Your Benefits

Effective July 2026 - June 2027

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Contact Information

The Advanced Resolutions Team (ART), is here to help you with claims, ID cards, coverage questions, and more!

1-866-802-6311 Monday - Friday, 8am-5pm EST
art@onedigital.com

Medical Insurance	The Local Choice	1.888.642.4414 **www.anthem.com/TLC**
Telemedicine	LiveHealth Online	1.888.548.3432 **www.livehealthonline.com**
Dental Insurance	Delta Dental	1.800.237.6060 **www.deltadental.com**
Vision Insurance	The Local Choice	1.888.642.4414 **www.anthem.com/TLC**
Health Savings Account (HSA)	HealthEquity	1.866.346.5800 **www.healthequity.com**
Flexible Spending Accounts (FSAs)	HealthEquity	1.866.346.5800 **www.healthequity.com**
Employee Assistance Program (EAP)	Anthem BCBS/ TLC	24/7 Support – 1.800.865.1044 **www.anthemEAP.com**
Accident, Critical Illness and Hospital Insurance	Aflac	Judy McCullough 1.434.851.2241 **judy_mccullough@us.aflac.com**
Air Ambulance Benefit	AirMed Care Network	Joy Skovira **joy.Skovira@gmr.net**
Group Life Insurance	Mass Mutual	1.800.272.2216 **www.massmutual.com**

Key Terms

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits. **Here's what to know:**

Balance Billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays. **Medical**: balance billing is in addition to – and does not count towards – your out-of-pocket maximum. *The No Surprises Act prohibits balance billing under certain circumstances.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-Network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-Pocket Maximum

The most you'll pay for **covered** in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary Care Physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Rockbridge County Public Schools (RCPS).

Review these Notices

Learn more about **benefits** ›

Making Benefit Selections

Eligibility

For you

You are eligible for benefits as a full-time employee working an average of **30 hours per week**.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse

You may cover your legal spouse (whom you are not legally separated or divorced.)

Your Children

Unmarried/married dependent children (including stepchildren, legally adopted children and children placed with you for adoption and guardianship) are eligible:

- **Medical, dental and vision**: until age 26 regardless of student or marital status

How to Enroll

Enrolling in benefits is easy! Read your materials, including this benefits guide, and make sure you understand all the options available.

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

Enrolling in Coverage

Your benefit plans are in effect **July 1 - June 30** each year. In general, there are three times you can make benefit selections:

When you're first eligible

New hires become eligible for coverage on the first day of the month following their date of hire. You must make your election to enroll within 30 days of your eligibility date.

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.
Your choices are in effect from **July 1, 2026 - June 30, 2027** of the following year unless you have a qualifying life event.

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment.
Examples include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

Changes to your benefit elections must be consistent with the related status change and documentation may be required. You must notify Human Resources **within 30 days** of the life event date in order make changes to your benefit elections during the plan year.

Medical Insurance

Find an In-Network Provider

Your plan coverage is through The Local Choice and administered by Anthem BCBS.

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are: what you pay for the plan, how out-of-network care is covered, and your annual maximum cost for care (out-of-pocket maximum).

See medical rates on **page 12.**

In-Network Care	KeyAdvantage $1,000 See Plan Summary	HDHP $3,400 See Plan Summary
Network Name:	**Anthem/HealthKeepers**	**Anthem/KeyCare**
Annual Deductible (DED)	$1,000 individual $2,000 family	$3,400 individual $6,800 family
Out-of-Pocket Maximum	$5,000 individual $10,000 family	$5,000 individual $10,000 family
Pre-Tax Account Options	Flexible Spending Accounts (FSA)	Health Savings Account (HSA)
Preventive Care	No Charge	No Charge
Primary Care Visit	$25 copay	DED, then you pay 20% coinsurance
Specialist Visit	$40 copay	DED, then you pay 20% coinsurance
Virtual Visit (learn more)*	No Charge	No Charge
Urgent Care	$40 copay	DED, then you pay 20% coinsurance
Emergency Room	DED, then you pay 20% coinsurance	DED, then you pay 20% coinsurance
Inpatient Hospital Care	DED, then you pay 20% coinsurance	DED, then you pay 20% coinsurance
Outpatient Surgery	DED, then you pay 20% coinsurance	DED, then you pay 20% coinsurance
Prescription Drugs	**(34 days | 90 days)**	**(34 days | 90 days)**
Annual Deductible	$150 individual / $300 family	
Generic (Tier 1)	DED, then $10 copay | $20 copay	DED, then you pay 20% coinsurance
Preferred Brand Name (Tier 2)	DED, then $30 copay | $60 copay	DED, then you pay 20% coinsurance
Non-Preferred Brand (Tier 3)	DED, then $45 copay | $90 copay	DED, then you pay 20% coinsurance
Specialty (Tier 4)	DED, then 20% coinsurance up to $200 max	DED, then you pay 20% coinsurance
Out-of-Network Care	*See your plan summary for out-of-network information (balance billing applies).*	
Annual Deductible	$2,000 individual | $4,000 family	Combined with In-Network
Out-of-Pocket Maximum	$9,000 individual | $18,000 family	$10,000 individual | $20,000 family

