

Benefits

2025 Enrollment Guide



Table of Contents

Welcome	3
What's New and Notable for 2025	4
Benefits at a Glance	5
Eligibility and Enrollment	6
Pre vs. Post Tax Benefits	8
Medical Benefits Overview	9
Prescription Drug Benefits	10
Vision Benefits	11
Medical Rates	12
Health Savings Account	14
Dental Insurance	16
Managing Your Health and Healthcare	18
Flexible Spending Accounts	22
Virginia Retirement System	23
Basic Group Life Insurance	31
Optional Group Life Insurance	32
Accidental Injury Insurance	33
Critical Illness Insurance	37
Hospital Care Coverage	39
How to Submit a Claim for Accidental Injury, Critical Illness and Hospital Care	40
Disability for VRS Plan 1 and Plan 2 Participants	41
Disability for VRS Hybrid Plan Participants	44
Trustmark Universal Life Insurance	45
Supplemental Retirement Program	49
Legal Resources	52
Employee Assistance Program	53
Leave	54
Contact Information	55
Continuation of Benefits	57
Required Information	58

Welcome

At Richmond Public Schools, we acknowledge that our success is driven by our skilled and committed workforce. We appreciate the vital role each employee plays in achieving our goals and aim to offer a comprehensive suite of competitive benefits designed to attract and retain top talent. Through our benefits programs, we strive to support the needs of our employees and their dependents by providing a benefits package that is easy to understand, accessible and affordable for all employees.

Please take a moment to review the information in this guide to gain a complete understanding of the benefit options available to you. It is crucial to enroll accurately in the coverage that best suits you and your family.

This brochure outlines the benefit plans available to eligible employees and their dependents of Richmond Public Schools. For comprehensive details, including conditions, maximum coverage amounts, and any applicable restrictions, please refer to the official plan documents, policies, and certificates of insurance. These documents serve as the authoritative source for your benefits program, and in the event of any discrepancies, they will take precedence. You can request these official documents through the Human Resources Department. Please note that the information in this brochure is not a guarantee of benefits.

If you have any questions regarding the information in this guide, please reach out to the Talent Office (HR) – Benefits at (804) 780-7859.

What's New and Notable for 2025

HDHP with HSA Plan deductibles

To remain compliant with the IRS, the deductibles for the HDHP with HSA plan must increase. The new calendar year deductibles in network will be \$2,000 single/\$4,000 all others and out-of-network will be \$4,000 single/\$8,000 all others.

Flexible Spending

The healthcare and dependent care Flexible Spending Account (FSA) program will be managed by Flexible Benefit Administrators (FBA). To participate in the FSA program for 2025, you must elect the annual contribution amount you wish to save.

Benefits at a Glance

Benefit	Options	Who Pays for Coverage	When Can I Enroll*
Medical	RPS offers three medical options: - Cigna Open Access Premier Plan - Cigna Open Access Classic Plan - Cigna Open Access High Deductible Plan with HSA	You and RPS share in the cost	NH, OE
Health Savings Account	Offered through HSA Bank - only applicable if the Cigna Open Access High Deductible Plan is selected	You and RPS fund your account	NH, OE
Vision	RPS offers vision coverage through Cigna	No additional cost - included with medical premiums	NH, OE
Dental	RPS offers two dental options: - Cigna DPPO - Cigna DHMO	You pay the full cost	NH, OE
Flexible Spending Accounts	Two options offered through Flexible Benefit Administrators: - Health Care FSA - Dependent Care FSA	You fund your account with pre-tax dollars	NH, OE
Virginia Retirement System (VRS)	Your VRS retirement benefits are based on date of hire	You and RPS share in the cost	AE
Group Term Life Insurance	Basic Group Term Life Insurance provided by the Virginia Retirement System and Securian Financial	RPS pays the full cost	AE
Optional Supplemental Life Insurance	Supplemental employee, spousal, and child(ren) life insurance provided by the Virginia Retirement System and Securian Financial	You pay the full cost	NH, AT
Accidental Injury Insurance	Offered through Cigna	You pay the full cost	NH, OE
Critical Illness Insurance	Offered through Cigna	You pay the full cost	NH, OE
Hospital Care Insurance	Offered through Cigna	You pay the full cost	NH, OE
Short Term / Long Term Disability <i>VRS Plan 1 and Plan 2 Participants</i>	Offered through The Standard	You pay the full cost	NH, OE
Short Term / Long Term Disability <i>VRS Hybrid Plan Participants</i>	Offered through The Standard	RPS pays the full cost	AE
Universal Life Insurance	Offered through Trustmark	You pay the full cost	NH, OE
Optional Supplemental Retirement Program	403(b) offered through Lincoln Financial	You fund your account with pre-tax dollars	AT
School Board Match Program	Benefit-eligible employees receive matching funds deposited into the 403(b) account with Lincoln Financial when the minimal threshold is met	RPS funds the employer match	AT
Prepaid Legal	Legal Resources	You pay the full cost	NH, OE
Employee Assistance and Work Life Support Program (EAP)	Cigna	RPS pays the full cost	AE
Leave	Accrued paid leave: - Urgent Personal Business - Sick Leave - Vacation Leave (for 12 month employees only) - Paid Parental Leave	Leave paid by RPS	AE

*NH - New Hire; OE - Open Enrollment; AE - Auto Enrolled; AT - Can Enroll At Any Time

Eligibility and Enrollment

Who is Eligible

All **FULL-TIME CONTRACT ACTIVE EMPLOYEES** working at least 30 hours per week and their eligible dependents are eligible to participate in all benefit plans.

Some **PERMANENT PART-TIME EMPLOYEES** working at least 20 hours per week are eligible to participate in the medical and dental plans, and the 403(b) retirement plan.

Enrollment Process

DURING THE OPEN ENROLLMENT PERIOD, you make enrollment elections for the upcoming plan year, which runs January 1 through December 31.

NEW HIRES have 30 calendar days from 1st day of employment to enroll in benefits. You will be able to enroll in your benefits on or after your start date, but within 30 calendar days of your date of hire. You will receive an email in your RPS email inbox with the subject "RPS New Hire Benefits Enrollment" on the Sunday after your start date inviting you to enroll in your benefits.

What is Open Enrollment

Open Enrollment is the one time period during the year in which benefit eligible employees can make changes to their benefit elections for any reason for the upcoming year. The Open Enrollment period for 2024 begins on October 23rd and ends November 10th.

When Coverage Begins

COVERAGE ELECTED DURING THE OPEN ENROLLMENT PERIOD will become effective January 1, 2025.

COVERAGE FOR EMPLOYEES HIRED IN 2024 will become effective the first of the month following 30 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a Qualifying Life Event. Example: If you are hired August 14, 2024, your coverage begins October 1, 2024. If you are hired May 1, 2024, your coverage begins June 1, 2024.

Eligible Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents.

- Spouse - a person to who you are legally married.
- Dependent children - You or your spouse's biological, adopted, legal dependents (including grandchildren for who you have legal custody) up to age 26 regardless of student, financial, residential or marital status. Dependent coverage will be terminated at the end of the month in which they turn 26. If your dependent is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

Employee and Spouse Both Work for Richmond Public Schools

If you and your spouse are benefits-eligible employees of Richmond Public Schools, you are eligible for reduced medical premium rates. The Both Working Spouses Application found [here](#) must be completed and required documentation supplied within 30 calendar days of your date of hire. The both working spouses designation must be recertified each plan year.

Qualifying Life Events

You will not be able to make changes to your elections outside of Open Enrollment unless you, your spouse, or your dependent children experience qualifying life events, provided you properly notify the Benefits and Compensation Department within 30 days of the event and provide documentation supporting the change. Examples may include:

- Marriage, divorce or legal separation
- Birth, adoption, gain of legal custody of a child
- Death of your spouse or covered child
- Loss or gain of coverage by spouse or dependent children
- Loss or gain of coverage due to a change in employment status
- Loss or gain of eligibility under Medicaid
- Eligibility for Medicare
- Child support order

How Do I Enroll

There are two convenient ways to enroll:

1. Online

- Click <https://trustmark.benselect.com/enroll/login.aspx?ReturnUrl=%2fenroll> to log into the Richmond Public Schools enrollment system to begin your benefit selection process which is available 24/7.
- You will be prompted to enter your Social Security Number **OR** Employee ID.
- Next, enter your PIN. Your pin is a six digit number, consisting of the last four of your SSN, followed by the last two digits of your birth year.
- Once your identity is confirmed, you will be brought to an **Introduction** page. Click **"Next"** to review your personal information and make sure it's correct.
- On the following **Dependents** screen, you can add new dependents on this screen or verify existing ones.
- To review your employment information, click through to the **Employment** screen.
- Next, select or waive coverage for each benefit.
- Review your benefits summary and use the back button to modify your selections.
- Sign and submit your benefits confirmation by entering your PIN. Remember, your PIN is a six-digit number, consisting of the last four of your SSN followed by the last two digits of your birth year.
- Print a copy of your benefits summary for your records.

2. Phone

- The Richmond Public Schools Benefit Service Center is available Monday through Friday, 8:00 am to 5:00 pm by calling (844) 379-0069.
- The service center is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries.
- The representatives are experienced professionals and their primary responsibility is to assist you.

Do Your Homework

One of the most important things you can do is to learn about your benefit choices. Without that knowledge, you might not choose programs that meet your needs or the needs of your family. This guide provides the information you need to understand the Richmond Public Schools' benefits program and create your own benefits package. Please review each section carefully.

Your Past History

Review your medical and dental expenses over the last few years. How likely is it that you will need medical and dental treatment for the coming year? Remember, you always have to anticipate unexpected expenses.

Cost and Anticipated Out of Pocket Expenses

Review the premiums for each of the different coverages. Consider your past history and estimate future costs should you need medical or dental treatment. Be sure to include how much you would expect to pay out of pocket, including deductibles.

What's Best For You

We all have different benefit needs. Richmond Public Schools' benefits program offers several options so that you can choose the benefits that address your needs. Pick the benefits most important to you that work within your budget. If you have a family, you'll probably want to work through these decisions with them. If you have a working spouse, be sure to review the benefits available to your spouse so you can coordinate the type and level of coverages you choose through Richmond Public Schools.

Remember that Your Decisions Cannot Be Changed for a Year

Unless there is a qualifying life event after you make your benefit selections, you will not be able to change your elections until the next Open Enrollment period.

Pre-Tax vs Post-Tax Benefits

You pay for some of your benefits with pre-tax dollars. This means payroll deductions for certain benefits are taken out of your paycheck before taxes are calculated. This way, your taxable income is reduced, and you pay less in taxes. Richmond Public Schools offers the following plans on either a pre-tax or post-tax basis.

Pre-Tax

A "pre-tax basis" means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or until you have a qualifying change in your status (i.e., birth of a child, divorce, separation, reduction in hours, etc.). If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

VS.

Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay any taxes. Although you do not get any savings from taxes, you have the flexibility of dropping your coverage at any time. If your employer allows, you may also enroll any time during the year but, depending on the plan, you may be subject to waiting periods for pre-existing conditions, or you may have to furnish Evidence of Insurability (EOI).

Pre-Tax Plans Offered:

- Cigna Medical
- Flexible Benefit Administrators
Flexible Spending Accounts
- Cigna Dental
- Lincoln Financial 403(b) Plan
- VRS Deferred Compensation 457 Plan

Post-Tax Plans Offered:

- Cigna Group Critical Illness
- Cigna Group Accident
- Cigna Group Hospital Indemnity
- The Standard Short-term Disability
- The Standard Long-term Disability
- Trustmark Universal Life
- Legal Resources
- VRS Optional Life Insurance

See **example** of your potential savings below.

