Plan Year:
July 1, 2020 — June 30, 2021

2020 Employee Benefit Guide
Overview ............................................................................................................................................. 1

HEALTH BENEFITS
Medical .................................................................................................................................................. 4
Medical Plan Comparison ..................................................................................................................... 6
Cigna Basics .......................................................................................................................................... 7/8
Cigna Telem medicine ............................................................................................................................ 9/10
Cigna Support Programs ....................................................................................................................... 11
Cigna Pharmacy .................................................................................................................................... 12/13
Dental .................................................................................................................................................... 14
Vision ..................................................................................................................................................... 17
Payroll Deductions ............................................................................................................................... 38

FINANCIAL BENEFITS
Basic Life Insurance and AD&D .......................................................................................................... 22
Voluntary Life Insurance and AD&D ....................................................................................................... 22
Long Term Disability .............................................................................................................................. 23
Flexible Spending Account ..................................................................................................................... 27

LIFESTYLE BENEFITS
Employee Assistance Program ............................................................................................................. 31
Retirement Program .............................................................................................................................. 33
Contact Information ............................................................................................................................... 43

ANNUAL DISCLOSURES
Annual Disclosures ............................................................................................................................... 46
Medicare D Notice ................................................................................................................................. 53
Washington County Public Schools understands that your benefits are important to you and your family. Included in this guide are summary explanations of the benefits, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable co-payments and deductibles, how to file claims, preauthorization requirements, participating networks, and services that may be limited or not covered (exclusions).

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but rather a quick reference to help answer most of your questions. Please see the carrier benefit summaries for more details. We hope this guide will give you an overview of your benefits and help you to be better prepared for the enrollment process.

**EMPLOYEE ELIGIBILITY**

Eligible employees are provided an opportunity to participate in the employer sponsored benefits program first of the month following date of employment and annually during Open Enrollment. Eligibility is available on the first day of the month following your date of employment if you are a permanent employee working 15 hours or more per week or if you are a permanent employee on an approved Leave of Absence. Please refer to the following guidelines regarding eligibility and election changes.

**DEPENDENT ELIGIBILITY - MEDICAL, DENTAL & VISION**

A dependent is defined as a covered employee’s legal spouse and a dependent child of the employee or employee’s spouse. Dependent children may be covered through the end of the month in which they turn age 26. A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child placed for adoption / foster care
- A child for whom legal guardianship has been awarded to the covered employee or the employee’s spouse
- A newborn child of an enrolled dependent
- Children of any age who become mentally or physically disabled before reaching the age limit

**DEPENDENT PROOF**

If you choose to covered dependents, you must provide proof of relationship when requested. Examples of proof include; a copy of a marriage certificate, birth certificate, adoption paperwork, court decree of legal guardianship/custody, QMSCO, Social Security documentation, Medicare or a physician disability verification, etc.

Covering ineligible dependents is a violation of the Internal Revenue Code, as well as WCPS regulations. If you find that you are currently coverage an ineligible dependent under a WCPS benefit plan, please notify the Benefits Office immediately at 301.766.2810 or email the office at benefits@wcps.k12md.us.
CHANGES

Compliance with Section 125 of the IRS code requires WCPS to follow specific rules regarding timeframes for changes in enrollment.

- **Annual Open Enrollment** — Annual Open Enrollment gives you the opportunity to review available benefit plan options and make any changes you want for the following plan year. Changes can be made to medical/prescription, dental, vision and dependent life insurance. Any change you make stay in place for the entire plan year if you pay premiums and remain eligible.

- **Anytime**: Changes can be made to your 403(b) and 457(b) plans anytime through the year. You can also change your supplemental life insurance, supplemental AD&D insurance and long-term disability. If electing life insurance, AD&D or disability outside of your initial eligibility period, you may be subject to an Evidence of Insurability form for coverage approval.

QUALIFYING EVENTS

Coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a “Qualifying Event.” A Qualifying Event allows you to make a change to your benefit elections within 31 days of the event.

Examples of Qualifying Events include, but are not limited to:

- Marriage
- Divorce
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death
- Spouse’s open enrollment

If you experience a Qualifying Event, contact your Benefits Office and submit all required documents within 31 days of the event.

MEMBER RESPONSIBILITY

Before you enroll, make sure you understand the plans and ask questions if you do not. After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and all of the benefits you elected are included.

Any corrections must be made within the first 31 days of enrollment. You should also verify that all beneficiary information is up to date.
SPECIAL ENROLLMENT

The group health plan offers to additional special enrollment opportunities, which are:

- You or your dependent’s Medicaid or CHIP (Children’s Health Insurance Program) coverage is terminated as a result of loss of eligibility.
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

EMPLOYEE BENEFIT COST

Costs of the offered benefits are shown on the Full-Time and Part-Time Employee Rate sheets. Costs are determined on an annual and fiscal year basis. Employee contributions for certain benefits can vary by bargaining unit, so please refer to your negotiated agreement for details.

WHAT HAPPENS TO MY BENEFITS IF I NEED TO BE OFF WORK FOR AN EXTENDED PERIOD OF TIME?

Sometimes events in our life prevent us from being on the job for periods of time. This can impact our pay and your benefits. If you need to be off from work for more than five days and it’s not for vacation leave, then you should contact the Benefits Office immediately for guidance. Each employee’s situation can be different based on the reason for leave, Family and Medical Leave (FMLA) eligibility, and the benefits you are enrolled for. While it is recognized that advanced notice is not always possible, contacting the Benefits Office as soon as you become aware of the possibility of a leave will be beneficial to you so you can prepare accordingly.
MEDICAL

Cigna®
Cigna is our exclusive medical healthcare provider. You have the choice of two medical plans. Each option offers you the ability to choose the benefit plan that best meets your benefit and budgetary needs.

These plans do not require a referral to seek care from a specialist. You may seek care directly from any contracted Cigna physician. Before scheduling an appointment with a physician, you should confirm his/her current participation status with the Cigna network.

You can locate a physician by contacting Member Services, or go to Cigna website at www.myCigna.com.

PLAN YEAR DEDUCTIBLE:

The Plan Year Deductible is a specified dollar amount that you must pay for certain covered services per plan year. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, then coinsurance applies, if applicable. Coinsurance is your share of the costs of a health care service. It is the amount a member pays after the deductible has been met.

PLAN YEAR OUT-OF-POCKET MAXIMUM:

The Plan Year Out-of-Pocket Maximum is the amount of covered expenses, (including deductible, coinsurance, and copayments) that must be paid by you, either individually or combined as a covered family. After the individual/family out-of-pocket maximum has been satisfied in a plan year, payment for in-network covered services requiring copayment and coinsurance for that covered individual/family will be payable by Cigna at the rate of 100% for the remainder of the plan year, subject to any other terms, limitation, and exclusions.
# CIGNA HEALTHCARE: FORMERLY STANDARD AND LIMITED PLANS

## Network Access

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In &amp; out of network</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Plan Year Deductibles (CYD)</strong></td>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$200 / $400</td>
<td>$400 / $800</td>
<td>$100 / $200</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
<td>Your Responsibility</td>
</tr>
<tr>
<td>Individual Out-Of-Pocket Maximum</td>
<td>$1,500 / $4,000</td>
<td>$3,000 / N/A</td>
<td>$1,000 / $4,500</td>
<td></td>
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<tr>
<td>Family Out-Of-Pocket Maximum</td>
<td>$3,000 / $8,200</td>
<td>$6,000 / N/A</td>
<td>$2,000 / $9,000</td>
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</table>

## Professional Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP) Visit</td>
<td>$20 Copay</td>
<td>Ded then 30%</td>
<td>$20 Copay</td>
<td></td>
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<tr>
<td>Specialist Office Visits</td>
<td>$20 Copay</td>
<td>Ded then 30%</td>
<td>$20 Copay</td>
<td></td>
</tr>
<tr>
<td>Preventive Care Visit</td>
<td>No Charge</td>
<td>No Benefit</td>
<td>No Charge</td>
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</table>

