



Welcome
to Your PWCS

Benefits Guide



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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](#).



Benefits Guide

At Prince William County Public Schools (PWCS) you are part of a team that is *Launching Thriving Futures* 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 contact the Department of Benefits and Compensation 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, in addition to your initial enrollment period you will have the 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.

Benefit	Options	Who Pays for Coverage	Who Is Eligible	Learn More
Medical	PWCS offers four medical options: <ul style="list-style-type: none"> • Anthem Enhanced PPO • Anthem Core PPO • Anthem HMO/POS • Kaiser HMO 	You and PWCS share in the cost	Full-and part-time employees working at least 17.5 hours per week	Page 6
Dental	PWCS offers two dental options through Delta Dental of Virginia: <ul style="list-style-type: none"> • Standard • High 	You and PWCS share in the cost	Full-and part-time employees working at least 17.5 hours per week	Page 9
Vision	PWCS offers voluntary vision coverage through Vision Service Plan (VSP)	You pay the full cost	Full-and part-time employees working at least 17.5 hours per week	Page 10
Flexible Spending Accounts (FSA)	<ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA 	You fund your account with pretax dollars	Full-time employees	Page 12
Virginia Retirement System (VRS)	Your VRS retirement benefit is based on your date of hire	You and PWCS share in the cost	Full-time employees	Page 13
Optional Supplemental Retirement Program	Types of available retirement accounts: <ul style="list-style-type: none"> • 403(b) and Roth 403(b) Plans • 457 Plan 	You fund the account with pre- or post-tax dollars, PWCS matches 403(b) options on a schedule based on years of employment	All PWCS employees	Page 14
Group Term Life Insurance	Basic group term life insurance, 2x your salary, provided by Securian Financial	PWCS pays the full cost	Full-time VRS member employees	Page 14
Optional Supplemental Life Insurance	Supplemental employee, spouse and child(ren) life insurance provided by Securian Financial	You pay the full cost of coverage for you, your spouse, and child(ren)	Full-time VRS member employees, their spouse and child(ren)	Page 14
Short-Term Disability Insurance	Provided by The Standard Insurance Company	PWCS pays the full cost	Full-time VRS member employees and employees working 20+ hours per week	Page 15
Long-Term Disability Insurance	Provided by The Standard Insurance Company	PWCS pays the full cost	Full-time Hybrid VRS member employees	Page 15
Optional Voluntary Long-Term Disability Insurance	Provided by The Standard Insurance Company to supplement VRS Disability Retirement	You pay the full cost	Full-time Plan I and Plan II VRS member employees	Page 16
Voluntary Long-Term Care Insurance	<ul style="list-style-type: none"> • Genworth Financial • Virginia Retired Teachers Association 	You pay the full cost	All PWCS employees	Page 17
AFLAC – Optional Insurance	Short term disability, personal accident, cancer, critical care and recovery, additional dental and hospitalization coverage	You pay the full cost	All PWCS employees	Page 17
Tuition Reimbursement Programs	<ul style="list-style-type: none"> • PWCS Teacher Reimbursement • ESSA Grant for 3-Year Provisional CoreCourse Teachers • Continuing Education Class Reimbursement Program 	PWCS reimburses eligible expenses	All full and part-time employees	Page 17
Leave	<ul style="list-style-type: none"> • Annual Leave (250-day employees) • Personal Leave • Sick Leave • Family and Medical Leave • Military Leave • Civil Leave • Holiday 	Any paid leave you take is paid by PWCS; however, some leave available to you is unpaid	Full and part-time employees	Page 18



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 Plans
- Flexible Spending Accounts
(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 -Term Disability Insurance
(Employees working 20+ hours per week)
- Long-Term Disability Insurance
(Full-time Hybrid VRS members)
- Optional Long-Term Disability Insurance
(Plan I & Plan II VRS members)
- 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 can 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 8, you have until September 8 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 page on the PWCS "Launchpad", our webpage at benefits.pwcs.edu or contact the Department of Benefits and Compensation 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 on the PWCS "Launchpad" or at benefits.pwcs.edu. Return the completed forms and any supporting documents to the Department of Benefits and Compensation.

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, long-term disability (included for VRS Hybrid plan members only), and in the Virginia Retirement System (VRS).

