

DANVILLE



Public Schools
Investing In Bright Futures

2023 - 2024

BENEFITS GUIDE

Full-Time Employees



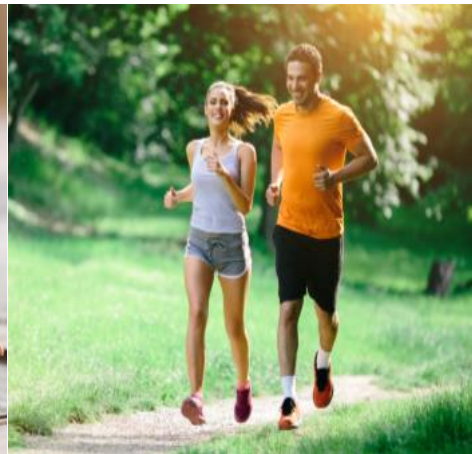
Plan Year October 1, 2023 through September 30, 2024

This employee benefits reference guide provides you with an overview of Danville Public Schools' benefits program.

Note Carefully: The information in this Enrollment Guide is presented for illustrative purposes only. The text contained in this Guide includes benefit information and was taken, in part, from summary plan descriptions. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In the event of a discrepancy between the Guide and plan documents (Summary Plan Description or Evidence of Coverage), the plan documents will prevail. If you have any questions about your Guide, contact your Human Resources Department.

Table of Contents

Eligibility & Enrollment	4
Advanced Resolution Team	6
Key Insurance Terms	7
Medical Plans.	8
Telemedicine.	9
Dental Plan.	10
Vision Plan.	11
TLC Premiums.	12
Voluntary Dental Plan & Premiums	13
Voluntary Vision Plan & Premiums	14
Employee Assistance Program.	15
Basic Life Insurance.	16
Optional Group Life Insurance.	17
Disability Insurance.	18
Supplemental Allstate Plans	19
Retirement Benefit Summary.	20
Long Term Care Insurance	23
Tax Reduction/Flexible Benefits.	24
Pay Advance	25
Tuition Reimbursement	26
Notices.	27
Contacts.	30



Eligibility & Enrollment

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Locate your enrollment/change forms.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Change in Status

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change, or you will be considered a late enrollee.

Examples of changes in status:

- You get married or divorced
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Package Overview & Contact Information

Danville Public Schools offers eligible employees a comprehensive benefit package that provides both financial stability and protection. Our offering provides flexibility for employees to design a package to meet their unique needs.

Effective October 1, 2023:

- Medical, Dental & Vision benefit plans with **The Local Choice**
- Employee Assistance Program with **The Local Choice**
- Voluntary Dental benefit plan with **Delta Dental of Virginia**
- Voluntary Vision benefit plan with **VSP Vision Care**
- Life Insurance benefit plans with **Minnesota Life Insurance Company**
- Accident, Critical Illness, Cancer & Disability benefit plans with **Allstate**

After you have enrolled in insurance coverage, you may receive additional information in the mail from the insurance carriers. This information may contain your personal identification cards. In the meantime, you can look up providers for your plans on the internet.



Advanced Resolution Team

Through our **Advanced Resolution Team**, you have access to live representatives who will help you get the most out of your benefits and answer your questions.

The OneDigital Advanced Resolution Team can help educate you about your benefits and teach you how to navigate within the healthcare system.

- Help you with enrollment changes including ID card requests
- Coverage assistance
- Facilitate resolution on billing issues
- Assist you with claims
- Locate in-network providers
- And much, much more



Advanced Resolution Team
We are available by phone
or email

Call: (866) 802-6311

Email: art@onedigital.com

Monday through Friday 8am
to 5pm (EST)



Key Insurance Terms

UNDERSTANDING KEY INSURANCE TERMS

Deductible: a flat dollar amount you must pay out of your own pocket before your plan begins to pay for certain covered services.

Coinsurance: the amount you pay for health care coverage after meeting the deductible. This can be seen as "sharing the cost" with your insurance company. Example: Your deductible has been met and you have a \$100 bill. If your insurance plan says you have a 20% coinsurance, this means you pay \$20, and the insurance company pays \$80 of the bill.

Copayments: a flat fee you pay for certain in-network covered services such as doctors' visits, urgent care visits, emergency room visits or prescriptions.