	Without Pre-Tax Deductions	With Pre-Tax Deductions
Gross Monthly Income	\$2,500.00	\$2,500.00
Pre-Tax Health Insurance Deduction	\$0.00	\$200.00
Taxable Income	\$2,500.00	\$2,300.00
Federal Tax - 15%	\$375.00	\$345.00
State Tax - 5.75%	\$143.75	\$132.25
FICA Tax - 7.65%	\$191.25	\$175.95
After Tax Health Insurance Deduction	\$200.00	\$0.00
Monthly Spendable Income	\$1,590.00	\$1,646.80
By taking advantage of the pre-tax deduction, this employee was able to increase their spendable income by \$56.80 every month.		

Medical Benefits Overview

The chart below and on the following page are a brief outline of the plans. The only change for 2024 is the increase in HDHP deductibles. For more information, please refer to the Open Enrollment presentation found [here](#).

Effective 1/1/25	HDHP with HSA You Pay		OAP Classic Plan You Pay		OAP Premier Plan You Pay	
	In-Network*	Out-of-Network	In-Network*	Out-of-Network	In-Network*	Out-of-Network
Routine Preventive Care	\$0	N/A	\$0	50% ^	\$0	50% ^
Deductible (combined with Rx)	Non-Embedded		Embedded		Embedded	
Deductible						
• Individual	\$2,000	\$4,000	\$500	\$1,000	\$250	\$1,000
• Individual in a Family	\$4,000	\$8,000				
• Family	\$4,000	\$8,000	\$1,000	\$2,000	\$500	\$2,000
Out-of-Pocket Max (combined with Rx)						
• Individual	\$6,000	\$13,100	\$6,350	\$10,000	\$5,000	\$10,000
• Individual in a Family	\$12,000	\$26,200				
• Family	\$12,000	\$26,200	\$12,700	\$20,000	\$10,000	\$20,000
PCP Office Visit	10% ^	50% ^	\$25 copay	50% ^	\$20 copay	50% ^
Specialist Office Visit	10% ^	50% ^	\$50 copay	50% ^	\$40 copay	50% ^
MDLIVE Virtual Care	10% ^	N/A	\$25 copay	N/A	\$20 copay	N/A
Outpatient Diagnostic Lab / X-ray	10% ^	50% ^	20% ^	50% ^	10% ^	50% ^
MRI / CT / PET Complex Imaging	10% ^	50% ^	20% ^	50% ^	10% ^	50% ^
Outpatient Therapy & Chiro	10% ^	50% ^	\$50 copay	50% ^	\$40 copay	50% ^
Urgent Care	10% ^	50% ^	\$50 copay	50% ^	\$40 copay	50% ^
Emergency Room	10% ^		\$250 copay; 20%		\$200 copay; 10%	
Inpatient	10% ^	50% ^	\$500 per adm copay; 20% ^	50% ^	\$500 per adm copay; 10% ^	50% ^
Outpatient	10% ^	50% ^	\$300 per fac visit copay; 20% ^	50% ^	\$250 per adm copay; 10% ^	50% ^

* Cigna's Open Access Plus (OAP) Network Plan

^ After the deductible is satisfied

***Non-Embedded** - (family is employee + 1 or more)- All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.

***Embedded** - Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.

Prescription Drug Benefits

HDHP with HSA Plan

In-network	Retail (30-day supply) You Pay	Retail (90-day supply) You Pay	Home Delivery (90-day supply) You Pay
Tier 1 Generics	\$10 ^	\$10 ^	\$10 ^
Tier 2 Preferred brands	\$30 ^	\$60 ^	\$60 ^
Tier 3 Non-preferred brands	\$55 ^	\$165 ^	\$165 ^

^ After the deductible is satisfied for

* 30-day supply of specialty medications may also be available via home delivery

Classic and Premier Plans

In-network	Retail (30-day supply) You Pay	Retail (90-day supply) You Pay	Home Delivery (90-day supply) You Pay
Tier 1 Generics	\$10	\$10	\$10
Tier 2 Preferred brands	\$30	\$60	\$60
Tier 3 Non-preferred brands	\$55	\$165	\$165

* 30-day supply of specialty medications may also be available via home delivery

Key points about the medical plans

HSA Plans:

- ✓ HDHP with HSA option – Plan 1 in-network and out-of-network coverage
- ✓ HSA Bank is the health savings account administrator
- ✓ Except for preventive care, the deductible must be satisfied before the plan coinsurance applies

Non-HSA Plans:

- ✓ Two plan options Plan Classic & Premier Plan Open Access Plus with in-network and out-of-network coverage
- ✓ Plan design includes copays and deductibles for certain services

Applicable to all Plans:

- In-network providers participate in Cigna's Open Access Plus (OAP) network plan
- PCP is recommended, but not required
- No referrals are required to see a specialist
- In-network preventive care is covered with no cost share
- Transition of Care is available for customers for certain circumstances if their current provider is not in Cigna's network
- All plans have access to Cigna's programs, services, and tools

Vision Benefits

(included with all Cigna medical plans)

Effective 1/1/25	In-Network with EyeMed	Out-of-Network Reimbursement
Exam (once per 12 months)	\$15 copay	Up to \$45
Eyeglasses Frames (once per 24 months)	Covered 100%	Up to \$55
Eyeglasses Lenses (once per 12 months) • Single • Bifocal • Trifocal • Lenticular	Covered 100% Covered 100% Covered 100% Covered 100%	Up to \$32 Up to \$55 Up to \$65 Up to \$80
Contact Lenses (one pair non-disposable or single purchase supply of disposable per 12 months, in lieu of eyeglasses) Elective Therapeutic	Covered 100% Covered 100%	Up to \$87 Up to \$210
Safety Glasses Frames (once per 12 months)	Not covered	Not covered
Safety Glasses Lenses (once per 12 months) • Single • Bifocal • Trifocal	Not covered	Not covered

Cigna Vision Network serviced by EyeMed

With vision coverage, you have greater access at more locations. Your vision network includes:



24,000 independent providers¹



10,000 retail providers, including LensCrafters®, Pearle Vision®, Target Optical®, Costco Optical®, Walmart Vision Center® and more¹



Access to online retailers such as LensCrafters.com®, Ray-Ban.com®, Glasses.com®, TargetOptical.com® and ContactsDirect.com®



Online appointment scheduling²

¹ The Cigna Vision Network is serviced by EyeMed. Number of contracted providers as of June 2022. EyeMed internal reporting. Subject to change.

² Online scheduling available with select providers.

2025 Medical Rates - 24 Pays

Employees must complete a biometric screening and health assessment each year to be eligible to pay the "With Health Assessment" rates. Newly eligible employees hired on or after July 1 are not eligible for the "With Health Assessment" rates until the next calendar year.

Employee Contributions (24 Pay)		
Premier Plan		
	With Health Assessment	Without Health Assessment
Employee	\$51.03	\$66.66
Employee & Child	\$173.53	\$226.67
Employee & Spouse	\$237.04	\$309.63
Employee & RPS Spouse	\$102.06	\$133.32
Employee & Family	\$276.26	\$360.85
Employee & RPS Spouse/Family	\$182.89	\$238.89

Employee Contributions (24 Pay)		
Classic Plan		
	With Health Assessment	Without Health Assessment
Employee	\$31.49	\$41.13
Employee & Child	\$140.11	\$183.01
Employee & Spouse	\$191.40	\$250.00
Employee & RPS Spouse	\$62.98	\$82.25
Employee & Family	\$225.64	\$294.74
Employee & RPS Spouse/Family	\$133.43	\$174.28

Employee Contributions (24 Pay)		
HDHP with HSA		
	With Health Assessment	Without Health Assessment
Employee	\$14.44	\$18.86
Employee & Child	\$99.26	\$129.65
Employee & Spouse	\$135.59	\$177.11
Employee & RPS Spouse	\$28.88	\$37.72
Employee & Family	\$158.01	\$206.40
Employee & RPS Spouse/Family	\$93.43	\$122.04

IMPORTANT!

THIS IS SUMMARY OF YOUR MEDICAL PLAN. PLEASE VIEW YOUR FULL SUMMARY OF BENEFITS AND COVERAGE (SBC) PRIOR TO CHOOSING YOUR HEALTH PLAN. THE SBC CAN BE FOUND ON YOUR GROUP BENEFITS WEBSITE FOUND [HERE](#).

2025 Medical Rates - 20 Pays

Employees must complete a biometric screening and health assessment each year to be eligible to pay the "With Health Assessment" rates. Newly eligible employees hired on or after July 1 are not eligible for the "With Health Assessment" rates until the next calendar year.

Employee Contributions (20 Pay)		
Premier Plan		
	With Health Assessment	Without Health Assessment
Employee	\$61.24	\$79.99
Employee & Child	\$208.23	\$272.00
Employee & Spouse	\$284.45	\$371.56
Employee & RPS Spouse	\$122.47	\$159.98
Employee & Family	\$331.51	\$433.02
Employee & RPS Spouse/Family	\$219.47	\$286.67

Employee Contributions (20 Pay)		
Classic Plan		
	With Health Assessment	Without Health Assessment
Employee	\$37.78	\$49.36
Employee & Child	\$168.13	\$219.61
Employee & Spouse	\$229.67	\$300.00
Employee & RPS Spouse	\$75.57	\$98.70
Employee & Family	\$270.77	\$353.68
Employee & RPS Spouse/Family	\$160.11	\$209.14

Employee Contributions (20 Pay)		
HDHP with HSA		
	With Health Assessment	Without Health Assessment
Employee	\$17.33	\$22.63
Employee & Child	\$119.11	\$155.58
Employee & Spouse	\$162.70	\$212.53
Employee & RPS Spouse	\$34.65	\$45.26
Employee & Family	\$189.61	\$247.67
Employee & RPS Spouse/Family	\$112.12	\$146.44

IMPORTANT!

THIS IS SUMMARY OF YOUR MEDICAL PLAN. PLEASE VIEW YOUR FULL SUMMARY OF BENEFITS AND COVERAGE (SBC) PRIOR TO CHOOSING YOUR HEALTH PLAN. THE SBC CAN BE FOUND ON YOUR GROUP BENEFITS WEBSITE FOUND [HERE](#).

Health Savings Account

A Health Savings Account (HSA) provides a tax-advantaged way to save for future medical expenses. The HSA is a component of a High Deductible Health Plan (HDHP). Under the RPS HDHP plan, the individual deductible is \$2,000, and the family deductible is \$4,000 with an out of pocket maximum of \$6,000/\$12,000. All eligible medical expenses are subject to the comprehensive, front-end deductible. Preventive benefits are covered at 100%. It's your account and you can build on it over the years. It's portable. If you leave Richmond Public Schools, your HSA account still belongs to you. There is no "use it or lose it" rule as with an FSA.

Who Is Eligible to Enroll

- You must be enrolled in a qualifying HDHP to be eligible to contribute to an HSA.
- You cannot be enrolled in Medicare (generally those over 65) and contribute funds to the account. However, HSA funds can be used when enrolled in Medicare for qualifying expenses not covered by Medicare.
- You cannot be covered by another health insurance program.
- You cannot be eligible to be claimed as a dependent on another's tax return (does not apply to joint filing).
- You cannot be enrolled in a medical Flexible Spending Account (you or spouse) and put funds in an HSA. However, you can be enrolled in the HDHP without the HSA.

