

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS

YOUR EMPLOYEE BENEFITS 2013-14

Providing A World-Class Education



Prince William County

PUBLIC SCHOOLS

Providing A World-Class Education



Dear Colleague,

It is no secret we are living in difficult economic times. However, we are very fortunate to have the opportunity to work in a *World-Class* organization with the benefits it provides. Our employee benefits program remains strong and we have worked diligently to minimize the impact of the increased cost of health insurance. Despite continuing economic and fiscal challenges, Prince William County Public Schools (PWCS) has been able to keep the rate increases below the national average of 8%. Our average health care increase for 2013-14 will be 5%.

There are only a few changes made in the plan, which are necessary to meet the requirements of the new federal Affordable Care Act. Group health plans are required to provide employees with a short, easy to understand, summary of health benefits and coverage options. The format of the Summary of Benefits and Coverage (SBC) is standardized so that information is comparable across different plans. Electronic versions are available by visiting the Benefits Web page. Most importantly, we are implementing preventive care coverage at 100%. In addition, our pharmacy co-pays will also change to \$10 generic, \$35 brand name, and \$70 high-cost brand name.

The Flexible Benefits Program continues to be available. This program runs concurrently with our contract year, July 1 - June 30. Enrollment in the Flexible Benefits Program provides a way to reduce the amount of federal, state, and social security taxes you pay on tax-deductible medical and daycare expenses paid out-of pocket throughout the plan year. Employees must enroll each year if they wish to participate in the next plan year.

Employees can plan for their retirement by contributing a portion of their compensation to the PWCS Supplemental Retirement Plan (SRP). There are three (3) plans offered: 403(b), ROTH 403(b), and 457(b) plans. PWCS provides a discretionary match on a percentage of the salary you contribute to the 403(b) and Roth 403(b) plans. The match percentage and dollar amount are determined annually. PWCS matches up to the first 2% of salary that participants elect to defer to their 403(b) retirement account. The percentage match on that 2% is determined by years of service with PWCS. The schedule of matching contributions is available on the Benefits Web Page. Participating employees receive a matching contribution after one (1) year of service.

As your Superintendent colleague, I am extremely proud of the work you do to support our students each and every day. Thank you for your commitment to Prince William County Public Schools.

Sincerely,

Steven L. Walts
Superintendent of Schools

DR. STEVEN L. WALT
Superintendent of Schools

Table of Contents

	PAGE NUMBER
Eligibility	2
Dates and Timelines	2
Employee Self Service (ESS)	4
Retirement	4
Supplemental Retirement Plan	7
Life Accidental Death and Dismemberment Insurance	8
Health, Dental, and Vision Insurance Package	10
Medical Benefits	11
Anthem Blue Cross and Blue Shield Plan Comparison Chart	12
Dental Benefits	13
Vision Benefits	13
Employee Assistance Program (EAP)	14
Flexible Benefit Program (FBP)	14
Long Term Disability (Optional)	15
American Family Life Assurance Company of Columbus (Aflac)	16
Long Term Care	16
Credit Union	16
Savings Bonds	16
Tuition Reimbursement (Classified Employees)	17
Tuition Reimbursement (Certified Employees)	17
Leave Programs	19
The Family Medical Leave Act/Employee Rights and Responsibilities	21
Consolidated Omnibus Budget Reconciliation Act (COBRA)	23
Rights for Women	25
Health Insurance Portability and Accountability Act (HIPAA) Rights	26
Health Insurance Portability and Accountability Act (HIPAA) Notice	26
Disclosure of Grandfather Status	37
Patient Protection Notice	37
Social Security Reporting Requirement	37
Medicaid & Chip Offer Free or Low-Cost Health Coverage to Children & Families	38
Medicare Prescription Drug (Medicare D) Plan	38
Contact Information	39

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:

PWCS requires documentation demonstrating all insured dependents meet the eligibility criteria. Please review the required documents that will need to be forwarded to the Office of Benefits and Retirement Services within 30 days from your hire date by visiting the Benefits Web Page and selecting the Insurance/Compliance tab then Dependent Eligibility and Required Documentation. Once the information is received and verified, the enrollment will be processed.

