Table of Contents

Benefits Guide .......................................................... 1
Benefit options .................................................. 2
Eligibility ............................................................ 3
How to enroll ...................................................... 4
Medical .............................................................. 6
Dental ................................................................. 9
Vision ................................................................. 10
Cost of coverage .................................................. 11
Flexible spending accounts ..................................... 12
Virginia Retirement System (VRS) ............................. 14
Group term life insurance ....................................... 14
Employee Assistance Program (EAP) ......................... 16
Other optional benefits .......................................... 16
Leave .................................................................... 18
Rights and Notices ............................................... 19
Consolidated Budget Reconciliation Act (COBRA) ......... 19
HIPAA .................................................................. 21
Contact information ............................................... 29

Important information about this Benefits Guide

PWCS has made every effort to ensure the information in this booklet is as accurate and easy to understand as possible. However, this booklet and any oral statements are not a substitute for official insurance policies. The official plan document and insurance policies will govern if a discrepancy occurs. PWCS has comprehensive policies and regulations that can be viewed at PWCS Policies and Regulations.
At Prince William County Public Schools (PWCS) you are part of a World-Class team and we are extremely proud of all the work PWCS employees do to support our students each and every day. We are pleased to offer our employees an outstanding array of benefits as part of their compensation plan. This Benefits Guide provides information and guidance on the plans offered as part of our comprehensive benefits package. Whatever your health insurance needs may be, PWCS is confident you will find a plan to meet them.

The information presented in this guide offers an overview of eligibility requirements, enrollment procedures, and benefit options. Please spend time with ALEX, our virtual, online comprehensive benefits counselor, for more information and assistance with choosing the options that are best for you. If you have any questions after reviewing the information in this Benefits Guide and visiting with ALEX, please visit our webpage at benefits.pwcs.edu or contact the Office of Benefits and Retirement Services at benefits@pwcs.edu.

At PWCS, we are happy to provide a comprehensive and competitive benefits package to our benefits-eligible employees and their dependents and we wish you great success in your career with PWCS.

Once you are eligible for PWCS benefits, you will have the additional opportunity to review your benefits options and enroll or change your benefits elections during our Open Enrollment period, which is held annually. Changes outside the Open Enrollment period are permitted when criteria for a mid-year change has been met. Visit our webpage at benefits.pwcs.edu for more information.
PWCS provides the following benefits options for active employees (subject to eligibility and waiting periods).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Options</th>
<th>Who Pays for Coverage</th>
<th>Who Is Eligible</th>
<th>Learn More</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td>PWCS offers four medical options:</td>
<td></td>
<td></td>
<td>Page 6</td>
</tr>
<tr>
<td></td>
<td>• Anthem Enhanced PPO</td>
<td>You and PWCS share in the cost</td>
<td>Full- and part-time employees working at least 17.5 hours per week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anthem Core PPO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anthem HMO/POS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Kaiser HMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>PWCS offers two dental options through Delta Dental of Virginia:</td>
<td></td>
<td></td>
<td>Page 9</td>
</tr>
<tr>
<td></td>
<td>• Standard</td>
<td>You and PWCS share in the cost</td>
<td>Full- and part-time employees working at least 17.5 hours per week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• High</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>PWCS offers voluntary vision coverage through Vision Service Plan (VSP)</td>
<td></td>
<td></td>
<td>Page 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts (FSA)</strong></td>
<td>• Health Care FSA</td>
<td>You fund your account with pretax dollars</td>
<td>Full-time employees</td>
<td>Page 12</td>
</tr>
<tr>
<td></td>
<td>• Dependent Care FSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Virginia Retirement System (VRS)</strong></td>
<td>Your VRS retirement benefit is based on your date of hire</td>
<td>You and PWCS share in the cost</td>
<td>Full-time employees</td>
<td>Page 13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optional Supplemental Retirement Program</strong></td>
<td>Types of available retirement accounts:</td>
<td>You fund the account with pre- or post-tax dollars, PWCS matches 403(b) options on a schedule based on years of employment</td>
<td>All PWCS employees</td>
<td>Page 14</td>
</tr>
<tr>
<td></td>
<td>• 403(b) and Roth 403(b) Plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 457 Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group Term Life Insurance</strong></td>
<td>Basic group term life insurance, 2x your salary, provided by Securian Financial</td>
<td>PWCS pays the full cost</td>
<td>Full-time VRS member employees</td>
<td>Page 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optional Supplemental Life Insurance</strong></td>
<td>Supplemental employee, spouse and child(ren) life insurance provided by Securian Financial</td>
<td>You pay the full cost of coverage for you, your spouse, and child(ren)</td>
<td>Full-time VRS member employees, their spouse and child(ren)</td>
<td>Page 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disability Insurance</strong></td>
<td>Provided by The Standard Insurance Company</td>
<td>PWCS pays the full cost</td>
<td>Full-time Hybrid VRS member employees</td>
<td>Page 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sick Leave Bank</strong></td>
<td>Provided by PWCS</td>
<td>PWCS pays the full cost</td>
<td>Full-time Plan I and Plan II VRS member employees</td>
<td>Page 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optional Voluntary Long-Term Disability Insurance</strong></td>
<td>Provided by The Standard Insurance Company</td>
<td>You pay the full cost</td>
<td>Full-time Plan I and Plan II VRS member employees</td>
<td>Page 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Voluntary Long-Term Care Insurance</strong></td>
<td>• Genworth Financial</td>
<td>You pay the full cost</td>
<td>All PWCS employees</td>
<td>Page 17</td>
</tr>
<tr>
<td></td>
<td>• Virginia Retired Teachers Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AFLAC – Optional Insurance</strong></td>
<td>Personal accident, cancer, critical care and recovery, additional dental and hospitalization coverage</td>
<td>You pay the full cost</td>
<td>All PWCS employees</td>
<td>Page 17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tuition Reimbursement Programs</strong></td>
<td>• PWCS Teacher Reimbursement</td>
<td>PWCS reimburses eligible expenses</td>
<td>All full- and part-time employees</td>
<td>Page 17</td>
</tr>
<tr>
<td></td>
<td>• ESSA Grant for 3-Year Provisional CoreCourse Teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Continuing Education Class Reimbursement Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Leave</strong></td>
<td>• Annual Leave (250-day employees)</td>
<td>Any paid leave you take is paid by PWCS; however, some leave available to you is unpaid</td>
<td>Full- and part-time employees</td>
<td>Page 18</td>
</tr>
<tr>
<td></td>
<td>• Personal Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sick Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Family and Medical Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Military Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Civil Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Holiday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Employee Eligibility**

You may be eligible for the following benefits as an employee working at least 17.5 scheduled hours per week:

- Medical
- Dental
- Vision
- Flexible Spending Accounts (FSAs) (Full-time employees only)
- Virginia Retirement System (VRS) (Full-time employees only)
- Optional Supplemental Retirement Program* (403(b) and 457 plans)
- Group Term Life/Accidental Death & Dismemberment (AD&D) Insurance (Full-time employees only)
- Optional Supplemental Life Insurance (Full-time employees only)
- Short and Long-Term Disability Insurance (VRS Hybrid Plan Members) (Full-time employees only)
- Sick Bank (VRS Plan I & II Members)
- Optional Long-Term Disability Insurance & Voluntary Long-Term Care Insurance
- AFLAC
- Tuition Reimbursement Program
- Leave Benefits

* Upon employment, all employees (regular, substitute and temporary,) are eligible to participate in the 403(b) and 457 plans immediately, regardless of hours worked per week.

