



**Frederick County
Public Schools**

EMPLOYEE BENEFITS GUIDE 2024–25

2024–25 Benefit News

- Valley Health Family Care Center
- Hearing Aid Coverage for Children 18 or younger
- Delta Dental Special Health Care Needs Benefit
- Delta Dental Right Start 4 Kids
- IRS Increased HSA and FSA Contribution Limits
- IRS Increased HSA Plan Deductibles

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Frederick County Public Schools is committed to a comprehensive benefit program that helps our employees stay healthy, feel secure and maintain a positive work/life balance. This guide provides an overview of the benefits available to you as a Frederick County Public Schools employee.

BENEFITS OVERVIEW

We are pleased to provide you with a wide range of competitive benefits that are a valuable part of your total compensation. You have the flexibility to select the health plan(s) that best meets your needs and elect additional benefits to protect your income, build financial security, and balance your work and personal life.

Health Care: Frederick County Public Schools (FCPS) offers a comprehensive health care plan which includes medical, dental, vision and pharmacy coverage. All premiums are paid pre-tax one month in advance and coverage is effective the first of the month following the employee's first pay after eligibility.

Health and Dependent Care Flexible Spending Accounts: These plans allow employees to set aside pre-tax dollars for reimbursement for eligible dependent care expenses and eligible health care expenses. Note: A Flexible Spending Account (FSA) is not available to employees participating in the Health Savings Account (HSA) or who have a spouse who has an HSA due to participation in a different health care plan.

Employee Health Center: A clinic dedicated to FCPS employees and dependents (age 2 and up) who are covered under our health plan. Same or next day appointments for acute, wellness or lab service are available. Visits for Keycare 25 participants are at no cost; HSA 1600 participants have a \$30 cost share.

Virginia Retirement System (VRS): All eligible employees are automatically a participant in the Virginia Retirement System. VRS offers three retirement plans: Plan 1, Plan 2 and the Hybrid Plan. VRS eligibility requirements and additional details are covered on page 8.

Life Insurance: VRS offers basic group life insurance benefits through Securian Financial, a Minnesota Life company, at no cost to the employee. Employees may elect to purchase additional coverage for themselves, their spouse and eligible dependent children through the Optional Group Life Insurance Program.

Short-term Disability (STD): Employees in the VRS Hybrid Plan are provided a short-term disability benefit at no cost, which is available after one year of continuous service. Short term disability pay begins after a 7 calendar day waiting period. It pays a percentage, based on years of service, of the employee's pre-disability daily rate for up to 125 days. This amount increases with service. VRS Plan 1 and Plan 2 employees are not eligible for this benefit (see Sick Leave Bank).

Long-term Disability (LTD): Employees in the VRS Hybrid Plan are automatically enrolled in a LTD benefit at no cost through The Standard Benefit Administrators, which is available after the maximum period for short-term disability benefits has been exhausted. VRS Plan 1 and Plan 2 employees are not eligible for this benefit (see Sick Leave Bank).

Tax-Deferred Annuities: Employees may elect to invest pre-tax or post-tax dollars into a qualified 403(b) or 457 plan through payroll deduction. Contact the HR Benefit Analyst for available options.

Direct Deposit: FCPS employees are paid once a month by direct deposit on the last business day of the month. Employees with a 10-month or 11-month contract are paid over a 12-month period which also ensures continuation of health care benefits.

Sick Leave: The annual allowance is equal to one day for each contract month. Sick leave may be transferred from other divisions or institutions within the state of Virginia that participate. Employees in VRS Plan 1 and Plan 2 may transfer in and accumulate up to 150 days; employees in the VRS Hybrid Plan may transfer in and accumulate up to 25 days (see Short-term and Long-term Disability).

Sick Leave Bank: The sick leave bank provides up to 45 days of additional paid leave once an employee's sick leave allowance has been depleted and there have been at least 30 consecutive workdays of absence. Participation is voluntary, requires donating two days of sick leave allowance, and becomes available once enrolled in the plan for 60 contracted workdays. VRS Hybrid Plan employees are not eligible for this benefit.

Excess Sick Leave Payout: Active employees receive an annual payment for each day of unused sick leave in excess of their accrual cap. Eligible days are paid pursuant to policy 552P—Unused Sick Leave.

Personal Leave: The personal leave allowance for all full-time and permanent part-time employees is two days per year for 10-month employees who work less than 200 days; three days for 10- and 11-month employees who work greater than or equal to 200 days; and, four days for 12-month employees. Unused personal leave will roll into the employee's sick leave account at the end of the school year up to the maximum allowed.

Annual Leave: 12-month employees may earn between 10 to 15 days of annual leave per year based on creditable service. Annual leave may accumulate to a maximum of 45 days. Excess annual leave is forfeited.

