulated sick leave has been exhausted. One (1) day of the employee's credited sick leave shall be donated to the Sick Leave Bank to establish membership. Employees are eligible to use the Sick Leave Bank after six months of membership. To access the Sick Leave Bank, employees need to cover the first 30 days of an illness or disability with their own leave or leave without pay. A maximum of 45 sick leave days per year can be used by a sick bank member.

Personal Leave
An employee is advanced three (3) days of personal leave. Personal leave may be used for non-emergency matters deemed important by the employee, i.e.; personal health, welfare, and/or safety that need to be addressed during the regular work day.

Civil Leave
Civil leave is available for employees who are selected for jury duty or who have received a subpoena or summons to make a court appearance.

Annual Leave
Managers and 250-day employees are entitled to annual leave which is earned according to a predetermined schedule.

250-day classified employees are eligible for annual leave based on the following schedule:

Annual Leave Schedule	
Years of Service	**Annual Leave Days**
1 Year	15
2 Years	16
3 Years	17
4 Years	18
5 Years	19
6 Years	20
7 Years	21
8 Years	22
9 Years	23
10 Years	24
11 + Years	25

Maximum Annual Accumulation: 40 Days
The number of days of annual leave credited shall be reported in hours and minutes on an employee's earnings statement. The number of hours and minutes credited for each day of leave shall be based on the number of hours in an employee's regular work day.

Example: If an employee is entitled to 19 days of annual leave and the number of hours in the employee's regular work day is 7 hours 30 minutes, 19 days of annual leave shall be credited and reported as 142 hours 30 minutes.

For more information see Regulation 542.01-1, "Annual Leave".

The Family Medical Leave Act/ Employee Rights and Responsibilities

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.
FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information: *1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627*
WWW.WAGEHOUR.DOL.GOV *U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division*

COBRA – When You or Your Family Lose Health Coverage

You and your eligible spouse and children who are covered under a PWCS medical package or health care flexible spending account have the right to Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage. COBRA is a temporary extension of coverage. COBRA is also a federal law that establishes your right to continued health coverage. COBRA is available to you and to other members of your family who are covered under the plan when you would otherwise lose your group health coverage.

PWCS must notify you and your dependents of your right to extended health plan coverage at the time you become plan participants, and when you terminate employment. The length of continuation coverage offered depends on the qualifying event.

Your Rights

This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under "The Plan" and under federal law, you should either review the Plan's Summary, Plan Description, or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is **Deborah Sparks, Director of Benefits and Retirement Services**, PWCS, P.O. Box 389, Manassas, Virginia 20108, 703.791.8050. The Plan Administrator is responsible for administering COBRA continuation coverage.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a **qualifying event**. Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a **qualified beneficiary**. A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage under the Plan.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;

- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a dependent child.

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Prince William County Public Schools, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

For qualifying events affecting qualified beneficiaries (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice along with appropriate documentation that verifies the qualifying event to: **Deborah J. Sparks, Director of Benefits and Retirement Services, PWCS.**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to l8 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage
If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total

maximum of 29 months. You must make sure that the Plan Administrator is notified of the SSA determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to: **Deborah J. Sparks, Director of Benefits and Retirement Services, PWCS.**

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice along with the appropriate documentation must be sent to: **Deborah J. Sparks, Director of Benefits and Retirement Services.**

Questions????

If you have questions about your COBRA continuation coverage, you should contact Karina Burke, Benefits Specialist, PWCS, 703.791.8050, e-mail burkek@pwcs.edu**,** or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes
In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

RIGHTS FOR WOMEN

The Women's Health and Cancer Rights Act of 1998 requires PWCS to notify you, as a participant or beneficiary of the PWCS Health Plan, of your rights related to benefits provided through the plan in connection with a mastectomy. You, as a participant or beneficiary, have rights to coverage to be provided in a manner determined in consultation with your attending physician for:

- All stages of reconstruction of the breast on which the mastectomy is performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and treatment of physical complication of the mastectomy, including lymphedema.

These benefits are subject to the plans' regular deductibles and co-payments. For more information, refer to the Summary Plan Documents (SPDs) for each of the medical plan

providers, available on the PWCS intranet or by contacting the Office of Benefits and Retirement Services.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Prince William County Public Schools that describes benefits available to employees and dependents.
You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (the authorization of your personal representative e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations

- **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.

- **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan, and your spouse's plan, or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

- **Health care operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.

- **Other Uses and Disclosures of Your PHI Not Requiring Authorization:** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:

    - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Prince William County Public Schools) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan's provision of benefits.

  Required by law: The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.

- **For public health activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
- **For health oversight activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- **Relating to decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- **For research purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
- **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **For specific government functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to have an Opportunity to Object:** The Plan may share PHI with your family, friend or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To request restrictions on uses and disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.