**Dependent Eligibility**

Eligible dependents may also participate in the plans in which you are enrolled. An employee's eligible dependents include:

- Legally married spouse. (A common-law spouse is not eligible to participate in the plan.)
- Child(ren), which include a biological child, legally-adopted child (or child placed for adoption), stepchild, foster child, child for whom an employee is the legal guardian, and a child the employee is required to cover under the terms of a qualified medical child support order, to age 26.

**Eligibility Election Period and Effective Date of Coverage**

**Newly hired employee** – If you are a benefits-eligible employee, your coverage will begin the first day of the month following 30 days of employment. You have 30 days from your first day of employment to elect coverage.

**Newly eligible employee** – If you are newly eligible for medical coverage (because of a job assignment change), your medical coverage will begin the first of the month following the date you started your benefits-eligible position. You have 30 days from the date you started your benefits-eligible position to elect coverage. For example: if your first day of employment is August 21, you have until September 21 to enroll in your chosen benefits and your insurance will be effective on October 1.
Eligible New Hires

1. Review Your Options

The information presented in this guide offers an overview of eligibility requirements, enrollment procedures, and benefits options. Please spend time with ALEX, our virtual, online, comprehensive benefits counselor, for more information and assistance with choosing the options that are best for you. If you have any questions after reviewing the information in this Benefits Guide and visiting with ALEX, please visit our webpage at benefits.pwcs.edu or contact the Office of Benefits and Retirement Services at benefits@pwcs.edu.

2. Elect Your Benefits

To elect medical, dental, or vision coverage or to make a flexible spending account election, use the Employee Self Service (ESS) wizard found at benefits.pwcs.edu. To elect voluntary/optional benefits (if eligible), complete the applicable forms located at benefits.pwcs.edu. Return the completed forms and any supporting documents to the Office of Benefits and Retirement Services.

To enroll eligible dependents, you will be required to provide the dependent’s full name (as it appears on their Social Security Card), date of birth, and Social Security number. If covering a spouse, you will be required to provide a copy of your marriage certificate and a copy of your most recent tax return to validate marriage. If covering a dependent child, you will be required to provide a copy of the child’s birth certificate, or proof of adoption or legal guardianship. Eligible employees are automatically enrolled in group term life insurance and accidental death and dismemberment (AD&D) coverage, short-term disability coverage (or the PWCS Sick Bank), long-term disability (VRS Hybrid plan members only), and in the Virginia Retirement System (VRS). Designation of beneficiary forms are available directly through VRS.

Optional Supplemental Life Insurance requires a separate enrollment. Forms are available on the VRS website. Go to Securian Financial Forms and download the Enrollment Application for VRS Optional Group Life Insurance Form (form number VRS-39). Refer to the Benefits Overview for information about the eligibility period to elect optional supplemental life insurance without medical underwriting. Return your completed and signed form to the Office of Benefits and Retirement Services.

Important note: Return your completed Designation of Beneficiary Form directly to the Virginia Retirement System (VRS). The contact information and mailing address for VRS are located at the top of the form. Keep a copy for your records. After you have mailed the form, contact VRS to ensure your beneficiary designations have been updated accordingly (please allow at least 30 days for updates to be made). VRS Hybrid Plan members should also complete an additional Designation of Beneficiary Form for the Hybrid Plan. Hybrid Plan members can fax their completed form, mail the original, or designate their beneficiaries online by creating an account at varetirement.org/hybrid.
Changes During Annual Enrollment

Open Enrollment is a once-a-year opportunity for you to review the medical, dental, vision, and flexible spending account benefits and to change benefits selections for the upcoming year. Open Enrollment typically occurs during April and May (exact dates posted each year) with changes effective the following July 1. Employees may add or remove benefits and dependents and make an annual election for the health care flexible spending account and dependent care flexible spending account. All Open Enrollment elections and enrollment changes for the medical, dental, and vision coverage, and the health care and dependent care flexible spending accounts, must be submitted online through Employee Self Service (ESS). Employees can also review current coverage and benefits elections through ESS at any time.

Life Event Changes

The benefits elections you make as a new employee, or during Open Enrollment, will remain in effect for the entire plan year (July 1 through June 30). However, you may have changes in your life that affect your benefits. During the plan year, you may make certain changes to your benefit elections when any of the following changes in status (as defined by the Internal Revenue Service) occur:

- You experience a change in your legal marital status (e.g., marriage, legal separation, divorce, death of spouse)
- The number of your eligible dependents change (e.g., birth, adoption, child loss of eligibility, death)
- You, your spouse, or your dependent experiences a change in employment status that affects eligibility under our plans or your spouse and/or dependent’s employer’s plans (e.g., commencement or termination of employment, leave of absence, loss of eligibility status under a plan)

Any change you make must be consistent with the change in status. For example, if you adopt a child, you can add that child as a covered dependent and change your coverage level under the medical plan, but you cannot change the medical plan option you have previously selected.

If you have a change in status during the year, update your information by contacting the Office of Benefits and Retirement Services at benefits@pwcs.edu. Changes must be made within 30 days from the date of the event.

Paying for Benefits

PWCS is pleased to provide valuable benefits to eligible employees and dependents. PWCS pays the full cost of Basic Employee Life and AD&D Insurance, Basic Disability coverage, and retirement plan matching contributions. Other benefits provided at no cost include access to our Employee Assistance Program (EAP) and discounts through PerkSpot, the PWCS employee discount program.

You share in the cost of your medical and dental coverage through premium payments that are deducted from your paycheck on a pretax basis.

You are responsible for the full cost of your coverage for vision, flexible spending accounts, optional supplemental employee life insurance, spousal life insurance, child life insurance, voluntary long-term disability coverage (if eligible), retirement plan contributions, and long-term care insurance.

Insurance Premiums

Medical, dental, and vision insurance premiums are automatically withheld on a pretax basis through payroll deduction. Premiums are paid one month in advance (January premiums pay for February coverage). Coverage will, in most instances, end one month following the date of your last premium payment. Final premium payments are always collected on the last day of a month. In circumstances where employees are not paid over the summer months and premiums are prorated over 20 paychecks, insurance may end retroactively. Please check with the Office of Benefits and Retirement Services if you have any questions regarding when your insurance will end.
Medical

Medical coverage is one of the most important benefits available to you and your dependents. If you are eligible, you may enroll yourself and any eligible dependents in one of four plan options:

- Kaiser Permanente HMO Plan with Select network
- Anthem Blue Cross/Blue Shield KeyCare Enhanced PPO
- Anthem Blue Cross/Blue Shield KeyCare Core PPO
- Anthem Blue Cross/Blue Shield HMO/POS

When you enroll in one of the medical plan options, you also receive prescription drug coverage and vision coverage at no extra cost.

Kaiser Permanente

PWCS offers one plan administered by Kaiser Permanente. The Kaiser Permanente HMO Plan with the Select Network provides coverage for a variety of medical services, including preventative care, office visits, laboratory testing, emergency care, hospitalization, prescription drugs, vision care, and more. Other covered services include acupuncture, bariatric surgery, weight loss programs, and infertility treatment.

