Employee Benefits Handbook

Loudoun County Public Schools

Welcome to Loudoun County Public Schools

Employees are one of the most valuable resources of the Loudoun County Public School System. We are pleased to offer a variety of benefits to meet the diverse needs of our employees.

Take a few moments to become familiar with this Employee Benefits Handbook. It has been carefully prepared for you and should answer most questions you may have about benefits you receive as an employee of the Loudoun County Public School System.

More detailed information is available by calling Employee Health, Wellness and Benefits at 571-252-1810 or Retirement and Disability Programs at 571-252-1690. You may also direct questions to lcpshealthwellness@lcps.org or lcpsretiredisability@lcps.org.

Sincerely,

E. Leigh Burden
Assistant Superintendent
Business and Financial Services

Contents

Program Summaries 1-2

Contacts and Communications 2-1
- Contacts
- Newsletter
- Website
- Facebook

Wellness Works! Program 3-1

Group Health (Medical, Dental, Vision & Prescription) Insurance 4-1
- Determine Eligibility and How to Enroll
- Medical Insurance Plans Summaries
- Dental Plan Summary
- Vision Plan Summary
- Prescription Plan Summary

Flexible Spending Accounts 5-1
- Flexible Spending Account Summary

Retirement Programs 6-1
- Virginia Retirement System Pension Plan
- 403(b) Elective Deferral Program
- 457 Deferred Compensation Program

Life Insurance 7-1
- Basic Group Term Life Insurance
- Optional Group Term Life Insurance

Leave Information 8-1
- Summary of Leave Benefits
- Donated Family Sick Leave Bank
- Short Term Disability Plan
- Voluntary Long Term Disability Plan

Other Voluntary Benefits 9-1
- Virginia 529 prePAID
- Virginia 529 inVEST
- Aflac Supplemental Income Protection Plan Cancer Indemnity
- Long Term Care Insurance Programs
- Loudoun Credit Union
- Apple Federal Credit Union
- LCPS Discounts (ID Badge required)
- Hepatitis B Vaccine

Employee Assistance Program 10-1

Important Notices 11-1
- Your Benefits and the Law
- Notice of COBRA Continuation Coverage Rights
- HIPAA Notice of Privacy Practices for Protected Health Information
- Health Insurance Marketplace Notice (a.k.a. Exchange)
- Medicare Creditable Coverage Disclosure Notice
- State Children's Health Insurance Program (SCHIP)
- Universal Availability Notice

Payroll Information 12-1

Glossary and Acronyms 13-1

Benefits Checklist 14-1

Forms 15-1

Employee Benefits Program Summary

Access the Internet (www.lcps.org> Administration > Business and Financial Services > Employee Health, Wellness and Benefits) for information and forms or call the Employee Health, Wellness and Benefits Division at 571-252-1810.

Notes

The following information is provided as an overview of Loudoun County Public Schools benefits programs for benefits eligible employees. Please refer to the Loudoun County Public Schools Policy Manual or other appropriate plan documents or visit www.lcps.org.

BENEFIT	ELIGIBILITY	COVERAGE
Annual Leave — Classified Employees Working 12 Months	Receive 1 day per month for first six months, and then receive the balance due for the school year. (Prorated for late starts and early releases)	12 days first year. One additional day is earned for each additional year of service up to the 13th year. 24 days earned is maximum beyond the 13th year of service. 60 days maximum carryover.
Annual Leave — Administrators	Immediate (Prorated for late starts and early releases)	20 days for 1st & 2nd years of service 21 days after 2 years of service 22 days after 4 years of service 23 days after 6 years of service 24 days after 8 years of service
Sick Leave	Immediate (Prorated for late starts and early releases)	10 Month Employees receive 10 sick days 11 Month Employees receive 11 sick days 12 Month Employees receive 14 sick days Cumulative if not used; cashed out only as outlined below. Payment of unused sick leave at retirement is limited to those with 10 or more years of LCPS service. Payment is equal to 25% of the value of the unused sick leave balance, up to a maximum payout of 25% of average teacher's salary for the school year.
Sick Leave from Other Virginia Public Schools	Documentation must be received.	Transferable with provisions under LCPS Policy §7-57. Maximum of 90 days.
Personal Leave 10-11 Month Employees	Immediate	3 days per year. Unused personal leave will be transferred to employee's sick leave balance at the end of the school year.
Donated Family Sick Leave Bank	Donation of 2 sick days to enroll in the Donated Family Sick Leave Bank. All leave must be depleted to use the Donated Family Sick Leave Bank. First 30 days of family illness must use own leave or leave without pay (see restrictions under Leave Without Pay section).	Maximum of 30 days each school year can be drawn from the Family Sick Leave Bank.
Bereavement Leave		Provides days of leave due to the death of a member of the employee's immediate or extended family. This leave is charged to employee's sick leave balance.

Employee Benefits Program Summary (continued)

BENEFIT	ELIGIBILITY	COVERAGE
Group Health Insurance[1] Medical	1st of the month following eligibility provided completed and signed enrollment paperwork is submitted to the Employee Health, Wellness and Benefits Division including all supporting documentation. Dependents are covered up to age 26.	Open Access Plus (OAP) administered by Cigna Healthcare In-network (Cigna network) • $15 co-pay for primary care physician • $30 co-pay for specialist • $200 deductible per individual (per calendar year) / $400 deductible per family (per calendar year) then 10% co-insurance • $1,000 individual / $2,000 family out-of-pocket maximum Out-of-network • $500 deductible per person (per contract year) / $1,000 deductible per family (per contract year) then Insurance pays 70% of reasonable and customary plan charges for most covered services Point of Service (POS) administered by Cigna Healthcare In-network (Cigna network) • $15 co-pay for primary care physician • $30 co-pay for specialist • 100% coverage for hospitalization • $2,500 individual / $5,000 family out-of-pocket maximum Out-of-network • $500 deductible per person (per contract year) / $1,500 deductible per family (per contract year) then Insurance pays 80% of reasonable and customary plan charges for most covered services
Group Health Insurance[1] Prescriptions	1st of the month following eligibility provided completed and signed enrollment paperwork is submitted to the Employee Health, Wellness and Benefits Division including all supporting documentation. Dependents are covered up to age 26.	Coverage is the same regardless of POS or OAP plan choice. Plan administered by Express Scripts. • $5.00 co-pay for generic medications • $25.00 co-pay for formulary brand name medications • $45.00 co-pay for non-formulary brand name medications • $2,500 individual, $5,000 family out-of-pocket maximum • Mail order prescription service available for maintenance medications

Note

[1] Open enrollment for group health insurance is the time of year employees may add, increase, decrease or drop health insurance coverage. The open enrollment period is October 15th to November 15th, to be effective January 1st. Employees may only make changes to coverage outside of open enrollment as a result of and coinciding with a qualifying family status change, as defined by IRS regulations.

Notes

Employee Benefits Program Summary (continued)

Notes

BENEFIT	ELIGIBILITY	COVERAGE
Group Health Insurance[1] Vision	1st of the month following eligibility provided completed and signed enrollment paperwork is submitted to the Employee Health, Wellness and Benefits Division including all supporting documentation. Dependents are covered up to age 26.	Plan administered by Davis Vision. Members may use a participating provider to receive the highest benefit or use a non-participating provider and receive a reduced benefit. • Eye exam (once every 12 months) • Frames (once every 24 months) • Lenses, including contacts (every 12 months)
Group Health Insurance[1] Dental/Orthodontia	1st of the month following eligibility provided completed and signed enrollment paperwork is submitted to the Employee Health, Wellness and Benefits Division including all supporting documentation. Dependents are covered up to age 26.	Comprehensive dental plan administered by Delta Dental Plan of Virginia (DDPV), Premier and Preferred Plan In-network: • Preventive services covered at 100% Basic/Major services covered at 80% after a $50/$150 deductible • Annual maximum per person per calendar year is $1,250 (Preventative and Orthodontics not included) Out-of-network: • Preventive services covered at 80% of reasonable and customary charges • Basic services covered at 60% of reasonable and customary charge ($50/$150 deductible) • Major services covered at 50% of reasonable and customary charge ($50/$150 deductible) • Annual maximum per person per calendar year is $1,250 (Preventative and Orthodontics not included) Orthodontia plan benefit is 50% of usual, customary and reasonable charges, up to a $1,000 lifetime maximum benefit per person.
VRS Retirement	1st of the month following eligibility date	Starting 7/1/2012 all new LCPS employees will be required to pay the entire 5 % member contribution to the Virginia Retirement System, as a pre-tax payroll deduction. LCPS will pay the appropriate Employer contributions, which is determined annually by VRS.
Group Term Life Insurance and Accidental Death/ Dismemberment	Immediate	Coverage is 2 times the employee's annual salary (4x salary in the event of accidental death). Currently, LCPS pays all premiums for this coverage.

Employee Benefits Program Summary (continued)

BENEFIT	ELIGIBILITY	COVERAGE
Optional Group Term Life Insurance	1st of the month following eligibility date if enrolled within the first 31 days of new hire. Pending approval date from insurance company thereafter	Additional group term life insurance coverage is available for up to 4 times the employee's salary. Coverage may also be purchased for your spouse and/or eligible child(ren) and paid via payroll deduction. The employee pays the full cost for this coverage.
457 Deferred Compensation Program	1st of the month following eligibility date	Retirement savings plan that allows employees to defer up to $17,500 annually (calendar year 2014 limit). Amount deferred is not subject to federal and state payroll withholding taxes.
403(b) Elective Deferral Program	1st of the month following eligibility date	Retirement savings plan that allows employees to defer up to $17,500 annually (calendar year 2014 limit). Amount deferred is not subject to federal and state payroll withholding taxes.
Long Term Care Insurance Plan	Genworth: 1st of the month following eligibility date if within the first 30 days of new hire. Pending approval date from insurance company thereafter VRTA: Pending approval from the insurance company	Contact the insurance company that you are interested in listed further in this book.
Aflac Cancer Indemnity	1st of the month following eligibility date	Contact the Agent listed further in this book.
Short Term Disability	1st of the month following eligibility date	For VRS Plan 1 and Plan 2 Members - Employer paid premiums; Benefit is 60% of your regular salary up to a maximum of $1,730.00 per week for a maximum 10 calendar weeks after elimination period. For VRS Hybrid Members - Coverage is through VLDP. Visit www.varetire.com for more information.
Voluntary Long Term Disability	1st of the month following eligibility date if within the first 30 days of new hire. Pending approval date from insurance company thereafter	For VRS Plan 1 and Plan 2 Members - Provides partial income continuation for employees who are disabled and unable to perform the duties of their job. For VRS Hybrid Members - Coverage is through VLDP. Visit www.varetire.com for more information.
Flexible Spending Accounts Healthcare Reimbursement Dependent Care Reimbursement	1st of the month following eligibility and the receipt of completed and signed enrollment paperwork in the Employee Health, Wellness and Benefits Division including all supporting documentation.	Employees can set aside up to $2,500 per year of pre-tax dollars to claim reimbursement for allowable healthcare expenses. Employees can set aside up to $5,000 per year of pre-tax dollars to claim reimbursement for eligible dependent care expenses.

Notes

Employee Benefits Program Summary
(continued)

Notes

BENEFIT	ELIGIBILITY	COVERAGE
Virginia 529 College Savings Plans Virginia 529 prePAID Virginia 529 inVEST	1st of the month following eligibility and the receipt of completed and signed enrollment paperwork in Employee Health, Wellness and Benefits	Employees may participate in Virginia 529 prePAID and Virginia 529 inVEST, while having their payments withheld via payroll deduction. A contract must be set up with the Commonwealth of Virginia prior to payroll deduction.
Employee Assistance Program	Immediate	Provides free and confidential assistance for problems or issues that are affecting the employee personally or at work. EAP services include assessment and referral to appropriate resources, and are available to the employee and his/her immediate family.
Credit Union	Immediate	Employees may join the Apple Federal Credit Union and the Loudoun Credit Union.
Social Security and Medicare	Immediate	Employee and LCPS pay 6.20% on all wages up to $117,000 (calendar year 2014 limit). An additional 1.45% of wages is paid (no limit) for Medicare by the employee and LCPS.
Direct Deposit	Form must be completed and returned to the Financial Services Office within 30 days of hire date	Your paycheck is automatically deposited in one bank of your choice and/or a Loudoun or Apple Federal Credit Union Account
Discounts	Immediate	Discounts are available with various area restaurants and other local businesses. Most vendors require you to present your LCPS badge to receive the discount.

Contacts and Communications

- Contact Information
- Benefits Source Newsletter
- Website
- Facebook

Benefits Contact List

Group Health Insurance

CIGNA Healthcare (Group 3320020)
www.cigna.com ..... Member Services: 1-800-244-6224
www.mycigna.com ..... 24 Hour Nurseline: 1-800-564-8982

Davis Vision (Group LOU)
www.davisvision.com Control Code 7025 1-888-235-3130

Delta Dental of Virginia (Group #6111)
www.deltadentalva.com 1-800-237-6060

Express Scripts (Group #RX4LCPS)
www.express-scripts.com 1-800-886-9672

Loudoun County Public Schools Retirement Programs

403(b) Elective Deferral Program (Lincoln Financial Group)
www.lfg.com 1-800- 234-3500

457 Deferred Compensation Program w/ ICMA-RC
www.varetire.org

Virginia Retirement System
www.varetire.org and www.varetire.org/myVRS 1-888-827-3847
A printable Virginia Retirement Handbook is available online

Other Contacts

Cigna for Disability Plans 800-362-4462
(See LCPS website for more information)

Apple Federal Credit Union
www.applefcu.org 703-788-4800

Employee Assistance Program
(Lytle EAP Partners) 1-800-327-7272

Loudoun Credit Union
www.loudouncu.com 703-777-4744

Minnesota Life
www.minnesotalife.com 1-800-441-2258

Loudoun County Public Schools Employee Health, Wellness and Benefits Staff

Michele D. Kovach, Supervisor 571-252-1810
Lisa Bontemps, Senior Specialist 571-252-1810
Lara Kizer, Specialist 571-252-1810
Kristy Reynolds, Specialist 571-252-1810
Erin Lavin, Specialist 571-252-1810
Ana Reymundo, Assistant 571-252-1810
Phyllis Ford, Secretary 571-252-1810
Fax: 571-252-1401
Email: ..... lcpshealthwellness@lcps.org
Wellness Email: ..... wellness@lcps.org
LCPS Website: ..... www.lcps.org > Administration > Business & Financial Services > Employee Health, Wellness and Benefits
Address: ..... 21000 Education Ct, Ashburn, VA 20148

Loudoun County Public Schools Retirement and Disability Programs Staff

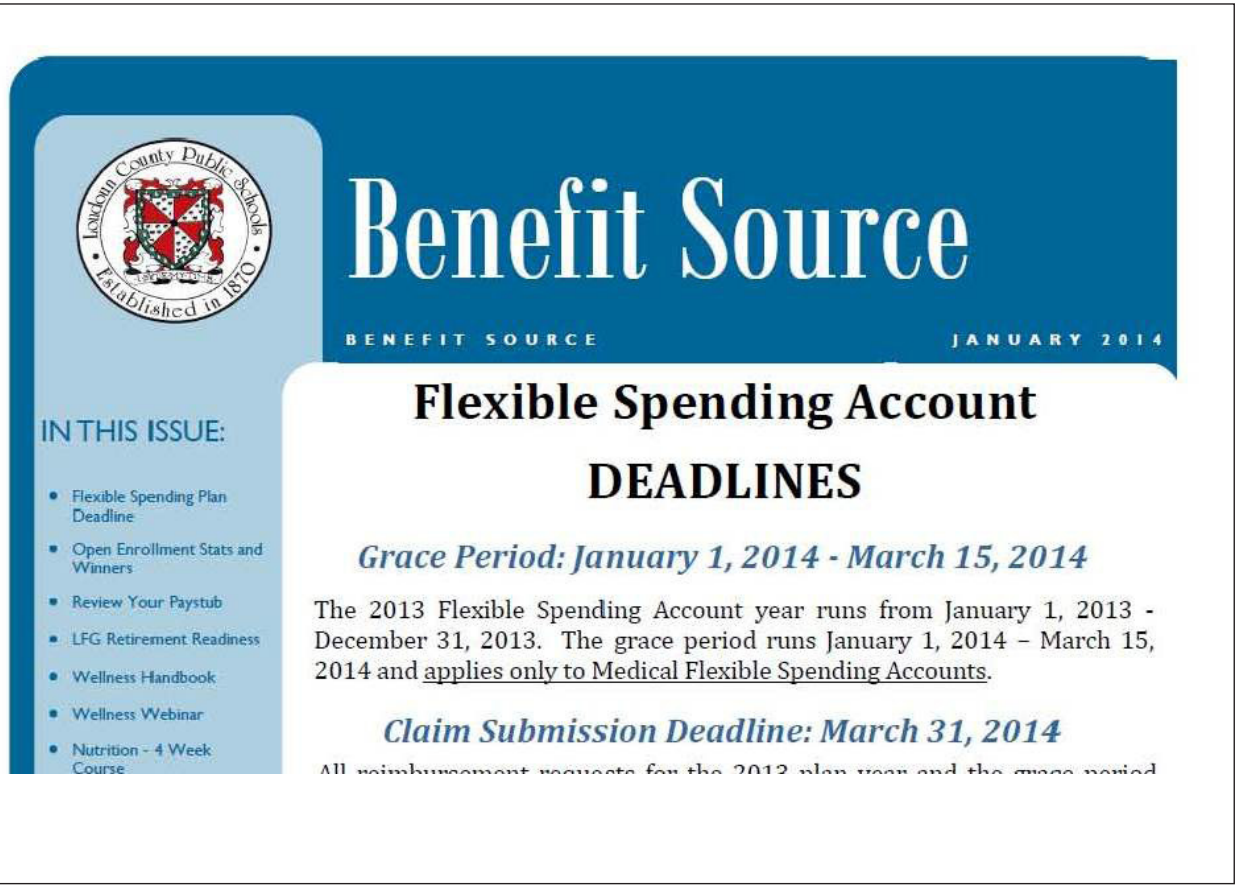
Carol Edwards, Supervisor 571-252-1690
Jeanette Evans, Specialist 571-252-1690
Lacey Simms, Specialist 571-252-1690
Shari Edwards, Specialist 571-252-1690
Jodi Peebles, Specialist 571-252-1690
Pam Mercready, Secretary 571-252-1690
Fax: 571-252-1699
Email: ..... lcpsretiredisability@lcps.org
LCPS Website: ..... www.lcps.org > Administration > Business & Financial Services >Retirement & Disability Programs
Address: ..... 21000 Education Ct, Ashburn, VA 20148

Stay Informed!

Benefit Source Newsletter

The Benefit Source Newsletter is distributed every other month via email and can also be found on the Employee Health, Wellness and Benefits Website or posted at your worksite. It contains important information about your benefits, open enrollments, upcoming events, and updates related to discount offers to Loudoun County Public Schools' employees.

Go to the Employee Health, Wellness and Benefits Website for the most recent version of the Benefit Source Newsletter!



Benefit Source

BENEFIT SOURCE JANUARY 2014

IN THIS ISSUE:

- Flexible Spending Plan Deadline
- Open Enrollment Stats and Winners
- Review Your Paystub
- LFG Retirement Readiness
- Wellness Handbook
- Wellness Webinar
- Nutrition - 4 Week Course

Flexible Spending Account

DEADLINES

Grace Period: January 1, 2014 - March 15, 2014

The 2013 Flexible Spending Account year runs from January 1, 2013 - December 31, 2013. The grace period runs January 1, 2014 – March 15, 2014 and applies only to Medical Flexible Spending Accounts.

Claim Submission Deadline: March 31, 2014

All reimbursement requests for the 2013 plan year and the grace period

Website

The Employee Health, Wellness and Benefits and Retirement and Disability Programs Website is a comprehensive resource for benefits information. You can find benefit forms, vendor contact information, descriptions of your benefits, plan documents, workshops & events, benefits contact information and much more!

Go to www.lcps.org, scroll over the Administration drop down menu, click on Business & Financial Services, and then on the left hand side, click Employee Health, Wellness and Benefits or Retirement and Disability Programs.

Like us on Facebook!!

Employee Health, Wellness and Benefits is on Facebook

Like us on Facebook and see what exciting new things are happening iin your LCPS benefits.

Go to www.facebook.com

Search LCPS Employee Health, Wellness and Benefits

Like us!

Wellness Works! Program

Employee Health, Wellness and Benefits

571-252-1810

- Wellness Program
- Wellness Ambassadors
- Wellness Newsletter

Wellness Works! Program

Notes

Loudoun County Public Schools has developed a program, in partnership with our healthcare provider, that successfully engages employees in programs that increase their exercise levels, lowers their stress, and helps them take greater control of their health. This program has reduced the incidences of three serious chronic diseases, improved employees' overall health, and has seen a reduction in health care costs, which are savings to you.

The most important achievement of the program is hearing the success stories and testimonials from the staff of how this program has saved their life, either by changing their behaviors or by having that preventive screening that caused them to act in the nick of time.

What is the Wellness Works! Program?

Wellness Works! offers employees opportunities to attend Wellness Workshops, receive FREE preventative health screenings, and participate in exciting events and programs throughout the year. LCPS wellness programs and opportunities include:

- Quarterly Challenges
- Flu Shots
- Walking Challenges
- Biometric Screenings
- Seminars & Workshops
- Blood Drives
- Worksite Activities
- Wellness Passport (FREE $120!!!)

What is a Wellness Ambassador?

A Wellness Ambassador is an employee at your worksite who has volunteered to be part of the Loudoun County Public Schools Wellness Works! Program. Your Wellness Ambassador works with the Employee Health, Wellness and Benefits Division to help educate, communicate and promote the Wellness Works! program. Your Wellness Ambassador helps with the following:

- Health Assessment Education
- Passport Program
- Worksite Activity Groups
- Wellness Programs (e.g. 10,000 Steps-a-Day Challenge)
- Communication between Employee Health, Wellness and Benefits and your worksite

To view a list of Wellness Ambassadors and to find yours, visit the Employee Health, Wellness and Benefits Webpage.

Wellness Works!

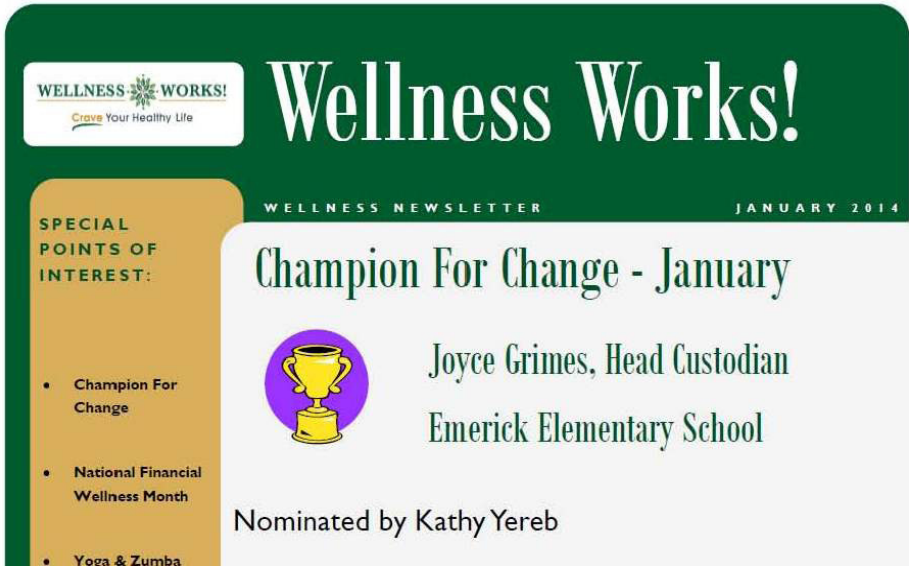
Some exciting programs and opportunities are:

- Wellness Passport Program
- Quarterly Challenges
- Flu Shots
- Walking Challenges
- Biometric Screenings
- Seminars and Workshops
- $120 Reward—Cash!

See the Employee Health, Wellness and Benefits Division website for more information

Wellness Works! Newsletter

The Wellness Works! Newsletter is distributed every month and can be found on the Employee Health, Wellness and Benefits Website under the Wellness Works! Link or posted at your worksite. It contains important information about monthly wellness topics, upcoming wellness events, recipes and more.


WELLNESS WORKS!
Crave Your Healthy Life

Wellness Works!

WELLNESS NEWSLETTER JANUARY 2014

SPECIAL POINTS OF INTEREST:

- Champion For Change
- National Financial Wellness Month
- Yoga & Zumba

Champion For Change - January

Joyce Grimes, Head Custodian

Emerick Elementary School

Nominated by Kathy Yereb

Notes

Group Health Insurance

Employee Health, Wellness and Benefits

571-252-1810

Medical, Dental, Vision and Prescription

- Determine Eligibility and How to Enroll
- Medical Insurance Plans Summaries
- Dental Plan Summary
- Vision Plan Summary
- Prescription Plan Summary

Things to know:

- If you elect not to enroll in Health Insurance (medical/prescription, dental or vision) you can elect the Opt Out Credit of $9.00 per pay. You must complete a Health Insurance Enrollment/Change form to receive the credit.

Notes

- If you elect not to participate in the insurance plan upon hire, you may enroll during any Open Enrollment thereafter. Open Enrollment is October 15 to November 15, with changes/additions to be effective January 1st.
- Children are covered up to age 26.

If you are a new employee

All benefits eligible employees are eligible to participate in the LCPS benefit programs described in this handbook. You have 45 days from your date of hire to complete and return your enrollment forms. Late enrollment for these programs is not accepted.

Please note the following:

- If your contract or work status is not benefits eligible, you are not eligible to participate in the VRS retirement, life insurance, long-term disability programs, health insurance or flexible spending accounts.

LCPS requires all new employees to participate in its New Employee Orientation program, where you will receive detailed information about your benefit programs.