Optional Supplemental Life Insurance requires a separate enrollment. You must enroll through your online **MYVRS** account. New employees have 31 days from their first working day to elect optional supplemental life insurance without medical underwriting. Visit varetirement.org/hybrid and login, select Life Insurance from the My History menu, and click on the link to *Visit Securian* to begin the enrollment process. Watch the video on the life insurance page to learn how to elect your beneficiaries

Important note: VRS Hybrid Plan members should also complete an additional Designation of Beneficiary for the Hybrid Plan. This must be done 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 can 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 can have changes in your life that affect your benefits. During the plan year, you can 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 Benefits and Compensation Department 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 pre-tax 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 pre-tax 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. Please check with the Department of Benefits and Compensation if you have any questions regarding when your insurance will end.

Medical coverage is one of the most important benefits available to you and your dependents. If you are eligible, you can 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.

New employees have 30 days from their first day of employment to make enrollment decisions. The effective date of coverage for new employees is the first of the month following 30 days of employment. For example, if your first day of employment is August 8, you have until September 8 to enroll in your chosen benefits and your insurance will be effective on October 1.

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: **1-800-777-7902**

Website: <https://healthy.kaiserpermanente.org>

Kaiser Permanente HMO with Select network	
Services	You Pay In-Network
Calendar Year Deductible	None
Out-of-Pocket Maximum	\$3,500/individual \$9,400/family
Office Visits	\$15 copay, PCP \$25 copay, Specialist
Inpatient Hospital (facility)	\$250
Outpatient Hospital (facility)	\$50 copay
Emergency Room (facility)	\$100 copay
Urgent Care	\$25 copay
Eye Exam	\$15 copay, Optometrist \$25 copay, Ophthalmologist

Anthem Blue Cross/Blue Shield

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 Anthem and does not require a separate ID card.

Anthem BC/BS

Phone number: **844-404-2123**

Website: <https://www.anthem.com>

Anthem Health Plan Benefits at a Glance	Anthem Enhanced PPO		Anthem Core PPO		Anthem HMO	
	You Pay In-Network	You Pay Out-of-Network	You Pay In-Network	You Pay Out-of-Network	You Pay In-Network	You Pay Out-of-Network
Calendar Year Deductible	None	\$400/person \$800/family	None	\$500/person \$1,000/family	None	\$750/person \$1,500/family
Out-of-Pocket Maximum (Includes Prescription Drug)	\$2,500/person \$5,000/family	\$3,500/person \$7,000/family	\$4,000/person \$8,000/family	\$5,500/person \$11,000/family	\$2,500/person \$5,000/family	\$5,000/person \$10,000/family
Office Visits	\$20 copay, PCP \$35 copay, specialist	30% after deductible	\$25 copay, PCP \$50 copay, specialist	30% after deductible	\$20 copay, PCP \$40 copay, specialist (requires PCP written referral)	30% after deductible
Inpatient Hospital (facility)	\$350 copay/admission	30% after deductible	\$400 copay/admission plus 20%	30% after deductible	\$200 per day/maximum \$1,000 per admission	30% after deductible
Outpatient Hospital (facility)	\$200 copay/visit	30% after deductible	\$200 copay/visit plus 20%	30% after deductible	\$200 copay/visit	30% after deductible
Emergency Room (facility)	\$200 copay/visit	30% after deductible	\$200 copay/visit plus 20%	30% after deductible	\$200 copay/visit	30% after deductible
Urgent Care	\$35 copay/visit	30% after deductible	\$50 copay/visit	30% after deductible	\$40 copay/visit	30% after deductible
Eye Exam	\$15 copay/visit	\$30 allowance	\$15 copay/visit	\$30 allowance	\$15 copay/visit	\$30 allowance

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.