If you or your spouse is currently enrolled in an FSA today, you must exhaust all money in your FSA account by the end of the plan year (December 31) to be eligible to open an HSA on January 1. If your spouse is enrolled in an FSA plan, you cannot cover your spouse under RPS' plan and open an HSA account until the end of their plan year. For example, if their plan does not end until March 31, you are not able to open the HSA until then. If you

have money remaining in the FSA and won't exhaust those funds until the end of the 3-month extension, you must wait until April 1 to open an HSA account

Contributions

HSAs function much like an IRA, where employees can invest money on a pre-tax basis and reduce taxable income. You can use the funds without penalty for eligible medical expenses (similar to the FSA eligible list).

All contributions, including RPS contributions, are vested immediately. RPS contributes to your HSA account as follows:

- *Employee Only Participants:* RPS will contribute \$750 annually* (Federal limits apply)
- *Dependent/Family Participants:* RPS will contribute \$1,250 annually* (Federal limits apply)

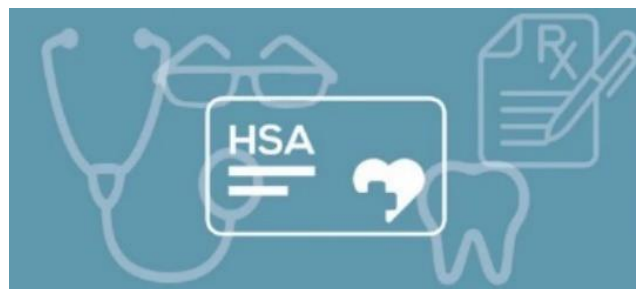
**RPS contributions are adjusted/prorated based on your enrollment date.*

Contributions can be made up to the Federal limit (\$4,300 individual or \$8,550 family) in 2025. If you are age 55 or older, you can make an additional \$1,000 contribution as a catch-up contribution. Contributions can be made on a pre-tax basis or can be deducted on your tax return at filing time.

The maximum contribution is allowable for partial year participation in a qualified HDHP as long as you remain in the plan the following full year.

Plan Administrator

Our administrator is **HSA Bank** and you can access your account online [here](#).



Eligible Expenses

Expenses that are eligible for reimbursement from an HSA are similar to those that are allowed under an FSA. You can refer to IRS Publication 502, Medical and Dental Expenses to identify eligible expenses. This publication can be found on the Internal Revenue Service's website found [here](#).

Paying Claims and Reimbursements from Account

Show your Cigna ID card when you receive care. The provider will submit a claim to Cigna for the application of discounts and credit to your deductible. Most providers will not require a payment from you at time of service. They will bill you for the balance due after the insurance discount has been applied.

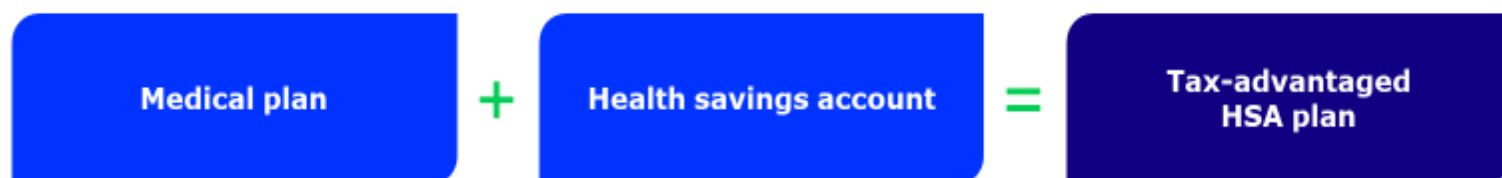
You pay the bill one of the following ways:

- HSA debit card
- Direct from HSA (check)
- From regular funds, then reimburse yourself from HSA
- From regular funds, don't reimburse yourself, but save the HSA funds for a rainy day

If you withdraw funds in an account after age 65 and use the fund for anything other than eligible medical expenses, you will be subject to a tax but a penalty does not apply.

The benefits of your health plan plus a health savings account

Cigna Choice Fund® Health Savings Account (HSA)



- Combines a medical plan with a health savings account
- Provides coverage for current health care expenses with the option to save for future expenses
- Offers in-network preventive care covered by the plan at 100%¹
- Provides flexibility as you own the account; contributions can come from you, your employer or both
- Encourages greater savings; contributions are generally not taxable²
- Provides investment options

1. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). See your plan materials for a complete list of covered preventive care services.

2. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your state.

Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2023 Cigna Healthcare.

Dental Insurance

The chart below and on the following page are a brief outline of the plans. For more information, please refer to the Open Enrollment presentation found [here](#).

Benefit Coverage	Cigna DPPO 3333350	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50 per person per calendar year	\$50 per person per calendar year Combined with In-Network
Family	\$150 per person per calendar year	\$150 per person per calendar year Combined with In-Network
Waived for Preventive Care	Yes	Yes
Annual Maximum		
Per Person / Family Progressive Maximum Benefit: When you or your family members receive preventive care in one plan year, the annual dollar maximum will increase in the following plan year.	Year 1: \$1,500 per enrollee per calendar year Year 2: \$1,600 per enrollee per calendar year Year 3: \$1,700 per enrollee per calendar year Year 4: \$1,800 per enrollee per calendar year	Year 1: \$1,500 per enrollee per calendar year Year 2: \$1,600 per enrollee per calendar year Year 3: \$1,700 per enrollee per calendar year Year 4: \$1,800 per enrollee per calendar year Combined with In-Network
Diagnostic & Preventive	100%	100%
Basic Restorative	80%	80%
Major Restorative	50%	50%
Orthodontia		
Benefit Percentage	50% No Deductible	50% No Deductible
Adult (and Covered Full-Time Students, if Eligible)	Covered	Covered
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	\$1,000 per person	\$1,000 per person Combined with In- Network

Employee Contributions

Cigna DPPO

	24-Pay	20-Pay
Employee	\$16.47	\$19.76
Employee & 1 Dep	\$33.48	\$40.17
Employee & 2+ Deps	\$53.55	\$64.26

Dental Insurance

For more information, please refer to the Open Enrollment presentation found [here](#).

Benefit Coverage	Cigna DHMO (G1-V9) 3333350	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	None	N/A
Family	None	N/A
Waived for Preventive Care	N/A	N/A
Annual Maximum		
Per Person / Family	Unlimited	N/A
Office Visit Copay per patient, per office visit	\$5.00	N/A
Diagnostic & Preventive	100%	Not Covered
Basic Restorative	Copays vary based on service	Not Covered
Major Restorative	Copays vary based on service	Not Covered
Orthodontia		
Benefit Percentage	Copays vary based on service	Not Covered
Adult (and Covered Full-Time Students, if Eligible)	Covered	N/A
Dependent Child(ren)	Covered	N/A
Lifetime Maximum	Unlimited	N/A

Employee Contributions		
Cigna DHMO		
	24-Pay	20-Pay
Employee	\$5.13	\$6.16
Employee & 1 Dep	\$8.50	\$10.20
Employee & 2+ Deps	\$11.59	\$13.90

Improve Your
Quality of Life.

EXPLORE

Assistance Managing
Your Health and
Healthcare



Whether you need help reducing stress, are feeling motivated to make a change in your life, or need to talk to someone, Cigna and the City of Richmond offers a variety of behavioral support tools and services to help ensure you get the support that works best for you.

Cigna One Guide - Concierge service to help with everything Cigna

Cigna has partnered with WebMD to provide resources related to improving your overall wellbeing! Whether you want to utilize a tracker to manage your stress level, or learn how to reduce or quit tobacco, these programs could help! Each program is easy to use and available where and when you need it. Want some additional support? Pair a Lifestyle Management program with the support of health coaching (described below).

To reach a One Guide representative call:
1-800-Cigna24 Or 1-800-244-6224.

Access the Cigna One Guide support tool by
downloading the myCigna App.

Personal Health Team - Health Coaching, Treatment Decision Support

LIVE personalized support for you and your family to help you manage your health and remove barriers to care. Your health advocate will help you understand your condition, discuss treatment options, remind you to refill your prescription, visit your doctor, or follow-up on other forms of care. They're there to help you learn how to develop healthier habits for a healthier you.

Call 1-800-Cigna24 or
1-800-244-6224 or download the myCigna App.

Cigna Pharmacy - Home Delivery - Quickswitch® - Cigna 90 Now

Cigna Home Delivery Pharmacy is designed for individuals who take prescription medications on a regular basis, such as those used for diabetes or high blood pressure to name a few.

- ▶ Fast, convenient delivery of your prescription medications to a location of your choice
- ▶ Free refill reminder service will call, text, or email you when it's time to refill prescriptions
- ▶ Cigna pharmacists are available 24/7 to answer your medication questions

Quickswitch® makes filling a prescription simple. We will request a prescription from your doctor and once we receive it, we will fill your medication and mail it to your home or other location of your choice.

Cigna 90 Now is a pharmacy program designed to allow customers to fill 90-day supplies of medication at any in-network pharmacies contracted to fill for 90-day supplies

Call 1-800-285-4812 to Quickswitch your
prescriptions to home delivery.

With Quickswitch you may have a Cigna representative change your 30-day scripts to a 90-day prescription by contacting your doctor for you.

Virtual Care – MDLIVE

Cigna offers virtual doctor's visits through MDLIVE - to help you get the care you need –including most prescriptions - for a wide range of minor conditions. You can connect with a board-certified doctor via video chat or phone, without leaving your home or office. Telehealth visits are covered under the medical plan and billed at the same rate or less than a regular office visit.

Visits are available in the areas of Dermatology, Primary Care, Wellness Virtual visit, and Behavioral Care.

Create an account on MDLIVEforCigna.com. You can also download the Apps on your mobile device.

Call MDLIVE at 1-888-726-3171.

Estimate your Costs Tool - Medical or Pharmacy costs

Did you know that the costs of medical procedures can vary among facilities? An MRI can be \$600 in one location and \$1200 in another. The same is true for medications! Using the Estimate your Cost tool on myCigna.com, you can see what your projected cost would be for an upcoming medical procedure as well as compare pricing among in-network facilities nearby. Cost estimates are based on your coverage and deductible status and clearly indicate what doctors are in-network to help you make the most of your plan. Medication cost estimates are also available on this tab. Learn what you will pay for your prescription based on your plan at area pharmacies or through Cigna home delivery pharmacy. You can look up prescription drug prices at over 60,000 pharmacies to find the best value.

Available on myCigna.com & the mobile App.

Look for the CIGNA Care Designation and Save

Top-performing doctors' who meet certain Cigna quality and cost-efficiency measures have been given to Cigna Care Designation (CCD). You could save hundreds of dollars a year simply by staying in-network with a CCD doctor or specialist.

Your Health First – Cigna Chronic Condition Support

Your Health First coaches are specially trained to help and provide support for individuals who have a chronic health condition such as asthma, low back pain, depression, diabetes, coronary artery disease and more. If you have a chronic condition, they can help you:

- › Make more educated decisions about your health and treatment options
- › Create a plan to help improve your health & identify the triggers that affect your condition
- › Understand medications and doctor's orders
- › Know what to expect if you need to stay in the hospital

Call 1-855-246-1873 to speak with a coach.