If you will be requesting health coverage for your dependent(s), you must also submit documentation to verify their eligibility. See page 2-15 for the list of required documents. If you submit your enrollment forms and documentation after the payroll deadline for that pay period, you will have a double deduction in a future paycheck.

If you are a current employee

You may enroll, add, or cancel coverage for yourself or your dependents or change your health care benefits and Flexible Spending Account participation during the annual Open Enrollment, October 15 - November 15. Changes made during Open Enrollment take effect January 1 of the following calendar year. If adding dependents, you must submit applicable documentation to verify your dependent's eligibility. See page 2-15 for required documents. Late enrollment for these programs is not accepted.

If you have a status change or qualifying event

You must notify Employee Health, Wellness and Benefits within 30 days* of a status change or qualifying event if you wish to make a change to your Health Insurance.

Section 125 of the Internal Revenue Code outlines status changes or qualifying events that permit mid-year coverage changes to employee benefit plans. The following events are examples of eligible status changes or qualifying events:

- Marriage or divorce. You may drop coverage for a spouse if you are legally separated; however, you must drop your spouse and any ineligible stepchildren upon your divorce.
- Birth or adoption. If you notify the Employee Health, Wellness and Benefits within 30 days, your child's medical benefits become effective on the date of birth, date of adoption or date placed for adoption. As an adoptive parent, you do not have to wait until the adoption is final to add your child to your health plan.
- Becoming the legal guardian of a child.
- A court order requiring you to cover a child or an order requiring someone else to cover your dependent.
- Death of a spouse or child.
- Spouse's or other dependent's change in employment status that affects his or her eligibility for medical and/or dental benefits (or his or her employer's open enrollment).
- Beginning or returning from an unpaid leave of absence.
- Loss of health coverage.
- Significant increase or reduction in hours.
- Dependent reaching age 26.
- A significant cost change, coverage curtailment, improvement, new option, or a change in coverage under your spouse's or dependent's plan.
- Entitlement to or loss of Medicare or Medicaid.

How to change your coverage

IRS rules state that health care election changes must be on account of, and correspond with, a change in status that affects eligibility under the health plan. Paperwork must be received by LCPS within 30 days* of your status change or qualifying event.

It is your responsibility to inform the Employee Health, Wellness and Benefits about a status change by completing a Health Insurance Enrollment/Change form, which is available under Forms and Publications on the LCPS Employee Health, Wellness and Benefits website or by calling 571-252-1810.

You must also provide the required documentation to support the change in coverage.

Additional required documentation may include:

- Divorce decree (applicable pages).
- Letter from your spouse's or dependent's employer or open enrollment notice including enrollment dates and effective date.

- Letter from your spouse's or dependent's HR Department or insurance plan with insurance cancellation date.
- Letter from your spouse's or dependent's HR Department or insurance plan explaining circumstances regarding a significant cost change, coverage curtailment, improvement, new option or change in coverage for your dependent.
- Copy of your letter from Medicare/Medicaid.

If you fail to notify LCPS Employee Health, Wellness and Benefits within the 30-day* period, you may not enroll, cancel or change coverage until the next Open Enrollment. Changes made to your coverage during Open Enrollment become effective January 1 of the following calendar year.

Adding or Removing a Family Member

- If you marry, you may change your enrollment from Individual to Employee plus Spouse or Family.
- If you divorce your former spouse no longer qualifies for LCPS health insurance. You may change your enrollment:
  - Once your divorce is final; or
  - Having a signed separation agreement or property settlement.
- If you and your spouse have a baby, adopt a baby, or gain legal guardianship of a child, you can add the new dependent and change your level of coverage.
- If you have a child participating in the Dependent Care Flexible Benefit Plan Account, and you add a new child to the family, you may change your Dependent Care account contribution.
- If your son or daughter "ages out"— that is, he or she turns age 26—he or she is no longer eligible for LCPS coverage as a dependent. Coverage automatically ends at the end of the month in which he or she turns age 26.

In addition to submitting an enrollment change form, you must also provide documentation of the event as described on the form.

To facilitate compliance with federal mandates relating to health plans, you are requested to provide Social Security Numbers of all eligible dependents when adding them to your health benefit plans.

Employment Changes

- If you are enrolled through a health plan with your spouse's employer and your spouse loses coverage, you and your family may enroll in an LCPS plan.
- If your spouse changes jobs and you join your spouse's employer's plan, your enrollment in that plan will allow you to cancel your LCPS coverage.

Public Law 110-173 requires the LCPS health plans to report participant's 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 LCPS 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.

- If your spouse's or dependent's employer has a benefits open enrollment period that does not coincide with the LCPS enrollment period, and if you, your spouse, or your dependent joins that plan, you may cancel LCPS coverage.
- If you return to active employment from a leave of absence or retirement and are eligible for benefits, you must enroll within 30 days of your status change.

Coordination of Benefits

When both spouses work, each person may be covered by his or her employer's health plan, as well as the spouse's health plan. Coordination of benefits determines which group health care plan pays benefits first. The secondary health plan may then pay additional benefits.

Health insurers follow a common set of guidelines to determine which plan pays first and which plan pays second for family members. Your employer's group health care plan is always primary for you as an employee.

If you are married, and both you and your spouse cover your dependent children, the plan that covers the parent whose birthday falls first in the calendar year usually is primary for any dependent children.

Other factors that can change which plan pays first include eligibility for Medicare, court decrees or custody arrangements, the length of time you are covered and whether you are an employee or retiree.

Pre-existing Conditions

None of the health care plans offered by LCPS will deny you or your qualified dependents coverage because of a pre-existing condition.

* You must notify the Employee Health, Wellness and Benefits within the first 45 days of your employment or eligibility date to initially elect health insurance benefits. In order to make a change outside of open enrollment, you must contact the Employee Health, Wellness and Benefits within 30 days of any qualified event.

Notes

- Your Health Plan is effective the 1st of the month following eligibility provided you return completed and signed enrollment paperwork to the Employee Health, Wellness and Benefits including all supporting documentation.
- If you elect not to participate in the insurance plan upon hire, you may enroll during any Open Enrollment thereafter. Open Enrollment is October 15 to November 15, with changes/ additions to be effective January 1st.
- This summary of Loudoun County Public Schools Health Insurance Program is for informational purposes. In the event of discrepancy or error, the Summary Plan Documents on the Employee Health, Wellness and Benefits website at www.lcps.org will prevail.

Cigna Open Access Plus (OAP) Plan and Cigna Point of Service (POS) Plan with Express Scripts Prescription Premiums

Employees who work 30+ hours per week.
Includes all employees in a full time position on June 30, 2013 and all full time employees hired on or after July 1, 2013 who work 30+ hours per week.

Cigna Open Access Plus (OAP) Plan/Express Scripts Prescription Insurance			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$15.24	$647.28	$662.52
Employee Plus Child	$83.24	$856.76	$940.00
Employee Plus Spouse	$199.38	$1,127.74	$1,327.12
Family	$297.72	$1,357.18	$1,654.90

Cigna Point of Service (POS)/Express Scripts Prescription Insurance			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$116.52	$647.28	$763.80
Employee Plus Child	$227.04	$856.76	$1,083.80
Employee Plus Spouse	$401.92	$1,127.74	$1,529.66
Family	$550.92	$1,357.18	$1,908.10

Employees who work 25-29 hours per week. Includes all full time employees hired on or after July 1, 2013 who work 25-29 hours per week.

Cigna Open Access Plus (OAP) Plan/Express Scripts Prescription Insurance			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$112.34	$550.18	$662.52
Employee Plus Child	$211.76	$728.24	$940.00
Employee Plus Spouse	$368.54	$958.58	$1,327.12
Family	$501.30	$1,153.60	$1,654.90

Cigna Point of Service (POS)/Express Scripts Prescription Insurance			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$213.62	$550.18	$763.80
Employee Plus Child	$355.56	$728.24	$1,083.80
Employee Plus Spouse	$571.08	$958.58	$1,529.66
Family	$754.50	$1,153.60	$1,908.10

Employees who work 20-24 hours per week. Includes all full time employees hired on or after July 1, 2013 who work 20-24 hours per week.

Cigna Open Access Plus (OAP) Plan/Express Scripts Prescription Insurance			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$209.42	$453.10	$662.52
Employee Plus Child	$340.28	$599.72	$940.00
Employee Plus Spouse	$537.70	$789.42	$1,327.12
Family	$704.88	$950.02	$1,654.90

Cigna Point of Service (POS)/Express Scripts Prescription Insurance			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$310.70	$453.10	$763.80
Employee Plus Child	$484.08	$599.72	$1,083.80
Employee Plus Spouse	$740.24	$789.42	$1,529.66
Family	$958.08	$950.02	$1,908.10

Delta Dental and Davis Vision Insurance Premiums

Employees who work 30+ hours per week.
Includes all employees in a full time position on June 30, 2013 and all full time employees hired on or after July 1, 2013 who work 30+ hours per week.

Delta Dental			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$1.12	$47.78	$48.90
Employee Plus Child	$6.26	$63.46	$69.72
Employee Plus Spouse	$14.38	$82.42	$96.80
Family	$22.02	$100.28	$122.30

Davis Vision			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$0.10	$3.96	$4.06
Employee Plus Child	$0.68	$5.62	$6.30
Employee Plus Spouse	$0.90	$6.14	$7.04
Family	$2.24	$9.28	$11.52

Employees who work 25-29 hours per week. Includes all full time employees hired on or after July 1, 2013 who work 25-29 hours per week.

Delta Dental			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$8.30	$40.60	$48.90
Employee Plus Child	$15.78	$53.94	$69.72
Employee Plus Spouse	$26.74	$70.06	$96.80
Family	$37.06	$85.24	$122.30

Davis Vision			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$0.70	$3.36	$4.06
Employee Plus Child	$1.52	$4.78	$6.30
Employee Plus Spouse	$1.82	$5.22	$7.04
Family	$3.64	$7.88	$11.52

Employees who work 20-24 hours per week. Includes all full time employees hired on or after July 1, 2013 who work 20-24 hours per week.

Delta Dental			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$15.46	$33.44	$48.90
Employee Plus Child	$25.30	$44.42	$69.72
Employee Plus Spouse	$39.12	$57.68	$96.80
Family	$52.10	$70.20	$122.30

Davis Vision			
	Employee Cost (Monthly)	LCPS Cost (Monthly)	Total Premium (Monthly)
Employee Only	$1.30	$2.76	$4.06
Employee Plus Child	$2.38	$3.92	$6.30
Employee Plus Spouse	$2.74	$4.30	$7.04
Family	$5.02	$6.50	$11.52

LCPS Medical Plans for Active Employees Eligible for Benefits

Effective January 1, 2015

Find your participating doctors at:

www.cigna.com

www.mycigna.com

Employees who participate with LCPS Health Insurance will also have access to the 24-Hour Nurseline hotline, regardless of which plan they choose. The number for the 24-Hour Nurseline is 1-800-564-8982.

Note

This is a summary of benefits for your Network POS and OAP plans. In the POS plan, all in-network services must be performed by the Primary Care Physician (PCP), referred by the PCP or approved by the local Health Plan.

Deductibles and out-of-pocket maximums will reset at the beginning of each plan year.

DESCRIPTION OF SERVICE	CIGNA OPEN ACCESS PLUS (OAP) PLAN		CIGNA POINT OF SERVICE (POS) PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	$200 Individual $400 Family	$ 500 Individual $1000 Family	None	$ 500 Individual $1500 Family
Referrals Required	No	No	Yes	No
Out-of-Pocket Maximum	$1000/$2000	$2000/$4000	$2500/$5000	$2500/$5000
Network	Nationwide Network	n/a	Local Network	n/a
PREVENTIVE CARE				
Routine Physical Exam	No charge	30% after deductible	No charge	20% after deductible
Well Baby/Child Care	No charge	30% after deductible	No charge	20% after deductible
Childhood Immunizations	No charge	30% after deductible	No charge	20% after deductible
PHYSICIAN SERVICES				
Primary Care Physician (PCP) Office Visit	$15 co-pay	30% after deductible	$15 co-pay	20% after deductible
Specialist Office Visit	$30 co-pay	30% after deductible	$30 co-pay	20% after deductible
Lab Work and X-Rays	10% after deductible	30% after deductible	Covered in full	20% after deductible
Allergy Evaluations	PCP or Specialist co-pay	30% after deductible	PCP or Specialist co-pay	20% after deductible
Allergy Shots	PCP or Specialist co-pay	30% after deductible	PCP or Specialist co-pay	20% after deductible
MATERNITY CARE				
Physician Services	PCP/Specialist co-pay for Initial Visit to confirm pregnancy; 10% after deductible	30% after deductible	PCP/Specialist co-pay for Initial Visit to confirm pregnancy, no charge after confirmation	20% after deductible
Hospital Services	$200 co-pay, then 10% after deductible	$400 per admission, then 30% after deductible	Covered in full	20% after deductible
EMERGENCY SERVICES (WHEN MEDICALLY NECESSARY)				
Urgent Care Centers	$50 co-pay	$50 co-pay	$25 co-pay	$25 co-pay
Emergency Room	$100 co-pay	$100 co-pay	$100 co-pay	$100 co-pay
Emergency Physician Services	No charge	No charge	No charge	No charge
Emergency Ambulance	10% after deductible	10% after deductible	No charge	No charge

LCPS Medical Plans for Active Employees Eligible for Benefits

Effective January 1, 2015

DESCRIPTION OF SERVICE	CIGNA OPEN ACCESS PLUS (OAP) PLAN		CIGNA POINT OF SERVICE (POS) PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL SERVICES-INPATIENT				
Semi-Private Room	$200 co-pay, then 10% after deductible	$400 per admission, then 30% after deductible	Covered in full	20% after deductible
Professional Services	10% after deductible	30% after deductible	Covered in full	20% after deductible
HOSPITAL SERVICES-OUTPATIENT				
Surgical Procedures	$100 per visit, then 10% after deductible	$200 per admission, then 30% after deductible	$15/$30 co-pay	20% after deductible
Professional Fees	10% after deductible	30% after deductible	No charge	20% after deductible
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES				
Inpatient Days	$200 co-pay, then 10% after deductible	$400 per admission, then 30% after deductible	Covered in full	20% after deductible
Outpatient Visits	$30 co-pay	30% after deductible	$15 co-pay	20% after deductible
Outpatient Intensive Visits	$30 co-pay	30% after deductible	$15 co-pay	20% after deductible
OTHER SERVICES				
External Prosthetics	10% after deductible	30% after deductible	Covered in full	20% after deductible
Infertility Treatment	Not covered under OAP	Not covered under OAP	$15/$30 for diagnosis & some treatments	20% after deductible for diagnosis & some treatments
Durable Medical Equipment	10% after deductible	30% after deductible	Covered in full	20% after deductible
Home Health Care	10% after deductible	30% after deductible, 60 days	Covered in full	20% after deductible
Skilled Nursing Care	10% after deductible, 100 days	30% after deductible, 100 days	Covered in full, 100 days	20% after deductible, 100 days
Hospice Care	10% after deductible	30% after deductible	No charge	20% after deductible
Organ Transplant	$200 co-pay, then 10% after deductible	30% of charges	Covered in full	20% of charges
Short Term Rehab	$30 co-pay (90 visit max)	30% after deductible (90 visit max)	$30 co-pay (90 visit max)	20% after deductible (90 visit max)
Chiropractic	$30 co-pay	20% after deductible	$30 co-pay	20% after deductible

Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit your Medical Claims to:

CIGNA Healthcare
P.O. Box 182223
Chattanooga, TN 37422

Submit your Behavioral Health Claims to:

CIGNA Behavior Health
P.O. Box 46279
Eden Prairie, MN 55344

Note

This summary of Loudoun County Public Schools Health Insurance Program is for informational purposes. In the event of discrepancy or error, the Summary Plan Documents on the Employee Health, Wellness and Benefits website at www.lcps.org will prevail.

Dental Plan Summary

Healthy Smile,
Healthy You

Enrolled pregnant members, enrolled members with certain high risk cardiac conditions, enrolled members undergoing certain cancer treatments and enrolled diabetic members are entitled to an additional cleaning (or if the member has a history of periodontal surgery, an additional periodontal maintenance visit).

Note

This sheet provides a brief description of important features of the Delta Dental PPO (PPO/Premier) dental program. Under this program, you may use any dentist you wish. However, your out-of-pocket costs will be lower when you select a dentist who participates with Delta Dental.

The Delta Dental PPO Program allows you to:

- Change dentists at any time without pre-approval;
- Go to a specialist without pre-approval.

Choosing A Dentist

DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST WHO IS NOT A DELTA DENTAL PPO DENTIST	NON-PARTICIPATING DENTIST
Payment will be made directly to the dentist for covered benefits.	Payment will be made directly to the dentist for covered benefits.	Payment will be made directly to you.
Delta Dental's payment will be based on the Delta Dental PPO Allowance for covered benefits.	Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits.	Delta Dental's payment will be based on Non-Participating Dentist Allowances for covered benefits.
The dentist will accept Delta Dental's payment, plus any required co-insurance and deductible (if applicable) as payment in full for covered benefits.	Delta Dental Premier dentists have agreed to accept Delta Dental Premier Allowances plus any required co-insurance and deductible (if applicable) as payment in full for covered benefits. The amount you would owe a Delta Dental Premier Dentist who is not a Delta Dental PPO Dentist may be higher than the amount you would owe a Delta Dental PPO Dentist for the same covered benefits.	You will be responsible for any required co-insurance and deductible (if applicable) as well as the difference between the non-participating dentist's charge and Delta Dental's payment for covered benefits. The amount you would owe a Non-Participating Dentist may be higher than the amount you would owe a Delta Dental PPO or Delta Dental Premier Dentist for the same covered benefits.

The preceding information is offered as a brief description of the Delta Dental PPO program and what Delta Dental pays for services covered under the program. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage for the program. This Delta Dental PPO program is administered by Delta Dental of Virginia. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 800-237-6060.

During your first appointment, provide your dentist with the following information:

- the subscriber's identification number
- inform the dentist that your program is through Delta Dental of Virginia

You may select the dentist of your choice. However, you will receive the highest level of benefits available in your group's program by choosing a Delta Dental PPO Dentist.

This summary of Loudoun County Public Schools Health Insurance Program is for informational purposes. In the event of discrepancy or

Dental Benefits for Loudoun County Public Schools
Group Number: 6111-6000
Effective Date: January 1, 2015

PLAN BENEFIT DESIGN	PLAN DIFFERENTIAL			GENERAL PLAN INFORMATION
	IN-NETWORK*		OUT-OF-NETWORK*	
	PPO	PREMIER		
Annual Deductible	$50	$50	$50	Limit of 3 per family per calendar year
Annual Benefit Maximum (Diagnostic & Preventive Services)	None	None	None	Diagnostic & Preventive Services are not subject to an Annual Benefit Maximum.
Annual Benefit Maximum (Basic & Major Services)	$1250	$1250	$1250	Per covered member, per calendar year
Orthodontic Lifetime Maximum	$1000	$1000	$1000	Per covered member, per lifetime

*The amounts listed under the Plan Differential are the deductible and maximum benefits permitted. The in-network and out-of-network deductibles and maximums are not separate and amounts applied to one will apply to the other.

COVERAGE	IN-NETWORK*		OUT-OF-NETWORK*	BENEFIT LIMITATIONS
DIAGNOSTIC & PREVENTIVE CARE	PPO	PREMIER		(THESE SERVICES ARE EXEMPT FROM THE DEDUCTIBLE.)
Oral exams and cleanings	100%	100%	80%	Twice in a calendar year.
Fluoride applications	100%	100%	80%	Twice in a calendar year.
Bitewing x-rays	100%	100%	80%	Once in a calendar year, limited to either a maximum of 4 bitewing films or a set (7-8 films) of vertical bitewings in one visit.
Full mouth/panelipse x-rays	100%	100%	80%	Limited to once in a 5 year period.
Space maintainers	100%	100%	80%	For dependents under the age of 14, once per lifetime.
Sealants	100%	100%	80%	Only for non-carious, non restored 1st and 2nd permanent molars for dependents under age 19, one application per tooth every 5 years.
Healthy Smile, Healthy You™ Program	100%	100%	80%	Enrolled pregnant members, enrolled members with certain high risk cardiac conditions, enrolled members undergoing certain cancer treatments, and enrolled diabetic members are entitled to an additional cleaning (or if the member has a history of periodontal surgery, an additional periodontal maintenance visit).

*Please refer to Choosing a Dentist.

Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit your Dental Claims to :

Delta Dental of Virginia
4818 Starkey Road
Roanoke, Virginia 24018-8542
1-800-237-6060
www.deltadentalva.com

Note

This summary of Loudoun County Public Schools Health Insurance Program is for informational purposes. In the event of discrepancy or error, the Summary Plan Documents on the Employee Health, Wellness and Benefits website at www.lcps.org will prevail.

Using Your Delta Dental PPO plus Premier Program

To use the program, just call the dental office of your choice and make an appointment. Participating dentist offices will have claim forms in the office and will complete and submit the form to Delta Dental of Virginia (Delta Dental). A complete list of participating dentists is included on their web site at www.deltadentalva.com or can be obtained by calling 1-800-237-6060.

COVERAGE	IN-NETWORK*		OUT-OF-NETWORK*	BENEFIT LIMITATIONS
BASIC DENTAL CARE	PPO	PREMIER		(DEDUCTIBLE APPLIES)
Amalgam (silver) and composite (white) fillings	80%	80%	60%	Retreatment limited to once per surface in a 24-month period.
Stainless steel crowns	80%	80%	60%	Limited to primary (baby) teeth for participants under age 14.
Oral Surgery	80%	80%	60%	Simple extractions, impactions and other surgical procedures.
Denture repair and recementation of crowns, bridges and dentures	80%	80%	60%	Cost limited to 50% of allowance for a new denture or prosthesis.
Endodontic services/root canal therapy	80%	80%	60%	Repeat treatment only after 2 years from initial root canal therapy treatment.
Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts)	80%	80%	60%	Limitations of 2-3 years apply based on services rendered. 4 periodontal cleanings in a calendar year.
MAJOR DENTAL CARE	PPO	PREMIER		(DEDUCTIBLE APPLIES)
Prosthodontics/Dentures/ Bridges	80%	80%	50%	Once every 5 years, and only when an existing prosthesis cannot be rendered serviceable. Fixed bridges or removable partials are not benefits for Dependents under age 16.
Crowns	80%	80%	50%	Once per tooth every 5 years, and only when an existing crown cannot be rendered serviceable. Benefit available only when tooth is damaged by decay or fractured to the point it cannot be restored by an amalgam or composite restoration. Crowns for dependents under the age of 12 are not covered. Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.
Orthodontic Benefits	50%	50%	50%	Lifetime maximum of $1000. These services are exempt from the deductible and the annual maximum.

*Please refer to Choosing a Dentist.

and Benefits website at www.lcps.org will prevail.

Vision Care Plan benefit description

Loudoun County Public Schools is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other health care benefits.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and a Loudoun County Public Schools employee or covered dependent.
- Provide the office with the employee's identification number and the name and date of birth of any covered dependents needing services.

It's that easy! The provider's office will verify your eligibility for services and no ID cards or claim forms are required!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call 1-888-235-3130 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access their website at www.davisvision.com and utilize their "Find a Doctor" feature.

What about retail locations?

In order to provide our employees with the greatest amount of flexibility and convenience, Davis Vision makes available a number of retail establishments to our provider network. Benefits at retail locations may vary slightly from other locations.

Coverage is based on a 12-month rolling calendar with the exception of frames which are on a 24-month rolling calendar year.

What are the plan benefits, frequencies and costs?

Eye Examinations — Every 12 months including dilation as professionally indicated.

- In-Network Co-pay — $15.00
- Out-of-Network — Reimbursed up to $35.00

Eyeglasses

- Frame — Every 24 months
- Spectacle lenses — Every 12 months
  - In-Network Co-pay— $15.00 for lenses
    You may choose a frame from "The Collection" (Designer selection) available in most network provider offices. A $110.00 credit will be applied toward a network provider's own frame.
  - Out-of-Network — Reimbursed up to $35.00 for a frame, up to $25.00 for single vision lenses, up to $40.00 for bifocals, up to $55.00 for trifocals, up to $125.00 for lenticular (post-cataract) lenses.

Contact Lenses — Every 12 months

- In-Network Co-pay — $15.00
  Standard soft daily-wear, disposable* or planned replacement* contact lenses may be selected in lieu of eyeglasses. A $100.00 credit, plus a 15% discount on any overage (which may or may not apply toward fitting/follow-up care fees), will be applied toward contact lenses from the provider's own supply. Medically necessary contact lenses will be covered in full with prior approval.
- Out-of-Network — Reimbursed up to $95.00 for elective contact lenses; up to $210.00 for medically necessary contact lenses with prior approval.

*Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient. Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.

For information prior to enrolling, call 1-888-235-3130 (toll free) or visit Davis Vision's website at www.davisvision.com and enter client control code 7025.

Once enrolled, please call Davis Vision at 1-888-235-3130 with questions or visit Davis Vision's website at www.davisvision.com.

Notes

Only one claim per service may be submitted for reimbursement each benefit cycle.

Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit Vision Claims to:
Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Note

This summary of Loudoun County Public Schools Health Insurance Program is for informational purposes. In the event of discrepancy or error, the Summary Plan Documents on the Employee Benefits website at www.lcps.org will prevail.

When will I receive my eyewear?

Your eyewear will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or a participating provider's frame is selected.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are obtained at one time from either an in-network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from an in-network provider.