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** to complete and return the enrollment forms for medical, dental, vision insurance (this includes providing documentation verifying dependents) 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).

Insurance coverage will be effective the first of the month following 30 days of employment provided the enrollment forms are submitted by the deadline. For example, if your hire date is August 20, your coverage will start October 1.

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 is currently only available on a PWCS computer. Home access is not currently available.

ESS may be accessed at the PWCS Benefits Web site pwcs.benefits.schoolfusion.us, then select "Employee Self Service." Login 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)

Full-time employees are eligible and automatically enrolled in the Virginia Retirement System (VRS) as a condition of employment.

Effective January 1, 2014, listed below are the three (3) VRS Retirement Plans available to VRS members. The Plan designation is based upon the member's VRS membership date. Returning inactive VRS members who have not taken a refund will return to the retirement plan they were enrolled prior to their separation date. Returning inactive VRS members who have taken their VRS refund will be automatically enrolled in the Hybrid Plan. Information may be viewed at <http://www.varetire.org/pdf/publications/vrs-plans-comparison.pdf>.

Plan 1: (Employees vested as of 1/1/2013 including returning members with prior service who did not take a refund. Total of 5% of annual salary contributed by the employee.)

- **Normal retirement** age 65.
- **Earliest Unreduced Retirement Eligibility** at 50 years of age and 30 years of service and also age 65 with five years of service.
- **Earliest Reduced Retirement Eligibility** reduced benefit is age 55 with 5 years of services.
- Ability to purchase prior military, federal, state, and/or local public service, within three (3) years of VRS membership date. After three years, calculation is based on actuarial cost.
- Disability Benefits
- Life insurance

Plan 2: (Employees hired or rehired on or after July 1, 2010 including returning members who took a refund of service.) Total of 5% of annual salary contributed by the employee.

- **Normal retirement** age is normal Social Security retirement age.
- **Earliest Unreduced Retirement Eligibility** is 60 years of age with 30 years of service or when years of service and age equal 90 (age 55 with 35 year of service) and also normal Social Security age with at least 5 years (60 months) of creditable VRS service.
- **Earliest Reduced Retirement Eligibility** with reduced benefit is age 60 with 5 years of creditable VRS service.
- Eligible to purchase prior military, federal, state, and/or local public service within one year of employment at the normal cost rate as a percentage of your compensation. After one (1) year, calculation is based on actuarial cost.
- Purchasing refunded VRS service at five (5) percent.
- Disability Benefits
- Life insurance

Hybrid Plan: (Employees hired on or after January 1, 2014, with no service credit in VRS). Total of 5% of annual salary contributed by the employee. The Hybrid Plan has two components: 4% is allocated to the defined benefit component and 1% allocated to the defined contribution component

- **Normal retirement** age is normal Social Security retirement age for the defined benefit component.
- **Unreduced Retirement Eligibility**
 - Defined benefit component of the plan is normal Social Security retirement age with at least five years (60 months) of creditable VRS service, or when your age and service equal 90. Example: Age 60 with 30 years of creditable service.
 - Defined contribution component, you are eligible to receive distributions upon leaving employment, subject to restrictions.
- **Reduced Retirement Eligibility**
 - Defined benefit component of the plan, as early as age 60 with at least five years (60 months) of creditable VRS service.
 - Defined contribution component, you are eligible to receive distributions upon leaving employment, subject to restrictions.
 - Eligible to **voluntarily contribute** an additional amount from .5% to a maximum of 4 % to your voluntary defined contribution account with matching contributions in accordance to the plan's guidelines.
- Eligible to purchase prior military, federal, state, and/or local public service within one year of employment at normal cost rate as a percentage of your compensation. After one (1) year, calculation is based on actuarial cost.
- Purchasing refunded VRS service at five (5) percent.
- Disability benefits with one-year waiting period for non-work disability benefits available through a short term and long term plan outside the VRS.
- Life insurance

The defined contribution component which is the investment portion of your plan is with ICMA-RC. Enrollment and maintenance of your account will be administered by ICMA-RC. Investment options, retirement plan handbook, forms, etc. may be viewed at <http://www.varetirement.org/hybrid/publications.html>.