MyCigna.com & MyCigna Mobile App

Mycigna.com and the myCigna Mobile App provide a variety of tools to make managing your health and your health finances easier!

You can access ID cards for your entire family; locate an urgent care, convenience care or emergency room nearby; find doctors and compare quality-of-care ratings; get medical procedure cost estimates for nearby in-network facilities; compare drug costs among local pharmacies; view health claims and manage account and deductible balances. In addition, the My Health tab also provides the health assessment, MotivateMe, and online coaching to name a few.

Go to: myCigna.com, to register and create a User ID & Password.

Download the myCigna App from Go to the App StoreSM or Google Play.

24/7 Nurse Line & Health Information

Not sure if you need to go to the doctor? Have a health concern and need some advice? The 24/7 Nurse Line provides toll-free access to specially trained staff any time of day or night to answer health questions and give guidance with health concerns.

Call: 1-800-564-9286 or 1-800-244-6224.

Cigna Total Behavioral Health

Coaching and support services with access to behavioral experts with extensive experience. Find a health care professional in the network geared to your needs. Behavioral health challenges can be diverse and complex. Cigna has a broad menu of virtual provider options.

To learn more, visit myCigna.com, Wellness Tab, Mental Health Support. Or call the toll-free number on your ID card.



To access more information on these topics go to myCigna.com or scan QR code. Sign in with your customer log-in and password. Haven't created an account yet? Simply register.

Employee Assistance Program

When you're facing challenges — big or small — Employee Assistance Program (EAP)¹ is here to connect you with real people who can help you find real solutions. Our employee assistance consultants are just a phone call away whenever you need them, all at no cost to you.



You and your household members (even a roommate) have access to face-to-face or video-based sessions² with our network of licensed employee assistance counselors



Sessions are confidential, available for routine or urgent concerns, and include up to **6 sessions** per issue at no cost to you and your household members



Call us or go online to the Employee Assistance Program (EAP) coverage page of myCigna.com® to request a phone call from an EAP consultant

1. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.

2. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas.



Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2023 Cigna Healthcare.

49

Cigna Healthy Pregnancies, Healthy Babies®

Enroll during your first or second trimester. Our maternity specialists will reach out to you during and after your pregnancy to support you along the way, answer any questions, offer screenings for post-partum depression, and much more.



Access 24/7 support through the Health Information Line



Get ongoing support from a maternity specialist with nursing experience



Earn up to \$175 for completion of the program¹



Download a guide with information, tools, and resources



Access an audio library of pregnancy health topics

 Enrolling in the program is easy (and free). Just call 800.615.2906 or sign up through the Cigna Healthy Pregnancy® app.²

1. Incentive paid after completion of post-partum call. Reward eligibility and type may vary based on plan offering. Incentive awards may be subject to tax; you are responsible for any applicable taxes.

2. The app is for educational purposes only. Medical advice isn't provided. Don't use information in this app to diagnose yourself. Always check with your health care provider for information about examinations, treatment, testing, and care recommendations. In an emergency, dial 911 or visit the nearest emergency room. App/online store terms and mobile phone carrier/data charges apply.



Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2023 Cigna Healthcare.

68

Flexible Spending Accounts

Healthcare Expenses

The Healthcare Flexible Spending Account may be used to reimburse eligible expenses incurred by you or your dependents, as long as the expenses are not covered by insurance or any other source. The maximum amount that you may contribute to your Healthcare Account for each plan year is \$3,200. You must use the amount in your FSA each plan year. Only \$640 may be carried over into the next plan year. The Health Care Flexible Spending Account is advantageous when you have predictable healthcare expenses. 2025 limits are still pending IRS release.

You can refer to IRS Publication 502, Medical and Dental Expenses to identify eligible expenses. This publication can be found on the Internal Revenue Service's website found [here](#) or by calling 1-800-TAX-FORM.

Dependent Care Expenses

The Dependent Care Spending Account may be used to care for a dependent in your home or someone else's home; childcare or dependent care facilities, including day care centers and nurseries; or Housekeeping services in your home that include day care.

However, you cannot claim payments for services provided by a dependent or one of your own children under the age of 19.

Dependent Care and the Federal Tax Credit

If you have eligible dependents, you may choose to use *either* or *both* the Dependent Care Flexible Spending Account and the Federal dependent care tax credit when you file your annual tax return. Whatever you contribute to the Dependent Care Spending Account will reduce the amount of the available Federal tax credit.

The annual maximum the IRS currently allows you to contribute to a Dependent Care Account is \$5,000 for single individuals and

married individuals filing jointly, and \$2,500 for married individuals filing separately.

You are eligible for a Federal income tax credit of up to \$3,000 of eligible dependent care expenses for one qualified dependent (up to \$6,000 for two or more qualified dependents). The amount of your tax credit depends on your adjusted gross income reported on your Federal income tax return. You must decide whether using the Dependent Care Flexible Spending Account or taking the Federal dependent care tax credit for your dependent care expenses will provide you with more tax savings. If you are uncertain as to which is best for you, we recommend that you check with a tax advisor before making your final decision.

Who May Participate in the Dependent Care Spending Account Plan?

If you are married, your spouse must work, be a full-time student or be mentally or physically unable to care for him or herself in order to be eligible to participate in this plan. You may also participate in this plan if you are not married and incur eligible dependent care expenses.

Plan Administrator

Our administrator is **Flexible Benefit Administrators**. IRS Publication 503 explains the child and dependent care tax credit in more detail. You can obtain a copy of this publication from the Internal Revenue Service's website found [here](#) or by calling 1-800-TAX-FORM.

If you choose to participate in the Healthcare and/or Dependent Care Spending Account, your contributions will be made through payroll deduction and will be made on a "before-tax" basis. This means that contributions to this plan will be deducted from your pay before taxes and are, therefore, tax-free. This will increase your net take-home pay

since Federal, State and FICA taxes will be reduced.



Virginia Retirement System

RPS Retirement Benefits are administered through the Commonwealth of Virginia. The Virginia Retirement System (VRS) is an independent agency of the Commonwealth of Virginia. The VRS Board of Trustees administers and is trustee of the funds of the Virginia Retirement System Trust, including Plan 1, Plan 2, and the defined benefit component of the Hybrid Retirement Plan.

As a member, you contribute 5 percent of your compensation each month to your member contribution account through a pre-tax salary reduction. Your contributions are tax-deferred until you withdraw them as part of your retirement benefit or as a refund.

Your employer makes a separate contribution to VRS for all covered employees. VRS invests contributions to provide for your future benefit payment.

You will become vested when you have at least five years (60 months) of service credit. Vesting means you are eligible to qualify for retirement if you meet the age and service requirements for your plan. You also must be vested to receive a full refund of your member contribution account balance if you leave employment and request a refund.

VRS members are covered for Basic Group Life Insurance from the first day of employment through Securian Financial (Minnesota Life Insurance). The coverage is 2 times your salary for natural death and 4 times your salary for accident death. You are also eligible to purchase additional life insurance for yourself as well as your spouse and dependent children through the Optional Group Life Insurance Program. If you opt for this additional coverage you will be able to pay the premiums through payroll deductions.

VRS Plan Comparison Chart

PLAN 1	PLAN 2	HYBRID PLAN
VRS Plan 1 is a defined benefit plan where the benefit is based on the member's <i>age, creditable service and average final compensation</i> at retirement using a formula. Members are in VRS Plan 1 if their membership date is before July 1, 2010, and they were vested as of January 1, 2013.	VRS Plan 2 is a defined benefit plan where the benefit is based on the member's <i>age, creditable service and average final compensation</i> at retirement using a formula. Members are in VRS Plan 2 if their membership date is from July 1, 2010, to December 31, 2013, or their membership date is before July 1, 2010, and they were not vested as of January 1, 2013.	VRS Hybrid Plan combines the features of a defined benefit plan and a defined contribution plan. The plan applies to most members whose membership date is on or after January 1, 2014.
Disability Retirement	Disability Retirement	Disability Benefits
If you are eligible to be considered for disability retirement and retire on disability, the retirement multiplier will be 1.7 percent on all service credit, regardless of when it was earned, purchased or granted.	If you are eligible to be considered for disability retirement and retire on disability, the retirement multiplier will be 1.65 percent on all service credit, regardless of when it was earned, purchased or granted.	Members under the Hybrid Retirement Plan will be subject to a one-year waiting period before becoming eligible for non-work related disability benefits. Short-term and long-term disability benefits can be purchased while satisfying the one-year waiting period.
Purchase of Prior Service		
Members may be able to purchase service from previous public employment, active duty military service, an eligible period of leave or VRS refunded service as creditable service in their plan. Prior creditable service counts toward vesting, eligibility for retirement and the health insurance credit. Only active members are eligible to purchase prior service. When buying service, members must purchase their most recent period of service first. Members may also be eligible to purchase periods of leave without pay. Members are not eligible to purchase prior service if you are employed in a non-covered position, are a deferred member or are a retiree.		



Virginia
Retirement
System®

Plan 1: State Employees, Teachers and General Political Subdivision Employees

Average Final Compensation	Your average final compensation is the average of your 36 consecutive months of highest creditable compensation as a covered employee.
Service Benefit Calculation	Your unreduced Basic Benefit is calculated using the following formula: $\begin{aligned} &\text{Average final compensation} \\ &\times \text{Retirement multiplier} \\ &\times \text{Total years of service credit at retirement} \end{aligned}$ Annual benefit amount $\div 12 \text{ months}$ Monthly benefit amount before taxes and other deductions A reduction factor is applied to your monthly benefit amount if you retire with a reduced retirement benefit (see below) or a benefit payout option other than the Basic Benefit.
Cost-of-Living Adjustment (COLA)	A cost-of-living adjustment (COLA) allows your retirement benefit to keep pace with rising costs. The COLA is based on the Consumer Price Index for all Urban Consumers (CPI-U), published by the U.S. Bureau of Labor Statistics and updated each July 1. During years of no inflation or deflation, the COLA will be 0%.
Death-in-Service Benefit	If you die while you are an active member ("in service"), your beneficiary or your spouse, minor child or parent may be eligible for a death-in-service benefit in addition to any life insurance benefits you may have.
Disability	If you are eligible to be considered for disability retirement and retire on disability, the retirement multiplier will be 1.7% on all service credit, regardless of when it was earned, purchased or granted, or you may be covered under the Virginia Sickness and Disability Program (VSDP). Learn more about VSDP at varetire.org/vsdp .
Unreduced Service Retirement Eligibility	Age 65 if you have at least five years (60 months) of service credit, or at age 50 if you have at least 30 years of service credit.
Reduced Service Retirement Eligibility	Age 55 if you have at least five years (60 months) of service credit, or age 50 if you have at least 10 years of service credit.
Employer Contribution	Your employer makes a separate contribution to VRS toward funding current and future benefits for all covered employees. Members are not eligible for a refund of the separate employer contribution.
Mandatory Retirement Distribution	If you defer retirement and do not apply for retirement by April 1 following the calendar year in which you turn age 73, VRS will pay you a retirement benefit (Basic Benefit option), as required by law. If you are not vested, you will receive a refund of your member contribution account balance, excluding any member contributions made by your employer to your account after July 1, 2010, and the interest on these contributions.