*The no charge for virtual visits applies for a virtual-only provider, LiveHealth Online and Virtual Wellness/Preventive Visits.

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Anthem Medical Perks

Included with your medical coverage.

There's more to love with these extra perks — available when you join our medical plan.

Hello Heart

See Details

A digital heart health program that helps eligible members track blood pressure and better understand how daily habits impact heart health using an easy-to-use app. Members who qualify receive a Hello Heart blood pressure monitor **at no cost.**

Virta

See Details

A medically supported nutrition program that helps members lose weight and improve their health using real food and one-on-one coaching. **It's designed to fit your lifestyle and may be available to you at no cost.**

Say Hi to Sydney

See Details

With Sydney, you can find everything you need to know about your Anthem/TLC benefits -- personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with Sydney's chatbot
- View and use digital ID cards

To get started, download the Sydney app today.

Hinge Health

See Details

A virtual physical therapy program that can help reduce everyday joint and muscle aches, recover from an injury, and relieve pelvic pain and discomfort. Get personalized care with a dedicated team via the **Hinge Health app,** offering tailored plans, quick exercise sessions, and easy communication.

Catapult Health

See Details

Catapult Health's VirtualCheckup® combines simple at-home testing with a face-to-face video consultation with a licensed healthcare provider, all done at a time and location of your choice. Test results are reviewed and sent to your PCP, and a Personal Action Plan is developed for you.

Telehealth

Telehealth: virtual health care that fits your schedule

It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through **The Local Choice and Anthem BCBS includes access to virtual care through LiveHealth Online.**

Benefits of Virtual Care

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment and quick call back
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Dermatology visits for skin problems
- Virtual Visits are less expensive than the ER or urgent care

Get the Care You Need

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Urinary tract infections

Contact See Details

Enroll for free:
1.888.548.3432
www.livehealthonline.com

Download the free LiveHealth Online mobile app!

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Complete Care Resources

Support for your health, finances, and life.

Mental Health Hub

Access

Access **confidential**, on-demand mental health resources on a platform built with your mobile device in mind. The **Mental Health Hub** includes:

- Tips for managing day-to-day stressors,
- Resources for times of crisis,
- Practical information about mental health, and more!

Employee Assistance Program (EAP)

Learn More

Our Employee Assistance Program (EAP) through **The Local Choice** provides **you and your family** with **no-cost**, **confidential assistance** with all things related to your life, including mental health, finances, caregiving, relationships, community resources, and more. Support is available **24 hours a day, 7 days a week, 365 days a year**.

Mental Health: Receive up to **4 visits per issue,** per year at no cost to you. Household members are eligible as well.

1-855-223-9277
www.anthemeap.com

Always-on toolkit

Mobile-friendly, no-cost monthly resources designed to help you support your health, understand your benefits, and manage your finances.

Go Now

Dental Insurance

Find an In-Network Provider

Your dental coverage is through Delta Dental.

The dental plan provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, and fillings. With Anthem BCBS, you have access to an unmatched dual network to ensure that care is convenient for you and your family.

See Monthly Costs on **page 12.**

	Comprehensive Coverage
In-Network Care	See Plan Summary
Network Name:	**National PPO**
Annual Deductible (DED)	$25 individual $75 family
Annual Maximum Benefit	$1,500 per person
Preventive Care	100% covered
Basic Care	DED then you pay 20%
Major Care	DED then you pay 50%
Orthodontic Care Coverage Lifetime Maximum Benefit	 50% coinsurance $1,500 lifetime maximum

***Click Here** to learn more about your coverage.

Stay **in-network** to avoid **balance billing charges** (*the difference between what an out-of-network provider charges and the amount your insurance pays*).

Vision Insurance

Find an In-Network Provider

Your vision coverage is through The Local Choice.

The plan offers preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses.