Out-of-Pocket Maximum: the most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your insurance pays 100% for covered benefits.



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Medical Plans



For this plan year, you can choose from the following medical options. Refer to the carrier benefits summaries for the exact benefit levels associated with your plan choice.

In Network Benefits	Key Advantage 500	Key Advantage 1000
Referrals Required	No	No
Plan Accumulator	Plan Year	Plan Year
Deductible	Embedded	Embedded
Annual Deductible	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
Maximum Out-of-Pocket	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family
Preventive Care	Covered 100%	Covered 100%
Physician's Office Visits	PCP: \$25 copay Specialist: \$40 Copay LiveHealth Online: \$0 copay	PCP: \$25 copay Specialist: \$40 copay LiveHealth Online: \$0 copay
Urgent Care	\$40 Copay	\$40 copay
Emergency Room	20%, after deductible	20%, after deductible
Inpatient Services	20%, after deductible	20%, after deductible
Outpatient Services	20%, after deductible	20%, after deductible
Pharmacy Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4) For a 30 day supply	\$10/\$30/\$45/\$55	\$10/\$30/\$45/\$55
Mail Order Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4) Up to 90 day supply	\$20/\$60/\$90/\$110	\$20/\$60/\$90/\$110
Out of Network Benefits	Key Advantage 500	Key Advantage 1000
Annual Deductible	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family
Maximum Out-of-Pocket	\$7,000 individual \$14,000 family	\$9,000 individual \$18,000 family
Coinsurance	30%	30%

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.



What is Telemedicine?

- Telemedicine uses technology to facilitate communication, between a doctor and patient who are not in the same physical location for medical evaluation, diagnosis and treatment.
- Speak to a real live doctor 24/7/365.
- All doctors are US **Board Certified**, licensed to practice medicine and write prescriptions in the state the caller is located in.
- **100% HIPAA** Compliant.
- Designed for **non-emergency care**; 71% of all medical visits today are non-emergency.
- LiveHealth online visits are 0\$ copay if enrolled in either plan

Common issues treated via LiveHealth Online:

- Allergies
- Cough/Cold
- Fever
- Pink eye
- Sore throat
- Sinus infection
- Stomach ache

Enroll for free at:

www.livehealthonline.com

Download
the app now!

apple.com



play.google.com/store



Dental Plan



For this plan year, your dental plan is packaged with your medical plan through The Local Choice and administered by Delta Dental. Benefits are the same no matter which medical plan you are enrolled in.

In Network Benefits	Comprehensive Dental
Individual Annual Maximum	\$1,500
Annual Deductible	\$25 Individual \$50 Two People \$75 Family
Preventive Services (exams, cleaning, x-rays, fluoride, etc.)	0%
Basic Services (fillings, root canals, periodontics, simple extractions, etc.)	20%, after deductible
Major Services (crowns, dentures, bridges, etc.)	50%, after deductible
Orthodontic Services (Adult and Child)	50% to \$1,500 lifetime maximum Not subject to deductible
Out of Network Benefits	Out of network benefits mirror in network benefits. However, out of network providers may balance bill.



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Vision Plan



For this plan year, your vision plan is packaged with your medical plan through The Local Choice and administered by Anthem Blue View Vision. Vision benefits are the same no matter which medical plan you are enrolled in.

In-Network Benefits

Blue View Vision

Annual Exam

\$40 copay

Lenses

Single
Bifocal
Trifocal

\$20 copay

Contact Lenses

*in lieu of glasses lenses

\$100 allowance + 15% of remaining balance

Frames

\$100 allowance + 20% of remaining balance

Frequency

Exam
Lenses
Frames

Once every 12 months
Once every 12 months
Once every 12 months



Premium Information*

For this plan year, you can choose from the following coverage tiers. The cost of the tier elected is deducted monthly August 2023 – May 2024.

Coverage Tiers	\$500 Deductible Plan (cost per month)	\$1,000 Deductible Plan (cost per month)
Employee	\$150.00	\$75.00
Employee + Spouse	\$1,194.00	\$1,054.00
Employee + 1 Child	\$670.00	\$567.00
Employee + Children	\$985.00	\$855.00
Family	\$2,030.00	\$1,754.00

***Rates include medical, dental, vision and EAP packaged benefits**



Voluntary Dental Plan



For this plan year, voluntary dental coverage is offered through Delta Dental for employees who waive TLC coverage. Refer to the carrier benefit summary for the exact benefit level associated with your plan.