Leave Payout Benefits: Payment for unused accrued sick leave and unused accrued annual leave will be made in the event of the death of an employee in service pursuant to the policy 545P—Death Benefits.

Frederick County Public Schools Contact

Human Resources Department:
Racheal Bynaker, Benefit Analyst
540-662-3889, x88155
Email: BynakerR@fcpsk12.net
Website: www.FrederickCountySchoolsVA.net

Personnel Policies

To find detailed information concerning FCPS personnel policies:



VALLEY HEALTH FAMILY CARE CENTER



EMPLOYEE HEALTH CENTER

Frederick County Public Schools has partnered with Valley Health to provide extensive primary care and wellness services exclusively to employees and spouses/dependents (over 2 years old) who subscribe to one of the FCPS health plans.

Health Center Services

- Primary care services
- Common lab services
- Chronic disease management and health coaching
- 20–30 minute appointment times
- Same day/next day appointments available
- E-visit options
- Exclusively for employees and spouses/dependents (ages two and older) who participate in a FCPS health plan
- Preventive care including physicals, nutrition counseling, immunizations, chronic care management and more are free!
- All visits are HIPAA secure and confidential

What types of treatment are provided at the health center?

- Allergies
- Annual physicals
- Asthma
- Cold and flu
- Congestion and sinus
- Diabetes management
- Gastrointestinal
- High cholesterol
- Immunizations
- Hypertension
- Minor lacerations
- Minor burns
- Preventive care
- Sprains and strains
- Thyroid dysfunction
- Sports physicals
- And more

Did You Know?

The Valley Health Family Care Center provides an additional, convenient option to address healthcare needs. Participation is voluntary for health plan members.

How much does an appointment cost?

Anthem Plan Type	Preventive Services*	Non-Preventive Services**
Anthem KeyCare 25	\$0	\$0
Anthem HSA 1600	\$0	\$30/visit

Examples of *Preventive services include: annual physical & blood draw related to annual physical; many common immunizations; preventive assessments and screenings; health coaching and nutrition counseling.

Examples of **Non-Preventive Services include: appointments for acute issues like sinus infections, allergies, cold, or rash.

Employees may also use funds from their HSA account to pay the Health Center fee. This fee does not go towards an employee's health plan deductible.



Valley Health Family Care Center/FCPS

CONTACT INFORMATION

For Health Center hours, to schedule an appointment and more, visit : valleyhealthlink.com/fcps
611 E. Jubal Early Drive, Winchester, VA 22601
Clinic Main Phone: 540-536-2140 • Fax: 540-536-2205
Email: FCPS@valleyhealthlink.com

WHEN CAN I ENROLL?

GLOSSARY

NEW HIRES

Eligible new hires have 31 days from their date of hire to enroll in one of the health care insurance plans offered by FCPS. Coverage under the plan will begin the first of the month following the employee's first full time pay. Employees may begin health care insurance on the first of the month following their date of employment rather than after their first pay. If purchased early, the employee pays the full premium for that month. Arrangements must be made in advance by contacting Human Resources.

OPEN ENROLLMENT

Each year we have a benefits open enrollment period which allows employees to change plans or add/delete eligible dependents outside a qualifying event. Open enrollment is from August 19 to August 30, 2024, with all changes taking effect on October 1, 2024.

QUALIFYING EVENTS

Employees are only able to make changes during open enrollment unless they experience a qualifying event during the plan year. Below are examples of commonly experienced qualifying life events:

- Birth, adoption, placement for foster care, legal custody of a child
- Marriage, loss of coverage due to divorce
- Gain or loss of spouse's coverage due to change in employment
- Gain or loss of a child's eligibility
- Gain or loss of coverage under Medicare or Medicaid
- Death of spouse or child
- COBRA coverage expires
- Start or end of unpaid leave of absence
- Significant change in health care cost of spouse
- Gain or loss of coverage during spouse's annual enrollment
- Loss of coverage for child(ren) under a parent's plan due to eligibility requirements

How long do I have to request enrollment due to a qualifying event?

You must complete the change or enrollment within 31 days of most qualifying events.

You must complete enrollment within 60 days of the loss of coverage under a State CHIP or Medicaid program or the determination of eligibility for premium assistance under those programs.

ELIGIBLE DEPENDENTS

Your eligible dependents include:

- Legal spouse
- Your child(ren)

Did You Know?

Children are covered up to the end of the year they turn 26, even if they are married and do not live with you.

Children must be natural, stepchildren, legally adopted or placed with you for legal adoption.

Here is a quick refresher on commonly used insurance terms:

ALLOWABLE CHARGE is the amount an insurance company permits a provider to charge for any covered service.

