



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](#).



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, viewing information posted to the PWCS Launchpad and visiting with **ALEX**, please contact the Department of Benefits and Compensation at [benefits@pwcs.edu](mailto: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
<b>Medical</b>	PWCS offers four medical options: <ul style="list-style-type: none"> <li>• Anthem Enhanced PPO</li> <li>• Anthem Core PPO</li> <li>• Anthem HMO/POS</li> <li>• Kaiser HMO</li> </ul>	You and PWCS share in the cost	Full-and part-time employees working at least 17.5 hours per week	<b>Page 6</b>
<b>Dental</b>	PWCS offers two dental options through Delta Dental of Virginia: <ul style="list-style-type: none"> <li>• Standard</li> <li>• High</li> </ul>	You and PWCS share in the cost	Full-and part-time employees working at least 17.5 hours per week	<b>Page 9</b>
<b>Vision</b>	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	<b>Page 10</b>
<b>Flexible Spending Accounts (FSA)</b>	<ul style="list-style-type: none"> <li>• Health Care FSA</li> <li>• Dependent Care FSA</li> </ul>	You fund your account with pretax dollars	Full-time employees	<b>Page 12</b>
<b>Virginia Retirement System (VRS)</b>	Your VRS retirement benefit is based on your date of hire	You and PWCS share in the cost	Full-time employees	<b>Page 13</b>
<b>Optional Supplemental Retirement Program</b>	Types of available retirement accounts: <ul style="list-style-type: none"> <li>• 403(b) Pretax and Roth Plans</li> <li>• 457 Pretax and Roth Plans</li> </ul>	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	<b>Page 14</b>
<b>Group Term Life Insurance</b>	Basic group term life insurance, 2x your salary, provided by Securian Financial	PWCS pays the full cost	Full-time VRS member employees	<b>Page 14</b>
<b>Optional Supplemental Life Insurance</b>	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)	<b>Page 14</b>
<b>Short-Term Disability Insurance</b>	Provided by The Standard Insurance Company	PWCS pays the full cost	Full-time VRS member employees	<b>Page 15</b>
<b>Long-Term Disability Insurance</b>	Provided by The Standard Insurance Company	PWCS pays the full cost	Full-time Hybrid VRS member employees	<b>Page 15</b>
<b>Optional Voluntary Long-Term Disability Insurance</b>	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	<b>Page 16</b>
<b>Voluntary Long-Term Care Insurance</b>	<ul style="list-style-type: none"> <li>• Genworth Financial</li> </ul>	You pay the full cost	All PWCS employees	<b>Page 17</b>
<b>AFLAC – Optional Insurance</b>	Personal accident, cancer, critical care and recovery, additional dental and hospitalization coverage	You pay the full cost	All PWCS employees	<b>Page 17</b>
<b>Tuition Reimbursement Programs</b>	<ul style="list-style-type: none"> <li>• PWCS Teacher Reimbursement</li> <li>• ESSA Grant for 3-Year Provisional CoreCourse Teachers</li> <li>• Continuing Education Class Reimbursement Program</li> </ul>	PWCS reimburses eligible expenses	All full and part-time employees	<b>Page 17</b>
<b>Leave</b>	<ul style="list-style-type: none"> <li>• Annual Leave (250-day employees)</li> <li>• Personal Leave</li> <li>• Sick Leave</li> <li>• Paid Parental Leave</li> <li>• Family and Medical Leave</li> <li>• Military Leave</li> <li>• Civil Leave</li> <li>• Bereavement Leave</li> </ul>	Any paid leave you take is paid by PWCS; however, some leave available to you is unpaid	Full and part-time employees	<b>Page 18</b>



## 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  
(Full-time employees only)
- 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](https://benefits.pwcs.edu) or contact the Department of Benefits and Compensation at [benefits@pwcs.edu](mailto: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](https://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 45 days from their first working day to elect optional supplemental life insurance without medical underwriting. Visit [varetirement.org](https://varetirement.org) 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](https://varetirement.org/hybrid).

