



BENEFITS SUMMARY

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I. ELIGIBILITY FOR HEALTH INSURANCE

You are **eligible** to participate in the Alexandria City Public School's group health insurance plans if you are scheduled to work at least 20 hours per week in a benefit eligible position. For purposes of health insurance coverage, if you work 30 hours or more per week, you are a full time employee and pay the full time health insurance rates. An employee scheduled to work between 20 and 29 hours per week is considered a part time employee and the part time health insurance rates apply.

If you are a **new employee**, your participation in the medical, dental and vision plans takes effect on the first day of the month following your first full month of pay, provided you submit your enrollment form(s) within 30 days of your hire date. If you enroll, you may also cover your dependents, including your spouse and eligible children. You will be required to provide documents supporting the eligibility of your dependents before they can be enrolled in coverage.

- For your Spouse – provide copies of 2 forms of documentation listed below:
 - o A copy of your marriage certificate, and
 - o A copy of the front page of your most recent tax return confirming this dependent as a spouse, or documentation dated within the last sixty (60) days establishing current relationship status such as joint household bill, joint bank/credit account, joint mortgage/lease, or insurance policies, or documentation dated within the last sixty (60) days establishing current common residency. The document must list you and your spouse's name, the date and mailing address.
- For your Children – provide the documentation listed below:
 - o A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order/adoption decree naming you or your spouse as the child's legal guardian or permanent custodian.
 - o If this is your step-child, the documentation listed above for your spouse is required as proof of the stepchild's relationship to you.

If you are a **current employee**, you may enroll, add, or cancel coverage for yourself or dependents or change your health insurance coverage and flexible spending accounts during the annual **Open Enrollment**, usually held in May of each year. At any other time, you may change your health insurance **only if you have a qualifying event**, such as marriage, birth of child, divorce, death of a spouse or dependent. You must notify Human Resources, Benefits Office within 30 days of your life event. Following is a list of qualifying events – as detailed in the Internal Revenue Service, Section 125.

- Marriage or divorce
- Birth or adoption of a child
- Becoming a legal guardian of a child
- Dependent reaching the age of 26
- A court order requiring you to cover a child or someone else to cover your dependent
- Spouse's or other dependent's change in employment status or their employer's Open Enrollment
- Loss of health insurance coverage
- A significant cost change
- Entitlement or loss of Medicare or Medicaid
- Changing from full time to part time position or vice versa
- Beginning or returning from an unpaid leave of absence

II. HEALTH INSURANCE PLANS

Section 125 Premium Only Plan

Your medical, dental and vision contributions are taken before taxes are calculated. You will save on Social Security, State and Federal taxes on your health insurance deductions with every paycheck.

Medical Plans

ACPS offers optional medical coverage through two providers: Kaiser and United Healthcare (UHC). You have the option to enroll in a health maintenance organization with Kaiser Permanente or a point of service plan with United Healthcare. When you enroll in a medical plan, either with Kaiser or United Healthcare, your prescription drug coverage is included. Summary of Benefit Coverage (SBC) for each of the plans is available on ACPS web site at www.acps.k12.va.us/benefits. Plan documents are also available; contact HRBenefits@acps.k12.va.us.

- **United Healthcare (UHC) Point-of-Service (POS) Plan** is a health care option that provides flexibility for you to choose a provider who is in the plan network (an in-network provider) or outside of the plan network (an out-of-network provider) at time of service. When you use an in-network provider, you generally receive the highest level of benefits. Information regarding UHC network providers in the Choice Plus, Open Access plan is available online www.uhc.com.
- **Kaiser Health Maintenance Organization (HMO)** uses a network of physicians, clinic and hospital staff that provide prevention and treatment to members and their families. However, to be covered, all care must be provided within the Kaiser HMO network; the plan does not provide out-of-network coverage unless it is an emergency. Information on Kaiser facilities is available online www.kp.org.