What on lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range
- Glass grey #3 prescription lenses
- Oversize lenses
- Post-cataract lenses
- Fashion, sun or gradient tinted plastic lenses
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater

Are there any optional frames, lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- $25.00 for a Premier frame from "The Collection"
- $30.00 for polycarbonate lenses
- $35.00 for standard ARC (anti-reflective coating) Premium ARC is $48.00, Ultra ARC is $60.00
- $20.00 for scratch-resistant coating
- $20.00 Photogrey Extra® (photosensitive) glass lenses
- $12.00 for ultraviolet (UV) coating
- $20.00 for blended invisible bifocals
- $30.00 for intermediate vision lenses
- $75.00 for polarized lenses
- $65.00 for plastic photosensitive lenses
- $55.00 for high-index (thinner and lighter) lenses
- $50.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocal lenses are $90.00.**

** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.

Other Services

- Information about Low Vision Services: You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.
- Information about Laser Vision Correction Services: Davis Vision is pleased to provide you and your eligible family members with the opportunity to receive Laser Vision Correction Services through a network of experienced, credentialed surgeons at significant discounts. For more information, please visit their website at www.davisvision.com or call 1-888-235-3130.
- More special features: Free membership and access to a mail order replacement contact lens service, Lens 123, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com. A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

Prescription Plan Summary

Express Scripts is the administrator of the Loudoun County Public Schools prescription drug benefit.

Their strengths include:

- A network of nearly 60,000 pharmacies nationwide, including chains and independent pharmacies
- Convenient mail-order pharmacies for maintenance (long-term) prescriptions
- A full suite of Internet services, including online prescription ordering
- Sophisticated checks and balances to ensure safety and high quality
- Round-the-clock access to pharmacists
- Online access to nonprescription drugstore items

Express Scripts Website

The Express Scripts website has detailed information, forms and more.

www.express-scripts.com

- Specially trained Member Services representatives

How to use the retail program

- Take your prescriptions to a participating retail pharmacy.
- Present your Express Scripts prescription drug ID card and prescriptions to the pharmacist. There are no claim forms to file and no waiting for reimbursement if you fill your prescriptions at a participating pharmacy.

How to use the Express Scripts Pharmacy

- If you take a medication on an ongoing basis, consider the advantages of the Express Scripts Pharmacy mail-order service.
- Ask your doctor to write a prescription for up to a 90-day supply, plus refills. Mail your prescription and co-payment, along with the order form that you find in your welcome packet. (A welcome packet will be mailed to your home upon enrollment.)
- You may need to consider a 30-Day prescription or samples to ensure you have enough of your medication until the mail-order prescription arrives.

DESCRIPTION OF SERVICE	EXPRESS SCRIPTS	
	30-DAY RETAIL	90-DAY MAIL ORDER
Generic	$5	$10
Brand Name	$25	$50
Non-Preferred	$45	$90
Out-of-Pocket Maximum (Retail and Mail Order Combined)	$2,500 Individual / $5,000 Family	

EXPRESS SCRIPTS®

Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit your Prescription Claims to:

Express Scripts Health Solutions, Inc.

P.O Box 14711

Lexington, KY 40512

Instructions for Completing the Health Insurance Enrollment/Change Form

See Page 15-3 for Health Insurance Enrollment/Change Form

Notes

When you can enroll:

- Within 45 days of becoming eligible for benefits
- Within 30 days of a qualifying event (see below for definitions)
- During the annual Open Enrollment (Oct. 15-Nov. 15)

Effective date of coverage will be the 1st of the month following:

- The first day in your benefits-eligible position;
- The date the employee incurs a qualifying change in family, dependent, or employment status; and the date the employee submits a completed and signed Health Insurance Enrollment/Change Form and the corresponding supporting documentation.

Who you can enroll:

- A person of the opposite sex who is legally married to the employee.
- Any natural, adopted or stepchild under the age of 26.
- A child under a Qualified Medical Support order.
- A child of whom you have legal guardianship or custody.

How to enroll:

- Complete the Employee Information Section on this application.
- If you are not enrolling, select the Opt Out Credit.
- If you are enrolling in medical/prescription insurance, select your medical coverage—Point of Service (POS) or Open Access Plus (OAP).
- If you are enrolling in dental insurance, select that option.
- If you are enrolling in vision insurance, select that option.
- Complete the Active Dependent Information Section for any spouse or child(ren) you wish to cover.
- If you have elected the POS plan, you will need to select a primary care physician (PCP). Please list the doctor's name and the practice name. You may list a different PCP for each covered person. If you do not list one, one will automatically be assigned based on your home zip code.
- If you have elected the OAP plan, you do not need to list a PCP, as referrals are not required under this plan.
- Sign the Health Insurance Enrollment/Change Form.
- Return the completed Health Insurance Enrollment/Change Form to the Employee Health, Wellness and Benefits, with the appropriate documentation outlined below, within the appropriate time frame.

Required Dependent Documentation

When enrolling a spouse or dependent, documentation verifying their relationship to you must be attached to the enrollment form. If this documentation is not received you and those dependents will not be enrolled. Refer to the chart on the next page to determine what documentation is required.

Qualifying Events

Outside of an employee's initial 45 day eligibility period and/or open enrollment an employee may only make changes to their health insurance elections with the occurrence of a qualifying event. Employees have 30 days from the date of their qualifying event to make the corresponding changes to their health insurance election. A new Health Insurance Enrollment/Change form must be completed and the appropriate dependent documentation and proof of qualifying event must be attached. LPCS follows the qualifying event rules as specified by the IRS Section 125 Pre-Tax Rules and Regulations. The following is a general list of qualifying events.

- Marriage or Legal Separation
- Divorce
- Death of Dependent
- Birth or Adoption of a child
- Loss of Coverage
- Change of employment or work schedule of employee or spouse that effects their access to benefits

DEPENDENTS	DEFINITION OF ELIGIBILITY	DOCUMENTATION REQUIRED
Spouse	A person who is legally married to the employee.	Copy of Marriage Certificate Or If married more than 1 year, a copy of Page 1 of the most current Federal Tax Return that shows the dependent listed as "Spouse".
Child(ren) (Natural, adopted, child under Qualified Medical Support Order or child you have legal guardianship of)	Your child(ren) may be covered to the end of the month in which he or she turns age 26. Unmarried dependent children over the age limit if they are incapable of self-support because of a physical or mental incapacity that started before they reached the age limit and are chiefly dependent on enrollee or spouse for support.	Copy of birth certificate showing employee as a parent Or In the case of adoption, copy of a legal adoption agreement Or If Applicable, copy of Qualified Medical Child Support Order, copy of Court Order of legal guardianship or copy of Divorce Decree requiring employee to provide healthcare coverage.
Stepchild	Your spouse's child(ren) provided they are substantially dependent upon you for support and maintenance. They must also meet the age requirements above for natural and adoptive children.	Copy of birth certificate (or adoption agreement) showing the name of employee's spouse; And Copy of marriage certificate showing the employee and spouse (parent) name, Or If married more than one year, a copy of most current Federal Tax Return that shows the dependent's parent listed as spouse.
Grandchild	A grandchild, who is in court ordered custody, resides with and is the dependent of the enrollee or the enrollee's spouse. The grandchild must meet the same age requirements for natural and adoptive children.	Copy of the Final Court order with judge's signature and seal; And Copy of current school record or report card showing child lives with you Or Copy of most current Federal Tax Return that shows the grandchild listed as a dependent.

Note

This summary of Loudoun County Public Schools Health Insurance Program is for informational purposes. In the event of discrepancy or error, the Summary Plan Documents on the Employee Health, Wellness and Benefits website at www.lcps.org will prevail.

Notes

Flexible Spending Accounts

Employee Health, Wellness and Benefits

571-252-1810

- Flexible Spending Account Summary
- Healthcare Expense Reimbursement Account
- Dependent Care Reimbursement Account

Flexible Spending Accounts

Enrollment must be within thirty (30) days from benefits eligible date or during Open Enrollment, which is October 15th through November 15th, to be effective January 1st.

How To Enroll

- Complete the Employee Information Section on the application.
- Enter the amount for the Flexible Spending Account account you wish to enroll in the appropriate sections —Healthcare Expense or Dependent Care.
- Sign the Flexible Spending Account Account Enrollment/Change form.
- Return the completed Flexible Spending Account Enrollment/Change form to the Employee Health, Wellness and Benefits Division, with the appropriate documentation (if making a change), within the appropriate time frame.

These plans are a great way for you and your family to save money by reducing your taxable income. By enrolling in one or both of these accounts, you can pay for eligible health and dependent care expenses with pre-tax dollars. The following is a brief description of the plans available through LCPS.

1. Each year during the Open Enrollment period, determine how much money you wish to contribute based on your estimates of health and/or dependent care expenses for the upcoming year.
2. Each pay period, money will be deducted on a pre-tax basis in equal increments and contributed to your health and/or dependent care account.
3. When you have eligible expenses to be reimbursed, enter your request online or via paper. You must then forward your appropriate receipts.
4. You will then be reimbursed for eligible expenses up to the maximum you elected for the health reimbursement account for the plan year. You will only be reimbursed up to your current account balance for the dependent care account.
5. Flex claims must be submitted no later than March 31st of the following year. Any claims submitted after that time will not be considered. See note on page 5-3 for the Healthcare Expense Reimbursement Account grace period.

Dependent Care Reimbursement Account

This account will reimburse you with pre-tax dollars for daycare expenses for your child(ren) and other qualifying dependents so you (and your spouse) may work or go to school. You can contribute up to $5,000 a year or $2,500 if you are married and file separate tax returns. Please note that reimbursements will only be made up to the current balance in your dependent care account.

Eligible Dependents' Include:

- Children under age 13 who qualify as dependents on your federal tax return.
- Children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependent on your federal tax return.

Eligible Dependent Care Expenses:

- Daycare
- Before and after school programs
- Nursery school or preschool
- Summer Day Camp
- Adult daycare
- Care in a house or by a licensed provider (income must be claimed by your care provider)

Ineligible Dependent Care Expenses:

- Child Support Payment
- Food, clothing and entertainment
- Educational supplies
- Activity or registration fees
- Private school tuition for dependents K-12
- Overnight Camps

Healthcare Expense Reimbursement Account

This account will reimburse you with pre-tax dollars for healthcare expenses not reimbursed under your family's healthcare plan(s). The maximum amount you may contribute to this account for the plan year is $2,500.

How it Works:

The healthcare expense reimbursement account can help you cover a variety of expenses that may not be reimbursed in full by other plans, such as medical, prescription, vision, and dental deductibles, amounts not covered by insurances, expenses in excess of medical and dental plan limits, co-payments, and some over-the-counter products. The general rule is that any medical expense deductible on your federal income tax return may be reimbursed through the healthcare reimbursement account without regard to the 7.50% Adjusted Gross Income rule. The following is a partial list of items that the IRS or the federal courts have held to constitute eligible medical expenses for Flexible Spending Accounts. Items traditionally covered under health insurance plans, such as expenses associated with physicians, hospitals, dentists, etc. are also eligible even if not listed specifically.

Eligible Expenses:

- Office visit co-pays

- Over-the-counter medicines with prescription for a specific diagnosis
- Prescription drug co-pays
- Deductibles and coinsurance
- Eye exams and prescription eyewear
- Laser eye surgery
- Chiropractic services
- Installation of special medical equipment and home improvements to relieve a medical condition (see IRS Pub 502 for details)
- Hearing aids and batteries
- Medical donors expenses
- Special school and tutoring costs for physically and mentally handicapped children
- Durable medical equipment
- Diabetic supplies including test strips, syringes, monitors, etc.
- Orthopedic shoes/braces
- Dental expenses and orthodontia
- Contact solutions
- Infertility services (see IRS Pub 502 for details)
- Weight loss for obesity with a doctor's note
- Speech therapy with a doctor's note
- Costs for medical care of an elderly person (if claimed as a dependent on tax return)
- Telephone-teletype costs for closed caption service for the deaf

Ineligible Expenses:

- Health clubs, spas, non-prescription weight loss programs
- Vitamins
- Non-prescription smoking cessation drugs

Points to Remember

- All monies left in the account at the end of the plan year's grace period* will be forfeited.
- Claims incurred during one plan year cannot be submitted for reimbursement for another plan year, except during the grace period*.
- Monies from the healthcare expense reimbursement account may not be applied to the dependent care account or vice versa.
- Eligibility does not depend on enrollment in the LCPS health plan.
- Each year you must re-enroll during the Open Enrollment period to continue participating in the plan (October 15 - November 15).
- Employees utilizing the dependent care account must still submit Form 2441 with their Federal tax return.
- You may not change your Flexible Spending Account elections during the plan year unless you have a qualifying event. The qualifying event must be submitted to the Employee Health, Wellness and Benefits Division within 30 days of the event and the change in elections must be consistent with the qualifying event.
- Daycare and healthcare claims can only be reimbursed for services that have been rendered.
- Do not send cancelled checks or credit card receipts—Compusys/Erisa is unable to accept them.
- Do not send healthcare receipts with a balance forward. Compusys/Erisa needs the claim incurred data and the services that were rendered.
- Prescription receipts must have Rx#, patient name and pharmacy (no cash register receipts).
- Participating in this program will slightly decrease your average earnings reported to the IRS and therefore your retirement benefits. However, the current tax savings more than offset this deduction.
- You should keep the copies of all receipts.
- You can pay a family member to care for your child if the member is not a dependent on your federal tax return and is over age 19.

*Grace Period:

- Only applies to the healthcare expense reimbursement account.
- You can use expenses incurred in the next plan year until March 15th.
- All claims must be submitted by March 31st of the next plan year or the remaining balance will be forfeited.

Notes

Important Flex Tips

Eligibility: New employees and newly eligible employees may elect to participate within 30 days of eligibility or during the annual Open Enrollment period.

Amount Changes: Only certain changes to the accounts may be made during the year within 30 days of a Qualified Event. Changes may be made during Open Enrollment for the next calendar year.

Funds: For the reimbursement accounts, services must be incurred by March 15 of the following plan year, and MUST be claimed against the account(s) by March 31 of the following year. Leftover funds will be forfeited.

Annual Election: Employee must choose to enroll annually; enrollment is not assumed based on prior participation.

Ineligible Expenses (con't):

- Expenses for which you receive benefits from another health plan
- Cosmetic surgery (unless medically necessary)
- Teeth whitening
- Dietary supplements
- Group health insurance premiums sponsored through your employer or another employer

The Loudoun County Public Schools Flexible Spending Account (hereinafter "Flex") will be administered by:

Compusys/Erisa Group, Inc.
13706 Research Blvd, Ste 308,
Austin, TX 78750-7840
Phone: 800-933-7472
Fax: 512-250-9487

Website: www.lcpsflex.com
Email: flex@cserisa.com
Business Hours: 8:45am – 6:00pm EST

This partnership brings the following benefits to our participants:

- Availability of debit card for quick, automated, electronic payment of eligible expenses
- Submission of non-debit card claims by email, fax, or mail
- Direct deposit for prompt electronic reimbursement on non-debit card transactions credited directly to your bank account
- Claim Submission status updates emailed to participants
- Quarterly account statement provided to participants

…and the continued convenience of 24/7 secured, online access to account information.

If you'd like to give this program a try, just complete and return the appropriate application to the Employee Health, Wellness and Benefits Division within 30 days of new hire date for current plan year or during the October 15-November 15 Open Enrollment period for the next calendar year. More information and applications can be found on our website or by calling our office.

Name of Plan:
Loudoun County Public Schools Flexible Spending Accounts

Participants:
Eligible employees of Loudoun County Public Schools

Name & address of employer:
Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

Employer Identification Number:
54–6001395

Plan Year:
January 1 through December 31 of each year

Funding of Plan:
Plan is funded by employee pre-tax contributions

Administration of the Flexible Spending Accounts benefit is provided by Compusys/Erisa Group.

Plan Details

- As a participant, you may examine, without charge at the Employee Health, Wellness and Benefits office, all plan documents, reports and descriptions (subject to the privacy rights of other individuals), and you may obtain copies of the same at a reasonable charge.
- If your claim for a benefit is denied in whole or in part, you may request a written explanation of the reason for denial. You may request that your claim be reviewed and reconsidered.
- LCPS intends to maintain these plans permanently, but reserves the right to amend (modify) or terminate any or all of the plans. This includes changes which may affect benefits or rights under the plan, but will not affect a participant's right to claim reimbursement under a reimbursement plan for expenses incurred prior to the end of the Plan Year in which such amendment or termination occurs, except to comply with governing law or regulation to the contrary.

Mid-Year Election Changes

If any of the following events occur during the plan year, you may be allowed to change (add, terminate, increase or decrease) your current flexible spending account elections as indicated below. The change must be as a result of one of these events and must be consistent with the status change requested. To make a Healthcare Expense election change, it must meet the following two conditions; 1) the status change results in the employee, spouse or dependent gaining or losing eligibility for accident or health coverage under the cafeteria plan or an accident or health plan of the spouse's or dependent's employer; and 2) the election corresponds with that gain or loss of coverage.

Below are the qualifications to make a mid-year election change.

HEALTHCARE EXPENSE REIMBURSEMENT ACCOUNT	DEPENDENT CARE EXPENSE ACCOUNT
Legal Marital status—marriage, death of a spouse, divorce, legal separation, or annulment	Legal Marital status—marriage, death of a spouse, divorce, legal separation, or annulment
Number of dependents—birth, adoption, placement for adoption, death of a dependent, obtaining legal guardianship or change in custody/court ordered parental support	Number of dependents—birth, adoption, placement for adoption, death of a dependent, obtaining legal guardianship or change in custody/court ordered parental support
Work schedule—reduction/increase in hours, or switch between part-time and full-time which affects your health coverage election	Work schedule—change in work schedule that effects a parent's availability for day care, such as switching between part-time and full-time hours
Employment status—termination or commencement of employment by the employee, spouse, or dependent	Employment status—termination or commencement of spouse's employment
Dependent Satisfies or Ceases to Satisfy the Requirements for Dependency Status—student status, dependent no longer qualifies because of age or change in dependency status which affects eligibility under the health plan	
Change in place of residence—which affects your health coverage election, or change in dependent's residence or worksite which affects his/her health coverage election	

See Page 15-7 for Flexible Spending Account Account Enrollment/Change form.

30 DAYS

Enrollment must be within thirty (30) days from benefits eligible date or during Open Enrollment, which is October 15th through November 15th, to be effective January 1st.

Notes

Flex Debit Card

What is a Flex Debit Card?

One of the features to our Healthcare Flexible Spending Account is the addition of a Flex Debit Card. This card works similarly to a check card and allows you to pay for your medical expenses directly out of your flex account at the time of service. You may be required to submit supporting documentation after the fact.

How do I submit for reimbursement?

Claims are sent to and processed by Compusys/Erisa. They accept claims and receipts by mail, email and fax. To print a claim form or to get additional information about claim submissions please visit their website at www.lcpsflex.com or call them at 800-933-7472.

WHAT IS MY POTENTIAL SAVINGS?

	USING A FLEXIBLE SPENDING ACCOUNT	STANDARD
Total Family Income:	Line 1 $_____	$_____
Less (# of family members x $3,500):	Line 2 $_____	$_____
Less Standard Deduction ($5,700 Single/$11,400 Married)	Line 3 $_____	$_____
Federal Taxable Income:	Line 4 $_____	$_____
Less Annual Flex Election:	Line 5 $_____	$_____
Subtotal of Taxable Income:	Line 6 $_____	$_____
Federal Tax (from table above):	Line 7 $_____	$_____
Other Taxes (12.65%):	Line 8 $_____	$_____
Total estimated 2014 Taxes:	Line 9 $_____	$_____
(Subtract Flex line 9 from Standard Line 9) Potential Savings!!	_____	

Federal Tax Rates 2013 (Estimate)

ANNUAL PAYROLL PERIOD					
TAXABLE INCOME SINGLE		TAX RATE	TAXABLE INCOME MARRIED FILING JOINTLY		TAX RATE
Over	Not Over		Over	Not Over	
$0	$8,925	10%	$0	$17,850	10%
$8,926	$36,250	$892.50 plus 15%	$17,851	$72,500	$1,785 plus 15%
$36,251	$87,850	$4,991.25 plus 25%	$72,501	$146,400	$9,982.50 plus 25%
$87,851	$183,250	$17,891.25 plus 28%	$146,401	$223,050	$28,457.50 plus 28%
$183,251	$398,350	$44,603.25 plus 33%	$223,051	$398,350	$49,919.50 plus 33%
$398,351	$400,000	$115,586.25 plus 35%	$398,351	$450,000	$107,768.50 plus 35%
$400,001	—	$116,163.75 plus 39.6%	$450,001	—	$125,846 plus 39.6%

Other Taxes 2013 (Estimate)

State Tax Rate	5.00%
Medicare	1.45%
Social Security	6.20%
Total	12.65%

Notes

Retirement Programs

Retirement & Disability
571-252-1690

- Virginia Retirement System Pension
- Purchase of Prior Service
- myVRS

Employee Health, Wellness and Benefits
571-252-1810

- 403(b) Elective Deferral Program
- 457 Deferred Compensation Program

Retirement Programs

Virginia Retirement System Pension Plans

Virginia Retirement System (VRS)

Customer Service Information Center: 1-888-827-3847

Notes

Loudoun County Public Schools participates in the Virginia Retirement System (VRS) as its primary pension plan. Employees eligible for benefits under the VRS are covered for the following:

- Retirement Plan
- Basic Group Term Life Insurance/Accidental Death and Dismemberment; and
- Optional Group Term Life Insurance (if elected).

Under the Code of Virginia, the Retirement Plan and Group Term Life Insurance benefits are mandatory for regular full-time employees. Effective July 1, 2012, all new LCPS employees are required to pay a 5 % member contribution to VRS; Loudoun County Public Schools contributes the employer share for the Retirement Plan and the full cost of the Basic Group Term Life Insurance.

Refer to the VRS Member Handbook for more detailed information, located online at www.varetire.org.

Your Social Security Retirement Age

Virginia Retirement System (VRS)

	VRS PLAN 1 (MEMBERS HIRED BEFORE 7/1/10 WHO HAVE NOT TAKEN A REFUND)	VRS PLAN 2 MEMBERS (MEMBERS WHO WERE NOT VESTED AS OF 1/1/13 AND MEMBERS HIRED OR REHIRED ON OR AFTER 7/1/10)	VRS HYBRID PLAN (PLAN 3) MEMBERS (NON-VRS MEMBERS HIRED ON OR AFTER 1/1/14)
Defined Benefit Vesting	5 years of service	5 years of service	5 years of service
Defined Contribution Vesting	n/a	n/a	Employee Contributions: Vested 100% Employer Contributions: Vested based on years of participating in Hybrid Plan - 100% vested after 4 years participation in plan
Defined Benefit Average Final Compensation	Average of a member's 36 consecutive months of highest salary	Average of a member's 60 consecutive months of highest salary	Average of a member's 60 consecutive months of highest salary
Defined Benefit Service Retirement Multiplier	1.7%	1.65%	1.0%
Disability Coverage	LCPS provides short term disability coverage to all full time benefits eligible employees at no cost. Voluntary long term disability plans are available for employee to enroll. Members are eligible for VRS' Disability Retirement.	LCPS provides short term disability coverage to all full time benefits eligible employees at no cost. Voluntary long term disability plans are available for employee to enroll. Members are eligible for VRS' Disability Retirement.	School division members who are under Hybrid Plan will participate in the VIrginia Local Disability Program (VLDP). Hybrid Plan members are not eligible for VRS' Disability Retirement, nor participation in LCPS' short term and long term disability plans.
Defined Benefit Unreduced Retirement Eligibility	Age 65 with at least 5 years of service or age 50 with at least 30 years of service	Normal Social Security retirement age and have at least 5 years of of service credit, or when the member's age and service equal 90. Example: Age 60 with 30 years of service credit	Normal Social Security retirement age and have at least 5 years of of service credit, or when the member's age and service equal 90. Example: Age 60 with 30 years of service credit
Defined Benefit Reduced Retirement Eligibility	Age 55 with at least 5 years of service or age 50 with at least 10 years of service	Age 60 with at least 5 years of service credit	Age 60 with at least 5 years of service credit
Defined Benefit Cost-of Living Adjustment (COLA)	COLA matches the first 3% increase in the CPI-U and half of any additional up to 4% increase, for a maximum COLA of 5%	COLA matches the first 2% increase in the CPI-U and half of any additional up to 2% increase, for a maximum COLA of 3%	COLA matches the first 2% increase in the CPI-U and half of any additional up to 2% increase, for a maximum COLA of 3%
Monthly Member Contributions	5% mandatory	5% mandatory	4% Defined Benefit Mandatory + 1% Defined Contribution Mandatory with maximum additional 4% voluntary defined contribution
Monthly Employer Contribution	Employer Actuary Rate	Employer Actuary Rate	Employer Actuary Rate decreased by any voluntary employer match defined cotnribution amounts

Retirement benefits are determined by the employee's age at retirement, average final compensation, years of service, type of retirement and position classification. The formula for normal (unreduced) retirement is as follows: Retirement Multiplier x Average Final Compensation x Number of Years of Creditable Service (This amount may be reduced for employees who retire prior to their normal retirement age.)

YEAR OF BIRTH	FULL RETIREMENT AGE
1937 or earlier	65
1938	65 & 2 months
1939	65 & 4 months
1940	65 & 6 months
1941	65 & 8 months
1942	65 & 10 months
1943 – 1954	66
1955	66 & 2 months
1956	66 & 4 months
1957	66 & 6 months
1958	66 & 8 months
1959	66 & 10 months
1960 or later	67

Service Credit: Eligible employees are credited with one month of service for each month a contribution is made by the LCPS and Employees.

Member Benefit Profiles (MBP): Profiles showing balance and retirement information are available annually through myVRS.

VRS Disability Retirement: Plan 1 and Plan 2 members are eligible for disability retirement benefits beginning with their first day of employment in an eligible position, provided the disability did not exist at the time you were employed (unless the condition worsened substantially since your employment). Disability Insurance is provided to VRS Hybrid Plan members through VA Local Disability Plan (VLDP).