Contact VRS

Website: www.varetire.org

Toll-Free Telephone Number: 1-855-291-2285

TDD: 804-289-5919

Email: vrs@varetire.org. **Important email notice:** Do not send personal or confidential information, such as your Social Security number, by email. VRS will send only non-confidential replies.

VRS Retirement Counseling Center: 1111 East Main Street in downtown Richmond

VRS Administrative Offices: 1200 East Main Street in downtown Richmond

Mailing Address: P.O. Box 2500, Richmond, VA 23218-2500

Contact ICMA-RC

Website: www.varetire.org

Toll-Free Telephone Number: 1-877-327-5261 – select Option 1

TDD: 804-289-5919

Email: vrsemployersupport@icmarc.org

ICMA-RC Virginia Service Center: 919 E. Main Street, Richmond, VA 23219

Mailing Address: 777 N. Capitol St. NE, Suite 600, Washington, D.C., 20002

Your local ICMA-RC Defined Contribution Plans Retirement Specialist is available to assist you with the Commonwealth of Virginia's Retirement Plans, understanding your investment options and managing contributions and managing and developing a strategy for your retirement.

Steven Scott, Northern Virginia

SJScott@icmarc.org

855-553-3088

703-787-7607

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

BENEFICIARIES

Beneficiaries for your retirement and life insurance are set up in order of precedence. Upon the death of the employee, the benefits will automatically go in order of precedence; i.e., spouse, child(ren), parents, siblings, etc. **If beneficiaries are other than the immediate family, the employee will need to indicate their preference by completing a Beneficiary Change Form. If order of precedence is acceptable, NO FORM IS REQUIRED.**

PURCHASING PRIOR SERVICE

You may be able to increase your benefit by purchasing prior military, federal, state, and/or local public service credit. Prior service is a period of service that has not been credited to your VRS service record because it is not covered by VRS, or it was covered service for which you took a refund. Some prior service needs to be purchased within the allocated time or the cost will be greater to the member. Refer to the VRS handbook online regarding specific information.

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.

Effective January 1, 2014, new employees hired and enrolled into the VRS Hybrid Plan will be ineligible for any match in the Supplemental Retirement Plan until the employee has maxed out all voluntary contributions in the Hybrid Plan.

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	\$0.07
40 – 44	\$0.09
45 – 49	\$0.14
50 – 54	\$0.20
55 – 59	\$0.34
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)
- Preventive Care
- 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/POS

Prescription Drugs:

Contraception prescriptions are covered at 100% for a generic prescription or brand name with no generic equivalent.

- 31 Day Supply: Retail \$10 Generic; \$35 Brand; \$70 High-Cost Brand
- 90 Day Supply: Mail Order \$20 Generic; \$70 Brand; \$140 High-Cost Brand

Preventive Care

Our health plans cover 100% of the services listed in the preventive care flier available on the Benefits Web page by selecting insurance plans and then medical package. When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Delta Dental Premier: Employees who enroll in one of the Anthem medical insurance plans will automatically have **Delta Premier** 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** 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 SHIELD PLAN COMPARISON