Healthcare Provider	United Healthcare POS Plan		Kaiser HMO Plan
Medical Plan Provisions	In-Network	Out of Network	In-Network Only
Annual Deductible	None	\$600 Individual \$1800 Family	None
Coinsurance	0%	30%	0%
Medical Out of Pocket Maximum	\$2000/\$6000 single/family	\$3000/\$9000 single/family	\$3500/\$9400 single/family
Physician's Office Copay per Visit	\$20	30% after annual deductible	\$15
Hospital Outpatient Copay	\$75	30% after annual deductible	\$50
Hospital Inpatient Copay per Admission	\$250	30% after annual deductible	\$200
Emergency Room Copay per Visit	\$125	\$125	\$100
Urgent Care Copay per Visit	\$20	30% after annual deductible	\$15
Prescription Drug Plan Provisions	CareFirst CVS/Caremark Prescription Drugs		Kaiser Pharmacy
- Retail Rx Copay	\$10/\$30/\$50		\$15/\$25/\$40
- Mail Order Rx Copay	\$20/\$60/\$100		\$13/\$23/\$38
- Rx Out of Pocket Maximum	\$1000/\$3000 single/family		Combined with Medical

Prescription Drug Plans

When you enroll in a medical plan, either with Kaiser or United Healthcare, your prescription drug coverage is included. This coverage allows you to fill your prescriptions at participating retail pharmacies, as well as through a mail order program. The amount of your co-pay depends on the type of prescription that you purchase. Your doctor and pharmacist can help you select the prescription that is right for you.

If you elect to participate in a United Healthcare medical plan, your prescription drugs are administered by CareFirst CVS/Caremark. You will receive a separate ID card for your prescription drugs from CareFirst. For more information on CareFirst CVS/Caremark pharmacy network, visit www.carefirst.com/acps.

If you are a Kaiser participant, your prescription drugs are provided by Kaiser pharmacies.

- A **generic drug** is one that meets the same standards as brand-name drugs for safety, purity, strength, and effectiveness. You pay a lower co-pay when you elect generic drugs.
- A **preferred brand-name drug** is a brand-name drug that is listed on the Preferred Drug List (PDL). These drugs meet the needs of most patients.
- A **non-preferred brand-name drug** is a brand-name drug that is not on the preferred list of the carrier. These drugs usually have an alternative on the preferred list.

Prescription Drugs	CareFirst CVS/Caremark Rx for UHC Participants		Kaiser Pharmacy for Kaiser Participants	
	Retail (34-day supply)	Mail Order (90-day supply)	Retail (Up to 60-day supply)	Mail Order (90-day supply)
Generic or Tier 1	\$10 co-pay	\$20 co-pay	\$15 or \$20 co-pay	\$15 co-pay
Preferred brand-name or Tier 2	\$30 co-pay	\$60 co-pay	\$25 or \$45 co-pay	\$25 co-pay
Non-preferred brand-name or Tier 3	\$50 co-pay	\$100 co-pay	\$40 or \$60 co-pay	\$40 co-pay

Your cost per pay (based on 24 pays – twice a month) for the Kaiser and United Healthcare (UHC) medical plans (prescription drug coverage included):

Status	Level of Coverage	Teacher/Licensed Employee		Support Employee Salary Grade Below 25		Administrator/Support Employee Salary Grade 25+	
		Kaiser HMO	UHC POS	Kaiser HMO	UHC POS	Kaiser HMO	UHC POS
Full Time	Employee Only	\$ 56.62	\$ 76.88	\$ 28.31	\$ 38.44	\$ 45.30	\$ 61.50
	Employee plus 1 Dependent	\$ 108.58	\$ 147.65	\$ 54.29	\$ 73.83	\$ 86.87	\$ 118.12
	Family	\$ 150.80	\$ 205.14	\$ 75.40	\$ 102.57	\$ 120.64	\$ 164.12
Part Time	Employee Only	\$ 113.24	\$ 153.76	\$ 84.93	\$ 115.32	\$ 101.92	\$ 138.39
	Employee plus 1 Dependent	\$ 217.16	\$ 295.30	\$ 162.87	\$ 221.48	\$ 195.45	\$ 265.77
	Family	\$ 301.61	\$ 410.29	\$ 226.21	\$ 307.72	\$ 271.45	\$ 369.26

Dental Plan

ACPS offers an optional dental plan provided by **CareFirst**. You are likely to save money if you seek care from a CareFirst BlueDental Plus participating dentist. If you choose a dentist who does not participate in the CareFirst BlueDental Plus network, your dental expenses are subject to CareFirst allowable fee schedules, and you typically pay more out of your pocket. For more information, visit www.carefirst.com/acps.