Purchase of Prior Service Credit

Prior service is a period of previous public employment, active duty military service or certain types of authorized leave. If you were previously employed in a covered position and took a refund of your member contributions and interest, the service represented by the refund is also considered prior service. Prior service credit counts towards time needed to become vested and may increase your future benefit or allow you to qualify for retirement at an earlier date. You must be an active VRS member to purchase prior service credit. You can purchase the following types of service:

Active duty military service, Full-time salaried federal service, Full-time salaried public service other than previous VRS service, Non-covered service with a VRS participating employer, Approved leave for the birth or adoption of a child, Approved educational leave, VRS refunded service, No-cost military leave, Workers' compensation

Eligibility Periods and Cost

Plan 1 Members – You have a 3 year window from the date of hire or return from leave to purchase service at the higher of 5% of your creditable compensation or average final compensation. If you purchase service through a payroll deduction agreement, your cost will be based on your creditable compensation, even if your average final compensation is higher. Service purchased after your 3 year eligibility period will be based on an actuarial equivalent rate and can only be purchased through a lump sum. Actuarial cost does not apply to refunded service or no-cost military service.

Plan 2 Members – You have a 1 year window from the date of hire or return from leave to purchase service at the approximate normal cost rate (9.4% for this plan). This rate does not apply to refunded service which can be purchased at 5%. The cost rate is applied to the higher of your compensation or average final compensation. If you purchase service through a payroll deduction agreement, your cost will be based on your creditable compensation, even if your average final compensation is higher. Service purchased after your 1 year eligibility period will be based on an actuarial equivalent rate and can only be purchased through a lump sum. Actuarial cost does not apply to refunded service or no-cost military service.

Hybrid Members – You have a 1 year window from your date of hire or return from leave to purchase service at the approximate normal cost rate (5.42 % for this plan). This rate does not apply to refunded service which can be purchased at 4%. Service purchased after your 1 year eligibility period will be based on an actuarial equivalent rate and can only be purchased through a lump sum. Actuarial cost does not apply to refunded service or no-cost military service.

Please visit www.varetire.org for additional information on purchase of prior service.

myVRS

You can also go online at VRS's website to obtain your member benefit profiles (MBP), use the benefit calculator with your information, and see your account by going to www.varetire.org/myVRS, and registering to use myVRS.

Notes

Notes

Why you should save even more!

AGE	RETIREMENT PLAN BALANCE AT AGE 65	COST OF WAITING ONE YEAR	COST OF WAITING 10 YEARS	COST OF WAITING 20 YEARS
25	$383,393.00	$24,039.00	$187,542.00	$292,264.00
26	$359,354.00			
35	$195,851.00			
45	$91,129.00			

AGE	RETIREMENT PLAN BALANCE AT AGE 65	COST OF WAITING ONE YEAR	COST OF WAITING 10 YEARS	COST OF WAITING 20 YEARS
35	$195,851.00	$13,423.00	$104,722.00	$163,199.00
36	$182,428.00			
45	$91,129.00			
55	$32,652.00			

AGE	RETIREMENT PLAN BALANCE AT AGE 65	COST OF WAITING ONE YEAR	COST OF WAITING 10 YEARS	COST OF WAITING 20 YEARS
45	$91,129.00	$7,496.00	$58,477.00	N/A
46	$83,634.00			
55	$32,652.00			
65	$0.00			

This assumes a $200.00 monthly contribution, 6% interest and retirement age of 65 years of age.

*provided by Lincoln Financial Group

Voluntary Elective Deferral Plan and Deferred Compensatino Plan

Lincoln Financial Group - 403(b)

Virginia Retirement System - 457

Notes

LCPS OPTIONAL ELECTIVE DEFERRAL PLAN AND DEFERRED COMPENSATION PLAN			
FEATURE	TRADITIONAL 403(B)	ROTH 403(B)	457(B)
PROVIDER	LINCOLN FINANCIAL GROUP (LFG)		VRS 457 WITH ICMA-RC
Contributions	Traditional, employee elective contributions are made with pre-tax dollars.	Designated Roth employee elective contributions are made with after-tax dollars.	Employee elective contributions are made with pre-tax dollars.
Basic 2015 Contribution Limit	$18,000	$18,000	$18,000
Age 50 Catch-up Contribution	$6,000	$6,000	$6,000
Who may benefit from contributing?	• Employees who expect to be in a lower tax bracket at retirement. • Employees who want to defer current taxation on income and investment earnings.	• Younger employees in lower tax brackets with long time horizon until retirement. • Employees who are unable to contribute to Roth IRAs due to income constraints. • Employees who expect tax rates to increase by their retirement date. • Employees interested in estate planning opportunities.	• Employees who expect to be in a lower tax bracket at retirement. • Employees who want to defer current taxation on income and investment earnings. • Employees who will terminate employment prior to age 59 ½ and want to withdraw funds.
Timing of Distributions	• Age 59 ½ • At retirement if over 55 • Total & Permanent Disability • Death • Severance from employment • In-service hardship • In-service loan • Purchasing Service Credits in gov. pension plan	• Age 59 ½ • Total & Permanent Disability • Death • Severance of employment • In-service loan	• Severance of employment • Death • Total & Permanent Disability • In-service unforeseeable emergency • Purchasing Service Credits in gov. pension plan
Taxation of Withdrawals	Withdrawals of contributions and earnings are subject to federal and state income taxes.	Withdrawals of contributions and earnings are not taxed provided it is a qualified distribution. The account must be held for at least 5 years and one of the following has occurred: • Severance of employment and over 59 ½ • Disability, or • Death of participant	Withdrawals of contributions and earnings are subject to federal and state income taxes.
Required Minimum Distributions	Distributions must begin no later than age 70 ½, unless still working.	Distributions must begin no later than age 70 ½, unless still working.	Distributions must begin no later than age 70 ½, unless still working.

VRS 457 Deferred Compensation Plan

Thinking how your retirement picture may look?

The Commonwealth of Virginia 457 Plan can help you focus on your goals. If you're not already saving, look at the opportunities you may be missing!

Have questions? Below are three ways to contact ICMA-RC about your 457.

1. Visit the Web site: www.varetire.org

Select Commonwealth of Virginia Deferred Compensation Plan under the Defined Contribution Plans tab.

2. Call toll-free 1-VRS-DC-PLAN1(1-877-327-5261)

3. Contact your local representative

Enrollment is online for the 457 plan.

Visit www.varetire.org to set up an account.

403(b) Elective Deferral Plan with
Lincoln Financial Group (LFG)

You can start saving for a comfortable retirement and take advantage of your employer's 403(b) program in less time than it takes to finish a cup of coffee. For one-on-one retirement planning assistance—at no additional charge—call your LFG Retirement Consultant.

Have questions? Below are three ways to contact LFG about your 403(b).

1. Visit the Web site: www.lfg.com

2. Call toll-free 1-800-234-3500

3. Contact your local representative:

Evette Caceres
866-540-7218
evette.caceres@lfg.com

Ernest Massenberg
866-248-5180
ernest.massenberg@lfg.com

If you would like more information about saving for retirement sent to you please fill out the form in the back of the book (15-5) and send it into the Employee Health, Wellness and Benefits Division.

See Page 15-5 for the form to request a 403(b) Enrollment Book.

Notes

Life Insurance

Retirement and Disability Programs

571-252-1690

- Basic Group Term Life Insurance
- Designation of Beneficiary
- Optional Group Term Life Insurance

See the VRS handbook for members for more details. Or visit their website at www.varetire.org.

Premiums for the Basic Group Term Life Insurance are paid for by Loudoun County Public Schools.

Notes

Basic Group Term Life Insurance

Administered By: Minnesota Life for VRS 1-800-441-2258

Benefit: Coverage is two (2) times current annual salary for group term life and up to an additional two (2) times annual salary for accidental death and dismemberment.

Premiums: Loudoun County School Board currently pays the entire premium for this coverage.

Additional Benefits:

- Safety Belt Benefit: If a member dies or suffers dismemberment in an accident while driving or riding in a private passenger car, Minnesota Life will pay an additional benefit equal to 10 percent of the accidental death or dismemberment amount, provided the passenger car was equipped with safety belts, a safety belt was in proper use by the member, and the driver of the passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs. The maximum benefit payable is $50,000.
- Repatriation Benefit: This benefit pays an additional accidental death benefit for the transportation and associated costs of returning a member's remains, if a member dies in an accident at least 75 miles from home. The amount paid will be either the cost of transportation or $5,000, whichever is less.
- Felonious Assault Benefit: The life insurance provider pays a benefit equal to the lesser of $50,000 or 25% of the accidental death or dismemberment benefit amount if a member dies, or suffers dismemberment, because of a felonious assault while performing his or her job. If the assault causes the death of the member, and the member has a dependent child or children under age 18 (or 18 if still in high school), the benefit will provide a Virginia Education Savings Trust account to be used for college tuition and mandatory fees at any accredited college or university in the country that is eligible to participate in federal student financial aid programs. The amount will be approximately equal to the cost for a four-year in-state university.

See the VRS Handbook for Members for more details.

To review or print the complete policy, visit the Retirement and Disability Programs website or contact the Retirement and Disability Programs.

Beneficiary Designations

The Order of Precedence

The order of precedence for retirement contributions and life insurance benefits provides for benefits to be distributed in an order established by law. It is only necessary to designate a beneficiary if you want payment to be made in a way other than the following:

Life Insurance Benefits: The order established by law provides that payment will be made as follows in the event of your death:

- to your spouse;
- if no surviving spouse, to your child(ren) and descendents of deceased children, per stirpes;
- if none of the above, to your parents equally or to the surviving parent;
- if none of the above, to the duly appointed executor or administrator of your estate;
- if none of the above, to other next of kin entitled under the law of the state you live in at the time of death.

Retirement Benefits: The order established by law provides for payment to be made as follows in the event of your death while in service:

- to your spouse;
- if no surviving spouse, to your child(ren) and descendents of deceased children, per stirpes;
- if none of the above, to your parents equally or to the surviving parent;
- if none of the above, to the duly appointed executor or administrator of your estate;
- if none of the above, to other next of kin entitled under the law of the state you live in at the time of death.

If a member wants to provide for someone other than what is provided for by law, the VRS-2 Beneficiary Change form must be completed to allow the member to make that type of designation.

Optional Group Term Life Insurance

Benefit: Additional term life insurance at group rates is available to VRS members as an optional benefit. Members may purchase additional coverage, up to 4 times the employee's annual salary. Spouse and children coverage is also available (note that coverage must be consistent with the option level elected by the employee).

The guaranteed issue amount is up to $350,000 for the employee and .5x your salary for your spouse, and up to $30,000 for children when coverage is elected within 31 days of eligibility.

Premiums: Premiums are based on the employee's age (and the age of the employee's spouse, if spousal coverage is elected), annual salary and amount of elected coverage. Premiums are conveniently deducted through payroll deduction.

OPTION	EMPLOYEE INSURANCE AMOUNT	SPOUSE INSURANCE AMOUNT	CHILDREN MUST BE 15 DAYS OLD**
1	1 x Salary	½ x Employee Salary	$10,000
2	2 x Salary	1 x Employee Salary	$10,000
3	3 x Salary	1 ½ x Employee Salary	$20,000
4	4 x Salary	2 x Employee Salary	$30,000

Optional Group Life Insurance (per $1,000 of coverage)

AGE OF EMPLOYEE (OR SPOUSE)	MONTHLY PREMIUM (PER $1,000 OF COVERAGE)*
Under 30	$0.05
30 – 34	0.05
35 – 39	0.06
40 – 44	0.09
45 – 49	0.14
50 – 54	0.20
55 – 59	0.33
60 – 64	0.65
65 – 69	1.15
70 – 74	2.06
75 and over	2.06

Child(ren) Rates*

OPTION	AMOUNT OF INSURANCE** (CHILDREN LESS THAN 15 DAYS OLD ARE NOT COVERED BY THIS BENEFIT)	MONTHLY RATE
1	$10,000	$0.80
2	$10,000	$0.80
3	$20,000	$1.60
4	$30,000	$2.40

*Rates/benefit amounts effective July 1, 2011

** One premium covers all children.

OPTIONAL COVERAGE 31 DAYS

You must return your signed Optional Group Term Life Insurance form to the Retirement and Disability Programs within 31 days of employment to be considered guaranteed issue.

Notes

Employees who apply for coverage later than 31 days after initial eligibility and employees whose optional coverage would exceed $350,000, or employees who elect more than 1/2 salary for spousal coverage must complete and provide an EOI (Evidence of Insurability) form to Minnesota Life.

Calculation Worksheet

Optional Group Term Life Insurance

See Page 15-9 for Enrollment Application Form for VRS Optional Group Term Life Insurance.

Notes

To calculate the employee's "optional life" premium complete the following:

Enter Your Annual Salary: _____

(rounded up to the next even thousand)

Divide by 1000 to get Covered Payroll: _____

Multiply by Monthly Premium Rate: _____

(based on employee's age—see schedule on previous page)

= _____ Monthly Premium (Option 1)

Multiply by 2 = _____ Monthly Premium (Option 2)

Multiply by 3 = _____ Monthly Premium (Option 3)

Multiply by 4 = _____ Monthly Premium (Option 4)

(Enter Monthly Premium _____
divide by 2 _____ = Your Semi-Monthly Premium)

Calculations for spouse's coverage are based on the spouse's age (see previous page for rates).

Enter Your Annual Salary: _____
(rounded up to the next even thousand)

Divide by 1000 to get Covered Payroll: _____

Multiply by Monthly Premium Rate: _____

(based on spouse's age - see schedule on previous page)

= _____

divided by 2 = _____ Monthly Premium (Option 1)

multiply by 1 = _____ Monthly Premium (Option 2)

multiply by 1.5 = _____ Monthly Premium (Option 3)

multiply by 2 = _____ Monthly Premium (Option 4)

(Enter Monthly Premium _____

divide by 2 _____ = Your Semi-Monthly Premium)

Add the spouse's amount to the employee's premium, and children's premium (if elected) to determine the total amount deducted per pay.

See schedule on previous page for child(ren) rates.*

Eligible Dependents

The following persons are eligible to be insured under the VRS Optional Group Term Life Insurance Plan:

- the employee's spouse, and
- the employee's unmarried, natural, or legally adopted children who are not self-supporting, and
- the employee's unmarried step-children who live full-time with the employee in a parent-child relationship and can be claimed as a dependent on the employee's Federal income tax return, and
- any other children if they are in the permanent court-ordered custody of the employee.

* at least 15 days old from birth and less than 21 years of age if not a full-time student, age 25 if a full-time student.

Beneficiary Information

The employee's beneficiary for Optional Group Term Life Insurance is the same as designated for the employee's Basic VRS Group Term Insurance. The employee is the beneficiary for the Optional Group Term Life Insurance on the employee's spouse and children.

Premium Cost Example:

Employee who's salary is $35,000 per year and is 35 years old.

Employee Only - Option 1 - $1.05 per pay

Employee Only - Option 2 - $2.10 per pay

Employee Only - Option 3 - $3.15 per pay

Employee Only - Option 4 - $4.20 per pay

Employee, Spouse and Children - Option 1 - $1.98 per pay

Employee, Spouse and Children - Option 2 - $3.55 per pay

Employee, Spouse and Children - Option 3 - $5.53 per pay

Employee, Spouse and Children - Option 4 - $7.50 per pay

Leave Information

Retirement and Disability Programs

571-252-1690

- Summary of Leave Benefits
- Donated Family Sick Leave Bank

For VRS Plan 1 and Plan 2 Members

- Short Term Disability
- Voluntary Long Term Disability

For VRS Hybrid Members

- Short Term Disability with VLDP
- Long Term Disability with VLDP

Notes

General Leave Policies

Full-Time Employment

Full-time is defined as being the sole employee under a regular contract or assignment in a position that is budgeted for at least 180 days, for no less than 4.0 hours daily or the equivalent.

Part-Time Employment

Any employee not included above or who is designated an at-will employee, or who signs a temporary/intern agreement, is considered a part-time employee.

Leave benefits accrue while an employee is on approved paid leave. Leave benefits do not accrue if an employee is on unauthorized leave, or leave without pay.

Using leave request procedures, employees must generally secure approval from their supervisor or principal before beginning an absence from work. If emergencies or unforeseen circumstances arise which require the use of sick or other leave, an employee must notify his/her supervisor as soon as possible and obtain approval at the beginning of the employee's next workday.

False or fraudulent use of leave, or failure to follow leave policy, may be cause for disciplinary action.

Each school/location may have its own procedures for requesting leave. Check with your supervisor to determine the leave request procedures for your school/location.

Annual Leave

Full-Time Twelve (12) Month Personnel

A new employee in a twelve-month position earns one day of annual leave a month for the first six (6) consecutive months of employment for a maximum of six (6) days (pro-rated for the first month). At the completion of six months, the remainder of the first year's annual leave will be advanced. Thereafter, annual leave will be advanced in July of each year. One additional day is earned for each additional year of service up to the thirteenth (13th) year. A maximum of twenty-four (24) days of annual leave are earned after the 13th year of service.

Administrative Personnel

New administrators will be advanced their annual leave. Thereafter, annual leave will be advanced in July of each year.

Administrative personnel shall earn annual leave as follows:
20 days for the first and second year of employment
21 days after two (2) years of service
22 days after four (4) years of service
23 days after six (6) years of service
24 days after eight (8) years of service

Annual leave will be prorated based on the number of contract/assignment days actually worked after July 1 of the current school year.

Use of Annual Leave

Employees must submit annual leave plans, in advance, to their supervisor. Supervisors should make every effort to accommodate reasonable annual leave requests. The school division reserves the right to designate when some or all annual leave is taken. The immediate supervisor of an eligible employee is responsible for ensuring adequate staffing levels and should attempt, when feasible, to resolve vacation scheduling conflicts.

Limitations

Accumulated annual leave will be calculated as of July 1 of each year. Employees may carry over up to sixty (60) annual leave days from July 1 to June 30 each year. Approval to carry over more than sixty (60) annual leave days from one fiscal year to the next must be approved by the Division Superintendent.

When an employee has accumulated sixty (60) days of annual leave as of June 30th and has used at least ten (10) days of annual leave during the fiscal year, any annual leave in excess of sixty (60) days will be converted to sick leave as of July 1.

When an employee has accumulated sixty (60) days of annual leave as of June 30th and has used less than ten (10) days of annual leave the employee will be assessed the difference between the annual leave they have used and ten days. The remaining balance in excess of sixty (60) days will be converted to sick leave as of July 1.

Payment of Annual Leave Upon Separation

Employees who terminate their employment will have their annual leave prorated based on total amount earned for the school year.

Employees exceeding their total earned annual leave will be charged in their final pay and/or will be invoiced any amounts not recouped in the final paycheck.

Misuse of Leave

The misuse of annual leave may result in termination of employment.

Sick Leave

This plan includes provisions for personal illness, family illness or death, religious observance, other deaths and other sick days.

Personnel Covered — Eligibility and Accumulation

A full-time employee under regular contract (probationary or continuing) shall accumulate sick leave during the time the employee performs his/her assigned duties, including paid leave, under terms of the contract. The maximum allowance per year is:

12 month position:	14 days
11 month position:	11 days
180–203 day position:	10 days

Website

The LCPS website has detailed benefits information, forms, and more.

From the LCPS homepage

www.lcps.org

With your cursor over Administration, click on Business and Financial Services, then click on Employee Health, Wellness and Benefits or Retirement and Disability Programs on the left side.

When the length of a contract has been shortened (e.g. for a late start or early release), the number of sick leave days will be prorated. Employees who have resigned and overused their sick leave will be charged in their final paycheck and/or will be invoiced for any amounts not recouped.

Unused sick leave may accumulate without a maximum limit. Employees will be given a monthly accounting of accumulated sick leave on their paycheck stub.

An employee transferring from another Virginia public school district or a former Loudoun employee returning directly to Loudoun may be credited with sick leave accumulated, provided that the employee has not received payment for such unused accumulated sick leave; that the employee has not accepted employment other than in Virginia public schools since leaving employment; that the employee has not been absent from employment in the public schools of Virginia for more than three (3) years;
and further provided that in the case of an employee transferring from another Virginia public school district, the school board of that division approves the transfer of such leave. Maximum transfer allowed is 90 days.

Absences Covered

Personal Illness—Personal illness is defined as incapacity to perform duties because of medical condition or confinement on the advice of a licensed physician. However, under the provisions of this section, dental or medical check-ups may be counted as illness. An employee on sick leave may be required after three (3) consecutive days of absence to have verification from a licensed physician (or dentist) that he/she is unable to perform his/her duties because of a medical condition or confinement, or that he/she has a medical or dental check-up.

Family Death—An employee will be allowed to take days off for death in the employee's immediate family. Family of an employee shall be regarded to include natural parents, foster parents, stepmother, stepfather, wife, husband, children (including stepchildren and foster children), brother and sister, grandparents, great-grandparents, grandparents-in-law, mother-in-law, father-in-law, sisters-in-law, brothers-in-law, daughters-in-law, sons-in-law, grandchildren, aunts, uncles, nieces, nephews, and any other relative living in the household of the employee ("any other relative living in the household of the employee" is limited only in that the relative, however distant, must live in the household of the employee).

Notes

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Other Deaths—An employee will be allowed three (3) days for attendance at funerals not covered in the family relationships listed above, but the salary of the substitute will be deducted from the employee's salary.

Transfer of Leave

Upon separation from employment, except for retirement, employees are not entitled to payment for unused accumulated sick leave; however, the district will approve transfer of accumulated sick leave to another Virginia district unless the separated employee has (a) accepted employment other than in the public schools of Virginia since leaving employment in Loudoun; (b) been absent from employment in the public schools of Virginia for more than three (3) years.

Misuse of Sick Leave

The misuse of sick leave may result in termination of employment.

Personal Leave

Personnel Covered

A full-time employee not covered by annual leave is eligible for personal leave each year.

The maximum allowance of personal leave per year is 3 days, or the equivalent hours.

Limitations

A personal leave request will not be granted during the following periods or circumstances.

- The first five instructional days and the last five instructional days of the school year, and/or
- On any teacher inservice or orientation workday that involves the employee:
  - in a central office sponsored inservice,
  - on a day that the employee is scheduled to hold parent conferences,
  - when in the judgment of the immediate supervisor a qualified substitute cannot be secured.

Transfer of Personal Leave

Personal leave not used during a school year will be automatically transferred to the eligible employee's accumulated sick leave.

Liability Insurance

Loudoun County Public Schools provides extensive liability and other insurance coverage for all employees and authorized volunteers. Please refer to the LCPS Employee Handbook or LCPS Intranet for further details of this insurance coverage.

Leave Without Pay

The School Board has established Leave Without Pay Policy §7-58 for employees who may need to have extended leave without pay. The following Regulation has been established to support Leave Without Pay Policy §7-58.

A. General

1. Eligibility—Leave without pay may be granted to any employee of the Loudoun County Public Schools. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.
2. Period of Leave—Employees may request leave without pay not to exceed five (5) working days in any one (1) contract/appointment year provided the following extenuating circumstances apply:
   a. All other applicable leave, such as personal leave, annual leave, or sick leave, has been exhausted.
   b. Such leave, except when used for personal or family illness, death, or religious observance, shall not be granted during the first five (5) and the last five (5) instructional days for students, for any teacher work day for licensed staff, during peak work periods for classified staff or to extend any holiday period.
3. Application—The employee shall submit a written request for leave without pay in advance of the date the desired leave is to begin. Special consideration will be given to emergencies, but in no case will such leave be permitted to begin without the prior approval of the employee's immediate supervisor.
4. Benefits—Employee will experience no change to eligibility or cost of benefits.
5. Return to Work—Employee will experience no change to employment status.

B. Emergency, Adoption or Childcare

1. Eligibility—Leave without pay for emergencies such as personal or family hardship of an unusual nature, adoption of a child, or childcare may be granted to an employee of the Loudoun County Public Schools. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.

2. Period of Leave—The employee may request leave without pay for emergencies such as personal or family hardship of an unusual nature, adoption of a child, or childcare for a period not to exceed one (1) year.

3. Application

   a. The employee shall submit an Application For Leave Without Pay and supporting documentation to Retirement and Disability Programs Division, for leave without pay for emergencies such as personal or family hardship of an unusual nature, adoption of a child or childcare in advance of the date the desired leave is to begin.

   b. Special consideration will be given to emergency leave. In no case will leave for adoption or childcare be permitted to begin without prior approval of the employee's immediate supervisor and the Assistant Superintendent for Business and Financial Services or his/her designee.

4. Benefits

   a. During the emergency, adoption or childcare leave, the employee may elect to continue health and/or life insurance coverage by making arrangements with Retirement and Disability Programs Division to pay the full cost of the premiums on a per diem basis.

   b. See Policy §7-63 for leave without pay approved under the Family and Medical Leave Act.

5. Return to Work

   a. An employee granted emergency, adoption or childcare leave shall notify the Department for Personnel Services, in writing, at least 30 calendar days prior to the expiration of the leave of the employee's intent and availability to return to duty. Failure to provide such notification shall be deemed a resignation by the employee, effective as of the first day following the expiration of the leave.

   b. The employee shall be placed by the Department for Personnel Services in the next suitable vacancy.

   c. Any employee granted leave without pay for emergency, adoption or childcare leave shall bear the sole responsibility for the purchase of any VRS service credit for which the employee is eligible.

C. Educational

1. Eligibility—Educational leave for the purpose of student teaching, obtaining an initial teacher license, licensure in a critical field, professional licensure or certification of non-teaching employees, or an advanced degree may be granted to an employee of the Loudoun County Public Schools. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.

2. Period of Leave—The employee may request educational leave for a period of not more than fourteen (14) weeks. The period of time must coincide with a term at an accredited university or college.