COINSURANCE is the amount you pay, as a percentage of the allowable charge, once you reach the deductible and before you reach the plan's out-of-pocket maximum.

COPAYMENT (COPAY) is a fixed amount you pay for a health care service, visit or prescription drug.

DEDUCTIBLE is the amount you pay before insurance begins covering certain services, such as hospitalization or outpatient surgery.

DRUG FORMULARY is a list of prescription drugs, maintained by medical professionals, that practitioners use to identify the greatest overall value.

EXPLANATION OF BENEFITS (EOB) is a statement sent to you by your health insurance company explaining what medical treatments and/or services were performed, what is covered and what will be paid.

OUT-OF-POCKET MAXIMUM is the most you pay per plan year for health care expenses. Once you reach this limit, the plan pays 100% of covered services for the remainder of the plan year.

PREMIUM is the amount you pay for insurance using pre-tax dollars via paycheck deductions. (Note: FCPS pays a portion of some premiums.)

When Will I Receive My Insurance ID Cards?

You will receive your ID cards two to three weeks after your enrollment information is submitted and processed by the insurance company. If you need treatment before receiving your ID card, call or email the Human Resources Benefit Analyst to obtain your member ID number.

MEDICAL BENEFITS



MEDICAL AND DENTAL RATES PER PAY PERIOD		
Medical and Dental	KeyCare 25	Anthem HSA 1600
Employee Only	\$91.61	\$71.91
Employee + Child(ren)	\$180.14	\$96.89
Employee + Spouse	\$578.74	\$403.30
Employee + Family	\$629.72	\$425.59

MEDICAL ONLY RATES PER PAY PERIOD		
Medical	KeyCare 25	Anthem HSA 1600
Employee Only	\$86.79	\$67.09
Employee + Child(ren)	\$169.03	\$85.78
Employee + Spouse	\$553.08	\$377.64
Employee + Family	\$592.16	\$388.03

MEDICAL BENEFITS AT-A-GLANCE		
Benefit	KeyCare 25	Anthem HSA 1600
Annual Deductible	Individual: \$500 Family: \$1,000	Individual: \$1,600 Family: \$3,200
Out of Pocket Maximum	Individual: \$4,000 Family: \$8,000	Individual: \$3,425 Family: \$6,850
Coinsurance	20%	20%
Preventive Care Adult physical exams Well-baby care Immunizations Annual GYN exam	No charge No charge No charge No charge	No charge No charge No charge No charge
Outpatient Care Primary care physician office visit Specialist office visit Outpatient facility surgery Laboratory services (diagnostic) Advanced Imaging (MRI,CT,PET)	\$25 \$50 Deductible then 20% Deductible then 20% Deductible then 20%	Deductible then 20% Deductible then 20% Deductible then 20% Deductible then 20% Deductible then 20%
Inpatient Hospital Service	Deductible then 20%	Deductible then 20%
Emergency Care Emergency Room Urgent Care	Deductible then 20% \$50	Deductible then 20% Deductible then 20%

KeyCare 25: You pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

HSA 1600: You pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, then the overall \$3,000 family deductible must be met before any covered services are paid by the plan.

CONTACT INFORMATION

Anthem

Medical Member Services: 833-630-6742
 Vision Member Services: 866-723-0515
 Pharmacy Member Services at 833-267-2137
 Website: www.anthem.com

Delta Dental Premier PPO

Delta Dental Services: 800-237-6060
 Website: www.DeltaDentalVA.com



Sydney Health Mobile App



Delta Dental Mobile App

DENTAL, VISION & PHARMACY BENEFITS



Employees may opt out of dental benefits if they choose. Vision & Pharmacy benefits are included in the medical plan selection.

DENTAL BENEFITS — DELTA DENTAL	
Benefit	In Network and Out of Network*
Annual Deductible Individual	\$50
Annual Deductible Family	\$150
Deductible Waived for Preventive	Yes
Annual Plan Maximum	\$1,000 (per covered person)
MaxOver Reward	\$250 (per covered person)
Diagnostic and Preventive Services Annual Exam, X-rays, Teeth Cleanings	100%
Basic Services Fillings, Simple Extractions, Endodontics, Periodontics	80%
Major Services Crowns, Prosthodontics Orthodontia (life time maximum of \$1,000 up to age 19)	50%
<small>*If you receive dental services from an out of network provider you may be charged the difference between Delta Dental's allowable charge for the dental service and the amount charged by the provider.</small>	

VISION BENEFITS — BLUE VIEW VISION			
Benefit	In Network	Out of Network	Frequency
Eye Examination	\$15 copay	Up to \$30	12 Months
Lenses Single Vision Bifocal Trifocal	Covered in full (standard plastic lenses)	Up to \$25 Up to \$40 Up to \$55	12 Months
Frames	\$130 allowance then 20% discount	Up to \$45	12 Months
Contact Lenses (instead of glasses) Elective Medically Necessary	\$130 allowance Covered in full	Up to \$105 Up to \$210	12 Months

Additional Vision Savings Available: Optional savings available from Blue View Vision. See the benefits section of the FCPS Human Resources website for more information.