BENEFIT	KeyCare Enhanced PPO			KeyCare Core PPO			Healthkeepers /POS	
	In-Network	Out-of-Network Coinsurance Amount after Deductible	In-Network	Out-of-Network Coinsurance Amount after Deductible	In-Network PCP Required	Out-of-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	\$20/Visit	70/30%	
Specialist Physician Visits	\$35/Visit	70/30%	\$50/Visit	70/30%	\$40/Visit	\$40/Visit	70/30%	
Deductibles (per calendar year):	none	\$400 Individual \$800 Family	none	\$500 Individual \$1,000 Family	none	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	\$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	\$20/Visit	70/30%	
• Well Baby Care (up to age 7)	\$20/Visit	70/30%	\$25/Visit	70/30%	\$20/Visit	\$20/Visit	70/30%	
• Well Baby Immunizations	None	70/30%	20%	70/30%	Part of PCP Office Visit	Part of PCP Office Visit	70/30%	
• Gynecological	PCP: \$20/Visit OB/GYN: \$35/Visit	70/30%	PCP: \$25/Visit OB/GYN: \$50/Visit	70/30%	\$20/Visit	\$20/Visit	70/30%	
• Mammography Screening	None	70/30%	20%	70/30%	\$40/Visit	\$40/Visit	70/30%	
• PSA Test	None	70/30%	20%	70/30%	\$40/Visit	\$40/Visit	70/30%	
Diagnostic Testing								
• Laboratory	None	70/30%	20%	70/30%	\$40/Visit	\$40/Visit	70/30%	
• X-rays	None	70/30%	20%	70/30%	\$40/Visit	\$40/Visit	70/30%	
• Advanced Diagnostic tests (MRIs, CT-Scan, PET Scan, etc)	\$200	70/30%	\$200 plus 20%	70/30%	\$200	\$200	70/30%	
Outpatient Surgery:								
• PCP	\$20	70/30%	\$25	70/30%	\$20	\$20	70/30%	
• Specialist	\$35	70/30%	\$50	70/30%	\$40	\$40	70/30%	
• Facility	\$200	70/30%	\$200 plus 20%	70/30%	\$200	\$200	70/30%	
Hospital Inpatient (per stay)								
• Semi-Private Room	\$350	70/30%	\$400 plus 20%	70/30%	\$200 per day/Limit \$1000 per admission	\$200 per day/Limit \$1000 per admission	70/30%	
• Physician Services								
• Surgery								
Emergency Services								
• Emergency Room	\$200/Visit	70/30%	\$200 plus 20%	70/30%	\$200/Visit	\$200/Visit	70/30%	
• Urgent Care	\$35 Visit	70/30%	\$50 Visit	70/30%	\$40/Visit	\$40/Visit	70/30%	
Mental Health								
• Outpatient	\$20/Visit	70/30%	\$25/Visit	70/30%	\$20-30 min. Individual Session \$30-all Mental Health Sessions	\$20-30 min. Individual Session \$30-all Mental Health Sessions	70/30%	
• Inpatient	\$350	70/30%	\$400 plus 20%	70/30%	\$200 per day/Limit \$1000 per admission	\$200 per day/Limit \$1000 per admission	70/30%	
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)	\$25 (90 day maximum)	70/30%	
Skilled Nursing Care								
• Home Health Care	20% None (90 Day limit)	70/30%	20% None (90 day limit)	70/30%	0% None	0% None	70/30%	
Durable Medical Equipment								
• Chiropractic Services:	20% \$35/Visit (limit 50 visits per cal. yr.)	70/30%	20% \$50/Visit (limit 50 visits per cal. yr.)	70/30%	0% \$20/Visit (limit 20 visits per cal. yr.)	0% \$20/Visit (limit 20 visits per cal. yr.)	70/30%	
Prescription Drugs (include purchase of diabetic supplies)								
• 31 Day Supply: Retail	\$10 Generic; \$35 Brand; \$70 High-Cost Brand			\$10 Generic; \$35 Brand; \$70 High-Cost Brand				
• 90 Day Supply: Mail Order	\$20 Generic; \$70 Brand; \$140 High-Cost Brand			\$20 Generic; \$70 Brand; \$140 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. 04/2013

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 a 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 a 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 disposable	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)

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.

Additional information is available at www.achievesolutions.net/pwcs or by calling 877.215.9776.

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) - Optional

Long Term Disability (LTD) insurance with the **Standard Insurance Company** is available to full-time, VRS eligible employees who are enrolled in VRS Plans 1 and 2. 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.

<u>Employee Age</u>	<u>Premium Rate Factor</u>
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 703.791.8927.

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 703.791.8927.

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 703.791.8927.

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/superintendents_memos/2012/216-12.shtml
- Full-time special education teachers instructing school age children (6 years or older) maximum of **\$500** per course or **\$1000** per fiscal year(2 classes per semester October 1 – September 30);
www.doe.virginia.gov/administrators/superintendents_memos/2012/216-12.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 703.791.8927.

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.

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 Full and Part time Employees are eligible for sick leave based on their scheduled work days. Employees will accrue sick leave each pay period. The number of hours accrued each pay period depends on the number of days an employee works. Sick leave will not accrue during periods of leave without pay.