3. Application

   a. The employee shall submit a written request to the Department of Personnel Services for educational leave at least thirty (30) calendar days in advance of the date the desired leave is to begin. The employee shall also submit supporting documentation (such as degree requirements, documentation of course availability, advisor's comments, and etcetera) as may be requested.

   b. Approval shall not be granted unless the Assistant Superintendent for Personnel Services has determined that a highly qualified replacement for the employee is available.

   c. In no case will such leave be permitted to begin without the prior approval of the Assistant Superintendent for Personnel Services.

4. Benefits

   a. During the educational leave, the employee may elect to continue health and/or life insurance coverage by making arrangements with Employee Health, Wellness and Benefits to pay the full cost of the premiums on a per diem basis.

   b. Any employee granted educational leave without pay shall bear the sole responsibility for the purchase of any VRS service credit for which the employee is eligible.

5. Return to Work—During the period of time of an employee's educational leave, a suitable substitute will be employed

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in anticipation of the employee's return to the position vacated as a result of the educational leave. Employee will experience no change to employment status.

D. Restoration of Health

1. Eligibility—Leave without pay may be granted to any employee of the Loudoun County Public Schools with debilitating or life-threatening illness or injury for the restoration of the employee's health or the health of the employee's spouse, child, parent or legal dependent with a debilitating or life-threatening illness or injury. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.
2. Period of Leave—The employee may request restoration of health leave without pay for a period not to exceed one (1) year, provided all earned sick leave has been exhausted.
3. Application
   a. The employee shall submit an Application For Leave Without Pay for restoration of health leave in advance of the date the desired leave is to begin. The request shall be accompanied by supporting documentation from the attending physician attesting to the need for such leave and estimating the length of leave that should be required. The employee shall provide any additional documentation as may be required.
   b Special consideration will be given to emergencies. Restoration of health leave requires notification to the employee's immediate supervisor and the Retirement and Disability Programs Division within 24 hours or the next assigned work day.
   c. A request for an extension of leave without pay for restoration of health for any employee shall be reviewed by the Retirement and Disability Programs Division, in consultation with the immediate supervisor, and approved on a case by case basis by the Division Superintendent or his/her designee.
4. Benefits
   a. Employer paid benefits will remain in place for the first thirty (30) work days of restoration of health leave without pay.
   b. Employee may elect to continue health insurance through COBRA provisions and/or life insurance coverage by paying the total cost of premiums for any additional leave without pay granted for restoration of health on a per diem basis. Employees whose coverage ends or are place on COBRA are responsible for re-enrolling upon their return to work.
   c. Any employee granted restoration of health leave without pay shall bear the sole responsibility for the purchase of any VRS service credit for which the employee is eligible. See Policy §7-63 for leave without pay approved under the Family and Medical Leave Act.
5. Return to Work
   a. If the employee returns to work within the first thirty (30) work days of restoration of health leave without pay, the employee will be restored to the same position.
   b. Beyond the initial thirty (30) work days the employee shall be placed by the Department for Personnel Services in the next suitable vacancy.
   c. Notice of return to work must be provided to the Retirement and Disability Programs Division two (2) weeks prior to the employees anticipated return. For a leave without pay granted for the restoration of the employee's health, such notice must include written certification from a health care provider as to the employee's ability to return to full duty.

Sabbatical Leave

Purpose

The purpose of a sabbatical leave is to provide incentives for professional staff members to be granted time to engage in formal study designed to increase the employee's competence or for such purpose as may be recommended by the Division Superintendent and approved by the School Board. Compensation will be paid in those years that it is funded in the budget.

Maternity/Paternity Workshops

Expecting a baby?

See the Retirement and Disability Programs Division website for more information or call 571-252-1690.

Eligibility

All professional staff, on the recommendation of the Division Superintendent and approval by the School Board, are eligible to take sabbatical leave. Please send written request to the Department of Personnel Services. The first such leave may be granted after the completion of the staff member's sixth year within the Loudoun County Public Schools. Additional sabbatical leave may be granted after each successive period of six years of professional service in Loudoun County Public Schools. Sabbatical leave shall be granted for a period not to exceed one calendar year and not less than one semester.

The employee returning from sabbatical leave will return to the same position or one of comparable status.

Any employee granted such leave agrees to sign an agreement to accept a professional assignment for a period of at least three (3) years following the expiration of the leave. Should the employee elect not to fulfill this agreement the employee shall reimburse the School Board for all or part of the salary and benefits received within one year of termination of employment.

Sick leave will not accrue during the period of leave; however, sick leave accumulated will be retained.

Family and Medical Leave Act (FMLA)

The Superintendent shall promulgate regulations consistent with the Family and Medical Leave Act of 1993 for the employees covered under that Act.

Family and Medical leave is available to those employees who have been employed in a full-time position by Loudoun County Public Schools for 12 months.

An employee who uses Family and Medical Leave will be allowed to return to the same position or to a position with equivalent responsibilities, duties, benefits and pay.

When both parents of a child work for Loudoun County Public Schools the full amount of leave shall be limited to a combined total of 12 workweeks in a 12-month period.

Any employee who believes that he or she needs FMLA paperwork should contact the Retirement and Disability Programs Division at 571-252-1690. All communications are confidential.

Your Rights Under theFamily & Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons. Employees are eligible if they have worked for their employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles. The FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances.

Reasons for Taking Leave

Unpaid leave must be granted for any of the following reasons:

- 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.
- An eligible employee who is a spouse, son, daughter, parent, or next of kin (the nearest blood relative) of a covered service member of the U.S. armed forces with a serious injury or illness is entitled to a combined total of 26 workweeks of unpaid FMLA leave during a single 12-month period to care for that service member.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

Advance Notice and Medical Certification

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable".
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

Notes

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Job Benefits and Protection

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

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

The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.

- An eligible employee may bring a civil action against an employer for violations.

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.

For Additional Information:

If you have access to the Internet visit DOL's FMLA website: http://www.dol.gov/esa/whd/fmla. To locate your nearest Wage-Hour Office, telephone the Wage-Hour toll-free information and help line at 1-866-4USWAGE (1-866-487-9243); a customer service representative is available to assist you with referral information from 8 a.m. to 5 p.m. in your time zone; or log onto our Home Page at http://www.wagehour.dol.gov.

U.S. Department of Labor

Employment Standards Administration

Wage and Hour Division

Washington, DC 20210

Medical Assistance and Accommodations & Americans with Disabilities Act (ADA)

LCPS complies with the ADA and provides reasonable accommodation to those who need it. An employee who believes that he or she has a disability and needs special assistance to perform his or her job should contact the Retirement and Disability Programs Division at 571-252-1690. All communications are confidential.

Workers' Compensation

What to do if you're accidentally injured on the job:

1. Report the Injury—Immediately report the injury to your Supervisor…including details on what happened, when, where, why and how. An Employers Report of Accident form will be completed by your Supervisor or a designee.
2. Treatment—If your injury is an Emergency situation, call 911 or go to the nearest Hospital Emergency Room or Urgent Care facility. Follow up treatment should be with an "LCPS Authorized Panel of Physicians" doctor. You must see a physician listed on the "LCPS Authorized Panel of Physicians" for your Doctor's bills to be covered by Workers' Compensation.
3. Presciptions—You may get your prescribed medications at a facility of your choice. You may submit the receipts to the Retirement and Disability Programs Division for reimbursement from the LCPS Claims Administrator, PMA Management Corp.
4. X-Rays—You may get any prescribed x-rays or other testing at a facility of your choice, with the exception of MRIs which require preauthorization from PMA Management Corp, phone 1-800-476-2669.
5. Missing Time From Work—If your injury causes you to miss time from work you must have a Doctor's excuse and provide it to your supervisor.
6. Time and Attendance—It is your responsibility to make sure the Retirement and Disability Programs Division is notified of your time and attendance in a timely fashion. Not reporting your time and attendance will affect your paycheck. The Retirement and Disability Programs Division will be monitoring your workers' compensation claim throughout the entire process. Any questions, just give us a call at (571) 252-1690.

Did you know that not all work related injuries are covered by Workers' Comp?

If you do not follow safety rules (written or verbally spoken), your claim can be denied.

Things that can put your claim in jeopardy:

- Standing on a chair
- Standing on a table
- Standing in a sink

You should always use a ladder or step stool.

Broken bones, head injuries and hospital confinements denied by workers compensation may mean no income during your recovery! Take time to use the proper equipment. It could be time well spent.

Notes

Short-Term Disability - For VRS Plan 1 and Plan 2 Members Only

As a VRS Plan 1 or Plan 2 member, you will be automatically enrolled; feel confident that you may receive benefits to help replace lost income if you have an unexpected illness or injury!

Notes

Employer Paid Short-Term Disability Plan

A goal of Loudoun County Public Schools is to help maintain your earnings at 100% throughout any period of disability resulting from a non-work related injury/illness.

LCPS offers a 100% employer paid short-term disability plan, administered by Cigna for VRS Plan 1 and Plan 2 members only.

You will be automatically enrolled; feel confident that you may receive benefits to help replace lost income if you have an unexpected illness or injury!

- All VRS Plan 1 and Plan 2 benefits-eligible employees will be automatically enrolled and accepted into the program.
- The elimination period is 20 calendar days.
- Benefits are paid for up to 10 calendar weeks following the elimination period at 60% of your regular income up to $1,730.00 per week maximum.
- To keep your pay at 100% for as long as possible, LCPS will supplement the short-term disability benefit with 40% from your sick leave—until the disability period ends or your sick leave is exhausted.
- Short-term disability benefits for pregnancy are provided the same as for a disability caused by illness/injury.

Short-Term Disability FAQ's

What is short-term disability insurance?

Short-term disability insurance provides income replacement for non-work related injury/illness.

Who is eligible for short-term disability insurance?

All benefits-eligible employees under VRS Plan 1 and Plan 2. VRS Hybrid Plan Members are covered under VLDP.

What is the actual benefit I would receive if I became disabled?

The short-term disability benefit is 60% of your regular salary up to a maximum of $1,730.00 per week for a maximum of 10 calendar weeks after you have satisfied the elimination period.

What is the elimination period?

The 20 consecutive calendar days you are required to be absent before becoming eligible to receive the benefit.

How much will it cost me?

Nothing. LCPS is paying the premium for all eligible employees.

When am I eligible for short-term disability benefits?

Your coverage begins on the first day of the month after you become an eligible employee.

Who is the short-term disability insurance carrier?

Cigna was awarded the contract by the School Board.

Is maternity leave covered under short-term disability?

Short-term disability benefits for pregnancy are provided the same as for a disability caused by illness/injury.

Is paternity leave covered under short-term disability?

No, paternity leave is not covered.

Can I use sick leave to add to the 60% benefit?

LCPS will automatically supplement your benefit with 40% of your sick leave, if available, during the time you are receiving short-term disability payments.

What happens if I ran out of sick leave, can I supplement with another leave benefit?

Yes, you may choose to use your annual leave or personal leave.

How can I receive short-term disability benefits?

It is the employee's responsibility to contact Cigna to make a claim for short-term disability. Their phone number is 1-800-362-4462.

Note

This is intended to be summary information only. The program will be administered based on the comprehensive details provided in the certificate of coverage available on the Retirement and Disability Programs Division website.

Short-Term Disability - For VRS Hybrid Members Only

Short-Term Disability Coverage

The VLDP short-term disability benefit begins after a seven-calendar day waiting period from the first day of your disability and continues for up to 125 workdays. The 125-workday period is based on a Monday-through-Friday workweek and includes paid holidays. You are eligible to be considered for a short-term disability benefit during periods of total or partial disability. If you are approved for short-term disability and are still disabled after 125 workdays, you will be eligible for long-term disability benefits as determined by Unum.

You may file a claim for benefits before the end of the seven-calendar day waiting period. You can use sick leave or other eligible leave to cover your absence during the waiting period. The waiting period may be waived for a major chronic or catastrophic condition.

A major chronic condition is a life-threatening health condition that exists over a prolonged period of time and is not expected to improve. A catastrophic condition means you are unable to perform at least two of the following activities of daily living without substantial assistance: bathing, transferring (getting in and out of bed), dressing, toileting (using the bathroom), continence and eating (ability to feed oneself). Your condition also may be considered catastrophic if you have a severe cognitive impairment, such as Alzheimer's disease, and require substantial supervision or are placed in a guardianship.

One-Year Waiting Period for Non-work Related Coverage

You become eligible for non-work related short-term disability coverage after one year of continuous participation in VLDP with your current employer. Continuous program participation is based on full-time salaried service with your current employer. It includes military leave and reduced hours or job restrictions while on disability. It also may include furloughs, layoffs or other types of leave. Contact Retirement & Disability Program's office for more information about LCPS' policies.
You are eligible for work-related short-term disability coverage upon employment.

Five-Year Eligibility for Higher Income Replacement Levels
During your first five years of continuous participation in VLDP with your current employer, you are eligible for 60 percent of your pre-disability income if you go on non-work related or work-related short-term disability. Once you have satisfied this eligibility period, you are eligible for higher income replacement levels.

Contract Employees
If you are on a 10- or 11-month contract, you are eligible to receive VLDP benefits during contract periods only. If your contract is not renewed, your eligibility for VLDP will end when your current contract ends.

Non-contract periods count toward satisfying the one-year waiting period for non-work related short-term disability coverage and the five-year eligibility period for higher income replacement levels.

Non-work Related Short-Term Disability

You are eligible for income replacement at 60 percent of your pre-disability income if you go on non-work related short-term disability. After five years of continuous participation in VLDP with your current employer, you become eligible for higher income replacement levels. See the Virginia Local Disability Program (VLDP) Handbook for Members 2756kb for details.

Work-Related Short-Term Disability

You are eligible for work-related short-term disability coverage from the first day of employment. To qualify for a VLDP work-related benefit, your disability must be the result of an occupational illness or injury that occurs on the job and the cause is determined to be compensable under the Virginia Workers' Compensation Act. Contact your employer about your workers' compensation benefits and assistance with filing a workers' compensation claim.

You are eligible for income replacement at 60 percent of your pre-disability income if you go on work-related short-term disability. After five years of continuous participation in VLDP with your current employer, you become eligible for higher income replacement levels.

VRS Hybrid Plan Members are automatically enrolled in VLDP Short-Term Disability.

More information on VLDP can be found at www.varetire.org or by calling the Retirement and Disability Programs Division at 571-252-1690.

Long-Term Disability For VRS Plan 1 and Plan 2 Members Only

Note

This is Intended to be summary information only. The program will be administered based on the comprehensive details provided in the certificate of coverage available on the Retirement and Disability Programs division website.

Notes

Long Term Disability Insurance

Eligibility - VRS Plan 1 and Plan 2 active full-time employees who work more than 180 days and have a minimum of 20 hours per week on a regular scheduled basis for Loudoun County Public Schools.

Eligibility Waiting Period - If you are working for the employer full-time there is no waiting period.

Current Enrollment Period - 30 days from first working day

Elimination Period

Tier 1: 90 Days
Tier 2: 180 Days

Cigna offers two optional plan designs for employees. These programs will not replace the VRS Disability Retirement plans, but will provide more comprehensive coverage to employees for partial and total disabilities.

Tier 1 - 60% income replacement to a maximum of $7,500, 90-day elimination period, 2 year benefit period, full integration* with VRS and Social Security Disability benefits.

Definition of disability for this plan:

"For the 24 months following the elimination period, if an employee is prevented from performing one or more of the essential duties of your own occupation due to a disabling condition, and as a result your current monthly earnings are less than 80% of your pre-disability earnings."

If an employee meets this definition of disability, they may receive benefits for up to 2 years from Cigna at 60% of their pre-disability income. If an employee qualifies for VRS or Social Security Disability benefits, the 60% benefit will be integrated with these other plans.

Benefits from this program are paid tax free.

Tier 2 - 40% income replacement to a maximum of $5,000, 180-day elimination period, 2 year own occupation protection and benefits to Social Security Normal Retirement Age** if they can't perform the duties of any occupation after this period. This benefit does not integrate with VRS or Social Security Disability benefits.

Definition of disability for this plan:

"For the first 24 months following the elimination period, if an employee is prevented from performing one or more of the essential duties of your own occupation due to a disabling condition, and as a result your current monthly earnings are less than 80% of your pre-disability earnings, you are considered disabled if you are prevented from performing one or more of the essential duties of any occupation." These benefits may be payable to Social Security Normal Retirement Age. This benefit does not integrate with VRS or Social Security Disability benefits.

Benefits from this program are paid tax free.

*Cigna will take any Other Income Benefits, which means any payments that are made to you or your family in relation to your loss of earnings, and offset your disability benefit.

Exclusions and Limitations

Long-Term Disability Exclusions Benefits are not payable for disabilities resulting from any of the following: war or act of war (declared or not) or, the commission or attempt to commit a felony. In addition, your plan may exclude a disability caused or contributed to by an intentionally self-inflected injury. Benefits are not payable if you are not under the regular care of a physician.

Pre-existing Condition Limitation If your plan has a pre-existing condition limitation, any disability due to a condition for which you were diagnosed or received care before the effective date of your plan will only be covered in one of three situations. The first is that there has been a treatment-free period of twelve (12) months since your effective date. The second is that even if you are receiving treatment, you would be eligible to receive benefits if the disability begins after you have been insured for a twelve (12) month period. The third is that you have already satisfied the twelve (12) month pre-existing condition requirement of a prior insurer.

Benefit Amount Offsets Your Long-Term Disability benefit amount will be reduced by:

Tier 1

Other income benefits you (or possibly your family) receive or are eligible to receive. Examples of such "other income benefits" are income from Social Security Disability Insurance, Virginia Retirement System (VRS) plan, the Civil Service Retirement System, Railroad Retirement Act, the Jones Act, Canada Pension Plan, the Veteran's Administration, Workers' Compensation or occupational disease laws; group, association, union or other organizational coverage; employer-related individual policies; any disability or unemployment benefits; damages or settlements for income loss; and compulsory no-fault automobile plans.

For Long-Term Disability Benefits Amounts, retirement benefits are another example of "other income benefits" if the retirement plan is wholly or partially funded by employer contributions, unless you were receiving them prior to becoming disabled, or you immediately transfer the payment to another plan qualified by the U.S. Internal Revenue Service for the funding of a future retirement.

Tier 2

Your Long-Term Disability benefits payments will not be reduced by retirement benefits from Social Security Disability Insurance, Virginia Retirement System (VRS) plan, or similar plans, or by any portion of retirement benefits that you (or your family depending on your plan) receive that are funded by your after-tax contributions.

Your Long-Term Disability benefit payments will not be reduced by your savings or investments, IRAs or Keoghs, profit-sharing, personal disability policies or Social Security increases.

** Normal retirement age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act.

Plan Cost

Cigna voluntary plans are offered in 5 year age bands and based on your current age for the plan year. Shown below are a few sample costs of the two voluntary options:

Tier 1 (60% plan, 2 year duration) - Assumptions: 36 year old employee with an annual salary of $35,000 = $2.98/month ($1.49/pay)

Tier 2 (40% plan, benefits to SSNRA, non-integrated) - Assumptions: 36 year old employee with an annual salary of $35,000 = $4.55/month ($2.28/pay)

This Benefit Highlights and the accompanying material explain the general purpose of the insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet on the Retirement and Disability Programs Division website and is available by request. Please read it carefully and keep it in a safe place with your other important papers.

Underwritten by: Cigna, Medical Evidence Underwriting, 6740 North High Street , Worthington, OH 43085, Phone: 800-551-7265, ext 38839 , Fax: 614-880-3529

Fill out Form on page 15-13 to apply.

Notes

Long-Term Disability For VRS Hybrid Members Only

A long-term disability is a non-work related or work-related condition that prevents you from performing the full duties of your job for an extended period of time. The VLDP long-term benefit begins after 125 workdays of short-term disability. A work-related disability is the result of an occupational illness or injury that occurs on the job and the cause is determined to be compensable under the Virginia Workers' Compensation Act or your employer's workers' compensation program. You are eligible for a long-term disability benefit if you are unable to work at all or you are working less than 20 hours a week.

Income Replacement

If you are approved for long-term disability, you will receive 60 percent of your pre-disability income. If you are approved for work-related long-term disability, your VLDP benefit will be offset by your workers' compensation benefit. Because of this offset, you will not receive a VLDP benefit if your workers' compensation is greater than your VLDP benefit amount. Contact the Retirement & Disability Program's office about your workers' compensation benefits and assistance with filing a workers' compensation claim.

If You Go on Disability at Age 60 or Older
If you are approved for short-term or long-term disability at age 60 or older, you will be eligible for a benefit according to the following schedule, provided you remain medically eligible. After you reach your maximum eligibility for a benefit, you must service retire to continue to receive a monthly benefit:

Maximum Length of the VLDP Benefit

Age 60-64	Five years from the date disability benefit begins
Age 65-68	Until age 70
Age 69 or older	One year from the date disability benefit begins

Note: You are not retired when you are on long-term disability. You can retire for service when you meet the age and service requirements for your plan, unless you are receiving workers' compensation benefits. More information about qualifying for service retirement under the VRS Hybrid Retirement Plan is available at www.varetire.org.

VRS Hybrid Plan Members are automatically enrolled in VLDP Long-Term Disability.

More information on VLDP can be found at www.varetire.org or by calling the Retirement and Disability Programs Division at 571-252-1690.

Donated Family Sick Leave Bank

30 DAYS

The Loudoun County School Board has established the Donated Family Sick Leave Bank for benefits-eligible employees.

This bank may provide employees with access to additional sick leave days. other than those personally accumulated, when a member of an employee's immediate family, specifically, the employee's spouse, employee's child or employee's parent, is incapacitated by long-term personal illness or injury. The Donated Family Sick Leave Bank will be maintained as long as at least one-third (1/3) of the eligible members agree to participate in accordance with the provisions of this policy. Participation will be voluntary.

Procedure

- Employees may enroll within the first thirty (30) contract days of initial full-time employment or thirty (30) contract days after re-employment by completing an application and donating two (2) days of sick leave. Please see page 15-13 for application.
- Members of the Donated Family Sick Leave Bank will be assessed two (2) additional days at any time the bank is depleted to 200 days. Membership will be continuous unless the employee informs the Retirement and Disability Programs Division in writing of the intent to withdraw.
- Upon termination of employment with Loudoun County Public Schools or withdrawal of membership from the bank, a participating employee will not be permitted to withdraw days contributed.
- An employee who does not enroll when first eligible may do so between any subsequent open enrollment, October 15th to November 15th. The effective date of that enrollment will be January 1st of the following plan year.
- A member of the Donated Family Sick Leave Bank shall not be permitted to withdraw days from the Donated Family Sick Leave Bank until all leave is depleted.
- The first thirty (30) working days of family member's illness or disability must be covered by the employee's own accumulated leave or leave without pay. A maximum of thirty (30) days from the Donated Family Sick Leave Bank, for which the elimination period need not be consecutive, can be drawn by any one member from the Donated Family Sick Leave Bank.
- Members utilizing leave days from the bank will not be required to replace these days except as a regular contributing member of the Donated Family Sick Leave Bank program.
- Only sick leave may be contributed to the Donated Family Sick Leave Bank.
- You must have two sick leave days available at the time of enrollment to be eligible to enroll.

Other Voluntary Benefits

- Virginia 529 prePAID
- Virginia 529 inVEST
- AFLAC Supplemental Income Protection Plans -Cancer Indemnity and Critical Care and Recovery
- Long Term Care Insurance Program
- Loudoun Credit Union
- Apple Federal Credit Union
- LCPS Discounts (ID Badge required)
- Hepatitis B Vaccination

Notes

Virginia 529 prePAID℠

Internal Revenue code § 529 prepaid tuition plan

Expenses covered:
- In-state undergraduate tuition
- All mandatory fees

Guarantee
- Program backed by statutory guarantee
- Lock in future costs of in-state undergraduate tuition and mandatory fees at Virginia public colleges

Tax Advantages
- Tax-free earnings
- Tax-free qualified distributions
- Favorable federal estate and gift tax provisions
- Virginia income tax deduction for account owner

Protection from creditors under Virginia law

Use at any accredited college in the country eligible to accept federal financial aid

Age limits
- Newborn through ninth grade

Limited enrollment period

State residency requirements

Maximum 5 year university and 3 year community college contracts

For more information visit: www.Virginia529.com

Virginia 529 inVEST℠

Internal Revenue code § 529 tuition plan

- May be used for all IRC § 529 expenses
- Tuition and Fees
- Room and board
- Textbooks and required supplies and equipment
- No guarantee
- Investments subject to market conditions
- Savings may not be sufficient to cover all college costs

Tax Advantages

- Tax-free earnings
- Tax-free qualified distributions
- Favorable federal estate and gift tax provisions
- Virginia income tax deduction for account owner

Protection from creditors under Virginia law

Use at any accredited college in the country eligible to accept federal financial aid

No age limits

- Adults and children

Enrollment open all year

No state residency requirements

$250,000 account limit

For more information visit: www.Virginia529.com

OPTIONAL COVERAGE

30 DAYS

This optional coverage is made available to LCPS employees through an independent agent. Please contact the agent directly if you are interested in enrolling.

Enroll in the first thirty (30) days from benefits eligible date.

Cancer Indemnity Insurance

Aflac offers one plan for LCPS employees:

Cancer Indemnity Insurance

Aflac's Cancer Indemnity insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assisgned - giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payment, child care and utility bills. Please consult the Aflac representative listed below for a detailed listing of all benefits.

Enroll in the first thirty (30) days from benefits eligible date or during Open Enrollment, October 15-November 15, with coverage taking effect January 1st.

For further information on these products, contact Aflac Agent:
Debbie Smith
(703) 851-5504

Long Term Care Insurance For Today's Workforce

Long-term care (LTC) is a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time. It is common for long-term care to provide custodial and non-skilled care, such as assisting with normal daily tasks like dressing, bathing, and using the bathroom. Increasingly, long-term care involves providing a level of medical care that requires the expertise of skilled practitioners to address the often multiple chronic conditions associated with older populations. Long-term care can be provided at home, in the community, in assisted living facilities or in nursing homes. Long-term care may be needed by people of any age, although it is a more common need for senior citizens. Check out and compare policies carefully before you enroll.