Plan Provisions	BlueDental Plus In-Network	Out-of-Network
Annual deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Maximum Benefit	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Preventive care	100%	80%
Basic restorative care*	80%	60%
Major reconstructive care*	80%	60%

**Annual deductible only applies to basic and major care.*

Your cost **per pay** (based on 24 pays – twice a month) for the **dental** plan:

Status	Level of Coverage	All Employees
Full Time	Employee Only	\$ 8.56
	Employee plus 1 Dependent	\$ 13.95
	Family	\$ 22.45
Part Time	Employee Only	\$ 11.35
	Employee plus 1 Dependent	\$ 18.49
	Family	\$ 29.76

Vision Plan

ACPS offers an optional comprehensive vision plan through EyeMed. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through many participating providers in the EyeMed INSIGHT network, www.eyemedvisioncare.com. As you seek vision care services, if you use EyeMed providers, you will receive the in-network coverage – maximizing the full coverage provided by this benefit.

Vision Services	In-Network	Out-of-Network Reimbursement
Office Visits - Co-pay Frequency	\$0 co-pay, once every 12 months	Up to \$30
Fundus Photography Benefit	Up to \$39	N/A
Contact Lens Fit & Follow-Up - Standard - Premium	Up to \$55 10% off U&C	N/A N/A
Frames – Once every 12 months - Annual allowance	\$150; 20% off balance over \$150	Up to \$75
Standard Lenses - Single vision - Bifocal/Trifocal - Progressive Lenses	\$15 co-pay \$15 co-pay \$80 for Standard/\$100- \$125 Premium	Up to \$25 Up to \$40 Up to \$40
Lens Options	Copay varies depending on options	N/A
Contact Lenses - Annual allowance - Medically necessary	\$150 \$0 co-pay, paid in full	Up to \$120 Up to \$200
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A

Your cost **per pay** (based on 24 pays – twice a month) for the vision plan:

Status	Level of Coverage	All Employees
Full Time & Part Time Employee	Employee Only	\$ 3.17
	Employee plus 1 Dependent	\$ 6.03
	Employee plus Family	\$ 8.85

III. LEGISLATIONS APPLICABLE TO ACPS HEALTH PLANS

- **Patient Protection & Affordable Care Act (PPACA)**

ACPS health plans have complied with PPACA requirements to date: the plans have no lifetime limits on essential benefits, no pre-existing limitations, no waiting periods for health care coverage in excess of 90 days, and no cost sharing for preventive health services. All ACPS health plans cover eligible dependents to age 26, preventive care at 100% with in-network providers. Women's preventive care services include additional screenings, lactation services and supplies. For more information about the new Health Insurance Marketplace and plans that may be available, go to www.healthcare.gov. **Summary of Benefits and Coverage (SBC)** – Affordable Care Act requires group health plans to provide employees with a concise, plain language document detailing information about the plan's benefits and coverage. The format of the SBC is standardized for ease of comparison. SBCs for Kaiser and United Healthcare plans are posted on the ACPS website, www.acps.k12.va.us/benefits.

- **Continuation of Health Coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA)**

COBRA continuation coverage is a continuation of health plan coverage when coverage would otherwise end because of a qualifying event. Depending on the type of your qualifying event, you and your eligible dependent(s) may become qualified beneficiaries and eligible for COBRA continuation coverage. For example, as an employee, you may become a qualified beneficiary if your employment ends. A dependent child may become a qualified beneficiary if he/she loses eligibility for coverage as a dependent child, for example, turning age 26. If you have questions about your COBRA coverage, contact ACPS Benefits Staff at HRBenefits@acps.k12.va.us. More information regarding COBRA is also available on www.dol.gov/ebsa.