Hearing Aid Coverage: Children age 18 or younger. One hearing aid per hearing-impaired ear every 24 months.

Right Start for Kids: This enhancement provides 100% dental coverage for children up to their 13th birthday for all covered services, excluding orthodontics, when they visit a participating dentist. There is no deductible and the benefits are subject to the plan's limitations and annual maximum.

Special Health Care Needs Benefit: This dental benefit helps to remove the barrier for members with special health care needs so that they can receive the dental care that they need. Contact Human Resources for additional information.

PHARMACY BENEFITS—CARELONRX CHOICE TIERED NETWORK			
Benefit	KeyCare 25		Anthem HSA 1600
	Level 1 Pharmacies	Level 2 Pharmacies	
Prescriptions Retail Pharmacy (30-day supply)			Level 1 Pharmacies provide a larger Anthem discount.
Tier 1	\$10 copay	\$20 copay	
Tier 2	\$30 copay	\$40 copay	Deductible then 20%
Tier 3	\$50 copay	\$60 copay	
Tier 4	20% up to \$200 max	20% up to \$200 max	
Mail Order (90-day supply)	\$20/\$60/\$100/NA	\$20/\$60/\$100/NA	

Two levels of coverage

Level 1 includes nearly 25,000 pharmacies where you can fill your prescriptions for the copay or a percentage of the drug costs you normally pay as part of your prescription drug plan.

Level 2 offers you more pharmacy choices, but you will also pay a little more—these pharmacies will charge a higher copay depending on your benefit.

ConditionCare — 800-445-7922

ConditionCare may be just the support you need if you or someone in your family is dealing with one or more of these conditions: Asthma, Diabetes, COPD, Heart Failure, Hypertension.

Building Healthy Families — 800-828-5891

Building Healthy Families is an Anthem program that offers pre- and post-natal support. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey. Digital support through the Sydney Health mobile app, or on Anthem.com.

24/7 Nurseline — 800-337-4770

24/7 Nurseline is there for you and your family 24/7. If you have a health question, ask a nurse!

HEALTH SAVINGS ACCOUNTS (HSA)

When you enroll in the Anthem HSA 1600 medical plan you are eligible to open a Health Savings Account (HSA). An HSA is a tax-advantaged account owned by you, the employee, which can be used to pay for current and future health care expenses. Voluntary employee contributions are made on a pre-tax basis, so you save money when you pay for health care expenses through your HSA. In addition, FCPS contributes \$1,000 to each HSA participating employee at the beginning of each plan year.

If eligible, enrollment in the HSA will be automatic.

HOW DOES AN HSA WORK?

Each pay period elected contributions will be taken out of your paycheck on a pre-tax basis and deposited into your HSA. After you are enrolled in the plan through FCPS, you will be given a benefit card that can be used to pay for qualified health care expenses at doctors' offices, hospitals and pharmacies. HSAs are not subject to a "use it or lose it" rule, so you keep any remaining balance in your account at the end of the plan year. You also have 24/7 access to your HSA through online and mobile banking.

HOW MUCH CAN I CONTRIBUTE?

The maximum calendar year contribution to your HSA is determined by several factors, including: the maximum annual contribution limit allowed by the IRS (subject to cost of living adjustments), the type of coverage you elect (single versus family) and your age. Please refer to the chart below to determine your maximum annual contribution (including employer contributions):

IMPORTANT FACTS ABOUT THE HSA

HSA	2024	2025
Self-only contribution limit	\$4,150	\$4,300
Family (more than one on plan) contribution limit	\$8,300	\$8,550
Catch-up contribution age 55 or older	\$1,000 (additional)	\$1,000 (additional)

- Triple tax savings
- Payroll deducted contributions can be changed anytime during the year
- Your HSA is portable; it goes where you go
- Money left in your account at the end of the year is rolled over to the next year
- You cannot have any other medical coverage (including Medicare) and contribute to an HSA
- FCPS contributes \$1,000 to each HSA participating employee at the beginning of the plan year
- In the event of death, your account balance is paid to your designated beneficiary(ies)
- Investment opportunities (eligibility required)

Did You Know?

You do not have to contribute money to receive the employer contribution. HSA contributions may be started/stopped/changed at any time by submitting the HSA Election form located in the forms section of the staff intranet to Human Resources.

Did You Know?