Example: Instructional staff with a 195 day contract will accrue 12 days of sick leave over the course of the year. Accruals will occur each pay period during the actual work schedule of the position-- September through June. Instructional staff work a 7.5 hour contract day and will accrue 4.5 hours per pay period.

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 retiree medical insurance for those under the age of Medicare eligibility 65. See Regulation 545-1, "Separation Benefits" for more details and eligibility requirements.

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.

Sick Leave Bank – (Only available to employees who are not enrolled in the VRS Hybrid Plan.)

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. 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.

Short Term (STD) and Long Term Disability (LTD) – (VRS Hybrid covered employees)

- STD benefit provides income replacement for 60% of an employee's earnings after 12 months of continuous participation. The employee's percent of income replacement increases over the course of an employee's full-time employment. After 12 months of continuous employment the benefit waiting period is seven (7) days. Maximum benefit is 125 days (excludes weekends).
- LTD benefit provides income replacement at 60% after STD benefits are exhausted. These benefits may continue until an employee reaches social security age.
- Both plans contain medical management with an aggressive return to work policy.

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 18 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.

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS

HIPAA Rights

How to File a Complaint

PWCS has an internal process for receiving and evaluating complaints of HIPAA violations. Any individual—including PWCS employees, retirees, and dependents—who believes their privacy rights have been violated or who have a complaint arising under the Privacy Rule or the Security Rule or our policies and procedures have the right to make an inquiry or complaint with the PWCS HIPAA Privacy Officer. The Privacy Officer will promptly investigate and take appropriate action.

Alternatively, an inquiry or complaint can be filed with the Secretary of Health and Human Services through the Office of Civil Rights (OCR).

HIPAA Privacy Officer

Prince William County Public Schools
Department of Human Resources
Office of Benefits & Retirement Services
14715 Bristow Road
Manassas, VA 20112
Phone: 703.791.8050
E-mail: Benefits@PWCS.edu

Office for Civil Rights

U.S. Department of Health & Human Services
150 S. Independence Mall West - Suite 372
Philadelphia, PA 19106-3499
(215) 861-4441; (215) 861-4440 (TDD)
(215) 861-4431 FAX

HIPAA PRIVACY NOTICE

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective Date: April 14, 2003 / Amended Date: April 18, 2005/ Amended Date for HITECH: February 17, 2009

This notice describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Prince William County Public Schools Employee Group Health Plan (the “Plan” or “we”) is committed to protecting the privacy of your “protected health information (PHI).” Protected health information, which is referred to as “medical information” in this Notice, is information that identifies you and relates to your physical or mental health or to the provision or payment of health services for you. We create, receive, and maintain your medical information when the Plan provides health benefits to you and your eligible dependents. We are required to provide you with certain rights related to your medical information.

We have the following legal obligations under federal health privacy law—the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the related regulations to:

- To maintain the privacy of your medical information
- To provide you with this Notice of our legal duties and privacy practices with respect to your medical information
- To abide by the terms of this Notice currently in effect

This Notice becomes effective as of the effective date of your health coverage and will remain in effect unless and until we publish a revised Notice.

Who Will Follow This Notice

This Notice discusses the practices of the Plan regarding your medical information and the standards to which it will hold any third parties (such as health insurance companies) that assist in the administration of the Plan.

Information Subject to This Notice

We, as the Plan, create, receive, and maintain certain medical information about you to help provide health benefits to you, as well as to fulfill legal and regulatory requirements. We obtain this medical information from applications and other forms that you may complete, through conversations you may have with our benefits administrative staff and health care professionals, and from reports and data provided to us by health care service providers, insurance companies, and other third parties.

The medical information we have about you includes, among other things, your name, address, phone number, birth date, Social Security number, and health claims information. This is the information that is subject to the privacy practices described in this Notice. This Notice does not apply to medical information created, received, or maintained by PWCS on behalf of the non-health employee benefits that it sponsors, including disability benefits and life insurance benefits.

This Notice also does not apply to medical information that PWCS requests, receives, and maintains about you for employment purposes, such as employment testing or determination of your eligibility for medical leave benefits or disability accommodations.