Delta Dental	
	In-Network
Individual Annual Maximum	\$1,000
Annual Deductible	\$50 Individual \$50 Individual & Spouse \$150 Family
Preventive Services Such as exams, x-rays, cleanings fluoride	Covered at 100%
Basic Services Such as fillings, root canals, periodontics, simple extractions	20%, after deductible
Major Services Such as crowns, bridges, and dentures	50%, after deductible
Orthodontia Adult & Children	Not covered
Out of Network Benefits	Out-of-network benefits mirror in-network benefits. However, out of network providers may balance bill.

Voluntary Dental Premiums	
Coverage Tier	Premium per Month
Employee	\$42.65
Employee + Spouse	\$91.01
Employee + Child(ren)	\$94.21
Family	\$145.32



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Voluntary Vision Plan



For this plan year, voluntary vision coverage is offered through VSP for employees who waive TLC coverage. Refer to the carrier benefit summary for the exact benefit level associated with your plan.

	VSP	
	In-Network	Out-of-Network
Annual Exam	\$10 copay	Up to \$45
Lenses Single Bifocal Trifocal	\$25 copay	Up to \$30 Up to \$50 Up to \$65
Contact Lenses *in lieu of glasses lenses	\$150 allowance	Up to \$105
Frames	\$150 allowance + 20% off remaining balance	Up to \$70

Frequency

Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months

Voluntary Vision Premiums

Coverage Tier	Premium per Month
Employee	\$9.55
Employee + Spouse or Employee + Child	\$16.10
Employee + Children	\$16.42
Family	\$26.50



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Employee Assistance Plan

Danville Public Schools provides these services at no cost to employees and members of their household regardless of enrollment in medical plans. No referrals are needed to speak with an EAP counselor, and you never have to worry about finding a provider who is in your network.

The call center is open 24 hours a day, 7 days a week. You can talk to a licensed counselor at any time. Your EAP gives you up to 4 visits per issue per year with a counselor. This service is completely confidential.

This program helps people work through common issues such as those listed below and many more:

- Dependent Care
- Working Smarter
- Education
- Legal concerns
- Lifestyle and Fitness Management
- Substance Abuse
- Grief
- Financial issues

Visit: www.AnthemEAP.com
Call: 855-223-9277



Basic Life and AD&D

EMPLOYER PAID LIFE AND AD&D INSURANCE

Basic Life Insurance with Accidental Death & Dismemberment is provided by Danville Public Schools at no cost to you. Basic Life coverage provides a benefit to your designated beneficiary in the event of your death. AD&D coverage provides benefits not only for accidental death, but also for loss of limbs or bodily functions such as sight and hearing.

Employer-Paid Life and AD&D Coverage

Who is eligible?

Full-time employees in positions covered by the Virginia Retirement System (VRS)

Life Benefit

Double the employee's salary for a natural death

Accidental Death Benefit

Four times the employee's salary for an accidental death



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

OPTIONAL GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Optional Group Life insurance coverage provides an additional benefit to the beneficiaries. It provides a benefit to your designated beneficiary in the event of your death. AD&D coverage provides benefits not only for accidental death, but also for loss of limbs or bodily functions such as sight and hearing.

Carrier Name	Minnesota Life
Employee Life Coverage	You may elect up to 8 times your annual salary up to a maximum of \$800,000
Spouse Life Coverage	Insure your spouse for half of the amount of your coverage, up to a max of \$400,000
Child or Children Life Coverage	Insure your children in amounts of \$10,000, \$20,000 or \$30,000, depending on the amount you elect for yourself
If you are not currently enrolled and make an Optional Group Life election for 2023, you will be subject to underwriting and required to answer medical questions to enroll. Employees must elect coverage on self in order to elect dependent coverage.	



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Voluntary Short-Term Disability Insurance



For VRS Hybrid Plan members (in their first year of employment) and VRS Plan 1 and Plan 2 members looking for short-term disability coverage, Danville Public Schools now offers voluntary STD coverage through Allstate.