## Urgent Care and Emergency Room

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
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</thead>
<tbody>
<tr>
<td>Urgent Care Facility</td>
<td>$20 Copay</td>
<td>$20 Copay</td>
<td>$20 Copay</td>
<td></td>
</tr>
<tr>
<td>Emergency Room (waived if admitted)</td>
<td>$20 Physician / $100 Facility</td>
<td>$20 Physician / $100 Facility</td>
<td>$20 Physician / $100 Facility</td>
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</table>

## Diagnostic Services

<table>
<thead>
<tr>
<th>Service</th>
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<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray</td>
<td>Ded then no charge</td>
<td>Ded then 30%</td>
<td>Ded then no charge</td>
<td>Ded then no charge</td>
</tr>
<tr>
<td>MRI, MRA, CT &amp; PET Scans (Outpatient)</td>
<td>Ded then no charge</td>
<td>Ded then 30%</td>
<td>Ded then no charge</td>
<td>Ded then no charge</td>
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</table>

## Hospital / Facility Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>$100 Copay per Admission</td>
<td>Ded then 30%</td>
<td>$100 Copay per Admission</td>
<td></td>
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<tr>
<td>Outpatient Hospital / Surgical Facility</td>
<td>$25 Copay, No Charge after Ded</td>
<td>Ded then 30%</td>
<td>$25 Copay, No Charge after Ded</td>
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</tbody>
</table>

## Pharmacy Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tbody>
<tr>
<td>Generic</td>
<td>$10 Copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30 Copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$50 Copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Cigna 90 (90-day supply)</td>
<td>$20 / $60 / $100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order Pharmacy (90 day supply)</td>
<td>$20 / $60 / $100</td>
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</table>
CIGNA COVERAGE HIGHLIGHTS

THE CARE YOU NEED.
THE SAVINGS YOU WANT.

Get both with Open Access Plus from Cigna.

Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus (OAP) plan is designed to make it easier for you to get the quality care you need and the savings you want. So you can take control of your health: Body and mind.

Here’s how it works.

➤ Care coordination
Although it’s not required, you can choose to select a primary care provider (PCP) as your personal health advocate. This will give you and your family a valuable resource to help coordinate care with other providers. Cigna is also here to help, anytime you need us.

➤ In-network savings
You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.

➤ No-referral specialist care
If you need to see a specialist for any reason, you don’t need a referral to see an in-network doctor. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.

➤ Hospital stays
In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be “precertified.” This lets Cigna determine if the services are covered by your plan.

If your doctor is in the Cigna Open Access Plus network, he or she will arrange for prior authorization. If you use an out-of-network doctor, you must make the arrangements.

➤ Out-of-pocket costs
Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

If you receive out-of-network care, your costs will be higher. Out-of-network doctors and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

Together, all the way.
Large national network

- 970,000+ health care professionals*
- 17,000+ facilities*

Added convenience and support

- Online doctor visits
  Through Cigna Telehealth Connection, you can connect with doctors and behavioral health professionals by phone or video chat without leaving home or work. This nonemergency care is available 24/7 and costs the same or less than a regular doctor visit.**

- Cigna Health Information Line
  With the Cigna Health Information Line, clinicians are just a phone call away - 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it's reviewing home treatment options, following up on a doctor's appointment, or choosing and finding the right care in the right setting.

- Live, 24/7 customer service
  Customer service representatives are here for you where and when you need us – over the phone, via chat at myCigna.com or on the myCigna® App.

The myCigna website and app

On myCigna.com and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:

- Manage and track claims
- See cost estimates for medical procedures
- Compare quality information for doctors and hospitals
- Track your account balances and deductibles
- Use the easy health and wellness tools
- Print a temporary ID card

Want to check if your doctor is in the Cigna OAP network before you enroll?

Just go to Cigna.com and click on “Find a Doctor, Dentist or Facility” and then click on “Plans through your employer or school” to search the provider directory.
Life is demanding. 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 Cigna includes access to medical and behavioral/mental health virtual care.

Whether it’s late at night and your doctor or therapist isn’t available, or you just don’t have the time or energy to leave the house, you can:

› Access care from anywhere via video or phone.
› Get medical virtual care 24/7/365 – even on weekends and holidays.
› Schedule a behavioral/mental health virtual care appointment online in minutes.
› Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
› Have a prescription sent directly to your local pharmacy, if appropriate.


Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.
Medical virtual care
Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:
- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Behavioral/mental health virtual care
Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:
- Addictions
- Bipolar disorders
- Child/adolescent issues
- Depression
- Eating disorders
- Grief/loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

You have options.
Cigna partners with two national virtual care providers: Amwell™ and MDLIVE®.* Both are quality options, so no matter which one you choose, you can feel confident in your care.

Amwell – medical virtual care only.
855.667.9722

MDLIVE – medical and behavioral/mental health virtual care.
888.726.3171

Cigna Behavioral Health also provides access to video-based counseling through Cigna's network of providers. To find a provider:
- Visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type"
- Call the number on the back of your Cigna ID card 24/7
YOU’VE GOT A GOAL.
AND YOU’VE GOT WHAT IT TAKES TO REACH IT.

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help – and all at no additional cost to you. Each program is easy to use and available where and when you need it. And, you can use each program online or over the phone – or both.*

Weight Management
Reach your goal of maintaining a healthy weight – all without the fad diets. Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier. And, you’ll get the support you need to stick with it.

Tobacco Cessation
Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You’ll even get free over-the-counter nicotine replacement therapy (patch or gum).

Stress Management
Get help lowering your stress levels and raising your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need to help you cope with stressful situations – both on and off the job.

Take the first step.
Call 800-Cigna24 or visit myCigna.com

Together, all the way.
Your health and well-being are our first priority.
Managing a complex medical condition isn’t easy. The Accredo team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your therapy. Accredo will help you work through side effects, check in with you and your doctor to see how your therapy’s going, help you get your medications approved for coverage, and more.

Three ways Accredo supports you.

1. Personalized care and support.
   - You have 24/7 access to pharmacists and nurses with experience and training in complex conditions that require specialty medications.
   - You have access to a wide range of personalized care services. This includes counseling, help managing side effects and one-on-one guidance from a clinician on how to administer your medication.
   - Accredo will work with your doctor to help make sure you’re getting the care and medication you need.
   - Accredo will give you more choice in how you want to connect with them - by text, phone and/or online resources.

2. Making it easy for you to get your medication.
   - Accredo will schedule and quickly ship your medications (at no extra cost to you) – even those that need special handling, like refrigeration.
   - Accredo will send supplies (like syringes and a sharps container) at no extra cost to you.
   - Accredo will send you refill reminders to help make sure you don’t miss a dose. You can also refill certain prescriptions by text.
   - Get real-time updates once Accredo ships your order.

3. Help understanding your plan’s coverage and medication costs.
   - Many specialty medications need approval from Cigna before your plan will cover them. **Accredo will help you and your doctor’s office** work through that process.
   - You have access to a dedicated team that coordinates **cost assistance and other options** if you need help paying for your medication.

Two easy ways to manage your specialty medication

1. **Log in to the myCigna® app or website.**
   - Click on the Prescriptions tab and select Manage Prescriptions. Then click the button next to your medication’s name.
   - We’ll automatically connect you to your Accredo online account portal.

2. **Go to Accredo.com.** You’ll be asked to create an account to get to your dashboard. It’s important to know that you’ll need an Accredo Rx number to log in. That means you won’t be able to do this until you’ve filled a prescription with Accredo.
The **Cigna 90 Now** program makes it easier for you to fill your maintenance medications. These are the medications you take every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma. With the Cigna 90 Now program, you have the choice of how and where you want to fill your prescriptions.