Summary of the Plan's Privacy Policies

The Plan's Uses and Disclosures of Your Medical Information

Generally, you must provide a written authorization to us in order for us to use or disclose your medical information. However, we may use and disclose your medical information without your authorization for administering the Plan and for processing claims. We also may disclose your medical information without your authorization for other purposes as permitted by the federal health privacy law, such as health and safety, law enforcement, or emergency purposes.

Your Federal Rights Under HIPAA Regarding Your Medical Information

Under 45 CFR Parts 160 and 164, (Standards for Privacy of Individually Identifiable Health Information) you have several rights regarding medical information. You have the right to:

- Inspect and/or copy your medical information.
- Request that your medical information be amended.
- Request an accounting of certain disclosures of your medical information.
- Request certain restrictions related to the use and disclosure of your health information.
- Request to receive your medical information through confidential communications.
- File a complaint with the Plan or the secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated.
- Receive a paper copy of this Notice.

The following pages describe in detail our uses of your medical information and your rights regarding that information.

Contact Information

If you have any questions or concerns about the Plan's privacy practices or about this Notice or if you want to obtain additional information about the Plan's privacy practices, contact:

HIPAA Privacy Officer

Prince William County Public Schools
Department of Human Resources
Office of Benefits & Retirement Services

14715 Bristow Road
Manassas, VA 20112

703.791.8050

E-mail: Benefits@PWCS.edu

Detailed Notice of the Plan's Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review it Carefully.

How the Plan May Use and Disclose Health Information About You

Except as described in this section, as provided for by federal health privacy law, or as you have otherwise authorized, we only use or disclose your health information for administering the Plan and processing health claims. The uses and disclosures that do not require your authorization are described below with specific examples of such disclosures.

You should understand that most of the medical information about you will be handled by the insurance companies that administer the Plan, not the PWCS Office of Benefits & Retirement Services. Occasionally, however, the Office of Benefits Services will receive or maintain such information. The Plan's contracts with these insurance companies require them to protect the privacy of your medical information. The purpose of this Notice is to advise you about how the Plan and the companies that work for the Plan may use that information.

For Treatment

We are not aware of any circumstances under which PWCS or our vendors will be providing treatment information about you to health care providers. In the event that such inquiries are made, however, we may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

For Payment

We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate your coverage. We may confer with your health care provider to determine whether a particular treatment is medically necessary or to determine whether the Plan will cover the treatment. We may also

share medical information with a utilization review or pre-certification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or with another health plan to coordinate benefit payments.

For Health Care Operations

We may use and disclose medical information about you to run the Plan efficiently and in the best interests of all its participants. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; or conducting or arranging for medical reviews, legal services, audit services, and the fraud and abuse detection program.

Disclosures to Health Plan Sponsor

We may disclose your medical information to the Plan Sponsor (PWCS) for plan administration purposes including, but not limited to quality assurance, monitoring, or auditing functions. This means that PWCS staff members outside the Plan may have access to your medical information. However, PWCS, as Plan Sponsor, will certify to us that the staff will protect the privacy of your medical information and that PWCS has amended the Plan documents to reflect its obligation to protect the privacy of your medical information. PWCS will not use your medical information for non-Plan purposes or for purposes not covered by this Notice, such as employment decisions.

Disclosures to Business Associates

We may disclose certain medical information, without your authorization, to our “business associates.” Business associates are third parties that assist us in the Plan’s operations, such as insurance companies. For example, we may share your claims information with business associates that provide claims processing services to the Plan, and we may disclose your medical information to our business associates for actuarial and audit purposes and legal services. We enter into contracts with these business associates to ensure that they protect the privacy of your medical information.

As Required by Law: Lawsuits and Disputes

We may disclose medical information about you when required to do so by federal, state, or local law and by related judicial and administrative proceedings. For example, we may disclose your medical information in response to a subpoena, discovery request, court or administrative order, or other legal process.

Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. We

also may disclose your health information for public health activities such as preventing or controlling disease, injury, or disability; reporting births and deaths; or reporting child abuse or neglect.

Emergency Situations

We may use or disclose your medical information to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster.