Short-Term Disability	Allstate
Benefit Begins	15th day of an accident or sickness
Percentage of Income Replaced	60% of pre-disability earnings
Maximum Benefit	\$5,000 per month (based on annual salary)
Duration of Benefits	90 days per event



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Supplemental Benefit Plans



Accident / Cancer / Critical Illness

Allstate Accident Benefit Plan Option

- Provides a fixed benefit for off the job accidental injuries.
- The plan includes a wellness benefit of \$100 paid twice per calendar year for individual coverage, and four times per year if additional family members are covered.

Allstate Critical Illness Benefit Plan Option

- Plan provides a lump sum benefit payment should any one of the health events listed in the brochure be diagnosed, including Heart Attack, Stroke, Coronary Artery By-Pass Surgery, End Stage Renal Failure and more.
- Rate is based on your current age and tobacco status and does not increase because you get older.
- The plan includes a wellness benefit of \$50 paid once per calendar year per individual coverage.

Allstate Cancer Benefit Plan Option

- Plan pays an initial diagnosis benefit for internal cancer, as well as benefits if you have treatments or incur expenses included in the extensive list in the coverage brochure.
- The plan includes a wellness benefit of \$50 paid once per calendar year per individual coverage.

Benefits include but are not limited to:

- First Occurrence Benefit – Low Plan - \$2,000
- First Occurrence Benefit – High Plan - \$6,000
- Benefits if you have covered hospitalizations, surgery, imaging, travel, lodging, and more
- Benefits for cancer and 29 other specified diseases
- Wellness benefit available for all covered family members
- Radiation and Chemotherapy treatment



Retirement Summary



The Virginia Retirement System (VRS) is a **mandatory** retirement program sponsored by the Commonwealth of Virginia for eligible full-time employees.

- Employees hired before July 1, 2010, and vested as of January 1, 2013, are covered under the VRS Plan 1.
- Employees hire on or after July 1, 2010 (or if your VRS membership date is before July 1, 2010, and you were not vested as of January 1, 2013) are covered under VRS Plan 2.
- Employees hired on or after January 1, 2014, are covered under the VRS Hybrid Retirement Plan.

You become vested when you have at least five years (60 months) of creditable service. Once you are vested, you are eligible for a retirement benefit if you meet the age and service requirements of your plan.

VRS Plan 1 and VRS Plan 2 are defined benefit plans. They provide a monthly benefit during retirement based on your age, total creditable service, and average final compensation.

- For VRS Plan 1 members, the average final compensation is the average of your 36 consecutive months of highest creditable compensation as a covered employee.
- For VRS Plan 2 members, the average final compensation is the average of your 60 consecutive months of highest creditable compensation as a covered employee.

The VRS Hybrid Retirement Plan combines the features of a defined benefit plan and a defined contribution plan. A defined contribution plan provides a retirement benefit based on employee contributions and employer match to the plan and the investment performance of those contributions.

Regardless of which plan you are enrolled in, you must contribute five (5) percent of your creditable compensation each month to your retirement plan on a pre-tax, salary reduction basis. DPS shares in the cost of funding your VRS retirement benefit. Your contributions are tax-deferred until you withdraw them as part of your retirement benefit or as a requested refund. The VRS manages the investments and related risk for member and employer contributions.