**You choose the amount. A 30-day or 90-day supply.**

- **If you choose to fill a 30-day supply,** you can use any retail pharmacy in your plan’s network. You have the option of switching to a 90-day supply at any time.
- **If you choose to fill a 90-day supply,** you can use select in-network retail pharmacies that are approved to fill 90-day prescriptions. You can also use home delivery (if your plan allows).

A **90-day supply helps make life easier**

You’ll make fewer trips to the pharmacy for refills. And you’re more likely to stay healthy because with a 90-day supply on-hand, you’re less likely to miss a dose.

**You choose the pharmacy. Retail or home delivery.**

There are thousands of retail pharmacies in your plan’s network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. **Every pharmacy in your plan’s network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions.** Here are some of the retail pharmacies in your plan’s network that can fill a 90-day prescription:

- **CVS** (including Target and Navarro)
- **Walmart**
- **Kroger** (including Harris Teeter Pharmacy, Pick N Save Pharmacy, Fred Meyer Pharmacy, Fry’s Food and Drug)
- **Access Health** (including Benzer Pharmacy, Marcs, Big Y Pharmacy, Marsh Drugs, LLC, Snyder Drug Emporium)
- **Elevate Provider Network** (including Super RX Pharmacy, Medical Center Pharmacy, Family Pharmacy, King Kullen Pharmacy)
- **Cardinal Health** (including Freds Pharmacy, Medicine Shoppe Pharmacy, Medicap Pharmacy)

**90-Day Fills**

1. Ask your doctor for a 90-day prescription for your medication
2. Take your prescription to an in-network retail pharmacy that’s approved to fill 90-day supplies, or mail it in to home delivery
3. Get a 90-day (or three month) supply for convenience

**30-Day Fills**

1. Ask your doctor for a 30-day prescription for your medication
2. Take your prescription to any retail pharmacy in your plan’s network
3. Get your medication
DENTAL

UNITED CONCORDIA DENTAL
WCPS offers Dental coverage through United Concordia. United Concordia offers a PPO network which affords employees and their families the best coverage at the lowest cost. This plan still allows you and your family to utilize out of network providers at an affordable cost. Please keep in mind that utilizing out-of-network providers may subject you to balance billing.

If you enroll in dental coverage, we encourage you to establish a user ID and password on United Concordia’s website to review your benefits, claims, and to browse through the wealth of wellness information. They even have an app for kids to use to monitor their time brushing their teeth. Review more dental plan information at www.wcpsmd.com/benefits/dental

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>IN-NETWORK AND OUT-OF-NETWORK PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Policy Year July –June)</td>
<td>$100 per person; $200 family limit Excludes Preventive Services and Orthodontics</td>
</tr>
<tr>
<td>Annual Benefit Maximum (Policy Year July—June)</td>
<td>$1,500 Excludes Orthodontics</td>
</tr>
<tr>
<td>Preventive Dental Services (cleanings, exams, x-rays)</td>
<td>100%; no deductible</td>
</tr>
<tr>
<td>Basic Dental Services (fillings, root canal therapy, oral surgery)</td>
<td>80%</td>
</tr>
<tr>
<td>Major Dental Services (crowns, inlays, onlays, bridges, dentures, repairs)</td>
<td>80%</td>
</tr>
<tr>
<td>Orthodontia Services (child and adult)</td>
<td>50% to $1,500 lifetime maximum</td>
</tr>
<tr>
<td>Claims Reimbursement</td>
<td>Maximum Allowable Charge (MAC)</td>
</tr>
</tbody>
</table>

Dependent Children covered to end of month in which they attain age 26.

Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-Network dentist may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dentist’s standard exclusion and limitations apply.

Converge for posterior (back) resin (white) fillings included.

UnitedConcordia.com  1-800-332-0366
Manage your benefits anywhere, anytime with

MY DENTAL BENEFITS

Most benefit inquiries can be handled conveniently online using our simple, self-service member portal. Create a My Dental Benefits account to better manage your insurance coverage.

Use your My Dental Benefits account to:

- Check claim status quickly
- See what your plan covers and how much we’ll pay
- Print ID cards
- Find a dentist
- Evaluate your oral health with My Dental Assessment

After your plan’s effective date, you are able to create your account. Here’s how:

- Go to UnitedConcordia.com
- Click Create an Account
- Select Member (Group or Individual)
- Enter the ID number found on your insurance card and your birthdate

My Dental Benefits provides access to a virtual ID card! Download our mobile app to have your ID card everywhere you go.
New for 2020 Vision coverage is offered through EyeMed. Using EyeMed’s Insight PPO network will afford employees and their families the best coverage at the lowest cost. Utilizing providers outside of the EyeMed network still provides reasonable coverage.

If you should elect coverage, we encourage you to enroll on EyeMed’s website at www.eyemed.com to review your benefits, claims, and to locate participating doctors.

For supplementary information about the vision plan such as the contact mail order program and discounts on LASIK procedures, please visit http://wcpsmd.com/benefits/vision.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>IN-NETWORK (ANY EYEMED PROVIDER)</th>
<th>OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYE EXAM — ONCE EVERY PLAN YEAR</td>
<td>$15 copay; covered in full</td>
<td>Up to $52</td>
</tr>
<tr>
<td>LENSES — ONCE EVERY PLAN YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$25 copay; covered in full</td>
<td>Up to $34</td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>$25 copay; covered in full</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>$25 copay; covered in full</td>
<td>Up to $66</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>$25 copay; covered in full</td>
<td>Up to $100</td>
</tr>
<tr>
<td>FRAMES — ONCE EVERY OTHER PLAN YEAR</td>
<td>$0 copay; 20% off balance after $130 allowance</td>
<td>Up to $91</td>
</tr>
<tr>
<td>CONTACT LENSES — ONCE EVERY PLAN YEAR IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts—Conventional</td>
<td>0 copay; 15% off balance over $130 allowance</td>
<td>Up to $130</td>
</tr>
<tr>
<td>Contacts—Disposable</td>
<td>$0 copay; plus balance over $130 allowance</td>
<td>Up to $130</td>
</tr>
<tr>
<td>Contacts—Medically Necessary</td>
<td>$0 copay; paid in full</td>
<td>Up to $210</td>
</tr>
<tr>
<td>Fit and Follow up—Standard</td>
<td>$20 Copay</td>
<td>Up to $20</td>
</tr>
<tr>
<td>Fit and Follow up—Premium</td>
<td>$20 Copay; 10% off retail price, then $40 allowance</td>
<td>Up to $20</td>
</tr>
</tbody>
</table>
Feeling free is so you

YOUR STYLE, YOUR PERSONALITY, YOUR CHOICE OF FRAMES

You have a style all your own. Now you can get the frames to match – with a special offer from Target Optical®. For $0 out-of-pocket expense get any available frame, any brand – no matter the original retail price point. You’re free to choose any frame in the store at no additional cost to you.

For example, if you purchase a pair of frames that retails for $180, your out-of-pocket cost is still $0 – even if you have a $130 frame allowance. That’s up to a $50 value! Plus, you get extra savings on lenses through your EyeMed vision benefits to complete your look.

Any frame, any price for $0 out-of-pocket
at Target Optical®
PLUS ENJOY SAVINGS ON LENSES

HOW TO REDEEM

Take this flyer to any Target Optical®,
They’ll handle the rest. OFFER CODE: 755288

SHOP THESE TOP BRANDS AND MORE

WANT MORE? YOU GOT IT
Visit eyemed.com to get special offers from other in-network providers

A special offer from Target Optical. $130 or higher frame allowance required. Valid for each year of the initial contract term and in-store only at Target Optical. Complete pair purchase required – member is still responsible for lenses, which are covered based on benefits outlined in the vision benefits and may include an additional copay. Discounts are not insured benefits. Proof of offer is required at time of purchase. Store associates enter code: 755288.
Hear all the sweet sounds of life

Hearing loss is more common than you might think. It affects 1 in 9 Americans¹ and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.¹

That’s why we give you access to affordable hearing care discounts through Amplifon, the nation’s largest independent hearing discount network – so you can enjoy all of life’s sights and sounds to the fullest.