Kaiser Permanente

Phone Number **800-777-7902**

Website: <https://healthy.kaiserpermanente.org>

Anthem Carelon RX

Phone Number: **844-404-2123**

Website: <https://www.anthem.com>

Prescription Drug Benefits at a Glance	Kaiser Permanente	Anthem Plans Carelon Rx
Retail Pharmacy (up to a 30-day supply)	Kaiser Medical Center Pharmacy	Carelon Rx Network Pharmacy
Generic	\$10 copay	\$10 copay
Brand Name Preferred	\$20 copay	\$35 copay
Brand Name Non-Preferred	\$35 copay	\$70 copay
Mail Order Pharmacy (up to a 90-day supply)	Kaiser Mail Order Pharmacy	Carelon RX Mail Order Pharmacy
Generic	\$20 copay	\$20 copay
Brand Name Preferred	\$40 copay	\$70 copay
Brand Name Non-Preferred	\$70 copay	\$140 copay

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 can 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>

Delta Dental Benefits at a Glance	High Option	Standard Option
Calendar Year Deductible (waived for diagnostic and preventive care)	\$50 individual / \$150 family	\$75 individual / \$225 family
Diagnostic and Preventive Care (e.g., cleanings, oral exams)	Covered in full	Covered in full
Basic Care (e.g., fillings, root canals)	You pay 20 % after deductible	You pay 30 % after deductible
Major Care (e.g., crowns, dentures)	You pay 50 % after deductible	You pay 50 % after deductible
Orthodontic Benefit Adult and Children	You pay 50 % after deductible \$2,000 per-person lifetime benefit	Not covered
Implants	You pay 50 % after deductible	Not covered
Calendar Year Annual Per Person Maximum Benefit	\$2,000	\$1,500

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>

Plan benefits	Your coverage with a VSP Provider (VSP Network Signature)
WellVision Exam (Every calendar year)	\$20 copay
Prescription glasses	\$20 copay
Frames (Every other calendar year)	\$250 allowance for a wide selection of frames 20 % savings on amounts over allowance
Lenses (Every calendar year) Single vision Lined bifocal Lined trifocal	Included with prescription glasses
Contacts (Instead of glasses, every calendar year)	\$200 allowance When you choose contacts instead of glasses, your \$200 allowance applies to the cost of your contacts and the contact lens exam (fitting evaluation)
Service/Feature	Out-of-Network Providers
Exam	Reimbursement up to \$50
Frame	Reimbursement up to \$70
Lenses Single vision Lined bifocal Lined trifocal	Reimbursement up to \$50 Reimbursement up to \$75 Reimbursement up to \$100

Cost of Coverage

The following payroll deductions apply to medical, dental, and vision coverage in effect from July 1 through June 30. 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.

2024-2025 Full-time Medical, Dental and Vision for 12-Month Paid Employees (24 paychecks per year)

Coverage Level	Medical			Dental		Vision	
	Anthem Enhanced	Anthem Core	Anthem HMO/ POS	Kaiser HMO	Delta Dental High	Delta Dental Standard	Vision (VSP)
Employee Only	\$ 66.21	\$ 32.89	\$ 15.61	\$ 15.17	\$ 5.66	\$ 0.84	\$4.46
Employee + Child(ren)	\$259.68	\$201.06	\$168.99	\$164.25	\$19.75	\$10.12	\$5.65
Employee + Spouse	\$302.37	\$234.50	\$195.64	\$190.16	\$18.86	\$ 9.66	\$5.53
Family	\$428.04	\$330.58	\$282.45	\$274.52	\$29.07	\$14.89	\$9.07
Two employee Family	\$132.42	\$ 65.78	\$ 31.22	\$ 30.34	\$11.32	\$ 1.68	\$9.07

2024-2025 Part-Time Medical, Dental, and Vision for 12-Month Paid Employees (24 paychecks per year)

Coverage Level	Medical			Dental		Vision	
	Anthem Enhanced	Anthem Core	Anthem HMO/ POS	Kaiser HMO	Delta Dental High	Delta Dental Standard	Vision (VSP)
Employee Only	\$214.50	\$181.18	\$163.90	\$159.32	\$13.68	\$ 8.86	\$4.46
Employee + Child(ren)	\$456.83	\$398.21	\$366.14	\$355.88	\$31.56	\$21.93	\$5.65
Employee + Spouse	\$530.62	\$462.75	\$423.89	\$412.01	\$30.14	\$20.94	\$5.53
Family	\$757.56	\$660.10	\$611.97	\$577.46	\$46.45	\$32.27	\$9.07
Two employee Family	\$429.00	\$362.36	\$327.80	\$318.64	\$27.36	\$17.72	\$9.07