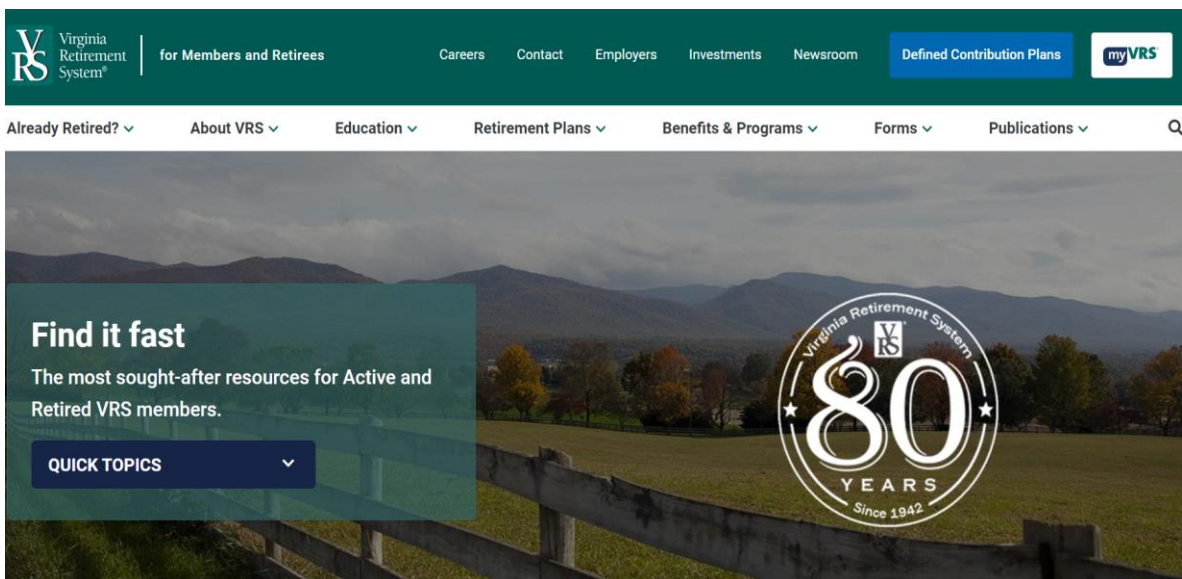
Retirement Summary - continued



In order to make the best decisions related to defined benefit account retirement planning, Plan 1, Plan 2, and Hybrid Plan members are strongly encouraged to create an online **myVRS** account. The **myVRS** system offers secure features for interacting with VRS regarding your defined benefit account, such as viewing and tracking your service credit and member contributions and creating future retirement benefit estimates using live data from your file. To register for access to the **myVRS** system, select the "**myVRS**" logo from the VRS home page, which will take you to the login page. Select "Register Now" and follow the instructions.

Hybrid Plan members are strongly encouraged to learn more about your retirement plan through the handouts provided during your benefits overview, if applicable, and by accessing the [Hybrid Retirement Plan Features and Benefits Series](#). Available resources include a webinar and a six-part video series, which includes an introduction to the plan and a description of how contributions and investments are handled, along with an explanation of the benefits available to hybrid plan members and retirement eligibility. The **myVRS** system does not provide information regarding defined contribution accounts. Hybrid Plan members can access their defined contribution account by registering for account access as a new user.

More information about all three retirement plans is available under the "Retirement Plans" tab on the VRS website at www.varetire.org.



Tax Sheltered Annuities (TSA)

All employees of Danville Public Schools are eligible to participate in a 403(b) plan, which is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax basis and have the contribution deposited into an investment account. Only approved 403(b) investment providers can set up tax sheltered annuity accounts for employees. The list of approved vendors can be found on the Human Resources **Benefits** page of the Danville Public Schools website.



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Long-Term Care Insurance

Most medical plans do not cover long-term care services such as nursing home care or at-home care to assist with bathing, eating, or other activities of daily living. Anyone at any age may need these services, the cost of which can quickly deplete savings or retirement income. Long-term care programs provide help with everyday life tasks because of a prolonged health problem or following a major illness, injury, or surgery.

The Commonwealth of Virginia (COV) Voluntary Group Long Term Care Insurance Program, underwritten by Genworth Life Insurance Company, can help with these costs. This program offers insurance to employees or eligible family members to assist in covering expenses of long-term care services received at home or in an assisted living or nursing home facility. Premiums for this insurance will be billed directly to those who choose to enroll in this coverage.

Eligible individuals interested in enrolling in or obtaining program information must call a Program Expert at (866) 859-6060 or visit the Genworth Life Insurance Company website, <http://genworth.com/cov>. New employees can purchase this coverage with no medical underwriting during the first 60 days of employment.



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Tax Reduction Plan / Flexible Benefits

A Cafeteria Plan is a reimbursement plan governed by IRS Section 125 which allows employees to pay certain qualified expenses (such as health insurance premiums) on a pre-tax basis, thereby reducing their total taxable income and increasing their spendable/take-home income.