YOUR HEARING DISCOUNT THROUGH AMPLIFON INCLUDES:

- 40% off hearing exams at thousands of convenient locations nationwide
- 60-day hearing aid trial period with no restocking fees
- Discounted, set pricing on thousands of hearing aids
- Free batteries for 2 years with initial purchase
- Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 3-year warranty plus loss and damage coverage

Call 877.203.0675 to find a hearing care provider near you and schedule a hearing exam today.

SEE THE GOOD STUFF
Register on eyemed.com or grab the member app (App Store or Google Play) today.
BASIC LIFE & AD&D

WCPS offers a variety of life insurances to fit the needs of you and your family. Some of the premiums for these insurances are fully paid by WCPS and some are employee paid. The number of hours you work may determine how premiums are paid too.

Coverage is provided by Securian Financial (formerly Minnesota Life).

SUPPLEMENTAL LIFE & AD&D

You may purchase Voluntary Life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself.

During your initial 31-day eligibility period, elect the following coverage amounts without providing evidence of insurability (EOI):

| Elect the following | Employee Supplemental Life | 1-3x annual base pay (rounded to the next higher $1,000) | • Maximum coverage: $600,000 (combined with Basic)  
• Electing or increasing coverage requires evidence of insurability (EOI); EOI may not be required if you are newly eligible or during a qualified status change  
| Elect | Dependent Life | Packaged option  
Spouse: $7,500  
Each eligible child: $3,000 | • All packaged dependent coverage is guaranteed  
• Children are eligible from live birth to age 26  
• A spouse is not eligible if they are also eligible for employee coverage  
• A child may only be covered by one parent |

| Elect | Voluntary Accidental Death and Dismemberment (VAD&D) | $50,000, $100,000 or $200,000 | • All coverage is guaranteed |

ADDITIONAL FEATURES

Take your coverage with you — If you are no longer eligible for coverage as an active employee you may port your group life insurance (ported coverage end at age 70) or you may convert you life coverage to an individual policy.

Early benefit payments if diagnosed as terminally ill— if an insured person becomes terminally ill with a life expectancy of 13 months or less he/she may request early payment of up to 100% of the life insurance amount to a maximum of $1,000,000 ( basic and supplemental combined)

No premiums if you become disabled — if you become totally disabled according to the terms of your certificate, life insurance premiums may be waived.
DISABILITY INSURANCE

LONG TERM DISABILITY

WCPS offers long term disability coverage (LTD) to all full-time permanent employees. WCPS pays some or all of the premium for this coverage based upon your bargaining group. Please reference the full-time rate sheet for details.

Eligibility – Active, full-time employees working a minimum of 30 hours per week are eligible after 5 calendar days of active service. Please see the cost page for more information on eligibility.

Monthly Benefit – This plan pays a benefit of up to 60% of your monthly covered earnings to a maximum of $10,000 per month.
Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the “Effects of Other Income Benefits” section.

Definition of Disability – Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation. For teachers paid on an annual contract basis, the monthly rate of earnings is one-twelfth of the annual contract salary.

Elimination Period – You must be disabled for 90 calendar days. Any sick pay will be treated as an offset to the policy.

Benefit Duration – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first.
Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to one of the following schedules, depending on your age at the time you become disabled.

<table>
<thead>
<tr>
<th>Age at Disability</th>
<th>Age 62 or younger</th>
<th>63</th>
<th>64</th>
<th>65</th>
<th>66</th>
<th>67</th>
<th>68</th>
<th>69+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of Benefits (months)</td>
<td>To age 65 or the date the 42nd monthly benefit is payable, if later</td>
<td>36</td>
<td>30</td>
<td>24</td>
<td>21</td>
<td>18</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>
Effects of Other Income Benefits – The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.
- Amounts payable under the Railroad Retirement Act.
- Amounts payable under local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.
- Amounts payable by company sponsored sick leave or salary continuation plan.
- Amounts payable by any franchise or group insurance or similar plan.
- Benefits payable under work-loss provisions of any mandatory “no fault” auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- Amounts payable under any workers’ compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted.

Income sources that WILL NOT reduce your benefits under this plan are:

- Benefits paid by personal,
- Individual disability income policies.
- Individual deferred compensation agreements.
- Employee savings plans, including thrift plans, stock options or stock bonuses.
- Individual retirement funds, such as IRA or 401(k) plans.
- Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.
**DISABILITY INSURANCE**

**ADDITIONAL LONG TERM DISABILITY PLAN DETAILS**

Earnings While Disabled—During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability covered earnings. After that, benefits will be reduced by 50% of earnings from employment.

Termination of Disability Benefits—Your benefits will terminate when your disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than 60% of your indexed earnings. (refer to your plan’s definition of disability), or (2) the date you fail to cooperate with us in a rehabilitation plan, or transitional work arrangement, or the administration of the claim.

Pre-existing Conditions—Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been in active for at least 12 months after your most recent effective date of insurance.

Limited Benefit Period—Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 12 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses).

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 12-month lifetime outpatient limit is exhausted. Once the 12-month outpatient benefits are exhausted, the plan pays no further benefits.

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 12 months for outpatient treatment: Alcoholism, drug addiction or abuse.

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 12-month lifetime outpatient limit is exhausted. Once the 12-month outpatient benefits are exhausted, the plan pays no further benefits.

Exclusions—This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; the revocation, restriction on non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

When Coverage Takes Effect—Your coverage takes effect on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you. If you’re not actively at work on the date your coverage would otherwise take effect, you’ll be covered on the date you return to work.

Family Survivor Benefit—If you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month’s benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits. We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse. If you have no lawful spouse or children, we pay this benefit to your estate.
Cigna Healthy Rewards® Program provides you and your covered family member’s discounts on health programs and services like weight loss management, fitness, smoking cessation and more. Enjoy instant savings of up to 60% when you take advantage of this opportunity. Visit www.Cigna.com/rewards (Password: savings) or call: 800.258.3312.

Cigna’s Online Will and Health-related Legal Document and Funeral Preparation Program Offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents as well as create an end-of-life plan that spells out the handling of your estate and funeral arrangements. Visit www.Cignawillcenter.com.

Cigna’s Identity Theft Program Provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. VDT-961168, issued in Maryland to Board of Education of Washington County. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2011
Employees can choose to participate in either a medical or dependent care savings account each calendar year. Flexible Benefit Administrators (FBA) administers WCPS’s flexible spending accounts (FSA’s). WCPS employees can elect to contribute up to $2,750 per year into a medical savings account, and up to $5,000 into a dependent care account.

Annual open enrollment for FSAs is held in May for a July 1 start date.

If you are unfamiliar with FSA’s and how they work, we encourage you to watch the short video and review the employee guide for a good explanation of how they can be beneficial to you. The informative employee guide and video can also be found on the WCPS benefits webpage at http://wcpsmd.com/benefits/flexible-spending-accounts.
PAYING FOR HEALTH CARE

WCPS offers an FSA as a way to set aside pre-tax dollars to pay for eligible expenses.