## Changes During Annual Open 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](mailto: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
<b>Retail Pharmacy (up to a 30-day supply)</b>	<b>Kaiser Medical Center Pharmacy</b>	<b>Carelon Rx Network Pharmacy</b>
Generic	\$10 copay	\$10 copay
Brand Name Preferred	\$20 copay	\$35 copay
Brand Name Non-Preferred	\$35 copay	\$70 copay
<b>Mail Order Pharmacy (up to a 90-day supply)</b>	<b>Kaiser Mail Order Pharmacy</b>	<b>Carelon RX Mail Order Pharmacy</b>
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](https://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

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.

### 2026-2027 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	\$ 79.95	\$ 39.72	\$ 18.85	\$ 18.32	\$ 6.29	\$ 0.93	\$4.46
Employee + Child(ren)	\$313.57	\$242.79	\$204.05	\$198.33	\$21.94	\$11.24	\$5.65
Employee + Spouse	\$365.11	\$283.16	\$236.24	\$226.24	\$20.95	\$10.73	\$5.53
Family	\$516.87	\$399.17	\$341.05	\$331.48	\$32.29	\$16.54	\$9.07
Two employee Family	\$159.90	\$ 79.44	\$ 37.70	\$ 36.64	\$12.58	\$ 1.86	\$9.07

### 2026-2027 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	\$259.01	\$218.78	\$197.91	\$192.38	\$15.19	\$ 9.84	\$4.46
Employee + Child(ren)	\$551.62	\$480.84	\$442.11	\$429.72	\$35.06	\$24.37	\$5.65
Employee + Spouse	\$640.72	\$558.77	\$511.85	\$497.50	\$33.49	\$23.26	\$5.53
Family	\$914.76	\$797.06	\$738.94	\$718.20	\$51.60	\$35.86	\$9.07
Two employee Family	\$518.02	\$437.56	\$395.82	\$384.77	\$30.39	\$19.68	\$9.07

### 2026-2027 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	\$ 95.94	\$ 47.67	\$ 22.62	\$ 21.98	\$ 7.54	\$ 1.12	\$ 5.35
Employee + Child(ren)	\$376.27	\$291.33	\$244.86	\$237.99	\$26.33	\$13.50	\$ 6.63
Employee + Spouse	\$438.14	\$339.80	\$283.49	\$275.54	\$25.14	\$12.88	\$ 6.78
Family	\$ 620.24	\$479.00	\$409.26	\$397.78	\$38.75	\$19.86	\$10.88
Two employee Family	\$191.88	\$ 95.34	\$ 45.24	\$ 43.96	\$15.08	\$ 2.24	\$10.88

### 2026-2027 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	\$310.81	\$262.54	\$237.49	\$230.84	\$18.23	\$11.80	\$ 5.35
Employee + Child(ren)	\$661.95	\$577.01	\$530.54	\$515.66	\$42.08	\$29.24	\$ 6.63
Employee + Spouse	\$768.87	\$670.53	\$614.22	\$596.99	\$40.17	\$27.91	\$ 6.78
Family	\$1,097.71	\$956.47	\$886.73	\$861.84	\$61.94	\$43.03	\$10.88
Two employee Family	\$621.62	\$525.08	\$474.98	\$461.68	\$36.46	\$23.60	\$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, 2026 - June 30, 2027) you can choose to contribute up to \$3,400 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](http://www.irs.gov).

For more information about eligible expenses and how to submit claims for reimbursement, visit [www.padmin.com](http://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, 2026 - June 30, 2027) plan year, you can contribute up to \$7,500 each year per household and \$3,750 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](http://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](http://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 plan year.
- Unused Dependent Care FSA funds will never roll into the next plan year.
- Annual re-enrollment is required for all FSA accounts.

As of June 30, 2027, remaining account balances of \$680 or less in the Health Care FSA will rollover to the next plan year; any amount above \$680 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](http://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 VOYA 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](http://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 four options offered: 403(b) tradition and ROTH, and 457 traditional and ROTH plans. The 403(b) and 457 traditional plans 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) and 457 plans are 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 [Launchpad](#), or by visiting [www.lfg.com/pwcs](http://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 45 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 a minimum 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 full time to be eligible for short-term disability (STD) benefits. STD eligibility begins the first of the month following 30 days of employment.