Contributions

contribution account through a pretax salary reduction. Your contributions are tax-deferred until you withdraw them as part of your retirement benefit or as a refund. The *Code of Virginia* does not allow VRS members to borrow or withdraw funds from their member contribution accounts. You can take a refund of your member contribution account when you leave covered employment. Your employer makes a separate contribution to VRS for all covered employees. VRS invests contributions to provide for your future benefit payment.

Service Credit

Service credit has monetary value when it is used to calculate your retirement benefit or if you take a refund of your member contributions and interest. You earn service credit for each month you are reported in a covered position. Service credit can include credit for prior service earned, purchased or granted.

Service Retirement Multiplier

A service retirement multiplier is a factor that determines how much of your average final compensation will be used to calculate your retirement benefit. For service retirement, your retirement multiplier is 1.7%.

Vesting

You become vested when you have at least five years (60 months) of service credit. Vesting means you are eligible to qualify for service retirement if you meet the age and service requirements for your plan. You also must be vested to receive a full refund of your member contribution account balance (contributions and interest accrued) if you leave employment and request a refund.



Virginia
Retirement
System®

Plan 2: State Employees, Teachers and General Political Subdivision Employees

Average Final Compensation	Your average final compensation is the average of your 60 consecutive months of highest creditable compensation as a covered employee.
Service Benefit Calculation	Your unreduced Basic Benefit is calculated using the following formula: $\begin{aligned} &\text{Average final compensation} \\ &\times \text{Retirement multiplier} \\ &\times \text{Total years of service credit at retirement} \end{aligned}$ Annual benefit amount $\div 12 \text{ months}$ Monthly benefit amount before taxes and other deductions A reduction factor is applied to your monthly benefit amount if you retire with a reduced retirement benefit (see below) or a benefit payout option other than the Basic Benefit.
Cost-of-Living Adjustment (COLA)	A cost-of-living adjustment (COLA) allows your retirement benefit to keep pace with rising costs. The COLA is based on the Consumer Price Index for all Urban Consumers (CPI-U), published by the U.S. Bureau of Labor Statistics and updated each July 1. During years of no inflation or deflation, the COLA will be 0%.
Death-in-Service Benefit	If you die while you are an active member ("in service"), your beneficiary or your spouse, minor child or parent may be eligible for a death-in-service benefit in addition to any life insurance benefits you may have.
Disability	If you are eligible to be considered for disability retirement and retire on disability, the retirement multiplier will be 1.65% on all service credit, regardless of when it was earned, purchased or granted, or you may be covered under the Virginia Sickness and Disability Program (VSDP). Learn more about VSDP at varetire.org/vsdp .
Unreduced Service Retirement Eligibility	Normal Social Security retirement age with at least five years (60 months) of service credit or when your age (years) and service (years) equal 90.
Reduced Service Retirement Eligibility	Age 60 with at least five years (60 months) of service credit.
Mandatory Retirement Distribution	If you defer retirement and do not apply for retirement by April 1 following the calendar year in which you turn age 73, VRS will pay you a retirement benefit (Basic Benefit option), as required by law. If you are not vested, you will receive a refund of your member contribution account balance, excluding any member contributions made by your employer to your account after July 1, 2010, and the interest on these contributions.
Normal Service Retirement Age	Normal Social Security retirement age.

Prior Service Credit	Eligible prior service includes federal and other public service, active duty military service, certain types of leave and VRS refunded service. If you have prior service, you may be eligible to purchase this service as credit in your plan. Prior service credit counts toward vesting, eligibility for retirement and eligibility for the health insurance credit, if offered by your employer. Visit myVRS.varetire.org to learn more.
Retirement Contributions	You contribute 5% of your creditable compensation each month to your member contribution account through a pretax salary reduction. Your contributions are tax-deferred until you withdraw them as part of your retirement benefit or as a refund. The <i>Code of Virginia</i> does not allow VRS members to borrow or withdraw funds from their member contribution accounts. You can take a refund of your member contribution account when you leave covered employment. Your employer makes a separate contribution to VRS for all covered employees. VRS invests contributions to provide for your future benefit payment.
Service Credit	Service credit has monetary value when it is used to calculate your retirement benefit or if you take a refund of your member contributions and interest. You earn service credit for each month you are reported in a covered position. Service credit can include credit for prior service earned, purchased or granted.
Service Retirement Multiplier	A service retirement multiplier is a factor that determines how much of your average final compensation will be used to calculate your retirement benefit. For service retirement, your retirement multiplier is 1.65% on service credit earned, purchased or granted on or after January 1, 2013, and 1.7% on service earned, purchased or granted before January 1, 2013.
Vesting	You become vested when you have at least five years (60 months) of service credit. Vesting means you are eligible to qualify for service retirement if you meet the age and service requirements for your plan. You also must be vested to receive a full refund of your member contribution account balance (member contributions and interest accrued) if you leave employment and request a refund.



Hybrid Retirement Plan

The VRS Hybrid Plan applies to most members hired on or after January 1, 2014 with no prior VRS service credit. This plan offers a defined benefit component and defined contribution component (similar to 401k). The Hybrid Plan does not offer disability retirement benefits; instead, Hybrid Plan members have a separate program of short and long term disability benefits.

Defined Benefit	Defined Contribution
• Provides the foundation of your future retirement benefit when you qualify • Pays a monthly retirement benefit based on age, total service credit and average final compensation • VRS manages the investments and related risk for this component	• Provides a tax-deferred savings plan to build on your benefit from the defined benefit component • Pays a retirement benefit based on contributions by you and your employer to the plan and the investment performance of those contributions • You manage the investments and related risk for this component

Mandatory Contributions

The Hybrid Retirement Plan is funded through mandatory and voluntary contributions made by the employee and employer to both the defined benefit and the defined contribution components of the plan.

Defined Benefit Component

Both the member and the employer make contributions to fund the defined benefit component of the Hybrid Retirement Plan. Members contribute a mandatory 4 percent of creditable compensation each month to their defined benefit member contribution account on a pre-tax salary reduction basis. The actual amount contributed by the employer to the defined benefit component of the hybrid plan will be the total employer contribution rate for that employee, less any employer contributions to the defined contribution component of the plan for that employee.

Defined Contribution Component

The defined contribution component of the Hybrid Retirement Plan provides the Hybrid 401(a) Cash Match Plan. Members contribute a mandatory 1 percent of their creditable compensation each month to their 401(a) plan account. Employers also contribute a mandatory 1 percent as well as matching contributions on any voluntary contributions a member makes, which are deposited to this account. Members invest these contributions through their Hybrid 401(a) plan.

Voluntary Contributions

In addition to mandatory contributions, members may contribute up to an additional 4 percent in voluntary contributions to the defined contribution component of the Hybrid Retirement Plan each month.

Auto-Escalation of Member's Voluntary Contributions

To encourage members to maximize their retirement savings, the Hybrid Retirement Plan was designed with an auto-escalation feature. Every three years, members' voluntary contributions to their Hybrid 457 Deferred Compensation Plan accounts will automatically increase by 0.5 percent (payroll deduction) until reaching the maximum 4 percent.

Defined Contribution Component - Contributions Table

Employee Mandatory Contributions: Hybrid 401(a)	Employer Mandatory Contributions: Hybrid 401(a)	Employee Voluntary Contributions: Hybrid 457†	Employer Matching Contributions: Hybrid 401(a)
1.00%	1.00%	0.00%	0.00%
		0.50%	0.50%
		1.00%	1.00%
		1.50%	1.25%
		2.00%	1.50%
		2.50%	1.75%
		3.00%	2.00%
		3.50%	2.25%
		4.00%	2.50%

Note: Members can elect a voluntary contribution between 0.5% and **4%**. The maximum employer match is **2.5%**

†Some provisions related to the voluntary contributions and associated employer match may differ for school division employees who have elected to use an employer-sponsored hybrid 403(b). For additional information, contact your human resource office.

Start Saving Now!



Online - [Log in to your Hybrid 457 Deferred Compensation account](https://www.varetirement.org/hybrid.html) and click *My Account*, then *Contributions*. Select the percentage of each paycheck you'd like to set aside in voluntary contributions. You can begin saving up to 4 percent right away!

<https://www.varetirement.org/hybrid.html>



Phone - Call Investor Services at 1-877-327-5261; select option 1.

Members can make changes to their voluntary contributions each quarter. The cut-off date for changes to an account is 4 p.m. ET on the 15th of the month prior to the next quarter. (For example, members must request the change by 4 p.m. ET on June 15 in order to be effective in the first payroll of July.) If the 15th is not a business day, the deadline will be 4 p.m. ET on the next business day after the 15th.

Basic Group Life Insurance

Eligible employees are automatically enrolled in life insurance through the Virginia Retirement System (VRS) and administered by Securian Financial. Your basic group life insurance provides you with two kinds of life insurance during active employment – basic life insurance and accidental death and dismemberment insurance. Richmond Public Schools pays the total premium for group life insurance. Your coverage amount is determined by rounding your annual salary to the next highest thousand and then doubling that amount. In the event of accidental death or dismemberment, the amount doubles again. Your life insurance benefits include:

- Group life insurance without a medical examination
- Natural death benefits
- Double the natural death for an accidental death
- Dismemberment payments for accidental loss of one or more limbs or loss of sight in one or both eyes
- Accelerated death benefit for a terminal medical condition

Naming a Beneficiary

Who Can you Name as a Beneficiary?

You can name any living person or an entity such as an eligible trust or charity as your beneficiary.

Primary and Contingent Beneficiaries

You can name one primary beneficiary or multiple primary beneficiaries. Upon your death, each primary beneficiary receives a share of any retirement contributions and interest in your member contribution account and any life insurance benefits you may have, depending on how you designate your primary beneficiaries for each payment. If you name multiple primary beneficiaries, the proceeds will be split equally, unless you instruct otherwise on the form. You can name a contingent beneficiary or beneficiaries. If your primary beneficiary or beneficiaries are deceased at the time of your death, your contingent beneficiary or beneficiaries receive benefit payments.

Changing Your Beneficiary

VRS is required by law to pay benefits according to the latest beneficiary designation in your VRS record. Review your beneficiary designation after a personal milestone such as a change in marital status, the birth or adoption of a child, or as you near retirement. To change your beneficiary, log in to your [myVRS](#) account to make beneficiary updates as soon as possible. Should you need assistance, call [888-827-3847](tel:888-827-3847) (select option 3 for myVRS online assistance).

If There Is No Beneficiary

If there is no valid beneficiary designation on file or your beneficiary is deceased at the time of your death, VRS will pay benefits according to the following order of precedence, as required by law:

- First, to the spouse of the member;
- Second, if no surviving spouse, to the children of the member and descendants of deceased children, per stirpes;
- Third, if none of the above, to the parents of the member;
- Fourth, if none of the above, to the duly appointed executor or administrator of the estate of the member;
- Fifth, if none of the above, to other next of kin of the member entitled under the laws of the domicile of the member at the time of his death.

Defined Benefit Plans

Register or log in to your [myVRS](#) account to name or update beneficiaries for your defined benefit member contributions.

Defined Contribution Plans

If you participate in the [Commonwealth of Virginia 457 Deferred Compensation Plan](#) and [Virginia Cash Match Plan](#), select your plan's website and log in to your account to name your beneficiary. [Learn more about how to designate your beneficiary.](#)

Optional Group Life Insurance

You may purchase additional life insurance at group rates for you, spouse, and your dependents up to age 21 (or age 25 if they are full time students). You may apply for coverage for:

- Yourself of 1, 2, 3, or 4 times your salary (rounded up to the next highest \$1,000), up to a maximum of \$800,000
- Spousal coverage for half of the amount of your coverage, up to a maximum of \$400,000
- Coverage for your children over 14 days of age in increments of \$10,000, \$20,000, or \$30,000, depending on the level of coverage you select for yourself.