<table>
<thead>
<tr>
<th>HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Which medical plans are compatible with a health FSA?</strong></td>
</tr>
<tr>
<td><strong>What expenses are eligible?</strong></td>
</tr>
<tr>
<td><strong>When can I use the funds?</strong></td>
</tr>
<tr>
<td><strong>Can I roll over funds each year?</strong></td>
</tr>
<tr>
<td><strong>How do I pay for eligible expenses?</strong></td>
</tr>
<tr>
<td><strong>How much can I contribute each year?</strong></td>
</tr>
<tr>
<td><strong>Can I change my contributions throughout the year?</strong></td>
</tr>
</tbody>
</table>
PAYING FOR DEPENDENT CARE

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

<table>
<thead>
<tr>
<th>What is it?</th>
<th>An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why should I consider it?</td>
<td>You can lower your taxable income to save some money while you take care of your daycare expenses</td>
</tr>
<tr>
<td>What expenses are eligible?</td>
<td>Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)</td>
</tr>
<tr>
<td>When can I use the funds?</td>
<td>Funds are available as you contribute to the account with each paycheck</td>
</tr>
<tr>
<td>Can I roll over funds each year?</td>
<td>No, you will lose any funds remaining in your account at the end of the year</td>
</tr>
<tr>
<td>How do I pay for eligible expenses?</td>
<td>With your Flexible Benefit Administrators debit card (you can also submit claims for reimbursement online at <a href="http://www.mywealthcareonline.com/fba">www.mywealthcareonline.com/fba</a>)</td>
</tr>
<tr>
<td>How much can I contribute each year?</td>
<td>$5,000 for the family</td>
</tr>
</tbody>
</table>

Important Note: Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.
Your healthcare finances are at your fingertips with the Flexible Benefit Administrators mobile app!

The Flexible Benefit Administrators mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device.

**Features**

**Download on iTunes**

- **Access accounts** – Check balances, view transaction history, and more.
- **Manage claims** – Submit new claims, upload receipts and check claims status.
- **Track and pay expenses** – Track medical claims and other expenses, plus pay bills electronically.
- **Access cards** – Manage card details, access your PIN, and initiate card replacement for lost or stolen cards.
- **Receive alerts** – View important account messages.
- **Update your profile** – Update personal information, including your email and mobile phone.

**Download on Google Play**

Simply search Flexible Benefit Administrators Mobile in iTunes or Google Play store, select “Install”, and log-in online if previously registered or register. Registration requires an employee ID (generally your SSN), employer ID/benefit debit card number, and valid email address to begin.
WCPS realizes that you may have times throughout your employment when personal issues or demands can be challenging. WCPS has partnered with Inova Employee Assistance to offer employees and immediate family members resources that may be helpful to you and support you. Please know that EAP services are 100% confidential. In addition to access to counselors, Inova offers a multitude of services and online resources that can be useful in your everyday life.

To review available services, including webinars and useful articles, visit [www.inova.org/eap](http://www.inova.org/eap). Use WCPS as both the user name and password for the Member login.
Creative Solutions for the Demands of Life and Work

Balancing the demands of work and life can be challenging. Since 1983, Inova Employee Assistance has offered support for personal, work and family problems. This service is free to covered employees and their household members.

Confidential Counseling
Our short-term counseling services can help you find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse. Professional counselors define the problem, provide support, and offer guidance and referrals.

Legal Services
Inova Employee Assistance offers a free 30-minute consultation with an in-network attorney and a 25% discount off the attorney’s hourly rate if you choose to retain that attorney. Access to wills, advance directives and other legal documents are available on our website at inova.org/eap.

Financial Services
Employees and their household members can speak with a financial professional at no charge regarding such issues as retirement planning, debt consolidation, funding a child’s college education, mortgage loan options and a variety of other financial concerns. Callers receive up to 60 minutes of telephonic consultation per issue. Financial information, tools and calculators are available on our website at inova.org/eap.

Identity Theft Services
Counselors provide telephonic screening and consultation to callers. If they determine that your identity has been stolen, a “recovery” packet containing everything that you need to resolve your identity-theft issue will be sent to you at no charge.

Work Life Referral Services
Our Work Life consultants will assess your needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. We will also follow up to ensure your satisfaction with our service. Our consultants can locate resources in a variety of areas, including:

- Child care and adoption including emergency back-up care, day care providers, nanny and au pair agencies, summer camps, and more
- Elder care such as adult day care, assisted living, home health, nursing homes, transportation services
- Education information about schools, financial aid, scholarships and educational consultants
- Health and wellness including holistic care, exercise classes, nutritional counselors, personal trainers, self-help programs
- Pet services such as veterinarians, pet sitters, groomers and obedience trainers
- Daily living services such as sporting event and entertainment tickets, grocery shopping, lawn maintenance, housekeeping services, tee times, restaurant reservations, and many other concierge related services

Online Resources
Inova Employee Assistance offers an interactive Web service that provides 24-hour access to an extensive library of nationwide Work Life resources and interactive tools, including:

- child and elder care locators
- savings discount center
- relocation center
- monthly interactive online seminars
- 24-hour instant messaging access to a Work Life consultant
WCPS offers a mandatory and a voluntary participation retirement program. Review the chart below for details.

The Maryland State Retirement & Pension System has helpful videos, pamphlets, & calculators found on the [https://sra.maryland.gov/](https://sra.maryland.gov/) website.

TSA Group is the Supplemental Plan Administrator, who oversees the financial vendors. Log into their site for vendor options, and to begin or increase your contributions.

<table>
<thead>
<tr>
<th>Pension Plan</th>
<th>403(b)</th>
<th>457(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vendors</strong></td>
<td>Maryland State Retirement and Pension System</td>
<td>Administrator: TSA Consulting Group (TSACG) • AXA Advisors • MetLife/Brighthouse Financial • PlanMember Services • Voya</td>
</tr>
<tr>
<td><strong>Participation Requirements</strong></td>
<td>Mandatory</td>
<td>Voluntary</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>All employees working 2.75 hours per day or more</td>
<td>• Administrators &amp; Supervisors (A&amp;S) • Teachers • Education Support Personnel (ESP) • Substitutes</td>
</tr>
<tr>
<td><strong>Enrollment Window</strong></td>
<td>Must enroll at hire or first eligibility</td>
<td>May enroll anytime</td>
</tr>
<tr>
<td><strong>Contribution Rate</strong></td>
<td>Required 7% of pre-tax earnings</td>
<td>Employee election of pre-tax or post-tax earnings</td>
</tr>
<tr>
<td><strong>Annual Deferral Limits - 2020</strong></td>
<td>N/A</td>
<td>$19,500 Age 50 or over an additional $6,000</td>
</tr>
<tr>
<td><strong>Vesting—eligible for a future benefit</strong></td>
<td>Employee vested after 10 years of service (hired 7/11 and after) Employee vested after 5 years of service (hired prior to 7/11)</td>
<td>Immediately vested</td>
</tr>
<tr>
<td><strong>Loans</strong></td>
<td>Not permitted</td>
<td>Permitted</td>
</tr>
<tr>
<td><strong>Withdrawals</strong></td>
<td>Permitted at retirement (as a monthly benefit) or distributed at severance of employment</td>
<td>Permitted at age 59 ½. Mandatory distributions begin at age 72.</td>
</tr>
<tr>
<td><strong>Rollovers</strong></td>
<td>Permitted at severance of employment</td>
<td>Permitted</td>
</tr>
<tr>
<td><strong>How to enroll</strong></td>
<td>Enrolled by Human Resources when first eligible</td>
<td>Choose a participating vendor and contact them to establish an account. Visit TSACG website to set up a salary reduction agreement.</td>
</tr>
</tbody>
</table>

Note: This chart depicts a general overview of benefits offered. Please refer to plan descriptions and plan documents for full rules and requirements.
ENROLLING IN A SUPPLEMENTAL RETIREMENT PLAN

Enrolling in a 403(b) or 457(b) plan is an important financial decision. Since it is up to you to choose your investment provider, we recommend you research the options and ask for help from people you trust. See below for a general overview of the steps you can take to start achieving your long-term financial goals. TSA Consulting Group is WCPS’s third party administrator for all supplemental retirement plans. This website offers tools and resources that may assist in choosing an investment provider as well as general information on why to invest.

QUICK ENROLL

Visit Quick Enroll at https://www.myquickenroll.com, choose Maryland for the state, and WCPS for the school system. Follow the instructions to complete your enrollment.

*This option does not offer a MetLife plan. To enroll in a MetLife plan, use the standard enrollment method.