HSA funds can be used to pay for qualified medical expenses that aren't reimbursed by insurance or otherwise reimbursed, including:

- ◆ Medical services (fees and expenses charged by physicians, surgeons, specialists and other health care providers)
- ◆ Dental treatment (including fillings, extractions, braces and x-rays)
- ◆ Eye examinations, glasses, contact lenses, surgery
- ◆ Prescription medicines
- ◆ Psychiatric care

CONTACT INFORMATION

Health Savings Account

HealthEquity

Member Services Phone Number: 877-924-3967

Member Services Website: www.healthequity.com

Health Equity HSA



Login or register with Health Equity



HealthEquity Mobile HSA

FLEXIBLE SPENDING ACCOUNTS (FSA)

A flexible spending account provides you with an important tax advantage that can help you pay for health care or dependent care expenses on a pre-tax basis. You save Federal, State and FICA taxes on all the money you contribute into a FSA. By anticipating your family's costs for the next year, you can actually lower your taxable income. Applications for the FSA are available by request from Human Resources. You may be reimbursed under either account type for claims incurred from October 1, 2024–September 30, 2025. You must submit claims for reimbursement by or no later than December 31, 2025.

Health Care Expenses (2024 Plan Year Maximum = \$3,200)*

Participating employees will receive a debit card to use for expenses. Employees may also use an alternate form of payment and submit a claim for reimbursement from their account later. The following documentation can be submitted with claims (all receipts must include date of service, description, cost to you, and the provider and patient name):

- Itemized receipts for copays at physicians' offices or pharmacies
- Receipts for over the counter medications. No prescription required!
- Copies of Explanation of Benefits from your insurance company for copays and coinsurance amounts
- Vision expenses not covered by your vision plan
- Your share of dental and orthodontia expenses not covered by the dental plan

* An employee with a spouse covered by another health care plan with an HSA may not participate in the FCPS health care FSA.

Dependent Care Expenses

Plan Year Maximum = \$5,000 for single taxpayers and married couples filing jointly)**
\$2,500 for married couples filing separately

- Day care provided by a licensed facility
- In-home dependent care
- Before/after school care program
- Preschool
- Elder care***

** Both spouses must work or attend school full-time in order to take advantage of the dependent care FSA. They need not work for the same employer.

Maximum contributions to a DC-FSA may not exceed earned income limits.

A separate tax code child and dependent care tax credit cannot be claimed for expenses paid through a DC-FSA, as "double dipping" is not permitted.

*** Elder care may be eligible for reimbursement with a DC-FSA if the adult lives with the FSA holder at least 8 hours of the day and is claimed as a dependent on the FSA holder's federal tax return.

Estimate Carefully

FSA funds are use-it-or-lose-it. Any health care funds over \$500 remaining in the account at the end of the plan year are forfeited.

Action Required

You must elect to participate in a FSA each year. This benefit election does NOT carry over from one year to the next.

Did You Know?

You can use your FSA card to pay for a variety of health care products and services. The IRS determines which expenses are eligible for reimbursement. Below are some examples of eligible expenses. You can view a comprehensive list of eligible expenses by logging into your Health Equity/WageWorks® account.

- | | | |
|-----------------------------------|--------------------------------|--------------------------|
| ◆ Acupuncture | ◆ Contact lenses and solutions | ◆ Orthodontia |
| ◆ Athletic brace support | ◆ Dentures, bridges, etc. | ◆ Physical therapy |
| ◆ Blood pressure monitor | ◆ Hearing aids and batteries | ◆ Speech therapy |
| ◆ Breastfeeding classes | ◆ Infertility treatment | ◆ Feminine care products |
| ◆ Chiropractic visit or treatment | ◆ Lasik | ◆ Medical OTC products |

CONTACT INFORMATION

Flexible Spending Accounts

Health Equity/WageWorks®

Member Services Phone Number: 877-924-3967

Member Services Website: www.wageworks.com

Health Equity/WageWorks® FSA



Login or register with Health Equity/WageWorks®



WageWorks EZ Receipts Mobile App

RETIREMENT

VIRGINIA RETIREMENT SYSTEM

The Virginia Retirement System, an independent state agency, administers defined benefit, defined contribution and hybrid plans along with other benefits for Virginia's public sector employees. This retirement is funded through employer and employee pre-tax contributions which are invested over the employee's career.

Plan 1

Plan 1 members joined VRS before July 1, 2010, and were vested (completed five years of service) as of January 1, 2013. VRS Plan 1 is a defined benefit plan and provides a monthly benefit during retirement based on the member's age, total service credit and average final compensation. Average final compensation is the average of the highest 36 consecutive months of compensation as a covered employee. The member contributes 5% of their compensation each month to their own contribution account on a pre-tax salary reduction basis. The employer also makes a contribution to the employees' account.