VRS premiums for optional coverage for you and your spouse on each covered individual's age and the amount of coverage. Age-related premium rate changes occur once a year on July 1. Rate table can be found [here](#).

Enrollment in optional life insurance for the employee is a guaranteed benefit (subject to maximums) if you enroll within 31 calendar days of your hire date. You may apply for optional coverage after 31 calendar days, but evidence of insurability will be required. [Enrollment Forms](#). [Evidence of insurability](#).



Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Richmond Public Schools

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

You will be eligible for coverage immediately.

Your Spouse*: Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown

Initial & Emergency Care	Plan
Emergency Care Treatment	\$125
Physician Office Visit (includes urgent care)	\$125
Diagnostic Exam (x-ray or lab)	\$10
Ground or Water Ambulance/Air Ambulance	\$100/\$500
Hospitalization Benefits	Plan
Hospital Admission	\$100
Hospital Stay	\$200
Intensive Care Unit Stay	\$400
Fractures and Dislocations	Plan
Per covered surgically-repaired fracture	\$200-\$9,000
Per covered non-surgically-repaired fracture	\$100-\$4,500
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	\$200-\$8,000
Per covered non-surgically-repaired dislocation	\$100-\$4,000
Follow-Up Care	Plan
Follow-up Physician (or medical professional) Office Visit	\$25
Follow-up Physical Therapy Visit	\$25
Enhanced Accident Benefits	Plan
Examples:	
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$600
Concussion	\$200
Coma (lasting 7 days with no response)	\$10,000

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

Accidental Death and Dismemberment Benefit	Plan
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 100% and 100% respective of the benefit shown.	Loss of Life: \$50,000 - \$100,000 Dismemberment: \$2,000 - \$30,000
Wellness Treatment, Health Screening Test & Preventive Care Benefit*	Plan
Wellness Treatment, Health Screening Test and Preventive Care Benefit:* Examples include (but are not limited to) routine gynecological exams, general health exams, mammography and certain blood tests. Benefit paid for all covered persons is 100% of the benefit shown. <i>Also includes COVID-19 Immunization. Virtual Care accepted.</i>	\$75

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Monthly Cost of Coverage:

Tier	Plan
Employee	\$14.90
Employee and spouse	\$21.30
Employee and child(ren)	\$28.42
Family	\$34.84

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction,

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by Subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions and Limitations:

- Emergency Care Treatment:** Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; Excludes: treatment provided by an immediate family member, clinic, or doctor's office.
- Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital.
- Diagnostic Exam:** payable once per Covered Accident, per Covered Person; Treatment must occur within 90 days of the Covered Accident.
- Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater.
- Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident; Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.
- Hospital Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay.
- Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay.
- Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident.
- Follow-up Physician Office Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 90 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. Follow Up Office Visit can include treatment by providers that are appropriately licensed professionals practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with traumatic Covered Accidents.
- Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 120 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident.
- Wellness Treatment, Health Screening Test and Preventive Care Benefit:** Limit: 1 per year per Covered Person.
- Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit.
- Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 times per Covered Accident.
- Coma:** Limits: payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma.
- Accidental Death and Dismemberment Rider:** To receive benefits, the death or loss must occur within 365 days of the covered accident. The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other loss of life benefits will not be paid. If the driver, he/she must hold a current and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit.

*State Variations

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative. **Specific Benefit Exclusions and Limitations:** The timeframe to obtain services following a covered accident is extended in SD, VT and WA, the exclusion for Physician Office Visit does not apply to residents of ID. **Common Exclusions** may vary for residents of AK, ID, LA, MN, SC, SD, VT and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. **Wellness Treatment, Health Screening Test and Preventive Care Benefit** is not available to residents of ID. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Portability conditions may differ for residents of AK, AR, CT, FL, ID, LA, ME, MD, MS, NH, NC, ND, SC, TX, UT, VT, WA, WV, and WI. Covid- 19 benefits are not available to residents of ID and OR. **Physician Office Visit** will always be available to residents of AK, VT, and WA. Emergency Care Treatment, Diagnostic Exam, and Ambulance benefit[s] will always be available to residents of VT and WA. **Hospital Stay/Intensive Care Unit Stay** benefit[s] will always be available to residents of VT. **Hospital Stay/Intensive Care Unit Stay** additional benefits may be available to resident of ID and NH. **Covered Accident** definition differs for residents of ID and VT. **Benefits may not be available to residents of NM, OR, and UT.**

Series 1.0

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI110189. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. 958323 11/19 © 2022 Cigna. Some content provided under license.



Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: Richmond Public Schools

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States,.

You will be eligible for coverage immediately.

Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000, \$20,000, \$30,000	Up to \$30,000
Spouse	100% of employee amount	Up to \$30,000
Children	50% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$250 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System Conditions		
Diagnosed Stage Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Other Specified Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%
Loss of Hearing	100%	Not Available
Loss of Speech	100%	Not Available
Systemic Lupus	25%	25%
Systemic Sclerosis	25%	25%

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
Examples include (but are not limited to) blood tests, cholesterol exams, general health exams, dental (to a maximum of \$1,000 per year), vision exams, and general health exams. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. Also includes COVID-19 Immunization. Virtual Care accepted.	\$100 1 per year

Benefits	
Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person, subject to the Maximum Lifetime Limit. A 180 days separation period between the dates of diagnosis is required.*
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 6 month separation period from diagnosis of a previous Covered Condition, subject to the Maximum Lifetime Limit.
Skin Cancer Benefit	Pays benefit stated above.

Portability Feature: You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens and Permanent Resident while residing in the United States.

Employee's Monthly Cost of Coverage: Benefit Amount: \$10,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	\$9.74	\$15.18	\$9.74	\$15.18
30 to 39	\$13.46	\$20.56	\$13.46	\$20.56
40 to 49	\$22.18	\$33.68	\$22.18	\$33.68
50 to 59	\$31.94	\$50.98	\$31.94	\$50.98
60 to 69	\$41.64	\$67.44	\$41.64	\$67.44
70 to 79	\$65.92	\$106.08	\$65.92	\$106.08
80 to 89	\$104.92	\$167.32	\$104.92	\$167.32
90+	\$104.92	\$167.32	\$104.92	\$167.32



Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: Richmond Public Schools

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

You will be eligible for coverage immediately.

Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$500	\$1,500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50	\$100
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100	\$150
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200	\$400
Hospital Observation Stay No Elimination Period. Limited to 72 hours.	\$100 per day 24-hour	\$200 per day 24-hour
Additional Benefits	Plan 1	Plan 2
Wellness Treatment Benefit* Examples include Cancer screenings, gynecological exams and general health	\$500 per year limited to 1	\$500 per year limited to 1

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens and Permanent Resident while residing in the United States.

EASY WAYS TO SUBMIT A CLAIM.

Cigna Accidental Injury, Critical Illness and Hospital Care (indemnity) insurance.

When a serious illness or injury occurs, Cigna Accidental Injury (AI), Critical Illness (CI) and Hospital Care (HC) insurance can help you bounce back to your best, body and mind. That's why it's important to submit your claims as soon as possible. There are five easy ways to file. Simply choose the option that's easiest for you.



Phone

Call **800.754.3207** to speak with one of our dedicated customer service representatives



Online

Visit SuppHealthClaims.com



Fax

Send documents to **1.866.304.3001**



Email

Send scanned documents to SuppHealthClaims@Cigna.com



Mail

Send documents to: **Cigna Supplemental Health Solutions** P. O. Box 188028 Chattanooga, TN 37422

After you file

A designated claim manager will be assigned to your claim. If they have any questions or need additional information, they will contact you, the beneficiary, or provider to obtain the needed information. Once all requested information is submitted, Cigna will pay your claim quickly – in days, not weeks.

› Benefits are paid directly to you,** for a covered critical illness, accidental injury or hospitalization.***

Together, all the way.®



Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company, Life Insurance Company of North America or New York Life Group Insurance Company of NY formerly known as Cigna Life Insurance Company of New York.

Disability Insurance

You insure your home, car, and other valuable possessions, so why not also protect what pays for all of those things? Your income. Without it, think about how your mortgage/rent, groceries, or credit card bills would get paid. That's where disability insurance can help.

With disability insurance provided by The Standard, you can choose to purchase short-term disability insurance and/or long-term disability insurance.

Short-term Disability

- Choose from 2 different plans to insure 60% of covered basic monthly earnings to a maximum monthly benefit of \$6,500, then reduced by Other Income Benefits as outlined in the certificate
- **Plan 1** has a 7-day elimination period and a 90 day benefit duration
- **Plan 2** has a 30-day elimination period and a 90 day benefit duration
- Coverage for non-occupational only
- 3/12 Pre-Existing Condition Exclusion
- Maternity coverage subject to applicable pre-existing condition exclusion
- Policy includes **up to** 12 weeks of benefits immediately following childbirth. Any benefit waiting period will be waived, and the maximum benefit period will be extended as necessary for post-partum benefits.
- Recurrent disability. If you resume work for 30 consecutive workdays, additional disability is considered a new period
- Guaranteed issue if elected during Initial Enrollment
- Plan is portable. You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
- The Portability privilege is not available to any person that retires (when the person receives payment from any Employer's retirement plan as recognition of past services or has concluded his/her working career)

Employees may benefit from the voluntary disability plan who are enrolled in the VRS Plan 1 or Plan 2. Employees enrolled in the VRS Hybrid are eligible only in the first 12 months of employment. Hybrid employees should contact the Human Resources Department with any questions.



Long-term Disability

- Choose from 2 different plans to insure 60% of covered basic monthly earnings to a maximum monthly benefit of \$6,500, then reduced by Other Income Benefits as outlined in the certificate
- **Plan 3** has a 90-day elimination period and has a benefit duration, if continually disabled, of 2 years to age 70
- **Plan 4** has a 90-day elimination period and has a benefit duration, if continually disabled, of 2 years to Social Security Normal Retirement Age (SSNRA)
- 24 hour coverage on or off the job
- 3/12 Pre-Existing Condition Exclusion
- Guaranteed issue if elected during Initial Enrollment
- Plan is portable. You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
- The Portability privilege is not available to any person that retires (when the person receives payment from any Employer's retirement plan as recognition of past services or has concluded his/her working career)

Employees may benefit from the voluntary disability plan who are enrolled in the VRS Plan 1 or Plan 2. Employees enrolled in the VRS Hybrid are eligible only in the first 12 months of employment. Hybrid employees should contact the Human Resources Department with any questions.