Eligible employees who are sick or injured, unable to work, and considered disabled by the Standard Insurance Company, will receive a portion of their income as follows based on their 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

### Hybrid 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.

### Plan I/II Members

VRS Plan I/II members are eligible to apply for Disability Retirement benefits through VRS. Members may apply for service retirement while waiting for approval of disability retirement. More information is available at [www.varetire.org](http://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 on the PWCS Launchpad.

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](http://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 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 PWCS [Launchpad](#).

### 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 VRS Commonwealth of Virginia Voluntary Group Long-Term Care Insurance Program at a group discount. 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:

### Virginia Retirement System – Genworth Life Insurance Company

Phone: **866-859-6060**

Website: [www.genworth.com/cov](http://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 on the [PWCS Launchpad](#), or by contacting the Benefits and Compensation Department at [benefits@pwcs.edu](mailto: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://www.aflacenrollment.com/PrinceWilliamPublicSchools/0Z4000613975>

### 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](http://www.pwcecu.org)

#### Apple Federal Credit Union

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

Website: [www.applefcu.org](http://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 five (5) days of personal leave each fiscal year. Personal leave days that are unused within the fiscal year 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. Sick leave will not accrue during periods of unpaid leave. There are no maximum accumulation limits.

## Paid Parental Leave

Employees will be considered eligible for Parental Paid Leave if they have been:

- Consecutively employed by PWCS in a benefits eligible position for a minimum of one (1) calendar year (i.e., 365 days) immediately preceding the first day of the leave; and
- Approved for Family & Medical Leave (FMLA).

The birthing or non-birthing parent may request up to six (6) weeks (or a maximum of 30 working days) of paid leave for any absence from work due to;

- the birth or placement of their child (ages 0-17) for adoption or foster care; or
- following a surrogate birth.

## 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.

## Child School Event 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](http://www.pwcs.edu).

## Bereavement Leave

Up to three (3) days of paid bereavement leave per year, separate from all other types of leave may be granted in the event of a death in the employee's immediate household or immediate family member. An employee may use up to seven (7) additional days of their accumulated sick leave or personal leave when benefits available through this regulation have been exhausted

## 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 the regulation that may be authorized. 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 the 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**, visit the PWCS [Launchpad](#), 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](http://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.*

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# 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](mailto:Benefits@pwcs.edu)

## Office for Civil Rights

U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201  
visit [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html) or phone:  
**1-877-696-6775**

## HIPAA PRIVACY NOTICE

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

### Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.

Contact information for questions or complaints is available at the end of the notice.

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

**Your Choices****For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:  
Marketing purposes  
Sale of your information

**Our Uses and Disclosures****How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information**

- If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

**Other Instructions for Notice**

- Dated: 2/16/2026
- Questions?  
Contact: Elisa Pickette, Supervisor Benefits and Compensation Department,  
703-791-8780, [PicketE@pwcs.edu](mailto:PicketE@pwcs.edu)

## 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](http://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 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](http://www.ag.virginia.gov)

[civilrights@oag.state.va.us](mailto:civilrights@oag.state.va.us)

P: 804-225-2292; F: 804-225-3294

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## 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.

## **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](http://www.ag.virginia.gov)  
[civilrights@oag.state.va.us](mailto:civilrights@oag.state.va.us)  
P: 804-225-2292; F: 804-225-3294

## Important Legal Notices Affecting Your Health Plan Coverage

### **THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)**

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. See your plan documents for more details on applicable deductibles and coinsurance.

### **NEWBORNS ACT DISCLOSURE - FEDERAL**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **NOTICE OF SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

**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’re 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 aren’t eligible for Medicaid or CHIP, you won’t 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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](http://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 aren’t 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 the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>

<p align="center"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p>	<p align="center"><b>FLORIDA – Medicaid</b></p>
<p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442</p>	<p>Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268</p>
<p align="center"><b>GEORGIA – Medicaid</b></p>	<p align="center"><b>INDIANA – Medicaid</b></p>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p>	<p align="center"><b>KANSAS – Medicaid</b></p>
<p>Medicaid Website: <a href="http://iowa.gov/health-human-services">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://iowa.gov/healthy-well-kids">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="http://iowa.gov/health-insurance-premium-payment">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>LOUISIANA – Medicaid</b></p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Louisiana Medicaid Website: <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a> Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a> Louisiana Health Insurance Premium Program (LaHIPP) Website: <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a> LaHIPP phone: 1-877-697-6703 LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a> LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>