STANDARD ENROLLMENT

Follow the step-by-step instructions below to successfully access the TSA website/ART system:

2. Disable any Internet “Pop-Up Blocker” software before proceeding.
3. The ART system can be accessed via the “ART Login” box located on the right hand side of the home page.
4. Log in with your assigned User ID and Password.
   - If this is your first time logging into the system, your User ID will be your Social Security Number, and your Password will be your Date of Birth (MMDDYYYY). You will then be prompted to set up a new User ID and Password that should be different from the default.
   - Call Customer Service at (888) 796-3786 if assistance is needed.
5. Once you establish your account and log in, you can review helpful resources on the site. On the blue ribbon, the topics of Investing and Planning may be especially helpful.

Choose an investment provider. A list of investment providers and their contact information is found on the WCPS website on the Benefits page under the retirement topic. Simply contact an agent for an appointment to set up your account.

Choose how much to invest. After establishing an account with the investment provider of your choice, head back to the TSA website and enter the ART system. This is where you will establish the percentage or dollar amount of salary you would like to defer into your new account by choosing Salary Reduction Agreement.

Review your pay stubs for the next few pay periods to make sure your new deduction is being withheld.

Be sure to periodically evaluate your investments and contribution amounts to make sure they are still meeting your needs. The investment provider you are working with can assist you with reviewing your account.
WASHINGTON COUNTY PUBLIC SCHOOLS, MD 403(B) PLAN AND 457(B) DEFERRED COMPENSATION PLAN

The 403(b) and 457(b) Plans are valuable retirement savings options available through Washington County Public Schools, MD. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans. Plan administration services for the 403(b) and 457(b) plans are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website (tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

Eligibility
Most employees are eligible to participate in the 403(b) plan immediately upon employment, however, private contractors, appointed/elected trustees and/or school board members and student workers are not eligible to participate in the 403(b) Plan. Only teachers, administrators, and supervisors are eligible to participate in the 457(b) Plan. Eligible employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

Employee Contributions
Traditional 403(b) and 457(b)
Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant’s taxable income. Contributions to the participant’s 403(b) or 457(b) accounts are made from income paid through the employer’s payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Roth 403(b)
Contributions made to a Roth 403(b) account are after-tax deductions from your paycheck. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth 403(b) accounts are tax free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Distributions may be taken if you are 59 1/2 subject to plan document provisions) or a separation from service.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

The 2020 Basic Contribution Limit for each plan is $19,500.

Additional provision allowed if selected by the employer:

Age-Based Additional Amount
Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to $6,500 to the 403(b) and/or 457(b) accounts.
Enrollment
Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a “Salary Reduction Agreement” (SRA) form and any disclosure forms must be completed and submitted to TSACG. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee’s pay and send those funds to the Investment Provider on their behalf. A SRA form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please Note: The total annual amount of a participant’s contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at www.tsacg.com.

Investment Provider Information
A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer’s specific Web page at www.tsacg.com.

Plan Distribution Transactions
Distribution transactions may include any of the following depending on the employer’s Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

403(b) and 457(b) Plan Loans
Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

Plan-to-Plan Transfers
A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.
Rollovers
Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

Distributions
Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have a severance from employment, reach age 70½, or are deceased. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

Exchanges
Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

Hardship Withdrawals
Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. According to IRS Safe Harbor regulations, to be eligible for a hardship withdrawal, a participant must have exhausted all other available financial resources. The eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at www.tsacg.com. After receiving a hardship withdrawal, the participant may not make voluntary contributions to any employer sponsored retirement plan for a period of six months.

Unforeseen Financial Emergency Withdrawal
You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at www.tsacg.com.

Employee Information Statement
Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant’s instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant’s objectives.
WASHINGTON COUNTY PUBLIC SCHOOLS
FULL-TIME EMPLOYEES
INSURANCE RATES FOR JULY 1, 2020 - JUNE 30, 2021

<table>
<thead>
<tr>
<th></th>
<th>MEDICAL/PRESCRIPTION</th>
<th></th>
<th>DENTAL</th>
<th></th>
<th>VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In &amp; Out of Network</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
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<tr>
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<tr>
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<table>
<thead>
<tr>
<th>Employee Premiums</th>
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<td>11 &amp; 10 Month</td>
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<td>Yearly Contribution</td>
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<td></td>
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<tr>
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<td>Yearly Contribution</td>
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<tr>
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<td></td>
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<tr>
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<td></td>
<td></td>
<td>Yearly Contribution</td>
<td>Yearly Contribution</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Yearly Contribution</td>
<td>Yearly Contribution</td>
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<td>$15,357.60</td>
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<td>EMPLOYER</td>
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<tr>
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<td></td>
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<td>Yearly Contribution</td>
<td>Yearly Contribution</td>
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</tr>
<tr>
<td>DENTAL</td>
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<td></td>
<td>EMPLOYEE</td>
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<tr>
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</tr>
<tr>
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<td></td>
<td></td>
<td>Yearly Contribution</td>
<td>Yearly Contribution</td>
<td></td>
</tr>
<tr>
<td>VISION</td>
<td>26 Deductions</td>
<td>20 Deductions</td>
<td>EMPLOYEE</td>
<td></td>
<td>EMPLOYER</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$0.84</td>
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<td>$41.70</td>
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<tr>
<td>Employee + Spouse</td>
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<td>$1.99</td>
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<td>$39.72</td>
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<td>$2.47</td>
<td>$3.22</td>
<td>$64.22</td>
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<td>$64.32</td>
</tr>
</tbody>
</table>

*Full-time = 30 or more hours per week*
*Rates may vary slightly due to system rounding.*
## Washington County Public Schools
### Full-Time Employees
### Insurance Rates for July 1, 2019 - June 30, 2020

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Term Life Insurance</strong></td>
<td>No cost to employees.</td>
</tr>
<tr>
<td>1x annual pay rounded to next higher $1,000</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Accidental Death &amp; Dismemberment (AD&amp;D)</strong></td>
<td>No cost to employees.</td>
</tr>
<tr>
<td>1x annual pay rounded to next higher $1,000</td>
<td></td>
</tr>
<tr>
<td><strong>Supplemental Life Insurance</strong></td>
<td>Cost is .234 per thousand per month</td>
</tr>
<tr>
<td>1x, 2x, or 3x annual base pay rounded to the</td>
<td>Calculation - Annual salary (rounded to next higher $1,000) divided</td>
</tr>
<tr>
<td>next higher $1,000</td>
<td>by 1,000 x .234 x 12 divided by the number of deductions (20 or 26)</td>
</tr>
<tr>
<td><strong>Voluntary Accidental Death and Dismemberment</strong></td>
<td>12 month pay 10 month pay</td>
</tr>
<tr>
<td>Coverage of $50,000, $100,000, or $200,000</td>
<td>Self-Pay</td>
</tr>
<tr>
<td>$50,000</td>
<td>$0.46</td>
</tr>
<tr>
<td>$100,000</td>
<td>$0.92</td>
</tr>
<tr>
<td>$200,000</td>
<td>$1.85</td>
</tr>
<tr>
<td><strong>Dependent Life Insurance</strong></td>
<td>26 Deductions 20 Deductions</td>
</tr>
<tr>
<td>Package option:</td>
<td>Monthly</td>
</tr>
<tr>
<td>Spouse - $7,500</td>
<td>$0.57</td>
</tr>
<tr>
<td>Child(ren) - $3,000</td>
<td>$1.14</td>
</tr>
<tr>
<td><strong>Long Term Disability (LTD)</strong></td>
<td>$2.29</td>
</tr>
<tr>
<td>Up to 60% of earnings can be paid if approved for</td>
<td>20 Deductions</td>
</tr>
<tr>
<td>LTD.</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>$1.29</td>
</tr>
<tr>
<td></td>
<td>$1.60</td>
</tr>
<tr>
<td></td>
<td>$2.80</td>
</tr>
</tbody>
</table>

**Educational Support Personnel (ESP)** will pay 100% of the premium but their pay will be increased in the amount of 100% of the premium. This results in zero cost to employee.