- **Health Insurance Portability & Accountability Act (HIPAA)**

HIPAA permits special enrollment rights and limits pre-existing conditions exclusions. The Act also establishes standards to assure that individuals' health information is protected while allowing the flow of health information needed to provide quality healthcare and protect the public's welfare. ACPS Employee Relations Office is responsible for overseeing HIPAA.

- **Medicaid & Children's Health Insurance Program (CHIP)**

Some states may have premium assistance programs that help employees pay for health insurance coverage. If you or your dependents are enrolled in Medicaid or CHIP and you live in Virginia, you can contact the Virginia Medicaid & CHIP program to find out if premium assistance is available. For more information, visit www.dmas.virginia.gov. For more information on states that offer premium assistance, you can contact your State Medicaid or CHIP office at 1-877-KIDS NOW or visit www.insurekidsnow.gov.

- **Medicare Prescription Drug (Medicare D) Plan**

ACPS medical plans include prescription drug coverage that is currently just as good as or more comprehensive than the Medicare prescription drug plan. As an active employee, your ACPS medical coverage, including your prescription drug coverage, is primary to Medicare. You do not need to enroll in a Medicare prescription drug plan if you are an active employee.

- **Women's Health & Cancer Rights Act**

If you have had a mastectomy, you may be entitled to certain benefits under the women's Health & Cancer Rights Act. ACPS medical plans provide mastectomy related benefits and coverage according to the law. For details of these benefits, please contact your health plan provider.

IV. FLEX SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside part of your salary before Social Security, Federal and State taxes to pay for your eligible health and dependent care expenses. These FSA accounts are administered by Total Administrative Services Corporation (TASC). More information regarding TASC is available at www.tasconline.com. Your FSA accounts are subject to Internal Revenue Code (IRC) Section 125 use or lose rules: if you set aside more money than you need, it cannot be returned to you.

If you choose to participate in a flexible spending account, you must enroll each year. You will be issued a TASC debit card and may use this card to pay for eligible expenses. Alternatively, you may submit your eligible expenses using reimbursement forms - available at www.tasconline.com.

Health Care Flexible Spending Account

You may set aside up to \$2,650 per year and the account may be used to reimburse yourself for items not covered by a health insurance plan (for example, annual deductibles, coinsurance, co-pays, prescription drugs, dental and vision expenses). For a complete listing of eligible health care expenses, please refer to Internal Revenue Service (IRS) Publication 502.

The Health Care Flexible Spending Account allows a carryover up to \$500. You may be able to carry a balance from one Plan Year to the next for up to \$500. You must be an active employee on the last day of the Plan Year to be eligible to carryover funds to the next Plan Year. You have until September 30 of each year to submit claims for eligible expenses incurred prior to termination date.

Dependent Care Flexible Spending Account

You may elect up to \$5,000 per year and the account can be used to reimburse for eligible dependent care services that allow you and your spouse to work or attend school (for example, day care centers, babysitters, adult day care for eligible dependent adults living in your home). For a complete listing of eligible dependent day care expenses, please refer to IRS publication 503.

For Dependent Care Flexible Spending Accounts, you generally have until September 30 of each year to submit claims for eligible expenses incurred during the previous fiscal year. Any money left in your Dependent Care FSA account after September 30 will be forfeited and, by law, may not be returned to you. The amount you elect to contribute to a Dependent Care FSA does not carry over from year to year.

V. OTHER BENEFITS

Leave Program

The ACPS leave program includes sick leave, personal leave, and annual leave. Depending on the employee group, leave may be accrued based on worked hours or may be advanced at the beginning of the contract year (second pay period). Employees may be eligible for leave under the Family and Medical Leave Act (FMLA) or other unpaid leave of absence. Details on FMLA are available on ACPS web site at www.acps.k12.va.us/benefits.

Unused sick leave may be paid out when an employee terminates his/her employment, provided the employee has a minimum of 3 years of service with ACPS. Sick leave is paid at various rates depending on the employee group. A maximum of 45 days of annual leave is paid out at termination date.

Advanced leave may be pro-rated if the hire date is after the beginning of the contract year. Similarly, at the termination date, advanced leave may be pro-rated and the leave payout is adjusted accordingly.