2024-2025 Full-Time Medical, Dental, and Vision for 10-Month Paid Employees (20 paychecks per year)

Coverage Level	Medical			Dental		Vision	
	Anthem Enhanced	Anthem Core	Anthem HMO/ POS	Kaiser HMO	Delta Dental High	Delta Dental Standard	Vision (VSP)
Employee Only	\$ 79.45	\$ 39.46	\$ 18.73	\$ 18.21	\$ 6.79	\$ 1.00	\$ 5.35
Employee + Child(ren)	\$311.62	\$241.27	\$202.79	\$197.10	\$23.70	\$12.14	\$ 6.63
Employee + Spouse	\$362.84	\$281.40	\$234.77	\$228.20	\$22.63	\$11.59	\$ 6.78
Family	\$ 513.62	\$396.69	\$338.94	\$329.42	\$34.88	\$17.86	\$10.88
Two employee Family	\$158.90	\$ 78.92	\$ 37.46	\$ 36.42	\$13.58	\$ 2.00	\$10.88

2024-2025 Part-Time Medical, Dental, and Vision for 10-Month Paid Employees (20 paychecks per year)

Coverage Level	Medical			Dental		Vision	
	Anthem Enhanced	Anthem Core	Anthem HMO/ POS	Kaiser HMO	Delta Dental High	Delta Dental Standard	Vision (VSP)
Employee Only	\$257.40	\$217.41	\$196.68	\$191.17	\$16.41	\$10.62	\$ 5.35
Employee + Child(ren)	\$548.20	\$477.85	\$439.37	\$427.05	\$37.88	\$26.32	\$ 6.63
Employee + Spouse	\$636.74	\$555.30	\$508.67	\$494.41	\$36.16	\$25.12	\$ 6.78
Family	\$909.07	\$792.11	\$734.36	\$713.74	\$55.75	\$38.73	\$10.88
Two employee Family	\$514.80	\$434.82	\$393.36	\$382.34	\$32.82	\$21.24	\$10.88

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 per paycheck 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 can 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 can 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, 2024 - June 30, 2025) you can choose to contribute up to \$3,200 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 can only be reimbursed for eligible expenses up to the balance you have available in your account. **For the (July 1, 2024 - June 30, 2025) plan year, you can 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

6400 Main Street, Suite 210

Williamsville, NY 14221

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 \$610 or less in the Health Care FSA will roll over to the next plan year; any amount above \$610 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 \$610 or less in the Health Care FSA will rollover to the next plan year; any amount above \$610 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 % of your annual salary) applies to VRS Plan 1 and Plan 2 participants. Participant contributions are made through pre-tax 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 % of your annual salary applies to VRS Hybrid Plan participants (4 % funds a defined benefit plan and 1 % funds a defined contribution account). Participant contributions are made through pre-tax payroll deductions.

Voluntary Employee Contributions for Hybrid Plan Participants

VRS Hybrid Plan participants can contribute additional money (up to 4 % 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 % of your annual salary) into your defined contribution Plan, you can receive a combined total of 2.5 % of your annual salary in matching funds from PWCS.

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 can 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 pre-tax 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 % of salary contributed to the 403(b) based on years of service. 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 can 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 31 days from your date of employment or the date you became benefits-eligible, you can select any option, up to a maximum death benefit of \$400,000, without providing evidence of insurability. Securian Financial will determine your effective date of coverage.

Short-Term Disability

Short-Term Disability (STD) benefits provide income replacement of 60 % of an employee’s pre-disability earnings. The benefit waiting period is seven calendar days. The maximum benefit is 125 days (excluding weekends but including holidays).

Employees must be contracted in a position in which they work 20 or more hours per week to be eligible for short-term disability (STD) benefits. STD eligibility begins the first of the month following 30 days of employment.

If you 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 based on your months of PWCS service:

Months of continuous service with PWCS	Work days at 100% income replacement	Work days at 80% income replacement	Work days at 60% income replacement
0-12	0	0	125
13-59	0	0	125
60-119	25	25	75
120-179	25	50	50
180 or more	25	75	25

Long-Term Disability Benefits for Virginia Retirement System (VRS) Members

Hyrid Plan Members

If you continue to be disabled (as defined by The Standard) after you have received the full amount of STD benefits available, you may be eligible to receive Long Term Disability (LTD) benefits as part of your VRS Hybrid member benefits.