See Monthly Costs on **page 12.**

	Key Advantage $1,000 See Plan Summary	HDHP $3,400 See Plan Summary
	BlueView Vision Network	
Annual Eye Exam *(every 12 months)*	$40 copay	$15 copay
Materials Copay *(lenses & frames)*	$20 copay	$20 copay
Lenses *(every 12 months)*	Included in materials copay	Included in materials copay
Frames *(every 12 months)*	$100 retail allowance	$100 retail allowance
Contact Lenses *(every 12 months)*	**Elective:** $100 allowance, then 15% discount from remaining balance **Medically Necessary:** $250 allowance	**Elective:** $100 allowance, then 15% discount from remaining balance **Medically Necessary:** Covered in full

Your vision plan covers **either** glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

Your Monthly Costs

All benefit costs are displayed as **monthly** costs. Payroll deductions will be taken from each check and begin at the time of your benefit eligibility. You will be responsible for payment of the employee cost of all benefits you have elected. Missed deductions will be made up via payroll.

The Local Choice Medical plans include dental and vision.

	Key Advantage $1,000	HDHP $3,400
	Rates include medical, dental and vision	
Your Cost for Coverage	**Per Paycheck**	**Per Paycheck**
Employee Only	$84.55	$0.00
Employee + Spouse	$408.55	$268.74
Employee + Child(ren)	$323.21	$101.40
Employee + Family	$732.01	$469.38

Health Savings Account (HSA)

An HSA through HealthEquity is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – **or retirement**!

Contributions

RCPS contributes to your Health Savings Account (HSA) when you elect the HDHP medical plan and meet IRS eligibility requirements.

You may also contribute tax-free funds to save for current and future health expenses:

	If you cover yourself only	If you cover dependents
IRS Maximum Contribution (2026)	**$4,400**	**$8,750**

RCPS contributes annually to your account.
Individual: $360
Individual + Spouse: $720 *if your spouse is enrolled and also an eligible employee of RCPS*

55 or older? You can contribute an extra $1,000 per year in catch-up contributions.

HSA Funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is always yours and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties. Keep your receipts!

Growing your money + tax savings
HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement
At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.

IRS Eligibility Requirements

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or certain VA benefits.

If you're **married:** you and your spouse need to have separate HSAs. You can decide how to divide the total family contribution limit between the two accounts.

Eligible FSA Expenses

Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using a Flexible Spending Account through HealthEquity.

Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

Health Care FSA

Pay for eligible medical, prescription, dental, and vision expenses.

2026 Maximum Contribution	**$3,400**

You can rollover **$680** into the following year

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Dependent Care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2026 Maximum Contribution	**$7,500**

Married filing separately: contribute up to $3,750 per person

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Only the amount you've actually contributed is available for use at any one time.

Enrolled in an HDHP plan and eligible for HSA contributions? You're not eligible for a health care FSA.

Voluntary Benefits

These additional benefit plans through **Aflac** are available for purchase. These benefits provide income protection for you and your family.

Accident Coverage

See Plan Summary

Accident Insurance coverage pays you a cash benefit for specific covered accidents an injuries that happen after your coverage effective date. The benefit amount depends on the type of injury you have and the treatment you receive. The money is yours to use as you choose.

Your Cost for Coverage	Per Month
Employee Only	$8.61
Employee + Spouse	$14.10
Employee + Child(ren)	$17.47
Employee + Family	$22.96

Critical Illness

See Plan Summary

Critical Care pays you a lump-sum benefit if you are diagnosed with a covered illness or condition n or after your coverage effective date. Examples of how your Critical Illness Insurance benefit could be used include: medical expenses, such as deductibles & copays, childcare, home health care costs, and mortgage payment/rent and home maintenance.

Refer to the carrier summary for specific rates.

Hospital Indemnity

High Plan Summary Low Plan Summary

Hospital Indemnity benefits can help with expenses resulting from a hospital admission, which other insurance may not cover. You receive cash benefits based on your covered sickness or injury, treatments, and services. The cash benefits are paid directly to you and can be used for any purpose.

Your Cost for Coverage	Per Month (High Plan)	Per Month (Low Plan)
Employee Only	$24.67	$15.83
Employee + Spouse	$48.55	$29.63
Employee + Child(ren)	$39.17	$24.95
Employee + Family	$63.05	$38.75

Additional Voluntary Benefits

Group Life Benefit

See Plan Summary

Planning for the life you want can be difficult while you're busy managing the life you have. **MassMutual**® can provide solutions to enhance your financial well-being and protect your family, and it's all available through your workplace.

Built-in guarantees

- Guaranteed death benefit
- Guaranteed cash value
- Guaranteed level premium

Air Ambulance

See Plan Summary

In a medical emergency every second counts, especially when transporting patients who are far away from appropriate medical treatment. No one knows that better than AirMedCare Network (AMCN). AMCN providers respond to scene calls and provide hospital-to-hospital transports—carrying seriously ill or injured patients to the nearest appropriate medical facility.