DPS's Cafeteria Plan also includes two Flexible Spending Accounts (FSAs): the Health Care FSA and Dependent Day Care FSA. These accounts allow you to set aside pre-tax money to help cover eligible medical, dental, and vision expenses, as well as work-related child and adult day care expenses. Like the tax reduction plan, using an FSA reduces your income taxes by deducting money from your pay before taxes are calculated. The end result is that you pay less in taxes and increase your spendable income, potentially saving hundreds of dollars a year.

Each year, you determine how much you want to contribute into one or both accounts (in 2023, up to \$3,050 into the Health Care FSA, and up to \$5,000 into the Dependent Day Care FSA). The amount you designate is deducted from your paycheck pre-tax and placed in the FSA account(s). Participants have the option of having Health Care FSA contributions loaded onto a debit card to pay for eligible services and fees, or you can file claims for reimbursement using prescribed forms. R. J. Baldwin Agency, Inc., is the administrator of DPS's Flexible Benefits Plan. Baldwin representatives schedule meetings at each location to meet with all full-time employees at the start of each school year to discuss tax reduction plan components and contributions. You must enroll in the tax reduction/flexible benefits plan each year.



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Pay Advance (For Teachers Only)

New teachers may request a one-time pay advance of \$1,000 on their first paycheck. The advance will be deducted from the first monthly paycheck.

Direct Deposit

DPS employees have the option of having their paychecks automatically deposited into checking and/or savings accounts. Up to two different financial institutions or accounts may receive the direct deposits of earnings.

Supplemental Pay Opportunities

Degree	Supplemental Pay
Bachelor's Degree (if position does not require a Bachelor's)	\$525
Bachelor's Degree plus 15 graduate semester hours	\$630
Master's Degree	\$2,625
Master's Degree plus 30 graduate semester hours	\$735
Doctorate	\$4,200



The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Tuition Reimbursement

Licensed staff members are eligible for \$500 in tuition reimbursement for college classes taken for licensure purposes during each validity period of the license.



Worker's Compensation

All employees are covered against job-related injuries or illnesses under Worker's Compensation. In the event of a job-related injury or illness, be sure to notify your supervisor or administrator, as soon as possible, and obtain necessary paperwork to document the incident/occurrence.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

REQUIRED NOTICES

Newborn and Mothers' Health Protection Act

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 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 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies.



The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will receive coverage for:

- reconstruction of the breast on which mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in a manner determined in consultation with the attending physician and the patient, and it will be subject to the same annual deductibles and coinsurance provisions as those established for other benefits under the plan. Please call your medical plan using the number on your identification card or contact the employer for more information.

Health Insurance Marketplace Options and Your Health Coverage

The Health Insurance Marketplace is designed to help individuals find, compare, and purchase private individual health insurance. The Marketplace does not affect your eligibility for coverage in your employer's group health plan.

Individuals may be eligible for a tax credit that lowers the monthly premium of coverage purchased in the Marketplace. However, if you are eligible for an employer's group health plan, you may not be eligible for a tax credit through the Marketplace if the employer group health plan meets the "minimum value" and "affordability" standards set by the Affordable Care Act. Additionally, if you purchase your own health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution towards coverage. This employer contribution - as well as your employee contribution towards coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage you purchase through the Marketplace are made on an after-tax basis.

Open enrollment for individual health insurance coverage through the Marketplace occurs at the end of each calendar year for coverage effective the following January 1st. If you are interested, please visit [HealthCare.Gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



REQUIRED NOTICES

Availability of HIPAA Privacy Notices

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires health plans to protect the confidentiality of your personal health information ("PHI"). HIPAA also requires that health plans maintain privacy notices which provide a complete description of your rights under HIPAA's privacy rules. For insured coverage, the health insurance plan privacy notices are maintained by the insurance providers. For self-insured coverage, the privacy notice is maintained by your employer. In general, the plans will not use or further disclose PHI except as necessary for treatment, payment, health plan operations and plan administration or as permitted or required by law. Under HIPAA, you have certain rights with respect to your protected health information and the right to file a complaint with the plan or the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA has been violated. Please see the employer for a copy of the Notice of Privacy Practices for your health plans.

Notice of Special Enrollment Rights

If you decline enrollment for yourself or an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in the plans offered by the company if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). 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 new dependents. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also be able to enroll if you or your dependents lose eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP) and request enrollment within 60 days of losing Medicaid or CHIP. You may also be able to enroll if you or your dependents become eligible for state premium assistance from Medicaid or CHIP towards the cost of the group health plan, and request enrollment within 60 days of eligibility for state premium assistance.