- **To choose how the Plan contacts you:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or

before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain about the Plan's Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Contact Person for Information, or to Submit a Complaint

If you have questions about this Notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices or handling of your PHI, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Officials:

The Plan's Privacy Official, the person responsible for ensuring compliance with this Notice, is:

Keith Johnson, Associate Superintendent for Human Resources
Telephone Number: 703.791.8377

The Plan's Deputy Privacy Official(s) is/are:

Amy White, Director of Human Resources
Telephone Number: 703.791.8767

Deborah Sparks, Director of Benefits and Retirement Services
Telephone Number: 703.791.8568

Organized Health Care Arrangement Designation

The Plan participates in what the federal privacy rules call an "Organized Health Care Arrangement." The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows

the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:

- Prince William County Public Schools Employee Health Care Plan
- Prince William County Public Schools Employee Dental Care Plan
- Prince William County Public Schools Employee Vision Care Plan
- Prince William County Public Schools Employee Flexible Spending Account
- Delta Dental of Virginia, Inc.
- Vision Service Plan

Disclosure of Grandfather Status

Prince William County Public Schools believes its health insurance plans are considered "grandfathered health plans" under the Patient Protection and Affordable Care Act (PPACA). As permitted by the Act, grandfathered health plans can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Anthem PPO plans, and Healthkeepers HMO plan, may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Act, for example, the elimination of lifetime limits on essential benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health status can be directed to the plan administrator at 703.791-8050,

Patient Protection Notice

The Anthem Healthkeepers HMO plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the plan network and who is available to accept you or your family members. Until you make this designation, the plan may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Anthem Healthkeepers at 800.421.1880.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Healthkeepers or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the plan's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Anthem Healthkeepers at the number above.

Social Security Reporting Requirement

Public Law 110-173 requires PWCS' health plans to report participants' Social Security Numbers (SSNs) in order to coordinate benefits with Medicare or other insurance benefits. All participants (employees and dependents) age 45 or older must provide SSNs in order for PWCS health plans to meet the requirements of this law. All participants who are receiving kidney dialysis or have received a kidney transplant, as well as all participants under age 45 who have Medicare, are also required to report SSNs. For more details on this legislation, you may go to www.cms.hhs gov/MandatoryInsRep.

Medicaid & CHIP Offer Free or Low-Cost Health Coverage to Children & Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or Children's Health Insurance Programs (CHIP) to help people who are eligible for
employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in Virginia, you can contact the Virginia Medicaid and CHIP program offices to find out if premium assistance is available:

• Medicaid website: www.dmas.virginia.gov/rcp-HIPP.htm

• Medicaid phone: 800.432.5924

• CHIP website: www.famis.org

• CHIP phone: 866.873.2647

Medicare Prescription Drug (Medicare D) Plan

All PWCS medical plans include prescription drug coverage that is currently more comprehensive than the Medicare prescription drug plan. As an active employee, your PWCS medical coverage is primary to Medicare and you do not need to enroll in a Medicare Rx (Medicare D plan). For a copy of the Creditable Coverage Disclosure, go to publications at www.pwcs.benefits.schoolfusion.us.

CONTACT INFORMATION

Benefit	Contact Info	Web site
Office of Benefits & Retirement Services	703.791.8050/888.797.4473 Fax: 703.791.8906 Benefits@pwcs.edu	pwcs.benefits.schoolfusion.us
Anthem BCBS • KeyCare Enhanced (PPO) • KeyCare Core (PPO) • Healthkeepers (HMO) • Blue View Vision	PPO: 800.445.7490 HMO: 800.421.1880	www.anthem.com
Anthem Wellness • Future Moms • 24/7 Nurse Line	 800.828.5891 800.337.4770	
Delta Dental • Delta Dental Premier • Delta Dental EPN (PPO)	800.237.6060	www.deltadentalva.com
Vision Service Plan (VSP)	800.877.7195	www.vsp.com
Standard Long Term Disability • Horizon EAP	800.428.2938 888.293.6948	www.standard.com/mybenefits/pwilliam
Minnesota Life Insurance	800.441.2258	www.lifebenefits.com
Long Term Care • VRTA • Genworth	 703.878.3651/ejacquemetton@aol.com 866.859.6060	www.genworth.com/cov
Aflac Pam Byers	703.587.5201/psbyers@verizon.net	
Virginia Retirement System (VRS)	888.827.3847	www.varetire.org
Lincoln Alliance • 403(b), Roth 403(b), & 457 (b)	800.234.3500	www.lincolnalliance.com
Credit Union • Prince William Credit Union • Apple Federal Credit Union	 703.680.1143/703.369.7333 800.666.7996/703.788.4800	 www.pwcecu.org www.applefcu.org

For More Information

Visit pwcs.benefits.schoolfusion.us for general information regarding your benefits. For more specific information contact the appropriate representative or Web site.

We have made every effort to make the information in this booklet as accurate and easy for you to understand as possible. However, this booklet and any oral statements are not a substitute for the official plan document and insurance policies. The official plan documents and insurance policies will govern if a discrepancy exists.