Plan 2

Plan 2 members joined VRS on or after July 1, 2010, and before January 1, 2014, or before July 1, 2010, but were not vested (completed five years of service) as of January 1, 2013. VRS Plan 2 is a defined benefit plan and provides a monthly benefit during retirement based on age, total service credit and average final compensation. Average final compensation is the average of the highest 60 consecutive months of compensation as a covered employee. The member contributes 5% of their compensation each month to their own contribution account on a pre-tax salary reduction basis. The employer also makes a contribution to the employees' account.

Hybrid Plan

Hybrid Plan members joined VRS on or after January 1, 2014. The Hybrid Retirement Plan is a combination of two different types of plans: a defined benefit plan and a defined contribution plan. The defined benefit portion of the retirement is determined by a formula based on age, years of creditable service and average final compensation at retirement. Average final compensation is the average of the 60 highest consecutive months of creditable compensation as a covered employee. Employees enrolled in the Hybrid plan contribute 4% each payroll on a pre-tax basis to the defined benefit component of the plan and 1% each payroll on a pre-tax basis to the defined contribution component of the plan. The employer makes contributions as well—Hybrid employees have the opportunity to contribute up to an additional 4% per month to the defined contribution plan; with up to a 3.5% match on this contribution.

SUPPLEMENTAL RETIREMENT SAVINGS PLANS

Commonwealth of Virginia 457 Deferred Compensation Plan

The Commonwealth of Virginia 457 Deferred Compensation Plan can help you realize your retirement goals. The plan, available through FCPS, allows you to save for retirement on a tax-deferred basis through convenient payroll deductions. Your contributions and any earnings are tax-deferred.

403(b) Plan (Voya Financial Advisors)

The 403(b) plan is an employer-sponsored supplemental retirement savings plan that, similar to a 401(k) plan, allows employees to contribute on a pre-tax or Roth after-tax basis. A 403(b) plan can only be sponsored by a public school or a 501(c)(3) tax-exempt organization.

CONTACT INFORMATION

Virginia Retirement System

Phone Number: 888-827-3847
Website: www.varetire.org

MissionSquare Retirement

VRS Defined Contribution Plans
Phone Number: 877-327-5261
Website: www.varetirement.org/dcp

Voya Financial Advisors

Phone Number: 540-636-3245
Website: www.planwithease.com

WHEN CAN I RETIRE?

Any employee who needs clarification on their plan designation may contact Human Resources or VRS.

Plan 1

Full Retirement Eligibility: Age 65 with at least five years of creditable service or age 50 with at least 30 years of creditable service.

Reduced Retirement Eligibility: At age 55 with at least five years of creditable service or at age 50 with at least 10 years of creditable service.

Plan 2

Full Retirement Eligibility: Normal Social Security retirement age with at least five years of creditable service or when age and service equal 90. Example: Age 60 with 30 years of creditable service.

Reduced Retirement Eligibility: Age 60 with at least five years of creditable service.

Hybrid Plan

Full Retirement Eligibility: Normal Social Security retirement age with at least five years of creditable service or when age and service equal 90. Example: Age 60 with 30 years of creditable service.

Reduced Retirement Eligibility: Age 60 with at least five years of creditable service.

VRS



GROUP LIFE INSURANCE

The Virginia Retirement system (VRS) administers the Group Life Insurance Plan through Minnesota Life, a Securian Financial company.

ELIGIBILITY

You are eligible to be covered by group life insurance if you are a permanent, salaried:

- State employee.
- Public school teacher, administrator, or clerical employee of a school division.
- An employee of a participating political subdivision, or a member of the support staff of a school board.

Employees who work on a temporary or wage basis are not eligible.

AMOUNT OF COVERAGE

The amount of your life insurance coverage is equal to your annual salary rounded to the next highest thousand, then doubled. This is the amount of the benefit payable upon natural death.

For example:

In addition to the amount that is payable upon a natural death, your life insurance also includes a number of accidental death benefits, as well as a dismemberment benefit and an accelerated benefit.

Salary	Rounded Salary	Insurance Amount
\$9,100	\$10,000	\$20,000
\$25,300	\$26,000	\$52,000
\$24,000	\$24,000	\$48,000

Additional Information



COST OF COVERAGE

Basic Group Life Insurance coverage is paid for by FCPS for eligible employees. Optional Group Life Insurance is available for purchase by eligible employees for themselves, their spouse and eligible dependent children. Please contact Human Resources for additional information.

WHEN YOU RETIRE

After you retire, your life insurance continues at no cost to you provided you are at least age 55 with at least five years of service as an employee; or are age 50 with 10 years of service under Plan 1. Under Plan 2 or the Hybrid Retirement Plan you must be at least age 60 with five years of service or the combination of your age and service equals 90. Your life insurance also continues if you retire because of disability. Please see your group term life certificate of insurance or contact Human Resources for additional information regarding your life insurance coverage in retirement.