For VRS Plan 1, Plan 2 and Hybrid Members

Commonwealth of Virginia Voluntary Group Long Term Care Program

offered by Genworth Life Insurance Company
(866) 859-6060 or www.genworth.com/cov

Long Term Care w/ Genworth will cover:

The spouse of an eligible person

The parents and parents-in-law of an eligible person

Step parents and step parents-in-law of an eligible person

The grandparents and grandparents-in-law of an eligible person

The step grandparents and step grandparents-in-law of an eligible person

The adult children of an eligible person

All eligible persons must maintain a permanent U.S. residence, and have an active U.S. Social Security or tax identification number. Spouse includes a person to whom you are joined by marriage or a legal relationship recognized by state law.

Virginia Retired Teacher Association Plan (VRTA)

offered by Creekside Insurance Advisors
(800) 467-5425

Long Term Care with VRTA will cover:

Spouse at 30% discount

ANY other household member at 10%

ANYONE else the employee wants to add at NO discount

For VRS Hybrid Members Only

If you are a Hybrid Retirement Plan member employed by a political subdivision or school division who participates in the Virginia Local Disability Program (VLDP), you are covered automatically under the VLDP Long-Term Care Plan. You pay no cost for this coverage while you are employed in a VLDP-covered position. The VLDP Long-Term Care Plan provides benefits if you need help with everyday life tasks because of a prolonged health problem or following a major illness or injury. The plan assists with the cost of:

- Care in a nursing home or hospice
- Assisted living facility
- Community-based care
- Home healthcare services
- Informal care-giving
- Alternative or transitional care

The maximum daily benefit amount is $96 with a lifetime maximum of $70,080.

You are eligible for benefits when a licensed healthcare professional certifies that:

- You are unable to perform at least two of six activities of daily living; or
- You have a severe cognitive impairment requiring substantial supervision to protect you from threats to health and safety.

Waiting Period - Benefits are payable 90 calendar days after your licensed healthcare professional certifies that you qualify for long-term care benefits.

How to Apply - VRS has contracted with the Long Term Care Group, Inc. as the third-party administrator for the VLDP Long-Term Care Plan. Call the Long Term Care Group, Inc. toll free at 1-800-761-4057 within 60 days of certification by a licensed healthcare professional that you qualify for benefits. A family member or friend may call on your behalf. You will receive a letter at your mailing address notifying you of your eligibility for benefits.

Long Term Care Group, Inc., P.O. Box 64011, St. Paul, Minnesota 55164-0011 - Toll free: 1-800-761-4057

If You Leave Your Position

If you leave or retire from your position, your VLDP long-term care coverage will end. You can elect to continue your coverage, which will be retroactive to your last day of employment. You will pay the premiums. You will qualify for the same benefits as active participants and must meet the same eligibility requirements when submitting a claim for covered services.

Notes

Loudoun Credit Union

Direct Deposit/Payroll Deduction
Enjoy the convenience of direct deposit or payroll deduction.

With Direct Deposit you normally receive your deposit a day early. For example, if you direct deposit has an effective date of Friday, we will normally post it to your account on Thursday.

Payroll Deduction is an allotment to the credit union for deposit and/or to make a loan payment.

Member Discounted Automobile & Homeowners Insurance
AH&T a local insurance agency, through Susan J Evans CIC CPIA, is offering Loudoun Credit Union Members the opportunity to purchase Auto & Home insurance at a LCU discount. Save money while improving your insurance protection with an insurance company that has a financial strength rating of "A+", Superior. Please call Susan at 703-737-2209 for your free quotations.

Visa Check (Debit) Card
Eliminate the need to write a check with the Loudoun Credit Union Visa Check (Debit) Card. The check card is tied directly to your checking account and you can make purchases or obtain cash from any ATM displaying the VISA logo.

Visa Gift Cards
For an easy gift idea, purchase a Visa Gift Card at Loudoun Credit Union. For a minimal fee of $2.00 per card, you can specify the card amount between $10 and $500, and let the recipient have fun shopping for the gift of their choice!

Surcharge Free ATMs
LCU has joined the CO-OP Network. No surcharge ATM machines are now available to you throughout the United States and Canada. Simply check our website to find a surcharge free ATM nearest you!

Identity Theft Protection
Identity theft is one of the fastest growing problems facing everyone today. You may purchase Identity Theft Shield protection through Loudoun Credit Union.

Notary Public Service
As a courtesy to our members only, we offer free notary service. No appointment is necessary; there are three notaries on staff.

Discount Busch Garden Tickets
One of the great attractions in Virginia is Busch Gardens and tickets are sold at the credit union well below gate prices .

Traveler Cheques
If you are traveling, we recommend the safety guarantee of American Express Traveler Cheques. If they are lost or stolen, American Express will issue you a refund. Literally, don't leave home without them. Travel Cheques are 50 cents per $100.

Wire Transfers
For a minimum fee, funds can be wired from your credit union account to another financial institution. Wire requests must be submitted before 2:00 p.m. for same day service. A Wire Transfer Form must be completed before a wire is initiated; this is done to maintain security.

United Buying Service
Are you considering purchasing a new or used car and want to get a good deal without haggling over the price? Learn how you can save time and money by contacting us for more information about UBS!

Mortgage Financing
The Loudoun Credit Union has partnered with PHH Mortgage Services, who offers you the strongest mortgage guarantees anywhere. Available 6 days a week.

Call 1-877-256-1358

www.loudouncu.com

Apple Federal Credit Union

Apple Credit Union has been serving the community since 1956.

As a financially sound and strong institution, their goal is to be your number one financial service provider.

The beauty of an Apple Federal Credit Union membership is that once you join you are a member for life.

Family members are also eligible to take advantage of the many products and services Apple FCU has to offer. This includes spouses, children, siblings, grandparents and grandchildren. With over 18 locations throughout Northern Virginia, Apple FCU is convenient for you, the employee. Besides convenience, Apple has a variety of products to fit every need.

For more information call 703-788-4800.

www.applefcu.org

Their products include:

- Direct Deposit
- Savings Accounts
  - Money Market Accounts
  - Individual Retirement Accounts
- Checking Accounts
- VISA Debit Cards
- VISA Personalized Credit Cards
- Certificates of Deposit (CDs)
- Auto Loans
- Student Loans
- Mortgages
- Home Equity Lines of Credit
- Extra Students Accounts
- Business Services
- NetBranch Online Banking
- Web Bill Payer
- Express Yourself Personalized Debit Cards
- Professional Development Loans
- Financial Counseling Services

Notes

Employee Discounts

There are many Loudoun County businesses that offer discounts to LCPS employees.

Be prepared to show your badge as proof of LCPS employment.

To see a complete list please check out our website at www.lcps.org, click on Business & Financial Services under the Administration drop down menu, and then click on Employee Health, Wellness and Benefits on the left hand side.

Click on "Employee Discount List" to get an updated list of our discounts.

The Employee Discount list includes discounts from:

- Apartments
- Auto Services
- Banks
- Computers
- Dentists
- Educational Centers
- Fitness Centers
- Food Services
- Hair & Spa Services
- Home Services
- Hotels
- Mortgage Companies
- Realtor
- Restaurants
- And many more...

Hepatitis B Vaccine

What You Need to Know

What is Hepatitis?

Hepatitis means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood and fights infections. When the liver is inflamed or damaged, its function can be affected.

What is Hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an "acute" infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. Acute Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a "chronic," or lifelong, illness. Chronic Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person's body. Over time, the infection can cause serious health problems.

How is Hepatitis B spread?

Hepatitis B is usually spread when blood, semen or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes or other injection drug equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

What are the symptoms of acute Hepatitis B?

Not everyone has symptoms with acute Hepatitis B. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Grey-colored stools
- Dark urine
- Joint pain
- Jaundice

What are the symptoms of chronic Hepatitis B?

Many people with chronic Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they are similar to acute infection and can be a sign of advanced liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection.

Who should get vaccinated against Hepatitis B?

Vaccination is recommended for certain LCPS employees, including:

- Nurses
- Nurse Assistants
- Athletic Trainers
- Custodians
- Severe Special Education Teachers
- Severe Special Education Teacher Assistants

Contact the Retirement and Disability office at 571-252-1690 for additional information.

For more information:

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis

Notes

Employee Assistance Program

Retirement and Disability Programs

571-252-1690

Employee Assistance Program

LYTLE EAP PARTNERS

Notes

What is an EAP?

The EAP provides employees of Loudoun County Public Schools and family members with free and confidential help in dealing with personal problems. This benefit provides up to 4 sessions per problem per year for you and your family members. The EAP can help you and your family with most any kind of problem that affects your personal well-being and your ability to perform your job. These include:

- Marital or family problems
- Financial/Legal difficulties
- Balancing work/life situations
- Emotional or stress related problems
- Drug or alcohol abuse
- Problems related to work

What happens when I call?

An intake counselor will listen to your concerns, help you decide what services would be most helpful, and refer you to a licensed practitioner, if appropriate. The intake counselor will call and locate a provider in your area who meets any specific criteria you might have such as specialty, language capabilities, service location, etc. This simple process eliminates the time consuming need for you to call a list of providers on your own.

Who can participate?

EAP services are available for full-time and part-time Loudoun County Public Schools employees and immediate family members who reside in the same household as the employee.

What do EAP services cost?

There is no direct cost to the employee for EAP services. LCPS is providing these services at no cost to you.

How do I access service?

The EAP is available 24 hours a day, 7 days a week by calling 1-800-327-7272. To access the website for educational information: Go to www.lytleeap.com and use "lcps" as the password.

Important Notices

- Your Benefits and the Law
- COBRA Notice
- Privacy Notice
- Medicare Creditable Coverage Notice
- State Children's Health Insurance Program (SCHIP)
- Universal Availability Notice

Your Benefits and the Law

Your LCPS benefits comply with all federal mandates that govern public sector employee plans.

Your LCPS benefits comply with all federal mandates that govern public sector employee plans. To obtain more information about the requirements of these legislative acts, please refer to the following:

Women's Health & Cancer Rights Act - www.dol.gov

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided (in a manner determined in consultation with the attending physician and the patient) for all stages of reconstruction of the breast on which the mastectomy was performed:

- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits are subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Benefits provided in connection with a mastectomy are subject to the plans' regular deductibles and copayments. For more information, refer to the summary plan documents for your appropriate medical plan, available on the LCPS website or contact your health plan vendor.

Mental Health Parity & Addiction Equity Act - www.sanhsa.gov

The Mental Health Parity and Addiction Equity Act of 2008 prohibits group health plans that offer mental health and substance use disorder benefits from creating more restrictive financial requirements or treatment limitations for mental health and substance use disorder services than those applied to medical and surgical benefits. Plan participants may not be required to pay more in deductibles, copayments, coinsurance, and out-of-pocket expenses for mental health and substance abuse benefits than those imposed by the plan's medical/surgical benefits.

The law also requires that health plans not impose any limits on the frequency of treatment, the number of visits, the days of coverage, or other similar limits for mental health/substance abuse benefits that are more restrictive than those imposed on medical/surgical benefits. If a health plan offers out-of-network medical/surgical benefits, it also must offer out-of-network mental health/substance abuse benefits

Genetic Information Nondiscrimination Act (GINA) - www.eeoc.gov

GINA prohibits employers from requiring or purchasing genetic information about you or your family members. The law also prohibits group and individual health insurers from using your genetic information in determining eligibility or premiums.

Newborns' & Mothers' Health Protection Act - www.dol.gov

The Newborn and Mother's Health Protection Act of 1996 provides protections on the length of time mothers and their newborn infants may stay in the hospital following childbirth. Generally, group health plans and health insurers may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (or 96 hours following a cesarean section). The law allows an attending provider, in consultation with the mother, to authorize an earlier discharge. To ensure that the exception does not result in early discharges that might harm the health of the mother or newborn, a group health plan or health insurer may not reduce the compensation of the attending providers because they provide care to a covered individual in accordance to the Act, nor provide incentives to induce the attending providers to provide care in a manner inconsistent with the Act.

Uniformed Services Employment & Reemployment Rights Act (USERRA) - www.dol.gov

USERRA is a federal law that protects civilian job rights as well as health and pension benefits for veterans and members of Reserve components.

Individuals who take a leave of absence from LCPS to perform military duty may elect to continue LCPS medical and dental benefits. If military service is expected to last more than 30 days, the service member may continue health benefits for up to 24 months. He/she is required to pay premium costs of up to 102 percent of the full premium for continued coverage.

For military service of less than 31 days, health care coverage is provided as if the service member had remained employed.

Employees who choose to terminate health care coverage due to commencement of military service have the right

to reinstate their health care coverage within 30 days
of return to work with LCPS. For more information regarding USERRA, visit www.dol.gov/compliance/laws/comp-userra.html.

Mandatory Insurer Reporting Law - www.cms.gov

Public Law 110-173 requires LCPS' 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 LCPS 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, go to www.cms.hhs.gov/MandatoryInsRep.

Notice of COBRA Continuation Coverage Rights - www.dol.gov

Introduction

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. 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 your right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family who are covered under the Plan when you would otherwise lose your group health coverage.

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:
Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

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Notice of COBRA Continuation Coverage Rights (con't)

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the 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. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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 happen:

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 entitled to Medicare (under 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 happen:

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 entitled to 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."

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both) the employer must notify the Plan Administrator of the qualifying event. In addition, if the plan provides retiree health coverage, then commencement of a proceeding in a bankruptcy with respect to the employer is also a qualifying event where the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (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 to:

Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

How is COBRA Coverage Provided?

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 coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan. COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, 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, and the employee became en-

titled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage or his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. This notice should be sent to:

Flexible Benefit Administrators
P.O. Box 2070
Virginia Beach, VA 23450

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 employee or former employee dies, 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 must be sent to:

Flexible Benefit Administrators
P.O. Box 2070
Virginia Beach, VA 23450

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If you have questions

If you have questions about your COBRA continuation coverage you should contact Flexible Benefit Administrators, Inc. 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. For more information about the Marketplace, visit www.HealthCare.gov.

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.

Plan contact information

Flexible Benefit Administrators
P.O. Box 2070
Virginia Beach, VA 23450

Notes

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.

Notes

Covered Entity's Duties

Health plans are considered covered entities under the HIPAA Privacy regulation. Therefore, Loudoun County Public Schools (hereinafter "LCPS") is required by law to perform certain duties.

The following is a list of some, but not all of these responsibilities:

- Provide and maintain a Privacy Notice;
- Designate a Privacy Official;
- Abide by the Federal and State privacy regulations for protecting and securing protected health information;
- Not use or disclose protected health information other than as permitted under the law without your authorization; and,
- Require our business associates and employees to comply with privacy regulations.

Complaints or Inquiries

Individuals may send any complaint or inquiry about our privacy policy to us. A written inquiry or complaint may be sent to the contact address below. Please include your name and account information. There will be no retaliation for any complaint received by our company. If you feel your privacy rights have been violated, you may send a complaint to us as well as to the Secretary of the United States Department of Health and Human Services.

Also, if you would like a written listing of any disclosures of your protected health information, or you would like to request an amendment of the protected health information created by LCPS, you may send a written request to the contact address below with your name and account information.

Contact Information

Complaints and inquiries need to be addressed to:

Loudoun County Public Schools
Administrative Offices
21000 Education Court
Ashburn, VA 20148
Attention: Privacy Official

To request a copy of the Privacy Notice, please contact Employee Health, Wellness and Benefits.

Commitment

We at LCPS are committed to providing excellent service while protecting your health information from unauthorized uses or disclosures.

Amendments

This Privacy Notice will be amended as required to remain compliant with any changes in State and/or Federal law. You will receive a new Privacy Notice within 60 days of any amendment to this Notice.

Protecting your medical history is an important part of how we do business. This notice explains our privacy practices and procedures. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) contains patient privacy regulations and rights that apply to health care providers and health plans.

Uses and Disclosures

We receive information about you from (but not limited to) the following:

- Information you provide with an application for medical leave;
- Information you provide with regard to flexible benefit reimbursement;
- Information you provide with regard to a worker's compensation claim, American's with Disabilities Act or Occupational Safety Hazard Association claim;
- Information you provide to Employee Health, Wellness and Benefits in order for them to assist you in medical, dental or vision claim resolution/processing; and,
- Information received as a result of employment drug testing.

We use information about you for (but not limited to) the following reasons:

- To determine eligibility and duration of leave;
- To determine eligibility for reimbursement under flexible spending regulations;
- To determine eligibility for a worker's compensation claim, American's with Disabilities Act or Occupational Safety Hazard Association claim;
- To assist you in receiving proper reimbursement of medical, dental or vision claims; and,
- To determine compliance with employment conditions.

We disclose information about you without an authorization for the following reasons:

- When required by law; and,
- To the health care provider who supplied the information.

Individual Rights

Individuals have the following rights under the HIPAA regulation:

- The right to inspect and obtain copies of your protected health information (subject to the cost of copying and mailing charges);
- The right to request an amendment to your protected health information;
- The right to receive a list of any disclosures of your protected health information (Limited to six [6] years of information, not including information disclosed prior to the April 14, 2003 HIPAA compliance date or information disclosed by us based on a valid authorization);
- The right to request a restriction on certain uses and disclosures of your protected health information (LCPS has the right not to agree to a requested restriction);
- The right to receive confidential communications regarding your protected health information;
- The right to revoke an authorization except those given with an enrollment application;
- The right to a duplicate copy of this Privacy Notice upon request.

Effective Date: March 25, 2003

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for the health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more the 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer—offered coverage. Also, this employer contribution—as well as your employee contribution to employer—offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Employee Health, Wellness and Benefits

571-252-1810

Lcpshealthwellness@lcps.org

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less the 60% of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to all benefits eligible employees.

A benefits eligible employee is defined as full time and eligible as detailed in School Board policy.

• As your employer, we offer coverage for eligible dependents.

An eligible dependent is defined as the employee's legal child, step child or child for whom they have legal custody who is under the age of 26 or is permanently disabled.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.HealthCare.gov will guide you through the process.

Here is some basic information about health coverage offered by this employer:

Employer Name: Loudoun County Public Schools		Employer Identification Number (EIN): 546001395
Employer Address: 21000 Education Court		Employer Phone Number: 571-252-1810
City: Ashburn	State: VA	Zip Code: 20148
Who can we contact about employee health coverage at this job? Employee Health, Wellness and Benefits		
Phone Number (if different then above):	Email Address: Lcpshealthwellness@lcps.org	

Medicare Creditable Coverage Disclosure Notice - www.cms.gov

Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription drug coverage with Loudoun County Public Schools (hereinafter "LCPS") and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Remember:

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Contact:

Employee Health, Wellness and Benefits

Loudoun County Public Schools

21000 Education Court

Ashburn, VA 20148

Phone Number: 571-252-1810

Important notice from Loudoun County Public Schools about your Prescription Drug Coverage and Medicare.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. LCPS has determined that the prescription drug coverage offered by LCPS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Loudoun County Public Schools coverage will be affected. Although your medical, dental and vision coverage will remain the same, prescription drug coverage will no longer be available to you under the LCPS health plan. You may be entitled to a premium reduction if this occurs.

If you do not enroll in a Medicare prescription drug plan, your prescription drug coverage under the LCPS health plan will remain the same.

If you do decide to join a Medicare drug plan and drop your current LCPS coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with LCPS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed below for further information. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through LCPS changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227)
  TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

State Children's Health Insurance Program (SCHIP) - www.medicaid.gov

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And 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 CHIP programs 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 a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.—

Virginia—Medicaid and CHIP

Medicaid Website:
http://www.dmas.virginia.gov/rcp-HIPP.htm

Medicaid Phone:
1-800-432-5924

CHIP Website:
http://www.famis.org/

CHIP Phone:
1-866-873-2647

West Virginia—Medicaid

Website:
http://www.wvrecovery.com/hipp.htm

Phone:
304-342-1604

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 Expires 09/30/2013

Notes

Universal Availability Notice - www.irs.gov

Notes

Loudoun County Public Schools 403(b) Elective Deferral Plan

This notice provides important information regarding the 403(b) plan (the "plan") in which you are eligible to participate.

You may want to take this opportunity to either (1) begin making pre-tax and/or Roth 403(b) elective deferral contributions or (2) review your current elections and decide if you want to make changes. Before making any initial elections or changes, be sure to consult the written plan and any other materials provided to you that explain the terms of the plan.

When can I enroll? You are eligible to enroll immediately upon your date of hire. You may choose your initial elective deferral rate by completing the appropriate application and any other necessary forms at the time of your initial enrollment.

Can I change or stop my elective deferral contributions? You may change your elective deferral contributions once per pay period during the plan year.

When are my elective deferral contributions effective? After completing the enrollment requirements, your elective deferral contributions will begin on the next pay period or as soon as administratively possible.

What is the maximum amount that I can contribute? The Internal Revenue Code limits the annual contributions you can make to a 403(b) plan and the limits are adjusted each year. The 2014 limits are as follows:

- Elective deferral limit $17,500.00
- Age 50 catch-up $5,500.00

Will my employer make additional contributions? No.

Whom do I contact for additional information? To learn more about 403(b) plans, please visit http://www.irs.gov and search for Publication 571. If you have any questions about how the plan works or your rights and obligations under the plan, please contact LCPS Employee Health, Wellness and Benefits at:

Loudoun County Public Schools
Employee Health, Wellness and Benefits
210000 Education Court
Ashburn, VA 20148
571-252-1810
lcpshealthwellness@lcps.org

Payroll Information

Notes

LCPS's Payroll Time Report

Purpose

The Fair Labor Standards Act requires that certain class of employees (NON EXEMPT) must record time worked. The LCPS Payroll Time report is used to record time worked for all non-exempt employees, with the exception of custodians, cafeteria workers, and garage employees who punch a clock.

For all employees the Time Report is used to record absences for sick, personal or annual leave. LCPS has two cut-off dates per month (the 15th and the last working day of the month) if the fifteenth falls on the weekend, the cut-off is the last working day before the 15th.

Procedure

Timesheet labels are distributed to all schools or departments for all employees paid in the prior pay period.

- New employees will not receive a pre-printed label for the time sheet for their first pay period.
- Employees who work in more than one position will only receive one pre-printed label for the primary position. These employees must complete a written time sheet for all other positions worked in a pay period.

The timesheet must be completed and signed by the employee, then forwarded to the employee's supervisor for review and signature. Once approved by the supervisor, the information is reported to the Payroll Division and the timesheet is kept by the school or department.

How to Record

For each date during the pay period, enter the information as specified below. All hours are reported as they occur. The Payroll Division will process in quarter hour increments.

Date

Time In and Time Out—is the time that the employee actually starts and stops work on that day.

Leave Type

Sick Leave—enter the number of hours to cover each day or portion of a day an employee is absent from work.

Reason Code

OI – Own Illness;
FI – Family Illness;
FD – Family Death.

- If FI or FD are used, you must State Relationship to Employee.
- Personal Leave—Only available for employees working less than 248 days but more than 185 days. Enter the number of hours to cover each day or portion of a day an employee is absent from work.
- Annual Leave—Only available for 254 day (12 month) employees. Enter the number of hours to cover each day or portion of a day an employee is absent from work.
- Other Leave Used
  Worker's Compensation—WC;
  Religious Observance—RO;
  Leave without pay—NO;
  Subpoenaed witness—SW;
  Jury Duty—JD;
  Funeral not covered—FN;
  School Business or Conference, etc.—PF

Substitute Information

When the employee is absent and a substitute has been hired to replace the employee, the substitute must print name and SSN#, sign the form and indicate the number of hours worked.

Signatures Needed At The Bottom

- The employee should sign and date the form.
- Forms should be kept by the supervisor based on the retention schedule.

All Schools or Divisions should have a Time Keeper who is responsible for submission of leave information on the Leave Summary document to the Payroll Division.

Earnings

Standard Hours for Regular Pay

All employees who receive regular pay through a normal payrun process will have a total of hours listed beside their regular pay rate. These standard hours are calculated this way:

Hours Per Day Employee Works multiplied (X) By Number Of Days In Position Employee Is Working divided by (/) Number of Paychecks (24).

Example:
Employee Works 7 hours per day
Contract Length is 197 days
Number of Paychecks = 24
7 x 197 = 1379/24 = 57.46
Standard Hours

Example:
Employee Works 6.5 hours per day
Contract Length is 187
Number of Paychecks = 24
6.5 Hours x 187 = 1215.5/24 = 50.65
Standard Hours

What those abbreviations on your pay advice/ paycheck stand for (includes, but is not limited to)?

DEDUCTIONS
(Located On the Right Hand Side of the Paycheck Stub)

FICA – OASDI
Social Security – Medicare Benefit

FICA – HI
Social Security – Health Insurance Benefit

FEDERAL
Federal Tax Withholding Exemption Status
M — Married or S — Single
Followed By Number of Exemptions That Employee Has Claimed.

STATE
State Tax Withholding
VA Virginia State Withholding
WV West Virginia State Withholding
DC District of Columbia
MD Maryland
Followed by the County in which the employee lives.

GARNISHMENT
Normally court ordered.