Others Involved in Your Care

In limited circumstances, we may use or disclose your medical information to a family member, close personal friend, or others whom we have verified are involved in your care or payment for your care. For example, your medical information may be disclosed if you are seriously injured and unable to discuss your case with us. Also, in certain circumstances, we may advise a family member or close personal friend about your general condition, location (such as in the hospital), or death.

Personal Representatives

Your medical information may be disclosed to people whom you have authorized to act on your behalf or to people who have a relationship with you that gives them the right to act on your behalf. Examples of personal representatives are parents for minors and those who have power of attorney for adults.

Treatment and Health-Related Benefits Information

Our business associates and we may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services, and education.

Research

Under certain circumstances, we may use or disclose your medical information for research purposes if we follow certain specialized rules and privacy protection procedures.

Organ and Tissue Donation

If you are an organ donor, we may use or disclose your medical information to an organ donor or procurement organization to facilitate an organ or tissue donation transplantation.

Deceased Individuals

The medical information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.

Military and Veterans

If you are a member of the armed forces or a veteran, we may release medical information about you in order to comply with laws and regulations related to military service or veterans' affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.

Law Enforcement

- To help law enforcement officials in their law enforcement duties:
- To respond to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- To provide information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- To provide information about a death that may be the result of criminal conduct.
- To provide information about criminal conduct on PWCS property.
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, protection of public officials, and other national security activities authorized by law.

Uses and Disclosures for Fund-raising and Marketing Purposes

We do not use your medical information for fund-raising and marketing purposes.

Any Other Uses and Disclosures Require Your Express Written Authorization

Uses and disclosures of your medical information other than those described above will be made only with your express written authorization. You may revoke your authorization in writing. If you do so, we will not disclose the medical information covered by the revoked authorization except to the extent the Plan has already relied on your authorization. You also should understand that insurance laws might affect your ability to revoke your authorization.

Once your medical information has been disclosed pursuant to your authorization, the federal health privacy protections may no longer apply to the disclosed medical information, and that information may be redisclosed by the recipient without your or our knowledge or authorization.

Your Federal Rights Under HIPAA Regarding Your Medical Information

Under 45 CFR Parts 160 and 164 (Standards for Privacy of Individually Identifiable Health Information); you have several rights regarding medical information that the Plan creates, receives, and maintains about you. You should address such requests to exercise your rights to:

HIPAA Privacy Officer

Prince William County Public Schools
Department of Human Resources
Office of Benefits & Retirement Services
14715 Bristow Road
Manassas, VA 20112

703.791.8050

E-mail: Benefits@pwcs.edu

Right to Inspect and Copy

You have the right to request healthcare records. This right is not absolute. You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. You must submit your request in writing to the Privacy Officer at the address above. If you request a copy of the information, we may charge a fee for the costs of copying and mailing that information.

We may deny your request to inspect and copy that health information in certain very limited circumstances, such as certain psychotherapy notes and information compiled for certain legal proceedings. If you are denied access to health information, we will inform you in writing. In addition, in certain circumstances, you may request that the denial be reviewed.

Right to Request That Your Medical Information Be Amended

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan.
- Was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the information that you would be permitted to inspect or copy.
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of disclosures of your medical information that we have made for any purpose that you did not authorize, with the exception of disclosures for other than treatment, payment, or health care operations; disclosures before April 14, 2003; and certain other disclosures. The accounting will tell you the person to whom your medical information was disclosed, the date of the disclosure, a description of the information disclosed, and the purpose of the disclosure.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accountings. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgical procedure you had.

We are not required to agree to your request, and we may terminate our agreement to restrictions that you have requested.

To request restrictions, you must make your request in writing to the Privacy Officer. You must include with your request: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse). We will notify you in writing as to whether we agree to your request for restrictions.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain confidential way or at specific or certain agreed upon location. For example, you can ask that we contact you only at work or by mail.

To request confidential communications by alternative means or at an alternative location, you must make your request in writing to the Privacy Officer. Your request should state the reason(s) for your request and the alternative means by which or the location at which you would like to receive your health information. If you believe that the disclosure of all or part of your health information by non-confidential communications could endanger you, your request should state that. The Plan will accommodate reasonable requests and notify you appropriately.