IF YOU TERMINATE EMPLOYMENT

If you terminate your employment, and have not become eligible to retire, your group life insurance coverage ends. However, you may convert to an individual whole-life policy at non- group rates, by completing a Conversion to Classic Life enrollment form. This form is available from your employer or from Minnesota Life. The conversion must take place within 31 days of the last day of the month in which you terminate employment. Members who are eligible to receive a retirement benefit upon termination may not convert to an individual policy.

Information on premiums and coverage for conversions can be obtained from the program's life insurance carrier, Minnesota Life.

If you meet age and service requirements to retire at the time you terminate employment, but delay your retirement, your life insurance remains in effect at no cost. The annual 25 percent reduction in the amount of your coverage begins January 1 of the first full year following the date you are separated from service and each year thereafter until it reaches 25 percent of its original value.

CONTACT INFORMATION

Securian Financial—Richmond Branch Office

P.O. Box 1193, Richmond, VA 23218-1193

Phone: 800-441-2258

FAX: 804-644-2460

ADDITIONAL BENEFITS AT-A-GLANCE

EMPLOYEE DISCOUNTS

- Auto
- Beauty
- Home & Insurance
- Travel & Lodging
- Leisure
- Professional Services
- Retail Services

As a benefit of being an employee of Frederick County Public Schools there are many discounts available to you from multiple vendors/retailers. All discounts are found under the Human Resources Department section of the Staff Intranet

Website: www.frederickcountyschoolsva.net



Perks at Work

An employee perks program that sources perks that matter to help you live a better and healthier life. Visit: perksatwork.com



Working Advantage

Visit the FCPS Savings Marketplace through Working Advantage to find discounts on travel, dining, entertainment and more. Visit: FrederickCountySchoolsVa.savings.workingadvantage.com/



Tickets at Work

Enjoy Your Exclusive Employee Discounts from the leading Corporate Entertainment Benefits provider, offering exclusive discounts, special offers and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and much more. Visit: www.ticketsatwork.com

VOLUNTARY BENEFITS

BenefitFirst — Allstate Supplemental Benefits

The supplemental benefit plans are administered by BenefitFirst and provide employees with the option to enroll themselves and eligible dependents in Accident, Cancer and Critical Illness insurance through Allstate Benefits. Insurance premiums are paid by the employee through post tax payroll deduction and employees may enroll at any time during their employment with FCPS. The plan offers guaranteed coverage for employees who elect to enroll during the initial new hire enrollment period; enrollment or changes after the initial new hire enrollment period will be subject to medical review by Allstate Benefits. Dependent children may qualify for coverage until age 26.

BenefitFirst Customer Care Center

Phone Number: 888-322-9374 • Company ID: 831 • Website: www.benefitfirst.com

ACCIDENT INSURANCE pays you benefits that you can use for medical and nonmedical expenses related to the treatment of an accident that occurs at home or even on the athletic field.

CRITICAL ILLNESS INSURANCE helps you preserve your lifestyle by paying a lump-sum benefit you can use however you see fit if you suffer an unexpected critical illness. Most major medical insurance plans only cover a portion of the expenses associated with diagnosis and treatment of these illnesses.

CANCER INSURANCE will pay you benefits not only for cancer but also for certain services relating to 29 other specified diseases.

NOTE: This summary is a brief, non-legal description of benefits. All benefits are subject to the definitions, limitations and exclusions set forth in each contract.

EMPLOYEE ASSISTANCE PROGRAM

SERVICE SUMMARY

Anthem's Employee Assistance Program (EAP) provides quick and easy access to confidential counseling and referral services to help you deal with daily work and life challenges. It's employer-sponsored, so it's available at no cost to you, your dependents or household members.

Available 24/7, 365 days a year. Everything you share is confidential.*

Anthem's EAP website provides tools to help you better manage your work and home life. We offer innovative resources devoted to:

- Relationship and family issues
- Workplace issues
- Legal and financial concerns
- Well-being and mental health
- Online seminars/podcasts
- Tobacco-free Resources
- Identify Recovery and Credit Monitoring
- Pet Care

When you need help meeting life's challenges, the Anthem Blue Cross and Blue Shield Employee Assistance Program (EAP) is here for you and your household members. Check out some of the services we offer — at no cost to you:

Counseling

- Up to 4 visits per issue
- Face-to-face counseling or online visits via LiveHealth Online
- Can call EAP or use the online Member Center to initiate services

Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles

Financial consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours—no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools

ID recovery

- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors

myStrength

- Online "health club for your mind"
- E-learning modules and mood trackers
- Library of videos, articles and inspirational quotes
- Supports development of personal action plans

Did You Know?