Kaiser Permanente

Phone Number: 800-777-7902
Website: https://healthy.kaiserpermanente.org

<table>
<thead>
<tr>
<th>Services</th>
<th>You Pay In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,500/individual</td>
</tr>
<tr>
<td></td>
<td>$9,400/family</td>
</tr>
<tr>
<td>Office Visits</td>
<td>$15 copay, PCP</td>
</tr>
<tr>
<td></td>
<td>$25 copay, Specialist</td>
</tr>
<tr>
<td>Inpatient Hospital (facility)</td>
<td>$250</td>
</tr>
<tr>
<td>Outpatient Hospital (facility)</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Emergency Room (facility)</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>$15 copay, Optometrist</td>
</tr>
<tr>
<td></td>
<td>$25 copay, Ophthalmologist</td>
</tr>
</tbody>
</table>
PWCS offers three plans administered by Anthem Blue Cross/Blue Shield (BC/BS). All three Anthem health plans provide coverage for a variety of medical services including preventative care, office visits, laboratory testing, emergency care, hospitalization, vision care (provided by Blue View Vision), and more. Anthem KeyCare Enhanced and KeyCare Core plans use the same PPO Network and do not require referrals for specialist care. Anthem HealthKeepers HMO requires the use of a designated primary care physician (PCP) from the HealthKeepers network and a written referral is required from your PCP to see a specialist.

All Anthem Health Plans include the same prescription drug plan and vision care insurance coverage. The prescription drug plan is managed by WellDyneRX. All members of the Anthem Health Plans will receive a separate prescription benefits card from WellDyneRX to use with their pharmacy providers.

### Anthem BC/BS
- **Phone number:** 800-445-7490
- **Website:** [https://www.anthem.com](https://www.anthem.com)

### WellDyneRX
- **Phone number:** 888-479-2000
- **Website:** [https://netcard.welldynerx.com](https://netcard.welldynerx.com)

#### Anthem Health Plan Benefits at a Glance

<table>
<thead>
<tr>
<th>Services</th>
<th>Anthem Enhanced PPO</th>
<th>Anthem Core PPO</th>
<th>Anthem HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay In-Network</td>
<td>You Pay Out-of-Network</td>
<td>You Pay In-Network</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>$400/person, $800/family</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$1,500/person, $3,000/family</td>
<td>$2,500/person, $5,000/family</td>
<td>$3,000/person, $6,000/family</td>
</tr>
<tr>
<td>( Separate Rx Maximum Applies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>$20 copay, PCP</td>
<td>30% after deductible</td>
<td>$25 copay, PCP, $50 copay, specialist</td>
</tr>
<tr>
<td></td>
<td>$35 copay, specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital (facility)</td>
<td>$350 copay/admission</td>
<td>30% after deductible</td>
<td>$400 copay/admission plus 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$200 per day/maximum $1,000 per admission</td>
</tr>
<tr>
<td>Outpatient Hospital (facility)</td>
<td>$200 copay/visit</td>
<td>30% after deductible</td>
<td>$200 copay/visit plus 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$200 copay/visit</td>
</tr>
<tr>
<td>Emergency Room (facility)</td>
<td>$200 copay/visit</td>
<td>30% after deductible</td>
<td>$200 copay/visit plus 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$200 copay/visit</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$35 copay/visit</td>
<td>30% after deductible</td>
<td>$50 copay/visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$40 copay/visit</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>$15 copay/visit</td>
<td>$30 allowance</td>
<td>$15 copay/visit</td>
</tr>
</tbody>
</table>
Prescription Drug Plan

All medical plans offered by PWCS include prescription drug coverage.

You do not have to meet an annual deductible before the plan pays benefits - you simply pay a copay (if applicable) when your prescription is filled. Prescription costs will vary based on the type of prescription drug you receive (generic, brand name preferred, or brand name non-preferred), where you have the prescription filled (retail pharmacy or through mail order), and the medical plan you choose.

The chart below outlines the amount you pay when you have a prescription filled, based on the type of prescription drug, where you have the prescription filled, and the medical plan you choose.

**WellDyneRX**  
Phone Number: **888-479-2000**  
Website: [https://netcard.welldynernx.com](https://netcard.welldynernx.com)

**Kaiser Permanente**  
Phone Number: **800-777-7902**  
Website: [https://healthy.kaiserpermanente.org](https://healthy.kaiserpermanente.org)

<table>
<thead>
<tr>
<th>Prescription Drug Benefits at a Glance</th>
<th>Kaiser Permanente</th>
<th>Anthem Plans WellDyne Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy (up to a 30-day supply)</td>
<td>Kaiser Medical Center Pharmacy</td>
<td>WellDyne Rx Network Pharmacy</td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Brand Name Preferred</td>
<td>$20 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Brand Name Non-Preferred</td>
<td>$35 copay</td>
<td>$70 copay</td>
</tr>
<tr>
<td>Mail Order Pharmacy (up to a 90-day supply)</td>
<td>Kaiser Mail Order Pharmacy</td>
<td>WellDyne RX Mail Order Pharmacy</td>
</tr>
<tr>
<td>Generic</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Brand Name Preferred</td>
<td>$40 copay</td>
<td>$70 copay</td>
</tr>
<tr>
<td>Brand Name Non-Preferred</td>
<td>$70 copay</td>
<td>$140 copay</td>
</tr>
</tbody>
</table>
PWCS offers two dental insurance plans through Delta Dental of Virginia, the High Option and the Standard Option. Each plan covers services provided by both in-network and out-of-network providers. The highest level of benefits is paid when you access an in-network provider. Dental coverage is available as a stand-alone benefit.

You may use an in-network (Delta Dental PPO Plus Premier Network) or out-of-network provider at your discretion. The deductible is waived for diagnostic and preventative care. The chart below highlights how the plan pays benefits. You will be responsible for the full amount an out-of-network dentist charges in excess of the in-network fee schedule. Visit www.deltadentalva.com to learn if your provider is part of the Delta Dental PPO Plus Premier network.

**Delta Dental of Virginia**
Phone number: **800-237-6060**
Website: [https://www.deltadentalva.com](https://www.deltadentalva.com)

<table>
<thead>
<tr>
<th>Delta Dental Benefits at a Glance</th>
<th>High Option</th>
<th>Standard Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$50 individual / $150 family</td>
<td>$75 individual / $225 family</td>
</tr>
<tr>
<td>(waived for diagnostic and preventive care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Care</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>(e.g., cleanings, oral exams)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Care</td>
<td>You pay 20 percent after deductible</td>
<td>You pay 30 percent after deductible</td>
</tr>
<tr>
<td>(e.g., fillings, root canals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Care</td>
<td>You pay 50 percent after deductible</td>
<td>You pay 50 percent after deductible</td>
</tr>
<tr>
<td>(e.g., crowns, dentures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Benefit</td>
<td>You pay 50 percent after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Adult and Children</td>
<td>$2,000 per-person lifetime benefit</td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td>You pay 50 percent after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Calendar Year Annual Per Person Maximum Benefit</td>
<td>$2,000</td>
<td>$1,500</td>
</tr>
</tbody>
</table>
The Vision Service Plan (VSP) is a supplemental vision plan which is available to employees not enrolled in a PWCS medical plan or for employees wanting to supplement their medical plan vision coverage. The plan provides:

• Benefits every calendar year for prescription lenses;
• Benefits every other calendar year for frames;
• Benefits every calendar year for contacts (instead of glasses);
• Choice of providers: VSP doctor, a participating retail chain, or any out of network provider; and
• Generous frame allowance.