Right to a Paper Copy of the Privacy Notice

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request. Even if you agree to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this notice by mail, you should contact the FCPS Benefits Department. You may also obtain a copy of this notice at the [Plan's website](#).

Prince William County Public Schools

Department of Human Resources
Office of Benefits & Retirement Services
14715 Bristow Road
Manassas, VA 20112

Human Resources Client Services Center

Phone 703.791.8050
E-mail: benefits@pwcs.edu

Changes to this Notice

We reserve the right to change any of the privacy policies and related practices at any time, as allowed by federal and state law, and to make the change effective for all information that we

maintain. The terms of the revised Notice may apply to medical information we already have about you as well as any information we receive in the future. If we materially change any of the privacy practices covered by this Notice, we will provide you with the revisions within 60 days.

We will post a copy of the current Notice on the Plan's web site at www.fcps.edu. That Notice will contain the effective date on the top right-hand corner. You should monitor the web site for revisions. Copies of the revised Notice will be made available to you upon your written request.

Compliant Process and Contact Information

The Plan provides a process as required by HIPAA for you to make complaints regarding the Plan's policies and procedures or compliance with policies and procedures related to protecting the privacy of your health information.

You have the right to file a complaint to the Plan and/or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint you must submit it in writing to the following:

HIPAA Privacy Officer

Prince William County Public Schools
Department of Human Resources
Office of Benefits & Retirement Services
14715 Bristow Road
Manassas, VA 20112

703.791.8050

E-mail: Benefits@pwcs.edu

Office for Civil Rights

U.S. Department of Health & Human Services
150 S. Independence Mall West - Suite 372
Philadelphia, PA 19106-3499

(215) 861-4441; (215) 861-4440 (TDD)

(215) 861-4431 FAX

You will not be retaliated against or discriminated against and no services, payments, benefits, or privileges will be withheld from you because you file a complaint with the Plan or the secretary of the Dept. of Health & Human Services.

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 POS 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 POS 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 <ul style="list-style-type: none"> • KeyCare Enhanced (PPO) • KeyCare Core (PPO) • Healthkeepers (POS) • Blue View Vision 	PPO: 800.445.7490 HMO: 800.421.1880	www.anthem.com
Anthem Wellness <ul style="list-style-type: none"> • Future Moms • 24/7 Nurse Line 	800.828.5891 800.337.4770	
Delta Dental <ul style="list-style-type: none"> • Delta Dental Premier • Delta Dental EPN (PPO) 	800.237.6060	www.deltadentalva.com
Vision Service Plan (VSP)	800.877.7195	www.vsp.com
Value Options (EAP)	877.215.9776	www.achievesolutions.net/pwcs
Standard Long Term Disability	800.428.2938	www.standard.com/mybenefits/
Minnesota Life Insurance	800.441.2258	www.lifebenefits.com
Long Term Care <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 403(b), Roth 403(b), & 457 (b) 	800.234.3500	www.lincolnalliance.com
Credit Union <ul style="list-style-type: none"> • 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.

School Board

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Chairman At-Large

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Dr. Steven L. Walts

Superintendent's Staff

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Associate Superintendent for Western Elementary Schools

Mr. Timothy L. Healey
Associate Superintendent for Student Learning and Accountability

Mr. Keith A. Imon
Associate Superintendent for Communications and Technology Services

Mr. Keith J. Johnson
Associate Superintendent for Human Resources

Mr. Michael A. Mulgrew
Associate Superintendent for High Schools



Prince William County
PUBLIC SCHOOLS
Providing A World-Class Education ®

Prince William County Public Schools (PWCS) does not discriminate in employment or in its educational programs and activities against qualified individuals on the basis of race, color, religion, national origin, sex, pregnancy, childbirth or related medical conditions, age, marital status, veteran status, or disability. PWCS provides equal access to the Boy Scouts and other designated youth groups. The following individual(s) will handle inquiries regarding nondiscrimination policies, including Section 504 and Title IX:

*Associate Superintendent for Human Resources
Prince William County Public Schools
P.O. Box 389
Manassas, VA 20108*