Important Notice About Medicare Prescription Drug (Part D) Coverage

If you or one of your dependents is eligible for Medicare (or will be shortly), you may be able to purchase a Medicare prescription drug (Part D) plan or join a Medicare Advantage Plan that includes Part D coverage.

However, if you are enrolled in an employer group medical plan that includes "creditable" prescription drug coverage, you do not need a Medicare Part D plan, and you can enroll in a Medicare Part D plan later without paying a premium penalty. "Creditable" coverage means that the expected amount of paid claims under our prescription drug coverage is at least as much as the expected amount of paid claims under the standard Medicare Part D plan. Creditable coverage can look different between plans, and the insurance carrier makes that determination through its own actuarial analysis.

All the employer group medical plans offered to our employees include prescription drug coverage. However, some of the plans may not provide "creditable" drug coverage. If you or one of your dependents is eligible for Medicare (or will be shortly), please verify that the plan you enroll in has "creditable" coverage prior to your enrollment in plan so that you don't incur a late enrollment penalty later. We also issue a Notice of Creditable or Non-Creditable Coverage each year to plan participants. For a copy of the Notice of Creditable or Non-Creditable Coverage or for more information, please contact the employer. You may also refer to www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

REQUIRED NOTICES

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the DOL website (<https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf>), 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 <https://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 or call 1-866-444-EBSA (3272).

CONFIDENTIALITY NOTICE

Digital Insurance LLC dba OneDigital Health and Benefits does not sell or share any information we learn about our clients and understands you may have to answer sensitive questions about your medical history, physical condition and personal health habits as required by our insurance carrier partners.

We collect nonpublic personal information from the following sources:

- Information from you, including data provided on applications or other forms, such as name, address, telephone number, date of birth and Social Security number
- Information from your transactions with us and/or our partners such as policy coverage, premium, claim, and payment history.

OneDigital Health and Benefits recognizes the importance of safeguarding the privacy of our clients and prospective clients, and we pledge to protect the confidential nature of your personal information. We understand our ability to provide access to affordable health insurance to businesses and individuals can only succeed with an environment of complete trust.

In the course of business, we may disclose all or part of your customer information without your permission to the following persons or entities for the following reasons:

- To an insurance carrier, agent or credit reporting agency to detect, prevent or prosecute actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a medical care institution or medical professional to verify coverage or benefits, to inform you of a medical problem of which you may or may not be aware or to conduct an audit that would enable us to verify treatment.
- To an insurance regulatory authority, law enforcement or other governmental authority to protect our interests in detecting, preventing or prosecuting actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a third party, for any other disclosures required or permitted by law. We may disclose all of the information that we collect about you, as described above.

Our practices regarding information confidentiality and security: We restrict access to your customer information only to those individuals who need it to provide you with products or services, or to otherwise service your account. In addition, we have security measures in place to protect against the loss, misuse and/or unauthorized alteration of the customer information under our control, including physical, electronic and procedural safeguards that meet or exceed applicable federal and state standards.



Contacts

Program	Vendor	Contact Information
Medical/Rx Dental Vision	The Local Choice	www.anthem.com/TLC
Voluntary Dental	Delta Dental	www.deltadentalva.com
Employer Paid Life / AD&D and Optional Group Life	Minnesota Life Insurance Company	https://web1.lifebenefits.com/content/li/febenefits/vrs/en.html
Retirement Systems	Virginia Retirement Systems	1-888-827-3847 www.varetire.org
Flexible Spending Accounts	R.J. Baldwin Agency, Inc.	434-792-9146
Long-Term Care	Genworth Life Insurance Company	1-866-859-6060 http://genworth.com/cov
Voluntary Disability	Allstate: Lona Bishop: 540-336-5891	www.allstatebenefits.com
Supplemental Plans (Accident, Cancer, Critical Illness)	Allstate: Lona Bishop: 540-336-5891	www.allstatebenefits.com
Employee Assistance Program	Anthem EAP	www.anthemeap.com
Advanced Resolution Team	One Digital	art@onedigital.com 1-866-802-6311

Notes