Vision Service Plan
Phone number: 800-877-7195
Website: https://www.vsp.com

<table>
<thead>
<tr>
<th>Plan benefits</th>
<th>Your coverage with a VSP Provider (VSP Network Signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam</td>
<td>$20 copay</td>
</tr>
<tr>
<td>(Every calendar year)</td>
<td></td>
</tr>
<tr>
<td>Prescription glasses</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Frames (Every other calendar year)</td>
<td>$250 allowance for a wide selection of frames</td>
</tr>
<tr>
<td></td>
<td>20 percent savings on amounts over allowance</td>
</tr>
<tr>
<td>Lenses (Every calendar year)</td>
<td>Included with prescription glasses</td>
</tr>
<tr>
<td>Single vision</td>
<td></td>
</tr>
<tr>
<td>Lined bifocal</td>
<td></td>
</tr>
<tr>
<td>Lined trifocal</td>
<td></td>
</tr>
<tr>
<td>Contacts (Instead of glasses, every</td>
<td>$200 allowance</td>
</tr>
<tr>
<td>calendar year)</td>
<td>When you choose contacts instead of glasses, your $200</td>
</tr>
<tr>
<td></td>
<td>allowance applies to the cost of your contacts and the</td>
</tr>
<tr>
<td></td>
<td>contact lens exam (fitting evaluation)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service/Feature</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Reimbursement up to $50</td>
</tr>
<tr>
<td>Frame</td>
<td>Reimbursement up to $70</td>
</tr>
<tr>
<td>Lenses</td>
<td>Reimbursement up to $50</td>
</tr>
<tr>
<td>Single vision</td>
<td>Reimbursement up to $75</td>
</tr>
<tr>
<td>Lined bifocal</td>
<td></td>
</tr>
<tr>
<td>Lined trifocal</td>
<td>Reimbursement up to $100</td>
</tr>
</tbody>
</table>


Cost of Coverage

The following payroll deductions apply to medical, dental, and vision coverage in effect from July 1, 2020, through June 30, 2021. Premiums are paid one month in advance of coverage (June premiums pay for July coverage) and these rates will be charged beginning with the June 15 paycheck each year. The premiums shown are the semi-monthly cost.

### Full-time Medical, Dental and Vision for 12-Month Paid Employees (24 paychecks per year)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision (VSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anthem Enhanced</td>
<td>Anthem Core</td>
<td>Anthem HMO/POS/POS</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$ 61.18</td>
<td>$ 30.39</td>
<td>$ 14.42</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$239.97</td>
<td>$185.80</td>
<td>$156.16</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$279.42</td>
<td>$216.70</td>
<td>$180.79</td>
</tr>
<tr>
<td>Family</td>
<td>$395.56</td>
<td>$305.49</td>
<td>$261.01</td>
</tr>
<tr>
<td>Two employee Family</td>
<td>$122.36</td>
<td>$ 60.78</td>
<td>$ 28.84</td>
</tr>
</tbody>
</table>

### Part-Time Medical, Dental, and Vision for 12-Month Paid Employees (24 paychecks per year)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision (VSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anthem Enhanced</td>
<td>Anthem Core</td>
<td>Anthem HMO/POS/POS</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$198.22</td>
<td>$167.43</td>
<td>$151.46</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$422.16</td>
<td>$367.99</td>
<td>$338.35</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$490.35</td>
<td>$427.63</td>
<td>$391.72</td>
</tr>
<tr>
<td>Family</td>
<td>$700.08</td>
<td>$610.00</td>
<td>$565.52</td>
</tr>
<tr>
<td>Two employee Family</td>
<td>$396.44</td>
<td>$334.86</td>
<td>$302.92</td>
</tr>
</tbody>
</table>

### Full-Time Medical, Dental, and Vision for 10-Month Paid Employees (20 paychecks per year)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision (VSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anthem Enhanced</td>
<td>Anthem Core</td>
<td>Anthem HMO/POS/POS</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$ 73.41</td>
<td>$ 36.46</td>
<td>$ 17.30</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$287.96</td>
<td>$222.96</td>
<td>$187.39</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$335.31</td>
<td>$260.04</td>
<td>$216.95</td>
</tr>
<tr>
<td>Family</td>
<td>$474.67</td>
<td>$366.58</td>
<td>$313.21</td>
</tr>
<tr>
<td>Two employee Family</td>
<td>$146.82</td>
<td>$ 72.92</td>
<td>$ 34.60</td>
</tr>
</tbody>
</table>

### Part-Time Medical, Dental, and Vision for 10-Month Paid Employees (20 paychecks per year)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision (VSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anthem Enhanced</td>
<td>Anthem Core</td>
<td>Anthem HMO/POS/POS</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$237.86</td>
<td>$200.91</td>
<td>$181.75</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$506.59</td>
<td>$441.59</td>
<td>$406.02</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$588.43</td>
<td>$513.16</td>
<td>$470.07</td>
</tr>
<tr>
<td>Family</td>
<td>$840.09</td>
<td>$732.00</td>
<td>$678.63</td>
</tr>
<tr>
<td>Two employee Family</td>
<td>$475.72</td>
<td>$401.82</td>
<td>$363.50</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

PWCS offers two Flexible Spending Accounts (FSA), a Health Care Reimbursement Account and a Dependent Care Reimbursement Account. If you choose to participate, you will elect an annual contribution which is divided equally over the plan year. Your contributions are deducted from each paycheck in equal amounts before income and Social Security taxes are deducted. You may then be reimbursed from these accounts for eligible expenses you incur during the plan year. You may access funds by using the FSA benefits debit card or by submitting a reimbursement request with eligible receipts to P&A Group, PWCS’ third-party administrator.

Health Care FSA
You may use the Health Care FSA to pay for, or reimburse yourself for, eligible out-of-pocket healthcare expenses that are not covered by health insurance. You can be reimbursed for eligible expenses up to your annual election at any time during the year. For the plan year (July 1- June 30), you may choose to contribute up to $2,750 into the Health Care FSA.

Examples of eligible Health Care FSA expenses include:
- Copays, coinsurance, and deductibles
- Dental treatment (excluding cosmetic treatment)
- Eyeglasses
- Contact lenses
- Hearing aids
- Laser eye surgery
- Orthodontia
- Physical therapy and chiropractic care
- Prescriptions

This is not a complete list of eligible expenses. For a complete list of eligible expenses, refer to IRS publication 502, “Medical and Dental Expenses,” available on the IRS website: www.irs.gov.

For more information about eligible expenses and how to submit claims for reimbursement, visit www.padmin.com.

Dependent Care FSA
You can use the Dependent Care FSA to pay for or reimburse yourself for eligible dependent care expenses. You may only be reimbursed for eligible expenses up to the balance you have available in your account. For the (July 1- June 30) plan year, you may contribute up to $5,000 each year for single or married filing jointly and $2,500 for married filing separately into the Dependent Care FSA.