AMCN is America's largest air ambulance membership network. Expenses for emergency air medical transport can put stress on your finances. With an AMCN membership, you will have no out-of-pocket expenses if flown by an AMCN provider. Membership fees cover not just yourself, but anyone who resides within the household.

Refer to the carrier benefit summaries for additional coverage information. THIS BENEFIT WILL NOT BE PAYROLL DEDUCTED. YOU WILL NEED TO SET UP PAYMENT DIRECTLY WITH AIRMEDCARE.

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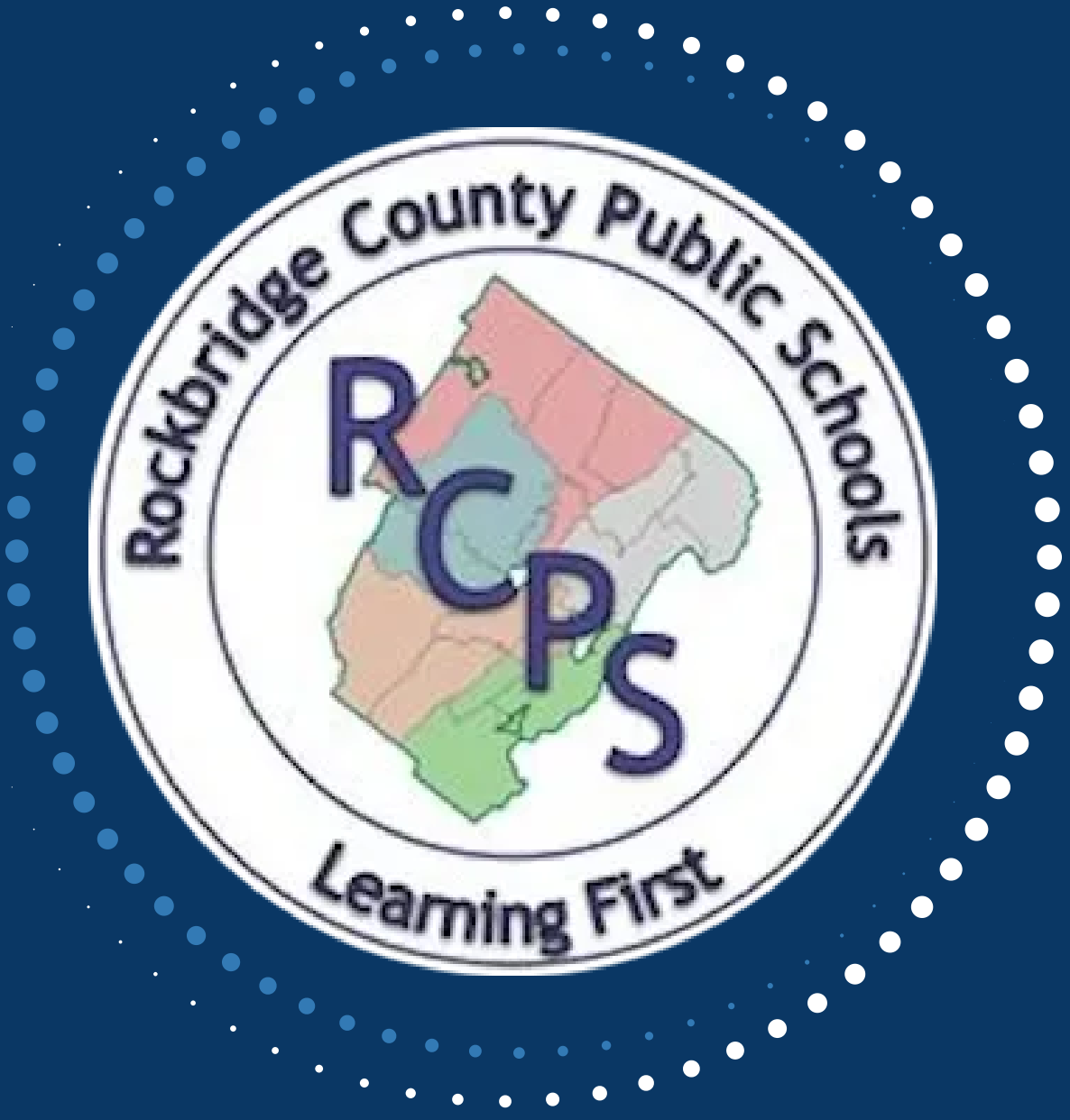
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Learning First