LTD benefits provide income replacement at 60 %, after STD benefits are exhausted, of your pre-disability earnings. 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.

Plan I/II Members

VRS Plan I/II members are eligible to apply for Disability Retirement benefits through VRS. Members may be eligible for service retirement while waiting for approval of disability retirement. More information is available at www.varetire.org.

VRS Plan I/II members may wish to purchase an employee-paid voluntary Long Term Disability policy through The Standard Insurance Company. In the first 30 days of employment, the application will not be subject to medical underwriting.

The premium rates for Long-Term Disability insurance are based on one’s age and annual salary. Premiums are payroll deducted.

Rates and additional information are available at varetire.org.

PWCS understands that the demands and pressures associated with balancing work and personal life can sometimes 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

Student Loan Debt Solution from Candidly

Candidly is an employee benefit program focused on assisting those with student loan debt. This new program is designed to help you and your family plan, borrow and repay student debt so that education can move you forward - not hold you back.

For more details, visit the Launchpad at pwcs.sharepoint.com/sites/BFRS

Optimize your current student loan repayment plan:

- **Apply** for and track your path to achieve public service loan forgiveness.
- **Federal forgiveness finder** Discover, compare, and enroll in an income - driven repayment plan in just minutes.
- **Multi-lender marketplace** Tap into a network of trusted lending partners to choose the best-priced borrowing or refinancing option.

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

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 can be obtained at <https://pwcps.sharepoint.com/sites/BFRS>, or by contacting the Benefits and Compensation Department 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.

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 can 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.pwcecu.org

Apple Federal Credit Union

Phone: **800-666-7996** or **703-788-4800**

Website: www.applefcu.org

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 supersede any information found here and can 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 can 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.

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.

Holidays

The PWC 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: 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 Compensation (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.

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 compensation, 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 Department of Benefits and Compensation, **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
Human Resources Department
Benefits and Compensation Department
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
 Department of Benefits and Compensation
 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 Department of Benefits and Compensation. Occasionally, however, the Department of Benefits and Compensation 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, and/or 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
Human Resources Department
Benefits and Compensation Department
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 a 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 Department of Benefits and Compensation. You may also obtain a copy of this Notice at benefits.pwcs.edu.

Prince William County Public Schools

Human Resources Department
Benefits and Compensation Department
P.O. Box 389, Manassas, VA 20108

Human Resources Client Services CenterPhone: **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
Human Resources Department
Benefits and Compensation Department
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**

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 **844-404-2123**.

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 Department of Benefits and Compensation.

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.

Employee Rights Under the Family and Medical Leave Act

Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness. An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE (1-866-487-9243)

TTY: 1-877-889-5627

www.dol.gov/whd

Effective July 1, 2021, employers with more than five employees for a 20-week period in the current or preceding year must provide reasonable accommodations for otherwise qualified persons with disabilities if necessary to assist such person in performing a particular job, unless the accommodation would impose an undue hardship on the employer. "Persons with a disability" means any person who has a physical or mental impairment that substantially limits one or more of the their major life activities or who has a record of such impairment. Employers also may not, in response to a request for a reasonable accommodation for disability:

- Take adverse actions against an employee;
- Deny employment or promotions; or
- Require an employee to take leave if another reasonable accommodation can be provided.

Reasonable Accommodations

Examples of reasonable accommodations include modifying work policies, permitting the use of leave, reassignment to a vacant position, acquisition or modification of equipment, assistance with manual labor, job restructuring, a modified work schedule, and light duty assignments.

Interactive Process

When an employee requests an accommodation, employers must engage in a timely, good-faith interactive process with the employee to determine if the requested accommodation is reasonable and, if not, discuss alternative reasonable accommodations that may be provided.

Complaints

Any person who believes they were discriminated against on this basis may file a complaint with the Office of Civil Rights.