Dependent Care FSA Eligible Expenses

Dependent care expenses, whether for a child under the age of 13 or an elder, include any expenses that allow you to work, such as:
- Nursery school or day camp
- Before and after school care
- An individual who provides care inside or outside your home. (The individual may not be a child of your own under the age of 19, or anyone you claim as a dependent for federal tax purposes.)

Qualified expenses must be incurred because they enable you (or a spouse) to work. For a description of who qualifies as an eligible dependent and a complete list of eligible expenses, refer to the IRS publication 503, “Child and Dependent Care Expenses,” available on the IRS website: www.irs.gov.

This is not an inclusive list of eligible expenses. For more information about eligible expenses and how to submit claims for reimbursement, visit www.padmin.com.

P&A Group
17 Court Street, #500
Buffalo, NY 14202
Phone number: 800-688-2611
Website: https://www.padmin.com
Important reminders for the Health Care FSA and Dependent Care FSA

• The plan year for Health Care FSA and Dependent Care FSA is July 1 through June 30.
• Health Care FSA and Dependent Care FSA funds can only be used for expenses incurred during the same plan year.
• As of June 30 each plan year, any remaining balance of $500 or less in the Health Care FSA will roll over to the next plan year; any amount above $500 will be forfeited and cannot be returned to you. Also, all balances remaining in the Dependent Care FSA as of June 30 will be forfeited.

As of June 30 of the plan year, remaining account balances of $500 or less in the Health Care FSA will rollover to the next plan year; any amount above $500 will be forfeited and cannot be returned to you. Because this account is subject to the IRS “Use It or Lose It” rule, we encourage you to be conservative in your estimates and only consider expenses you know you will incur in each plan year. Also, because of the tax advantages of all FSAs, the IRS places limitations on their use. We encourage you to carefully consider these restrictions before choosing to participate in any of the Flexible Spending Accounts.

Health Care FSA and Dependent Care FSA

Newly hired employee – If you are eligible to participate in the FSA, your FSA coverage will begin the first day of the month following 30 days of employment. You have 30 days from your first day of employment to elect coverage.

Virginia Retirement System (VRS)

PWCS provides eligible employees with retirement benefits funded by you and PWCS.

VRS Plan 1 or VRS Plan 2 Participants

VRS Plan 1 and VRS Plan 2 are defined benefit plans. Members with eligible VRS service credits prior to January 1, 2014, would classify as Plan 1 or Plan 2 members based on the number of service years prior to that date.

A mandatory employee contribution (equal to 5 percent of your annual salary) applies to VRS Plan 1 and Plan 2 participants. Participant contributions are made through pretax payroll deductions.

If you are a VRS Plan 1 or VRS Plan 2 participant, visit www.varetire.org for more information.

VRS Hybrid Retirement Plan Participants

The VRS Hybrid Plan combines the features of a defined benefit plan and a defined contribution plan. Benefit-eligible employees with no previous VRS service credit, whose VRS membership date is on or after January 1, 2014, will be automatically enrolled as a VRS Hybrid Plan participant. A mandatory employee contribution equal to 5 percent of your annual salary applies to VRS Hybrid Plan participants. (4 percent funds a defined benefit plan and 1 percent funds a defined contribution account) Participant contributions are made through pretax payroll deductions.

Voluntary Employee Contributions for Hybrid Plan Participants

VRS Hybrid Plan participants can contribute additional money (up to 4 percent of your annual salary) by depositing funds into a voluntary defined contribution account. You will receive an employer match on voluntary employee contributions. If you make the maximum voluntary contribution (4 percent of your annual salary) into your defined contribution Plan, you can receive a combined total of 2.5 percent of your annual salary in matching funds from PWCS.
Virginia Retirement System (VRS)

VRS Hybrid Plan participants must contact ICMA-RC directly (the record keeper for the defined contribution plan) to initiate voluntary employee contributions into your defined contribution account.

To learn more about your defined benefit and defined contribution plans and to create your online account, visit www.varetirement.org/hybrid.

Optional Supplemental Retirement Plan

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

Employees may contribute a portion of their compensation to save for retirement by participating in the Supplemental Retirement Plan (SRP). There are three plans offered: 403(b), ROTH 403(b), and 457(b) plans. The 403(b) and 457(b) are both pretax plans and earnings are tax-deferred.

Employees who participate will be saving for retirement but will also be paying less in taxes. The ROTH 403(b) plan is an after-tax contribution. Contributions are taxed at the time of investment but are not taxed when the funds are withdrawn at retirement.

Matching Contributions for Supplemental Retirement

PWCS currently matches up to the first 2 percent of salary contributed to the 403(b). The matching percentage and maximum dollar amount are determined annually during the budgetary process. Participating employees receive a matching contribution after one year of service.

More information about the PWCS supplemental retirement plan options with Lincoln Financial can be found on the PWCS Benefits webpage or by visiting www.lfg.com/pwcs.

Group Term Life & Disability Insurance

Life and disability insurance can help protect your family’s finances if the unexpected happens. PWCS provides full-time employees who are members of VRS with basic life and accidental death and dismemberment (AD&D) insurance at no cost to you. You have the option to purchase additional coverage for yourself, your spouse, and/or your children. Life and AD&D insurance is provided through Securian Financial.

Basic Employee Life Insurance, Accidental Death & Dismemberment (AD&D) Insurance

Employees who are members of VRS are covered automatically by VRS Term Life Insurance Program provided through Securian Financial. There is no cost to you for this coverage. PWCS automatically provides all eligible employees with life insurance coverage equal to two times their annual base salary, rounded up to the nearest $1,000. AD&D insurance is also included.

Eligibility election period and effective date of coverage for Basic Life and AD&D Insurance:

Your effective date of coverage is your first day of employment in a benefits-eligible position.

Optional Supplemental Life Insurance

Employees who are members of the VRS may also purchase additional coverage for themselves, their spouse, and/or their children. You pay the full cost of this coverage. The Optional Supplemental Life Insurance coverage also provides Accidental Death and Dismemberment (AD&D) coverage and is purchased through Securian Life Insurance Company.

For more information regarding basic life and AD&D insurance or to view rates, calculate your premium, and obtain plan information for optional supplemental life insurance, visit Securian Financial.

If you apply for supplemental life insurance within 30 days from your date of employment or the date you became benefits-eligible, you may select any option, up to a maximum death benefit of $375,000, without providing evidence of insurability. Securian Financial will determine your effective date of coverage.
Short-and Long-Term Disability for VRS Hybrid Plan Members

Short-and Long-Term Disability plans are available only to VRS Hybrid covered employees.

<table>
<thead>
<tr>
<th>Months of continuous service with PWCS</th>
<th>Work days at 100% income replacement</th>
<th>Work days at 80% income replacement</th>
<th>Work days at 60% income replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13-59</td>
<td>0</td>
<td>0</td>
<td>125</td>
</tr>
<tr>
<td>60-119</td>
<td>25</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>120-179</td>
<td>25</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>180 or more</td>
<td>25</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>

If you are a VRS Hybrid Plan member and are sick or injured, unable to work, and considered disabled by the Standard Insurance Company, you will receive a portion of your income as follows:

*If you continue to be disabled (as defined by The Standard Life Insurance Company) after you have received the full amount of STD benefits available, you may be eligible to receive Long Term Disability (LTD) benefits.