**Teachers** will pay 100% of the premium but their pay will be increased in the amount of 75% of the premium. Annual salary x .33% x .25 divided by the number deductions (20 or 26).

**Administrators and Supervisors** will have 25% of the total premium cost deducted from their pay.

---

*Full-time = 30 or more hours per week
Rates may vary slightly due to system rounding.*
### INSURANCE RATES FOR JULY 1, 2020 - JUNE 30, 2021

#### MEDICAL/PRESCRIPTION

<table>
<thead>
<tr>
<th></th>
<th>12 month Deductions</th>
<th>10 &amp; 11 month Deductions</th>
<th>EMPLOYEES WORKING 15-19 HOURS WEEKLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OAP - PREMIUM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$237.12</td>
<td>$308.26</td>
<td>$1,027.52</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$363.27</td>
<td>$472.25</td>
<td>$1,574.17</td>
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<tr>
<td>Employee + Spouse</td>
<td>$474.24</td>
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<td>$2,055.05</td>
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<tr>
<td>Family</td>
<td>$600.42</td>
<td>$780.55</td>
<td>$2,601.82</td>
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<tr>
<td><strong>OAP - STANDARD</strong></td>
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<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$226.80</td>
<td>$294.84</td>
<td>$982.80</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$347.46</td>
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<td>$1,505.65</td>
</tr>
<tr>
<td>Employee + Spouse</td>
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<td>Family</td>
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<td>$746.57</td>
<td>$2,488.56</td>
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<tr>
<td><strong>OAP - LIMITED</strong></td>
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<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$223.38</td>
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<td>Employee + Child(ren)</td>
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<td>Employee + Spouse</td>
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<tr>
<td>Family</td>
<td>$565.63</td>
<td>$735.32</td>
<td>$2,451.07</td>
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#### DENTAL

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<th>20 Deductions</th>
<th>20 Deductions</th>
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<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$10.30</td>
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<td><strong>Family</strong></td>
<td>$21.77</td>
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<td>$56.60</td>
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#### VISION

<table>
<thead>
<tr>
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<th>20 Deductions</th>
<th>20 Deductions</th>
<th>20 Deductions</th>
</tr>
</thead>
<tbody>
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<td>$0.84</td>
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<td>$2.19</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$1.60</td>
<td>$2.09</td>
<td>$4.17</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$1.53</td>
<td>$1.99</td>
<td>$3.97</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$2.47</td>
<td>$3.22</td>
<td>$6.43</td>
</tr>
</tbody>
</table>

** EMPLOYEES WORKING 15-19 HOURS WEEKLY **

Medical/prescriptions premiums will not be payroll deducted. Employees can pay for insurance at 100% of the actual cost on a monthly basis.

Dental and vision premiums will be payroll deducted. Costs shown above are 100% of actual cost and based on 20 deductions.

* All rates may vary slightly due to system rounding.
## Washington County Public Schools
### Part-Time Employees
### Insurance Rates for July 1, 2020 - June 30, 2021

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic term life insurance</td>
<td>Calculation - Annual salary (rounded to next higher $1,000) divided by 1,000 x .116 x 12 divided by the number of paychecks received</td>
</tr>
<tr>
<td>1x annual pay rounded to next higher</td>
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</tr>
<tr>
<td>($10,000 minimum)</td>
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</tr>
<tr>
<td>Basic accidental death &amp; dismemberment (AD&amp;D)</td>
<td>Calculation - Annual salary (rounded to next higher $1,000) divided by 1,000 x .016 x 12</td>
</tr>
<tr>
<td>1x annual pay rounded to next higher</td>
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</tr>
<tr>
<td>Supplemental life insurance</td>
<td>Calculation - Annual salary (rounded to next higher $1,000) divided by 1,000 x .234 x 12 divided by the number of paychecks received</td>
</tr>
<tr>
<td>1x, 2x, or 3x annual base pay rounded to next higher $1,000</td>
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</tr>
<tr>
<td>Voluntary accidental death and dismemberment</td>
<td>26 Deductions: $0.46, $0.92, $1.85</td>
</tr>
<tr>
<td>$50,000</td>
<td>20 Deductions: $0.60, $1.20</td>
</tr>
<tr>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>$200,000</td>
<td></td>
</tr>
<tr>
<td>Dependent life insurance</td>
<td>26 Deductions: $1.29, $1.68</td>
</tr>
<tr>
<td>Spouse - $7,500</td>
<td>20 Deductions: $1.68</td>
</tr>
<tr>
<td>Child(ren) - $3,000</td>
<td></td>
</tr>
</tbody>
</table>

*Part-time = 15-29 hours per week*
*Rates may vary slightly due to system rounding.*
Contact List

Benefits

www.wcpsmd.com/benefits

Donna Blickenstaff  benefits@wcps.k12.md.us  301-766-2810  301-766-8727 (f)  Krista Forsyth  Tricia Riley

Angela O’Connor

Payroll

Christy Moser  payroll@wcps.k12.md.us  301-766-2834
Eva Mallow  301-766-2833

Technology Help Desk

*call for IT/Login issues

donahelpdesk@wcps.k12.md.us  301-766-8911

Human Resources

hr@wcps.k12.md.us  301-766-2807
<table>
<thead>
<tr>
<th>Resource / Service Provider</th>
<th>Contact Source</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Prescription (Cigna)</td>
<td><a href="http://www.cigna.com">www.cigna.com</a> 1-800-564-7642 (before enrolled) 1-800-244-6224 (after enrolled)</td>
<td>In and Out of Network Plan In Network Only Plan</td>
</tr>
<tr>
<td>Dental (United Concordia)</td>
<td><a href="http://www.ucci.com">www.ucci.com</a> 1-866-851-7568</td>
<td>PPO</td>
</tr>
<tr>
<td>Long Term Disability (Cigna)</td>
<td><a href="http://www.cigna.com">www.cigna.com</a> 1-800-362-4462</td>
<td></td>
</tr>
<tr>
<td>Flexible Spending Account (FSA) (Flexible Benefit Administrators)</td>
<td><a href="http://www.mywealthcareonline.com/fba">www.mywealthcareonline.com/fba</a> 1-800-437-3539</td>
<td>Medical Account, Dependent Care Account</td>
</tr>
<tr>
<td>Retirement Plan (Maryland State Retirement Agency)</td>
<td><a href="http://www.sra.state.md.us/">http://www.sra.state.md.us/</a> 1-800-492-5909</td>
<td>Teacher Pension Plan Employee Pension Plan</td>
</tr>
<tr>
<td>Supplemental Retirement Plan (AXA Advisors, MetLife, PlanMember Services, Voya)</td>
<td>Coordinate through TSA Consulting Group <a href="http://www.tsacg.com">www.tsacg.com</a> 1-888-796-3786</td>
<td>403(b) 457(b)</td>
</tr>
<tr>
<td>Employee Assistance Program (Inova EAP)</td>
<td><a href="http://www.inova.org/eap">www.inova.org/eap</a> 1-800-346-0110</td>
<td>Up to 6 visits per condition per year free to employee and eligible dependents.</td>
</tr>
</tbody>
</table>
There’s an App for that!
Keeping your information at your fingertips.
Download and log onto these apps for membership cards, and assistance at your fingertips.

**TELE-HEALTH**
pre-register for faster service when you are sick.

Amwell

MDLIVE Provider

**MEDICAL**

Cigna

**DENTAL**

**FLEXIBLE SPENDING ACCOUNT**

Cigna Wellness

Get started on a healthier you with Coach by Cigna. Take a brief quiz to determine what you can focus on. Enroll in a program & access coaches. Areas include weight loss, sleep problems, stress, healthy eating, and more!
Participant Notices and Disclosures

- CHIPRA State Premium Assistance Notice
- Summary of Benefits and Coverage (SBC)
- Disclosure of Grandfathered Plan Status
- HIPAA Notice of Special Enrollment Rights
- Medicare Part D Creditable
  - If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage
- Notice of Availability of HIPAA Privacy Notice
- Notification of Rights under the Women’s Health & Cancer Rights Act
- Newborn’s and Mother’s Health Protection Act Statement of Protection
- Notice of Continuation Coverage Rights under COBRA (Initial or General Notice)
- Notices Disclaimer
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](http://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](http://www.insurekidsnow.gov) or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call [1-866-444-EBSA (3272)](http://www.askebsa.dol.gov).