<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>                      Phone: 1-800-442-6003                      TTY: Maine relay 711                      Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>                      Phone: 1-800-977-6740                      TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>                      Phone: 1-800-862-4840                      TTY: 711                      Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>                      Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>                      Phone: 573-751-2005</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>                      Phone: 1-800-694-3084                      Email: <a href="mailto:HHSHIPPPprogram@mt.gov">HHSHIPPPprogram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>                      Phone: 1-855-632-7633                      Lincoln: 402-473-7000                      Omaha: 402-595-1178</p>
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>                      Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>                      Phone: 603-271-5218                      Toll free number for the HIPP program: 1-800-852-3345, ext. 15218                      Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                      Phone: 1-800-356-1561                      CHIP Premium Assistance Phone: 609-631-2392                      CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                      CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>                      Phone: 1-800-541-2831</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>                      Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>                      Phone: 1-844-854-4825</p>

<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p>	<p align="center"><b>OREGON – Medicaid and CHIP</b></p>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075</p>
<p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
<p align="center"><b>TEXAS – Medicaid</b></p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p>
<p>Website: <a href="http://www.texas.gov">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493</p>	<p>Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p align="center"><b>VERMONT– Medicaid</b></p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="http://www.vermont.gov">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>WASHINGTON – Medicaid</b></p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

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OMB Control Number 1210-0137 (expires 3/31/2026)

	Contact Info	Web site
<b>Department of Benefits &amp; Compensation</b>	703-791-8050 Fax: 703-791-8906 <a href="mailto:Benefits@pwcs.edu">Benefits@pwcs.edu</a>	<a href="http://benefits.pwcs.edu">benefits.pwcs.edu</a>
<b>Anthem BC/BS</b>	844-404-2123	<a href="http://www.anthem.com">www.anthem.com</a>
<b>Kaiser Permanente</b>	800-777-7902	<a href="http://healthy.kaiserpermanente.org">healthy.kaiserpermanente.org</a>
<b>Delta Dental</b>	800-237-6060	<a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
<b>Vision Service Plan (VSP)</b>	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>P &amp; A Group</b> Flexible Benefit Plans	800-688-2611	<a href="http://www.padmin.com">www.padmin.com</a>
<b>The Standard</b> Short & Long Term Disability	888-937-4783	<a href="http://www.standard.com/mybenefits">www.standard.com/mybenefits</a>
<b>Securian Insurance</b> Life Insurance	800-441-2258	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>
<b>Long Term Care</b> • VRTA • GenWorth	540-223-4328 866-859-6060	<a href="mailto:troy@creeksideadvisors.net">troy@creeksideadvisors.net</a> <a href="http://genworth.com/cov">genworth.com/cov</a>
<b>Aflac</b>	540-545-5396	<a href="https://www.aflacenrollment.com/PrinceWilliamPublicSchools/0Z4000613975">https://www.aflacenrollment.com/PrinceWilliamPublicSchools/0Z4000613975</a>
<b>Virginia Retirement System</b> • Plan 1, 2 and Hybrid	888-827-3847 (Main) 877-327-5261 (Hybrid)	<a href="http://www.varetire.org">www.varetire.org</a> <a href="http://www.varetire.org/hybrid">www.varetire.org/hybrid</a>
<b>Lincoln Financial Group</b> 403(b) Pre-tax and Roth 457(b) Pret-tax and Roth	800-234-3500	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
<b>Credit Union Membership:</b> Prince William Credit Union Apple Federal Credit Union	703-369-7333 703-788-4800	<a href="http://www.pwcecu.org">www.pwcecu.org</a> <a href="http://www.applefcu.org">www.applefcu.org</a>

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Visit [benefits.pwcs.edu](http://benefits.pwcs.edu) or the PWCS [Launchpad](#) for general information regarding your benefits. For more specific information regarding the plans contact the appropriate provider by phone or access their specific website.



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