LTD benefits provide income replacement at 60 percent after STD benefits are exhausted or 80 percent of your predisability earnings for catastrophic conditions. These benefits may continue until an employee is no longer disabled, reaches age 65, or becomes eligible for Medicare, whichever comes first.

Both STD and LTD disability plans contain medical management with an aggressive return-to-work policy.

Disability of all other benefit-eligible employees

If you are a benefits-eligible employee (and not a VRS Hybrid Plan participant), PWCS provides you with disability coverage through the Sick Leave Bank.

Sick Leave Bank

Eligible employees have:

1. Been enrolled in the Sick Leave Bank for at least 12 consecutive months

2. Had no more than 30 working days of leave without pay in the last 12 months leading up to use of the Sick Leave Bank

3. Depleted all accumulated sick leave, personal leave, and annual leave prior to using days from the Sick Leave Bank

Sick Leave Bank is only available to employees who are not enrolled in the Virginia Retirement System Hybrid Plan. The Sick Leave Bank is intended for use as a short-term disability plan for up to 45 working days in a 12-month period. For more information regarding the Sick Leave Bank, see Regulation 543-1, Sick Leave Bank.
Employee Assistance Program (EAP)

PWCS understands that the demands and pressures associated with balancing work and personal life can be overwhelming. PWCS wants to be certain our employees are provided with the best possible support and services, so we have retained ComPsych guidance resources to provide an Employee Assistance Program (EAP) and work/life balance services for our employees and their immediate family members. Through the EAP, you can receive help and access information over the phone, in person, or on the internet.

This free service is available to you and your family members 24 hours a day, 365 days a year. Whether you are having trouble finding a day care provider, feeling work-related stress or need assistance with a financial problem, the EAP can help. Professionals are available to help you address concerns, such as:

- Marital and family concerns
- Child and elder care issues
- Stress, anxiety, and other emotional health topics
- Workplace concerns
- Legal and financial issues
- Substance abuse and dependency
- Health issues

To talk to an experienced counselor, call the EAP toll-free at 844-880-6915. An EAP counselor will assist you with getting the help you need.

Information is also available on the ComPsych Guidance Resources website, which offers a wealth of information and interactive tools including resources for balancing work and family, taking care of dependents, and managing relationships and life skills. To access the ComPsych Guidance Resources website, visit www.guidanceresources.com and register with the Web ID: PWCS

It is important to know that the EAP is a confidential service. Conversations with professional counselors are treated confidentially, with information released only with your permission, in accordance with state and federal law.

ComPsych
Toll-free phone number: 844-880-6915
Website: https://www.guidanceresources.com/

Other Optional Benefits

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

Long-Term Disability Benefits

- Provide income protection if you are unable to work due to disability;
- Benefits are payable after you have been continuously disabled for 180 days;
- Will pay up to 60 percent of your earnings when you are disabled;
- Participants may receive a benefit until they are no longer disabled or until age 65;
- A lump sum payment may be available to your survivor;
- The Standard Long-Term Disability insurance provides 24-hour access to an Employee Assistance Program (EAP).

Rates and additional information are available at benefits.pwcs.edu.
Other Optional Benefits

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

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

VRTA
Phone: 703-878-3651

Virginia Retirement System – Genworth Life Insurance Company
Phone: 866-859-6060
Website: www.genworth.com/cov

AFLAC-American Family Life Assurance Company of Columbus
Aflac provides individual accident, cancer, critical care and recovery, dental, and/or hospitalization policies. Aflac pays cash benefits directly to you (unless assigned), when you are sick or injured. You can use the cash to help cover expenses that major medical coverage does not, like mortgage, groceries, or other needs. PWCS offers payroll deductions for these policies. To set up an appointment, or to obtain additional information, visit the PWCS AFLAC website at https://enrollment.aflac.com/AccountSites/P_R/pwcs/Homepage.aspx

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

PWC Employees Credit Union
Phone: 703-680-1143 or 703-369-7333
Website: www.pwecu.org

Apple Federal Credit Union
Phone: 800-666-7996 or 703-788-4800
Website: www.applefcu.org

Tuition reimbursement
The PWCS Tuition Reimbursement Program is available to assist employees in meeting certification and license renewal requirements, to encourage professional development and growth, and to enhance skill sets and increase instructional or job-related knowledge. Specific information on the Tuition Reimbursement Program may be obtained at benefits.pwcs.edu, or by contacting the Office of Benefits and Retirement Services at benefits@pwcs.edu.

Please note reimbursements are processed on a first-come-first-served basis, contingent on the availability of funds for the fiscal year.
Leave

Time off

PWCS offers a Leave Program for eligible employees that includes sick leave, personal leave, civil leave, and other types of leave and holidays. Administrators and 250-day employees are eligible to receive annual leave. PWCS policies and regulations regarding leave may be found at **PWCS Policies and Regulations**.

Annual Leave

Administrators and 250-day employees are entitled to annual leave which is earned according to a pre-determined schedule.

Personal Leave

All full-time and part-time employees are advanced three days of personal leave each fiscal year. Unused personal leave days may be rolled over to the next fiscal year, not to exceed a maximum of five personal leave days available for use in any fiscal year. Personal leave days in excess of five total days will be rolled to sick leave. Personal leave may be used for non-emergency matters deemed important by the employee.

Sick Leave

All full-and part-time employees are eligible for sick leave, which accrues based on their scheduled work days. Sick leave will not accrue during periods of unpaid leave. There are no maximum accumulation limits.

Donated Sick Leave

In special circumstances, and upon approval of the Director of Benefits and Retirement Services, an employee may donate sick leave days to another employee who has exhausted all available leave and still has a legitimate and continuing need for sick leave. A written request for approval to allow employees to donate sick leave days to another employee must be submitted in writing by the supervisor of the employee in need of donated leave. Donated leave will not be granted in conjunction with any other compensated leave program (e.g., short-term and long-term disability plans).

Family and Medical Leave Act (FMLA)

You may be eligible for family and medical leave, if you have worked for PWCS at least 12 months and have worked at least 1,250 hours in the 12 months prior to the start of the leave. Up to twelve weeks may be approved for serious illness, birth or adoption of a child, placement of foster child, or the care of a sick spouse, child or parent. FMLA is leave with pay (using accrued leave balances) or leave without pay granted for an eligible employee’s serious health condition or other serious reason as listed above.

Military Leave

Military leave with pay shall be granted to any employee who is a member of the National Guard, organized reserve forces of any of the armed services of the United States or naval militia, or a member or former member who is ordered to federally funded military duty, including training duty. Military leave, without pay, shall be extended for a maximum of three years to an employee who remains on active duty after an approved two-year compensated military leave has expired.

Civil Leave

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

Professional Leave

Employees are provided with professional leave to participate in observations, workshops, meetings, conferences or other work-related activities devoted to the improvement of professional skills, or which are directly related to your job.

Family Friendly Leave

Employees are paid up to four hours of leave per event to allow them to attend special school events which involve their pre-K through grade 12 child(ren). This includes teacher conferences, eligibility meetings, IEP meetings, student disciplinary meetings, and any other approved school conferences or achievement celebrations.
Leave

Holidays

The PW School Board lists all observed holidays when the annual school calendar is published. For a current list of observed holidays, see the school calendar at: www.pwcs.edu.