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, 2020. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – Medicaid</th>
<th>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a></td>
<td>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
</tr>
<tr>
<td>Phone: 1-855-692-5447</td>
<td>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALASKA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-866-251-4861</td>
<td>Phone: 1-877-357-3268</td>
</tr>
<tr>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
<td></td>
</tr>
<tr>
<td>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ARKANSAS – Medicaid</th>
<th>GEORGIA – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></td>
<td>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></td>
</tr>
<tr>
<td>Phone: 1-855-MyARHIPP (855-692-7447)</td>
<td>Phone: 678-564-1162 ext 2131</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CALIFORNIA – Medicaid</th>
<th>INDIANA – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_content.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_content.aspx</a></td>
<td>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></td>
</tr>
<tr>
<td>Phone: 1-800-541-5555</td>
<td>Phone: 1-877-438-4479</td>
</tr>
<tr>
<td></td>
<td>All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a></td>
</tr>
<tr>
<td></td>
<td>Phone 1-800-403-0864</td>
</tr>
<tr>
<td>State</td>
<td>Medicaid Website</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Iowa</td>
<td>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></td>
</tr>
<tr>
<td></td>
<td>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></td>
</tr>
<tr>
<td>Nebraskia</td>
<td>Medicaid Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
</tr>
<tr>
<td>Kentucky</td>
<td>Medicaid Website: <a href="https://chfs.ky.gov/an%D7%90%D7%A1%D7%97%D7%91/s/member/Pages/kihipp.aspx">https://chfs.ky.gov/anאסחב/s/member/Pages/kihipp.aspx</a></td>
</tr>
<tr>
<td></td>
<td>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:</td>
</tr>
<tr>
<td></td>
<td><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></td>
</tr>
<tr>
<td></td>
<td>Phone: 1-855-459-6328</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></td>
</tr>
<tr>
<td></td>
<td>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></td>
</tr>
<tr>
<td></td>
<td>Phone: 1-877-524-4718</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Medicaid Website: <a href="http://www.medicaid.la.gov">http://www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">http://www.ldh.la.gov/lahipp</a></td>
</tr>
<tr>
<td></td>
<td>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-518-5488 (LaHIPP)</td>
</tr>
<tr>
<td></td>
<td>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</td>
</tr>
<tr>
<td></td>
<td>Phone: 1-800-442-6003</td>
</tr>
<tr>
<td></td>
<td>Phone: 1-800-442-6003</td>
</tr>
<tr>
<td></td>
<td>TTY: Maine relay 711</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Medicaid Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a></td>
</tr>
<tr>
<td></td>
<td>Phone: 1-800-862-4840</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see what if I have other health insurance?]</td>
</tr>
<tr>
<td></td>
<td>Phone: 1-800-657-3739</td>
</tr>
<tr>
<td>Missouri</td>
<td>Medicaid Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
</tr>
<tr>
<td></td>
<td>Phone: 573-751-2005</td>
</tr>
<tr>
<td></td>
<td>Phone: 1-800-694-3084</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>State</td>
<td>Program</td>
</tr>
<tr>
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<tr>
<td>PENNSYLVANIA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>Medicaid</td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

- **U.S. Department of Labor**
  - Employee Benefits Security Administration
  - [www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)
Summary of Benefits and Coverage

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health plan option(s). This summary is in a standard format, as regulated by the Patient Protection and Affordable Care Act, to help you compare options. The standard format enables readers to conduct an apples-to-apples comparison.

We are pleased to provide you with the Summary of Benefits and Coverage (SBC) for your plan(s) along with the Health and Human Services uniform glossary that is to be paired with the SBC when distributed to employees.

The glossary can be found here: https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf

It is not included in this kit.

A complimentary paper copy is available upon request by calling 301-766-2810 Participants and beneficiaries may request an electronic SBC from their employer.

The Summary of Benefits and Coverage (SBC) may not be all-inclusive. Arthur J. Gallagher & Co. and Gallagher Benefit Services strives to provide our customers with accurate SBCs but rely on the issuer for accuracy. It is ultimately the responsibility of the issuer and employer to ensure accuracy and furnish to their employees in accordance with the SBC regulations.
Disclosure of Grandfathered Plan Status

07/01/2020—06/30/2021 Plan Year

Washington County Public Schools believes the group health plans as indicated by the designated boxes shown below are either “grandfathered” or “non-grandfathered” health plans under the Patient Protection and Affordable Care Act (PPACA):

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Grandfathered</th>
<th>Non-Grandfathered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna In and Out of Network Plan</td>
<td>□</td>
<td>✔</td>
</tr>
<tr>
<td>Cigna In Network Only Plan</td>
<td>□</td>
<td>✔</td>
</tr>
</tbody>
</table>

As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when PPACA was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections under PPACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your plan administrator at:

Benefits Office
301-766-2810
benefits@wcps.k12.pa.us

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.
HIPAA 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 towards 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).

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.

In addition if you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan.

However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Benefits Office at 301-766-2810 or benefits@wcps.k12.md.us.
Medicare Part D Creditable Coverage Disclosure

Important Notice from Washington County 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 Washington County 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. Washington County Public Schools has determined that the prescription drug coverage offered by the Washington County Public Schools Health Plan 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 Washington County Public Schools coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Washington County Public Schools coverage, be aware that you and your dependents may 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 Washington County Public Schools 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 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: 07/01/2020
Name of Entity/Sender: Washington County Public Schools
Contact--Position/Office: Benefits Office
Address: 10435 Downsville Pike, Hagerstown, Md 21740
Phone Number: 301-766-2810
Notice of Availability of HIPAA Privacy Notice

Washington County Public School Health Plan

Protecting Your Health Information Privacy Rights

07/01/2020

Washington County Public Schools is committed to the privacy of your health information. The administrators of the Washington County Public Schools Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting 301-766-2810.
Notification of Rights under the Women’s Health & Cancer Rights Act

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. Therefore, the following deductibles and coinsurance apply:

**Cigna In and Out of Network Plan**

In network: $200 Deductible then 100%    Out of Network: $400 Deductible then 70%

**Cigna In Network Only**

In network: $100 Deductible then 100%    Out of Network: no benefit

If you would like more information on WHCRA benefits, contact Benefits Office at 301-766-2810

Newborn’s and Mother’s Health Protection Act

Statement of Protection

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)
Notice of Continuation Coverage Rights under COBRA  
(Initial or General Notice)

Introduction

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
• Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
• You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

• The parent-employee dies;
• The parent-employee’s hours of employment are reduced;
• The parent-employee’s employment ends for any reason other than his or her gross misconduct;
• The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
• The parents become divorced or legally separated; or
• The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Washington County Public Schools, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

• The end of employment or reduction of hours of employment;
• Death of the employee;
• The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Benefits Office.

**How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second
qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

**Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

**Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.
Keep your Plan informed of address changes

To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Washington County Public Schools Health Plan

Benefits Office

10435 Downsville Pike, Hagerstown, MD 21740

301-766-2810

benefits@wcps.k12.md.us

Notices Disclaimer

This sample document is provided for illustrative purposes only; GBS does not guarantee or warrant its accuracy or applicability to your company's circumstances. It should not be used "as is" for any purposes as it may not apply to your factual situation. Consult your legal counsel if you wish to use this sample as a starting point for your organization.
The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers’ Member Certificates or our plan’s Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a full-time employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail. This Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.

WCPS reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

Prepared By:

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