Our Anthem EAP is employer-sponsored, so it's available at no cost to you, your dependents or household members.

Dependent care and daily living resources

Employees and their household members will have access to a comprehensive network of child and elder care providers throughout the United States. Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website. Services may include, but are not limited to:

- Adult day care
- Alzheimer's support
- Babysitters
- Back-up and odd-hour child care
- Before and after-school child care
- Chore and companion services
- Geriatric case management
- Home health agencies and nursing programs
- Retirement communities
- Senior centers
- Special needs care
- Summer programs
- Phone consultation with a work-life specialist
- For help with everyday needs, like pet sitting, relocation resources and more

Other anthemEAP.com resources

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more

Crisis consultation

- Toll-free number for emergencies
- Round-the-clock help available

* In accordance with federal and state law, and professional ethical standards. This document is for general informational purposes. Check with your employer for specific information about benefits, limitations and exclusions.

CONTACT INFORMATION

Anthem EAP

Phone Number: 800-346-5484

Company Code: FCPS

Website: anthemEAP.com

Anthem EAP

Need help? Give EAP a try today:



IMPORTANT NOTICES

A printed copy of the full versions of the below notices along with the plan summaries can be obtained by request from Human Resources. An electronic copy of the full versions of the below notices, along with the plan summaries can be obtained by scanning the QR code below.

HIPAA PRIVACY AND SECURITY—NOTICE OF PRIVACY PRACTICES HHS

Regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY—NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA—FIRST NOTICE OF COBRA RIGHTS

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals—must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

PREGNANT WORKERS FAIRNESS ACT (PWFA)

A federal law that requires covered employers to provide reasonable accommodations to a qualified worker's known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an undue hardship.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

CONTACT INFORMATION

Human Resources
540-662-3888
1415 Amherst Street, Winchester, VA 22601
www.FrederickCountySchoolsVA.net



Notice of Non-discrimination

In compliance with the Executive Order 11246; Title II of the Education Amendments of 1976; Title VI of the Civil Rights Act of 1972; Title IX Regulation Implementing Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and all other Federal and State laws and school policies and regulations, Frederick County Public Schools shall not discriminate on the basis of race, color, ethnic or national origin, ancestry, religion, sex, sexual orientation, gender, gender identity, age, political affiliation, disability, military status, marital status, pregnancy, childbirth or related medical conditions, genetic information or any other characteristic protected by law in the education program and activities, or employment and provides equal access to the Boy Scouts and other designated youth groups.

It is the intent of Frederick County Public Schools to comply with both the letter and spirit of the law in making certain that discrimination does not exist in its policies, regulations, and operations. Grievance procedures, for Title IX and Section 504, have been established for students, their parents, and employees who feel discrimination has been shown by the school division.

All students attending Frederick County Public Schools may participate in education programs and activities, including but not limited to health & physical education, music, career and technical education. Educational programs and services will be designed to meet the varying needs of all students and will not discriminate against any individual for reasons of race, color, ethnic or national origin, ancestry, religion, sex, sexual orientation, gender, gender identity, age, political affiliation, disability, military status, marital status, pregnancy, childbirth or related medical conditions, genetic information or any other characteristic protected by law in the education program and activities.

Questions concerning the application of Title IX and Section 504 may referred to either the FCPS Title IX Coordinator or to the Office of Civil Rights or both:

**FCPS Title IX Coordinator—
Adult Matters**
Executive Director of Human Resources
1415 Amherst Street
Winchester, VA 22601
Ph: (540) 662-3888
TitleIXCoordinator@fcpsk12.net

**FCPS Title IX Coordinator—
Student Matters
Section 504 Coordinator**
Director of Student Support Services
1415 Amherst Street
Winchester, VA 22601
Ph: (540) 662-3888
TitleIXCoordinator@fcpsk12.net

Office of Civil Rights
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202
Ph: (202) 453-6020
OCR.DC@ed.gov

To report violations of Title IX, please immediately contact either FCPS Title IX Coordinator at the above email address or phone number. See Frederick County Public School Policies 429P and 506P for details for both the Title IX and compliance grievance processes.

This benefit guide is meant to cover the major points of each plan or policy. This is neither an insurance contract nor a Summary Plan Description and only the actual policy provisions will prevail. All information in this booklet including premiums quoted is subject to change. All policy descriptions are for information purposes only. Your actual policies may be different than those in this booklet. Frederick County Public Schools reserves the right to terminate, suspend, withdraw, amend, or modify the benefit plans in whole, or in part, at any time. Further, Frederick County Public Schools reserves the right to terminate or modify coverage at any time.

Prepared by