Voluntary Disability Rates

Based on Employee's Age as of 1/1



Voluntary Disability	Rates		Benefit %	Maximum Monthly Benefit	Elimination Period	Benefit Duration	Pre-Existing Period	Max. Covered Monthly Payroll
STD Plan 1	Age	Rate*	60%	\$6,500	7 Days	90 Days	3/12	\$10,000
	<30	1.24						
	30-34	1.18						
	35-39	0.87						
	40-44	.072						
	45-49	0.77						
	50-54	0.89						
	55-59	1.10						
	60+	1.31						
STD Plan 2	Age	Rate*	60%	\$6,500	30 Days	90 Days	3/12	\$10,000
	<30	0.65						
	30-34	0.61						
	35-39	0.44						
	40-44	0.36						
	45-49	0.38						
	50-54	0.44						
	55-59	0.54						
	60+	0.65						
LTD Plan 3	Age	Rate*	60%	\$6,000	90 Days	2 years to Age 70	3/12	\$10,000
	<30	0.08						
	30-34	0.14						
	35-39	0.18						
	40-44	0.25						
	45-49	0.31						
	50-54	0.42						
	55-59	0.56						
	60+	1.30						
LTD Plan 4	Age	Rate*	60%	\$6,000	90 Days	SSNRA	3/12	\$10,000
	<30	0.16						
	30-34	0.31						
	35-39	0.43						
	40-44	0.62						
	45-49	0.81						
	50-54	1.07						
	55-59	1.32						
	60+	1.49						

*Per \$100 of monthly covered payroll

To calculate the per-pay premium, do the following:

- Enter the lesser of:
 - Employee's Monthly Salary \$ _____
 - Maximum Covered Monthly Payroll for the chosen plan: \$ _____
- Divide step 1 by 100 \$ _____
- Enter appropriate rate from "Age Band" above \$ _____
- Multiply step 2 times step 3 for monthly premium \$ _____
- Multiply step 4 times 12 and divide by your number of annual pays (20 or 24) \$ _____



Benefits at a Glance for Hybrid Disability Coverage

Hybrid Disability Coverage with The Standard provides some income protection if you can't work because of physical disease, mental disorder, injury or pregnancy. You are enrolled in this program because your employer opted out of the state disability program. Hybrid Disability Coverage with The Standard is comparable coverage and meets all requirements of Title 51.1 of the Code of Virginia.

The hyperlinks provided below will take you directly to important documents regarding your Hybrid Disability Coverage with The Standard, including an Employee Handbook, FAQ, Benefits at a Glance, Employee Assistance Program Flyer and Certificates of Coverage. We encourage you to save this email that includes the hyperlinks so you will have direct access to current contractual information.

If you think you need to file a claim or have questions, please contact your Benefit Administrator.

Hybrid Disability Coverage with The Standard	
Document Name	Click Below for Document
Employee Handbook	Employee Handbook
Employee FAQ	Employee FAQ
STD Benefits at a Glance	Short Term Disability Benefits at a Glance
STD Certificate of Coverage	STD Certificate of Coverage
LTD Benefits at a Glance	Long Term Disability Benefits at a Glance
LTD Certificate of Coverage	LTD Certificate of Coverage
Employee Assistance Program Flyer	Employee Assistance Program Flyer



Trustmark Universal LifeEvents® Insurance with Long-Term Care Benefit

Two important coverages for when you need them the most.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. **Universal LifeEvents can help.**

Universal LifeEvents provides a **higher death benefit during your working years**, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a benefit amount that provides the **right protection for you.**

Universal LifeEvents insurance can mean those left behind can still pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Universal LifeEvents sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 policy
30	from \$3.49 - \$4.59
40	from \$5.05 - \$6.71
50	from \$7.84 - \$10.71

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.



Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a **long-term care (LTC) benefit** that can help pay for these services at any age. This benefit **never reduces due to age**, so the full amount is always available when you most need it.

Here's how it works:

4%

You can collect **4% of the face amount of your Universal LifeEvents policy per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x

PLUS: If you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

3x

PLUS: You can collect your LTC benefit for an **extra 25 months**, as much as **tripling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA, where the LTC benefit is Long-Term Care Insurance.) It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Benefits may not be available in all states or may be named differently. Your policy will contain complete details.

Universal LifeEvents is **flexible permanent** life insurance designed to last a lifetime.

The younger you are when you enroll, the **more benefit** you receive for the same premium.

No medical exams or blood work – just answer a few simple questions.



What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

How Universal LifeEvents Works

- A **higher death benefit** during working years.
- **Full LTC benefits** when you're most likely to need them.

Example: \$25,000 policy

Before age 70	
Death benefit	\$25,000
LTC benefits	\$25,000
After age 70	
Death benefit	\$8,333
LTC benefits	\$25,000

Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 18-64.

Benefit for terminal illness

- **Use part of your death benefit** if you're diagnosed with a terminal illness to help manage costs.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

More flexible features

- **Buy term life insurance for your children.** They can later simply convert it to a permanent Universal Life policy.
- **Waive your policy payments** if your doctor says you're totally disabled.

**You care.
We listen.**

This is a brief description of benefits under GUL205/IUL205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy guarantees against lapsing for 15 years as long as planned premiums are paid. If you make changes during this period, or pay only the minimum amount, your cash value may not accumulate, or your death benefit may reduce. If there is negative cash value at the end of your no-lapse period, you must make up the premium to establish positive cash value. You may need to pay more premium to maintain your policy than the rate you paid to keep the no-lapse guarantee, or coverage may end before age 100. An illustration will be delivered with your policy. For costs and coverage detail, including exclusions, reductions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/IUL/\(A112-2216-UL\)](http://www.trustmarksolutions.com/disclosures/IUL/(A112-2216-UL)). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/.

¹2016 Insurance Barometer Study LIMRA/Life Happens, lifehappens.org/industryresources/agent/barometer2016. ²nielsen.com/us/en/insights/news/2015/saving-spending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁴An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

Underwritten by Trustmark Insurance Company
Rated A- (EXCELLENT) A.M. Best
trustmarksolutions.com

Trustmark
benefits beyond benefits



Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.



Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. **Universal Life** can help.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a benefit amount that provides the **right protection** for you.

Universal Life insurance can mean those left behind can still pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 policy
30	from \$5.06 - \$6.27
40	from \$7.42 - \$9.44
50	from \$11.92 - \$15.44

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC) benefit** that can help pay for these services at any age.

Here's how it works:

4x You can **collect 4% of your Universal Life benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x PLUS: If you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

3x PLUS: You can collect your LTC benefit for an **extra 25 months**, as much as **tripling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA, where the LTC benefit is Long-Term Care Insurance.) It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Benefits may not be available in all states or may be named differently. Your policy will contain complete details.

Universal Life is **flexible permanent** life insurance designed to last a lifetime.

The younger you are when you enroll, the **more benefit** you receive for the same premium.

No medical exams or blood work - just answer a few simple questions.



What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement - **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

What can Universal Life benefits help pay for?



Funeral and burial costs



Rent or mortgage payments



Tuition and loans



Credit card bills



Medical expenses



Retirement savings

Benefit for terminal illness

- **Use part of your death benefit** if you're diagnosed with a terminal illness to help manage costs.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction:** pay via direct bill, bank draft or credit card if you leave your employer.

More flexible features

- **Buy term life insurance for your children.** They can later simply convert it to a permanent Universal Life policy.
- **Waive your policy payments** if your doctor says you're totally disabled.

You care. We listen.

This is a brief description of benefits under GUL205/UL205 and applicable riders FCH/LTC205, BRR205, BXR205, ABR205, ADB205, CT205 and WP205. Benefits, exclusions, form numbers and limitations may vary by state. This policy guarantees against lapsing for 10 years as long as planned premiums are paid. If you make changes during this period, or pay only the minimum amount, your cash value may not accumulate, or your death benefit may reduce. If there is negative cash value at the end of your no-lapse period, you must make up the premium to establish positive cash value. You may need to pay more premium to maintain your policy than the rate you paid to keep the no-lapse guarantee, or coverage may end before age 100. An illustration will be delivered with your policy. For costs and coverage detail, including exclusions, reductions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/\(A112-2216-UL\)](http://www.trustmarksolutions.com/disclosures/UL/(A112-2216-UL)). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at http://www.aging.ca.gov/aboutcdia/publications/Taking_Care_of_Tomorrow_English/.

¹2016 Insurance Barometer Study LIMRA/Life Happens, lifehappens.org/industryresources/agent/barometer2016. ²nielsen.com/us/en/insights/news/2015/saving-spending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁴An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

Underwritten by Trustmark Insurance Company
Rated A- (EXCELLENT) A.M. Best®
trustmarksolutions.com 
ULLTC BRR-EOB-CTR-W

Trustmark
benefits beyond benefits

PLAN HIGHLIGHTS

Richmond Public Schools 403(b) Retirement Plan

Your employer-sponsored retirement plan is a powerful way to save for the future. Learn more about the benefits of your plan, and get the answers to any questions you have.

How can I contribute to my retirement plan?

You can control your contributions in the following ways:

- You can contribute up to 100% of your salary to your retirement savings, not to exceed the maximum allowed by the IRS.
- You can increase or decrease your contribution rate at any time.
- You can discontinue contributions to your retirement savings plan at any time. The effective date of the changes occurs as soon as administratively possible.
- You can enroll by logging in to LincolnFinancial.com/Retirement.

Will my employer contribute to my retirement savings plan?

Your employer will contribute to your retirement savings through:

- A discretionary matching contribution: Each year, your employer may match some or all of your contributions.
- If you are not a full-time contracted salaried employee, you are not eligible for employer contributions.

When am I fully vested in my retirement plan?

"Fully vested" means you have 100% ownership of the assets in your retirement account (your plan).

- You always have 100% ownership of any money you contribute to the plan, including any earnings and/or assets consolidated from another retirement plan.
- After three years of service, you will have 100% ownership of your employer's discretionary matching contributions, including any earnings.

What are my investment options?

You can choose from a wide variety of investment options to meet your retirement savings goal.

- **MAKE AN ALL-IN-ONE CHOICE** if you want one diversified portfolio managed for you.
- **WORK WITH A PROFESSIONAL** to manage your retirement account. Fees may apply.
- **MANAGE IT YOURSELF** and select your own portfolio of investments.
 You may use a **Self-Directed Brokerage Account (SDBA)** and choose from thousands of investment options. Fees may apply.
- **STILL UNDECIDED?** If you participate in the plan without selecting investment options, your money will be directed to the Default Investment Alternative (DIA) selected by your employer.

Can I consolidate accounts from my previous retirement plans?

You can consolidate assets from a previous retirement plan (or plans) to create an integrated savings strategy. With this option, you have the ability to:

- Manage all of your assets in one place.
- Get a single consolidated quarterly statement.
- Access account information with a single toll-free number or a single website.
- Get help and educational assistance for all of your accounts.
- Get a potentially broader array of investment choices and account types.

Contact your financial professional for assistance in determining the course of action appropriate to your situation.

Can I access balances in my retirement savings account prior to retirement?

Your retirement plan will have the greatest potential to grow if you stay invested for the long term, rather than withdrawing money from it. For that reason, the IRS limits what you can do with your account prior to retirement by imposing certain penalties for early distributions. However, you do have access to your savings—and may avoid penalties—under certain circumstances.

Loans

You can take a loan from certain account balances for:

- General purposes
- Purchase a primary residence

Check with your financial professional for information about loan fees, repayment, and the pros and cons of borrowing from your retirement plan.

Withdrawals of pretax balances

You may take a distribution from **certain available accounts** upon:

- Severance from employment
- Financial hardship

(Distribution may be subject to the premature 10% distribution penalty if taken prior to age 59 ½.)

Withdrawals of Roth balances

If you have a Roth account, your distribution will be a qualified distribution (tax-free) if your Roth deferral or Roth rollover account has been in place for five (5) taxable years (from the year the first Roth contribution or the Roth rollover was made to the plan, whichever was first) and the distribution is made after one of the following:

- Attainment of age 59 ½
- Disability
- Death

If the distribution conditions above are not met, the earnings may be taxable and may be subject to a 10% early distribution penalty on the taxable portion of the distribution.