Short Term and Long Term Disability Program

ACPS offers short term and long term disability benefits to its eligible employees. The Hartford Life Company administers the short term disability plan and the long term disability plan is fully insured by the Hartford. Information on disability program is available on ACPS web site at www.acps.k12.va.us/benefits.

Workers' Compensation

Workers' compensation benefits are available to employees who are injured on the job. Benefits available through workers' compensation may include payment for medical expenses and replacement of salary. Corvel is the third party administrator for ACPS workers' compensation program. For more details, visit www.acps.k12.va.us/benefits.

Employee Assistance Program (EAP)

The Employee Assistance Program assists employees and their family with personal concerns that may adversely impact employees' work performance, and their well-being. This confidential program includes assessment, short term counseling, and referral services and is offered through the disability program with the Hartford. Information on EAP is available on ACPS web site at www.acps.k12.va.us/benefits.

Long Term Care Insurance

Sponsored by the Virginia Retirement System and underwritten by Genworth Life, the optional insurance pays for covered expenses for long term care services whether they are received at home, in the community, or in a nursing facility. For more information or to enroll, go to www.genworth.com/cov or call 1-866-859-6060 to speak with a program expert or to order an information kit.

CommonWealth One Credit Union

ACPS has partnered with the credit union to offer employees a wide range of financial options, including savings, investments, checking, convenience services, student accounts, Visa, auto and RV loans, personal, home equity, and mortgage loans. Contact one of their branch locations to open an account, or complete an online membership application at www.cofcu.org.

VI. LIFE INSURANCE

VRS Basic Life and AD&D Insurance

Basic life and accidental death and dismemberment (AD&D) insurance provides important protection for you and your survivors. Basic life insurance coverage of two times your annual salary is automatically provided to you. You and ACPS share in the cost of basic life insurance. Life insurance coverage is provided through the Virginia Retirement System (VRS) and Minnesota Life is the insurance carrier.

	Life Insurance	AD&D Insurance
Basic life coverage	2x current base annual salary	2x current base annual salary

VRS Optional Life

You may purchase additional life insurance for yourself and for your dependents. If you enroll in the optional life insurance plan within 31 days of your hire date, your coverage is guaranteed as long as it is less than \$375,000. You may apply for optional life at any time but evidence of insurability may be required.

Option	Employee Level of coverage	Spouse Level of coverage	Child(ren) (15 days to maximum age)
1	1 x salary	0.5 x employee salary	\$10,000
2	2 x salary	1 x employee salary	\$10,000
3	3 x salary	1.5 x employee salary	\$20,000
4	4 x salary	2 x employee salary	\$30,000

Evidence of insurability (EOI - proof of good health) is required for late entrants or increases in optional coverage amounts and insurance amount of \$375,000 or higher or if spouse option 2, 3 or 4 elected.

Your cost for the employee optional life and spouse optional life is determined by age and level of coverage. Below are the monthly rates for each age category per \$1,000 of coverage.

Per Pay cost = Amount of coverage divided by \$1,000 x Rate per age category divided by 2

Age (as of effective date of coverage)	Monthly Rates per \$1,000 of coverage
Under 30	\$0.05
30 – 34	\$0.05
35 – 39	\$0.06
40 – 44	\$0.08
45 – 49	\$0.14
50 – 54	\$0.20
55 – 59	\$0.33
60 – 64	\$0.59
65 – 69	\$1.06
70 – 74	\$2.06
75 and over	\$2.06

The per pay cost for the Child(ren) optional life is the following:

\$10,000 coverage = \$0.40

\$20,000 coverage = \$0.80

\$30,000 coverage = \$1.20

VII. RETIREMENT AND SAVINGS PLANS

Virginia Retirement System (VRS)

The Virginia Retirement System is a mandatory defined benefit program sponsored by the Commonwealth of Virginia. Full time, benefit eligible employees working at least 30 hours per week are eligible for the VRS retirement plan. You and ACPS share the cost of your VRS retirement. Generally if you were hired into a VRS covered position before January 1, 2014, you are a VRS plan 1 or plan 2 member with a required employee contribution amount of 5%. You generally become fully vested in VRS defined benefit plan (Plan 1 and 2) after 5 years of eligible service.