Leave of Absence

Temporary leave with pay not to exceed three days per year may be considered by the Division Superintendent to employees who are elected as local delegates to serve on a board of directors or as chairpersons of standing committees, or to attend official meetings of their local professional organization’s state and/or national affiliate. In exceptional circumstances, additional temporary leave may be considered by the Division Superintendent for employees to attend meetings of such state and national affiliates when, in the judgement of the Superintendent, such meetings are in the best interest of the School Division.

Leave Without Pay

Types of leave without pay include: medical leave without pay, parental leave, military leave, temporary leave for service in public office, educational, family medical, and any other leave taken under this regulation that may be authorized by the Director of Benefits and Retirement Services (or designee). However, to the extent that an employee is entitled to use and has paid leave available under any other PWCS policy and regulation, the employee must use paid leave first.

Extended Leave of Absence

This may be granted as an extension of the Family and Medical Leave Act (FMLA) upon approval from the associate superintendent for human resources.

Rights and Notices

The Consolidated Budget Reconciliation Act (COBRA)

Federal law requires most employers who sponsor group medical, dental, vision, and healthcare reimbursement plans to offer employees and eligible dependents the opportunity to purchase a temporary extension of these plans at group rates in certain instances where coverage under the plan would end. Under COBRA, employees and beneficiaries have the right to choose continuation coverage under certain qualifying events. PWCS does not share the cost of COBRA coverage. Notices are sent to qualifying employees from P&AGroup, a third-party administrator.

When You or Your Family Lose Health Coverage

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

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

Your Rights

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

The Plan Administrator is Joseph Makolandra, director of benefits and retirement services, Prince William County Public Schools, P.O. Box 389, Manassas, Virginia 20108. 703-791-8568. The Plan Administrator is responsible for administering COBRA continuation coverage.
COBRA Continuation Coverage

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

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

• Your hours of employment are reduced;
• Your employment ends for any reason other than your gross misconduct;
• 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;
• You become divorced or legally separated from your spouse.

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

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

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

For qualifying events affecting qualified beneficiaries (divorce or legal separation of the employee and spouse or dependent child’s loss of eligibility for coverage as a dependent child), you must notify The Plan Administrator. The Plan requires you to notify The Plan Administrator within 60 days after the qualifying event occurs. You must send this notice along with appropriate documentation that verifies the qualifying event to The Plan Administrator.

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

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

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

If you or anyone in your family covered under The Plan is determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify The Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that The Plan Administrator is notified of the SSA determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to The Plan Administrator.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under The Plan as a dependent child. In all of these cases, you must make sure that The Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event.

Do you have questions regarding COBRA?

If you have questions about your COBRA continuation coverage, contact the Office of Benefits and Retirement Services, 703-791-8568, 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.

In order to protect your family’s rights, you should keep The Plan Administrator informed of any changes in the addresses of yourself or family members. You should also keep a copy, for your records, of any notices you send to The Plan Administrator.

Health Insurance Portability and Accountability Act (HIPAA)

How to file a complaint

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

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

HIPAA Privacy Officer
Prince William County Public Schools
Department for Human Resources
Office of Benefits and Retirement Services
14715 Bristow Road, Manassas, VA 20112
Phone: 703-791-8050
Email: Benefits@pwcs.edu

Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499
Phone: 215-861-4441; 215-861-4440 (TDD)
Fax: 215-861-4431
HIPAA PRIVACY NOTICE

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Effective Date: April 14, 2003 / Amended Date: April 18, 2005 / Amended Date for HITECH: February 17, 2009

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

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

We have the following legal obligations under federal health privacy law—HIPAA and the related regulations to:

- Maintain the privacy of your medical information;
- Provide you with this notice of our legal duties and privacy practices with respect to your medical information; and
- Abide by the terms of this notice currently in effect.

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

Who will follow this Notice

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

Information Subject to This Notice

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

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

Summary of The Plan’s Privacy Policies

The Plan’s Uses and Disclosures of Your Medical Information

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

Your Federal Rights Under HIPAA Regarding Your Medical Information

Under 45 CFR Parts 160 and 164, (Standards for Privacy of Individually Identifiable Health Information) you have several rights regarding medical information. You have the right to:
• Inspect and/or copy your medical information;
• Request that your medical information be amended;
• Request an accounting of certain disclosures of your medical information;
• Request certain restrictions related to the use and disclosure of your health information;
• Request to receive your medical information through confidential communications;
• File a complaint with The Plan or the secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated; and
• Receive a paper copy of this Notice.

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

Contact Information
If you have any questions or concerns about The Plan’s privacy practices or about this Notice or if you want to obtain additional information about The Plan’s privacy practices, contact:

HIPAA Privacy Officer
Prince William County Public Schools
Department of Human Resources
Office of Benefits and Retirement Services
14715 Bristow Road, Manassas, VA 20112
Phone: 703-791-8050
Email: Benefits@pwcs.edu

Detailed notice of The Plan’s privacy practices
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully.

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

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

For Treatment
We are not aware of any circumstances under which Prince William County Public Schools or our vendors will be providing treatment information about you to health care providers. In the event that such inquiries are made, however, we may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

For Payment
We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under The Plan, or to coordinate your coverage. We may confer with your health care provider to determine whether a particular treatment is medically necessary or to determine whether The Plan will cover the treatment. We may also share medical information with a utilization review or pre-certification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or with another health plan to coordinate benefit payments.

For Health Care Operations
We may use and disclose medical information about you to run The Plan efficiently and in the best interests of all its participants. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; or conducting or arranging for medical reviews, legal services, audit services, and the fraud and abuse detection program.
Disclosures to health plan sponsor
We may disclose your medical information to The Plan Sponsor (Prince William County Public Schools) for plan administration purposes including – but not limited to – quality assurance, monitoring, or auditing functions. This means that Prince William County Public Schools staff members outside The Plan may have access to your medical information. However, Prince William County Public Schools, as plan sponsor, will certify to us that the staff will protect the privacy of your medical information and that Prince William County Public Schools has amended The Plan documents to reflect its obligation to protect the privacy of your medical information. Prince William County Public Schools will not use your medical information for non-Plan purposes or for purposes not covered by this Notice, such as employment decisions.

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

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

Health or safety
We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. We also may disclose your health information for public health activities such as preventing or controlling disease, injury, or disability; reporting births and deaths; or reporting child abuse or neglect.

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

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

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

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

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

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

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

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

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

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

Law enforcement
We may disclose information to help law enforcement officials in their law enforcement duties:

- To respond to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- To provide information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- To provide information about a death that may be the result of criminal conduct;
- To provide information about criminal conduct on Prince William County Public Schools property; and
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

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

Uses and disclosures for fundraising and marketing purposes
We do not use your medical information for fundraising and marketing purposes.

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

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

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

HIPAA Privacy Officer
Prince William County Public Schools
Department of Human Resources
Office of Benefits and Retirement Services
14715 Bristow Road, Manassas, VA 20112
Phone: 703-791-8050
Email: Benefits@pwcs.edu

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

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

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

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

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

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

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

Right to request restrictions
You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member, or friend.

For example, you could ask that we not use or disclose information about a surgical procedure you had.