TAX LEVY
Tax Levy issued by IRS, State, or County

CHILD SUPPORT
Child Support Payments

ED LOAN GARNISH
Educational Loan Garnishment

OAP PRE TAX
Open Access Plus Pre-Tax
(Health Insurance Premium)

OAP AFTER TAX
Open Access Plus After-Tax
(Health Insurance Premium)

POS PRE TAX
Point of Service Pre-Tax
(Health Insurance Premium)

POS AFTER TAX
Point of Service After-Tax
(Health Insurance Premium)

VRSI PREBUYBACK
Virginia Retirement System Pre-Tax
Buy Back Of Prior Service—Group 1

VRS 1 BUYBACK
Virginia Retirement System After-Tax
Buy Back Of Prior Service—Group 1

OPT LIFE1 CHILD
Optional Life—Child/(ren)
Coverage—Group 1

OPT LIFE1 EMPL
Optional Life—Employee
Coverage—Group 1

OPT LIFE1 SPOUS
Optional Life—Spouse Coverage—Group 1

OPT LIFE2 CHILD
Optional Life—Child/(ren)
Coverage—Group 2

Notes

Notes

OPT LIFE2 EMPL
Optional Life—Employee Coverage – Group 2

OPT LIFE2 SPOUS
Optional Life—Spouse Coverage – Group 2

OPT OUT

Opt Out of Health Insurance Credit

VRS2 PREBUYBACK
Virginia Retirement System—Pre-Tax Buy Back of Prior Service—Group 2

VRS 2 BUYBACK
Virginia Retirement System After-Tax Buy Back of Prior Service—Group 2

DEPENDENT CARE
Dependent Care "Flex Plan"

MEDICAL EXPENSE
Medical Expense "Flex Plan"

UNITED WAY
United Way

VA PREPAID EDUC
Virginia Prepaid Education Savings Plan

LOAN REPAYMENT
Visiting International Faculty Teachers Must Repay A Loan Given To Them When They Arrive In The United States

AFLAC ICU PRE
AFLAC Intensive Care Unit Insurance Pre-Tax

AFLAC ICU AFT
AFLAC Intensive Care Unit Insurance After-Tax

AFLAC CANCR PRE
AFLAC Cancer Insurance Pre-Tax

AFLAC CANCR AFT
AFLAC Cancer Insurance After-Tax

VRS-LTC
VRS Long Term Care Insurance Plan

VA ASSOC ELEM P
Virginia Association Of Elementary Principals

VA ASSOC SEC PR
Virginia Association of Secondary Principals

ING 457
ING 457 Plan

LINFIN PRETAX
Lincoln 403(b) Plan Pre-Tax

LINFIN POSTTAX
Lincoln 403(b) Plan Post-Tax

NET PAY
Employees Take Home Pay

ADMIN FEE
Administrative Fee For Payment of Child Support, Tax Levies, Personal Property Taxes, Garnishments

LOUDOUN ED ASSO
Loudoun Educational Association Dues

TAX LEVY PAYMENT
Tax Levy Payment

TAX LIENS
Tax Liens

CREDIT UNION DD
Loudoun Credit Union Direct Deposit For Loans, Savings or Shares Accounts

AFCU DD
Apple Federal Credit Union Direct Deposit For Loans, Savings or Shares Accounts

TREASURY DIRECT
Savings Bond Purchase

LT DISABILITY
Long Term Disability

LFG LOAN REPAYMENT
Lincoln 403(b) Loan Repayment

W-2 REPRINT FEE
Fee for reprinting W-2's

EMP HI PAY LWOP
LWOP greater than 5 days of ER share of Health Premium

Register and View Your Paystub on EPay

Web Address: www.intranet.lcps

From the LCPS Intranet home page click on E-Pay.

Diagram A

If this is the first time you are using the system, you MUST register. From the E-Pay page click on "Register to View Your Paystub".

Diagram B

If you have already registered, then click on "View Your Paystub (Registration Required)" and skip to next page.

Complete the information requested on the registration page.

The information in the first (3) fields MUST match the information in the payroll system. Contact the Payroll Office if not sure 571-252-1260.

Employees may access the information from their school or home. Employees who will never view their paystub from home can opt-out of access to your paystub over the internet by clicking inside the checkbox to opt-out of this access.

Click on the Register button when you have completed this page.

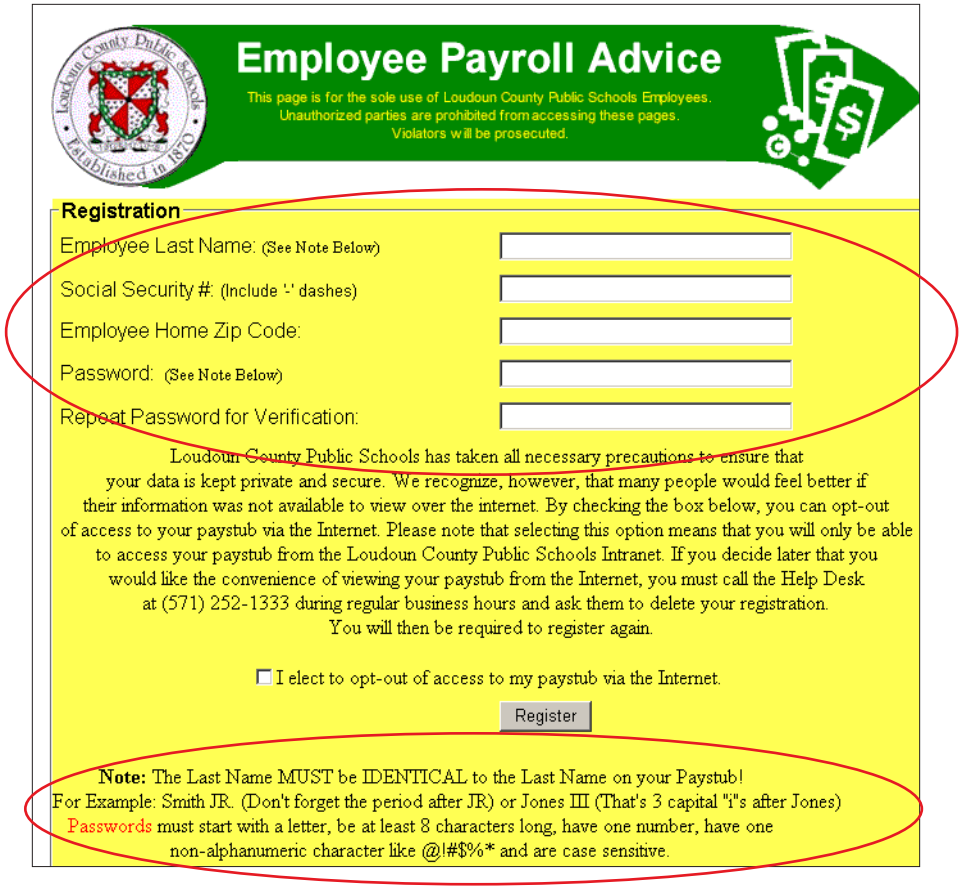


Diagram C

Diagram D

Once you've successfully registered, you will be directed to the login screen.

Complete the login screen with your social security number and your EPay password.

See the "Note" section at the bottom of this screen regarding setting up your E-Pay password. Some examples of acceptable passwords are:

ABC@2006
TBONE*84
GOLFPAR@2
REDMUM#3
TOPDOG*1

Click on the login button.

Diagram E

Click on the drop down arrow and select the pay date you want to view.

Scroll to the bottom of the screen to view your paystub.

Loudoun County Public Schools

Employee Name:

Pay Period End Date: 05/31/2006

Check No.: 1501
Pay Date: 05/31/2006
Location:
Rate/Salary: 1918.50

Hours and Earnings

Description	Current Hours	Current Earnings	YTD Earnings
REGULAR PAY	57.46	1,918.50	19,185.00
TOTAL PAY	57.46	1,918.50	19,185.00

Other Taxable Fringes

Description	Current Hours	Current Earnings	YTD Earnings

Deductions

Description	Current	YTD
FICA-OASDI	117.71	1,177.13
FEDERAL S-00	308.44	3,084.40
FICA-HI	27.53	275.30
COUNTY MDMONT	144.31	1,443.10
POS PRE TAX	21.66	216.60
LOUDOUN ED ASSO	22.00	220.00
NET PAY	**1,276.85**	**12,768.47**

Leave Accrual

Description	Balance
Annual Leave	14.00
Sick Leave	51.25
Personal Leave	

Employee Statement of Earnings and Deductions:
Any Errors Should Be Brought Promptly to the Attention of the Payroll Division
(571) 252-1260 Payroll Division Main Line

Diagram F

Be sure to click on the "Sign Out" button when you've finished.

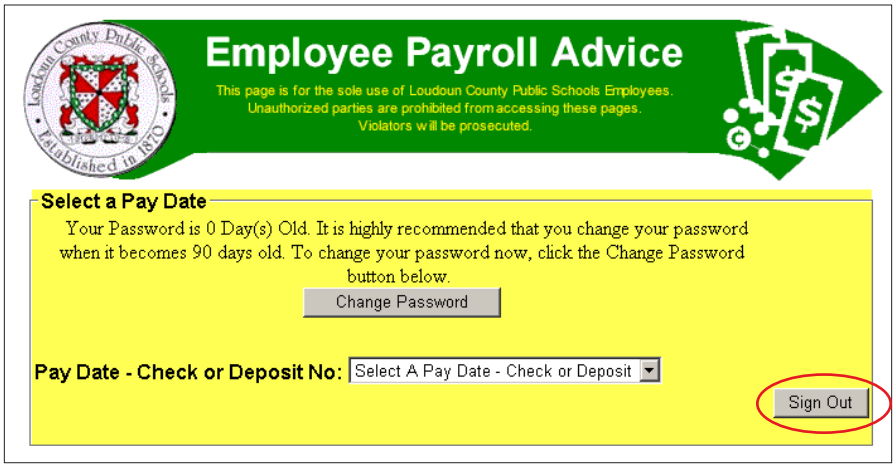


Diagram G

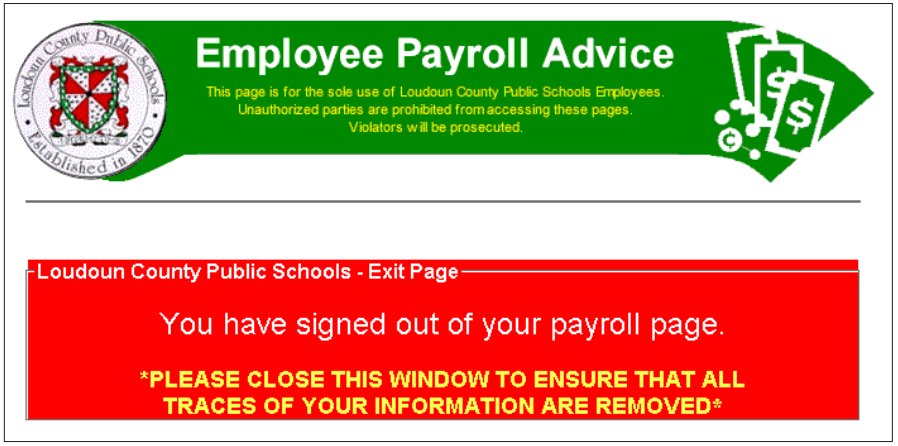
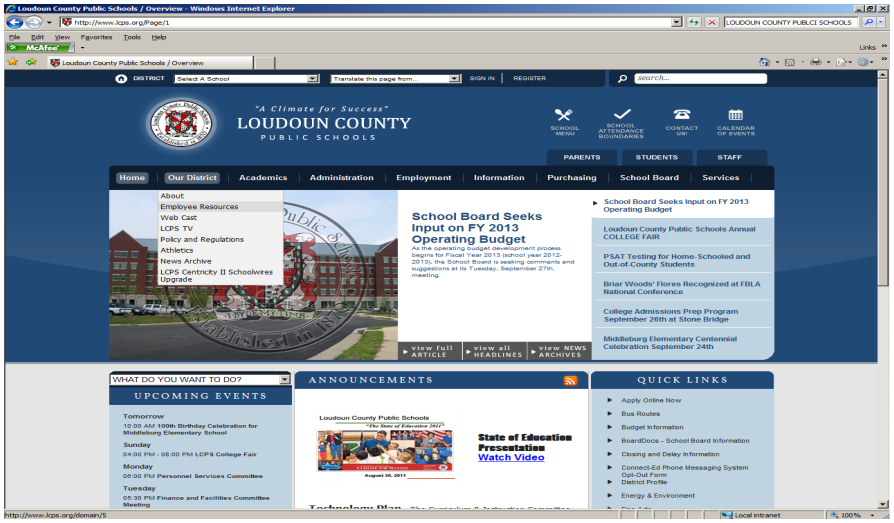


Diagram H

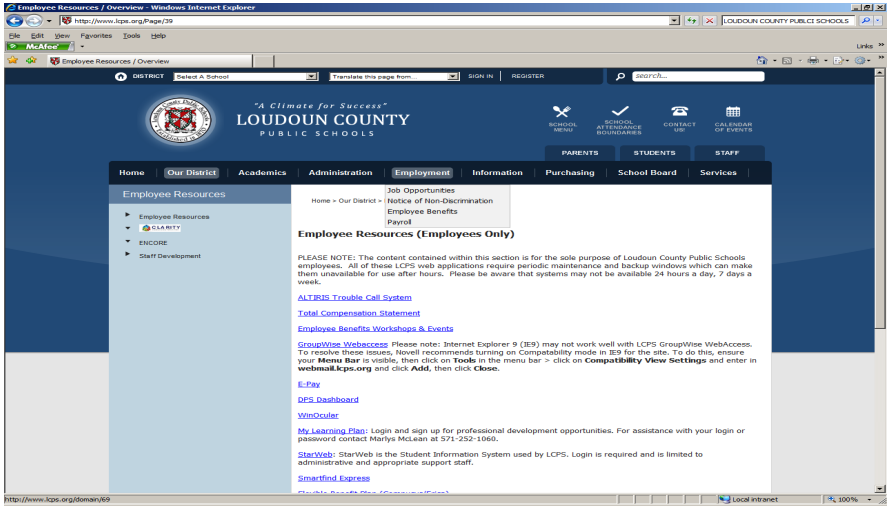
You've successfully signed out of EPay!

To view pay stubs from home (after first registering for E-Pay on a worksite computer) visit the LCPS website: www.lcps.org/

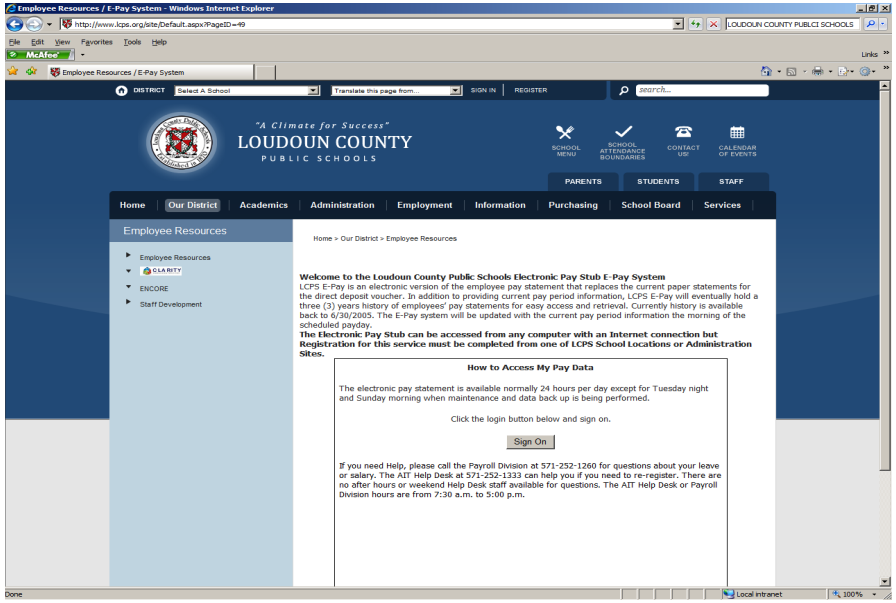
1. Under Our District Select "Employee Resources"



2. Select "E-Pay"



3. Click "Sign On"



You will then login with your social security number (include dashes) and password (case sensitive). Remember to log out when you are done.

Glossary and Acronyms

Notes

Brand-Name (Advertised) Drug—A drug protected by a patent issued to the original maker of the drug. A patent prohibits other companies from manufacturing the drug as long as the patent remains in effect. Because of this exclusivity, brand-name drugs are more expensive than generic equivalent drugs.

Case Manager—A registered nurse who gathers medical information from your physician(s) and may authorize the replacement of wages during a period of disability.

Compensable Claim—A Workers' Compensation claim for benefits that is covered under the Virginia Workers' Compensation Act.

Copay or Copayment—The dollar amount you pay for certain health care services and supplies.

Deductible—The amount you pay before your plan pays benefits. This usually applies to out-of-network benefits.

Deferred Compensation—457(b)—A plan that allows you to save more now—by setting aside your salary on a pre-tax basis—and withdrawing your contributions and earnings later in life.

DPPO—Dental Preferred Provider Organization—A type of managed care dental plan that contracts with primary and specialty care dentists to provide comprehensive dental services. Out-of-network services are covered.

Dependent Day Care Flexible Spending Account—A flexible spending account for day care expenses that are incurred while you are at work. This account allows you to reimburse yourself with pretax dollars for eligible dependent day care expenses.

EAP—Employee Assistance Program—A program provided by LCPS that offers assessment and referral for personal issues such as stress, family, relationship problems, substance abuse, grief, and life change adjustment.

Elective Deferral Plan—An optional retirement savings program, also known as a 403(b) plan, which allows you to save pre-tax dollars for retirement.

Elimination Period—The period during which you are waiting for the beginning of benefit payments under that benefit plan.

Family—You and two or more dependents.

Formulary—a list of preferred drugs selected by pharmacy managers to prescribe for patients for particular medical conditions.

FSA—Flexible Spending Account—An account that allows you to set aside pre-tax dollars directly from your paycheck to help you save taxes on certain costs, like health care and dependent day care.

FMLA—Family and Medical Leave Act—A federal law enacted in 1993 that requires employers with more than 50 employees to provide eligible workers with up to 12 weeks of unpaid leave each year for births, adoptions, foster care placements, and illnesses of employees and their families.

Generic Drugs—Generic Equivalent—Drugs equivalent in therapeutic power to brand-name originals because they contain identical active ingredients at the same dosage.

Healthcare Flexible Spending Account—A flexible spending account for health care expenses incurred by you or your dependents. This account allows you to reimburse yourself with pre-tax dollars for eligible health care expenses. You do not have to be enrolled in an LCPS health plan to enroll in this program.

In-Network—Care you receive in accordance with plan rules from a health care provider who participates in the network of health care providers for your plan.

Leave of Absence—An unpaid absence or unpaid leave granted by LCPS for any cause for a period specified under LCPS regulations, including an absence due to service in the United States Armed Forces.

Lifetime Maximum—A limit on the amount that can be paid from a plan or the number of times a plan will pay for a specified procedure.

LTC—Long-Term Care—An insurance plan that covers eligible nursing home or at-home assistance for daily living activities.

LTD—Long-Term Disability

VRS Plan 1 and Plan 2 Members. An insurance plan that is designed to help replace part of your salary while you are unable to work due to an illness or injury for an extended period of time that exceeds the LCPS STD period.

VRS Hybrid Members are enrolled in VLDP. More information about VLDP can be found at www.varetire.org.

Network—A group of providers contracted to provide service to health plan members.

OAP-Open Access Plus—A type of managed care plan that coordinates your medical care and referrals are not required for specialty care. Out-of-network benefits are available, subject to higher out-of-pocket expenses.

Open Enrollment—A period of time when you can enroll or change your benefit plans for the next calendar year.

Out-of-Network—Care received in accordance with plan rules from a health care provider who is not an in-network provider for your plan.

Out-of-Pocket—The maximum amount of money you pay in addition to your premium payments. This is usually the sum of co-pays, coinsurance and deductible amounts you pay for health care.

POS—Point-of-Service—A type of managed care plan that coordinates your medical care and provides referrals for specialty care through a Primary Care Physician (PCP). Out-of-network benefits are available, subject to higher out-of-pocket expenses.

Premium—The amount of money paid to fund insurance benefits. The employer and employee usually each pay a percentage of the premium.

Pre-Tax Premiums—Certain LCPS plans are known as Section 125 or "cafeteria plans," which means you pay your premiums for these plans with pre-tax dollars. This decreases the amount of your pay that is taxable, but requires the plans to adhere to strict rules for enrolling, changing, or canceling coverage.

PCP—Primary Care Physician—A physician who specializes in general, internal medicine, or pediatrics and coordinates medical care and provides referrals for specialty care.

Prior Authorization—A list of drugs that require proof of medical necessity before a prescription for these drugs will be paid by the plan. The purpose of prior authorization is to prevent misuse and off-label use of expensive and potentially dangerous drugs.

Program Administrator—An outside contractor, for example, Cigna, who administers the STD and LTD program.

Status Change or Qualifying Event—An event that changes your eligibility status or that of your dependents. These events include the birth or adoption of a child, marriage, divorce, death of a spouse or child, a dependent turning age 26, or a spouse's or dependent's change in employment status or their employer's open enrollment.

STD—Short-Term Disability

VRS Plan 1 and Plan 2 Members - A plan that continues to pay your salary and provide benefits when you are away from work due to a serious personal illness or injury for a period not to exceed 10 weeks.

VRS Hybrid Members are enrolled in VLDP. More information about VLDP can be found at www.varetire.org.

Specialty Medications—A home or office delivery service for participants who use specialty oral or injectable medications. The medication is covered through the Specialty Care Pharmacy managed by Accredo.

Step Therapy—A protocol designed to ensure that you receive the most clinically appropriate medication for your condition. In most cases, Express Scripts will guide you to use more cost-effective first-line drugs when medically appropriate before more costly second-line drugs are covered.

VRS—Virginia Retirement System—A mandatory retirement program for full-time employees.

Workers' Compensation—A plan that is designed to pay medical expenses, and, if necessary, replace lost wages if you sustain an injury or contract an illness determined to be compensable under the Worker's Compensation Act.

Notes

Benefits Checklist

Checklist

All the forms should be returned to either Employee Health, Wellness and Benefits or Retirement and Disability Programs:

Administrative Offices
21000 Education Court
Ashburn, VA 20148

Note

For new enrollees outside of the Open Enrollment period, benefits will start the 1st of the following month in which all documentation is received and complete.

☐ Medical/ Prescription, Dental and Vision Insurance (Employee Health, Wellness and Benefits)

45 DAYS

Enrollment must be within forty-five (45) days from benefits eligible date (in most cases, this is forty-five [45] days from date of hire).

- Enrollment is not automatic. Application must be completed and returned to Employee Health, Wellness and Benefits with the required documentation.
- If you choose not to enroll upon eligibility, you must wait until open enrollment, which is October 15th through November 15th, to be effective January 1st, or, if you have a qualifying change of status and supporting documentation.
- To receive the Opt-Out Credit of $9.00 per pay, you must complete a Health Insurance Enrollment/Change form.

☐ Flexible Spending Accounts (Employee Health, Wellness and Benefits)

30 DAYS

- Dependent care and healthcare reimbursement accounts.
- Enrollment must be within thirty (30) days from benefits eligible date or during Open Enrollment, which is October 15th through November 15th, to be effective January 1st.
- Annual election to participate must be made.

☐ 403(b) Elective Deferral Program (Employee Health, Wellness and Benefits)

- Can be set up for payroll deduction at any time (no open enrollment)

☐ VRS 457 Deferred Compensation Plan (Employee Health, Wellness and Benefits)

- Can be set up for payroll deduction at any time (no open enrollment)

☐ Optional Group Term Life Insurance (Retirement and Disability Programs)

31 DAYS

Employees and children are guaranteed approval of all options if coverage is applied for within 30 days of benefited eligible date; spouse is guaranteed Option 1.

- Employee may purchase additional coverage at any time (no open enrollment), but beyond the initial 31 days will require approval.

☐ Donated Family Sick Leave Bank (Retirement and Disability Programs)

30 DAYS

Decision to participate/not participate must be made within 30 days from benefits eligibility date, or during open enrollment.

- Open enrollment is October 15th through November 15th.
- Two (2) days from an employee's sick leave must be donated in order to join—this is a one-time donation unless bank becomes depleted (falls below 200 days).
- This benefit is up to thirty (30) paid sick days, as certified by a physician.

☐ Long Term Disability (Retirement and Disability Programs)

30 DAYS

- For VRS Plan 1 and Plan 2 Members Only
- Enrollment must be within thirty (30) days from benefits eligible date or open enrollment, which is October 15th through November 15th, to be effective January 1st.

☐ Hepatitis B Vaccination
(Retirement and Disability Programs)

- LCPS will pay for Hepatitis B Vaccinations for the following positions:
- Nurses
- Health Clinic Assistants
- Athletic Trainers
- Custodians
- Severe Special Education Positions
  - Teachers
  - Teacher Assistants

☐ Aflac Supplemental Income Protection
(Employee Health, Wellness and Benefits)

30 DAYS

- Cancer Indemnity and Criticare Care Recovery.
- Contact agent noted in packet.

Enrollment must be within thirty (30) days from benefits eligible date or open enrollment, which is October 15th through November 15th, to be effective January 1st.

☐ Long Term Care Insurance
(Employee Health, Wellness and Benefits)

30 DAYS

- Contact agents noted on brochure
- Genworth Only: Employees may enroll at any time (no open enrollment). Employees are guaranteed approval if coverage is applied for within 30 days of benefited eligible date.

☐ Loudoun Credit Union
(Employee Health, Wellness and Benefits)

- (703) 777-4744 can be set up for payroll deduction at any time www.loudouncu.com
- 803 Sycolin Rd, Ste. 105, Leesburg, VA 20175
- 8:00 am–5:30 p.m. Monday–Friday

☐ Apple Federal Credit Union
(Employee Health, Wellness and Benefits)

- (703) 788-4800 can be set up for payroll deduction at any time www.applefcu.org
- Multiple locations, please check website for a branch nearest you
- 24-hour ATM

☐ Purchase of Prior Service
(Retirement and Disability Programs)

- Contact Retirement and Disability Programs at 571-252-1690 to see if you are eligible to buyback prior service.
- Plan 1: Discounted cost during Employee's three-year eligibility period. After the three-year eligibility period, employees will pay actuarial cost.
- Plan 2: Discounted cost during Employee's one-year eligibility period. After the one-year eligibility period, employees will pay actuarial cost.
- Actuarial cost does not apply to VRS Refunded Service or Active Duty Military.