If you are hired on or after January 1, 2014 with no previous VRS service credit, you will be a member of the Hybrid Plan. This plan requires a 4% employee contribution to the defined benefit plan and a 1% employee contribution into the defined contribution plan administered by International City/County Management Association (ICMA). In the Hybrid Plan you are generally 100% vested after four or more years and may withdraw 100% of employer contributions.

You are always 100% vested in the contributions you make in all the VRS retirement plans. More information on VRS retirement plan is available on www.varetire.org.

ACPS Supplemental Retirement

ACPS Supplemental Retirement plan is a mandatory defined benefit retirement plan, designed to supplement your VRS benefits. ACPS Supplemental Retirement plan is managed by the Principal Financial Group, www.principal.com. Under this plan, you pay the full mandatory contribution of 1.5% of your salary.

403(b) and 457(b) Savings Plans

ACPS has partnered with TSA Consulting Group (TSACG) for the administration of the 403(b) and 457(b) savings plans. As soon as you are employed, you are eligible to participate in these plans. If you choose to participate, you are fully vested in your contributions and earnings at all times.

Please note that if you are a private contractor, school board member, and/or student worker, you are not eligible to participate in the 403(b) plan.

To enroll in the plan, you will need to choose an authorized investment provider(s) and investment product(s) that are authorized under the plan. After you have established the 403(b) or 457(b) account with an investment provider, you must also complete a Salary Reduction Agreement (SRA) form. The SRA form authorizes ACPS to withhold contributions from your pay and send the funds to your selected investment provider and is available on www.tsacg.com.

For CY 2018, eligible employees may contribute up to \$18,500 to their 403(b) and defer a maximum of \$18,500 to a 457(b) plan for a total of \$37,000 during the calendar year. These amounts could be higher for employees who qualify for special "catch up" provisions and/or age-based additional amounts. For employees age 50 or older, an additional \$6,000 may be contributed to each of the plans in CY 2018. For more information on special "catch up" provisions, please contact HRBenefits@acps.k12.va.us.

A current list of authorized investment providers is shown below and also available on TSACG web site: www.tsacg.com.

403(b) & 457 Vendors	Points of Contact	Address
AXA Advisors <i>Authorized Vendor for 403(b) only</i> Website: www.axaonline.com	Frank Elgin Phone: 703-207-0900 Email: frank.elgin@axa-advisors.com	3141 Fairview Park Drive Suite 250 Falls Church, VA 22042
Fidelity Investments <i>Authorized Vendor for 403(b) and 457(b)</i> Website: www.fidelity.com/atwork	No Local Representative Phone: 800-343-0860	Fidelity Investments P.O Box 770002 Cincinnati, OH 45277-0090
VOYA (Formerly ING) Financial Partners, LLC <i>Authorized Vendor for 403(b) and 457(b)</i> Website: www.voyaretirementplan.com	John Brosnahan, CFS, Financial Planner Phone: 703-449-2919 Email: John.Brosnahan@voyafa.com	12701 Fair Lake Circle, Ste.570 Fairfax, VA 22033
METLIFE Financial Services <i>Authorized Vendor for 403(b) and 457(b)</i>	Barbara Hunter 703-725-4724 BarbaraHunter@FinancialGuide.com Fax: 703-821-5424	Capitol Financial Partners 1593 Spring Hill Road Suite 500 E Vienna, VA 22182
USAA Investment Management Company/USAA Life Insurance Co. <i>Authorized Vendor for 403(b) only</i> Website: www.usaa.com	No local representative Phone: 1-800-531-8000	USAA Financial Advice Center 9800 Fredericksburg Rd San Antonio, TX 78288-0336
VALIC <i>Authorized Vendor for 403(b) and 457(b)</i>	Richard Lambert, Financial Advisor Phone: 1-800-892-5558 ext. 89848 Cell: 336-816-5053 Email: richard.lambert@valic.com	7918 Jones Branch Drive Suite 850 McLean, VA 22101