OFFICE OF THE ATTORNEY GENERAL Office of Civil Rights
202 North 9th Street
Richmond, Virginia 23219
www.ag.virginia.gov
civilrights@oag.state.va.us
P: 804-225-2292; F: 804-225-3294

Virginia Human Rights Act Reasonable Accommodations for Pregnancy Protections from Discrimination – Va. Code 2.2-3909

Effective July 1, 2020, employers with more than five employees for a 20-week period in the current or preceding year must provide reasonable accommodations for pregnancy, childbirth or related medical conditions, including lactation, unless the accommodation would impose an undue hardship. Employers also may not, in response to a request for a reasonable accommodation for pregnancy:

- Take adverse actions against an employee;
- Deny employment or promotions; or
- Require an employee to take leave if another reasonable accommodation can be provided.

Reasonable Accommodations

Examples of reasonable accommodations include more frequent or longer bathroom breaks, breaks to express breast milk, access to a private location other than a bathroom for the expression of breast milk, acquisition or modification of equipment or access to or modification of employee seating, a temporary transfer to a less strenuous or hazardous position, assistance with manual labor, job restructuring, a modified work schedule, light duty assignments, and leave to recover from childbirth.

Virginia Human Rights Act Reasonable Accommodations for Pregnancy Protections from Discrimination – Va. Code 2.2-3909

Interactive Process

When an employee requests an accommodation, employers must engage in a timely, good faith interactive process with the employee to determine if the requested accommodation is reasonable and, if not, discuss alternative reasonable accommodations that may be provided.

Complaints

Any person who believes they were discriminated against on this basis may file a complaint with the Division of Human Rights or seek relief by filing a civil action in state court.

OFFICE OF THE ATTORNEY GENERAL Office of Civil Rights
202 North 9th Street
Richmond, Virginia 23219
www.ag.virginia.gov
civilrights@oag.state.va.us
P: 804-225-2292; F: 804-225-3294

	Contact Info	Web site
Department of Benefits & Compensation	703-791-8050 Fax: 703-791-8906 Benefits@pwcs.edu	benefits.pwcs.edu
Anthem BC/BS	844-404-2123	www.anthem.com
Kaiser Permanente	800-777-7902	healthy.kaiserpermanente.org
Delta Dental	800-237-6060	www.deltadentalva.com
Vision Service Plan (VSP)	800-877-7195	www.vsp.com
P & A Group Flexible Benefit Plans	800-688-2611	www.padmin.com
The Standard Short & Long Term Disability	888-937-4783	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	https://enrollment.aflac.com/AccountSites/P_R/pwcs/Homepage.aspx
Virginia Retirement System • ICMA-RC (Hybrid)	888-827-3847 (Main) 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.pwccu.org www.applefcu.org

Revised 04.01.2023

Visit 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

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Chairman At-Large

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Student Representative

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*Associate Superintendent for
Western Elementary Schools*

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Chief Information Officer

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*Associate Superintendent for
Middle Schools*

Mr. Gregory Hood
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High Schools*

Mrs. Denise M. Huebner
*Associate Superintendent for
Student Services and
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Mrs. Catherine Porter-Lucas
*Associate Superintendent for
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Dr. Ashley Reyher
*Associate Superintendent for
Special Education*

Dr. Stephanie Soliven
*Associate Superintendent for
Teaching and Learning*

Mrs. Kimberly A. Werle
*Associate Superintendent for
Eastern Elementary Schools*

Mr. Keith F. Wolfe
*Associate Superintendent for
High Schools*

Mr. Shakeel Yusuf
Chief Financial Officer



Prince William County Public Schools does not discriminate in employment nor in the provision of educational programs, services, and activities on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, pregnancy, childbirth or related medical conditions including lactation, age, marital status, veteran status, disability, genetic information, or any other basis prohibited by law.

The following individuals will handle inquiries regarding nondiscrimination policies, including Section 504 and Title IX:

Mailing Address

P.O. Box 389, Manassas, VA 20108

703-791-7200 • www.pwcs.edu

**Civil Rights, Section 504, Compliance (Employees),
Equal Employment Opportunity,
Americans with Disabilities Act, Grievance Procedures:**
Equity and Employee Relations Office • 703-791-8764

Section 504 Compliance (Students):
Director of Special Education • 703-791-7287

Title IX Compliance:
Title IX Coordinator and Student Equity Office • 571-374-6839

Family Educational Rights and Privacy Act (FERPA):
FERPA Officer • 703-791-7445

Freedom of Information Act (FOIA):
FOIA Officer • 571-402-3150