Consult with your tax advisor before withdrawing any money from your account. You may wish to confirm with your plan sponsor the distributions available under your plan.

How can I access my account?

You can access and manage your retirement account any time:

LincolnFinancial.com/Retirement
800-234-3500

Dear Retirement Plan Participants,

CAPTRUST is our fiduciary partner responsible for ensuring that our 403(b) Plan with Lincoln Financial Group remains compliant and meets the needs of the employees at Richmond Public Schools.

We have some exciting news to share. We have hired CAPTRUST, one of the largest retirement plan consulting firms in the country, to provide professional and unbiased investment advice and to help improve the financial wellness of our employees. We want to also assure you that CAPTRUST will not sell any products to our participants and the service is included as part of our benefits package.

Click here to learn more about CAPTRUST At Work Services.

- [Investment and Retirement Plan Advice Made Easy \(captrustadvice.com\)](https://www.captrustadvice.com)
- [The Value of Advice](#)
- [What is a Blueprint?](#)

Thank you,

HR Team

Our website is www.captrustadvice.com

The link to the online scheduling tool is <https://www.captrustadvice.com/scheduler/>



PLAN INTRODUCTION

COVERED SERVICES

CONTACT US

PROTECT YOURSELF AND YOUR FAMILY FOR ONLY \$8.00 PER PAY PERIOD!

The Legal Resources Legal Plan provides 100% coverage on a broad range of legal services. Whether it's an every day legal need or unexpected life event, you can relax...you're covered.

**Enroll online with
your other benefits.**

The annual cost is less than what you
would pay for just one hour of attorney's
time!

Examples of Legal Life Events

20s

Renting an apartment
Traffic violations
Courtroom representation
Auto purchase agreement
Advice and consultation



30s

Getting married
Buying a home
Preparing a will
Power of attorney for spouse
Contractor disputes



40s

Teenage drivers
Home refinancing
Power of attorney for parents
Elder Law advice
Property disputes



50s

Estate planning
Family issues
Landlord disputes
Insurance claims
HOA hearings



60s

Revision or review of will
Advance medical directive
Estate advice
Home sale or purchase
Warranty disputes



OVERVIEW &
MEMBER STORIES



FIND A LAW
FIRM



FAQs



CONTACT US

HOW CAN WE HELP YOU TODAY?

The Cigna Employee Assistance Program (EAP) has you covered.



As an employee you have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you

- **5** face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.*
- **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- **Identity theft:** 60-minute consultation with a fraud resolution specialist.



We're here to listen. Contact us any day, anytime.

Call 877-622-4327

Or log in to myCigna.com.

Employer ID: rps

(Needed for initial registration only)

If already registered on myCigna.com, simply log in and go to the EAP link under Coverage.

Together, all the way.®



*Employment-related legal issues are not covered.

Some work/life services offered under the Cigna Employee Assistance Program may be provided by a Cigna contracted third-party vendor.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Behavioral Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

838614 e 04/18 © 2018 Cigna. Some content provided under license.

Leave

Personal Leave

Three (3) urgent personal business days are granted to less-than-twelve-month employees at the beginning of each school year with full pay for personal reasons. Unused urgent personal business days will be credited to sick leave accrual at the end of each fiscal year. Absence for religious reasons shall be included in the category of urgent personal business reasons.

Sick Leave

Less than twelve month and twelve-month employees accrue sick leave. Sick leave may be used for personal illness or disability not of a permanent nature, including quarantine, maternity reasons, and necessary appointments with physicians or dentists.

HOURS WORKED PER DAY	SICK HOURS ACCRUED PER PAY PERIOD	SICK HOURS ACCRUED PER MONTH
6	3	6
7	3.5	7
8	4	8

Accumulated sick leave earned in other school divisions in Virginia and any other VRS institution will be accepted at full value upon presentation of appropriate proof of such leave by an instructional or administrative employee transferring to Richmond City Schools.

Vacation

Only twelve-month employees accrue vacation leave.

YEARS OF SERVICE	VACATION HOURS ACCRUED PER PAY PERIOD	VACATION HOURS ACCRUED PER MONTH	MAXIMUM ACCUMULATION
Less than ten	5	10	240 hours
Ten or more	6	12	400 hours

Any excess accumulation greater than 240 hours or 400 hours will be transferred to the employee's sick leave balance at the beginning of each calendar year.

Paid Parental Leave

Richmond Public Schools (RPS) provides its eligible employees with paid parental leave to allow employees to care for and bond with a newborn or child under the age of eighteen (18) newly-placed for adoption, foster or custodial care. RPS also provides paid parental leave for birthing parents in the event of stillbirth.

Paid parental leave will be available for eligible employees in conjunction with the Family Medical Leave Act (FMLA). Employees eligible for FMLA have been employed at least 12 months by Richmond Public Schools and have at least 1,250 hours of service with Richmond Public Schools during the previous 12-month period.

Contact Information

Benefit	Provider	Contact	Web
Medical	Cigna	(800) 244-6224	www.mycigna.com
Health Savings Account	HSA Bank	(800) 357-6246	www.hsabank.com
Vision	Cigna	(800) 244-6224	www.mycigna.com
Dental	Cigna	(800) 244-6224	www.mycigna.com
Flexible Spending Accounts	Flexible Benefit Administrators	(757) 340-4567	www.flex-admin.com
Virginia Retirement System (VRS) <i>Plan 1 and Plan 2 Participants</i>	Virginia Retirement System	(888) 827-3847	www.varetire.org
Virginia Retirement System (VRS) <i>Hybrid Plan Participants</i>	Virginia Retirement System	(855) 291-2285 (Defined Benefit)	www.varetire.org/hybrid
	Mission Square	(877) 327-5261 (Defined Contribution)	
Group Term Life Insurance	Securian Financial	(800) 843-8358	https://www.varetire.org/members/benefits/life-insurance/basic-group-life-insurance.asp
Optional Supplemental Life Insurance	Securian Financial	(800) 843-8358	https://www.varetire.org/members/benefits/life-insurance/optional-group-life-insurance.asp
Accidental Injury Insurance	Cigna	(800) 754-3207	www.cigna.com/customer-forms
Critical Illness Insurance	Cigna	(800) 754-3207	www.cigna.com/customer-forms
Hospital Care Insurance	Cigna	(800) 754-3207	www.cigna.com/customer-forms
Short Term and Long Term Disability <i>VRS Plan 1 and Plan 2 Participants</i>	The Standard	(800) 628-9797	www.standard.com
Short Term and Long Term Disability <i>VRS Hybrid Plan Participants</i>	The Standard	(800) 628-9797	www.standard.com
Universal Life Insurance	Trustmark	(800) 918-8877 or (877) 201-9373	https://www.trustmarkbenefits.com/Voluntary-Benefits
Optional Supplemental Retirement Program	Lincoln Financial	(717) 585-5356	Carolyn.Robinson@lfg.com
		(800) 234-3500	www.lfg.com
Prepaid Legal	Legal Resources	(804) 897-1700	www.legalresources.com
Employee Assistance Program (EAP)	Cigna	(877) 622-4327	www.mycigna.com

Benefits and Compensation - Talent Office (HR)

301 North Ninth Street - 12th Floor

Richmond, Virginia 23219

Phone: (804) 780-7859

Fax: (804) 780-4170

Email: benefits@rvaschools.net

fml@rvaschools.net

verifications@rvaschools.net

Alyson Davis
Director of Benefits and
Compensation
(804) 780-7007
amiddlet@rvaschools.net

Letitia Lampley
Senior HR Specialist
Cluster 3
(804) 780-7878
llampley2@rvaschools.net

Marie Holmes
Senior HR Specialist
Cluster 1
(804) 780-7869
mholmes@rvaschools.net

Van Shelton
Senior HR Specialist
Cluster 4
(804) 780-7877
vshelton@rvaschools.net

Tamera Langorne
HR Specialist
Cluster 2
(804) 780-7881
tlanghor@rvaschools.net

Justin Wood
Verifications
HR Associate
(804) 780-5824
jwood@rvaschools.net

David Turner
Cigna Onsite Service Coord.
(804) 780-6573
dturner9.contractor@rvaschools.net

If you have questions about your benefits and/or need assistance enrolling, please reach out to the Richmond Public Schools Benefit Service Center. You can speak with a representative directly by calling 1-844-379-0069 Monday - Friday from 8:00 a.m. - 5:00 p.m.

Continuation of Benefits

Health and Dental Plans

Under Health and Dental Plans, you and your covered dependents are eligible to continue coverage through COBRA according to the "qualifying events".

If you and your dependents are enrolled in the dental or health plans, you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plans, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. Examples of an ineligible dependent would be when your child reaches the age of not being eligible for dependent coverage. You will receive notification with premium and continuation options shortly following your termination of employment. Should you have any questions you may contact the Talent Office (HR) - Benefits at 804-780-7859.

Cigna Accident, Critical Illness, and Hospital Care Plans

You may continue your Cigna Accident, Critical Illness, and Hospital Care plans by having the premiums currently being deducted from your paycheck either drafted from your bank account or billed directly to your home. For more information contact Cigna at 1-800-754-3207.

The Standard Disability

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time. For more information, call 1-800-628-9797.

Trustmark Universal Life

When you leave employment, you may continue your Trustmark Universal Life coverage by having the premiums that are currently deducted from your paycheck drafted from your bank account. You may do that by contacting customer service at 1-800-918-8877.

Getting Ready to Retire and Need Information Regarding the Following:

- Retiree Medical Options
- Affordable Care Act
- Medicare
- COBRA Options

Leigh Battle Hometeam

Leigh Battle
4905 Radford Ave., Suite 110
Richmond, VA 23230
804-516-4822
leighbattlerva@gmail.com

Virginia Senior Services

Dave Fitzgerald
804-334-6835
davefitzgerald23@gmail.com

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.

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.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Benefits and Compensation - Talent Office (HR)

804-780-7859

benefits@rvaschools.net

Important Notice from Richmond Public Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Richmond Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Richmond Public Schools has determined that the prescription drug coverage offered by the Richmond Public Schools is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Richmond Public Schools coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Richmond Public Schools coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Richmond Public Schools changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB 0938-0990

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	1/1/2025
Name of Entity/Sender:	Letitia Lampley
Contact--Position/Office:	RPS Benefits Department
Address:	301 N. 9 th Street, Richmond, VA 23219
Phone Number:	804-780-7878

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 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 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)**.

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
---	---

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP

Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Richmond Public Schools	4. Employer Identification Number (EIN) 54-1689909	
5. Employer address 301 N. Ninth Street	6. Employer phone number 804-780-7881	
7. City Richmond	8. State Virginia	7. City Richmond
10. Who can we contact about employee health coverage at this job? Sherrie Brown		
11. Phone number (if different from above)	12. Email address sbrown18@rvaschools.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☒ All employees. Eligible employees are:
Active employees that work at least 30 hours per week on average

- ☐ Some employees. Eligible employees are:

- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:

Lawful spouses and dependents to age 26

- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

-
- An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986



A Publication of Richmond Public Schools
Richmond, Virginia

School Board

Dawn Page, Chair

Elizabeth Doerr, Vice Chair

Cheryl Burke

Shavonda (Dixon) Fernandez

Kenya Gibson

Shonda Harris-Muhammed

Stephanie Rizzi

Garrett Sawyer

Mariah White

Jason Kamras, Superintendent