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

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

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

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

Right to a paper copy of the privacy notice
You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request. Even if you agree to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice by mail, you should contact the Office of Benefits and Retirement. You may also obtain a copy of this Notice at benefits.pwcs.edu.

Prince William County Public Schools
Department for Human Resources
Office of Benefits and Retirement Services
P.O. Box 389, Manassas, VA 20108
Human Resources Client Services Center  Phone: 703-791-8050  
Email: Benefits@pwcs.edu  

Changes to this notice

We reserve the right to change any of the privacy policies and related practices at any time, as allowed by federal and state law, and to make the change effective for all information that we maintain. The terms of the revised notice may apply to medical information we already have about you as well as any information we receive in the future. If we materially change any of the privacy practices covered by this notice, we will provide you with the revisions within 60 days. We will post a copy of the current notice on The Plan’s website at benefits.pwcs.edu. That Notice will contain the effective date on the top right-hand corner. You should monitor the website for revisions. Copies of the revised Notice will be made available to you upon your written request.

Compliant process and contact information

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

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

HIPAA Privacy Officer  
Prince William County Public Schools  
Department for Human Resources  
Office of Benefits and Retirement Services  
14715 Bristow Road, Manassas, VA 20112  
Phone: 703-791-8050  Email: Benefits@pwcs.edu

Office for Civil Rights  
U.S. Department of Health and Human Services  
150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499  

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

Disclosure of grandfather status

Prince William County Public Schools believes its health insurance plans are considered “grandfathered health plans” under the Patient Protection and Affordable Care Act (PPACA). As permitted by the act, grandfathered health plans can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Anthem PPO plans, and Health keepers POS plan, may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Act, for example, the elimination of lifetime limits on essential benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health status can be directed to The Plan Administrator at 703-791-8050.

Patient protection notice

The Anthem Health keepers POS plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in The Plan network and who is available to accept you or your family members. Until you make this designation, The Plan may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Anthem Health keepers at 800-421-1880.

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

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

Public Law 110-173 requires Prince William County Public Schools health plans to report the Social Security numbers (SSN) of participants to coordinate benefits with Medicare or other insurance benefits. All participants (employees and dependents) age 45 or older must provide an SSN in order for Prince William County Public Schools 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 a SSN. For more details on this legislation, you may go to www.cms.gov.

Rights for women

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

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

These benefits are subject to The Plans regular deductibles and co-payments. For more information, refer to the Summary Plan Documents (SPD’s) for each of the medical plan providers, available on the Prince William County Public Schools intranet or by contacting the Office of Benefits and Retirement Services.

Premium assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact:

- Department of Labor www.askebsa.dol.gov or 1-866-444-EBSA (3272)
- Medicaid www.coverva.org or 800-432-5924
- CHIP www.coverva.org or 855-242-8282

Medicare Prescription Drug (Medicare D) Plan

All Prince William County Public Schools medical plans include prescription drug coverage that is currently more comprehensive than the Medicare prescription drug plan. As an active employee, your Prince William County Public Schools medical coverage is primary to Medicare and you do not need to enroll in a Medicare Rx (Medicare D) plan. For a copy of the Creditable Coverage Disclosure, go to the Publications page at: benefits.pwcs.edu.

We have made every effort to ensure the information in this booklet is as accurate and easy for you to understand as possible. However, this booklet and any oral statements are not a substitute for the official plan document and insurance policies. The official plan documents and insurance policies will govern if a discrepancy exists.
<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Contact Info</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office of Benefits and Retirement Services</strong></td>
<td>703-791-8050 or 888-797-4473  Fax: 703-791-8906  <a href="mailto:Benefits@pwcs.edu">Benefits@pwcs.edu</a></td>
<td>benefits.pwcs.edu</td>
</tr>
<tr>
<td><strong>Kaiser Permanente</strong></td>
<td>800-777-7902</td>
<td>healthy.kaiserpermanente.org</td>
</tr>
<tr>
<td><strong>WellDyne Rx</strong></td>
<td>888-479-2000</td>
<td>members.welldynerx.com</td>
</tr>
<tr>
<td><strong>Delta Dental</strong></td>
<td>800-237-6060</td>
<td><a href="http://www.deltadentalva.com">www.deltadentalva.com</a></td>
</tr>
<tr>
<td><strong>Vision Service Plan (VSP)</strong></td>
<td>800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
</tbody>
</table>
| **P&A Group**  
Flexible Benefit Plan | 800-688-2611 | www.padmin.com |
| **The Standard**  
Short and Long Term Disability | 800-428-2938 | www.standard.com/mybenefits |
| **Securian Insurance**  
Life Insurance | 800-441-2258 | www.lifebenefits.com |
| **Long Term Care**  
VRTA  
GenWorth | 540-223-4328  866-859-6060 | troyn@creeksideadvisors.net  genworth.com/cov |
| **Aflac** | 703-587-5201  psbyers@verizon.net | https://enrollment.aflac.com/AccountSites/P_R/pwcs/Homepage.aspx |
| **Virginia Retirement System**  
ICMA-RC (Hybrid) | 888-827-3847 (Plan I/Plan II) 877-327-5261 (Hybrid) | www.varetire.org  www.varetire.org/hybrid |
| **Lincoln Financial Group**  
403(b), Roth 403(b), & 457 (b) | 800-234-3500 | www.lincolnfinancial.com |
| **Credit Union Membership:**  
Prince William Credit Union  
Apple Federal Credit Union | 703-369-7333  703-788-4800 | www.pwcecu.org  www.applefcu.org |

Visit [benefits.pwcs.edu](http://benefits.pwcs.edu) for general information regarding your benefits. For more specific information regarding the plans, contact the appropriate provider by phone or access their specific website.
School Board
Dr. Babur B. Lateef, M.D.
Chairman At-Large

Mrs. Lisa A. Zargarpur
Vice Chairwoman
Coles District

Mrs. Adele E. Jackson
Brentsville District

Mrs. Lillie G. Jessie
Occoquan District

Ms. Diane L. Raulston
Neabsco District

Mrs. Jennifer T. Wall
Gainesville District

Mr. Justin David Wilk
Potomac District

Ms. Loree Y. Williams
Woodbridge District

Mr. Benjamin Kim
Student Representative

Ms. Caroline Silvera
Student Representative

Superintendent of Schools
Dr. Steven L. Walts

Superintendent’s Staff
Mr. Keith A. Imon
Deputy Superintendent

Mr. William G. Bixby
Associate Superintendent for Middle Schools

Mr. Al Ciarochi
Associate Superintendent for Support Services

Mrs. Donna Eagle
Associate Superintendent for Human Resources

Mr. R. Todd Erickson
Associate Superintendent for Central Elementary Schools

Mrs. Rita Everett Goss
Associate Superintendent for Student and Professional Learning

Mr. Matthew Guilfoyle
Associate Superintendent for Communications and Technology Services

Mrs. Jarcelynn M. Hart
Associate Superintendent for Western Elementary Schools

Mrs. Denise M. Huebner
Associate Superintendent for Special Education and Student Services

Mr. Michael A. Mulgrew
Associate Superintendent for High Schools

Mr. Nathaniel Provencio
Associate Superintendent for Eastern Elementary Schools

Mr. John M. Wallingford
Associate Superintendent for Finance and Risk Management