Notes

Forms

How do I Get My Forms to you?

Notes

Once you have completed all the forms for the benefits that you wish to enroll in, you can submit them (and the required supporting documentation) to either Employee Health, Wellness and Benefits or Retirement and Disability Programs. You have 45 days for the Health Insurance Plan and Flexible Spending Accounts. You have 30 days for other voluntary benefits. You can return your forms within your new hire period in the following ways:

- US Mail
  - Loudoun County Public Schools
  - 21000 Education Court
  - Ashburn, VA 20148
- Inter-office Pony
  - Administration Building
  - Employee Health, Wellness and Benefits
  - or
  - Retirement and Disability Programs
- Fax (Designation of Beneficiary and Optional Group Term Life Insurance forms may not be faxed)
  - Employee Health, Wellness and Benefits - 571-252-1401
  - Retirement and Disability Programs - 571-252-1699
- Brought in person
  - Administration Buiding, 3rd Floor
- Scan and emailed
  - Employee Health, Wellness and Benefits
  - lcpshealthwellness@lcps.org
  - Retirement and Disability Programs
  - lcpsretiredisability@lcps.org

Regardless of how you submit your forms, keep copies for your records.

LOUDOUN COUNTY PUBLIC SCHOOLS

Health Insurance Election/Change Form and Salary Reduction Agreement

Loudoun County Public Schools
Employee Health, Wellness & Benefits
21000 Education Court, Suite 319
Ashburn, VA 20148

Phone: 571-252-1810
Fax: 571-252-1401
Email: lcpshealthwellness@lcps.org
Web: www.lcps.org

Complete this form if you wish to enroll in one of the LCPS medical plans (includes prescription insurance), dental plan, vision plan or to opt out of coverage completely. If you DO NOT wish to enroll in the LCPS Group Health Insurance Program, you may elect the Opt Out Credit which provides employees who do not enroll in an LCPS health insurance plan with a credit of $9.00 per pay paid via payroll. Enrollment in the Opt Out Credit is NOT automatic. If interested, you must enroll during your appropriate eligibility period, as outlined below.

Step 1: Reason for Completion

All employees must complete this section.

Check all that apply.

- ☐ New Employee
- ☐ New Enrollment
- ☐ Dependent Addition
- ☐ Cancel Coverage Entirely
- ☐ Active Employee
- ☐ Open Enrollment
- ☐ Disenroll Dependent
- ☐ Plan Change (OAP/POS)

Effective Date of This Action:

Step 2: Employee Information

All employees must complete this section.

Name:	Date of Birth:	PID:
Phone:	Email:	

Step 3: Waive All Coverage - Opt Out

Only complete this section if you do not want to participate in any part of the LCPS health insurance package.

☐ I elect to **waive all health insurance coverage** (this includes medical, dental, vision and prescription insurance) and I wish to receive the Opt Out Credit of $9.00 per pay. **(If you choose this option, please skip to Step 9 (acknowledgement) at the end of this document).**

Next…

- Make your elections for medical/prescription, dental and vision insurance by continuing to Steps 5-7
- If you are also enrolling dependents (spouse and/or children), complete Step 8

Step 5: Elect or Waive a Medical/Prescription Insurance Plan for You and/or Your Family

Complete this section if you are enrolling in medical insurance (which includes prescription). You and family members must have the same plan (OAP or POS).

Cigna Medical and Express Scripts Prescription (Rx)

Select only one option below.

☐ Enroll in Cigna Open Access Plus (OAP) - Prescription Included

or

☐ Enroll in Cigna Point of Service (POS) - Prescription Included

(for POS only, elect a PCP below)

Employee's Primary Care Physician (PCP) Name: _____

or

☐ Waive medical and prescription insurance

Choose Your Level of Coverage for Medical Insurance

Complete this section if you are enrolling in health insurance.

☐ Employee Only ☐ Employee Plus Spouse

☐ Employee Plus Child ☐ Family *(Employee plus 2 or more people on plan)*

Step 6: Elect or Waive Dental Insurance for You and/or Your Family

Complete this section to indicate if you would like to enroll in dental insurance or waive dental insurance through Delta Dental.

Delta Dental

Select only one option below.

☐ Enroll in dental insurance with Delta Dental

or

☐ Waive dental insurance

Choose Your Level of Coverage for Dental Insurance

Complete this section if you are enrolling in dental insurance.

☐ Employee Only ☐ Employee Plus Spouse

☐ Employee Plus Child ☐ Family *(Employee plus 2 or more people on plan)*

Step 7: Elect or Waive Vision Insurance for You and/or Your Family

Complete this section to indicate if you would like to enroll in vision insurance or waive vision insurance through Davis Vision.

Davis Vision

Select only one option below.

☐ Enroll in vision insurance with Davis Vision

or

☐ Waive vision insurance

Choose Your Level of Coverage for Vision Insurance

Complete this section if you are enrolling in vision insurance.

☐ Employee Only ☐ Employee Plus Spouse

☐ Employee Plus Child ☐ Family *(Employee plus 2 or more people on plan)*

Step 8: List Your Dependents - Proof of eligibility is required. *(See below for required dependent documentation examples.)*

Complete this section if you are enrolling a spouse and/or children in medical/prescription, dental and/or vision insurance.

	Action	Coverage *(check all that apply)*	Relationship *(documentation required)*	Name *(First, Middle, Last)*	Social Security Number	Date of Birth	PCP Name *(POS Coverage Only)*
02	☐ Enroll ☐ Cancel	☐ Medical & Rx ☐ Dental ☐ Vision	SPOUSE ☐ Male ☐ Female				
03	☐ Enroll ☐ Cancel	☐ Medical & Rx ☐ Dental ☐ Vision	CHILD 1 ☐ Male ☐ Female				
04	☐ Enroll ☐ Cancel	☐ Medical & Rx ☐ Dental ☐ Vision	CHILD 2 ☐ Male ☐ Female				
05	☐ Enroll ☐ Cancel	☐ Medical & Rx ☐ Dental ☐ Vision	CHILD 3 ☐ Male ☐ Female				
06	☐ Enroll ☐ Cancel	☐ Medical & Rx ☐ Dental ☐ Vision	CHILD 4 ☐ Male ☐ Female				
07	☐ Enroll ☐ Cancel	☐ Medical & Rx ☐ Dental ☐ Vision	CHILD 5 ☐ Male ☐ Female				

Required Dependent Documentation - When enrolling a spouse or dependent, documentation verifying their relationship to you must be attached to this form. If this documentation is not received, those dependents will not be enrolled. Below is a chart of what documentation is required.

Dependents	Definition of Eligibility	Documentation Required
Spouse	A person who is legally married to the employee.	• Copy of Marriage Certificate **OR** • If married more than 1 year, a copy of Page 1 of the most current Federal Tax Return that shows the dependent listed as "Spouse".
Child(ren) (Natural, adopted, child under Qualified Medical Support Order or child you have legal guardianship of)	Your child(ren) may be covered to the end of the month in which he or she turns age **26**. Unmarried dependent children over the age limit if they are incapable of self-support because of a physical or mental incapacity that started before they reached the limit age and are chiefly dependent on enrollee or spouse for support.	• Copy of birth certificate showing employee as a parent **OR** • In the case of adoption, copy of a legal adoption agreement **OR** • If applicable, copy of Qualified Medical Child Support Order, copy of Court Order of legal guardianship, or copy of Divorce Decree requiring employee to provide healthcare coverage.
Stepchild	Your spouse's child(ren) provided they are substantially dependent upon you for support and maintenance. They must also meet the age requirements above for natural and adoptive children.	• Copy of birth certificate (or adoption agreement) showing the name of employee's spouse; **AND** • Copy of marriage certificate showing the employee and spouse (parent) name, **OR** • If married more than one year, a copy of most current Federal Tax Return that shows the dependent's parent listed as spouse.
Grandchild	A grandchild, who is in the court ordered custody, resides with and is the dependent of the enrollee or the enrollee's spouse. The grandchild must meet the same age requirements for natural and adoptive children.	• Copy of the Final Court order with judge's signature and seal; **AND** • Copy of current school record or report card showing child lives with you **OR** • Copy of most current Federal Tax Return that shows the grandchild listed as a dependent.

Step 9: Acknowledgement - *I certify that the information provided above is true and correct to the best of my knowledge. I understand and acknowledge the information provided on the reverse side of this form.*

Signature:_____ **Date:** _____

Instructions for Completing the Health Insurance Election/Change Form and Salary Reduction Agreement

Complete this form if you wish to enroll in one of the LCPS medical plans (includes prescription insurance), dental plan, vision plan or to opt out of coverage completely. If you DO NOT wish to enroll in the LCPS Group Health Insurance Program, you may elect the Opt Out Credit which provides employees who do not enroll in an LCPS health insurance plan with a credit of $9.00 per pay paid via payroll. Enrollment in the Opt Out Credit is NOT automatic. If interested, you must enroll during your appropriate eligibility period, as outlined below.

When you can enroll:

- Within 45 days of becoming eligible for benefits as an LCPS new hire
- Within 30 days of a qualifying event (see below for definitions)
- During the annual Open Enrollment (Oct. 15 - Nov. 15)

Effective date of coverage or credit will be the 1st of the month following:

- The date of hire as a benefits-eligible employee; or
- The date the employee incurs a qualifying change in family, dependent, or employment status provided proof of qualifying event and all other required documentation is submitted.

Who you can enroll:

- A person who is legally married to the employee.
- Any natural, adopted or stepchild under the age of 26.
- A child under a Qualified Medical Support order.
- A child of whom you have legal guardianship or custody.

How to enroll:

1. Complete Steps 1 - 7
2. If enrolling dependents (spouse and/or children) complete step 8
3. If you have elected the POS plan, you will need to select a primary care physician (PCP). Please list the doctor's name and the practice name. You may list a different PCP for each covered person. If you do not list one, one will automatically be assigned based on your home zip code. If you have elected the OAP plan, you do not need to list a PCP, as referrals are not required under this plan.
4. Under Step 9, sign the Health Insurance Election/Change Form and Salary Reduction Agreement.
5. Return the completed Health Insurance Election/Change Form and Salary Reduction Agreement to Employee Health, Wellness and Benefits, with the appropriate documentation outlined below, within the appropriate time frame.

Qualifying Events

Outside of an employee's initial 45 day eligibility period and/or Open Enrollment an employee may only make changes to their health insurance elections with the occurrence of a qualifying event. Employees have 30 days from the date of their qualifying event to make the corresponding changes to their health insurance elections. A new Health Insurance Election/Change Form and Salary Reduction Agreement must be completed and the appropriate dependent documentation and proof of qualifying event must be attached. LCPS follows the qualifying event rules as specified by the IRS Section 125 Pre-Tax Rules and Regulations. The following is a general list of qualifying events.

- Marriage or Legal Separation
- Death of Dependent
- Loss of Coverage
- Divorce
- Birth or Adoption of a child
- Change of employment or work schedule of employee or dependent that effects their access to benefits

I would like more information about the 403(b) Elective Deferral Plan with Lincoln Financial Group (LFG)

(Please place a check mark by your request)

I would like the:

_____ 403(b) representative to contact me via email: _____

_____ 403(b) representative to contact me via phone: _____

and/or

_____ 403(b) enrollment packet sent to me via email: _____

_____ 403(b) enrollment packet sent to me at my school: _____

_____ 403(b) enrollment packet sent to me at my home address: _____

_____

Your Name (Please print) _____

PID _____

School/Worksite _____

LOUDOUN COUNTY PUBLIC SCHOOLS
Employee Health, Wellness & Benefits
Flexible Spending Account Enrollment/Change Form

Phone (571) 252-1810 Fax (571) 252-1401
Lcpshealthwellness@lcps.org

Employee Information			
Name:		Plan Year:	
PID:		Plan Year : January - December	
Reason for Enrollment (circle one) New Hire Open Enrollment Mid Year Change (see page 2 for restrictions and instructions)			

Election of Healthcare Expense Reimbursement Account

I elect to contribute a total of $ ____$2500 MAX____* for the Plan Year. This amount will be divided evenly over my remaining pays in the Plan Year.

Maximum Annual Election: $2500

Grace Period: January 1st –March 15th
Any medical services provided during the Grace Period can be applied towards prior year balances if needed.

*If your election is due to a qualifying event, please list the new ANNUAL amount you wish to contribute for the Plan Year.

Election of Dependent Care Expense Reimbursement Account

I elect to contribute a total of $ ____$5000 MAX____* for the Plan Year. This amount will be divided evenly over my remaining pays in the Plan Year.

Maximum Annual Election: $5000

Grace Period: Does not apply to Dependent Care Accounts

*If your election is due to a qualifying event, please list the new ANNUAL amount you wish to contribute for the Plan Year.

SIGNATURE AND AUTHORIZATION

As a participant enrolling in the Flexible Benefit Account(s) I have read and understand the following:

- The plan is governed by the provisions of IRS code and regulations as stated within the Plan Document. As such, I am making a binding election for the entire plan year. I cannot change or stop my contribution amount during the plan year unless I experience a qualifying change in family status. Should this occur, I must notify Employee Health, Wellness and Benefits within **30 days** of the qualifying family status change.
- For expenses incurred during the plan year (including the grace period) for which this election is being made, I have until March 31 of the following calendar year to submit expenses. After March 31, all remaining balances will be forfeited. Amounts remaining in my account **may not** be carried over into the next calendar year, nor may they be transferred to another account. If I terminate employment mid-year, I may claim eligible expenses only from my date of enrollment (or beginning date of the plan year, whichever is later) through my termination date.
- I cannot contribute more than $2,500 into the Dependent Care Expense Account if I am filing a separate return from my spouse. Additionally, if my spouse and I are filing a joint return, we cannot withhold more than a total of $5,000 between the two Flexible Spending Accounts. (Note: Highly compensated employees, as defined by the IRS, may be required to lower their contribution amounts in accordance with IRS guidelines).
- This form must be signed and dated prior to the last day of Open Enrollment in order to participate in this program for the next plan year. If I am making a mid-year change in my election due to a qualifying family status change, the amount(s) listed on this form is the new total amount to be withheld for the entire plan year.
- I authorize Loudoun County Public Schools to make a payroll deduction to fund my election(s) in the Flexible Benefit Account(s). The Annual Contribution Amounts listed on the reverse side will be deducted from my pay in equal portions during the plan year.

Signature_____ Date:_____

Revised 9/2014

Mid Year Election Changes

If any of the following events occur during the plan year, you may be allowed to change (add, terminate, increase or decrease) your current flexible spending account elections as indicated below. The change must be as a result of one of these events and must be consistent with the status change requested. To make a Healthcare election change, it must meet the following two conditions; 1) the status change results in the employee, spouse or dependent gaining or losing eligibility for accident or health coverage under the cafeteria plan or an accident or health plan of the spouse's or dependent's employer; and 2) the election corresponds with that gain or loss of coverage.

If applicable, select the appropriate event and attach supporting documentation.

Healthcare Expense Reimbursement Account	Dependent Care Expense Account
____ Legal marital status - marriage, death of a spouse, divorce, legal separation or annulment	____ Legal marital status - marriage, death of a spouse, divorce, legal separation or annulment
____ Number of dependents - birth, adoption, placement for adoption, death of a dependent, obtaining legal guardianship or change in custody/court ordered parental support	____ Number of dependents - birth, adoption, placement for adoption, death of a dependent, obtaining legal guardianship or change in custody/court ordered parental support
____ Work schedule - reduction/increase in hours, or switch between part-time and full-time which affects your health coverage election	____ Work schedule – change in work schedule that effects a parent's availability for day care, such as switching between part-time and full-time hours
____ Employment status - termination or commencement of employment by the employee, spouse or dependent	____ Employment status - termination or commencement of spouse's employment
____ Dependent status - dependent satisfies or ceases to satisfy the requirements for dependency status	
____ Residence - change in place of residence which affects your health coverage election or change in dependent's residence or worksite which affects his/her health coverage election	

Enrollment Application For VRS Optional Group Life Insurance

VRS-39

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Richmond Branch Office ● P.O. Box 1193 ● Richmond, VA 23218-1193 ● Phone 1-800-441-2258

Employer code (5 digits)	Employer name	Employee's annual salary $

1 - EMPLOYEE INFORMATION

Social Security number	Employee name (last, first, middle initial)

Street address	City	State	Zip code

Sex	Marital status	Age	Date of birth (mo/day/yr)	Employment date (mo/day/yr)	Payroll frequency
☐ Male ☐ Female	☐ Married ☐ Single				

2 - ELECTION OF INSURANCE AMOUNTS

I wish to insure myself ☐ and ☐ my spouse and ☐ my child(ren).

Sign and date section 4, Payroll Deduction Authorization. (If you do not elect to be insured under the VRS Optional Plan you must complete section 5 below.)

	OPTIONAL INSURANCE AMOUNTS		
Option	Employee	Spouse	Child(ren)
☐ 1	1 X Salary	.5 X Salary	$ 10,000
☐ 2	2 X Salary	1.0 X Salary	$ 10,000
☐ 3	3 X Salary	1.5 X Salary	$ 20,000
☐ 4	4 X Salary	2.0 X Salary	$ 30,000

If the option you elected will provide insurance of $350,000 or higher, you must complete an Evidence of Insurability form (EOI). Your spouse must also complete an EOI form if you elected options 2,3, or 4. Optional amounts of insurance in excess of $700,000 for an employee and $350,000 for a spouse are not provided. If you and your spouse are insured as employees under the Basic VRS Group Life insurance plan neither of you is eligible for coverage as a spouse. If you do not apply when you are first eligible to do so, or within 31 days immediately thereafter, you must complete an EOI for yourself and eligible dependents you subsequently elect to insure.

3 - DEPENDENT INFORMATION

See reverse side for definition of Eligible Dependents (eligibility must be verified by Employer's Representative.)

How many children do you have who are less than 21 years of age? _____

How many children do you have who are age 21 to 25 and who are currently full-time students? _____

List information about your spouse and **youngest** child below:

Name (first name, middle initial, last)	Relationship	Sex	Social Security number	Date of Birth (mo/day/yr)
	Your Spouse	☐ Male ☐ Female		
	Youngest Child	☐ Male ☐ Female		

4 - PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize my Employer to deduct from my compensation the amount necessary to provide the insurance amounts indicated above. I understand that the deduction amount will change as my age and annual salary change.

Signature	Date signed
X	

5 - WAIVER OF COVERAGE

I **DO NOT** wish to enroll for myself or for my eligible dependents in the VRS Optional Insurance Plan. I understand that once coverage is waived, I will have to furnish evidence of insurability for myself and eligible dependents if I wish to become insured at a later date.

Signature	Date signed
X	

6 - STATEMENT BY EMPLOYER'S REPRESENTATIVE

I certify that I believe the statements made herein are true and accurate, as disclosed by the records of this office, and the Social Security Number and Annual Salary are correct as entered.

Employer's representative	Title	Date signed
X		

F52833 Rev 1-2011

Loudoun County Public Schools

21000 Education Court, Ashburn, VA 20148

Donated Family Sick Leave Bank

For Long Term Illness or Injury to the Employee's Spouse, Employee's Child or Employee's Parent

In accordance with the provisions of the School Board Policy and Regulation §7-66, I hereby request to become a member of the Donated Family Sick Leave Bank established by Loudoun County Public Schools. Furthermore, my signature affixed below is to give permission for two (2) days to be deducted from my accumulated sick leave. I agree to abide by all provisions of the Donated Family Sick Leave Bank Policy and Regulations as approved by the Loudoun County Public Schools.

Check one option:

☐ This is to officially apply to become a member of the Family Sick Leave Bank of Loudoun County Public Schools.

☐ This is to confirm my understanding of the Donated Family Sick Leave Bank Policy and Regulations and my decision NOT to participate in the Family Sick Leave Bank during the school year _____.

_____

print name

_____

pid number date

_____

school/work location

_____

signature

Please contact the Retirement and Disability Programs Division at (571) 252-1240 should you have any questions about the Family Sick Leave Bank. Please contact the Payroll Department at (571) 252-1260 if you have questions about your accumulated sick leave balance.

Enrollment Form
Voluntary Long Term Disability

Loudoun County School Board

CIGNA Long Term Disability Plans are available only to VRS Plan 1 and Plan 2 Members.

SECTION I - APPLICANT INFORMATION

Name:	Date of Birth	SSN	Hours Worked
	Date of Hire	Age	Annual Salary
	Group Number VDT980100	Occupation	

SECTION II - BENEFIT SELECTION

You may choose one of the two options listed below: (If you do not wish to elect Voluntary LTD coverage, decline both options)

Voluntary Long Term Disability - Tier 1

ACCEPT ☐ *DECLINE* ☐

Voluntary Long Term Disability allows you to purchase coverage to protect your income should you become disabled after a 90 calendar day waiting period. Your ability to earn income is your greatest asset, and Voluntary Long Term Disability allows you to protect your income.

60% of your earnings to a monthly maximum of $7,500

Voluntary Long Term Disability - Tier 2

ACCEPT ☐ *DECLINE* ☐

Voluntary Long Term Disability allows you to purchase coverage to protect your income should you become disabled after a 180 calendar day waiting period. Your ability to earn income is your greatest asset, and Voluntary Long Term Disability allows you to protect your income.

40% of your earnings to a monthly maximum of $5,000

Use the rate chart and calculation line below to determine your Monthly cost for this coverage.

*Note: Your cost may change on January 1st of each calendar year if your age category or salary changes.

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Tier 1	.056	.072	.082	.102	.150	.228	.347	.550	.804	.979
Tier 2	.085	.110	.124	.156	.230	.347	.533	.840	1.228	1.495

_____ / 12 = _____ / 100 = _____ x _____ = _____

Annual Salary — Monthly Salary — Monthly Rate (above by age) — Your Monthly Cost*

Max Salary =$150,000

SECTION III - ELIGIBILITY AND AUTHORIZATION

Employee Confirmation

I have been given the opportunity to enroll in Loudoun County School Board's Voluntary Long Term Disability coverage. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to the insurer and understand my request for coverage may be denied. After the initial offering 10/15/13- 11/15/13, current employees who did not previously enroll will be required to provide evidence of insurability.

I request to be insured and authorize payroll deductions to cover the cost of such insurance. Information in this application, including the Evidence of Insurability Form, is given to obtain insurance and the statements and answers are represented, to the best of my knowledge and belief to be true and complete. I understand that (a) the insurance applied for shall not take effect until the application is approved; and (b) all insurance is subject to the eligibility provisions of the policy; and (c) I must be actively at work (as defined in the group policy) to be insured. If I am not actively at work on the date my coverage would be come effective, my coverage will not begin until the day I return to work. I also understand that a pre-existing condition exclusion may apply to my coverage.

If your answers on this application are incorrect or untrue, the carrier has the right to deny benefits or rescind your coverage.
Authorization to Release Information: I authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau (MIB) or any other organization, institution or person that has any records of knowledge of me or my health to give CIGNA Insurance Company or its reinsurer(s) any such information. This authorization is valid for 24 months from the date it is signed. I agree that a photocopy of this authorization shall be as valid as the original.

Employee Signature _____ ***Date*** _____

Benefits Acknowledgement

I have received and understand the information presented in the Benefits Orientation, and make the following acknowledgments:

- I am aware that I have forty-five (45) days from my Benefits Eligible Date to make my benefit election(s) for Health Insurance and Flexible Spending Accounts . I have thirty (30) days for other voluntary benefits. Failure to return the appropriate applications AND any necessary supporting documentation within this period will prevent me from enrolling in such programs until the applicable open enrollment period. I understand that if I do not want to enroll in Health Insurance, to receive the Opt-Out Credit, I must complete and return the enrollment form, selecting the Opt-Out-Credit.
- Summary of Benefit Coverage (SBC) can be found on the Employee Health, Wellness and Benefits website.
- I have received training regarding blood borne pathogens.

Further, I acknowledge that I have received information on the following:

- Women's Health and Cancer Rights Act (WHCRA)- www.dol.gov
- Mental Health Parity and Addiction Equity Act - www.sanhsa.gov
- Genetic Information Nondiscrimination Act (GINA)- www.eeoc.gov
- Newborns' and Mothers' Health Protection Act – www.dol.gov
- Uniformed Services Employment and Reemployment Rights Act (USERRA) – www.dol.gov
- Mandatory Insurer Reporting Law – www.cms.gov
- Notice of COBRA Continuation Coverage Rights – www.dol.gov
- HIPAA Notice of Privacy Practices for Protected Health Information – www.hhs.gov
- Health Insurance Marketplace Notice (a.k.a. Exchange) – www.dol.gov
- Medicare Creditable Coverage Disclosure Notice – www.cms.gov
- Children's Health Insurance Program (CHIP) – www.medicaid.gov
- 403(b) Universal Availability Notice – www.irs.gov

Print Full Name _____

Employee Signature_____

PID Number_____ Date_____

Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

Employee Health, Wellness and Benefits
Phone: 571-252-1810
Fax: 571-252-1401
Email: lcpshealthwellness@lcps.org

www.lcps.org
> Administration
>> Business and Financial Services
>>> Employee Health, Wellness and Benefits

Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

Retirement and Disability Programs
Phone: 571-252-1690
Fax: 571-252-1699
Email: lcpsretiredisability@lcps.org

www.lcps.org
> Administration
>> Business and Financial Services
>>> Retirement and Disability Programs

This Handbook contains only a summary of plan highlights, they are not comprehensive plan documents. Complete details are set forth in the individual plan documents found on the LCPS website. If there are any discrepancies between this Handbook and the official plan documents, the plan documents will govern. Loudoun County Public Schools has the right to modify, amend, or terminate the plans at any time. These plans and your eligibility for coverage are not an employment contract. They do not guarantee you the right to continued employment with Loudoun County Public Schools

Version 01.02.2014